NATIONAL QUALITY FORUM

Measure Applications Partnership

Clinician Workgroup In-Person Meeting

December 12, 2017

Welcome, Introductions, Disclosures of Interest and Review of Meeting Objectives

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	Kevin Bowman, MD
CAPG*	Amy Nguyen, MD, MBA, FAAFP
Carolina's HealthCare System	Scott Furney, MD, FACP
Consumers' CHECKBOOK	Robert Krughoff, JD
Council of Medical Specialty Societies	Helen Burstin, MD, MPH, FACP
Genentech*	Dayo Jagun, MBBS, MPH
Health Partners, Inc.	Beth Averbeck, MD
Pacific Business Group on Health	Stephanie Glier, MPH
Patient-Centered Primary Care Collaborative	Ann Greiner, MS
Primary Care Information Project	Charlene Ngamwajasat, MD
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

MAP Clinician Team

John Bernot, MD
Senior Director

Hiral Dudhwala, MSN, MPH
Project Manager

Madison Jung
Project Analyst

Project Email:

MAPClinician@qualityforum.org

Agenda:

- Welcome, Introductions, Disclosures of Interest and Review of Meeting Objectives
- Review of Meaningful Measures Framework
- Overview of Pre-Rulemaking Approach
- Overview of the MIPS Cost Measures
- Review of MIPS MUCs: Cost/Resource Use, Appropriate Use, HIV, Functional Status, Urology, Vaccination, Vascular, Diabetes, Opioid
- MAP Rural Health
- Review of MSSP MUCs: Vascular and Diabetes

Agenda (continued):

- Input on Measure Removal Criteria
- Opportunity for Public Comment
- Summary of Day and Next Steps
- Adjourn

Meeting Objectives

Review and provide input on measures under consideration for federal programs applicable to clinicians and ACO care

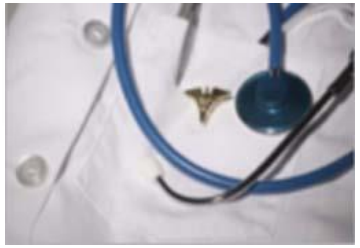
Discuss strategic issues related to clinician and ACO care

CMS Opening Remarks and Review of Meaningful Measures Framework

Pierre Yong, CMS

Meaningful Measures

Meaningful Measures



A New Approach to Meaningful Outcomes

Empower patients and doctors to make decision about their health care

Usher in a new era of state flexibility and local leadership

Support innovative approaches to improve quality, accessibility, and affordability

Improve the CMS customer experience

Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help:

- *Address high impact measure areas that safeguard public health*
- *Patient-centered and meaningful to patients*
- *Outcome-based where possible*
- *Relevant for and meaningful to providers*
- *Minimize level of burden for providers*
  - *Remove measures where performance is already very high and that are low value*
- *Significant opportunity for improvement*
- *Address measure needs for population based payment through alternative payment models*
- *Align across programs and/or with other payers (Medicaid, commercial payers)*

Meaningful Measures Framework

Meaningful Measure Areas Achieve:

- ✓ *High quality healthcare*
- ✓ *Meaningful outcomes for patients*

Criteria meaningful for patients and actionable for providers

Draws on measure work by:

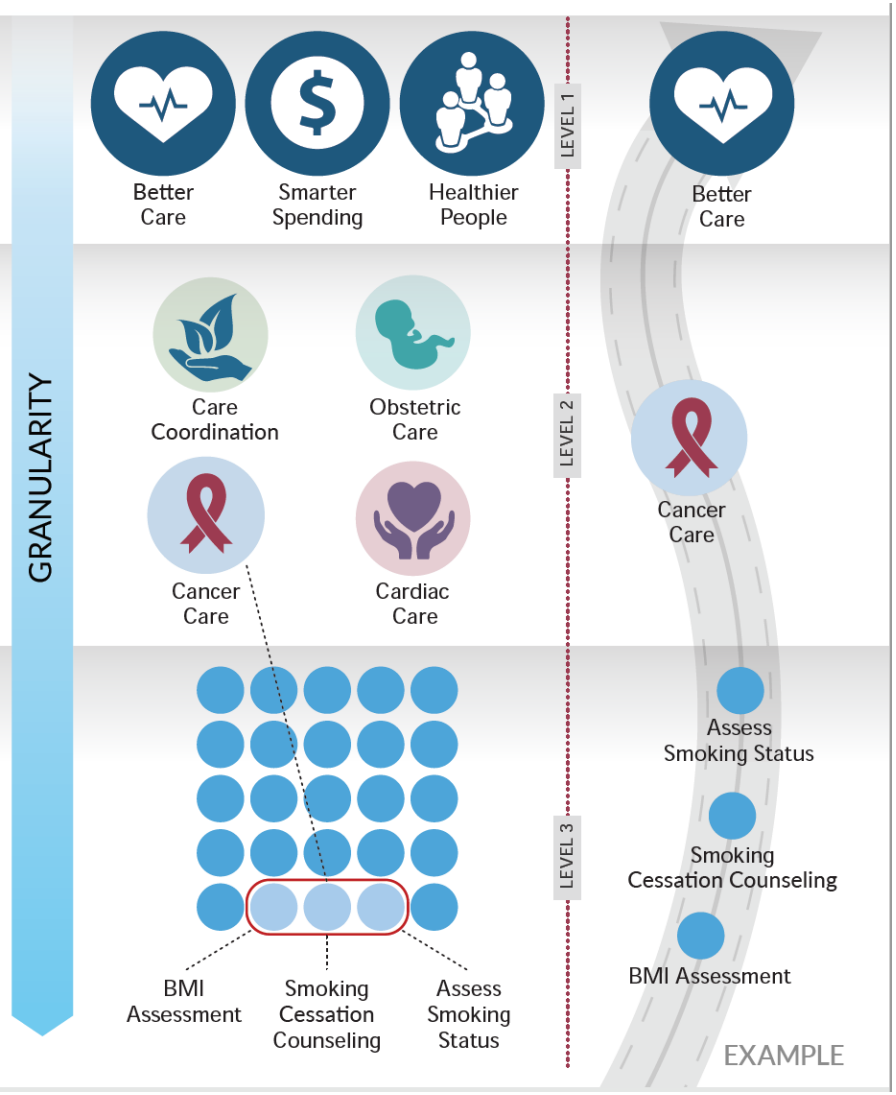
- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

Includes perspectives from experts and external stakeholders:

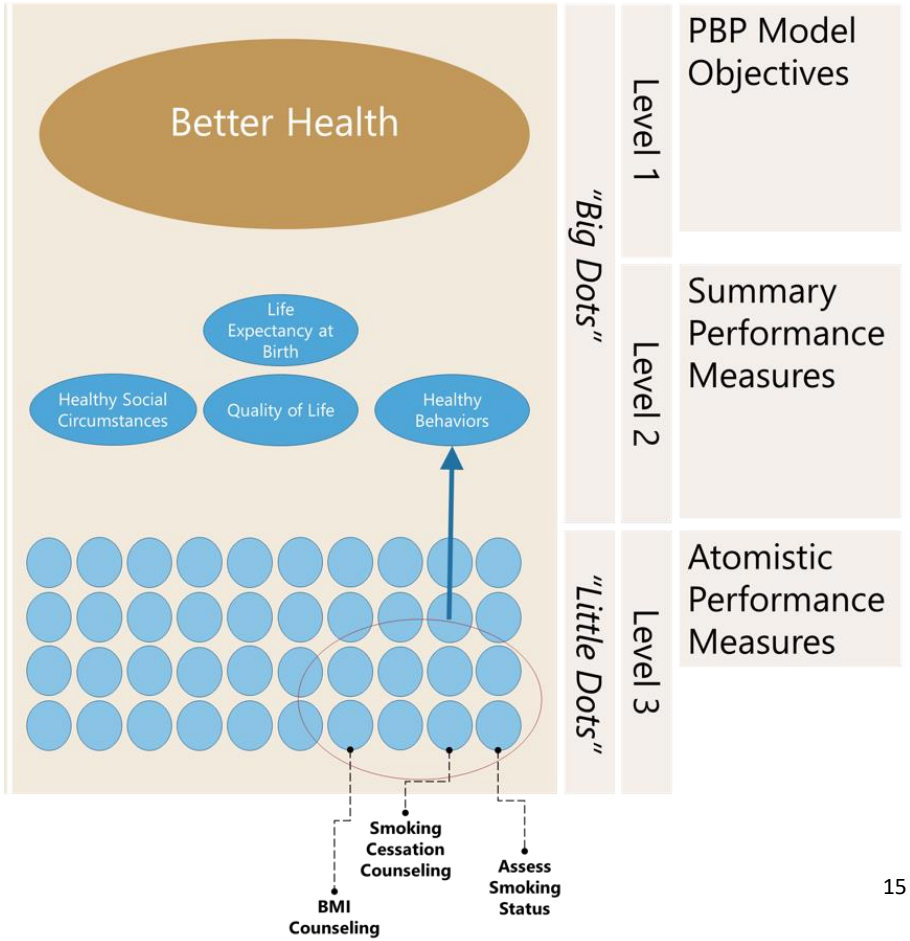
- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders

Quality Measures

Use Meaningful Measures to Achieve Goals, while Minimizing Burden



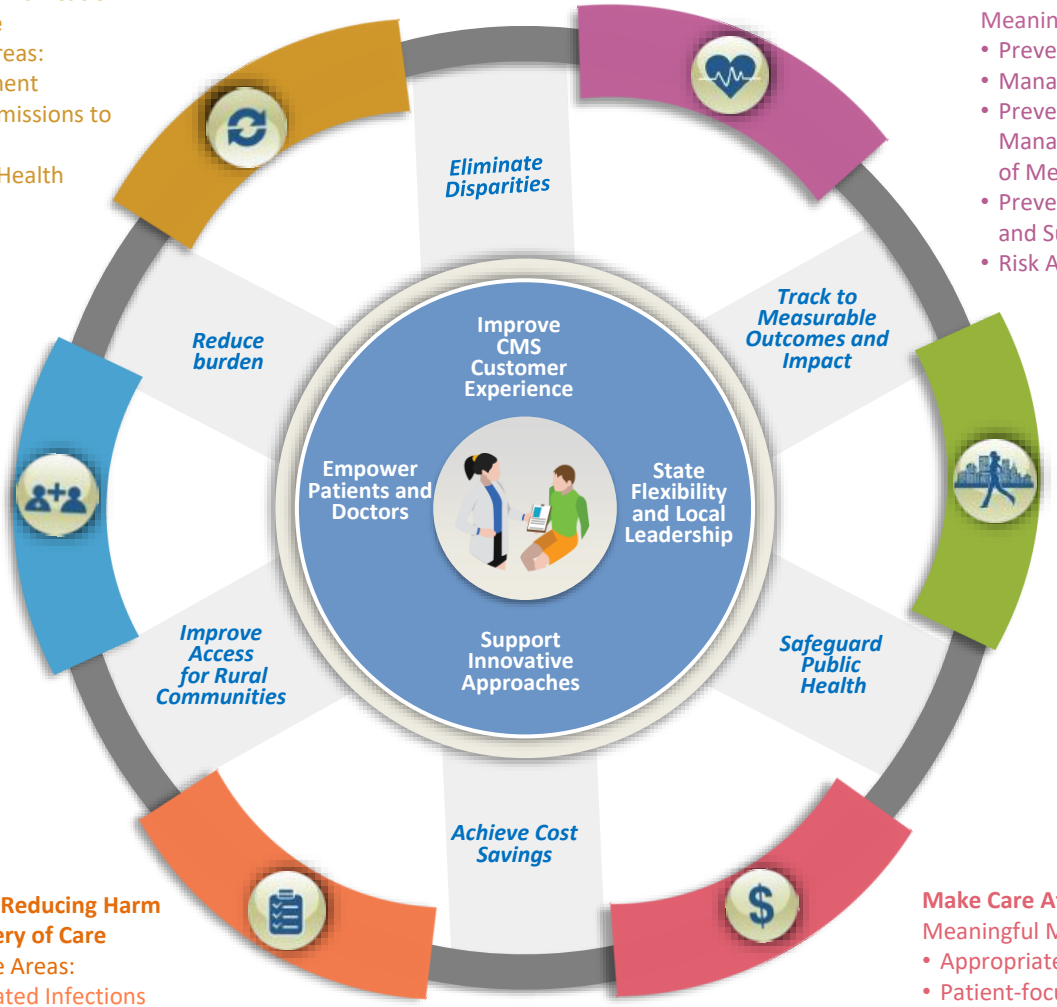
Drawing from the HCP LAN "Big Dot" Work



Meaningful Measures

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Seamless Transfer of Health Information

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality



Strengthen Person & Family Engagement as Partners in their Care
Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience and Functional Outcomes

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-Associated Infections
- Preventable Healthcare Harm

Make Care Affordable
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care

Patient Safety

Meaningful Measure Areas

Healthcare-Associated Infections

Preventable Healthcare Harm

Measures

Central Line-Associated Bloodstream Infection (CLABSI) HACRP, LTCH QRP, Medicaid & CHIP, QIO

Surgical Site Infections (SSI) IQR

Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure LTCH QRP, IRF QRP

Catheter-Associated Urinary Tract Infection (CAUTI) IRF QRP, LTCH QRP, QIO

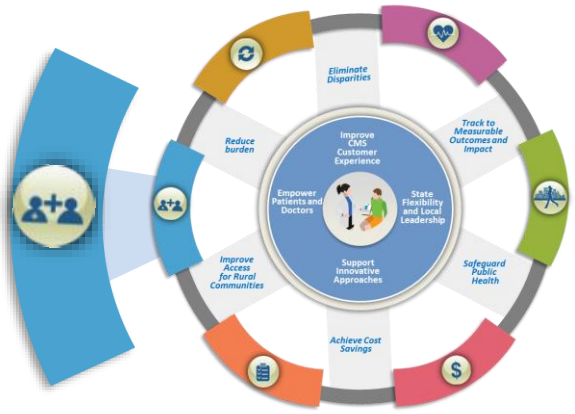
Early Elective Delivery Medicaid & CHIP

Percent of Patients or Residents with Pressure Ulcers that are New or Worsened IRF QRP, LTCH QRP, SNF QRP, HH QRP

Programs Using Illustrative Measures

Hospital-Acquired Condition Reduction Program (HACRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Hospital Inpatient Quality Reporting (IQR) Program
Home Health Quality Reporting Program (HH QRP)
Quality Improvement Organization (QIO)

Strengthen Person & Family Engagement as Partners in their Care



Person- and Family-Centered Care

Care is Personalized and Aligned with Patient's Goals

End of Life Care according to Preferences

Patient's Experience and Functional Outcomes

Meaningful Measure Areas

The Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function IRF QRP, LTCH QRP, SNF QRP, HH QRP

Care plan QPP

Hospice Visits while Death is Imminent HQRP

CAHPS® Hospice Survey: Getting Emotional and Religious Support HQRP

CAHPS In-Center Hemodialysis Survey ESRD QIP

Home and Community Based Services CAHPS Medicaid & CHIP

Functional Status Assessment for Total Hip Replacement QPP

Measures

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Hospice Quality Reporting Program (HQRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Home Health Quality Reporting Program (HH QRP)

Promote Effective Communication & Coordination of Care

Effective Communication and Care Coordination

Medication Management

Admissions and Readmissions to Hospitals

Seamless Transfer of Health Information

Meaningful Measure Areas

- Use of High Risk Medications in the Elderly QPP
- Medication Reconciliation Post-Discharge MSSP
- Drug Regimen Review Conducted with Follow-Up for Identified Issues IRF QRP, LTCH QRP, SNF QRP, HH QRP
- Standardized Readmission Ratio (SRR) ESRD QIP
- Plan All-Cause Readmissions Medicaid & CHIP
- Use of an Electronic Health Record IPFQR, QIO

Measures

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Medicare Shared Savings Program (MSSP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Home Health Quality Reporting Program (HH QRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Quality Improvement Organization (QIO)

Promote Effective Prevention & Treatment of Chronic Disease

Prevention and Treatment of Leading Causes of Morbidity and Mortality

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Meaningful Measure Areas

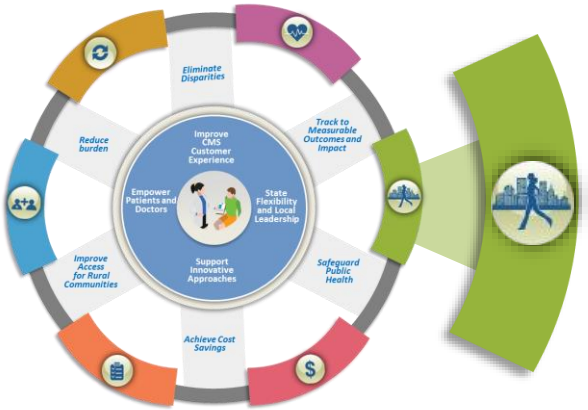
Measures

- Influenza Immunization Received for Current Flu Season HH QRP
- Timeliness of Prenatal Care (PPC) Medicaid
- Osteoporosis Management in Women who Had a Fracture QPP
- Follow-up after hospitalization for Mental Illness IPFQR
- Alcohol Use Screening IPFQR
- Use of Opioids at High Dosage Medicaid & CHIP
- Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization HVBP

Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Quality Payment Program (QPP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Hospital Value-Based Purchasing (HVBP) Program

Work with Communities to Promote Best Practices of Healthy Living

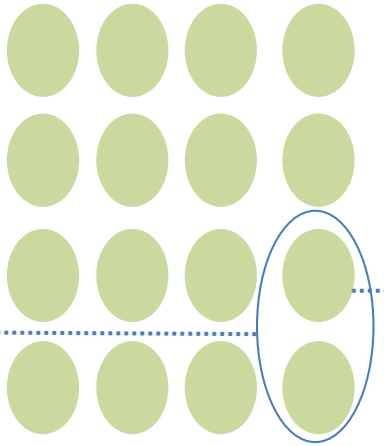


Health and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas



Measures

Discharge to Community-Post Acute Care HH QRP, LTCH QRP, IRF QRP, SNF QRP

Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Make Care Affordable

Affordable Care

Appropriate Use of Healthcare

Patient-focused Episode of Care

Risk Adjusted Total Cost of Care

Meaningful Measure Areas

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis QPP

Caesarean Section Medicaid & CHIP

Spinal Fusion Clinical Episode-Based Payment (Sfusion Payment) Measure IQR

Medicare Spending Per Beneficiary IRF QRP, LTCH QRP, SNF QRP, HH QRP

Hospital-Level, Risk-Standardized Payment Associated with a 30-day Episode-of-Care for Heart Failure (HF) HVBP

Oncology Care Model CMMI

Total Per Capita Costs for All Attributed Beneficiaries VM

Measures

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Hospital Inpatient Quality Reporting (IQR) Program
Hospital Value-Based Purchasing (HVBP) Program
Center for Medicare and Medicaid Innovation (CMMI)
Value Modifier (VM) Program
Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Meaningful Measures Next Steps

- Get stakeholder input to further improve the Meaningful Measures framework
- Work across CMS components to implement the framework
- Evaluate current measure sets and inform measure development

Meaningful Measures Summary

Meaningful Measure Areas

Guiding CMS's efforts to achieve better health and healthcare for the patients and families we serve

Give us your feedback!

Pierre.Yong@cms.hhs.gov
Theodore.Long@cms.hhs.gov

Overview of Pre-Rulemaking Approach

Hiral Dudhwala, Project Manager, NQF

Approach

The approach to the analysis and selection of measures is a three-step process:

- Provide program overview
- Review current measures
- Evaluate MUCs for what they would add to the program measure set

Evaluate Measures Under Consideration

- MAP Workgroups must reach a decision about every measure under consideration
  - *Decision categories are standardized for consistency*
  - *Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached*

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's consent calendar voting process, NQF staff will conduct a preliminary analysis of each measure under consideration.

The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration. This algorithm was:

- Developed from the MAP Measure Selection Criteria and approved by the MAP Coordinating Committee to evaluate each measure
- Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

MAP Preliminary Analysis Algorithm

1. The measure addresses a critical quality objective not adequately addressed by the measures in the program set
2. The measure is evidence-based and is either strongly linked to outcomes or an outcome measure
3. The measure addresses a quality challenge.
4. The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.
5. The measure can be feasibly reported.
6. The measure is reliable and valid for the level of analysis, program, and/or setting(s) for which it is being considered.
7. If a measure is in current use, no unreasonable implementation issues that outweigh the benefits of the measure have been identified.

MAP Decision Categories

Decision Category	Evaluation Criteria
Support for Rulemaking	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	The measure is fully developed and tested and meets assessments 1-6. MAP will provide a rationale that outlines the conditions (e.g., NQF endorsement) based on assessments 4-7 (reference Table 2 below) that should be met. Ideally the conditions specified by MAP would be met before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified conditions without resubmitting the measure to MAP prior to rulemaking.
Refine and Resubmit for Rulemaking	The measure meets assessments 1-3, but needs modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested refinement (e.g., measure is not fully developed and tested OR there are opportunities for improvement under evaluation). Ideally the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to the MAP prior to rulemaking. CMS may informally, without deliberations and voting, review these refinements via the "feedback loop" with the MAP. These updates may occur during the web meetings of the MAP workgroups scheduled annually in the fall.
Do Not Support for Rulemaking	The measure under consideration does not meet one or more of assessments 1-3.

Guidance on Refine and Resubmit

- Concerns were raised about this category during the fall web meetings
- The Coordinating Committee created this category with the thought that MUCs receiving this designation would be brought back to MAP before implementation.
- HHS Secretary has statutory authority to propose measures after considering MAP's recommendations.
- The feedback loop was implemented to provide MAP members updates on measures on prior MUC lists.
- The Coordinating Committee will review the decision categories at their January meeting.

Guidance on Refine and Resubmit

- The Coordinating Committee discussed the concerns raised by the Workgroups during its 11/30 meeting
  - *Reiterated the intent of the decision was to support the concept of a measure but recognize a potentially significant issue that should be addressed before implementation*
- The Committee suggested this category should be used judiciously
  - *The Coordinating Committee recommended that the Workgroups use this decision when a measure needs a substantive change*
  - *The Committee also noted the need for Workgroups to clarify the suggested refinement to the measure*

MAP Measure Selection Criteria

1	NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2	Program measure set adequately addresses each of the National Quality Strategy's three aims
3	Program measure set is responsive to specific program goals and requirements
4	Program measure set includes an appropriate mix of measure types
5	Program measure set enables measurement of person- and family-centered care and services
6	Program measure set includes considerations for healthcare disparities and cultural competency
7	Program measure set promotes parsimony and alignment

MAP Voting Instructions

Key Voting Principles

- MAP has established a consensus threshold of greater than 60 percent of participants.
  - *Multiple stakeholder groups would need to agree to reach this threshold.*
  - *Abstentions do not count in the denominator.*
- Every measure under consideration receives a decision, either individually or as part of a slate of measures.
  - *All measures are voted on or accepted as parted of the consent calendar.*
- Workgroups and will be expected to reach a decision on every measure under consideration. There will not be a category of "split decisions" that would mean the Coordinating Committee decides on that measure. However, the Coordinating Committee may decide to continue discussion on a particularly important matter of program policy or strategy.

Key Voting Principles

- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin.
- The in-person meeting Discussion Guide will organize content as follows:
  - *Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting. The groups are likely to be organized around programs (Hospital and PAC/LTC) or condition categories (Clinician/Medicaid).*
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
  - *The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support, refine and resubmit) and provide rationale to support how that conclusion was reached.*

Voting Procedure

Step 1. Staff will review a Preliminary Analysis Consent Calendar

- Staff will present each group of measures as a consent calendar reflecting the result of the preliminary analysis using MAP selection criteria and programmatic objectives

Voting Procedure

Step 2. MUCs can be pulled from the Consent Calendar and become regular agenda items

- The co-chairs will ask the Workgroup members to identify any MUCs they would like to pull off the consent calendar. Any Workgroup member can ask that one or more MUCs on the consent calendar be removed for individual discussion. Workgroup members are asked to identify any MUCs to be pulled off for individual discussion prior to the in-person meeting, if possible.
- Workgroup members should clarify if they are pulling a measure for discussion only or if they disagree with the preliminary analysis and would like to vote on a new motion.
- Measures pulled for discussion will focus on resolving clarifying questions.
  - *If during the course of discussion, a workgroup member determines the discussion has shown the need for a new vote a workgroup member can put forward a motion.*
- Potential reasons members can pull measures:
  - *Disagreement with the preliminary analysis*
  - *New information is available that would change the results of the algorithm*
- Once all measures that the Workgroup would like to discuss are removed from the consent calendar, the co-chair will ask if there is any objection to accepting the preliminary analysis and recommendation of the MUCs remaining on the consent calendar
- If a measure is not removed from the consent calendar the associated recommendations will be accepted without discussion

Voting Procedure

Step 3. Discussion and Voting on Measures Identified for a New Motion

- Workgroup member(s) who identified the need for discussion describe their perspective on the use of the measure and how it differs from the preliminary recommendation in the discussion guide.
  - *If a motion is for conditional support or refine and resubmit the member making the making should clarify and announce the conditions or suggested refinements.*
- Workgroup member(s) assigned as lead discussant(s) for the relevant group of measures will be asked to respond to the individual(s) who requested discussion. Lead discussant(s) should state their own point of view, whether or not it is in agreement with the preliminary recommendation or the divergent opinion.
- The co-chair will then open for discussion among the Workgroup. Other workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
- After the discussion, the Workgroup member who made the motion has the option to withdraw the motion. Otherwise, the Workgroup will be asked to vote on the motion.
  - *If the motion is for conditional support or refine and resubmit the chair can accept additional conditions or suggested refinement based on the Workgroup's discussion.*
  - *If the named conditions or refinements directly contradict each other, the chair should ask for a separate motion after the original motion has been subject to a vote.*

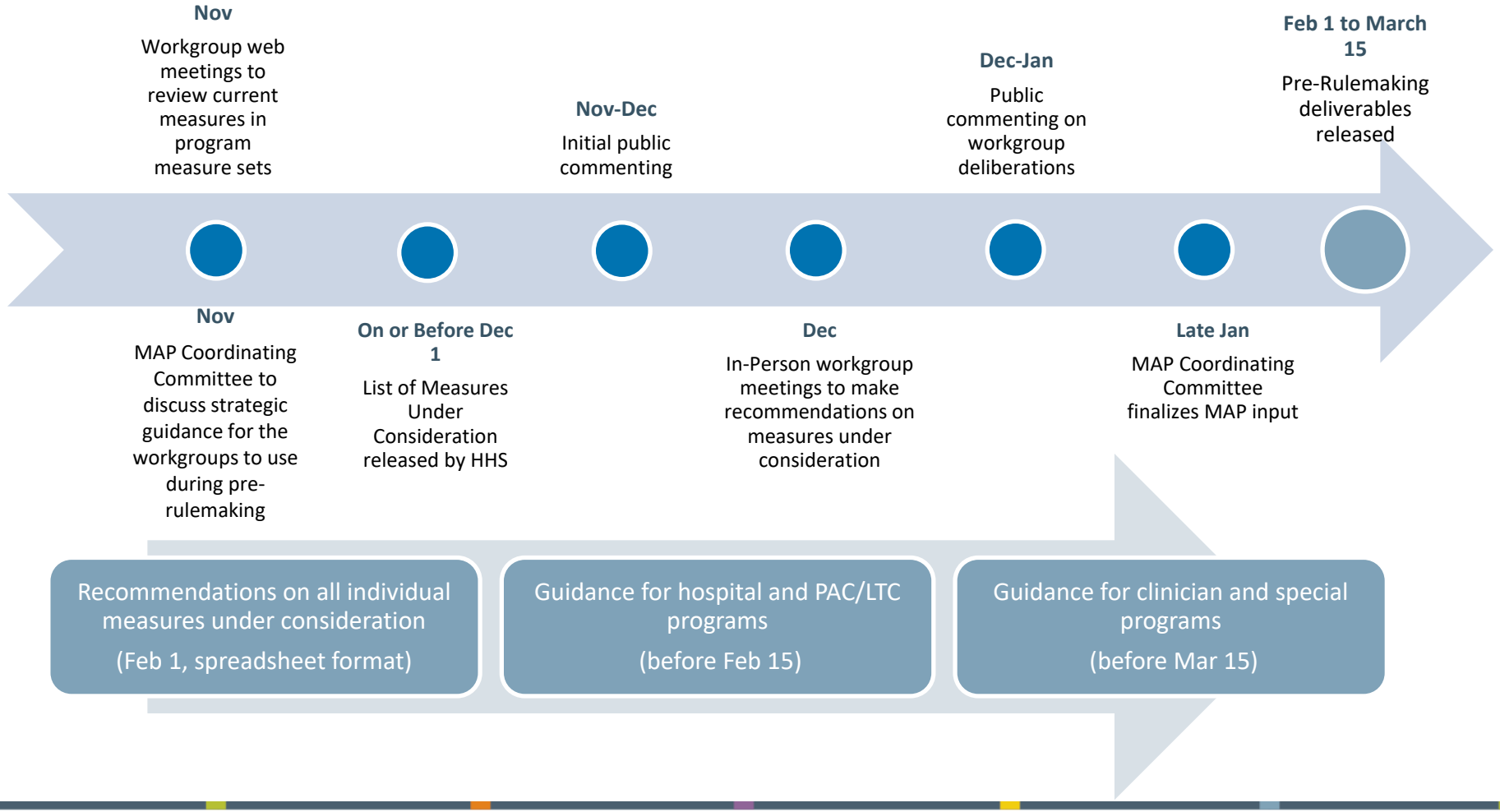
Voting Procedure
Step 4: Tallying the Votes

- If the motion put forward by the workgroup member receives greater than 60% of the votes, the motion will pass and the measure will receive that decision.
- If the motion does not receive greater than 60% of the votes, the co-Chairs will resume discussion to develop another motion. To start discussion, the co-chairs will ask for another motion. If that motion receives greater than 60% of the votes, the motion will pass. If not, discussion will resume.
- If a no motion put forward by the Workgroup achieves greater than 60% the preliminary analysis decision will stand.
- Abstentions are discouraged but will not count in the denominator

Commenting Guidelines

- Comments from the early public comment period have been incorporated into the discussion guide
- There will be an opportunity for public comment before the discussion on each program.
  - *Commenters are asked to limit their comments to that program and limit comments to **two minutes.***
  - *Commenters are asked to make any comments on MUCs or opportunities to improve the current measure set at this time*
- There will be a global public comment period at the end of each day.
- Public comment on the Workgroup recommendations will run from December 21st 2016—January 11th, 2017.
  - *These comments will be considered by the MAP Coordinating Committee and submitted to CMS.*

MAP Approach to Pre-Rulemaking: A look at what to expect



Timeline of Upcoming Activities

Release of the MUC List – November 30

Public Comment Period #1 – November 30-December 7

In-Person Meetings

- Clinician Workgroup – December 12
- PAC/LTC Workgroup – December 13
- Hospital Workgroup – December 14
- Coordinating Committee – January 25-26

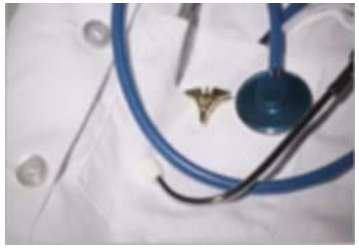
Public Comment Period #2 – December 21-January 11

Overview of the MIPS Cost Measures

Theodore Long, CMS

Reena Duseja, CMS

Quality Payment Program
Episode-Based Cost Measures



Measure Applications Partnership
Clinician Workgroup Meeting

December 12, 2017

Eight Episode-Based Cost Measures Developed for Potential Use In MIPS

- CMS is submitting 8 episode-based cost measures for the Merit-based Incentive Payment System (MIPS) for the MAP's consideration
- These 8 measures have been developed with extensive stakeholder input to meet the mandate of MACRA
  - Input gathered from clinicians, specialty societies, patient and family representatives, subject matter experts, and other stakeholders

MUC ID	Cost Measure Title
MUC17-235	Routine Cataract Removal with Intraocular Lens (IOL) Implantation
MUC17-256	Screening/Surveillance Colonoscopy
MUC17-261	Knee Arthroplasty
MUC17-262	ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)
MUC17-263	Revascularization for Lower Extremity Chronic Critical Limb Ischemia
MUC17-359	Elective Outpatient Percutaneous Coronary Intervention (PCI)
MUC17-363	Intracranial Hemorrhage Or Cerebral Infarction
MUC17-365	Simple Pneumonia with Hospitalization

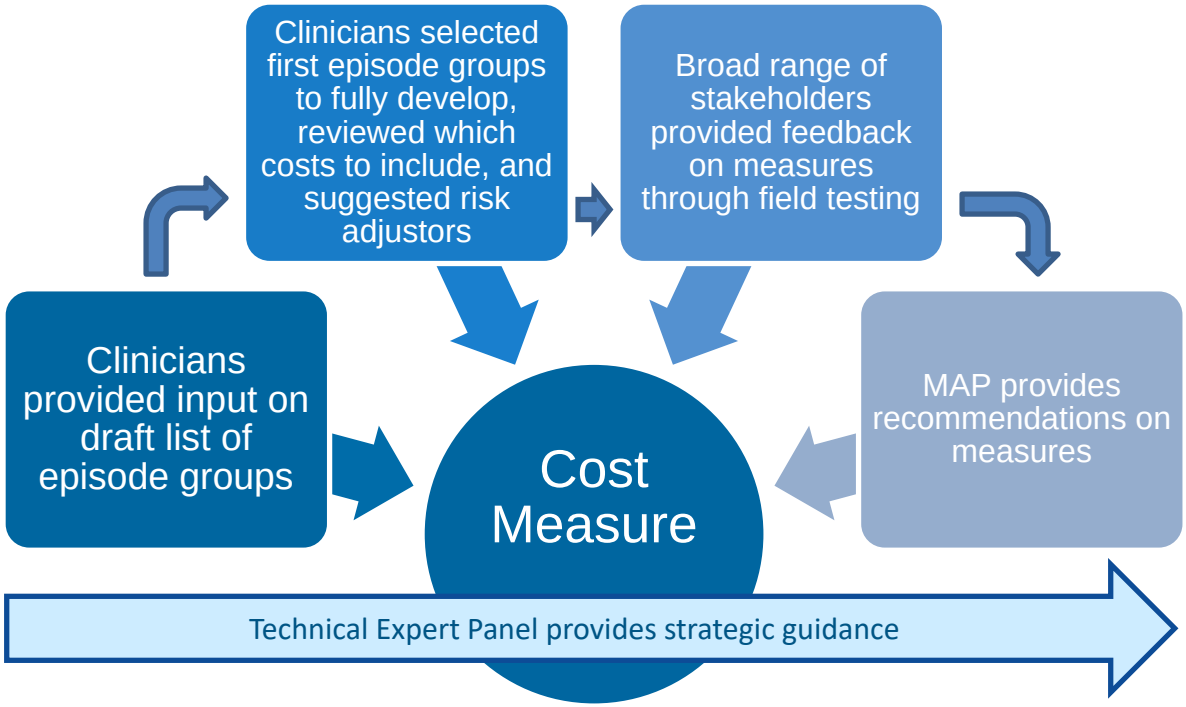
Cost Measures Include Five Essential Components

- A cost measure represents the Medicare payments for the medical care furnished to a patient during an episode of care
- A cost measure has 5 essential components:

1	2	3	4	5
Defining the episode group	Attributing the episode group to clinicians	Assigning costs to the episode group	Risk adjusting episode groups	Aligning cost with quality

Cost Measure Development Process Involves Extensive Stakeholder Input

- Broad range of stakeholders have provided input into each component of the cost measures throughout development
  - Input has been gathered through Technical Expert Panel, Clinical Committees and Subcommittees, public comment, and field testing



Cost Measure Development Process Involves Extensive Stakeholder Input

Technical Expert Panel (TEP)

- Serves a high-level advisory role and provides guidance on overall direction of measure development
- Includes representatives recruited through public call for nominations from specialty societies, academia, healthcare administration, and person and family organizations
- Meetings in August 2016, December 2016, March 2017, and August 2017

Clinical Committee (CC)

- Provided expert input to develop draft list of episode groups and trigger codes
- Initial input activities occurred in August-September 2016
- 70+ clinical experts from 50+ professional societies recruited through public call for nominations

Clinical Subcommittees (CS)

- Build upon the feedback received through the first CC in August-September 2016
- 7 CS that began work in May 2017 represent the first of multiple waves of 18+ CS being convened for this project
- Include nearly 150 clinicians from nearly 100 professional societies recruited through public call for nominations
- Provide clinical input to build out all components of procedural and acute inpatient medical condition episode groups

Technical Expert Panel and Clinical Subcommittees Provide Input on Each Component of Cost Measures

1. **Defining an episode group:**
   ☑TEP #1 and #3: Provided guidance on essential concepts for defining an episode group and prioritizing episode groups for development
   ☑Clinical Committee #1: Identified conditions/procedures for episode groups, selected trigger codes
   ☑Clinical Subcommittees (Wave 1): Reviewed and refined draft list of episode groups and trigger codes
2. **Attributing to clinicians**:
   ☑TEP #2: Provided feedback on potential rules for attributing episode groups to clinicians
   ☑Clinical Subcommittees (Wave 1): Recommended rules to assign clinician responsibility for episodes
3. **Assigning costs**:
   ☑TEP #2: Provided input on approaches for assigning costs to episode groups
   ☑Clinical Subcommittees (Wave 1): Selected which claims are counted in episode costs
4. **Risk adjusting**:
   ☑TEP #4: Provided feedback on potential risk adjustment approaches
   ☑Clinical Subcommittees (Wave 1): Identified relevant patient characteristics for use in statistical models
5. **Aligning with quality**:
   ☑TEP #1 and #3: Provided feedback on approaches for aligning of cost and quality
   ☑Clinical Subcommittees (Wave 1): Considered potential for aligning cost with quality when selecting episode groups to develop and providing input on triggers

Broad Feedback Received Through Cost Measures Field Testing

- Field testing took place nationally from October 16 to November 20, 2017
  - Medicare clinicians and clinician groups that were attributed at least 10 episodes for one or more measures could access a confidential report on the CMS Enterprise Portal
  - Over 1,300 TIN reports and 10,000 TIN-NPI reports were accessed
- Key feedback about the measures
  - Appreciated the level of clinician engagement throughout measure development
  - Detailed suggestions provided regarding specific trigger and assigned services codes employed
  - Specific feedback on how to improve presentation in reporting
- Supplementary Documentation Posted on CMS Website
  - Mock Field Test Report
  - Draft Measure Specifications
  - Draft Measure Codes List
  - FAQ
  - Fact Sheet
- Field Test Reports Distributed to Clinicians and Clinician Groups Nationally

Episode-Based Cost Measures		Episode Count for Your TIN	Average Episode Risk Score Percentile	Cost Measure Score		Percent Difference Between Your TIN's Average Risk-Adjusted Episode Cost and National Average Risk-Adjusted Episode Cost	Percent Difference Between Your TIN's Average Risk-Adjusted Episode Cost and National Average Risk-Adjusted Episode Cost
Type	Name			Your TIN	National Average		Less Cost to Medicare / More Cost to Medicare
Procedural	Elective Outpatient PCI	149	37th	$11,048	$10,902	1%	1%
Procedural	Knee Arthroplasty	472	83rd	$18,493	$19,379	-5%	-5%
Procedural	Revascularization For Lower Extremity Chronic Critical Limb Ischemia	157	57th	$33,762	$23,021	47%	47%

Cost Measures Address Key Criteria for Potential Use in MIPS

- Addresses CMS's priority of making quality care more affordable
- Developed to meet the mandate of MACRA section 101(f)
- Developed to incorporate detailed clinical input in each component
- Fully specified measures can be operationalized using claims data
- Measures have demonstrated reliability and validity

Question & Answer

Public Comment: Cost/Resource Use Measures Under Consideration

Cost/Resource Use Measures (MIPS)

- **Consent Calendar 1:**
  - *MUC17-235: Routine Cataract Removal with Intraocular Lens (IOL) Implantation*
  - *MUC17-256: Screening/Surveillance Colonoscopy*
  - *MUC17-261: Knee Arthroplasty*
  - *MUC17-262: ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)*
  - *MUC17-263: Revascularization for Lower Extremity Chronic Limb Ischemia*
  - *MUC17-359: Elective Outpatient Percutaneous Coronary Intervention (PCI)*
  - *MUC17-363: Intracranial Hemorrhage or Cerebral Infarction*
  - *MUC17-365: Simple Pneumonia with Hospitalization*

Break

Public Comment: Opioid Use Measure Under Consideration

Opioid Use Measure (MIPS)

- **Consent Calendar 2:**
  - *MUC17-139: Continuity of Pharmacotherapy for Opioid Use Disorder*

Public Comment: HIV Measure Under Consideration

HIV Measure (MIPS)

- **Consent Calendar 3:**
  - *MUC17-367: HIV Screening*

Public Comment: Functional Status Measures Under Consideration

Functional Status Measures (MIPS)

- **Consent Calendar 4:**
  - *MUC17-168: Average change in functional status following lumbar spine fusion surgery*
  - *MUC17-169: Average change in functional status following total knee replacement surgery*
  - *MUC17-170: Average change in functional status following lumbar discectomy laminotomy surgery*
  - *MUC17-177: Average change in leg pain following lumbar spine fusion surgery*

Lunch

MAP Rural Health Introduction

Karen Johnson, Senior Director, NQF

2015 Rural Project: Purpose and Objectives

- To provide multistakeholder information and guidance on performance measurement issues and challenges for rural providers
  - *Make recommendations regarding measures appropriate for use in CMS pay-for-performance programs for rural hospitals and clinicians*
  - *Make recommendations to help mitigate measurement challenges for rural providers, including the low-case volume challenge*
  - *Identify measurement gaps for rural hospitals and clinicians*

Key Issues Regarding Measurement of Rural Providers

- Geographic isolation
- Small practice size
- Heterogeneity
- Low case-volume

Previous Rural Work: Overarching Recommendation

- Make participation in CMS quality measurement and quality improvement programs mandatory for all rural providers, but allow a phased approach for full participation across program types and explicitly address low-case volume

Previous Rural Work: Supporting Recommendations for Measure selection

- Use guiding principles for selecting quality measures that are relevant for rural providers
- Use a core set of measures, along with a menu of optional measures, for rural providers
- Consider measures that are used in Patient-Centered Medical Home models
- Create a Measures Applications Partnership (MAP) workgroup to advise CMS on the selection of rural-relevant measures

Objectives for 2017-2018 MAP Rural Health Workgroup

- Advise MAP on selecting performance measures that address the unique challenges, issues, health care needs and other factors that impact of rural residents
  - *Develop a set of criteria for selecting measures and measure concepts*
  - *Identify a core set(s) of the best available (i.e., "rural relevant") measures to address the needs of the rural population*
  - *Identify rural-relevant gaps in measurement*
  - *Provide recommendations regarding alignment and coordination of measurements efforts across programs, care settings, specialties, and sectors (both public and private)*
  - *Address a measurement topic relevant to vulnerable individuals in rural areas*

Interaction With Other MAP Workgroups and Coordinating Committee

- NQF staff will introduce the Rural Workgroup and represent rural perspective at Nov-Dec 2017 Workgroup and Coordinating Committee meetings
- The MAP Coordinating Committee will consider input from the MAP Rural Health Workgroup during pre-rulemaking activities
- MAP Coordinating Committee will review and approve the Rural Health Workgroup's recommendations before finalizing (August 2018)

Progress to date

- Seated the Workgroup
  - *18 organizational members*
  - *7 subject matter experts*
  - *3 federal liaisons*
- Convened orientation meeting on November 29
- Obtained initial guidance on criteria for identifying core set measures
  - *NQF endorsement*
  - *Addresses low case volume*
  - *Cross-cutting*
  - *Several "must-have" topic areas/conditions*

Discussion Questions: Your Advice to the Rural Health MAP Workgroup

- What are the key issues measurement for clinician programs that you want to RH WG to keep in mind?
- Does the initial guidance from the RH WG concerning core measures (e.g., cross-cutting, etc.) ring true? Any concerns? Any additions?
- Going forward, what information/guidance/input from the RH WG be helpful to your work on MAP?
- What advice can you give this new WG vis-à-vis serving on a MAP Workgroup?

Public Comment: Urology Measure Under Consideration

Urology Measure (MIPS)

- **Consent Calendar 5:**
  - *MUC17-239: International Prostate Symptom Score (IPSS) or American Urological Association-Symptom Index (AUA-SI) change 6-12 months after diagnosis of Benign Prostatic Hyperplasia*

Public Comment: Vaccination Measure Under Consideration

Vaccination Measure (MIPS)

- **Consent Calendar 6:**
  - *MUC17-310: Zoster (Shingles) Vaccination*

Break

Public Comment: Appropriate Use Measure Under Consideration

Appropriate Use Measure (MIPS)

- **Consent Calendar 7:**
  - *MUC17-173: Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture*

Public Comment: Vascular Measures Under Consideration

Vascular Measures (MIPS/MSSP)

- **Consent Calendar 8:**
  - *MUC17-194: Optimal Vascular Care*
  - *MUC17-234: Ischemic Vascular Disease Use of Aspirin or Anti-platelet Medication**
  - *MUC17-345: Patient reported and clinical outcomes following ilio-femoral venous stenting*

**This measure is under consideration for both MIPS and MSSP.*

Public Comment: Diabetes Measure Under Consideration

Diabetes Measure (MIPS/MSSP)

- **Consent Calendar 9:**
  - *MUC17-181: Optimal Diabetes Care**
  - *MUC17-215: Diabetes A1c Control (< 8.0)**

**This measure is under consideration for both MIPS and MSSP.*

Input on Measure Removal Criteria

Pierre Yong, CMS

Workgroup Discussion

- What criteria should CMS consider as it reviews the measure sets for its quality reporting and value-based purchasing programs?

Considerations for Measure Removals

- **Meaningful to patients and providers**
  - *Patient-centered high priority quality measures current with clinical guidelines. May also need to meet specific statutory requirements.*
- **Measure Type**
  - *Outcome measures are preferred.*
- **Variation in performance**
  - *Measure should demonstrate variation in performance.*
- **Burden**
  - *Consider amount of burden associated with the measure.*

CMS Criteria for Measure Removals

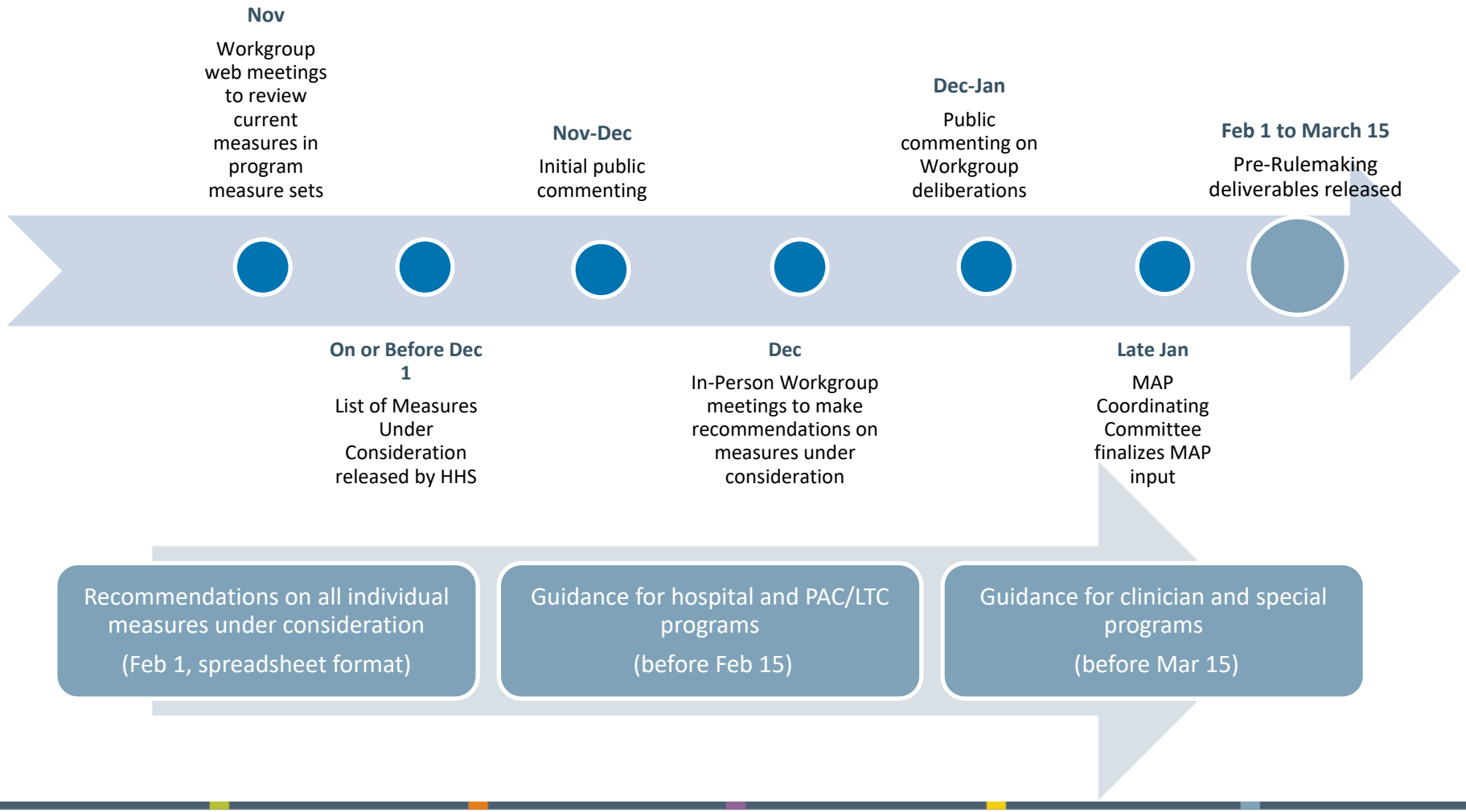
- **Unintended consequences**
  - *Consider unintended consequences from use of the measure.*
- **Operational issues**
  - *Consider operational issues that may impact the measure.*
- **Alignment**
  - *Consider alignment of similar measures with private payers, and across and within CMS programs while minimizing unnecessary duplication of measures and measure concepts.*

Opportunity for Public Comment

Summary of Day and Next Steps

MAP Approach to Pre-Rulemaking

A look at what to expect



Next Steps: Upcoming Activities

- In-Person Meetings
  - PAC/LTC Workgroup: December 13
  - Hospital Workgroup: December 14
  - Coordinating Committee: January 25-26

- Public Comment Period #2: December 21-January 11

Contact Information

- Project page
  - *http://www.qualityforum.org/MAP_Clinician_Workgroup.aspx*
- Workgroup SharePoint site
  - *http://share.qualityforum.org/Projects/MAP%20Clinician%20Workgroup/SitePages/Home.aspx*
- Email: MAP Clinician
  - *mapclinician@qualityforum.org*

Adjourn