Welcome to Today's Meeting!

- Housekeeping reminders:
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event

  - Please raise your hand and unmute yourself when called on

  - Please lower your hand and mute yourself following your question/comment

  - Please state your first and last name if you are a Call-In-User

  - We encourage you to keep your video on throughout the event

  - Feel free to use the chat feature to communicate with NQF staff

If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at
MAPPAC-LTC@qualityforum.org

Meeting Ground Rules

- Be prepared, having reviewed the meeting materials beforehand

- Respect all voices

- Remain engaged and actively participate

- Base your evaluation and recommendations on the measure review criteria and guidance

- Keep your comments concise and focused

- Be respectful and allow others to contribute

- Share your experiences

- Learn from others

Using the WebEx Platform
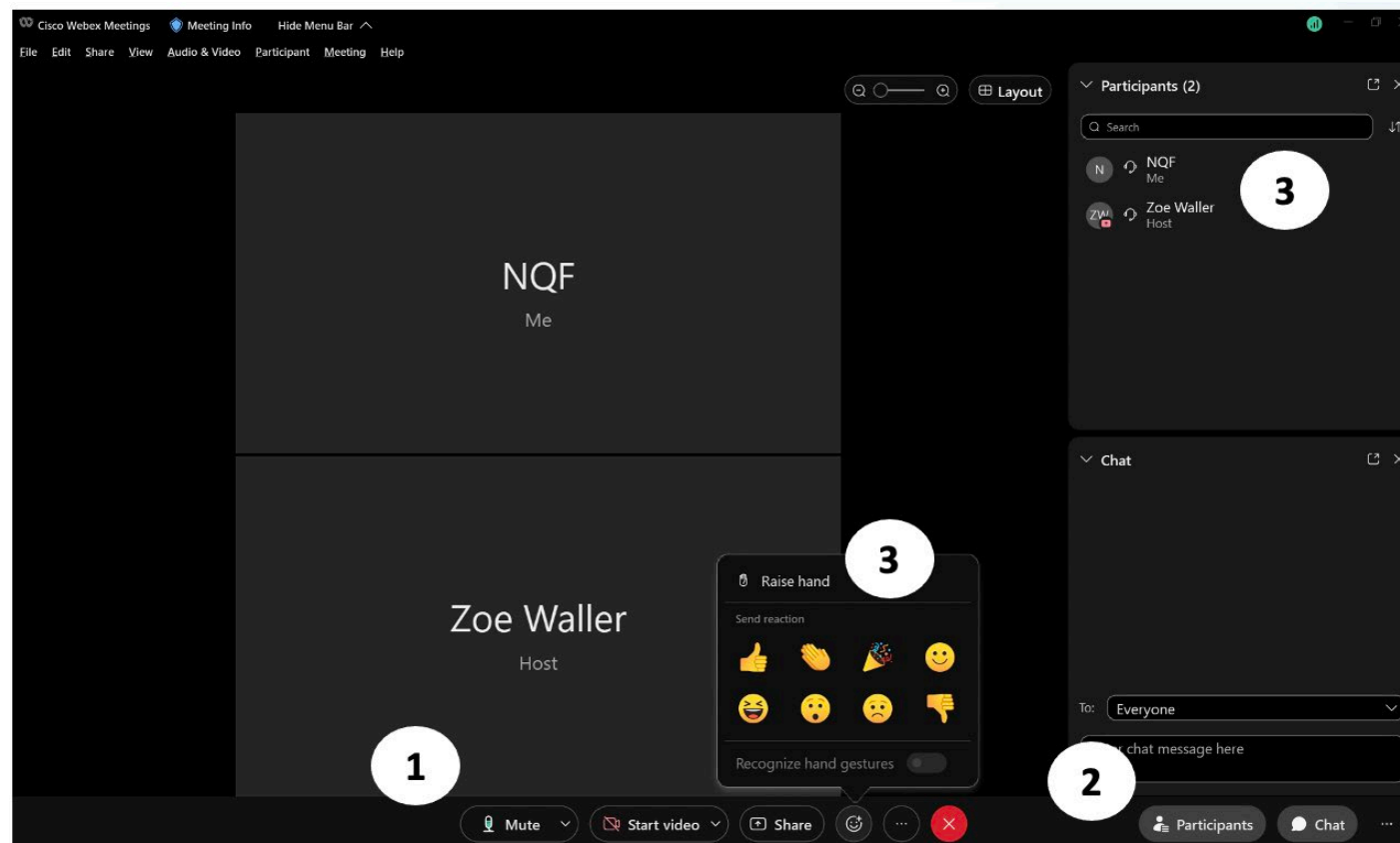
1 Click the lower part of your screen to mute/unmute, start or pause video, and access the raised hand feature

2 Click on the participant or chat button to access the full participant list or the chat box

3 To raise your hand, select the raised hand function under the reactions tab or the raised hand next to your name in the participant's window

Measure Applications Partnership (MAP) Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup 2022 Measure Set Review (MSR) Meeting

June 30, 2022

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Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives

- CMS Opening Remarks

- Review of MSR Process and Measure Review Criteria (MRC)

- Discuss Measures Under Review
  - Home Health Quality Reporting Program (HH QRP)

- Opportunity for Public Comment

- Discussion of Gaps in Post-Acute Care/Long-Term Care (PAC/LTC) MSR Programs

- MAP PAC/LTC Workgroup Feedback on MSR Process

- Next Steps and Closing Comments

Welcome, Introductions, and Disclosures of Interest (DOIs)

Opening Remarks

Tricia Elliott, DHA, MBA, CPHQ, FNAHQ

Senior Managing Director, National Quality Forum (NQF)

Welcoming Remarks from Workgroup Co-Chairs

Gerri Lamb, PhD, RN, FAAN
Arizona State University

Kurt Merkelz, MD, CMD
Compassus

Disclosures of Interest

- State your name, title, organization, brief bio, and acknowledge the disclosure(s) you listed in your DOI form if applicable

- Briefly note any of the following disclosures *relevant to the project*:
  - Engagement with project sponsors *(Centers for Medicare & Medicaid Services)*
  - Research funding, consulting/speaking fees, honoraria
  - Ownership interest
  - Relationships, activities, affiliations, or roles

Example: I'm Joan Smith, Chief Medical Officer of ABC Healthcare. I am also a Principal Investigator for a research project examining health disparities and health outcomes funded by XYZ Organization.

PAC/LTC Workgroup Membership

Advisory Group Co-Chairs: Gerri Lamb, PhD, RN, FAAN / Kurt Merkelz, MD, CMD

Organizational Members (Voting)

- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Academy of Physical Medicine and Rehabilitation
- American Geriatrics Society
- American Occupational Therapy Association
- American Physical Therapy Association
- ATW Health Solutions
- Encompass Health Corporation
- Kindred Healthcare

- LeadingAge
- National Hospice and Palliative Care Organization
- National Partnership for Healthcare and Hospice Innovation
- National Pressure Injury Advisory Panel
- National Transitions of Care Coalition
- SNP Alliance

PAC/LTC Workgroup Membership (continued)

Individual Subject Matter Experts (Voting)

- Dan Andersen, PhD
- Paul Mulhausen, MD, MHS
- Sarah Livesay, DNP, APRN, ACNP-BC, ACNS-BC
- Terrie Black, DNP, MBA, CRRN, FAHA, FAAN

Federal Government Liaisons (Nonvoting)

- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Office of National Coordinator for Health Information Technology (ONC)

MAP Advisory Group Staff

- **Tricia Elliott, DHA, MBA, CPHQ, FNAHQ,** Senior Managing Director

- **Jenna Williams-Bader, MPH,** Senior Director

- **Katie Berryman, MPAP, PMP,** Director, Project Management

- **Ivory Harding, MS,** Manager

- **Susanne Young, MPH,** Manager

- **Ashlan Ruth, BS IE,** Project Manager

- **Joelencia LeFlore,** Associate

- **Gus Zimmerman, MPP,** Associate

CMS Staff

- **Kimberly Rawlings,** Task Order (TO) Contracting Officer's Representative (COR), CCSQ, CMS

- **Gequincia Polk,** Indefinite Delivery/Indefinite Quantity (IDIQ) Contracting Officer's Representative (COR), Interim TO COR, CCSQ, CMS

Meeting Objectives

- For the 2022 Measure Set Review (MSR), the PAC/LTC Workgroup Meeting will:

1. Review the 2022 MSR Process and Measure Review Criteria (MRC)

2. Provide MAP members with an opportunity to discuss and recommend measures for potential removal

3. Seek feedback from the workgroup on the MSR process

CMS Welcoming Remarks
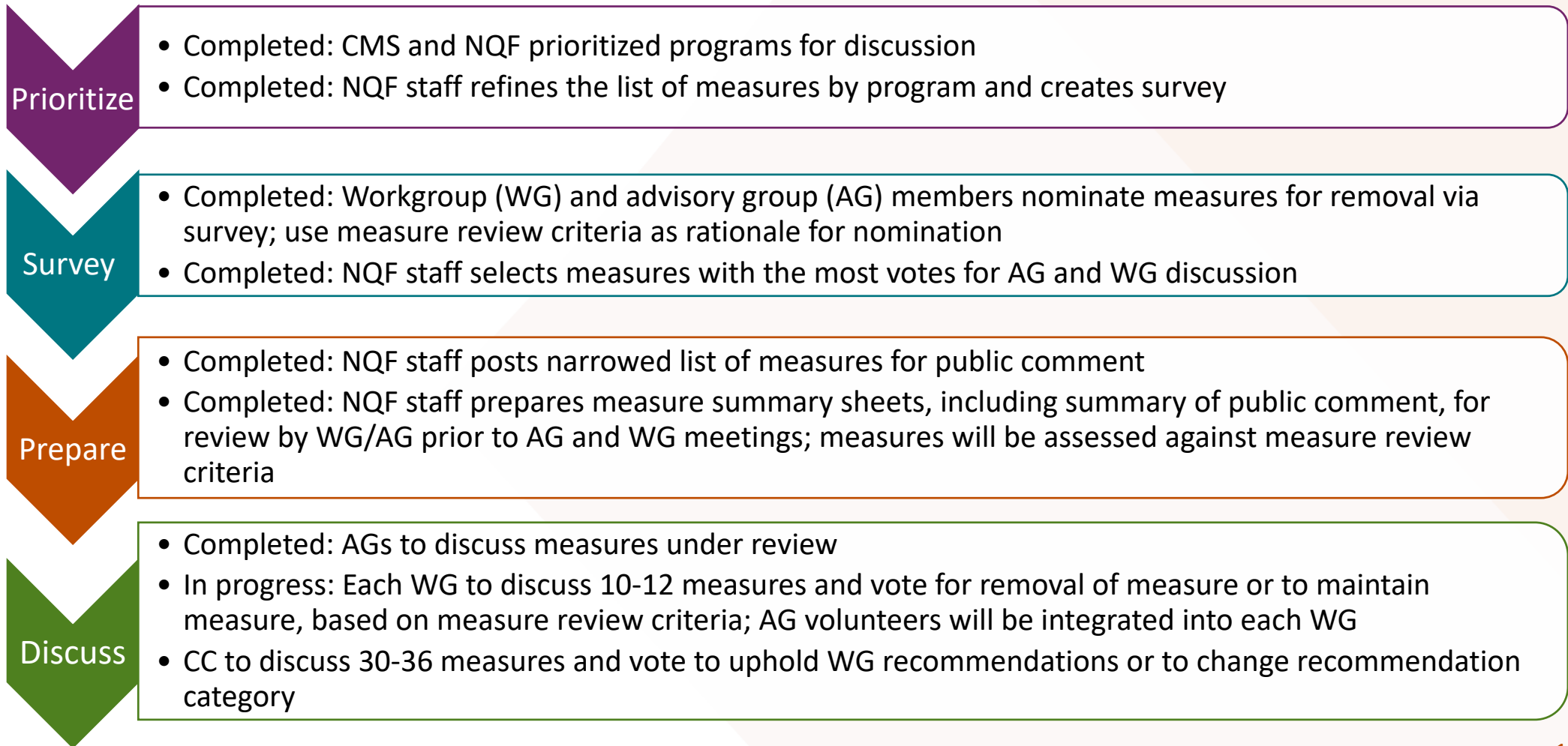
Opening Remarks

Michelle Schreiber, MD

Deputy Director of the Centers for Clinical Standards & Quality (CCSQ) for the Centers for Medicare & Medicaid Services (CMS) and the Group Director for the Quality Measurement and Value-Based Incentives Group (QMVIG)

Review of MSR Process and Measure Review Criteria (MRC)

Summary of 2022 MSR Process

Prioritize
- Completed: CMS and NQF prioritized programs for discussion
- Completed: NQF staff refines the list of measures by program and creates survey

Survey
- Completed: Workgroup (WG) and advisory group (AG) members nominate measures for removal via survey; use measure review criteria as rationale for nomination
- Completed: NQF staff selects measures with the most votes for AG and WG discussion

Prepare
- Completed: NQF staff posts narrowed list of measures for public comment
- Completed: NQF staff prepares measure summary sheets, including summary of public comment, for review by WG/AG prior to AG and WG meetings; measures will be assessed against measure review criteria

Discuss
- Completed: AGs to discuss measures under review
- In progress: Each WG to discuss 10-12 measures and vote for removal of measure or to maintain measure, based on measure review criteria; AG volunteers will be integrated into each WG
- CC to discuss 30-36 measures and vote to uphold WG recommendations or to change recommendation category

2022 MSR Measure Review Criteria

1. Measure does not contribute to the overall goals and objectives of the program

2. Measure is duplicative of other measures within the same program

3. Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement

4. Performance or improvement on the measure does not result in better patient outcomes

5. Measure does not reflect current evidence

6. Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation

7. Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

2022 MSR Measure Review Criteria (continued)

8. Measure leads to a high level of reporting burden for reporting entities

9. Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure

10. Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

   - Feedback from end users or implementers identified negative unintended consequences (e.g., premature discharges, overuse and/or inappropriate use of care or treatment)
   - The measure does not support rural health by negatively impacting issues relevant to the rural population (e.g., access, costs, data collection and/or reporting challenges)
   - The measure does not support health equity by negatively impacting disparities (e.g., race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, geographical consideration)

2022 MSR Decision Categories

Support for Retaining

Conditional Support for Retaining

Conditional Support for Removal

Support for Removal

2022 MSR Decision Categories (continued)

Decision Category	Definition	Evaluation Criteria	Examples
Support for Retaining	MAP supports retaining the measure, as specified, for a particular program.	After discussion, MAP determines the measure does not meet review criteria for removal OR the measure meets at least one review criterion, but MAP thinks the benefits of retaining it in the program outweigh the met criterion. Additionally, MAP has not identified any changes for the measure.	MAP supports retaining the measure despite it meeting a review criterion; for example: • The measure is a PRO-PM that is associated with reporting burden, but it is an important measure to patients • The measure is not reported by some entities due to low volume, but it is a meaningful measure for those entities that can report it

2022 MSR Decision Categories (continued)

Decision Category	Definition	Evaluation Criteria	Examples
Conditional Support for Retaining	MAP supports retaining the measure for a particular program but has identified certain conditions or modifications that would ideally be addressed.	The measure meets at least one review criterion but MAP thinks the benefits of retaining it in the program outweigh the met criterion. However, MAP support for retaining is based on certain conditions or modifications being addressed.	MAP supports retaining the measure if certain conditions or modifications are addressed; for example, if the measure: • Receives CBE endorsement • Is aligned to the evidence • Is respecified as an electronic clinical quality measure (eCQM) • Is modified so that it no longer meets review criteria

2022 MSR Decision Categories (continued)

Decision Category	Definition	Evaluation Criteria	Examples
Conditional Support for Removal	MAP supports removal of the measure from a particular program but has identified certain conditions that would ideally be addressed before removal.	The measure meets at least two review criteria, but MAP thinks that removing the measure will create a measurement gap. Therefore, MAP does not support removal until a new measure is introduced to the program.	MAP supports removal once a new measure is introduced that can replace the existing measure; for example: • The measure is integrated into a composite • A process measure is replaced by an outcome measure or PRO-PM

2022 MSR Decision Categories (continued)

Decision Category	Definition	Evaluation Criteria	Examples
Support for Removal	MAP supports removal of the measure from a particular program.	The measure meets at least two review criteria. MAP does not think that removal of the measure will create a measurement gap.	The workgroup determines that the measure no longer meets program priorities and removing it will not lead to a measurement gap; for example, the measure is topped out.

Workgroup Review Meetings and Key Voting Principles

- **Quorum** is defined as **66 percent** of the **voting members** present virtually for live voting to take place.
  - Quorum must be established prior to voting. The process to establish quorum is constituted of (1) taking roll call and (2) determining if a quorum is present. At this time, only if a member of the Committee or workgroup, questions the presence of a quorum is it necessary to reassess the presence of the quorum.

- If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.

- MAP has established a **consensus** threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
  - Abstentions do not count in the denominator.

- Every measure under review will receive a recommendation.

Process for Today's Discussion

- **Step 1.** NQF staff describes the program in which the measure is currently included.

- **Step 2.** Co-chair will open the discussion for public comment on measures under review within the program.

- **Step 3.** The lead discussants will offer initial thoughts about retaining the measure in the program.

- **Step 4.** Advisory group volunteers and NQF staff will summarize the advisory groups' discussion of the measure.

- **Step 5.** The co-chairs will ask for clarifying questions and open the measure for discussion.
  - CMS leads will respond to clarifying questions about the measure.
  - NQF staff will respond to clarifying questions about the process.

Process for Today's Discussion (continued)

- **Step 6.** Workgroup discusses each measure and provides feedback on:
  - Data collection and/or reporting challenges for PAC/LTC providers, including hospices, inpatient rehabilitation facilities, long-term care hospitals, skilling nursing facilities, and home health care
  - Methodological problems of calculating performance measures
  - Potential unintended or negatives consequences relating to the removal of the measure in specific programs

- **Step 7.** Co-chairs will put forward a decision category.
  - Co-chairs will summarize the major themes of the discussion and will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
  - If the co-chairs do not feel there is a consensus position to use to begin voting, the workgroup will take a vote on each potential decision category one at a time. The first vote will be conditional support for retaining, then conditional support for removal, then support for removal, then support for retaining.

Process for Today's Discussion (continued)

- **Step 8.** NQF staff will tally votes.
  - If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.
  - If no decision category achieves greater than 60%, the measure will be assigned the decision "support for retaining."

Questions on 2022 MSR Process?

Voting Test

PAC/LTC Programs

Home Health Quality Reporting Program

(HH QRP)

Home Health Quality Reporting Program (HH QRP)

Home Health Quality Reporting Program (HH QRP)

- **Program Type:** Pay for Reporting

- **Incentive Structure:** Section 484.225(i) of Part 42 of the Code of Federal Regulations (C.F.R.) provides that HHAs that meet the quality data reporting requirements are eligible to receive the full home health (HH) market basket percentage increase. HHAs that do not meet the reporting requirements are subject to a two (2%) percentage point reduction to the HH market basket increase.

- **Program Goals:** Alignment with the mission of the National Academy of Medicine (NAM) which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.

Opportunity for Public Comment on Home Health Quality Reporting Program (HH QRP) Measures

NATIONAL QUALITY FORUM

Opportunity for Public Comment on the Home Health Quality Reporting Program (HH QRP) Measures

- 00187-C-HHQR: Improvement in Dyspnea

- 00196-C-HHQR: Timely Initiation of Care

- 00185-C-HHQR: Improvement in Bathing

- 00189-C-HHQR: Improvement in Management of Oral Medications

- 01000-C-HHQR: Improvement in Bed Transferring

- 00212-C-HHQR: Influenza Immunization Received for Current Flu Season

- 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP

- 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)

- 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

- 05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

Health Quality Reporting Program (HH QRP) Measures

00187-C-HHQR: Improvement in Dyspnea

- **Description:** Percentage of home health episodes of care during which the patient became less short of breath or dyspneic.

- **Endorsement Status:** Endorsement removed

- **MSR Selection Count:** 6

00187-C-HHQR: Improvement in Dyspnea (continued)

- **Criteria/Rationale:**
  - Measure does not contribute to the overall goals and objectives of the program
  - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
  - Performance or improvement on the measure does not result in better patient outcomes
  - Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
  - Measure leads to a high level of reporting burden for reporting entities
  - Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure

- **Additional Survey Feedback:**
  - Is this measure topped?
  - Must evaluate whether the patient has a terminal disease where one would not anticipate an improvement.

00196-C-HHQR: Timely Initiation of Care

- **Description:** Percentage of home health quality episodes in which the start or resumption of care (SOC/ROC) date was on the physician-ordered SOC/ROC date (if provided), otherwise was within 2 days of the referral date or inpatient discharge date, whichever is later.

- **Endorsement Status:** Endorsement removed

- **MSR Selection Count:** 5

00196-C-HHQR: Timely Initiation of Care (continued)

- **Criteria/Rationale:**
  - Measure does not contribute to the overall goals and objectives of the program
  - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
  - Performance or improvement on the measure does not result in better patient outcomes
  - Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
  - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

- **Additional Survey Feedback:**
  - Is this measure topped?
  - Some measure of timeliness is important.
  - I like this measure.

Break

Health Quality Reporting Program (HH QRP) Measures (continued)

00185-C-HHQR: Improvement in Bathing

- **Description:** Percentage of home health quality episodes of care during which the patient got better at bathing self.

- **Endorsement Status:** Endorsed

- **MSR Selection Count:** 5

00185-C-HHQR: Improvement in Bathing (continued)

- **Criteria/Rationale:**
  - Performance or improvement on the measure does not result in better patient outcomes
  - Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
  - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

- **Additional Survey Feedback:**
  - Clarification needed, does this exclude patients who don't have a bathing goal?
  - Challenge with skilled maintenance. Focus on level of assistance only.
  - Would like to have discussion of which measures of function have strongest relationship to patient outcomes.
  - Must evaluate whether the patient has a terminal disease where one would not anticipate improvement.

00189-C-HHQR: Improvement in Management of Oral Medications

- **Description:** Percentage of home health episodes of care during which the patient improved in ability to take their medicines correctly (by mouth).

- **Endorsement Status:** Endorsed

- **MSR Selection Count:** 4

- **Criteria/Rationale:**
  - Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation
  - Measure leads to a high level of reporting burden for reporting entities
  - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

- **Additional Survey Feedback:**
  - Would like to know distribution on these assessor reported data.
  - Stabilizing management should be considered success not just improvement.
  - Must evaluate whether the patient has a terminal disease where one would not anticipate an improvement.

01000-C-HHQR: Improvement in Bed Transferring

- **Description:** Percentage of home health quality episodes of care during which the patient improved in ability to get in and out of bed.

- **Endorsement Status:** Endorsed

- **MSR Selection Count:** 5

01000-C-HHQR: Improvement in Bed Transferring (continued)

- **Criteria/Rationale:**
  - Measure is duplicative of other measures within the same program
  - Performance or improvement on the measure does not result in better patient outcomes
  - Measure does not reflect current evidence
  - Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure
  - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

- **Additional Survey Feedback:**
  - Issues with skilled maintenance.
  - Examine pros/cons of targeted functional measures, composite measures rather than separate measures of functional outcomes.
  - I like this measure.

NATIONAL QUALITY FORUM

00212-C-HHQR: Influenza Immunization Received for Current Flu Season

- **Description:** Percentage of home health quality episodes of care during which patients received influenza immunization for the current flu season.

- **Endorsement Status:** Endorsement removed

- **MSR Selection Count:** 6

- **Criteria/Rationale:**
  - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
  - Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation
  - Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

- **Additional Survey Feedback:**
  - This measure may be difficult for the HHA to have control over, can't act on this.
  - I like this measure. (*did not vote for measure, but entered comment).

02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP

- **Description:** The assessment of the Medicare spending of a home health agency's MSPB-PAC HH episodes, relative to the Medicare spending of the national median home health agency s MSPB-PAC HH episodes across the same performance period. Note: An MSPB-PAC HH measure score of less than 1 indicates that a given home health agency's resource use is less than that of the national median home health agency during the same performance period.

- **Endorsement Status:** Not endorsed

- **MSR Selection Count:** 7

02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP (continued)

- **Criteria/Rationale:**
  - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
  - Performance or improvement on the measure does not result in better patient outcomes
  - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

- **Additional Survey Feedback:**
  - Need more data to evaluate this measure. Measure seems to incentivize spending less per patient, which could have unintended consequences.
  - Concern that it only looks at Medicare FFS cost, which in some markets in negligible.
  - Note that measure is required by statute; are there any pending measures of cost/spending that provide more insight into the relationship between quality and cost.

Break

Health Quality Reporting Program (HH QRP) Measures (continued)

NATIONAL QUALITY FORUM

02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)

- **Description:** This measure assesses successful discharge to the community from HHA, with successful discharge to the community including no unplanned hospitalizations and no death in the 31 days following discharge. It assesses a HHA's risk-standardized rate of Medicare FFS patients who are discharged to the community following a HH episode, and do not have an unplanned admission to an acute care hospital or LTCH in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. Community, for this measure, is defined as home/self-care without HH services, based on Patient Discharge Status Codes 01 and 81 on the Medicare FFS claim.

- **Endorsement Status:** Endorsed

- **MSR Selection Count:** 4

02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP) (continued)

- **Criteria/Rationale:**
  - Measure does not contribute to the overall goals and objectives of the program
  - Measure is duplicative of other measures within the same program
  - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
  - Measure does not reflect current evidence
  - Measure leads to a high level of reporting burden for reporting entities
  - Measure is not reported by entities due to low volume, entity not having data, or entity not selecting to report a voluntary measure
  - Measure has negative unintended consequences, including potential negative impacts to the rural population or possible contribution to health disparities

- **Additional Survey Feedback:**
  - Would like to look at set of measures related to hospitalizations during home health; which have strongest relationship to outcomes, most effective timeframe for measuring. Hospitalization rates required by statute - which would drive quality improvement the most?
  - This is important but a burden to report.

NATIONAL QUALITY FORUM

03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)

- **Description:** Percentage of quality episodes in which the patient experiences one or more falls with major injury (defined as bone fractures, joint dislocations, and closed-head injuries with altered consciousness, or subdural hematoma) during the home health episode.

- **Endorsement Status:** Not endorsed

- **MSR Selection Count:** 5

03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (continued)

- **Criteria/Rationale:**
  - Measure does not contribute to the overall goals and objectives of the program
  - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
  - Performance or improvement on the measure does not result in better patient outcomes

- **Additional Survey Feedback:**
  - Possibly redundant with readmission measures. Need more information to understand if patients can be excluded due to home safety.
  - Home health does not have residents and does not have a long stay definition. Agency relies on patient self report.
  - Question its applicability for care in the home where there is not 24/7 home health aides in one's home. Lacks a risk adjustment component.
  - A very important factor to consider reporting.

05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

- **Description:** Percentage of home health quality episodes in which patients mobility and self-care functional status was documented and at least one discharge goal was recorded.

- **Endorsement Status:** Not endorsed

- **MSR Selection Count:** 4

05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (continued)

- **Criteria/Rationale:**
  - Measure is duplicative of other measures within the same program
  - Measure is not endorsed by a Consensus-Based Entity (CBE), or lost endorsement
  - Measure performance is topped out, such that performance is uniformly high and lacks variation in performance overall and by subpopulation
  - Measure performance does not substantially differentiate between high and low performers, such that performance is mostly aggregated around the average and lacks variation in performance overall and by subpopulation

- **Additional Survey Feedback:**
  - Expect topped out; would like to discuss issues of using standard OASIS data as performance measures since OASIS required.

Opportunity for Public Comment

Discussion of Gaps in PAC/LTC MSR Programs
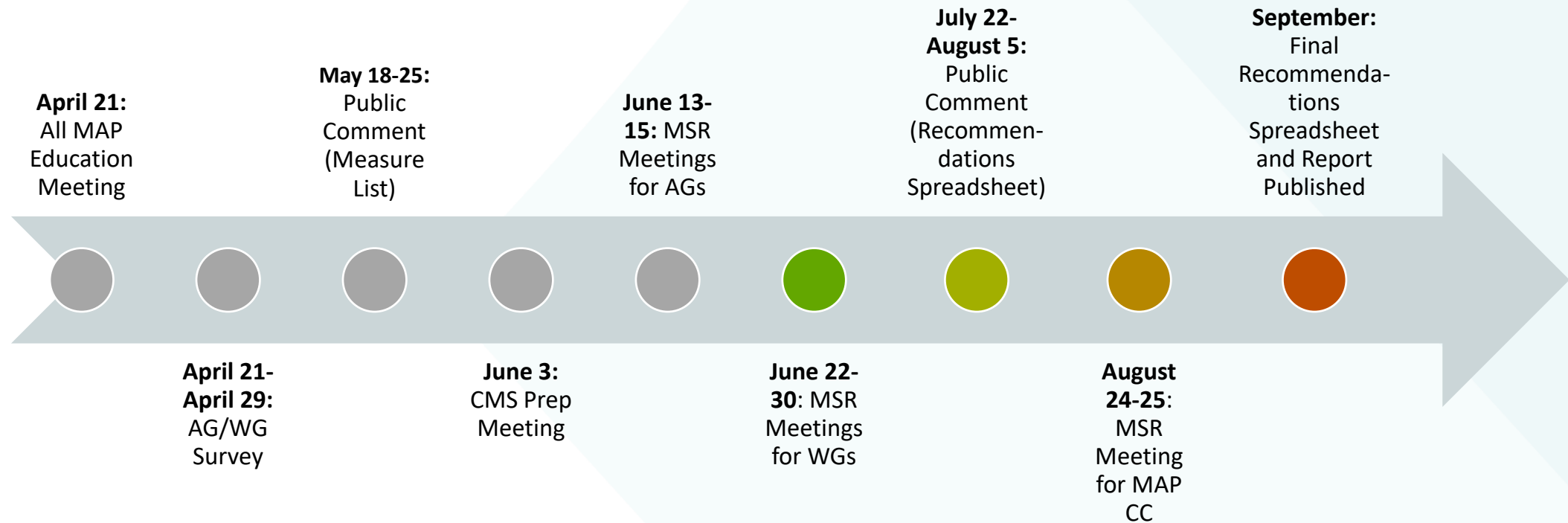
MAP PAC/LTC Workgroup Feedback on MSR Review Process

Feedback on MAP PAC/LTC Review Process

- Polling Questions:
  - The MSR survey to nominate measures for discussion worked well
  - I had what I needed to respond to the MSR survey
  - The workgroup review of the measures under review worked well

- Discussion Questions:
  - What worked well during the workgroup survey?
  - What worked well during the workgroup's review of the measures under review? What would help the workgroup's review process be even better?
  - Do you have any suggested improvements to the criteria used to review the measures under review, meeting processes and logistics, etc.?

Next Steps

2022 MSR Timeline

April 21: All MAP Education Meeting

May 18-25: Public Comment (Measure List)

June 13-15: MSR Meetings for AGs

July 22-August 5: Public Comment (Recommendations Spreadsheet)

September: Final Recommendations Spreadsheet and Report Published

April 21-April 29: AG/WG Survey

June 3: CMS Prep Meeting

June 22-30: MSR Meetings for WGs

August 24-25: MSR Meeting for MAP CC

Timeline of Upcoming Activities

- **Public Comment on Measure Removal Recommendations:** July 22 - August 05, 2022

- **Coordinating Committee Meeting:** August 24 - 25, 2022

- **Final Recommendations Report to CMS:** September 22, 2022

Contact Information

- **Project page:** [Post-Acute Care/Long-Term Care Workgroup](#)

- **Email:** [MAPPAC-LTC@qualityforum.org](#)

THANK YOU.

NATIONAL QUALITY FORUM

https://www.qualityforum.org

Appendix

Federal Programs Prioritized by CMS/NQF for MAP PAC/LTC WG Review

Federal Programs for MAP PAC/LTC	Number of Measures (2022)	Programs to be Reviewed for 2022 MSR
Home Health Quality Reporting Program (HHQRP)	**20**	**X**
Hospice Quality Reporting Program (HQRP)	**4**	**X**
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)	18	**
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)	18	**
Skilled Nursing Facility Quality Reporting Program (SNF QRP)	15	**
Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program	1	**

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