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QUALITY FORUM

How to Contribute to MAP's Measure Recommendations for Medicare

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Over 425 Members Strong



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Today's Objectives

By the end of this session, members will understand:

- The purpose of MAP (Measure Applications Partnership) and its role in recommending measures for Medicare.
- Basic MAP terminology and concepts.
- Ways to provide input to the pre-rulemaking process

Key words are marked with this icon



Audience Quiz

True or False: MAP determines which measures are on the MUC (Measures Under Consideration) List.

- a. True
- b. False
- c. Unsure

Audience Quiz

How many measures did MAP review in 2016?

- a. About 75
- b. About 100
- c. About 125
- d. About 150

Key Points

- At the request of CMS each year, the MAP recommends measures to be implemented into Medicare programs.
- MAP's recommendations rely on Member input throughout the process.
- The MAP process is transparent and easily accessible to Members and the public.



What is MAP?



What is the purpose of MAP?



The Measure Applications Partnership (MAP) aims to **drive progress** toward national healthcare priorities.

MAP advances this goal **by recommending measures** to use in federal programs.

CMS Quality Initiative Programs

- Quality healthcare is a high priority for CMS.
- To assure high quality care for all Americans, CMS began launching quality initiative programs (also called Medicare payment or Medicare reporting programs) in 2001.
 - Touch on every aspect of the health care system
 - Improve quality through accountability and public disclosure
 - Reduce costs by increasing quality



The Role of Measures



Measure

n. A standard: a basis for comparison; a reference point against which other things can be evaluated; “they set the measure for all subsequent work.”

v. To bring into comparison against a standard.*

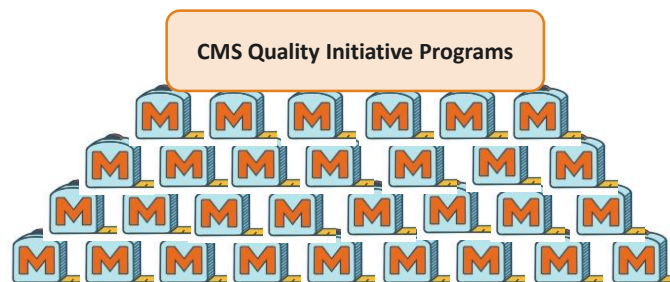


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*Source: [The ABC's of Measurement](#) ¹¹

The Role of Measures

CMS quality initiative programs are built on the use of quality measures for **public reporting** and **payment** purposes.



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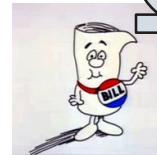
*Source: [The ABC's of Measurement](#) ¹²

What is rulemaking?



Rulemaking is the process that government agencies, such as HHS or CMS, use to create regulations (aka rules that implement laws passed by Congress).

- Every year, CMS issues rules about which measures are added or removed from Medicare programs.



Once I'm passed, I need rules to implement me

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So what is MAP pre-rulemaking?



Pre-rulemaking is an annual process where stakeholders provide input to CMS about which measures to include in Medicare. This input happens before the rulemaking stage to allow time for CMS to incorporate this input into their decisions.



There are thousands of measures, but which ones should go into Medicare programs?

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So what is MAP *pre*-rulemaking?

- Every year, before CMS issues new rules, MAP answers these questions by recommending (or not recommending) measures for use in Medicare programs.
- This process was created by the Affordable Care Act; MAP was established for the sole purpose of providing this multi-stakeholder input.



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What is the value of pre-rulemaking input?



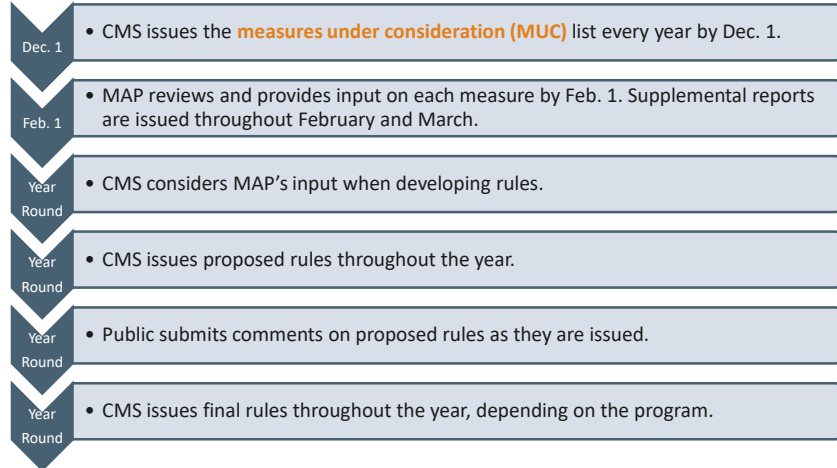
- Consensus-building among stakeholders
- Proposed laws (rules) are “closer to the mark”
- Reduces the effort required by individual stakeholder groups

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<http://en.wikipedia.org/wiki/Rulemaking>

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The Annual Pre-Rulemaking Process



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What Does MAP Do in Addition to Pre-Rulemaking?



Current Work (2017-2018)

- Rural Health Workgroup
- Medicaid Adult **Core Set**
- Medicaid/CHIP Child Core Set

Past Work (2010-2017)

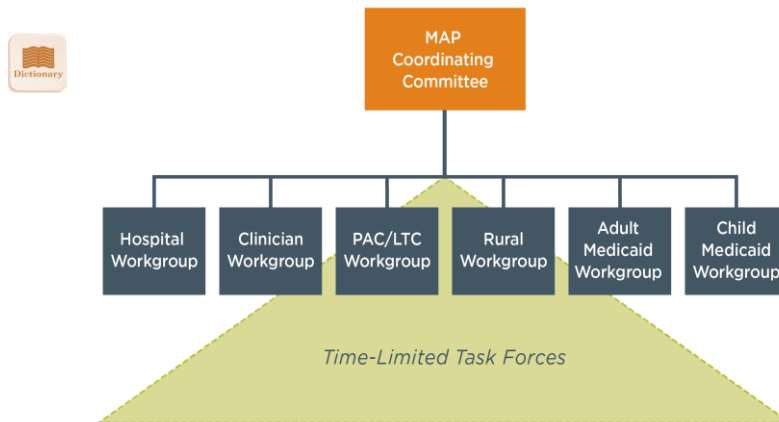
- Dual Eligible Beneficiary Workgroup
- Families of Measures
- Health Insurance Exchange Quality Rating System



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How is MAP Structured?



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MAP Coordinating Committee

- Sets the strategic direction for the Measure Applications Partnership;
- Gives direction to and ensure alignment among the MAP advisory workgroups; and
- Advises CMS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers.



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MAP Hospital Workgroup

Recommends measures for Medicare programs in hospital settings:

- Hospital Inpatient Quality Reporting and Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs
- Hospital Value-Based Purchasing (VBP)
- Hospital Outpatient Quality Reporting (OQR)
- Ambulatory Surgical Center Quality Reporting (ASCQ)
- Inpatient Psychiatric Hospital Quality Reporting
- PPS-Exempt Cancer Hospital Quality Reporting
- Hospital-Acquired Conditions Payment Reduction (HAC)
- End Stage Renal Disease (ESRD)

Example of impact:

Recommending the inclusion of maternity care measures for the IQR and VBP Programs.



MAP Clinician Workgroup

Recommends measures for Medicare programs by clinicians, such as:

- Merit-based Incentive Payment System (MIPS)
- Medicare Shared Savings Program (Accountable Care Organizations)

Example of impact:

Include high-value measures that are meaningful and usable



MAP Post Acute Long-Term Care Workgroup (PAC LTC)

Recommends measures for Medicare programs in long-term care settings:

- Home Health Quality Reporting
- Nursing Home Quality Initiative and Nursing Home Compare
- Inpatient Rehabilitation Facility Quality Reporting
- Long-Term Care Hospital Quality Reporting
- Hospice Quality Reporting
- Skilled Nursing Facility Value-Based Purchasing Program

Example of impact:

Increased alignment across settings



MAP Rural Health Workgroup

This year, NQF will convene a new Rural Health Workgroup that will:

- develop a set of criteria for selecting measures and measure concepts;
- identify a set of the best available core set of measures to address the needs of the rural population;
- identify rural-relevant gaps in measurement;
- provide recommendations regarding alignment and coordination of measurements efforts across programs, care settings, specialties, and sectors (both public and private); and
- address a measurement topic relevant to vulnerable individuals in rural areas.

MAP Medicaid Adult and Child Workgroup

Each year, the Medicaid Workgroups provide input to the MAP Coordinating Committee on recommendations to HHS for strengthening the Adult and Child Core Sets of measures by:

- Reviewing states' experiences voluntarily reporting measures
- Refining previously identified measure gap areas
- Recommending potential measures for addition or removal from the sets, with a focus on addressing high-priority measure gap areas

NQF Members' Role

- Provide comments and feedback throughout the process
- Nominate to serve on a committee or workgroup
- Tell NQF how we can improve the process

**NQF Members:
We Need YOU!**



MAP Committee Members

Three types of committee members:



Organizational Representatives

- Constitutes the majority of MAP members
- Include those that are interested in or affected by the use of measures
- Organizations designate their own representatives



Subject Matter Experts

- Serve as individual representatives bringing topic specific knowledge to MAP deliberations
- Chairs and co-chairs of MAP's Coordinating Committee and workgroups are considered subject matter experts



Federal Government Liaisons

- Serve as ex-officio, non-voting members representing a Federal agency

MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements



MAP Measure Selection Criteria

4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment



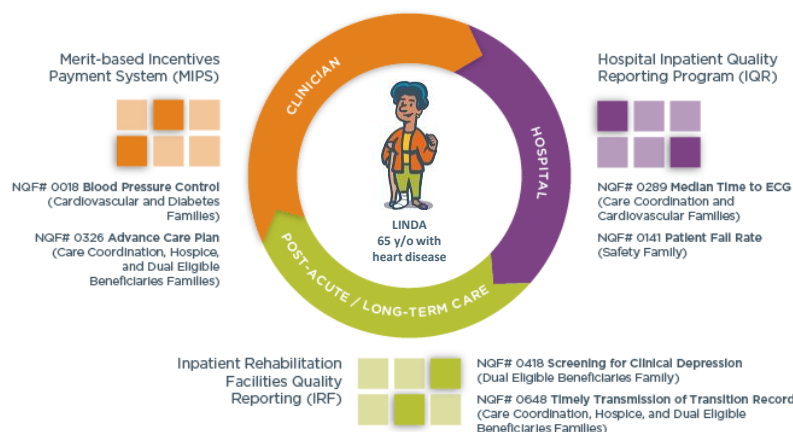
MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not adequately addressed by the measures in the program set
2. The measure is evidence-based and is either strongly linked to outcomes or an outcome measure
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is reliable and valid for the level of analysis, program, and/or setting(s) for which it is being considered.
7. If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.

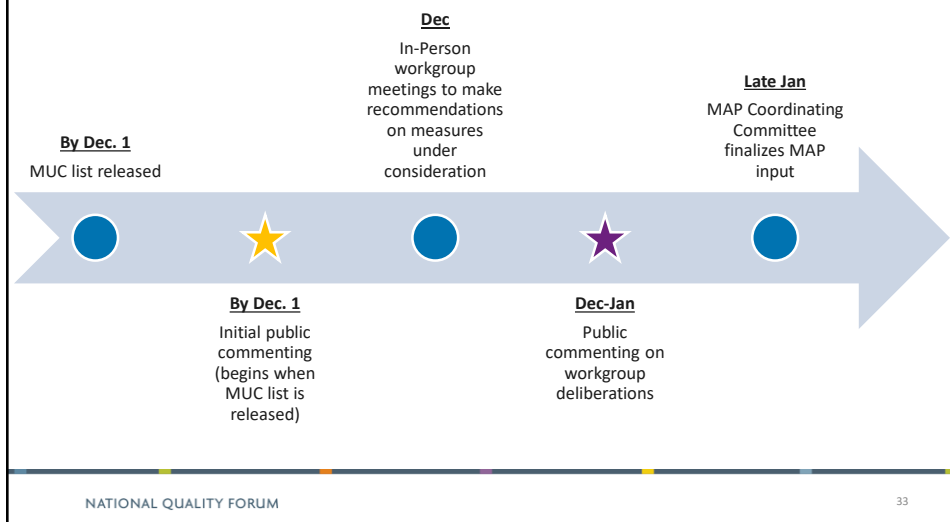
MAP Decision Categories

Decision Category	Evaluation Criteria
Support for Rulemaking	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	The measure is fully developed and tested and meets assessments 1-6. MAP will provide a rationale that outlines the conditions (e.g., NQF endorsement) based on assessments 4-7 (reference Table 2 below) that should be met. Ideally the conditions specified by MAP would be met before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified conditions without resubmitting the measure to MAP prior to rulemaking.
Refine and Resubmit for Rulemaking	<p>The measure meets assessments 1-3, but needs modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested refinement (e.g., measure is not fully developed and tested OR there are opportunities for improvement under evaluation).</p> <p>Ideally the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to the MAP prior to rulemaking. CMS may informally, without deliberations and voting, review these refinements via the “feedback loop” with the MAP. These updates may occur during the web meetings of the MAP workgroups scheduled annually in the fall.</p>
Do Not Support for Rulemaking	The measure under consideration does not meet one or more of assessments 1-3.

MAP: Improving Care for Patients



When can NQF members provide input?



Timeline of Upcoming Activities

Nov. 30	Coordinating Committee web meeting
Dec. 1	MUC list release
Nov. 30-Dec. 7	Public comment period #1 (timing based on MUC list release)
Dec. 12	Clinician workgroup in-person meeting
Dec. 13	PAC/LTC work group in-person meeting
Dec. 14	Hospital workgroup in-person meeting
Dec. 21-Jan. 11	Public comment period #2
Jan. 25-26	Coordinating Committee in-person meeting

Tracking MAP: Member Exclusive Communications

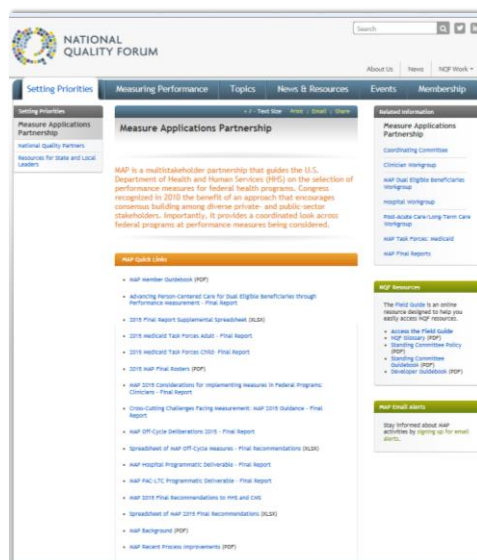


- NQF Weekly for Members (every Friday) includes upcoming comment periods, nominations, and meetings
- [Sign up for MAP project alerts](#) to receive emails about MAP activities
- [Join](#) the Renal Member Network or Cancer Member Network to follow these issues through MAP and other projects

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MAP Homepage: www.qualityforum.org/map



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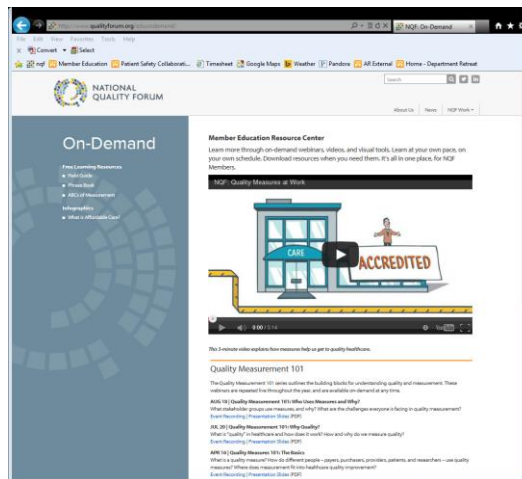
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