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Cost and Efficiency, Spring 2020 Measure Review Cycle

Post-Comment Standing Committee Meeting

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Welcome

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Cost and Efficiency Project Team



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Agenda

- Attendance
- Discuss & Re-vote on Consensus Not Reached (CNR) Measures
- Review and Discuss Public Comments
- NQF Member and Public Comment
- Next Steps
- Adjourn

Attendance



Cost and Efficiency, Spring 2020 Cycle Standing Committee

Cheryl Damberg, PhD (Co-chair)

Sunny Jhamnani, MD (Co-chair)

Kristine Martin Anderson, MBA

Robert Bailey, MD

Bijan Borah, MSc, PhD

John Brooks, PhD

Cory Byrd

Amy Chin, MS

Lindsay Erickson, MPH

Troy Fiesinger, MD, FAAFP

Emma Hoo

Sean Hopkins, BS

Rachael Howe, MS, BSN, RN

Donald Klitgaard, MD, FAAFP

Lisa Latts, MD, MSPH, MBA, FACP

Jason Lott, MD, MHS, MSHP, FAAP

Alefiyah Mesiwala, MD, MPH

Jack Needleman, PhD

Janis Orlowski, MD, MACP

John Ratliff, MD, FACS, FAANS

Mahil Senathirajah

Srinivas Sridhara, PhD, MHS

Danny van Leeuwen, RN, MPH

Spring 2020 Cycle Measures

■ Six New Measures

- 3561 Medicare Spending Per Beneficiary-Post Acute Care Measure for Inpatient Rehabilitation Facilities (Centers for Medicare and Medicaid Services/Acumen LLC)
- 3562 Medicare Spending Per Beneficiary – Post Acute Care Measure for Long-Term Care Hospitals (Centers for Medicare and Medicaid Services/Acumen LLC)
- 3563 Medicare Spending Per Beneficiary – Post Acute Care Measure for Skilled Nursing Facilities (Centers for Medicare and Medicaid Services/Acumen LLC)
- 3564 Medicare Spending Per Beneficiary – Post Acute Care Measure for Home Health Agencies (Centers for Medicare and Medicaid Services/Abt Associates)
- 3574 Medicare Spending Per Beneficiary (MSPB) Clinician (Centers for Medicare and Medicaid Services/Acumen LLC)
- 3575 Total Per Capita Cost (TPCC) (Centers for Medicare and Medicaid Services/Acumen LLC)

Spring 2020 Cycle Measures

NQF# and Measure Title	Reliability and Validity Results	Standing Committee Recommendation for Endorsement
3561 Medicare Spending Per Beneficiary- Post Acute Care Measure for Inpatient Rehabilitation Facilities	Reliability: Pass Validity: Did Not Pass (Low)	Do not recommend
3562 Medicare Spending Per Beneficiary – Post Acute Care Measure for Long-Term Care Hospitals	Reliability: Pass Validity: Pass (Moderate)	Recommend
3563 Medicare Spending Per Beneficiary – Post Acute Care Measure for Skilled Nursing Facilities	Reliability: Pass Validity: CNR	Consensus Not Reached
3564 Medicare Spending Per Beneficiary – Post Acute Care Measure for Home Health Agencies	Reliability: CNR Validity: CNR	Consensus Not Reached
3574 Medicare Spending Per Beneficiary (MSPB) Clinician	Reliability: CNR Validity: Did Not Pass (Low)	Do not recommend
3575 Total Per Capita Cost (TPCC)	Reliability: Pass Validity: CNR	Consensus Not Reached

Reconsideration Request

Reconsideration Request Process

- A reconsideration request was received for
 - ▣ *NQF #3561 - Medicare Spending Per Beneficiary-Post Acute Care Measure for Inpatient Rehabilitation Facilities and*
 - ▣ *NQF #3574 - Medicare Spending Per Beneficiary (MSPB) Clinician*
 - ▣ The Committee did not pass these measures on validity.
- **Action:** The Committee will vote on whether they would like to reconsider the measure based on comments received and the request received by the developer.
 - ▣ If greater than 60% of the Committee votes “yes”, the Committee will continue their review of the measure starting with the criterion the measure did not pass.
 - ▣ If greater than 60% of the Committee does not vote yes, the Committee will not reconsider the measure. There is no grey zone for reconsiderations.



Achieving Consensus

- Quorum: 66% of the Committee
- Pass/Recommended: Greater than 60% “Yes” votes of the quorum (this percent is the sum of high and moderate)
- Consensus not reached (CNR): 40-60% “Yes” votes (inclusive of 40% and 60%) of the quorum
- Does not pass/Not Recommended: Less than 40% “Yes” votes of the quorum

Voting Test

Discuss & Re-Vote on Consensus Not Reached (CNR) Measures

3563: Medicare Spending Per Beneficiary – Post Acute Care Measure for Skilled Nursing Facilities (SNFs)

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This measure was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
 - ▣ This resource use measure is intended to evaluate each SNF's efficiency relative to that of the national median SNF. Specifically, the measure assesses Medicare spending by the SNF and other healthcare providers during an MSPB episode.
 - ▣ The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each SNF divided by the episode-weighted median MSPB-PAC Amount across all SNFs.



3563: Medicare Spending Per Beneficiary – Post Acute Care Measure for Skilled Nursing Facilities (SNFs)

■ Summary of Comments:

- A commenter expressed nonsupport for the measure, as they stated post-acute SNF utilization is not necessarily meaningful in and of itself.

3564: Medicare Spending Per Beneficiary – Post Acute Care Measure for Home Health Agencies

- **Measure Steward:** Centers of Medicare and Medicaid Services/Abt Associates
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This measure was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
 - ▣ This resource use measure is intended to evaluate each home health (HH) agency's efficiency relative to that of the national median home health agency (HHA). Specifically, the measure assesses Medicare spending by the HHA and other healthcare providers during an MSPB-PAC HH episode.
 - ▣ The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each HHA divided by the episode-weighted median MSPB-PAC Amount across all HHAs.



3564: Medicare Spending Per Beneficiary – Post Acute Care Measure for Home Health Agencies

■ Summary of Comments:

- A commenter expressed nonsupport for the measure, as they stated post-acute care HHA utilization is not necessarily meaningful in and of itself.

3575: Total Per Capita Cost

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ The Total Per Capita Cost (TPCC) measure assesses the overall cost of care delivered to a beneficiary with a focus on the primary care they receive from their provider(s).
 - ▣ The measure is attributed to clinicians providing primary care management for the beneficiary, who are identified by their unique Taxpayer Identification Number and National Provider Identifier pair (TIN-NPI) and clinician groups, identified by their TIN number.
 - ▣ Clinicians are attributed beneficiaries for one year, beginning from a combination of services indicate that a primary care relationship has begun.
 - ▣ The resulting periods of attribution are then measured on a monthly level, assessing all Part A and Part B cost for the beneficiary for those months that occur during the performance period. The beneficiary populations eligible for the TPCC include Medicare beneficiaries enrolled in Medicare Parts A and B during the performance period.

3575: Total Per Capita Cost

■ Summary of Comments:

- Concerns regarding exclusion of patients who died in the overall model and overall correlation between cost and quality measures.
- Uncertainty around measure correlation to any one quality measure within the MIPS program and requested the Committee discuss whether the results of the attribution and validity in the measure could lead to negative unintended consequences.
- Commenters believed that the concerns outlined by the Committee during the initial review along with the deficiency in the attribution methodology should result in the measure not achieving a recommendation for endorsement.
- Urged that the Committee should not endorse this measure.

Review and Discuss Public Comments and Reconsideration Request

3561: Medicare Spending Per Beneficiary (MSPB) – Post Acute Care (PAC) Measure for Inpatient Rehabilitation Facilities (IRFs)

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This measure was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
 - ▣ This resource use measure is intended to evaluate each IRF's efficiency relative to that of the national median IRF. Specifically, the measure assesses Medicare spending by the IRF and other healthcare providers during an MSPB episode.
 - ▣ The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each IRF divided by the episode-weighted median MSPB-PAC Amount across all IRFs.



3561: Medicare Spending Per Beneficiary (MSPB) – Post Acute Care (PAC) Measure for Inpatient Rehabilitation Facilities (IRFs)

■ Summary of Comments:

- A commenter had doubts about the value of the measure and agreed it should not be endorsed.
- They stated that inpatient rehabilitation facilities' funding and utilization are controversial, but they have a modest volume and impact in comparison to Skilled Nursing Facilities and Long-Term Acute Care Hospitals and more controlled utilization.



3561: Medicare Spending Per Beneficiary (MSPB) – Post Acute Care (PAC) Measure for Inpatient Rehabilitation Facilities (IRFs)

■ Summary of Reconsideration:

- CMS, with Acumen and Abt Associates, request that the Cost and Efficiency Standing Committee: (i) reconsider its recommendation against endorsing two measures, and (ii) consider substantive issues in re-voting on three ‘consensus not reached’ (CNR) measures in the Spring 2020 evaluation cycle.
- The developer argues that the evaluation criteria were not correctly applied for the measure and that inconsistent application of the evaluation criteria either led to a measure not being recommended for endorsement or to consensus not being reached.

3574: Medicare Spending Per Beneficiary Clinician

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC

- ▣ New measure

- **Brief Description of Measure:**

- ▣ This measure assesses the cost to Medicare for services by a clinician and other healthcare providers during an MSPB episode, which focuses on a patient's inpatient hospitalization.
- ▣ The MSPB episode spans from 3 days prior to the hospital stay ("index admission") through to 30 days following discharge from that hospital.
- ▣ The measure includes the costs of all services during the episode window, except for a limited list of services identified as being unlikely to be influenced by the clinician's care decisions and that are considered clinically unrelated to the management of care.
- ▣ The episode is attributed to the clinician(s) responsible for managing the beneficiary's care during the inpatient hospitalization. The MSPB Clinician measure score is a clinician's average risk-adjusted cost across all episodes attributed to the clinician. The beneficiary populations eligible for the MSPB Clinician measure include Medicare beneficiaries enrolled in Medicare Parts A and B during the performance period.



3574: Medicare Spending Per Beneficiary Clinician

■ Summary of Comments:

- Concerns with the measure specifications and reliability and attribution at the individual clinician level.
- Commenters were also concerned with the lack of information on reliability results below the 25th percentile, particularly in light of the reference within the response of 2a2.3 that CMS generally considers 0.4 to be the threshold for moderate reliability and 100% of practices and clinicians with at least 20 episodes meet it.
- The commenter also had concerns about feasibility for physicians especially in different locations, the impact of excluding patients who died on the overall model, and the lack of correlation between cost and quality measures, particularly patient outcomes.
- It was also recommended radiation therapy be excluded from post-trigger inpatient and outpatient components.



3574: Medicare Spending Per Beneficiary Clinician

■ Summary of Reconsideration:

- CMS, with Acumen and Abt Associates, request that the Cost and Efficiency Standing Committee: (i) reconsider its recommendation against endorsing two measures, and (ii) consider substantive issues in re-voting on three 'consensus not reached' (CNR) measures in the Spring 2020 evaluation cycle.
- The developer argues that the evaluation criteria were not correctly applied for the measure and that inconsistent application of the evaluation criteria either led to a measure not being recommended for endorsement or to consensus not being reached.

3562: Medicare Spending Per Beneficiary – Post Acute Care Measure for Long-Term Care Hospitals (LTCHs)

- **Measure Steward:** Centers of Medicare and Medicaid Services/Acumen LLC
 - ▣ New measure
- **Brief Description of Measure:**
 - ▣ This measure was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act).
 - ▣ This resource use measure is intended to evaluate each LTCH's efficiency relative to that of the national median LTCH. Specifically, the measure assesses Medicare spending by the LTCH and other healthcare providers during an MSPB episode.
 - ▣ The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each LTCH divided by the episode-weighted median MSPB-PAC Amount across all LTCH facilities.



3562: Medicare Spending Per Beneficiary – Post Acute Care Measure for Long-Term Care Hospitals (LTCHs)

■ Summary of Comments:

- A commenter stated that Long-Term Acute Care Hospitals' (LTACH) funding and utilization are controversial.
- Though they supported the Committee's endorsement of the measure, they believed that high LTACH utilization does not necessarily correlate with higher quality or better outcomes and suspected that there was substantial regional variation.

NQF Member and Public Comment

Next Steps



Cost and Efficiency Committee Members: Terms Ending

*Thank you for your expertise and contribution to
the work of quality measurement*

- Troy Feisinger
- Rachael Howe
- Lisa Latts
- Jason Lott
- Jack Needleman
- Janis Orlowski
- John Ratliff
- Srinivas Sridhara

Activities and Timeline –Spring 2020 Cycle

*All times ET

Meeting	Date, Time
CSAC Review	November 17, 2020, 9-5 PM ET November 18, 2020, 9-12 PM ET
Appeals Period (30 days)	November 23-December 22, 2020



Project Contact Info

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- SharePoint site:
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Questions?

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