## Measure Applications PartnershipClinician Workgroup Discussion Guide

*Notes for Measure Deliberations*

*Version Number*: 2.1
*Meeting Date:* December 9-10, 2015

## Full Agenda

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| **Day 1-December 9, 2015**   |  |
|  |  |
| 8:30 am   | Breakfast |
|  |  |
| 9:00 am   | Welcome, Disclosures of Interest, Review Meeting Objectives |
|  | Bruce Bagley, Workgroup Chair; Eric Whitacre, Workgroup Chair; Chris Cassel, CEO, NQF; Reva Winkler, Senior Director, NQF; Ann Hammersmith, General Counsel, NQF  |
| 9:20 am   | Pre-Rulemaking Opening Remarks |
|  | Kate Goodrich, CMS  |
| 9:40am   | Overview of Pre-Rulemaking Approach  |
|  | Andrew Lyzenga, Senior Project Manager, NQF; Poonam Bal, Project Manager, NQF  |
| 10:00 am   | Overview of the Medicare Shared Savings Program (MSSP) |
|  | Rabia Khan, CMS (MSSP); Dr. Winkler  |
| 10:30 am   | Break |
|  |  |
| 10:45 pm   | Opportunity for Public Comment on Medicare Shared Savings Program Consent Calendar |
|  |  |
| 11:00 am   | Consent Calendar: Medicare Shared Savings Program |
|  | Provide recommendations on measures under consideration; Identify high-priority measure gaps for the program |
|  | Reactors: Marci Nielsen ; Kate Koplan  |
|  | 1. **Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls** (MUC ID: MUC15-579)
	* *Description:* This is a clinical process measure that assesses falls prevention in older adults. The measure has three rates: A) Screening for Future Fall Risk: Percentage of patients aged 65 years of age and older who were screened for future fall risk at least once within 12 months; B) Falls: Risk Assessment: Percentage of patients aged 65 years of age and older with a history of falls who had a risk assessment for falls completed within 12 months; C) Plan of Care for Falls: Percentage of patients aged 65 years of age and older with a history of falls who had a plan of care for falls documented within 12 months.
	* *Programs under consideration:* Medicare Shared Savings Program
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Prevention of falls is a cross-cutting, patient safety measure applicable to all Medicare patients. This NQF-endorsed measure is aligned with PQRS.
		+ *Impact on quality of care for patients:*[According to the CDC](http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html), one out of three adults aged 65 or older falls each year, but less than half talk to their healthcare providers about it, suggesting an opportunity for improvement that would be addressed by this measure. The CDC reports that falls are the leading cause of both fatal and nonfatal injuries in older adults, and that in 2013, the direct medical costs of falls, adjusted for inflation, were $34 billion.
	* *Preliminary analysis result:* Support
	* *Notes:*
2. **Advance Care Plan** (MUC ID: MUC15-578)
	* *Description:* Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan
	* *Programs under consideration:* Medicare Shared Savings Program
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is aligned with PQRS/MIPS, addresses an important need for patients and caregivers and is a cross-cutting communication and care coordination measure applicable to all Medicare patients..
		+ *Impact on quality of care for patients:*In 2010, there were 40.3 million people aged 65 and older, a 13% share of the US population, that is projected to reach 20.9% by 2050. As people age, consideration should be given to their treatment wishes in the event that they lose the ability to manage their care. A large discrepancy exists between the wishes of dying patients and their actual end-of-life care. Advance Care Plan is recommended as a strategy to improve compliance with patient wishes, and thereby ensure appropriate use of health care resources at the end of life.
	* *Preliminary analysis result:* Support
	* *Notes:*
3. **PQI 91 Prevention Quality Acute Composite** (MUC ID: MUC15-577)
	* *Description:* PQI composite of acute conditions per 100,000 population, ages 18 years and older. Includes admissions with a principal diagnosis of one of the following conditions: dehydration, bacterial pneumonia, or urinary tract infection. (Includes PQIs 10, 11, and 12)
	* *Programs under consideration:* Medicare Shared Savings Program
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This composite measure for population health encourages care coordination and efficient use of healthcare services. This measure is sensitive to dual eligible patients. CONDITION: Successful testing for reliability and validity at the ACO level of analysis and submission of the composite to NQF.
		+ *Impact on quality of care for patients:*This measure encourages appropriate care of acute conditions in the ambulatory setting to avoid hospitalization which is highly desirable for patients and families.
	* *Preliminary analysis result:* Conditional support
	* *Notes:*
4. **Prevention Quality Indicators 92 Prevention Quality Chronic Composite** (MUC ID: MUC15-576)
	* *Description:* PQI composite of chronic conditions per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, or angina without a cardiac procedure. (Includes PQIs 1, 3, 5, 7, 8, 13, 14, 15, and 16)
	* *Programs under consideration:* Medicare Shared Savings Program
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This composite measure for population health encourages care coordination and efficient use of healthcare services and is sensitive to dual eligible patients. However, the measure should reconsider some of the components and must be fully developed and tested with appropriate risk-adjustment at the ACO level of analysis and submitted to NQF.
		+ *Impact on quality of care for patients:*This measure encourages appropriate care of chronic conditions in the ambulatory setting to avoid hospitalization which is highly desirable for patients and families and reduces costs.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
5. **Ischemic Vascular Disease All or None Outcome Measure (Optimal Control)** (MUC ID: MUC15-275)
	* *Description:* The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include: Most recent blood pressure measurement is less than 140/90 mm Hg -- And Most recent tobacco status is Tobacco Free -- And Daily Aspirin or Other Antiplatelet Unless Contraindicated -- And Statin Use
	* *Programs under consideration:* Medicare Shared Savings Program
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is duplicative of PQRS #349 (NQF#0076) – both are all-or-none composite measures for ischemic vascular disease . CMS recently removed PQRS #349 because it is duplicative of the Millions Hearts measures. The approach for cardiovascular measures should be aligned in both PQRS/MIPS and MSSP.
		+ *Impact on quality of care for patients:*Composite measures of evidence-based processes and intermediate clinical outcomes combine multiple factors important to care and address whether a patients is receiving all the evidence-based care they receive. Most of the atherosclerotic disease measures enjoy high performance individually, but the composite reveals that the results are not uniformly high for individual patients – further opportunity for improvement exists which can further reduce the risks of poor outcomes for patients. and represents measure that promote high performance.
	* *Preliminary analysis result:* Do not support
	* *Notes:*
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| 12:00 pm   | Lunch |
|  |  |
| 12:30 pm   | Overview of the Merit-Based Incentive Payment System (MIPS) and Physician Compare Programs |
|  | Molly A. MacHarris, CMS (MIPS); Alesia D. Hovatter, CMS (Physician Compare); Dr. Winkler  |
| 1:15 pm   | Opportunity for Public Comment on Dermatology Consent Calendar  |
|  |  |
| 1:30 pm   | Consent Calendar- Dermatology  |
|  |  |
|  | Reactors: Scott Furney (MIPS); Stephen Friedhoff (MIPS); Bruce W. Sherman (Physician Compare) |
|  | 1. **Non-Melanoma Skin Cancer (NMSC): Biopsy Reporting Time - Clinician** (MUC ID: MUC15-215)
	* *Description:* Length of time taken from when a biopsy is performed to when a patient is notified by the biopsying physician that he or she has cutaneous basal or squamous cell carcinoma (including in situ disease). This measure evaluates the reporting time between the biopsying clinician and patient.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure adds a communication measure. Data on current performance would provide a better understanding of the gap in care. . This patient centered-communication measure should be expanded to include all biopsies performed by any clinician for any condition. The registry is the AAD’s clinical data registry called DataDerm that will be launched January 2016.
		+ *Impact on quality of care for patients:*Patients should expect a timely report on the results of any biopsy. There are more new cases of skin cancer reported each year than cancers of the breast, prostate, lung and colon combined ([http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf](http://www.cancer.org/acs/groups/content/%40editorial/documents/document/acspc-044552.pdf)).The most common types of skin cancer are basal cell and squamous cell skin cancer, most commonly referred to as non-melanoma skin cancer or NMSC. The most recent study from 2006 estimated 3.5 million cases of NMSC were diagnosed from 2.2 million people. Currently, pathology reports are received by the biopsying clinician within 10 days after the biopsy is performed (cancer.org) and even longer for the clinician to share the results with the patient. Effective and timely communication between the clinician and patient is essential to ensuring safe and effective patient care along with reducing cost.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
2. **Non-Melanoma Skin Cancer (NMSC): Biopsy Reporting Time - Clinician** (MUC ID: MUC15-215)
	* *Description:* Length of time taken from when a biopsy is performed to when a patient is notified by the biopsying physician that he or she has cutaneous basal or squamous cell carcinoma (including in situ disease). This measure evaluates the reporting time between the biopsying clinician and patient.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an important communications measure
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
3. **NMSC: Biopsy Reporting Time - Pathologist** (MUC ID: MUC15-216)
	* *Description:* Length of time taken from when the pathologist completes the final biopsy report to when s/he sends the final report to the biopsying physician. This measure evaluates the reporting time between pathologist and biopsying clinician.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*A measure that evaluates the reporting time between pathologist and biopsying clinician should not be restricted to dermatology biopsies. Strong consideration should be given to expanding this communication measure to all biopsies. The registry is the AAD’s clinical data registry called DataDerm that will be launched January 2016. Data on current performance is needed to understand the gap in care.
		+ *Impact on quality of care for patients:*Timely pathology reports are essential to inform the patient and plan treatment. Patients should expect a timely report on the results of any biopsy. Delays or lost reports are potentially quite costly. Effective and timely communication between the two practitioners is essential to ensuring timely and effective patient care.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
4. **NMSC: Biopsy Reporting Time - Pathologist** (MUC ID: MUC15-216)
	* *Description:* Length of time taken from when the pathologist completes the final biopsy report to when s/he sends the final report to the biopsying physician. This measure evaluates the reporting time between pathologist and biopsying clinician.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
5. **Use Of Mohs Surgery For Superficial Basal Cell Carcinomas On The Trunk** (MUC ID: MUC15-178)
	* *Description:* This measure evaluates the number of inappropriately utilized Mohs surgeries to treat primary superficial basal cell carcinomas (BCCs) on the trunk in immune-competent patients. The assessment of inappropriate use of Mohs surgery will help to improve compliance with appropriate use criteria (AUC) and should result in healthcare savings.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an appropriate use measure for dermatology. This measure evaluates the utilization of Mohs and promotes the routine use of less expensive treatment modalities such as traditional surgical excision or destructive methods like curettage and electrodessication destruction for low-risk cancers on the trunk which should result in savings for the healthcare system. The registry is the AAD’s clinical data registry called DataDerm that will be launched January 2016.
		+ *Impact on quality of care for patients:*Skin cancer is the most common form of cancer in the United States. Basal cell carcinoma (BCC) is one of the three major types of skin cancer, along with squamous cell carcinoma (SCC) and melanoma. There are about 4 million new cases of nonmelanoma skin cancer in the United States annually. Almost all of these are treated surgically, and some are treated with radiation. Mohs surgery is accepted as the most effective technique for removing BCC and SCC, boasting a cure rate of 98% or higher. Currently, 1 in 4 skin cancers is being treated with Mohs surgery. The average cost for Mohs surgery may range between $1000-$3000. Currently, Medicare covers 80% of the cost.[Mohs surgery appropriate use criteria](https://www.aad.org/File%20Library/Global%20navigation/Education%20and%20quality%20care/AUC/Mohs-appropriate-use-criteria.pdf) detail a guideline for clinical decision making on the use of Mohs surgery in the practice setting. This document was supported by an evidence review of 69 BCC cases, where 14.5% was found to be an inappropriate use of this technique.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
6. **Use Of Mohs Surgery For Superficial Basal Cell Carcinomas On The Trunk** (MUC ID: MUC15-178)
	* *Description:* This measure evaluates the number of inappropriately utilized Mohs surgeries to treat primary superficial basal cell carcinomas (BCCs) on the trunk in immune-competent patients. The assessment of inappropriate use of Mohs surgery will help to improve compliance with appropriate use criteria (AUC) and should result in healthcare savings.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This appropriate use measure will provide patients and other stakeholders information on clinicians that inappropriately use Mohs surgery. Performing Mohs surgery is often advertised by clinicians to encourage consultation with their practice.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
7. **Use of Mohs Surgery For Squamous Cell Carcinoma In Situ And Keratoacanthoma Type - Squamous Cell Carcinoma on The Trunk that are 1 cm or smaller** (MUC ID: MUC15-179)
	* *Description:* This measure evaluates the number of inappropriately utilized Mohs surgeries to treat primary squamous cell carcinomas in situ (SCCis) and keratoacanthoma (SCC-KA) on the trunk that are 1 cm or smaller in immunocompetent patients. The assessment of inappropriate use of Mohs surgery will help to improve compliance with AUC and should result in healthcare savings.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is another appropriate use measure for dermatology. This measure evaluates the utilization of Mohs and promotes the routine use of less expensive treatment modalities such as traditional surgical excision or destructive methods like curettage and electrodessication destruction for low-risk cancers on the trunk which should result in savings for the healthcare system. The registry is the AAD’s clinical data registry called DataDerm that will be launched January 2016.
		+ *Impact on quality of care for patients:*Skin cancer is the most common form of cancer in the United States. Basal cell carcinoma (BCC) is one of the three major types of skin cancer, along with squamous cell carcinoma (SCC) and melanoma. There are about 4 million new cases of nonmelanoma skin cancer in the United States annually. Almost all of these are treated surgically, and some are treated with radiation. Mohs surgery is accepted as the most effective technique for removing BCC and SCC, boasting a cure rate of 98% or higher. Currently, 1 in 4 skin cancers is being treated with Mohs surgery. The average cost for Mohs surgery may range between $1000-$3000. Currently, Medicare covers 80% of the cost.[Mohs surgery appropriate use criteria](https://www.aad.org/File%20Library/Global%20navigation/Education%20and%20quality%20care/AUC/Mohs-appropriate-use-criteria.pdf) detail a guideline for clinical decision making on the use of Mohs surgery in the practice setting. This document was supported by an evidence review of 69 BCC cases, where 14.5% was found to be an inappropriate use of this technique.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
8. **Use of Mohs Surgery For Squamous Cell Carcinoma In Situ And Keratoacanthoma Type - Squamous Cell Carcinoma on The Trunk that are 1 cm or smaller** (MUC ID: MUC15-179)
	* *Description:* This measure evaluates the number of inappropriately utilized Mohs surgeries to treat primary squamous cell carcinomas in situ (SCCis) and keratoacanthoma (SCC-KA) on the trunk that are 1 cm or smaller in immunocompetent patients. The assessment of inappropriate use of Mohs surgery will help to improve compliance with AUC and should result in healthcare savings.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This appropriate use measure will provide patients and other stakeholders information on clinicians that inappropriately use Mohs surgery. Doing Mohs surgery is often advertised by clinicians to encourage consultation with their practice.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
9. **Use Of Preventive Screening Protocol For Transplant Patients** (MUC ID: MUC15-177)
	* *Description:* This measure evaluates the number of organ transplant recipients (OTRs) that receive sun protection education and a full skin exam annually by their provider. Preventative screenings and education for OTRs is critical in order to lower incidence and/or severity of skin cancers in these increased risk individuals.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is a process measure assessing whether screening and education activities have been performed. This measure addresses population health and prevention. The measure adds to the measures specific to dermatology, and addresses the new area of organ transplant recipients. No data is provided to understand current performance or gap in care. The registry is the AAD’s clinical data registry called DataDerm that will be launched January 2016.
		+ *Impact on quality of care for patients:*[29,532 people](http://www.organdonor.gov/about/data.html) received organ transplants in 2014. Due to the effects of immunosuppressive medications and other risk factors, these recipients are at significantly [higher risk for skin cancer](http://jama.jamanetwork.com/article.aspx?articleid=1104578). If patients are already receiving screening and education, the impact on patients will be limited.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
10. **Use Of Preventive Screening Protocol For Transplant Patients** (MUC ID: MUC15-177)
	* *Description:* This measure evaluates the number of organ transplant recipients (OTRs) that receive sun protection education and a full skin exam annually by their provider. Preventative screenings and education for OTRs is critical in order to lower incidence and/or severity of skin cancers in these increased risk individuals.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Appropriate care measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
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| 2:15 pm   | Break |
|  |  |
| 2:30 pm   | Opportunity for Public Comment on Eye Care Consent Calendar |
|  |  |
| 2:45 pm   | Consent Calendar- Eye Care  |
|  |  |
|  | Reactors: Scott Friedman (MIPS); Beth Averbeck (MIPS); Robert Krughoff (Physician Compare) |
|  | 1. **Glaucoma - Intraocular Pressure (IOP) Reduction** (MUC ID: MUC15-372)
	* *Description:* Percentage of glaucoma patients where their intraocular pressure (IOP) was below a threshold level based on the severity of their condition
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This intermediate outcome measure is very similar to PQRS # 141 Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% OR Documentation of a Plan of Care. This new MUC might be an improvement on PQRS #141.This MUC differentiates the outcome threshold based on severity of disease and does not have the plan of care component. No information regarding the targets specified in this measure could be identified nor evidence that these targets are related to specific outcomes.
		+ *Impact on quality of care for patients:*There are approximately 4 million Americans with glaucoma – 200,000 are severely visually impaired. Reduction of intraocular pressure (IOP) has been shown to effectively reduce the risk of glaucoma progression. [American Association of Ophthalmology guidelines](http://www.aao.org/preferred-practice-pattern/primary-openangle-glaucoma-ppp--october-2010) recommend “The goal of glaucoma treatment is to maintain the IOP in a range at which a patient is likely to remain stable or at which worsening of glaucoma will be slow enough that the risk of additional intervention is not justified. The target pressure should be individualized and may need adjustment during the course of the disease.” Evidence level A:III.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
2. **Glaucoma - Intraocular Pressure (IOP) Reduction** (MUC ID: MUC15-372)
	* *Description:* Percentage of glaucoma patients where their intraocular pressure (IOP) was below a threshold level based on the severity of their condition
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
3. **Glaucoma - Intraocular Pressure (IOP) Reduction Following Laser Trabeculosplasty** (MUC ID: MUC15-374)
	* *Description:* Percentage of who underwent laser trabeculoplasty who had IOP reduced by 20% from their pretreatment level.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an additional outcome measure for patients undergoing laser surgery for glaucoma. Clarification of the timing of the post-operative pressure measurement is needed.
		+ *Impact on quality of care for patients:*Surgery is used when medications fail to control vision loss caused by glaucoma. [Laser surgery](http://www.webmd.com/eye-health/tc/laser-surgery-for-glaucoma-topic-overview) is done more often than conventional surgery. The most common complication from laser surgery for glaucoma is increased pressure within the eye that may rise sharply 1-4 months after surgery. The measure does not specify a timeframe for measuring the IOP after surgery– if performed too soon the measure may not capture increased pressures that occur several months after surgery and would over estimate good outcomes.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
4. **Glaucoma - Intraocular Pressure (IOP) Reduction Following Laser Trabeculosplasty** (MUC ID: MUC15-374)
	* *Description:* Percentage of who underwent laser trabeculoplasty who had IOP reduced by 20% from their pretreatment level.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
5. **Exudative Age-Related Macular Degeneration: Loss of Visual Acuity** (MUC ID: MUC15-379)
	* *Description:* Percentage of patients with a diagnosis of exudative age-related macular degeneration, being treated with anti-VEGF agents, with a loss of less than 0.3 logMar of visual acuity within the past 12 months
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an outcome measures for a topic with only process measures currently. Since AMD is a slowly progressive condition, it is unclear whether this outcome measure is a function of the natural progression of the disease and to what extent clinical management will influence the outcome.
		+ *Impact on quality of care for patients:*There is an estimated 1.75 million cases of advanced AMD in the US. AMD is the leading cause of irreversible visual loss in the United States, with variable degrees of age-related macular changes occurring in more than 10% of the population aged 65-74 years and 25% of the population older than 74 years. [Therapy with anti-VEGF agents is the gold standard](http://www.ncbi.nlm.nih.gov/pubmed/20021287) with promising results, many intravitreal injections are often required, and they do not cure all cases of wet (neovascular) AMD. A Mayo Clinic study reported that “the anti-VEGF therapy yielded improved best-corrected visual acuity. “
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
6. **Exudative Age-Related Macular Degeneration: Loss of Visual Acuity** (MUC ID: MUC15-379)
	* *Description:* Percentage of patients with a diagnosis of exudative age-related macular degeneration, being treated with anti-VEGF agents, with a loss of less than 0.3 logMar of visual acuity within the past 12 months
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
7. **Nonexudative Age-Related Macular Degeneration: Loss of Visual Acuity** (MUC ID: MUC15-392)
	* *Description:* Percentage of patients with a diagnosis of nonexudative age-related macular degeneration and taking AREDS supplements with a visual acuity loss of less than 0.3 logMar within the past 12 months
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This MUC is an outcome measure for a condition that only has process measures. It is unclear whether the degree of vision change quantified in this measure will reflect the natural slow progression of the disease or the impact of optimal treatment to slow down disease progression.
		+ *Impact on quality of care for patients:*Non-exudative AMD comprises more than 90% of patients with AMD and generally has a much slower (over decades), progressive visual loss relative to exudative (wet) AMD). There is currently no cure for AMD, but treatments may prevent severe vision loss or slow the progression of the disease considerably. Not all patients with AMD are candidates for use of the AREDS vitamin formulation. Taking the AREDS vitamins was shown to reduce the risk of advanced AMD by 25%.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
8. **Nonexudative Age-Related Macular Degeneration: Loss of Visual Acuity** (MUC ID: MUC15-392)
	* *Description:* Percentage of patients with a diagnosis of nonexudative age-related macular degeneration and taking AREDS supplements with a visual acuity loss of less than 0.3 logMar within the past 12 months
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
9. **Diabetic Macular Edema: Loss of Visual Acuity** (MUC ID: MUC15-393)
	* *Description:* Percentage of patients with a diagnosis of diabetic macular edema with a loss of less than 0.3 logMar of visual acuity within the past 12 months
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an outcome measure for a large population at risk of vision loss. Vision loss associated in patients with diabetes can be reduced with good diabetes care. Care coordination among primary and eye care providers is essential to maintain vision.
		+ *Impact on quality of care for patients:*[Macular edema](http://emedicine.medscape.com/article/1224138-overview) in common in diabetes. The lifetime risk for diabetics to develop macular edema is about 10%. The condition is closely associated with the degree of diabetic retinopathy (retinal disease). The standard of treatment for diabetic macular edema is glycemic control, optimal blood pressure control, and macular focal/grid laser photocoagulation. New treatments with steroids and anti-VEGF agents are available. Optimal treatment can reduce the risk of vision loss and associated functional limitations in patients with diabetes.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
10. **Diabetic Macular Edema: Loss of Visual Acuity** (MUC ID: MUC15-393)
	* *Description:* Percentage of patients with a diagnosis of diabetic macular edema with a loss of less than 0.3 logMar of visual acuity within the past 12 months
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
11. **Corneal Graft Surgery - Postoperative improvement in visual acuity to 20/40 or better** (MUC ID: MUC15-370)
	* *Description:* Percentage of corneal graft surgery patients with a visual acuity of 20/40 or better within 90 days following surgery
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*A functional outcome measure for eye care professionals. Data on current performance would provide better understanding on the opportunity for improvement.
		+ *Impact on quality of care for patients:*More than 40,000 [corneal transplants](http://www.webmd.com/eye-health/cornea-transplant-surgeryhttp%3A/www.webmd.com/eye-health/cornea-transplant-surgery) or grafts are performed each year in the US. Good vision after any eye procedure is the goal for patients and providers.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
12. **Corneal Graft Surgery - Postoperative improvement in visual acuity to 20/40 or better** (MUC ID: MUC15-370)
	* *Description:* Percentage of corneal graft surgery patients with a visual acuity of 20/40 or better within 90 days following surgery
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
13. **Surgery for Acquired Involutional Ptosis: Patients with an improvement of marginal reflex distance (MRD)** (MUC ID: MUC15-375)
	* *Description:* Percentage of surgical ptosis patients with an improvement of MRD postoperatively
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an outcome measure for oculoplastic surgeons – a subspecialty with few or no measures. Improved marginal reflex distance is the desired goal of surgery to improve clinical and functional outcomes. As many surgeries are performed primarily for cosmetic reasons a patient-reported outcome measure is also needed.
		+ *Impact on quality of care for patients:*[Ptosis](http://www.medscape.com/viewarticle/754403) is a lowering of the eyelid to below its normal position. The distance between the corneal light reflex and the upper eyelid margin is termed the upper marginal reflex distance. The official definition of ptosis is an upper marginal reflex distance below 2 mm or an asymmetry of more than 2 mm between the eyes. Ptosis has many causes and is a presenting symptom in both emergency and outpatient settings. In many cases, ptosis improves with time, however, in the absence of improvement surgery may be considered. Data on current performance to determine the opportunity for improvement could not be identified.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
14. **Surgery for Acquired Involutional Ptosis: Patients with an improvement of marginal reflex distance (MRD)** (MUC ID: MUC15-375)
	* *Description:* Percentage of surgical ptosis patients with an improvement of MRD postoperatively
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
15. **Acquired Involutional Entropion: Normalized lid position after surgical repair** (MUC ID: MUC15-377)
	* *Description:* Percentage of surgical entropion patients with a postoperative normalized lid position
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure adds a surgical outcome measure for ophthalmologists, however, It is unclear what the current performance is. As this procedure is sometimes done for cosmetic reasons, a patient-reported outcome would be important also.
		+ *Impact on quality of care for patients:*Entropion is an inversion of the eyelid (i.e., inward turning of the eyelid margin) toward the globe. Lower lid entropion is a common condition in elderly individuals; the prevalence increases steadily with age. Involutional entropion is the most common form of entropion. Patients seek treatment due to eye irritation, watering of the eye or cosmetic concerns. Involutional entropion has a [prevalence of 2.4%](http://eyewiki.aao.org/Entropion) in whites and 0.8% in blacks. No data on current performance could be identified.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
16. **Acquired Involutional Entropion: Normalized lid position after surgical repair** (MUC ID: MUC15-377)
	* *Description:* Percentage of surgical entropion patients with a postoperative normalized lid position
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
17. **Acute Anterior Uveitis: Post-treatment visual acuity** (MUC ID: MUC15-394)
	* *Description:* Percentage of acute anterior uveitis patients with a post-treatment best corrected visual acuity of 20/40 or greater OR patients whose visual acuity had returned to their baseline value prior to onset of uveitis
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an outcome measure evaluating the effectiveness of treatment for an eye condition not yet represented in the clinician measure set.
		+ *Impact on quality of care for patients:*[Anterior uveitis](http://www.aoa.org/patients-and-public/eye-and-vision-problems/glossary-of-eye-and-vision-conditions/anterior-uveitis?sso=y) is an inflammation of the middle layer of the eye, which includes the iris (colored part of the eye) and adjacent tissue. If untreated, it can cause permanent damage and loss of vision from the development of glaucoma, cataract or retinal edema. It usually responds well to treatment with eye drops. The annual incidence rate is approximately 8 cases per 100,000 population, most commonly in the fourth and fifth decades of life.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
18. **Acute Anterior Uveitis: Post-treatment visual acuity** (MUC ID: MUC15-394)
	* *Description:* Percentage of acute anterior uveitis patients with a post-treatment best corrected visual acuity of 20/40 or greater OR patients whose visual acuity had returned to their baseline value prior to onset of uveitis
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
19. **Acute Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells** (MUC ID: MUC15-396)
	* *Description:* Percentage of patients with acute anterior uveitis who post-treatment had Grade 0 anterior chamber cells.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*It is unclear what this intermediate outcome measure adds to the functional outcome measure - Acute Anterior Uveitis: Post-treatment visual acuity.
		+ *Impact on quality of care for patients:*The presence of Grade 0 anterior chamber cells indicates reduced inflammation in response to therapy. Though signs of improvement are welcome, the important outcomes are reduction in patient symptoms and good vision.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
20. **Acute Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells** (MUC ID: MUC15-396)
	* *Description:* Percentage of patients with acute anterior uveitis who post-treatment had Grade 0 anterior chamber cells.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
21. **Chronic Anterior Uveitis: Post-treatment visual acuity** (MUC ID: MUC15-397)
	* *Description:* Percentage of chronic anterior uveitis patients with a post-treatment best corrected visual acuity of 20/40 or greater OR patients whose visual acuity had returned to their baseline value prior to onset of uveitis
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an outcome measure for patients with a chronic condition. It is not clear whether patients that fail treatment for acute uveitis in MUCFIFTEEN-394 Acute Anterior Uveitis: Post-treatment visual acuity are the patients in this measure or when the 90 days specified begins.
		+ *Impact on quality of care for patients:*Chronic uveitis is active uveitis that persists longer than three months. [Chronic anterior uveitis](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117601/) is insidious in onset, persistent, associated with a high incidence of visually threatening complications, and has a variable long term visual prognosis. It may be associated with systemic diseases such as juvenile chronic arthritis, Behçet's disease, and sarcoidosis. The aims of treatment are to control inflammation, prevent visual loss, and minimize long term complications of the disease and its treatment. Maintaining vision is critically important in treating this condition.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
22. **Chronic Anterior Uveitis: Post-treatment visual acuity** (MUC ID: MUC15-397)
	* *Description:* Percentage of chronic anterior uveitis patients with a post-treatment best corrected visual acuity of 20/40 or greater OR patients whose visual acuity had returned to their baseline value prior to onset of uveitis
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
23. **Chronic Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells** (MUC ID: MUC15-399)
	* *Description:* Percentage of patients with chronic anterior uveitis who post-treatment had Grade 0 anterior chamber cells.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*It is unclear what this intermediate outcome measure adds to the functional outcome measure - Chronic Anterior Uveitis: Post-treatment visual acuity.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
24. **Chronic Anterior Uveitis: Post-treatment Grade 0 anterior chamber cells** (MUC ID: MUC15-399)
	* *Description:* Percentage of patients with chronic anterior uveitis who post-treatment had Grade 0 anterior chamber cells.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
 |
| 3:45 pm   | Opportunity for Public Comment on Cancer Consent Calendar |
|  |  |
| 4:00 pm   | Consent Calendar- Cancer  |
|  |  |
|  | Reactors: Janis Orlowski (MIPS); Constance Dahlin (MIPS); Amy Moyer (Physician Compare) |
|  | 1. **Non-Recommended PSA-Based Screening** (MUC ID: MUC15-1019)
	* *Description:* Percentage of men who were screened unnecessarily for prostate cancer using a prostate-specific antigen (PSA)-based screening.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure fills a need for appropriate use/overuse measures that apply to a broad population of patients.
		+ *Impact on quality of care for patients:*The USPSTF recommends against PSA-based screening for prostate cancer (grade D recommendation). This recommendation applies to men in the general U.S. population, regardless of age. Unnecessary screening tests are costly and create unnecessary anxiety and follow up evaluations for patients.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
2. **Non-Recommended PSA-Based Screening** (MUC ID: MUC15-1019)
	* *Description:* Percentage of men who were screened unnecessarily for prostate cancer using a prostate-specific antigen (PSA)-based screening.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure provides patients and other stakeholders with information about clinicians that do not follow guidelines and contribute to unnecessary costs.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
3. **Proportion admitted to hospice for less than 3 days** (MUC ID: MUC15-415)
	* *Description:* Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure addresses an important gap area in end-of-life care for reporting by oncologists, is fully-specified and tested, reflects patient-centered care, and addresses the important areas of care coordination and appropriate use. MAP has previously recommended expanding this measure beyond cancer patients.
		+ *Impact on quality of care for patients:*Approximately 500,000 patients will die of cancer in 2015. A 2014 study (Obermeyer Z, Makar M, et al) found that in Medicare fee-for-service beneficiaries with poor-prognosis cancer, a comparison of those receiving hospice care (60%) vs not (control) showed that hospice patients had significantly lower rates of hospitalization, intensive care unit admission, and invasive procedures at the end of life, along with significantly lower total costs during the last year of life.
	* *Preliminary analysis result:* Support
	* *Notes:*
4. **Proportion admitted to hospice for less than 3 days** (MUC ID: MUC15-415)
	* *Description:* Percentage of patients who died from cancer, and admitted to hospice and spent less than 3 days there
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Appropriate care measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
5. **Minimally invasive surgery performed for patients with endometrial cancer** (MUC ID: MUC15-452)
	* *Description:* Proportion of patients who underwent minimally invasive hysterectomy for endometrial cancer
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an surgical appropriateness measure for uterine cancer care for GYN and GYN ONC. There are no other measures for endometrial cancer – an important condition in the Medicare population. The measures are being collected in the Society of Gynecologic Oncology Clinical Outcomes Registry.
		+ *Impact on quality of care for patients:*Studies show that minimally invasive surgery (laparoscopic or robotic-assisted hysterectomy) has no difference in survival compared to open surgery, but patients undergoing minimally invasive surgery had reduced length of hospital stay, lower blood loss, and improved quality of life at 6 weeks. Measure submitter reports that data indicates variation in performance of 50-90%. Improvement in this measure would improve the quality of care for patients with endometrial cancer and reduce costs.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
6. **Minimally invasive surgery performed for patients with endometrial cancer** (MUC ID: MUC15-452)
	* *Description:* Proportion of patients who underwent minimally invasive hysterectomy for endometrial cancer
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Appropriate care measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
7. **Performance of radical hysterectomy in patients with IB1-IIA cervical cancer who undergo hysterectomy.** (MUC ID: MUC15-465)
	* *Description:* Performance of appropriate type of hysterectomy in women with early stage cervical cancer undergoing hysterectomy.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Data on current performance is needed to assess whether there is an opportunity for improvement. The measures are being collected in the Society of Gynecologic Oncology Clinical Outcomes Registry.
		+ *Impact on quality of care for patients:*Radical hysterectomy is the standard procedure for women who undergo surgical treatment for cervical cancer. This is a more extensive surgery aimed at curing the cancer. If most women are receiving this standard of care, there will be little improvement from use of this measure.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
8. **Performance of radical hysterectomy in patients with IB1-IIA cervical cancer who undergo hysterectomy.** (MUC ID: MUC15-465)
	* *Description:* Performance of appropriate type of hysterectomy in women with early stage cervical cancer undergoing hysterectomy.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
9. **Use of brachytherapy for cervical cancer patients treated with primary radiation with curative intent.** (MUC ID: MUC15-460)
	* *Description:* The percentage of cervical cancer patients who undergoing curative intent radiation who receive brachytherapy in addition to external beam therapy
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is a process measure closely linked to clinical outcomes (patient survival) with a demonstrated quality problem/opportunity for improvement. The measures are being collected in the Society of Gynecologic Oncology Clinical Outcomes Registry.
		+ *Impact on quality of care for patients:*In the US there were 12,900 cases and 4100 deaths from cervical cancer this year. Radiation therapy is included in [treatment protocols](http://emedicine.medscape.com/article/2005259-overview) for all but the earliest stage of cancer. Brachytherapy is internal radiation placed in and near the cervix with minimal radiation exposure to other areas. Brachytherapy is considered a critical component of treatment by the National Comprehensive Cancer Network. According to the [American Brachytherapy Society Cervical Cancer Brachytherapy Task Group](https://www.americanbrachytherapy.org/guidelines/cervical_cancer_taskgroup.pdf) “The radiation dose delivered by brachytherapy is critical in curing patients of cervical cancer and has been the standard of treatment for over 100 years.” A recent study from the National Cancer Database with a median overall survival of 63.3 months in patients who did receive brachytherapy and 27.2 months among patients who did not (Lin JF et al. Gynecol Oncol. 2014;132:416-422). These studies also showed that only 47.5-58% of women are treated with brachytherapy in addition to their external beam therapy and that rates of use of brachytherapy have declined over time. The declination in use is attributed to inadequate training and unavailability of appropriate technology in small hospitals. Improvement in use of brachytherapy will improve survival in women with cervical cancer.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
10. **Use of brachytherapy for cervical cancer patients treated with primary radiation with curative intent.** (MUC ID: MUC15-460)
	* *Description:* The percentage of cervical cancer patients who undergoing curative intent radiation who receive brachytherapy in addition to external beam therapy
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
11. **Completion of external beam radiation within 60 days for women receiving primary radiotherapy as treatment for locally advanced cervical cancer (LACC)** (MUC ID: MUC15-461)
	* *Description:* Percentage of patients with locally advanced cervical cancer who complete their chemoradiation in 60 days or less
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is closely related to patient survival. Data on current performance would provide a better understanding of the opportunity for improvement. The measures are being collected in the Society of Gynecologic Oncology Clinical Outcomes Registry.
		+ *Impact on quality of care for patients:*Treatment for locally advanced cervical cancer consists of external beam radiation to the pelvis with concurrent chemotherapy. In this patient population, total radiation therapy treatment time beyond 7 to 9 weeks has been shown to result in increased treatment failure rates and decreased cancer specific and overall survival. If there is a gap in current performance, improved performance would improve patient survival.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
12. **Completion of external beam radiation within 60 days for women receiving primary radiotherapy as treatment for locally advanced cervical cancer (LACC)** (MUC ID: MUC15-461)
	* *Description:* Percentage of patients with locally advanced cervical cancer who complete their chemoradiation in 60 days or less
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
13. **Postoperative pelvic radiation with concurrent cisplatin-containing chemotherapy with (or without) brachytherapy for patients with positive pelvic nodes, positive surgical margin, and/or positive parametrium.** (MUC ID: MUC15-466)
	* *Description:* Proportion of patients with pelvic lymph node metastases, positive surgical margins, or positive parametrium who received postoperative pelvic radiation with concurrent cisplatin-containing chemotherapy (with or without brachytherapy)
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*As combination therapy is the standard of care for patients with spread of cervical cancer beyond surgical margins, it is unclear whether there is an opportunity for improvement. Unless data can demonstrate there is a gap in care, this measure will add little to the current set. The measures are being collected in the Society of Gynecologic Oncology Clinical Outcomes Registry.
		+ *Impact on quality of care for patients:*The National Cancer Institute recommends that platinum containing chemotherapy be added to post-operative radiation therapy for patients with tumor spread beyond the cervix. If patients are receiving this standard of care treatment, little additional gain is likely from use of this measure.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
14. **Postoperative pelvic radiation with concurrent cisplatin-containing chemotherapy with (or without) brachytherapy for patients with positive pelvic nodes, positive surgical margin, and/or positive parametrium.** (MUC ID: MUC15-466)
	* *Description:* Proportion of patients with pelvic lymph node metastases, positive surgical margins, or positive parametrium who received postoperative pelvic radiation with concurrent cisplatin-containing chemotherapy (with or without brachytherapy)
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
15. **Use of concurrent platinum-based chemotherapy for patients with stage IIB-IV cervical cancer receiving primary radiation therapy.** (MUC ID: MUC15-463)
	* *Description:* Percentage of patients who receive concurrent platinum-based chemotherapy for patients with stage IIB-IV cervical cancer receiving primary radiation therapy.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure for treatment of advanced cervical cancer is one of four new measures for cervical cancer management – an area that does not have current measures. Data on current performance is needed to understand the opportunity for improvement. The measures are being collected in the Society of Gynecologic Oncology Clinical Outcomes Registry.
		+ *Impact on quality of care for patients:*A 2010 Cochrane review found that women who had chemoradiotherapy for cervical cancer were likely to live for longer than women who had just radiotherapy. Although this measure promotes the best recommended care and should improve the outcomes for women with cervical cancer, it is unclear how many patients are not receiving appropriate chemoradiation therapy. The impact will be limited if patients are already receiving this standard of care.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
16. **Use of concurrent platinum-based chemotherapy for patients with stage IIB-IV cervical cancer receiving primary radiation therapy.** (MUC ID: MUC15-463)
	* *Description:* Percentage of patients who receive concurrent platinum-based chemotherapy for patients with stage IIB-IV cervical cancer receiving primary radiation therapy.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
17. **Platin or taxane administered within 42 days following cytoreduction to women with invasive stage I (grade 3), IC-IV ovarian, fallopian tube, or peritoneal cancer** (MUC ID: MUC15-454)
	* *Description:* Measuring the percentage of patient who received Intra Venous (IV) chemotherapy after the debulking of advanced epithelial ovarian cancer
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Currently there are few measures for ovarian cancer and GYN ONC specialists, however, there is no evidence that patients are not receiving this standard of care – the opportunity for improvement may be limited. The measures are being collected in the Society of Gynecologic Oncology Clinical Outcomes Registry.
		+ *Impact on quality of care for patients:*The time interval from surgery to start of chemotherapy significantly impacts prognosis in patients with advanced serous ovarian carcinoma according to analysis of patient data in the prospective OVCAD study. (Gynecologic oncology. 2013;131:15-20. PMID= 23877013). However, the impact is limited if there is no opportunity for improvement.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
18. **Platin or taxane administered within 42 days following cytoreduction to women with invasive stage I (grade 3), IC-IV ovarian, fallopian tube, or peritoneal cancer** (MUC ID: MUC15-454)
	* *Description:* Measuring the percentage of patient who received Intra Venous (IV) chemotherapy after the debulking of advanced epithelial ovarian cancer
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
19. **Intraperitoneal chemotherapy administered within 42 days of optimal cytoreduction to women with invasive stage III ovarian, fallopian tube, or peritoneal cancer** (MUC ID: MUC15-450)
	* *Description:* Measuring the percentage of patient who received Intra Peritoneal (IP) chemotherapy after the debulking of advanced epithelial ovarian cancer
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*There is no information that there is an opportunity for improvement. The measures are being collected in the Society of Gynecologic Oncology Clinical Outcomes Registry.
		+ *Impact on quality of care for patients:*It is unclear how many patients are not receiving this standard of care. The impact of the measure is limited if current performance is very high.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
20. **Intraperitoneal chemotherapy administered within 42 days of optimal cytoreduction to women with invasive stage III ovarian, fallopian tube, or peritoneal cancer** (MUC ID: MUC15-450)
	* *Description:* Measuring the percentage of patient who received Intra Peritoneal (IP) chemotherapy after the debulking of advanced epithelial ovarian cancer
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
 |
| 4:45 pm   | Opportunity for Public Comment |
|  |  |
| 5:00 pm   | Adjourn |
|  |  |
| **Day 2-December 10, 2015**   |  |
|  |  |
| 8:00 am   | Breakfast |
|  |  |
| 8:30 am   | Welcome and Recap of Day 1 |
|  | Bruce Bagley, Workgroup Chair; Eric Whitacre, Workgroup Chair  |
| 8:45 am   | Opportunity for Public Comment on Interventional Radiology Consent Calendar |
|  |  |
| 9:00 am   | Consent Calendar- Interventional Radiology  |
|  |  |
|  | Reactors: Paul N. Casale (MIPS); David J. Seidenwurm (MIPS); Rachel Grob (Physician Compare) |
|  | 1. **Rate of adequate percutaneous image-guided biopsy** (MUC ID: MUC15-420)
	* *Description:* The percentage of percutaneous image-guided (US, CT, fluoro) biopsy procedures performed in which sampling was adequate for diagnosis on the final pathology report.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This intermediate outcome measure assesses imaging specialists for a wide variety of patient conditions. The mean pooled success rates ranged from 70-96% for adequacy of sampling across a range of biopsy locations in [23 studies](http://www.academia.edu/6607555/Quality_Improvement_Guidelines_for_Percutaneous_Needle_Biopsy). A consensus panel suggested a threshold of 70-75% adequate sampling rate for internal quality improvement purposes.
		+ *Impact on quality of care for patients:*This is an intermediate outcome measure that would inform patients of the skill and effectiveness of clinicians performing image-guided biopsies
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
2. **Rate of adequate percutaneous image-guided biopsy** (MUC ID: MUC15-420)
	* *Description:* The percentage of percutaneous image-guided (US, CT, fluoro) biopsy procedures performed in which sampling was adequate for diagnosis on the final pathology report.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an intermediate outcome measure that would inform patients of the skill and effectiveness of clinicians performing image-guided biopsies.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
3. **Efficacy of uterine artery embolization for symptomatic uterine fibroids** (MUC ID: MUC15-423)
	* *Description:* The percentage of patients who demonstrate an improvement in their symptoms following uterine fibroids embolization as assessed using a disease-specific survey administered before and 6 months after the procedure
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This patient-reported outcome measure provides the patient perspective on the outcome of this procedure for a common condition -- uterine fibroids. This measure is also valuable for public reporting to patients and consumers. It is unclear how the results of the [UFS-QOL survey](http://sirfoundation.org/registries/) would be submitted to MIPS. It is also unclear whether the UFS-QOL survey is the only acceptable tool – the cost of the survey is $2500.
		+ *Impact on quality of care for patients:*Uterine artery embolization (UAE) is an alternative treatment for women with symptomatic fibroids of the uterus. Since the purpose of the procedure is to reduce symptoms, the patient is in the best position to know whether the treatment improved her symptoms or not. Aggregate data from the literature reports that 80-85% of women report improvement in their symptoms. UAE avoids the risks of major surgery (hysterectomy) though the costs are similar. 20% of patients require additional treatment after UAE. If UAE is promoted as a less invasive, safer treatment than traditional surgery, it is important to know that the results for patients are good.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
4. **Efficacy of uterine artery embolization for symptomatic uterine fibroids** (MUC ID: MUC15-423)
	* *Description:* The percentage of patients who demonstrate an improvement in their symptoms following uterine fibroids embolization as assessed using a disease-specific survey administered before and 6 months after the procedure
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Patient-reported outcome measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
5. **Common femoral arterial access site complication** (MUC ID: MUC15-424)
	* *Description:* The percentage of groin arterial access procedures with a vascular complication other than a modest hematoma with an access system of 8Fr or less. Access site complications tracked with this measure include pseudoaneurysms, arteriovenous fistulae, large hematomas, arterial dissection requiring intervention, arterial thromboembolism, and infectious
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an adverse outcome measure for vascular access performed commonly across a wide range of interventional radiology, interventional cardiology, and vascular surgery procedures.
		+ *Impact on quality of care for patients:*Arterial access is performed for a wide range of interventional radiology, interventional cardiology, and vascular surgery procedures. [Clinical guidelines](http://www.sirweb.org/clinical/cpg/S283.pdf) have noted that “modest hematomas from femoral arterial access occur in up to 10% of patients, where as major hematomas are rare (0.5%). The frequency of other arterial access site complications is more variable.” Measurement of adverse outcomes provides meaningful information for patients. It is unclear whether the distinction between “modest hematoma” (which does not count in the measure) and “major hematoma” will result in reliable results without better definitions.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
6. **Common femoral arterial access site complication** (MUC ID: MUC15-424)
	* *Description:* The percentage of groin arterial access procedures with a vascular complication other than a modest hematoma with an access system of 8Fr or less. Access site complications tracked with this measure include pseudoaneurysms, arteriovenous fistulae, large hematomas, arterial dissection requiring intervention, arterial thromboembolism, and infectious
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
7. **30 Day Stroke and Death Rate for Symptomatic Patients undergoing carotid stent placement** (MUC ID: MUC15-402)
	* *Description:* Percent of patients with prior neurological symptoms experiencing Stroke or Death within 30 days of Carotid Artery Stenting
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This adverse outcome measure is a “companion” measure to PQRS #345 - Rate of Postoperative Stroke or Death in Asymptomatic Patients Undergoing Carotid Artery Stenting (CAS) and captures a different patient population – those with symptoms (but not acute emergencies.) This measure is intended for interventional radiologists and addresses the quality domain of patient safety. CONDITION: The measure should be submitted to NQF for endorsement.
		+ *Impact on quality of care for patients:*Minimizing complications from a procedure is important and comparing complication rates among providers is critical for patients and families when making decisions about healthcare. The American [Heart](http://www.webmd.com/heart/picture-of-the-heart) Association and American Stroke Association recommend a complication rate less than 6% for carotid artery stenting. Complication rates higher than 6% negate the potential benefit of stroke risk reduction. The CREST trial, compared stenting to surgery found that there was no significant differences out to four years of follow-up between surgery and carotid stenting when counting all three, but [carotid endarterectomy](https://en.wikipedia.org/wiki/Carotid_endarterectomy) (CEA) has a higher risk of heart attacks and CAS has a higher risk of minor stroke than open surgery.[[1]](https://en.wikipedia.org/wiki/Carotid_stenting) Overall, younger patients (
	* *Preliminary analysis result:* Conditional support
	* *Notes:*
8. **30 Day Stroke and Death Rate for Symptomatic Patients undergoing carotid stent placement** (MUC ID: MUC15-402)
	* *Description:* Percent of patients with prior neurological symptoms experiencing Stroke or Death within 30 days of Carotid Artery Stenting
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
9. **Patient reported outcomes following ilio-femoral venous stenting** (MUC ID: MUC15-411)
	* *Description:* Percentage of patients who demonstrate improvement in a disease specific patient reported quality of life score after ilio-femoral venous stenting
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This PRO adds important information for public reporting and quality of care that is meaningful to patients and their families. The measure is intended for interventional radiologists. No information is provided on cost of the survey and it is unclear how the survey results will be transmitted to MIPS.
		+ *Impact on quality of care for patients:*Ilio-femoral vein stenting has become a safe and effective alternative to traditional open surgery to correct iliac vein obstruction. A RAND evidence review in 2013 reported relief of pain (86-94%), relief from swelling (66%-89%) and healing of venous ulcers (55-89%) in published studies. The RAND summary concluded the benefits outweigh the risks (1B). This PRO can provide important information on performance for patients and other stakeholders seeking information on outcomes from the patient perspective and high-quality care.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
10. **Patient reported outcomes following ilio-femoral venous stenting** (MUC ID: MUC15-411)
	* *Description:* Percentage of patients who demonstrate improvement in a disease specific patient reported quality of life score after ilio-femoral venous stenting
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Patient-reported outcome measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
11. **Assessment of post-thrombotic syndrome following ilio-femoral venous stenting** (MUC ID: MUC15-412)
	* *Description:* Percentage of patients who demonstrate improvement signs and symptoms of post-thrombotic syndrome as assessed using the Villalta Score following ilio-femoral venous stenting
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*A patient-centered outcome measure for a common complication of DVT would be a great addition to the measure set, however, the performance measure must also be tested, not just the assessment instrument.
		+ *Impact on quality of care for patients:*The post-thrombotic syndrome (PTS) is a frequent and important complication of deep venous thrombosis (DVT) with as many as two-thirds of patients developing symptoms of pain, edema, hyperpigmentation, or ulceration. [Venous stenting](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1847929/) has become the treatment of choice with significant reduction in swelling, pain, ulcer healing and quality of life. At least two instruments are available to assess PTS (Villalta and Venous Clinical Severity Score). [Comparison of the two instruments](http://www.ncbi.nlm.nih.gov/pubmed/23992605) found “there exists agreement between the 2 instruments for detecting mild to moderate disease. For severe disease however, VCSS may possibly be a more sensitive instrument.” The Villialta score captures patient reported symptoms.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
12. **Assessment of post-thrombotic syndrome following ilio-femoral venous stenting** (MUC ID: MUC15-412)
	* *Description:* Percentage of patients who demonstrate improvement signs and symptoms of post-thrombotic syndrome as assessed using the Villalta Score following ilio-femoral venous stenting
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*The post-thrombotic syndrome (PTS) is a frequent and important complication of deep venous thrombosis (DVT) with as many as two-thirds of patients developing symptoms of pain, edema, hyperpigmentation, or ulceration. [Venous stenting](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1847929/) has become the treatment of choice with significant reduction in swelling, pain, ulcer healing and quality of life. At least two instruments are available to assess PTS (Villalta and Venous Clinical Severity Score). [Comparison of the two instruments](http://www.ncbi.nlm.nih.gov/pubmed/23992605) found “there exists agreement between the 2 instruments for detecting mild to moderate disease. For severe disease however, VCSS may possibly be a more sensitive instrument.” The Villialta score captures patient reported symptoms.
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
13. **Improvement in the Venous Clinical Severity Score after ilio-femoral venous stenting** (MUC ID: MUC15-413)
	* *Description:* Percentage of patients who demonstrate improvement in the Venous Clinical Severity Score after ilio-femoral venous stenting
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is very similar and overlapping with MUCFIFTEEN-412 Assessment of post-thrombotic syndrome following ilio-femoral venous stenting – it specifies a different assessment tool. If both tools are useful in assessing the patient, these two measures could be combined into a single measure for better alignment and efficiency of measurement.
		+ *Impact on quality of care for patients:*The post-thrombotic syndrome (PTS) is a frequent and important complication of deep venous thrombosis (DVT) with as many as two-thirds of patients developing symptoms of pain, edema, hyperpigmentation, or ulceration. [Venous stenting](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1847929/) has become the treatment of choice with significant reduction in swelling, pain, ulcer healing and quality of life. At least two instruments are available to assess PTS (Villalta and Venous Clinical Severity Score). [Comparison of the two instruments](http://www.ncbi.nlm.nih.gov/pubmed/23992605) found “there exists agreement between the 2 instruments for detecting mild to moderate disease. For severe disease however, VCSS may possibly be a more sensitive instrument.” The VCSS “[has proved to be a valuable tool for evaluating changes in condition over time with or without intervention](http://www.ncbi.nlm.nih.gov/pubmed/22312078)”.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
14. **Improvement in the Venous Clinical Severity Score after ilio-femoral venous stenting** (MUC ID: MUC15-413)
	* *Description:* Percentage of patients who demonstrate improvement in the Venous Clinical Severity Score after ilio-femoral venous stenting
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
 |
| 10:00 am   | Break |
|  |  |
| 10:15 pm   | Opportunity for Public Comment on Urogynecology Consent Calendar |
|  |  |
| 10:30 pm   | Consent Calendar- Urogynecology  |
|  |  |
|  | Reactors: Luther T. Clark (MIPS);  James Pacala (MIPS); Barb Landreth (Physician Compare) |
|  | 1. **Route of hysterectomy** (MUC ID: MUC15-437)
	* *Description:* Percentage of patients who underwent vaginal hysterectomy
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*The measure provides an intermediate outcome addressing appropriate use and patient safety for a commonly performed surgical procedure for gynecologists. It is unclear what level of performance is desirable and case-mix adjustment may be necessary to make fair comparisons among gynecologists.
		+ *Impact on quality of care for patients:*Hysterectomy is one of the most frequently performed surgical procedures in the US. [ACOG](http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Gynecologic-Practice/Choosing-the-Route-of-Hysterectomy-for-Benign-Disease) concludes that “evidence demonstrates that, in general, vaginal hysterectomy is associated with better outcomes and fewer complications.” 2010 data indicate that hysterectomies are performed vaginally (19%), abdominally (56%), or with laparoscopic (25%) or robotic assistance. ACOG notes that “abdominal hysterectomy is also an important surgical procedure, especially when the vaginal or laparoscopic approach is not appropriate to manage the patient's clinical situation or when facilities cannot support a specific procedure.” While encouraging vaginal hysterectomy as the safer procedure, it is unclear how many patients are not candidates for a vaginal hysterectomy and what the target for this measure should be or whether the patient clinical factors are equally distributed among gynecologists.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
2. **Route of hysterectomy** (MUC ID: MUC15-437)
	* *Description:* Percentage of patients who underwent vaginal hysterectomy
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Patients and other stakeholders are interested in how hysterectomies are performed.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
3. **Over-utilization of mesh in the posterior compartment** (MUC ID: MUC15-436)
	* *Description:* Percentage of patients undergoing vaginal surgery for pelvic organ prolapse involving the posterior compartment where a synthetic mesh augment is utilized.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*The measure adds an appropriate use measure to the group of measures for pelvic prolapse – a common condition in older women.
		+ *Impact on quality of care for patients:*Posterior repair with and without mesh have been compared with similar outcomes. Mesh has been shown to have significant complications including expulsion of the mesh in 17%. This measure will promote reduced use of mesh and the associated costs (mesh and complications) without affecting patient outcomes.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
4. **Over-utilization of mesh in the posterior compartment** (MUC ID: MUC15-436)
	* *Description:* Percentage of patients undergoing vaginal surgery for pelvic organ prolapse involving the posterior compartment where a synthetic mesh augment is utilized.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Appropriate care measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
5. **Testing for uterine disease prior to obliterative procedures** (MUC ID: MUC15-439)
	* *Description:* Percentage of patients having documented assessment of abnormal uterine or postmenopausal bleeding prior to surgery for pelvic organ prolapse (similar to CMS proposed measure named Preoperative exclusion of uterine malignancy prior to any pelvic organ prolapse repair, see 80 FR 41852).
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is a patient safety measure for appropriate work-up prior to surgery for elderly females. Applicable to gynecologists and female pelvic medicine and reconstructive surgery (FPMRS) specialists.
		+ *Impact on quality of care for patients:*The lifetime risk of having surgery for prolapse or incontinence by age 80-85 is 11-19% and projected to increase. Obliterative surgery (colpocleisis) closes the vagina to keep the organs within the pelvis and is an alternative for patients who cannot tolerate extensive surgery and no longer desire preservation of sexual function. Before surgery, work-up should eliminate any co-existing malignant condition before access to the organs is closed off. Data could not be found on the number of these surgeries performed each year.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
6. **Testing for uterine disease prior to obliterative procedures** (MUC ID: MUC15-439)
	* *Description:* Percentage of patients having documented assessment of abnormal uterine or postmenopausal bleeding prior to surgery for pelvic organ prolapse (similar to CMS proposed measure named Preoperative exclusion of uterine malignancy prior to any pelvic organ prolapse repair, see 80 FR 41852).
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Appropriate care measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
7. **Documentation of offering a trial of conservative management prior to fecal incontinence surgery** (MUC ID: MUC15-440)
	* *Description:* The percentage of patients who have been offered non-surgical treatment of fecal incontinence prior to surgical intervention
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure uses chart review or entry into the PFD Registry. Encourage further specification to require documentation of the duration and results of attempted conservative therapy. Strongly consider developing a patient-reported outcome for fecal incontinence surgery.
		+ *Impact on quality of care for patients:*A serious trial of conservative therapy of sufficient duration involving several modalities might avoid surgery with good control of patient symptoms.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
8. **Documentation of offering a trial of conservative management prior to fecal incontinence surgery** (MUC ID: MUC15-440)
	* *Description:* The percentage of patients who have been offered non-surgical treatment of fecal incontinence prior to surgical intervention
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
9. **Documentation of offering a trial of conservative management prior to urgency incontinence surgery** (MUC ID: MUC15-441)
	* *Description:* The percentage of patients who have been offered non-surgical treatment of urgency urinary incontinence prior to surgical intervention
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure uses chart review or entry into the PFD Registry. Encourage further specification to require documentation of the duration and results of attempted conservative therapy. Strongly consider developing a patient-reported outcome for urinary incontinence surgery.
		+ *Impact on quality of care for patients:*A serious trial of conservative therapy of sufficient duration involving several modalities might avoid surgery with good control of patient symptoms.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
10. **Documentation of offering a trial of conservative management prior to urgency incontinence surgery** (MUC ID: MUC15-441)
	* *Description:* The percentage of patients who have been offered non-surgical treatment of urgency urinary incontinence prior to surgical intervention
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
 |
| 11:30 pm   | Opportunity for Public Comment on Gastroenterology Consent Calendar |
|  |  |
| 11:45 pm   | Consent Calendar- Gastroenterology  |
|  |  |
|  | Reactors: Diane Padden (MIPS); Peter Briss (MIPS);  Stephanie Glier (Physician Compare) |
|  | 1. **Surveillance endoscopy for dysplasia in Barrett's Esophagus** (MUC ID: MUC15-208)
	* *Description:* Percentage of patients with diagnosis of Barrett’s Esophagus that have documented endoscopy in the measurement period
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure addresses a new topic area and provides an additional measure for gastroenterologists. Though other measure addressing GI endoscopy are in the clinician measure set, none address Barrett’s esophagus. Data on current performance would provide a better understanding of the opportunity for improvement.
		+ *Impact on quality of care for patients:*[Barrett’s esophagus](http://www.webmd.com/heartburn-gerd/guide/barretts-esophagus-symptoms-causes-and-treatments) is a serious complication occurring in about 10-15% of patients with GERD (reflux).Esophageal dyslasia and esophageal cancer occur at increased rates in patients with Barrett's esophagus although less than 1% of patients develop cancer. [Nov 2015 guideline](http://gi.org/wp-content/uploads/2015/11/ACG-2015-Barretts-Esophagus-Guideline.pdf)es from American College of Gastroenterology recommend endoscopic surveillance every 3-5 years (strong recommendation, moderate evidence).
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
2. **Surveillance endoscopy for dysplasia in Barrett's Esophagus** (MUC ID: MUC15-208)
	* *Description:* Percentage of patients with diagnosis of Barrett’s Esophagus that have documented endoscopy in the measurement period
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Prevention measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
3. **Surveillance colonoscopy for dysplasia in Ulcerative Colitis** (MUC ID: MUC15-221)
	* *Description:* Percentage of patients with diagnosis of Ulcerative Colitis for 10 years or more that have documented colonoscopy in the measurement period or 1 year prior to measurement period.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*There are no measures that focus on Ulcerative Colitis in the current measures list and this measure would compliment other colonoscopy measures. The registry is not specified. Data on current performance would provide a better understanding of the gap in care.
		+ *Impact on quality of care for patients:*[American College of Gastroenterology guidelines](http://s3.gi.org/physicians/guidelines/UlcerativeColitis.pdf) state “after 8 – 10 years of colitis, annual or biannual surveillance colonoscopywith multiple biopsies at regular intervals should be performed (Evidence B). Aft er 10 years of universaldisease, the cancer risk has been widely reported in the range of 0.5 – 1 % per year. However, a recent nation-wide population-based analysis from the Netherlands found that 20% of all UC-related cancers were detected before 8 years of diseasehad elapsed.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
4. **Surveillance colonoscopy for dysplasia in Ulcerative Colitis** (MUC ID: MUC15-221)
	* *Description:* Percentage of patients with diagnosis of Ulcerative Colitis for 10 years or more that have documented colonoscopy in the measurement period or 1 year prior to measurement period.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Prevention measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
5. **Surveillance colonoscopy for dysplasia in colonic Crohns Disease** (MUC ID: MUC15-212)
	* *Description:* Percentage of patients with diagnosis of colonic Crohn’s Disease for 10 years or more that have documented colonoscopy in the measurement period or 1 year prior to measurement period.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*There are no measures that focus on Crohn’s Disease in the current measures set and this measure would complement other colonoscopy measures. Data on current performance would provide a better understanding of the gap in care. Registry not specified.
		+ *Impact on quality of care for patients:*[Crohn's disease](file://nqf-file-01/user/pbal/Documents/Documents/MAP%202015-2016/Discussion%20Guide/Crohn%27s%20disease%20is%20a%20chronic%20inflammatory%20disease%20of%20the%20digestive%20tract.%20Symptoms%20include%20abdominal%20pain%20and%20diarrhea%2C%20sometimes%20bloody%2C%20and%20weight%20loss.) is a chronic inflammatory disease of the digestive tract. Symptoms include abdominal pain and diarrhea, sometimes bloody, and weight loss. Crohn’s patients are at higher risk for colon cancer. Early detection of cancer can improve long term survival. [ASGE guidelines](http://www.asge.org/assets/0/71542/71544/c651d0924af94f10b61f875c5ac5f2b0.pdf) recommend that patients with Crohn’s Disease for more than 10 years should have a surveillance colonoscopy every 1-2 years
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
6. **Surveillance colonoscopy for dysplasia in colonic Crohns Disease** (MUC ID: MUC15-212)
	* *Description:* Percentage of patients with diagnosis of colonic Crohn’s Disease for 10 years or more that have documented colonoscopy in the measurement period or 1 year prior to measurement period.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Prevention measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
7. **Non-selective beta blocker use in patients with esophageal varices** (MUC ID: MUC15-209)
	* *Description:* Percentage of patients with diagnosis of esophageal varices that have documented use of non-selective beta blocker in the measurement period
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure addresses a new topic area and provides an additional measure for gastroenterologists. Further development is indicated with strong consideration to limit to patients with medium/large varices for which the evidence of benefit of non-selective beta blockers is strong. Testing for reliability and validity at the clinician-level of analysis is needed. The registry is not specified.
		+ *Impact on quality of care for patients:*The [2014 AASLD guidelines](http://www.aasld.org/sites/default/files/guideline_documents/GastroVaricesand2009Hemorrhage.pdf) recommend use of nonselective beta-blockers to prevent hemorrhage in patients with esophageal varicies but the level of evidence varies depending on the size of the varices: consensus opionion only for small varicies but high level evidence for medium/large varices. As side-effects are significant with these medications patients with small varices might suffer from use of medication for which there is no clear evidence of benefit.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
8. **Non-selective beta blocker use in patients with esophageal varices** (MUC ID: MUC15-209)
	* *Description:* Percentage of patients with diagnosis of esophageal varices that have documented use of non-selective beta blocker in the measurement period
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
9. **Hepatitis C Virus (HCV)- Sustained Virological Response (SVR)** (MUC ID: MUC15-229)
	* *Description:* Percentage of Patients aged 18 years and older with a diagnosis of hepatitis C who have completed a full course of antiviral treatment with undetectable hepatitis C virus (HCV) ribonucleic acid (RNA) 11 weeks after cessation of treatment.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an intermediate outcome measure related process measure PQRS#087/NQF #0398 Hepatitis C: Hepatitis C Virus (HCV) Ribonucleic Acid (RNA) Testing Between 4-12 Weeks After Initiation of Treatment. Data on current performance would provide a better understanding of gap in care.
		+ *Impact on quality of care for patients:*This is an intermediate outcome that reflects the treatment for Hepatitis C. [Recent studies](http://www.nejm.org/toc/nejm/370/17) report that combining several oral antivirals—drugs taken in pill form, not as injections—clear the virus from the liver in more than 95% of people in just 12 weeks. The new medications are very expensive though [cost-effectiveness studies](http://annals.org/article.aspx?articleID=2197176) conclude that treatment is cost-effective in most patients. This measure only captures patients that begin treatment – patient that cannot afford the medications are not included.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
10. **Hepatitis C Virus (HCV)- Sustained Virological Response (SVR)** (MUC ID: MUC15-229)
	* *Description:* Percentage of Patients aged 18 years and older with a diagnosis of hepatitis C who have completed a full course of antiviral treatment with undetectable hepatitis C virus (HCV) ribonucleic acid (RNA) 11 weeks after cessation of treatment.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
11. **Hepatitis B vaccination for patients with chronic Hepatitis C** (MUC ID: MUC15-220)
	* *Description:* Percentage of patients with diagnosis of chronic Hepatitis C that have documented hepatitis B vaccination
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Strong consideration should be given to consolidating this measure as Hepatitis B vaccination for all patients with chronic liver disease, including hepatitis C as recommended by CDC. (combine this measure with the MUC for Hepatitis B vaccination for patients with cirrhosis.) Importantly, the specifications should specify that all doses of the vaccine should be given to get credit for this measure. This measure is duals sensitive. Data on current performance would provide better understanding of the gap in care. The registry is not specified.
		+ *Impact on quality of care for patients:*CDC recommends that all patients with chronic liver disease are vaccinated for hepatitis B.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
12. **Hepatitis B vaccination for patients with chronic Hepatitis C** (MUC ID: MUC15-220)
	* *Description:* Percentage of patients with diagnosis of chronic Hepatitis C that have documented hepatitis B vaccination
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Prevention measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*Vaccination against viral hepatitis for patients with chronic hepatitis C can improve long term clinical outcomes
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
13. **Hepatitis B vaccination for patients with cirrhosis** (MUC ID: MUC15-211)
	* *Description:* Percentage of patients with diagnosis of cirrhosis that have documented hepatitis B vaccination
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Strong consideration should be given to focusing this measure on patients with chronic liver disease, including Hepatitis C, rather than multiple measures. The measure is duals sensitive. The registry is not specified. Data on current performance would provide a better understanding of the gap in care.
		+ *Impact on quality of care for patients:*[The CDC recommendation](http://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html) for Hepatitis B vaccination includes persons with chronic liver disease as a preventive health measure.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
14. **Hepatitis B vaccination for patients with cirrhosis** (MUC ID: MUC15-211)
	* *Description:* Percentage of patients with diagnosis of cirrhosis that have documented hepatitis B vaccination
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Prevention measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
15. **Hepatitis A vaccination for patients with cirrhosis** (MUC ID: MUC15-210)
	* *Description:* Percentage of patients with diagnosis of cirrhosis that have documented hepatitis A vaccination
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure must be fully harmonized with PQRS#183/NQF#0399 Hepatitis C: Hepatitis vaccination or better yet, consolidate both into a single vaccination measure for patients with chronic liver disease as recommended by ACIP. The measure is duals sensitive. The registry is not specified. Data on current performance would provide a better understanding of the gap in care.
		+ *Impact on quality of care for patients:*[The ACIP recommends](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm) Hepatitis A vaccination:“Although not at increased risk for Hep A infection, persons with chronic liver disease are at increased risk for fulminant hepatitis A. Death certificate data indicate a higher prevalence of chronic liver disease among persons who died of fulminant hepatitis A compared with persons who died of other causes. Vaccination against viral hepatitis for patients with cirrhosis can improve long term clinical outcomes. (ACIP 2014)
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
16. **Hepatitis A vaccination for patients with cirrhosis** (MUC ID: MUC15-210)
	* *Description:* Percentage of patients with diagnosis of cirrhosis that have documented hepatitis A vaccination
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Prevention measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
17. **Screening endoscopy for varices in patients with cirrhosis** (MUC ID: MUC15-251)
	* *Description:* Percentage of patients with diagnosis of cirrhosis that have documented endoscopy
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*While this measure would address a new topic area in the set, the screening recommendation is not based on solid empirical evidence. The submitter did not provide any information on opportunity for improvement.
		+ *Impact on quality of care for patients:*Esophageal varices (dilated veins) are a serious complications of cirrhosis of the liver. Screening for varices allows treatment to prevent variceal hemorrhage. Endoscopy is the standard for diagnosing varices. .[AASLD guidelines](http://www.aasld.org/sites/default/files/guideline_documents/GastroVaricesand2009Hemorrhage.pdf) recommend endoscopy at the time of diagnosis when the prevalence of medium/large varices is 15-25% (Class IIa, Level C evidence.) Follow up screening every 1-2 years is recommended depending on the initial findings. If patients have small varices, follow up endoscopy is not necessary. All recommendations are Level C evidence so there is little empirical evidence that screening endoscopy will impact patient outcomes. Endoscopy carries significant costs, so evidence-based indications are needed.
	* *Preliminary analysis result:* Do not encourage further consideration
	* *Notes:*
18. **Screening endoscopy for varices in patients with cirrhosis** (MUC ID: MUC15-251)
	* *Description:* Percentage of patients with diagnosis of cirrhosis that have documented endoscopy
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*
		+ *Impact on quality of care for patients:*Early detection of varices in cirrhotic patients can improve long term survival
	* *Preliminary analysis result:* NA
	* *Notes:*
19. **Screening for Hepatoma in patients with Chronic Hepatitis B** (MUC ID: MUC15-217)
	* *Description:* Percentage of patients with a diagnosis of Chronic Hepatitis B that have had a documented abdominal US, CT Scan, or MRI in the measurement period
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure addresses a new topic area of Hepatitis B and is related to PQRS# 401 Screening for Hepatocellular Carcinoma (HCC) in patients with Hepatitis C Cirrhosis. A systematic review of [Screening for Hepatocellular Carcinoma in Chronic Liver Disease](http://annals.org/article.aspx?articleid=1882141) concluded that “There is very-low-strength evidence about the effects of HCC screening on mortality in patients with chronic liver disease. Screening tests can identify early-stage HCC, but whether systematic screening leads to a survival advantage over clinical diagnosis is uncertain.” The frequency of imaging is not specified. The registry is not specified.
		+ *Impact on quality of care for patients:*The current evidence indicates that the benefit to patients is uncertain. The costs of screening without evidence of a benefit are not justified.
	* *Preliminary analysis result:* Do not encourage further consideration
	* *Notes:*
20. **Screening for Hepatoma in patients with Chronic Hepatitis B** (MUC ID: MUC15-217)
	* *Description:* Percentage of patients with a diagnosis of Chronic Hepatitis B that have had a documented abdominal US, CT Scan, or MRI in the measurement period
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* NA
	* *Notes:*
 |
| 12:30 pm   | Lunch |
|  |  |
| 1:45 pm   | Opportunity for Public Comment on Miscellaneous Consent Calendar |
|  |  |
| 1:00 pm   | Consent Calendar-Miscellaneous  |
|  |  |
|  | Reactors: Terry Adirim (MIPS); Winfred Wu (MIPS);  Girma Alemu (MIPS); Cynthia Pellegrini (Physician Compare) |
|  | 1. **Paired Measure: Depression Utilization of the PHQ-9 Tool; Depression Remission at Six Months; Depression Remission at Twelve Months** (MUC ID: MUC15-928)
	* *Description:* This three-component paired measure assesses whether the PHQ-9 screening tool was used among patients with a diagnosis of major depression or dysthymia, and using patient reports, whether patients with an initial PHQ score >9 demonstrate remission (i.e., PHQ score >5) at six or 12 months.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This NQF-endorsed measure is a patient-reported outcome. This updated three-part measure consolidates two current measures in the PQRS and Meaningful Use programs..
		+ *Impact on quality of care for patients:*In 2006 and 2008, an estimated 9.1% of U.S. adults reported symptoms for current depression.1 Persons with a current diagnosis of depression and a lifetime diagnosis of depression or anxiety were significantly more likely than persons without these conditions to have cardiovascular disease, diabetes, asthma and obesity and to be a current smoker, to be physically inactive and to drink heavily. There is an opportunity for improvement for the population captured by this paired measure, which includes two PROs.
	* *Preliminary analysis result:* Support
	* *Notes:*
2. **Paired Measure: Depression Utilization of the PHQ-9 Tool; Depression Remission at Six Months; Depression Remission at Twelve Months** (MUC ID: MUC15-928)
	* *Description:* This three-component paired measure assesses whether the PHQ-9 screening tool was used among patients with a diagnosis of major depression or dysthymia, and using patient reports, whether patients with an initial PHQ score >9 demonstrate remission (i.e., PHQ score >5) at six or 12 months.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Outcome measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
3. **PQI 91 Prevention Quality Acute Composite** (MUC ID: MUC15-577)
	* *Description:* PQI composite of acute conditions per 100,000 population, ages 18 years and older. Includes admissions with a principal diagnosis of one of the following conditions: dehydration, bacterial pneumonia, or urinary tract infection. (Includes PQIs 10, 11, and 12)
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This composite measure for population health encourages care coordination and efficient use of healthcare services. This measure is sensitive to dual eligible patients. CONDITION: Successful testing for reliability and validity at the clinician level of analysis and submission of the composite to NQF.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Conditional support
	* *Notes:*
4. **PQI 91 Prevention Quality Acute Composite** (MUC ID: MUC15-577)
	* *Description:* PQI composite of acute conditions per 100,000 population, ages 18 years and older. Includes admissions with a principal diagnosis of one of the following conditions: dehydration, bacterial pneumonia, or urinary tract infection. (Includes PQIs 10, 11, and 12)
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Composite measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
5. **Prevention Quality Indicators 92 Prevention Quality Chronic Composite** (MUC ID: MUC15-576)
	* *Description:* PQI composite of chronic conditions per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, or angina without a cardiac procedure. (Includes PQIs 1, 3, 5, 7, 8, 13, 14, 15, and 16)
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This composite measure for population health encourages care coordination and efficient use of healthcare services and is sensitive to dual eligible patients. However, the measure should reconsider some of the components and must be fully developed and tested with appropriate risk-adjustment at the clinician level of analysis.
		+ *Impact on quality of care for patients:*This measure encourages appropriate care of chronic conditions in the ambulatory setting to avoid hospitalization which is highly desirable for patients and families and reduces costs.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
6. **Prevention Quality Indicators 92 Prevention Quality Chronic Composite** (MUC ID: MUC15-576)
	* *Description:* PQI composite of chronic conditions per 100,000 population, ages 18 years and older. Includes admissions for one of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, or angina without a cardiac procedure. (Includes PQIs 1, 3, 5, 7, 8, 13, 14, 15, and 16)
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Composite measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
7. **Potential Opioid Overuse** (MUC ID: MUC15-1169)
	* *Description:* Percentage of patients aged 18 years or older who receive opioid therapy for 90 days or longer and are prescribed at least 90 milligrams morphine equivalent daily dosage.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an appropriate use/overuse and patient safety measure that is not duplicative of other measures in the clinician measure set. This MUC directly measures opioid over-prescribing. Data to determine the performance gap is needed.
		+ *Impact on quality of care for patients:*The [CDC reports that drug overdoses are the leading cause of injury-related death in the United States](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6409a1.htm?s_cid=ss6409a1_e) and that the death rate from drug overdose has risen dramatically over the last decade. This increase is thought to be attributable primarily to the misuse and abuse of prescription drugs, especially opioid analgesics, sedatives/tranquilizers, and stimulants. There is substantial variation in opioid prescribing patterns across regions and providers, indicating a need for improvement in practices.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
8. **Potential Opioid Overuse** (MUC ID: MUC15-1169)
	* *Description:* Percentage of patients aged 18 years or older who receive opioid therapy for 90 days or longer and are prescribed at least 90 milligrams morphine equivalent daily dosage.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Appropriate care measures are generally meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
9. **HIV Screening for Patients with Sexually Transmitted Disease (STD)** (MUC ID: MUC15-230)
	* *Description:* Percentage of patients diagnosed with an acute STD indicative of elevated risk for HIV exposure who were tested for HIV
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure addresses public health and prevention and is an eMeasure. In 2015 MAP encouraged further development of this measure that is currently in field testing. Patient confidentiality must be considered as a spouse, adult child or adolescent on the family insurance may not want to have HIV testing on the insurance billing and may opt to have the HIV test elsewhere.
		+ *Impact on quality of care for patients:*CDC emphasizes the need for HIV testing for people with STIs as they are considered at higher risk for acquiring HIV. The USPSTF includes persons with STIs among those high risk persons who require more frequent testing than the one time testing recommended for the general population
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
10. **HIV Screening for Patients with Sexually Transmitted Disease (STD)** (MUC ID: MUC15-230)
	* *Description:* Percentage of patients diagnosed with an acute STD indicative of elevated risk for HIV exposure who were tested for HIV
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Prevention measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
11. **New Corneal Injury Not Diagnosed in the Post-Anesthesia Care Unit/Recovery Area** (MUC ID: MUC15-296)
	* *Description:* The percentage of patients aged 18 years and older who undergo anesthesia care and who did not have a new diagnosis of corneal injury in the post-anesthesia care unit/recovery area. Anesthesia care for surgery of the face will be reported separately from anesthesia care for other procedures.
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This patient safety-focused outcome measure is relevant for anesthesia providers and is not duplicative of other measures in the clinician measure set.
		+ *Impact on quality of care for patients:*Corneal abrasion/injury is a [common complication of surgery involving general anesthesia](http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2044.1998.00269.x/full). These injuries are painful for the patient and may lead to other adverse effects, and can also result in increased costs and length of stay.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
12. **New Corneal Injury Not Diagnosed in the Post-Anesthesia Care Unit/Recovery Area** (MUC ID: MUC15-296)
	* *Description:* The percentage of patients aged 18 years and older who undergo anesthesia care and who did not have a new diagnosis of corneal injury in the post-anesthesia care unit/recovery area. Anesthesia care for surgery of the face will be reported separately from anesthesia care for other procedures.
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Adverse outcome measures are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
13. **Performance of objective measure of functional hearing status** (MUC ID: MUC15-307)
	* *Description:* Percentage of patients 5 years and older with documentation of a standardized, objective measure of functional hearing status using open-set speech recognition
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*The MUC adds another measure for audiologist that have only 1 measure in the current set. It is unclear whether this is currently standard of care for audiologists. Consider strengthening the measure by including counseling the patient, family and caregiver on the results and recommendations of the auditory assessment and report to physician on the need for treatment or further testing. ASHA is building a registry with anticipated completion date of Fall, 2016.
		+ *Impact on quality of care for patients:*Documentation measures have limited impact on patient outcomes without measuring follow-up or interventions. Including functional assessment evaluate listening behavior in real world settings - outside the confines of the soundproof booth where most formal audiological testing takes place, may guide management plans, however, it is unclear that evidence supports a relationship with specific patient outcomes. No data on current performance could be found to support an opportunity for improvement.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
14. **Performance of objective measure of functional hearing status** (MUC ID: MUC15-307)
	* *Description:* Percentage of patients 5 years and older with documentation of a standardized, objective measure of functional hearing status using open-set speech recognition
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is technical and more meaningful to clinicians than patients.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Spreadsheet
	* *Notes:*
15. **Patient-Reported Functional Communication** (MUC ID: MUC15-313)
	* *Description:* Percentage of patients 18 years and older with documentation of a standardized patient-reported functional communication assessment
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This is an additional measure for audiologists that have only 1 measure in the current set. It is unclear whether this is currently standard of care for audiologists or whether there is an opportunity for improvement. Consider strengthening the measure by using the results of the patient assessment. ASHA is building a registry with anticipated completion date of Fall, 2016.
		+ *Impact on quality of care for patients:*Documentation measures have limited impact on patient outcomes without measuring follow-up or interventions. No data on current performance could be found to support an opportunity for improvement.
	* *Preliminary analysis result:* Encourage continued development
	* *Notes:*
16. **Patient-Reported Functional Communication** (MUC ID: MUC15-313)
	* *Description:* Percentage of patients 18 years and older with documentation of a standardized patient-reported functional communication assessment
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*Measures using patient reported data are meaningful to patients and other stakeholders.
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* Clinician web page
	* *Notes:*
17. **Ischemic Vascular Disease All or None Outcome Measure (Optimal Control)** (MUC ID: MUC15-275)
	* *Description:* The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include: Most recent blood pressure measurement is less than 140/90 mm Hg -- And Most recent tobacco status is Tobacco Free -- And Daily Aspirin or Other Antiplatelet Unless Contraindicated -- And Statin Use
	* *Programs under consideration:* Merit-Based Incentive Payment System (MIPS)
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*This measure is duplicative of PQRS #349 (NQF#0076) Optimal Vascular Care that has been in the PQRS program for several years. The 2016 PFS final rule has removed PQRS#349 because the composite is duplicative of the Million Hearts measures. ?
		+ *Impact on quality of care for patients:*Composite measures of evidence-based processes and intermediate clinical outcomes combine multiple factors important to care and address whether a patients is receiving all the evidence-based care they receive. Most of the atherosclerotic disease measures enjoy high performance individually, but the composite reveals that the results are not uniformly high for individual patients – further opportunity for improvement exists which can further reduce the risks of poor outcomes for patients. and represents measure that promote high performance.
	* *Preliminary analysis result:* Do not support
	* *Notes:*
18. **Ischemic Vascular Disease All or None Outcome Measure (Optimal Control)** (MUC ID: MUC15-275)
	* *Description:* The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include: Most recent blood pressure measurement is less than 140/90 mm Hg -- And Most recent tobacco status is Tobacco Free -- And Daily Aspirin or Other Antiplatelet Unless Contraindicated -- And Statin Use
	* *Programs under consideration:* Physician Compare
	* *Preliminary analysis summary*
		+ *Contribution to program measure set:*
		+ *Impact on quality of care for patients:*
	* *Preliminary analysis result:* NA
	* *Notes:*
 |
| 2:00 pm   | Workgroup Discussion – Gaps in the Clinician program measure sets |
|  |  |
| 2:30 pm   | Workgroup Discussion – Alignment |
|  | Alignment of clinician measures across clinician programs; Alignment of clinician measures with measures in hospital and PAC/LTC programs  |
| 3:00 pm    | Workgroup discussion – Public reporting of clinician measures |
|  |  |
| 3:30 pm   | Opportunity for Public Comment |
|  |  |
| 3:45 pm   | Summary of the MAP Clinician Workgroup pre-rulemaking input |
|  |  |
| 4:00 pm   | Adjourn |
|  |  |