**Measure Applications Partnership Clinician Workgroup Discussion Guide**

*Version Number*: 1.6

*Meeting Date:* December 12-13, 2015

**Full Agenda**

*Notes for Measure Deliberations*

# Day 1

8:30 am Breakfast

9:00 am Welcome, Disclosures of Interest, Review of Meeting Objectives

Bruce Bagley, Workgroup Chair; Amy Moyer, Workgroup Chair; John Bernot, Senior Director, NQF; Ann Hammersmith, General Counsel, NQF

9:15 am Pre-Rulemaking Opening Remarks Pierre Yong, CMS

9:45 am NQF Strategic Plan

Helen Burstin, Chief Scientific Officer, NQF

10:00 am Overview of Pre-Rulemaking Approach

Poonam Bal, Senior Project Manager, NQF; MAP will use a four step approach; Provide program overview; Review current measures; Evaluate MUCs for what they would add to the program measure set; Provide feedback on current program measure sets

10:15 am Overview of the Medicare Shared Savings Program (MSSP) Rabia Khan, CMS; John Bernot, CMS

10:30 am Break

10:45 am Opportunity for Public Comment on Smoking measure (for MSSP and MIPS) under consideration

11:00 am Pre-Rulemaking Input on the Medicare Shared Savings Program measure under consideration

Reactors: Kevin Bowman; Robert Krughoff

1. **Adult Local Current Smoking Prevalence** (MUC ID: MUC16-069)

*Description:* Percentage of adult (age 18 and older) in select county that currently smoke, defined as adults who reported having smoked at least 100 cigarettes in their lifetime and currently smoke.(The endorsed specifications of the measure are: Percentage of adult (age 18 and older) U.S. population that currently smoke.)

*Programs under consideration:* Medicare Shared Savings Program

*Preliminary analysis summary*

*Contribution to program measure set:*This measure addresses an important topic; however, it has not been tested to show that it can affect outcomes at the level of the individual clinician. The data collection is not that of structured data that can be related back to an episode of care. Additionally, an endorsed smoking screening and intervention measure already exists within the program.

*Impact on quality of care for patients:*If this measure were to be successfully tested at the individual clinician level, it could have a significant impact on death and

cardiovascular disease.

*Preliminary analysis result:* Refine and resubmit

*Notes:*

11:15 am Feedback on Current MSSP Measure Set 12:00 pm Lunch

12:45 pm Overview of the Merit-Based Incentive Payment System (MIPS) Dan Green, CMS; John Bernot, CMS

1:00 pm Pre-Rulemaking Input on the MIPS measure under consideration- Smoking

Reactors: Kevin Bowman; Robert Krughoff

1. **Adult Local Current Smoking Prevalence** (MUC ID: MUC16-069)

*Description:* Percentage of adult (age 18 and older) in select county that currently smoke, defined as adults who reported having smoked at least 100 cigarettes in their lifetime and currently smoke.(The endorsed specifications of the measure are: Percentage of adult (age 18 and older) U.S. population that currently smoke.)

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure addresses an important topic; however, it has not been tested to show that it can affect outcomes at the level of the MSSP attribution. Additionally, the data collection is not that of structured data that can be related back to an episode of care.

*Impact on quality of care for patients:*If this measure were to be successfully tested at the level specified, it could have a significant impact on death and cardiovascular disease.

*Preliminary analysis result:* Refine and resubmit

*Notes:*

1:15 pm Opportunity for Public Comment on HIV measures under consideration

1:25 pm Pre-Rulemaking Input on the MIPS measure under consideration- HIV

Reactors: Scott Furney; Marci Nielson

1. **Prescription of HIV Antiretroviral Therapy** (MUC ID: MUC16-072)

*Description:* Percentage of patients, regardless of age, with a diagnosis of HIV prescribed HIV antiretroviral therapy for the treatment of HIV infection during the measurement year. (The endorsed specifications of the measure are: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement yearA medical visit is any visit in an outpatient/ambulatory care setting with a nurse practitioner, physician, and/or a physician assistant who provides comprehensive HIV care.)

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*Though an important clinical area, the measure does not support alignment as CMS has removed the claims based related measure, NQF#2083. Additionally, the measure has not been fully tested as an e-CQM. The testing data is in the process of being updated from the 2011 data, which should be evaluated to determine if a quality challenge remains.

*Impact on quality of care for patients:*This measure would impact the use of HIV antiretroviral therapies that are associated with reduction in morbidity and mortality.

*Preliminary analysis result:* Refine and resubmit

*Notes:*

1. **HIV Medical Visit Frequency** (MUC ID: MUC16-073)

*Description:* Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits. (The endorsed specifications of the measure are: Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visitsA medical visit is any visit in an outpatient/ambulatory care setting with a nurse practitioner, physician, and/or a physician assistant who provides comprehensive HIV care.)

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure addresses an important clinical area. However, it has not been fully tested as an e-CQM. The testing data is in the process of being updated from the 2011 data, which should be evaluated to determine if a quality challenge remains. If the review continues to demonstrate a quality challenge and testing is successful, it would support alignment with the claims based measure that is already part of MIPS.

*Impact on quality of care for patients:*The measure would address an important issue regarding the HIV continuum of care and would provide an additional mechanism for submitting data on this topic.

*Preliminary analysis result:* Refine and resubmit

*Notes:*

1. **HIV Viral Suppression** (MUC ID: MUC16-075)

*Description:* Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year. (The endorsed specifications of the measure are: Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement yearA medical visit is any visit in an outpatient/ambulatory care setting with a nurse practitioner, physician, and/or a physician assistant who provides comprehensive HIV care.)

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure addresses an important clinical area. However, it has not been fully tested as an e-CQM. The testing data is in the process of

being updated from the 2011 data, which should be evaluated to determine if a quality challenge remains. If the review continues to demonstrate a quality challenge and testing is successful, it would support alignment with the claims based measure that is already part of MIPS.

*Impact on quality of care for patients:*The measure would address an important issue regarding HIV viral suppression would provide an additional mechanism for submitting data on this topic.

*Preliminary analysis result:* Refine and resubmit

*Notes:*

2:10 pm Opportunity for Public Comment on Cardiology measures under consideration

2:20 pm Pre-Rulemaking Input on the MIPS measures under consideration- Cardiology

Reactors: Steve Farmer; Stephanie Glier

# Fixed-dose Combination of Hydralazine and Isosorbide Dinitrate Therapy for Self-identified Black or African American Patients with Heart Failure and Left Ventricular Ejection Fraction (LVEF) <40% on ACEI or ARB and Beta-blocker Therapy (MUC ID: MUC16-074)

*Description:* Percentage of patients aged 18 years and older with a diagnosis of heart failure (HF) and a current or prior left ventricular ejection fraction (LVEF) <40% who are self- identified Black or African Americans and receiving Angiotensin-Converting Enzyme Inhibitor (ACEI) or Angiotensin Receptor Blocker (ARB) and Beta-blocker therapy who were prescribed a fixed-dose combination of hydralazine and isosorbide dinitrate seen for an office visit in the measurement period in the outpatient setting or at each hospital discharge *Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure addresses both effective clinical care and potential disparities in heart failure. However, it has not been fully tested.

Additionally, concern has been raised in the process of endorsement of the requirement for the fixed dose therapy as opposed to the administration of the individual agents, which are generic.

*Impact on quality of care for patients:*This measure would track a therapy that can reduce morbidity and mortality in patients who self-identify as Black or African American.

*Preliminary analysis result:* Refine and resubmit

*Notes:*

1. **Appropriate Use Criteria - Cardiac Electrophysiology** (MUC ID: MUC16-398)

*Description:* The IAC Cardiac Electrophysiology accreditation program requires compliance to and evaluation of appropriate using published guidelines warranting the procedure.

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure submission does not provide testing data that demonstrates that it influences outcomes at the individual clinician level.

Additionally, the measure specifications do not outline the detail of how both

"compliance to" and "evaluation of" the appropriate use criteria would be delineated. For example, the reference provided describes clinical scenarios that "should be considered in the context of the clinical situation." The current specifications do not provide enough detail as to how those would be handled by the measure. Once fully specified, complete testing would need to be performed.

*Impact on quality of care for patients:*This measure would assess adherence to appropriate use criteria as well as best practices. This could assist in effective use of resources as well as effective clinical practice.

*Preliminary analysis result:* Refine and resubmit

*Notes:*

2:50 pm Break

3:05 pm Opportunity for Public Comment on Cancer measures under consideration

3:15 pm Pre-Rulemaking Input on the MIPS measures under consideration- Cancer

Reactors: Patti Wahl; Michael Hasset

1. **Febrile Neutropenia Risk Assessment Prior to Chemotherapy** (MUC ID: MUC16-151) *Description:* Percentage of patients with a solid malignant tumor or lymphoma who had a febrile neutropenia (FN) risk assessment completed and documented in the medical record prior to the first cycle of intravenous chemotherapy

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*Conditionally Support pending transition of measure from process to outcome as emphasized by the NQF Cancer Standing Committee during its review that a febrile neutropenia outcome measure would further the goal of high-quality, efficient healthcare rather than this process measure.

*Impact on quality of care for patients:*Information about a patient’s febrile neutropenia (FN) risk allows the identification of patients at higher risk of FN who are more likely to benefit from treatment with prophylactic colony-stimulating factor (CSF).

*Preliminary analysis result:* Support

*Notes:*

# Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy (MUC ID: MUC16-287)

*Description:* Patients determined as having prostate cancer currently undergoing androgen deprivation therapy (ADT) or prior use of ADT who receive an initial bone density evaluation. *Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure has not completed MAT construction and does not appear to be tested at the Clinician level.

*Impact on quality of care for patients:*This measure provides information as to whether phyiscians are appropriately conducting and documenting bone density evaluation.

*Preliminary analysis result:* Refine and Resubmit

*Notes:*

# Intravesical Bacillus Calmette-Guerin for NonMuscle Invasive Bladder Cancer (MUC ID: MUC16-310)

*Description:* Percentage of patients initially diagnosed with nonmuscle invasive bladder cancer and who received intravesical Bacillus-Calmette-Guerin (BCG) within 6 months of initial diagnosis.

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure has not completed MAT construction and does not appear to be tested at the Clinician level.

*Impact on quality of care for patients:*This measure provides information on the gap area of bladder cancer measures, the 5th most common cancer diagnosis in 2016. Failure to treat the bladder cancer in a nonmuscle invasive stage can lead to invasion into the muscle layer of the bladder, requiring bladder removal and further chemotherapy and/or radiation.

*Preliminary analysis result:* Refine and Resubmit

*Notes:*

4:00 pm Opportunity for Public Comment on ENT measures under consideration

4:10 pm Pre-Rulemaking Input on the MIPS measures under consideration- ENT

Reactors: Terry Adirim; Winfred Wu

# Otitis Media with Effusion: Systemic Corticosteroids - Avoidance of Inappropriate Use (MUC ID: MUC16-268)

*Description:* Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic corticosteroids

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*The measure received inactive endorsement with reserve status during its last endorsement review indicating the measure is topped out. *Impact on quality of care for patients:*This measure provides information as to whether physicians are appropriately administrating systemic corticosteroids.

*Preliminary analysis result:* Do Not Support

*Notes:*

# Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use (MUC ID: MUC16-269)

*Description:* Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials

*Programs under consideration:* Merit-Based Incentive Payment System

*Contribution to program measure set:*This measure would address the avoidance of inappropriate use of systemic antimicrobials.

*Impact on quality of care for patients:*This measure provides information as to whether physicians are appropriately administrating systemic antimicrobials.

*Preliminary analysis result:* Support

*Notes:*

4:45 pm Opportunity for Public Comment 5:00 pm Adjourn

# Day 2

8:30 am Breakfast

9:00 am Welcome and Recap of Day 1

Bruce Bagley, Workgroup Chair; Amy Moyer, Workgroup Chair

9:15 am Workgroup Discussion- PROMIS

10:15 am Opportunity for Public Comment on Spine measures under consideration

10:25 am Pre-Rulemaking Input on the MIPS measures under consideration- Spine

Reactors: Diane Padden; James Pacala

1. **Average change in back pain following lumbar discectomy and/or laminotomy** (MUC ID: MUC16-087)

*Description:* The average change (preoperative to three months postoperative) in back pain for patients 18 years of age or older who had lumbar discectomy laminotomy procedure.

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure would add PRO to the set as well as spine surgery specific measures. The submitter does not provide specific test data. In order for full support, the submitter will need to provide data at the individual provider level.

*Impact on quality of care for patients:*Patient-reported outcomes provide valuable information for patients and consumers when selecting healthcare providers. This measure would assess the outcome of a lumbar discectomy and/or laminectomy.

*Preliminary analysis result:* Conditional support (NQF endorsement & testing supports variation at the individual provider level)

*Notes:*

1. **Average change in back pain following lumbar fusion.** (MUC ID: MUC16-088)

*Description:* The average change (preoperative to one year postoperative) in back pain for patients 18 years of age or older who had lumbar spine fusion surgery.

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure would add PRO to the set as well as spine surgery specific measures. The submitter does not provide specific test data. In order for full support, the submitter will need to provide data at the individual provider level.

*Impact on quality of care for patients:*Patient-reported outcomes provide valuable information for patients and consumers when selecting healthcare providers. This measure would assess the outcome of a lumbar fusion.

*Preliminary analysis result:* Conditional support (NQF endorsement & testing supports variation at the individual provider level)

*Notes:*

1. **Average change in leg pain following lumbar discectomy and/or laminotomy** (MUC ID: MUC16-089)

*Description:* The average change (preoperative to three months postoperative) in leg pain for patients 18 years of age or older who had lumbar discectomy laminotomy procedure *Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure would add PRO to the set as well as spine surgery specific measures. The submitter does not provide specific test data. In order for full support, the submitter will need to provide data at the individual provider level.

*Impact on quality of care for patients:*Patient-reported outcomes provide valuable information for patients and consumers when selecting healthcare providers. This measure would assess the outcome of leg pain after a discectomy and/or laminectomy.

*Preliminary analysis result:* Conditional support (NQF endorsement & testing supports variation at the individual provider level)

*Notes:*

10:55 am Opportunity for Public Comment on Anesthesia measure under consideration

11:05 am Pre-Rulemaking Input on the MIPS measure under consideration- Anesthesia

Reactors: Beth Averbeck; Leslie Zun

1. **Prevention of Post-Operative Vomiting (POV) - Combination Therapy (Pediatrics)** (MUC ID: MUC16-312)

*Description:* Percentage of patients aged 3 through 17 years of age, who undergo a procedure under general anesthesia in which an inhalational anesthetic is used for maintenance AND who have two or more risk factors for post-operative vomiting (POV), who receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively.

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*Conditional Support pending NQF endorsement.

*Impact on quality of care for patients:*This measure provides information as to whether

physicians are appropriately conducting and documenting inhalational anesthetic use.

*Preliminary analysis result:* Conditional Support

*Notes:*

11:20 am Break

11:35 am Opportunity for Public Comment on Dementia measure under consideration

11:45 am Pre-Rulemaking Input on the MIPS measure under consideration- Dementia

Reactors: Norman Kahn; Dale Shaller

1. **Safety Concern Screening and Follow-Up for Patients with Dementia** (MUC ID: MUC16-317) *Description:* Percentage of patients with dementia or their caregiver(s) for whom there was a documented safety screening \* in two domains of risk: dangerousness to self or others and environmental risks; and if screening was positive in the last 12 months, there was documentation of mitigation recommendations, including but not limited to referral to other resources.

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*Conditional Support pending NQF endorsement. *Impact on quality of care for patients:*This measure provides information as to whether physicians are appropriately screening and documenting safety concerns for persons with dementia.

*Preliminary analysis result:* Conditional Support

*Notes:*

12:00 pm Lunch

12:30 pm Opportunity for Public Comment on Radiology measure under consideration

12:40 pm Pre-Rulemaking Input on the MIPS measure under consideration- Radiology

Reactors: David Seidenwurm; Janis Orlowski

# 1. Uterine artery embolization technique: Documentation of angiographic endpoints and interrogation of ovarian arteries (MUC ID: MUC16-343)

*Description:* Documentation of angiographic endpoints of embolization AND the documentation of embolization strategies in the presence of unilateral or bilateral absent uterine arteries.

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This measure does not appear to be tested at the Clinician level.

*Impact on quality of care for patients:*This measure provides information as to whether physicians are appropriately documenting procedural aspects of uterine artery embolization.

*Preliminary analysis result:* Refine and Resubmit

*Notes:*

12:55 pm Opportunity for Public Comment on Surgery measures under consideration

1:05 pm Pre-Rulemaking Input on the MIPS measure under consideration- Surgery

Reactors: Eric Whitacre; Scott Friedman

# 1. Patient Experience with Surgical Care Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) ® Surgical Care Survey (S-CAHPS) (MUC ID: MUC16-291)

*Description:* The original S-CAHPS survey, as part of the surgical patient experience battery, were designed by the American College of Surgeons (ACS) and the Surgical Quality Alliance (SQA) to address the specific needs of surgical patients. The 6 composites and 1 single-item measure were endorsed by the CAHPS Consortium in 2010 and by the National Quality Forum (NQF) in 2012. Each composite and/or grouping is used to assess a particular domain of patient experience with surgical care quality, from the patient’s perspective. This entry combined 7 measures into one MUC List entry. They are 7 separate measures (6 composite and 1 single item measure). (The endorsed specifications of the measure are: The original S- CAHPS survey, as part of the surgical patient experience battery, were designed by the American College of Surgeons (ACS) and the Surgical Quality Alliance (SQA) to address the specific needs of surgical patients. The 6 composites and 1 single-item measure were endorsed by the CAHPS Consortium in 2010 and by the National Quality Forum (NQF) in 2012. Each composite and/or grouping is used to assess a particular domain of patient experience with surgical care quality, from the patient’s perspective. This entry combined 7 measures into one MUC List entry. They are 7 separate measures (6 composite and 1 single item measure). (The endorsed specifications of the measure are: The following 6 composites and 1 single-item measure are generated from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey. Each measure is used to assess a particular domain of surgical care quality from the patient’s perspective.Measure 1: Information to help you prepare for surgery (2 items)Measure 2: How well surgeon communicates with patients before surgery (4 items) Measure 3: Surgeon’s attentiveness on day of surgery (2 items) Measure 4: Information to help you recover from surgery (4 items) Measure 5: How well surgeon communicates with patients after surgery (4 items) Measure 6: Helpful, courteous, and respectful staff at surgeon’s office (2 items) Measure 7: Rating of surgeon (1 item)The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surgical Care Survey is administered to adult patients (age 18 and over) having had a major surgery as defined by CPT codes (90 day globals) within 3 to 6 months prior to the start of the survey.)

*Programs under consideration:* Merit-Based Incentive Payment System

*Preliminary analysis summary*

*Contribution to program measure set:*This patient reported outcome measure is NQF endorsed and addresses surgical care.

*Impact on quality of care for patients:*This measure provides information on the quality of the provider-patient relationship.

*Preliminary analysis result:* Support

*Notes:*

1:25 pm Workgroup discussion - Surgery Measures

Pierre Yong, CMS; Frank Opelka, ACS; John Bernot, NQF

2:00 pm Feedback on Current MIPS Measure Set 2:45 pm Opportunity for Public Comment

3:00 pm Summary and Adjourn