



Measure Applications Partnership

Clinician Workgroup Web Meeting

October 17, 2016

Agenda

- Welcome, Introductions, and Review of Meeting Objectives
- MAP Pre-Rulemaking Approach
- Review Clinician Programs
- Opportunity for Public Comment
- Next Steps

Welcome, Introductions, and Review of Meeting Objectives

MAP Clinician Team



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Senior Director



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Clinician Workgroup Membership

Workgroup Co-chairs (Voting): Bruce Bagley, MD and Amy Moyer

Organizational Members (Voting)

American Academy of Ophthalmology	Scott Friedman, MD
American Academy of Pediatrics	Terry Adirim, MD, MPH, FAAP
American Association of Nurse Practitioners	Diane Padden, PhD, CRNP, FAANP
American College of Cardiology	Paul N. Casale, MD, FACC
American College of Radiology*	David J. Seidenwurm, MD
Anthem	Stephen Friedhoff, MD
Association of American Medical Colleges	Janis Orłowski, MD
Carolina's HealthCare System	Scott Furney, MD, FACP
Consumers' CHECKBOOK	Robert Krughoff, JD
Council of Medical Specialty Societies*	Norman Kahn MD, EVP/CEO, CMSS
Health Partners, Inc.*	Beth Averbek, MD
National Center for Interprofessional Practice and Education	James Pacala, MD, MS
Pacific Business Group on Health	Stephanie Glier, MPH
Patient-Centered Primary Care Collaborative	Marci Nielsen, PhD, MPH
Primary Care Information Project	Winfred Wu, MD, MPH
St. Louis Area Business Health Coalition	Patti Wahl, MS

Clinician Workgroup Membership

Subject Matter Experts (Voting)

Dale Shaller, MPA*
Michael Hasset, MD, MPH*
Eric Whitacre, MD, FACS
Leslie Zun, MD*

Federal Government Members (Non-Voting)

Centers for Disease Control and Prevention (CDC)	Peter Briss, MD, MPH
Centers for Medicare & Medicaid Services (CMS)	Pierre Yong, MD, MPH, MS
Health Resources and Services Administration (HRSA)	Girma Alemu, MD, MPH

Duals Workgroup Liaison (Non-Voting)

Consortium for Citizens w/ Disabilities	Clarke Ross, D.P.A.
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Meeting Objectives

- Review MAP 2016 pre-rulemaking approach
- Review Clinician Workgroup programs
- Provide input on potential measure gaps

Current Process to Identify Gaps

- When reviewing measures within each program MAP workgroups:
 - *consider the individual program goals and objectives*
 - *review the CMS identified gap areas*
 - *consider if the current gap areas need refinement*
- MAP workgroups should consider the CMS identified measure gaps for each program, and recommend refinements if necessary
 - *Refinements should be agreed upon by a majority of the Workgroup*

Gaps: Draft Definition

A gap is defined as a lack of a measure in a topic area with a demonstrated quality problem that is likely to benefit from an accountability measure to drive improvements. An accountability measure gap should provide the following:

- *What is the quality problem that needs to be addressed?*
- *Description of how the measure fills a gap in NQF's accountability measures portfolio.*
- *What is the accountable healthcare entity to be measured?*
- *What is the population(s) to be measured-(denominator)?*
- *What aspect of care should be measured based on the quality problem (numerator)?*
- *What type of measure – process, outcome, PRO?*

MAP Pre-Rulemaking Approach

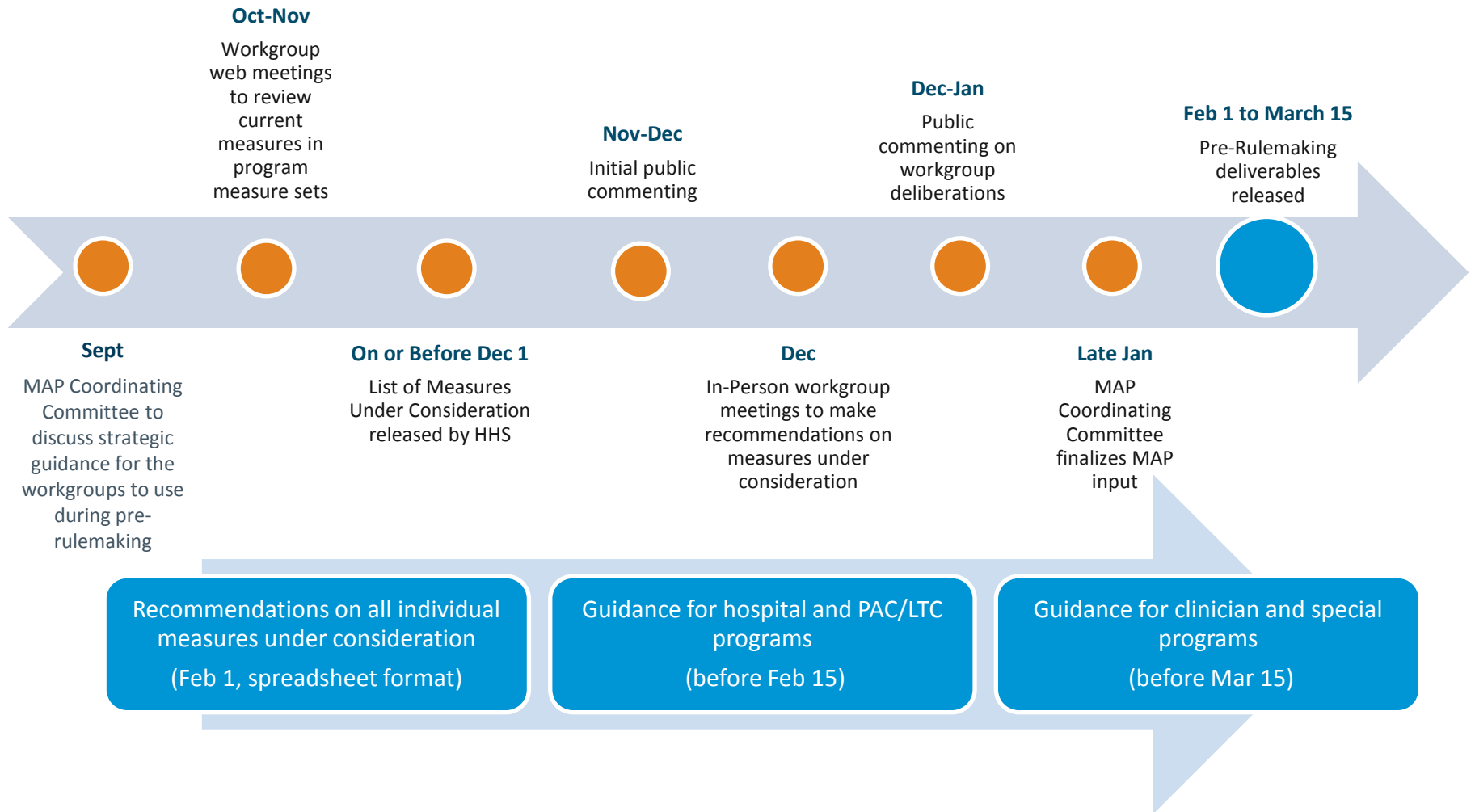
MAP Pre-Rulemaking Approach

A closer look into how recommendations will be made

- The MAP Coordinating Committee examined key strategic issues during their September 27th meeting to inform preliminary evaluations of measures under consideration.
- During today's meeting the Workgroup will familiarize themselves with finalized program measure set for each program and identify gaps in the current measure sets;
- The MAP workgroups will evaluate measures under consideration during their December in-person meetings informed by the preliminary evaluations completed by NQF staff;
- The MAP Coordinating Committee will examine the key cross issues identified by the MAP workgroups during their January 24-25th in-person meeting.

MAP Pre-Rulemaking Approach

A look at what to expect



Potential Programs to Be Considered by the Clinician Workgroup

- Medicare Shared Savings Program (MSSP)
- Merit-based Incentive Payment System (MIPS)
- Physician Compare

MAP Pre-Rulemaking Approach

Goals for today's meeting

- Review the structure of each program and the measures that have been finalized for that program.
- NQF staff has developed a framework to describe the measures in the program.
- The Workgroup will be asked to review the list of measure gaps and provide input on potential refinements.

Medicare Shared Savings Program (MSSP)

Medicare Shared Savings Program (MSSP)

- Authorized by Section 3022 of the Affordable Care Act
- Participation in an Accountable Care Organization (ACO) creates incentives for health care providers to work together voluntarily to coordinate care and improve quality for their patient population.
- ACOs submit an application to join the Shared Savings Program and, if accepted, voluntarily enter a 3-year agreement with CMS
- ACOs may earn shared savings, if generated, by meeting program requirements and the quality performance standard
 - *As currently proposed, Shared Savings Program quality reporting requirements align with the MIPS quality category.*
- Beneficiaries are assigned to an ACO based on utilization of primary care services provided by professionals participating in the ACO
- The ACA specified the following types of measures for the Shared Savings Program:
 - *Clinical processes and outcomes;*
 - *Patient and, where practicable, caregiver experience of care; and*
 - *Utilization (such as rates of hospital admissions for ambulatory care sensitive conditions)*

CMS needs and priorities for MSSP

- Outcome measures that address conditions that are high-cost and affect a high volume of Medicare patients.
- Measures that are targeted to the needs and gaps in care of Medicare fee-for-service patients and their caregivers.
- Measures that align with CMS quality reporting initiatives, such as MIPS.
- Measures that support improved individual and population health.
- Measures that align with recommendations from the Core Quality Measures Collaborative.

MSSP Current measures

Divided into 4 domains specified by ACA

Domain	# of Measures
Patient/caregiver experience	8
Care Coordination/Patient safety	10
Preventive Health	9
Clinical Care for At Risk Populations	7

Workgroup Discussion

- Does the Workgroup have suggestions for refinement to future measurement in the high priority domains?

Merit-based Incentive Payment System (MIPS)

*Subject to updates based on final rule

Merit-based Incentive Payment System (MIPS)

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA):

- Sunsets PQRS, VBPM, EHR Incentive programs in 2018
- Authorizes MIPS program beginning 2019 - consolidates existing clinician quality and incentive programs
 - *Positive and negative payment adjustments based on performance in 4 categories:*
 - » Quality – 30%
 - » Resource use – 30%
 - » Clinical practice improvement activities – 15%
 - » Meaningful use of certified EHR technology – 25%
 - *Will use measures from existing programs (PQRS, VBPM, EHR)*

MIPS High Priority Domains for Future Measure Consideration

- Outcome measures
- Measures relevant for specialty providers
- High-priority domains for future measure consideration:
 - *Person and caregiver-centered Experience and Outcomes (Specific focus on PROMs)*
 - *Communication and Care coordination*
 - *Appropriate Use and Resource Use*
 - *Patient Safety*

MIPS Measure Requirements

- Preference for eCQMs – electronic clinical quality measures
- Measures are fully developed and tested
- Not duplicative of measures in set
- Identify opportunities for improvement – avoid “topped out” measures

MIPS Current measures

Divided by NQS Primary Measure Domain

Domain	# of Measures
Effective Clinical Care	145
Patient Safety	43
Communication/Care Coordination	42
Community/Population Health	15
Efficiency and Cost Reduction	23
Person and Caregiver-Centered Experience and Outcomes	16

2016 Clinician Measures Spreadsheet

- Includes proposed additions and removals from the proposed rule (*to be updated with final rule)
- Sortable: measure type; NQS domain; topic area
- Topic area categories:
 - *Cross-cutting: ex: care coordination, prevention, safety*
 - *Condition specific – ex: diabetes, cardiovascular*
 - *Specialty-specific – ex: eye care; dermatology*

Gaps Identified for MSSP and MIPS

- Patient-centered measures including:
 - *Patient-reported outcome measures*
 - *Functional status measures*
 - *Care coordination measures*
 - *Measures that incorporate patient values and preferences*
- Measures of appropriate use or overuse
- Measures of team-based care

Workgroup Discussion

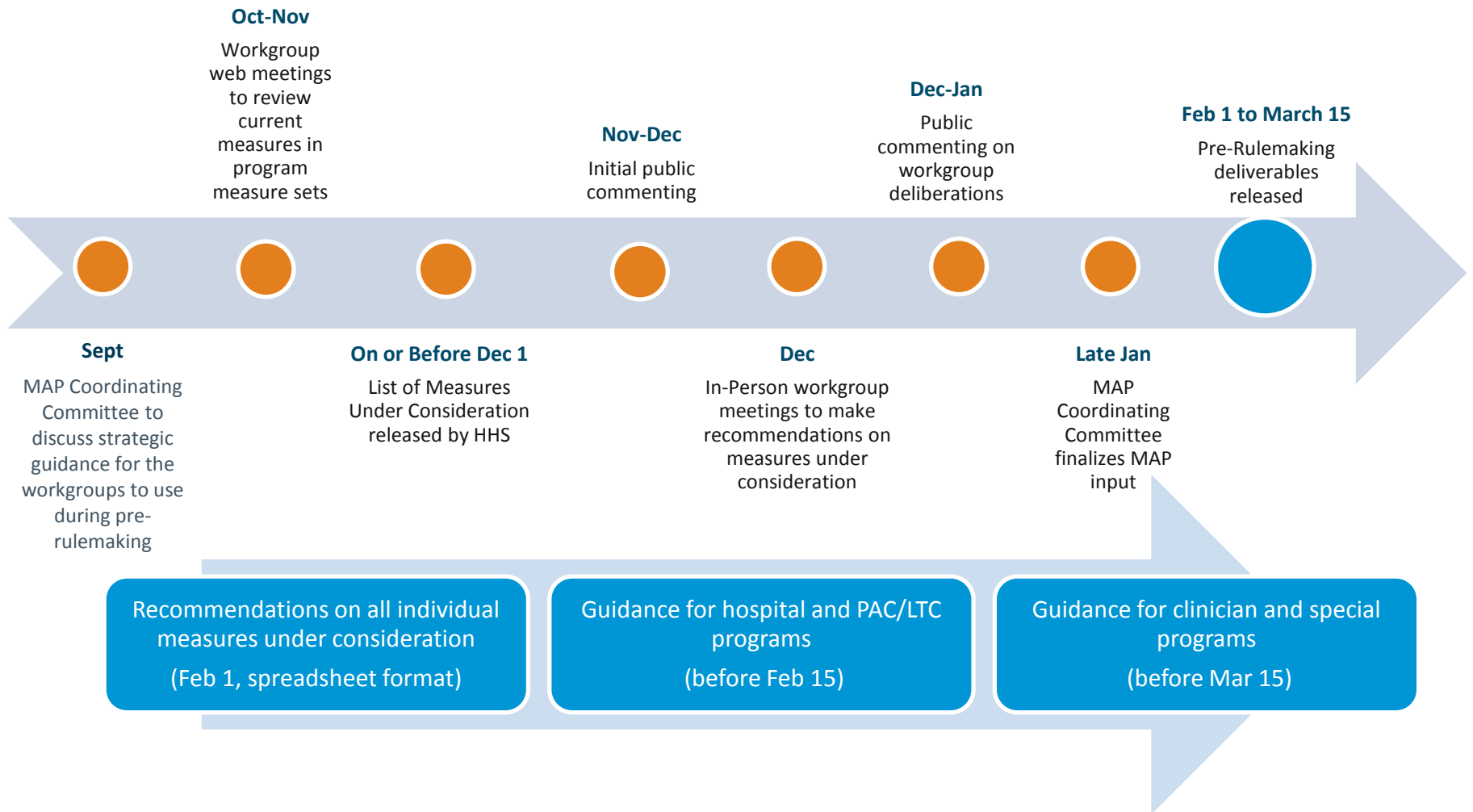
- Does the Workgroup have suggestions for refinement to future measurement in the high priority domains?
- What can the Clinician WG learn from the measures proposed to be removed from the measure set, particularly the “low bar” measures?

Opportunity for Public Comment

Next Steps

MAP Pre-Rulemaking Approach

A look at what to expect



Next Steps: Upcoming Activities

- All MAP Pre-rulemaking Process Web Meeting—November 16
- In-Person Meeting – December 12-13

Questions?