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Charles Kahn, III, MPH
Misty Roberts, MSN
Co-Chairs, Measure Applications Partnership Coordinating Committee
c/o National Quality Forum
1099 14th St NW, Suite 500
Washington, DC 20005

RE: Measure Applications Partnership 2021 Initial Measure Recommendations

Dear Mr. Kahn and Ms. Roberts:

The Association of American Medical Colleges (AAMC) welcomes this opportunity to comment on the National Quality Forum (NQF) Measure Applications Partnership's (MAP's) 2021 initial measure recommendations for the Centers for Medicare & Medicaid Services' (CMS) measures under consideration (MUC). The AAMC is a nonprofit association dedicated to transforming health through medical education, health care, medical research, and community collaborations. Its members are all 155 accredited U.S. and 17 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America's medical schools and teaching hospitals and the millions of individuals employed across academic medicine, including more than 186,000 full-time faculty members, 94,000 medical students, 145,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The following are the AAMC's high-level comments on the MAP recommendations for both hospitals and clinicians:

- For all measures, the AAMC continues to strongly believe that measures included on the MUC list be fully specified and NQF-endorsed *prior* to MAP review.
- Measures must be evaluated in broader context, both within a given quality program's measure set and for wider priority areas – most notably health care equity.
- Additionally, the AAMC is steadfast in the principle that providers should not be held accountable for activities outside their control. Measures must be valid and reliable at the hospital, clinician, or practice group level.

MAP Hospital Workgroup Comments

Screening for Social Drivers of Health

The Hospital MAP Workgroup conditionally supported the Screening for Social Drivers of Health measure (MUC2021-136) for the Inpatient Quality Reporting (IQR) Program, pending NQF endorsement. The measure assesses the rate at which hospitals screen their adult patients for food insecurity, housing instability, transportation problems, utility needs, and interpersonal safety. **The AAMC agrees with the MAP's recommendation.** The AAMC fully supports efforts to screen patients for their health-related social

needs and agrees that a quality measure consistent with guidelines could help improve and standardize screenings. That said, we believe this measure should be NQF endorsed prior to use in the IQR Program to ensure that the measure is valid and reliable. During the MAP Hospital Workgroup there was significant discussion regarding confusion as to the denominator for this measure, and whether it would require a patient to be screened at certain intervals or at every interaction with the hospital regardless of how frequent. One suggestion is that the measure developers consider including a reasonable interval for screening - potentially every six months, if supported by the literature. Furthermore, there was some discussion around appropriateness of excluding incapacitated and/or trauma patients who may not be able to be screened at admission. The AAMC is concerned about the suggestion from the measure developer that patient's family members or caregivers could complete the screening on the patient's behalf in such cases due to the sensitivity of screened needs, notably interpersonal safety. We believe the NQF endorsement process is vital to ensuring this measure is appropriate for use in the IQR Program.

Screen Positive Rate for Social Drivers of Health

The Hospital MAP Workgroup did not support the Screen Positive Rate for Social Drivers of Health measure (MUC2021-134) for the IQR Program, with potential for mitigation which included NQF endorsement to resolve reliability and validity concerns and updates to the measure to link it actionable interventions. This measure assesses the percentage of patients who screened positive for a health-related social need. **The AAMC recommends that the MAP revise its recommendation to do not support for rulemaking.** We are concerned that in addition to the need for NQF review and endorsement, this measure simply is inappropriate for the IQR Program, which is "intended to equip consumers with quality-of-care information to make more informed decisions about healthcare options."[1] This measure does not assess quality of care delivered by the hospital, but rather the percentage of patients served by that hospital who report a health-related social need. It is unclear how patients or providers can interpret that information to make informed decisions about their care. For example, is a lower rate better? This lack of clarity could result in significant unintended consequences, namely greater divergence between hospitals that treat patients who screen positive for health-related social needs and those that do not. Additionally, it's unclear how an overall positivity rate is useful for driving quality improvement – it doesn't direct attention to specific health-related socials needs of patients and thus does not provide information to inform actionable interventions.

Hospital Commitment to Health Equity

The Hospital MAP did not support for rulemaking the Hospital Commitment to Health Equity structural measure (MUC2021-106) for the IQR Program due to insufficient evidence on potential impact of the measure on quality. This measure assesses equity-focused organizational competencies across five questions/domains. **The AAMC recommends that the MAP revise its recommendation to conditional support for rulemaking, pending NQF endorsement.** We believe that the development of structural and process measures is a start to using quality measurement tools to improve health equity. Structural measures are often at the beginning stages of measuring quality for a given area or topic because they measure what is in the scope of hospital control and can be tied to the early evidence base to inform future interventions. Hospitals cannot drive equity improvements alone, but structural measures that incent equity-focused, evidence-based best practices, such as screening for health-related social needs and performing community needs assessments with community-based partners, can lead us to further development and evaluation of equity metrics that drive improvement and are inclusive of community-based partnerships.

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[1] CMS Hospital Inpatient Quality Reporting (IQR) Program, "About the Hospital IQR Program"

Severe Obstetric Complications eCQM

The Hospital MAP conditionally supported for rulemaking the severe obstetric complications outcome measure (MUC2021-104) pending successful complete testing and NQF endorsement for the IQR and Promoting Interoperability Programs. This measure assesses the proportion of patients with severe obstetric complications during an inpatient delivery hospitalization. **The AAMC agrees with the MAP's initial recommendation.** Currently the CMS hospital quality programs do not include any direct measures of maternal morbidity and obstetric complications, a priority area for quality improvement. We agree that this newly developed measure should be tested further to assess feasibility of reporting across electronic health record platforms and be NQF-endorsed as valid and reliable. Additionally, the AAMC is pleased to see this measure includes health-related social need in risk adjustment – which we believe is critical information to better understand which social needs impact outcomes to drive social investments and interventions. Relatedly, we ask that the endorsement review strongly evaluate clinical risk adjustment to ensure that this measure is not biased against hospitals that serve as regional referral centers for patients at high risk for complications. For example, hospitals that are recognized as Accreta Centers of Excellence are likely to treat patients with accretas, which may not be coded as present on admission. Finally, we agree that attention should be paid to potential unintended consequences with the measure, especially in measuring ICU admissions as a severe complication when such practice might be for closer surveillance to *prevent* severe complications.

National Healthcare Safety Network (NHSN) Measures (Healthcare-associated Clostridioides difficile Infection Outcome Measure and Hospital-Onset Bacteremia & Fungemia Outcome Measure)

The Hospital MAP Workgroup did not support these measures (MUC2021-098 and MUC2021-100) for the Medicare Promoting Interoperability Program due to a concern that these measures are not appropriate for the program as they are not specified as electronic clinical quality measures (eCQMs). Rather, these measures use algorithmic determinations from data sources available in electronic health records (EHRs). However, post-meeting NQF staff revised these recommendations to "to be determined" after CMS urged them to read the Program's authorizing statute (the HITECH Act of 2009) as requiring only those measures in the program use certified EHR technology for reporting (and not specifically be eCQMs). **While we understand there is room for debate for the Coordinating Committee in finalizing the recommendation, the AAMC is incredibly concerned with the integrity of the independent MAP process if NQF staff can unilaterally change a recommendation that met a consensus vote upon review by the Hospital MAP Workgroup.** We appreciate NQF leadership's consideration of our concerns with this change to the recommendation when it was brought to their attention and support the establishment of a process in the future on how to address similar issues that may arise. Furthermore, in regards to the specific requirements for measurement set forth in the authorizing statute, the AAMC urges the Coordinating Committee to consider the requirement that measures selected should "avoid redundant or duplicative reporting otherwise required."[2] We believe this at least poses a question whether it is appropriate to support these measures for rulemaking in the Promoting Interoperability Program when they are also being considered for use in the IQR and Hospital Acquired Condition Reduction Programs. This is especially relevant considering the latter is a pay-for-performance program.

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[2] *See* Section 1848(o)(2(B)(iii) of the Social Security Act, 42 U.S.C. § 1395w-4, as amended in 2009, stating "COORDINATION OF REPORTING OF INFORMATION. —In selecting such measures, and in establishing the form and manner for reporting measures under subparagraph (A)(iii), the Secretary shall seek to avoid redundant or duplicative reporting otherwise required[.]"

Standardized Readmission Ratio (SRR) for Dialysis Facilities

The Hospital MAP did not support this readmission measure (MUC2021-101) for rulemaking for the End-Stage Renal Disease (ESRD) Quality Improvement Program. **The AAMC agrees with the MAP's initial recommendation.** This measure did not pass scientific acceptability for validity and was not endorsed by the NQF when reviewed in Spring 2020. The NQF Scientific Methods Panel did not pass the measure on review of validity due to concerns regarding the adequacy of the measure correlations presented for validity testing. The NQF Standing Committee for Admissions and Readmissions reviewed the Panel's findings and upheld their rating, ultimately failing endorsement on the ground on validity. The AAMC continues to believe that measures must be endorsed as valid and reliable prior to inclusion in federal quality reporting and performance programs.

MAP Clinician Workgroup Comments

Screening for Social Drivers of Health

The Clinician MAP Workgroup conditionally supported the Screening for Social Drivers of Health measure (MUC2021-136) for the Merit-based Incentive Payment System (MIPS), pending testing of the measure's reliability and validity in addition to NQF endorsement. The measure assesses the rate at which hospitals screen their adult patients for food insecurity, housing instability, transportation problems, utility needs, and interpersonal safety. **The AAMC agrees with the MAP's recommendation.** The AAMC fully supports efforts to screen patients for their health-related social needs and agrees that a quality measure consistent with guidelines could help improve and standardize screenings. That said, we believe this measure should be NQF endorsed prior to rulemaking to ensure that the measure is valid and reliable. The AAMC also believes greater clarity is needed regarding the denominator for this measure, and whether it would require a patient to be screened at certain intervals or at every interaction with every clinician regardless of how frequent. One suggestion is that the measure developers consider including a reasonable interval for screening - potentially every six months, if supported by the literature. Furthermore, we believe further study is needed regarding patient trust in sharing sensitive health-related social needs information with clinicians. Relatedly, whether it is appropriate to encourage all clinicians, regardless of specialty, to screen all of their patients through adoption of a quality measure without evidence that screening by all clinicians will be welcomed by the patients they treat. This is especially true when there are still structural challenges with translating the social needs information into actionable interventions for patients. We believe the NQF endorsement process is vital to ensuring this measure is appropriate for use in MIPS.

Screen Positive Rate for Social Drivers of Health

The Clinician MAP Workgroup conditionally supported the Screen Positive Rate for Social Drivers of Health measure (MUC2021-134) for MIPS, pending NQF endorsement. **The AAMC recommends that the MAP revise its recommendation to do not support for rulemaking.** We are concerned that in addition to the need for NQF review and endorsement, this measure simply is inappropriate for MIPS, whose objectives as part of the Quality Payment Program include "to educate, engage and empower patients as members of their care team…and to provide accurate, timely, and actionable performance data to clinicians, patients and other stakeholders."[3] This measure does not assess quality of care delivered by a clinician or physician practice, but rather the percentage of patients treated who report a health-related social need. It is unclear how patients and consumers can interpret that information to make informed decisions about their care. For

[3] CMS Quality Payment Program, "Quality Payment Program Overview"

example, is a lower rate better? Additionally, it's unclear how an overall positivity rate is useful for quality improvement – it doesn't specify *which* health-related socials needs patients are screening positive for and thus does not inform potential actionable interventions.

Kidney Health Evaluation

The Clinician MAP Workgroup conditionally supported the Kidney Health Evaluation measure (MUC2021-090) for MIPS, pending NQF endorsement. The measure assesses percentage of patients aged 18-75 years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) *and* Urine Albumin-Creatinine Ratio (uACR) within the 12-month measurement period. **The AAMC supports the recommendation**. We agree that use of this measure, if endorsed as valid and reliable, supports the appropriate standard of care, and can improve early detection of renal decline before renal replacement therapy is needed.

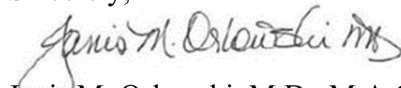
Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

The Clinician MAP Workgroup supported the Adult Kidney Disease measure (MUC2021-127) for MIPS. The measure assesses the percentage of adult patients with a diagnosis of chronic kidney disease (CKD), not receiving Renal Replacement Therapy, and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period. **The AAMC supports the recommendation.** We agree that the measure addresses a priority area for measurement and appreciate that the measure is currently endorsed by NQF. Furthermore, we believe the measure as specified appropriately balances clinical guidelines for high-quality nephrology care with medically necessary exclusions, such as pregnancy or history of allergy to ACE inhibitor or ARB therapy.

Conclusion

Thank you for consideration of these comments. For questions regarding the AAMC's comments, please contact Phoebe Ramsey (pramsey@aamc.org or 202-448-6636).

Sincerely,



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cc: Gayle Lee, AAMC
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