



MAP Clinician Workgroup Web Meeting  
August 29, 2013 | 10:00 am – 12:00 pm ET

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### Participant Instructions:

Follow the instructions below 15 minutes prior to the scheduled start time.

1. Direct your web browser to the following URL: [nqf.commpartners.com](http://nqf.commpartners.com).
2. Under “Enter a meeting,” type in the meeting number **479683** and click on “Enter.”
3. In the “Display Name” field, type in your first and last name and click on “Enter Meeting.”
4. Dial **1-855-452-6871** and use confirmation code **32532505**.

If you need technical assistance, you may press \*0 to alert an operator or send an email to [nqf@commpartners.com](mailto:nqf@commpartners.com).

### Meeting Objectives:

- Provide input on a currently finalized measures for the Physician Quality Reporting System (PQRS); and
- Consider whether the currently finalized PQRS measures should also be used in Physician Compare and the Value-Based Payment Modifier.

<b>10:00 am</b>	<b>Welcome and Review of Meeting Objectives</b> <i>Mark McClellan, Workgroup Chair</i>
<b>10:10 am</b>	<b>Revisit Clinician Workgroup Guiding Principles</b>
<b>10:30 am</b>	<b>Input on Finalized Measures for the Physician Quality Reporting System and Measures for Inclusion in Physician Compare and the Value-Based Payment Modifier</b> <ul style="list-style-type: none"><li>• Review and discuss results of pre-meeting exercise</li><li>• Finalize conclusions and rationale for measures</li></ul>
<i>10:30</i>	<i>Cardiovascular Measures</i>
<i>11:00</i>	<i>Endocrine and Renal Measures</i>
<i>11:20</i>	<i>Neurology and Behavioral Measures</i>
<b>11:40 am</b>	<b>Opportunity for Public comment</b>
<b>11:50 am</b>	<b>Next Steps/Process Improvements</b> <i>Aisha Pittman, Senior Director, Strategic Partnerships, NQF</i>
<b>12:00 pm</b>	<b>Adjourn</b>

# Measure Applications Partnership

## Clinician Workgroup Web Meeting



NATIONAL  
QUALITY FORUM

*August 29, 2013*

## ***Welcome and Review of Meeting Objectives***

## Meeting Objectives

- Provide input on a currently finalized measures for the Physician Quality Reporting System (PQRS)
- Consider whether the currently finalized PQRS measures should also be used in Physician Compare and the Value-Based Payment Modifier.

## Agenda

- Welcome and Review of Meeting Objectives
- Revisit Clinician Workgroup Programs Guiding Principles
- Input on Finalized Measures for the Physician Quality Reporting System
- Measures for Inclusion in Value-Based Payment Modifier and Physician Compare
- Opportunity for Public Comment
- Next Steps

## Background

- During the past two pre-rulemaking cycles, the Department of Health and Human Services has asked MAP to review a large number of measures under consideration under challenging time constraints
- Workgroup found that the April 1 web meeting, to provide input on clinician group measures for Physician Compare and VBPM, allowed for thoughtful consideration and could be replicated prior to MAP's winter pre-rulemaking activities
- Through a series of web meetings, the Workgroup agreed to review currently finalized measure sets in advance of reviewing measures under consideration in December/January to create efficiencies for the winter pre-rulemaking meetings

## Review of Currently Finalized Program Measure Sets

### Pre-Meeting Exercise Recap

- Using the MAP Measure Selection Criteria and Clinician Guiding Principles, workgroup provided input on currently finalized measures for PQRS deciding on whether:
  - Measure should remain in PQRS
  - Measure should be included in Physician Compare and VBPM
- Total number of participants: 10
  - Cardiovascular Measures- 6
  - Endocrine/Renal Measures- 3
  - Neurology/Behavioral Health Measures- 1

## Review of Currently Finalized Program Measure Sets

### December Pre-Rulemaking Activities

- Evaluation of each finalized program measure set serves as a starting point for reviewing the measures under consideration by identifying:
  - Measure gaps
  - Opportunities for alignment
  - Potential measures for inclusion/removal
- Using this information, MAP will better be able to determine whether the measures under consideration will enhance the program measure sets

## *Revisit Clinician Workgroup Guiding Principles*

## MAP Measure Selection Criteria

1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review
2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities
3. Program measure set adequately addresses high-impact conditions relevant to the program's intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)
4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs
5. Program measure set includes an appropriate mix of measure types
6. Program measure set enables measurement across the person-centered episode of care
7. Program measure set includes considerations for healthcare disparities
8. Program measure set promotes parsimony

## Physician Quality Reporting System (PQRS)

- **Program Type:** Pay for Reporting
- **Incentive Structure:**
  - In 2012-2014: incentive payment equal to a percentage of the eligible professional's estimated total allowed charges for covered Medicare Part B services under the Medicare Physician Fee Schedule.
    - » 2% in 2010, gradually decreasing to 0.5% in 2014
  - In 2015, eligible professionals and group practices that do not satisfactorily report data on quality measures will receive a reduction in payment.
    - » 1.5% in 2015, and 2% in subsequent years
- **Statutory Requirements for Measures:** No specific types of measures required. Individual clinicians participating in the PQRS may select three measures (out of more than 200 measures) to report or may choose to report a specified measure group.

## PQRS Guiding Principles

- For NQF-endorsed measures:
  - Include NQF-endorsed measures relevant to clinician reporting to encourage engagement
- For measures that are not NQF-endorsed:
  - Remove measures that have had endorsement removed or have been submitted for endorsement and were not endorsed
  - Remove measures that are in endorsement reserve status (i.e., topped out), unless the measures are clinically relevant to specialties/subspecialties that do not currently have relevant measures
  - Measures selected for the program that are not NQF-endorsed should be submitted for endorsement

## Physician Compare

- **Program Type:** Public Reporting
- **Incentive Structure:** None
- **Statutory Requirements for Measures:** Measures from PQRS with a focus on:
  - Patient health outcomes and functional status
  - Continuity and coordination of care and care transitions
    - » Episodes of care
    - » Risk adjusted resource use
  - Efficiency
  - Patient experience and patient, caregiver, and family engagement
  - Safety, effectiveness, and timeliness of care

## Physician Compare Guiding Principles

- NQF-endorsed measures are preferred for public reporting programs over measures that are not endorsed or are in reserve status; measures that are not NQF-endorsed should be submitted for endorsement or removed
- Include measures that focus on outcomes and are meaningful to consumers and purchasers
- Focus on patient experience, patient-reported outcomes, care coordination, population health, and appropriate care measures
- To generate a comprehensive picture of quality, measure results should be aggregated, with drill-down capability for specific measure results

## Value-Based Payment Modifier (VBPM)

- **Program Type:** Pay for Performance
- **Incentive Structure:** For 2015, beginning with groups of physicians of 100 or more eligible professionals, payment adjustment amount is built on satisfactory reporting through PQRS
  - Successfully reporting through PQRS:
    - » Option for no quality tiering: 0% adjustment
    - » Option for quality tiering: up to -1% for poor performance, reward for high performance to be determined
  - Not successfully reporting through PQRS: -1% adjustment
- **Statutory Requirements for Measures:**
  - Must include a composite of appropriate, risk-based quality measures and a composite of appropriate cost measures
- Final rule indicated, for 2013 and beyond, the use of all individual measures under PQRS



## VBPM Guiding Principles

- NQF-endorsed measures are strongly preferred for pay-for-performance programs; measures that are not NQF-endorsed should be submitted for endorsement or removed
- Include measures that have been reported in a national program for at least one year and ideally can be linked with particular cost or resource use measures to capture value
- Focus on outcomes, composites, process measures that are proximal to outcomes, appropriate care, and care coordination measures
- Monitor for unintended consequences to vulnerable populations

## *Input on Finalized Measures for PQRS, VBPM, and Physician Compare*

# Cardiovascular

## Input on Measures Addressing Cardiovascular conditions- Retain in PQRS

- Preference for outcome or intermediate outcome measure
- Promotes alignment across federal programs and private measurement efforts
- Addresses high-impact conditions
- Measures that are not endorsed should be submitted for NQF endorsement

Measure #	Title (Abbreviated)
0018 Endorsed	Controlling High Blood Pressure
M1877 Not Endorsed	Hypertension: Blood Pressure Control
M1878 Not Endorsed	Hypertension: Low Density Lipoprotein (LDL-C) Control
M2274 Not Endorsed	Hypertension: Improvement in Blood Pressure
0066 Endorsed	CAD: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)
0067 Endorsed	CAD: Antiplatelet Therapy
0070 Endorsed	CAD: Beta-Blocker Therapy--Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)
0074 Endorsed	CAD: Lipid Control
M1033 Not Endorsed	CAD: Symptom Management
0079 Endorsed	HF: Left Ventricular Ejection Fraction Assessment (Outpatient Setting)
0081 Endorsed	HF: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction
0083 Endorsed	HF: Beta-blocker therapy for Left Ventricular Systolic Dysfunction
0068 Endorsed	IVD: Use of Aspirin or another Antithrombotic
0073 Endorsed	IVD: Blood Pressure Management
0075 Endorsed	IVD: Complete Lipid Profile and LDL Control <100
0076 Endorsed	Optimal Vascular Care
1525 Endorsed	Chronic Anticoagulation Therapy

**Input on Measures Addressing Cardiovascular Conditions – Retain in PQRS, Include in VBPM and Physician Compare**

- Out of the 17 measures recommended for retention in PQRS, 8 measures were also recommended for inclusion in VBPM and Physician Compare
- Promotes alignment across federal and private programs
- Outcome measures or important process measures that impact outcomes
- Fit for clinician accountability

Measure #	Title (Abbreviated)
0018 Endorsed	Controlling High Blood Pressure
0066 Endorsed	CAD: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)
0081 Endorsed	HF: Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction
0083 Endorsed	HF: Beta-blocker therapy for Left Ventricular Systolic Dysfunction
0068 Endorsed	IVD: Use of Aspirin or another Antithrombotic
0075 Endorsed	IVD: Complete Lipid Profile and LDL Control <100
0076 Endorsed	Optimal Vascular Care
1525 Endorsed	Chronic Anticoagulation Therapy

**Input on Measures Addressing Cardiovascular conditions- Remove from PQRS**

- Other measures in program more adequately address the condition
- Measure has lost endorsement
- Measure has been proposed for removal in the 2013 Physician Fee Schedule proposed rule

Measure #	Title (Abbreviated)
0090 Endorsed	EM: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain
0092 Endorsed	EM: Aspirin at Arrival for Acute Myocardial Infarction (AMI)
0093 Endorsed	EM: 12-Lead Electrocardiogram (ECG) Performed for Syncope
M1248 Not Endorsed	HF: Left Ventricular Function (LVF) Testing
M1875 Not Endorsed	Preventive Cardio Composite: Diabetes documentation or screen test
M2275 Not Endorsed	Preventive care: Screening for High Blood Pressure and Follow up Documented
M2412 Not Endorsed	Hypertension: Diabetes Mellitus Screening Test
M2453 Not Endorsed	Preventive Cardio Composite: Blood pressure at goal
M2464 Not Endorsed	Preventive Cardio Composite: Correct determination of ten-year risk for coronary death or MI
M2465 Not Endorsed	Preventive Cardio Composite: Counseling for diet and physical activity
M2480 Not Endorsed	Preventive Cardio Composite: LDL cholesterol at goal
M2542 Not Endorsed	Timing of lipid testing complies with guidelines
M2986 Not Endorsed	ADE Prevention: Warfarin Time in Therapeutic Range
N0013 Not Endorsed	Hypertension: Blood Pressure Control
N0084 Not Endorsed	HF: Warfarin Therapy Patients with Atrial Fibrillation

## Input on Measures Addressing Cardiovascular conditions- Remove from PQRS

WG recommended the following measure be removed from PQRS; however, these measures are used in the ABIM MOC program, promoting alignment with the private sector

Measure #	Title	Workgroup Rationale
M1871 Not Endorsed	<i>Hypertension: Appropriate Use of Aspirin or Other Anti-Platelet or Anti-Coagulant Therapy</i>	<ul style="list-style-type: none"> <li>Prescribing aspirin without follow through is far too distant from outcome or even good preventive care</li> <li>Measure is not fit for purpose of clinician/group accountability</li> </ul>
M1876 Not Endorsed	<i>Hypertension: Dietary and Physical Activity Modifications Appropriately Prescribed</i>	<ul style="list-style-type: none"> <li>Measure is too basic and vague</li> <li>Measure is not fit for purpose of clinician/group accountability</li> </ul>

## Measures To Be Determined for Retention in PQRS

Measure #	Title (Abbreviated)	Workgroup Recommendation
M1872 Not Endorsed	<i>Hypertension: Complete Lipid Profile</i>	<ul style="list-style-type: none"> <li>Three WG members support retaining the measure in PQRS.</li> <li>Three WG members do not support retention in PQRS, stating that the measure needs review of evidence through endorsement process, and the measure is not fit for purpose of clinician/group accountability.</li> <li>Staff recommendation: Retain- Used in the ABIM MOC program, promoting alignment with the private sector.</li> </ul>
M1873 Not Endorsed	<i>Hypertension: Urine Protein Test</i>	<ul style="list-style-type: none"> <li>Three WG members support retaining the measure in PQRS.</li> <li>Three WG members do not support retention in PQRS, stating that there is potential for overuse and the measure is not fit for purpose of clinician/group accountability.</li> <li>Staff recommendation: Retain- Used in the ABIM MOC program, promoting alignment with the private sector.</li> </ul>
M1874 Not Endorsed	<i>Hypertension: Annual Serum Creatinine Test</i>	<ul style="list-style-type: none"> <li>Three WG members support retaining the measure in PQRS.</li> <li>Three WG members do not support retention in PQRS, stating that there is potential for overuse and the measure is not fit for purpose of clinician/group accountability.</li> <li>Staff recommendation: Retain- Used in the ABIM MOC program, promoting alignment with the private sector.</li> </ul>
M2411 Not Endorsed	<i>Hypertension: Blood Pressure Management</i>	<ul style="list-style-type: none"> <li>Three WG members support removing the measure from PQRS, noting that this measure is duplicative.</li> <li>Two WG members support retaining the measure in PQRS.</li> <li>one WG indicated "May be", stating that this measure looks at what happened if providers have patients with high blood pressure rather than just looking at a flat rate.</li> <li>Staff recommendation: Remove -Other measures in program more adequately address cardiovascular care.</li> </ul>
0543 Endorsed	<i>Adherence to Statin Therapy for Individuals with Coronary Artery Disease (Also TBD for Inclusion in VBPM and Physician Compare)</i>	<ul style="list-style-type: none"> <li>Three WG members support retaining the measure in PQRS.</li> <li>Two WG members do not support retention in PQRS, stating that this measure is duplicative of measure # 0074 in row #87 and not consistent with newly released guidelines.</li> <li>One WG member indicated "May be", noting that the measure relies on Part D data which may not be available for all patients</li> <li>Staff recommendation: Retain in PQRS – NQF-endorsed measure that addresses disparities and a high-impact condition.</li> <li>Previous WG recommendation: Do not include in VBPM and Physician Compare- Process measure with implementation concerns regarding the ability to obtain pharmacy data.</li> </ul>
M2276 Not Endorsed	<i>Functional status assessment for complex chronic conditions</i>	<ul style="list-style-type: none"> <li>Two WG members support retaining the measure in PQRS.</li> <li>Three WG members do not support retention in PQRS, noting that the assessment results have not been integrated in clinical practice and there is no meaningful guidance for using the results from these patient-reported assessments.</li> <li>One WG member indicated "May be", stating that the measure is in EHR program and should be submitted for endorsement.</li> <li>Staff recommendation: Retain- Addresses a measure gap.</li> </ul>
M2436 Not Endorsed	<i>Preventive Cardiology Composite</i>	<ul style="list-style-type: none"> <li>Three WG members support retaining the measure in PQRS.</li> <li>Two WG members do not support retention in PQRS, noting that this measure is appropriate for QI, not accountability and too complicated to measure reliably.</li> <li>One WG member indicated "May be".</li> <li>Staff recommendation: Retain- Composite measure that assesses several components of hypertension care.</li> </ul>

# Endocrine and Renal

## Input on Measures Addressing Endocrine and Renal Conditions – Retain in PQRS

- Outcome or intermediate outcome measure
- Promotes alignment across federal programs and private measurement efforts
- Address high-impact conditions and may provide an understanding of healthcare disparities
- Previously supported for inclusion in another federal program
- Measures that are not endorsed should be submitted for endorsement

Measure #	Title (Abbreviated)
0004 Endorsed	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
M1029 Not Endorsed	Screening for Depression Among Patients with Substance Abuse or Dependence
M2143 Not Endorsed	Counseling Regarding Psychosocial and Pharmacologic Treatment Options for Alcohol Dependence
M190 Not Endorsed	Adult Kidney Disease (CKDD): Blood Pressure Management
M227 Not Endorsed	Adult Kidney Disease: Patients On Erythropoiesis-Stimulating Agent (ESA) - Hemoglobin Level > 12.0 g/dL
M2522 Not Endorsed	Adult Kidney Disease: Catheter Use for greater than or equal to 90 Days
M2525 Not Endorsed	Adult Kidney Disease: Catheter Use at Initiation of Hemodialysis access is a catheter at the time maintenance hemodialysis is initiated
M2529 Not Endorsed	Pediatric Kidney Disease: Adequacy of Volume Management
0055 Endorsed	Diabetes: Eye exam
0059 Endorsed	Diabetes: Hemoglobin A1c Poor Control (>9.0%)
0060 Endorsed	Hemoglobin A1c test for pediatric patients
0062 Endorsed	Diabetes: Urine protein screening
0064 Endorsed	Diabetes Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) <130, B Lipid management: LDL-C <100
0729 Endorsed	Optimal Diabetes Care
0321 Endorsed	Peritoneal Dialysis Adequacy: Solute
0323 Endorsed	Hemodialysis Adequacy: Solute
1667 Endorsed	(Pediatric) ESRD Patients Receiving Dialysis: Hemoglobin Level < 10g/dL
0583 Endorsed	Dyslipidemia new med 12-week lipid test
0028 Endorsed	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention

## Input on Measures Addressing Endocrine and Renal Conditions – Retain in PQRS, Include in VBPM and Physician Compare

- Out of the 19 measures recommended for retention in PQRS, 8 measures were also recommended for inclusion in VBPM and Physician Compare
- Measure captures important information, addresses high-impact conditions and gaps in care, and may reveal the existence of health disparities
- Workgroup has previously supported measures for inclusion in VBPM and Physician Compare as well as other federal programs
- Included in several MAP families and promotes alignment across federal programs and private measurement efforts

Measure #	Title (Abbreviated)
0004 Endorsed	<i>Initiation and Engagement of Alcohol and Other Drug Dependence Treatment</i>
0060 Endorsed	<i>Hemoglobin A1c test for pediatric patients</i>
0064 Endorsed	<i>Diabetes Measure Pair: A Lipid management: low density lipoprotein cholesterol (LDL-C) &lt;130, B Lipid management: LDL-C &lt;100</i>
0729 Endorsed	<i>Optimal Diabetes Care</i>
0321 Endorsed	<i>Peritoneal Dialysis Adequacy: Solute</i>
0323 Endorsed	<i>Hemodialysis Adequacy: Solute</i>
1667 Endorsed	<i>(Pediatric) ESRD Patients Receiving Dialysis: Hemoglobin Level &lt; 10g/dL</i>
0028 Endorsed	<i>Preventive Care &amp; Screening: Tobacco Use: Screening &amp; Cessation Intervention</i>

## Input on Measures Addressing Endocrine and Renal Conditions – Remove from PQRS

- Preference for outcome measures or measures proximal to outcomes
- Measure has lost endorsement
- Measure has been proposed for removal in the 2013 Physician Fee Schedule proposed rule
- Used in another federal program
- Measures that are not endorsed should be submitted for NQF endorsement

Measure #	Title (Abbreviated)
M272 Not Endorsed	<i>173 Preventive Care and Screening: Unhealthy Alcohol Use Screening</i>
M189 Not Endorsed	<i>121 Adult Kidney Disease: Laboratory Testing (Lipid Profile)</i>
N0259 Not Endorsed - Endorsement Removed	<i>Hemodialysis Vascular Access Decision-making by surgeon to Maximize Placement of Autogenous Arterial Venous Fistula</i>
0056 Endorsed	<i>Diabetes: Foot exam</i>
0061 Endorsed	<i>Diabetes: Blood Pressure Management</i>
0088 Endorsed	<i>Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy</i>
0089 Endorsed	<i>Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care</i>
0416 Endorsed	<i>Diabetic Foot &amp; Ankle Care, Ulcer Prevention – Evaluation of Footwear</i>
0417 Endorsed	<i>Diabetic Foot &amp; Ankle Care, Peripheral Neuropathy – Neurological Evaluation</i>
M1795 Not Endorsed	<i>316 Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL</i>
0027 Endorsed	<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>
M2533 Not Endorsed	<i>Smoking status and cessation support</i>

### Input on Measures Addressing Endocrine and Renal Conditions – Remove from PQRS

Workgroup recommended that the following measures be removed from PQRS, however, this measure is disparities sensitive outcome measure and A1c good control is not addressed by other NQF-endorsed measures.

Measure #	Title	Workgroup Rationale
0575 Endorsed	<i>Comprehensive Diabetes Care: HbA1c control (&lt;8.0%)</i>	Preference for NQF# 0729, a more robust composite measure assessing diabetes care.

## Neurology, and Behavioral Health

## Input on Measures Addressing Neurology, and Behavioral Health Conditions – Retain in PQRS

- Outcome or intermediate outcome measures
- Promote alignment across the federal programs and private measurement efforts
- Previously supported for inclusion in another federal program
- Address high-impact conditions and will provide an understanding of healthcare disparities amongst vulnerable populations
- Measures that are not endorsed should be submitted for NQF endorsement

Measure #	Title (Abbreviated)	Measure #	Title (Abbreviated)
0108 Endorsed	Follow-Up Care for Children Prescribed ADHD Medication (ADD)	0105 Endorsed	Antidepressant Medication Management
M1040 Not Endorsed	280 Dementia: Staging of Dementia	0418 Endorsed	Screening for Clinical Depression
M1041 Not Endorsed	281 Dementia: Cognitive Assessment	0710 Endorsed	Depression Remission at Twelve Months
M1042 Not Endorsed	282 Dementia: Functional Status Assessment	0712 Endorsed	Depression Utilization of the PHQ-9 Tool
M1043 Not Endorsed	283 Dementia: Neuropsychiatric Symptom Assessment	1365 Endorsed	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
M1044 Not Endorsed	284 Dementia: Management of Neuropsychiatric Symptoms	1401 Endorsed	Maternal Depression Screening
M1045 Not Endorsed	285 Dementia: Screening for Depressive Symptoms	M2509 Not Endorsed	Adult Major Depressive Disorder: Coordination of Care of Patients with Comorbid Conditions
M1046 Not Endorsed	286 Dementia: Counseling Regarding Safety Concerns	0576 Endorsed	Follow-Up After Hospitalization for Mental Illness
M1047 Not Endorsed	287 Dementia: Counseling Regarding Risks of Driving	0437 Endorsed	Thrombolytic Therapy
M1049 Not Endorsed	288 Dementia: Caregiver Education and Support	0507 Endorsed	Stenosis measurement in carotid imaging studies

## Input on Measures Addressing Neurology, and Behavioral Health Conditions – Retain in PQRS, Include in VBPM and Physician Compare

- Out of the 20 measures recommended for retention in PQRS, 9 measures were also recommended for inclusion in VBPM and Physician Compare
- Measure has been proposed for inclusion in the 2013 Physician Fee Schedule proposed rule
- Workgroup has previously supported measures for inclusion in VBPM and Physician Compare as well as other federal programs (MU)
- Included in a MAP family, promotes alignment, and measures care provided across settings

Measure #	Title (Abbreviated)
0105 Endorsed	Antidepressant Medication Management
0108 Endorsed	Follow-Up Care for Children Prescribed ADHD Medication (ADD)
0418 Endorsed	Screening for Clinical Depression
0710 Endorsed	Depression Remission at Twelve Months
0712 Endorsed	Depression Utilization of the PHQ-9 Tool
1365 Endorsed	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
1401 Endorsed	Maternal Depression Screening
0576 Endorsed	Follow-Up After Hospitalization for Mental Illness
0437 Endorsed	Thrombolytic Therapy
0507 Endorsed	Stenosis measurement in carotid imaging studies



## Input on Measures Addressing Neurology, and Behavioral Health Conditions – Remove from PQRS

- Preference for outcome measures or measures proximal to outcome
- Measure has lost endorsement
- Measure has been proposed for removal in the 2013 Physician Fee Schedule proposed rule
- Workgroup undecided on measures for inclusion in Physician Compare (highlighted in purple).
  - Members supported inclusion noted that these measures are the only measures addressing stroke/TIA section which are outcome oriented and would be meaningful to patients/family/caregiver.
  - More information needed as to why steward is no longer maintaining measure

Measure #	Title (Abbreviated)	Measure #	Title (Abbreviated)
0103 Endorsed	Major Depressive Disorder: Diagnostic Evaluation	N0442 Not Endorsed-Endorsement Removed	Functional Communication Measure: Writing (TBD for inclusion in Physician Compare only)
0104 Endorsed	Major Depressive Disorder: Suicide Risk Assessment	N0443 Not Endorsed-Endorsement Removed	Functional Communication Measure: Swallowing (TBD for inclusion in Physician Compare only)
0110 Endorsed	Bipolar Disorder and Major Depression: Appraisal for alcohol or chemical substance use	N0444 Not Endorsed-Endorsement Removed	Functional Communication Measure: Spoken Language Expression (TBD for inclusion in Physician Compare only)
0240 Endorsed	Stroke and Stroke Rehabilitation: Deep Vein Thrombosis (DVT) Prophylaxis for Ischemic Stroke or Intracranial Hemorrhage	N0445 Not Endorsed-Endorsement Removed	Functional Communication Measure: Spoken Language Comprehension (TBD for inclusion in Physician Compare only)
0243 Endorsed	Screening for Dysphagia	N0445 Not Endorsed-Endorsement Removed	Functional Communication Measure: Attention (TBD for inclusion in Physician Compare only)
0244 Endorsed	Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered	N0446 Not Endorsed-Endorsement Removed	Functional Communication Measure: Reading (TBD for inclusion in Physician Compare only)
0325 Endorsed	Stroke and Stroke Rehabilitation: Discharged on Antithrombotic Therapy	N0447 Not Endorsed-Endorsement Removed	Functional Communication Measure: Motor Speech (TBD for inclusion in Physician Compare only)
M272 Not Endorsed	173 Preventive Care and Screening: Unhealthy Alcohol Use Screening	N0448 Not Endorsed-Endorsement Removed	Functional Communication Measure: Memory (TBD for inclusion in Physician Compare only)

## Input on Measures Addressing Neurology, and Behavioral Health Conditions-PQRS

Workgroup recommended that the following measures be removed from PQRS; however, these measures are NQF-endorsed.

### Measures To Be Determined for removal from PQRS

Measure #	Title (Abbreviated)	Workgroup Rationale
0243 Endorsed	Screening for Dysphagia	Process based measure that is not aligned with any other federal reporting program.
0244 Endorsed	Stroke and Stroke Rehabilitation: Rehabilitation Services Ordered	Process based measure that does not add value. Pay for reporting or public reporting programs should not focus or include low bar measures.
0241 Endorsed	Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	<ul style="list-style-type: none"> <li>• More information needed on current reporting rates for prescribing anticoagulant therapy.</li> <li>• Staff recommendation: Retain- addresses a high-impact condition and in the MAP Cardiology Disease Family of Measure.</li> </ul>

## *Opportunity for Public Comment*

## *Process Improvement/Next Steps*

## Process Improvements for Measure Review

- Future rounds of measure review
  - Input on exercise
    - » Usefulness of staff recommendation
    - » Time to complete exercise
    - » Information provided
- Potential future approach
  - Review remaining measures (~200) together over a longer period of time (~4 weeks)
  - Displaying measures for in categories with original staff recommendations (retain, include in Physician Compare/VBPM, remove)

## Next Steps

### Upcoming Meetings

- September TBD- Clinician Workgroup Web Meeting to Review Currently Finalized PQRs Measures
- November 19 – Clinician Workgroup Meeting Web Meeting to Pre-Rulemaking Kick-Off and Review Currently Finalized PQRs Measures
- December 4- All MAP Web Meeting to Review List of Measures Under Consideration
- December 18-19- Clinician Workgroup In-Person Meeting to Develop Pre-Rulemaking Input

***Adjourn***

# Clinician Workgroup's Guiding Principles for Applying Measures to Clinician Programs

Excepted from: [MAP Pre-Rulemaking Final Report - February 2013](#)

The MAP Clinician Workgroup developed these principles to serve as guidance for applying performance measures to specific clinician measurement programs. The principles are not absolute rules; rather, they are meant to guide measure selection decisions. The principles are intended to complement program-specific statutory and regulatory requirements and the MAP Measure Selection Criteria. These principles will inform future revisions to the MAP Measure Selection Criteria.

## Physician Quality Reporting System (PQRS)

- For endorsed measures, whether currently finalized or under consideration:
  - Include NQF-endorsed measures relevant to clinician reporting to encourage engagement (the endorsement process addresses harmonization of competing measures)
- For measures that are not endorsed:
  - Measures currently finalized for the program:
    - » Remove measures that have had endorsement removed or have been submitted for endorsement and were not endorsed
    - » Remove measures that are in endorsement reserve status (i.e., topped out), unless the measures are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures
  - Include measures under consideration that are fully specified and that:

- » Support alignment (e.g., measures used in MOC programs, registries)
- » Are outcome measures that are not already addressed by outcome measures included in the program
- » Are clinically relevant to specialties/subspecialties that do not currently have clinically relevant measures
- Measures selected for the program that are not NQF-endorsed should be submitted for endorsement

## Physician Compare

- NQF-endorsed measures are preferred for public reporting programs over measures that are not endorsed or are in reserve status (i.e., topped out); measures that are not NQF-endorsed should be submitted for endorsement or removed
- Include measures that focus on outcomes and are meaningful to consumers (i.e., have face validity) and purchasers
- Focus on patient experience, patient-reported outcomes (e.g., functional status), care coordination, population health (e.g., risk assessment, prevention), and appropriate care measures
- To generate a comprehensive picture of quality, measure results should be aggregated (e.g., composite measures), with drill-down capability for specific measure results

## Value-Based Payment Modifier (VBPM)

- NQF-endorsed measures are strongly preferred for pay-for-performance programs; measures

that are not NQF-endorsed should be submitted for endorsement or removed

- Include measures that have been reported in a national program for at least one year (e.g., PQRS) and ideally can be linked with particular cost or resource use measures to capture value
- Focus on outcomes, composites, process measures that are proximal to outcomes, appropriate care (e.g., overuse), and care coordination measures (measures included in the MAP Families of Measures generally reflect these characteristics)
- Monitor for unintended consequences to vulnerable populations (e.g., through stratification)

### Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)

- Include endorsed measures, whether currently finalized for the program or under consideration, that have eMeasure specifications available (the endorsement process addresses issues of harmonization and competing measures)
- Over time, as health IT becomes more effective and interoperable, focus on:
  - Measures that reflect efficiency in data collection and reporting through the use of health IT

- Measures that leverage health IT capabilities (e.g., measures that require data from multiple settings/providers, patient-reported data, or connectivity across platforms to be fully operational)
- Innovative measures made possible by the use of health IT

### General Considerations

- Work toward a core set of measures that all clinicians, regardless of specialty, can report across all programs. The core set should focus on patient experience and engagement, patient-reported outcomes, other outcomes, care coordination, appropriate care, and population health (e.g., health risk assessment, prevention).
- To promote parsimony and alignment, the same measures should serve multiple programs, where possible (e.g., Meaningful Use and PQRS; Medicare Shared Savings and Medicare Advantage).
- Measures should be tested at the appropriate level of analysis (e.g., individual, group, system) before inclusion in public reporting or payment programs. PQRS can serve as a mechanism for testing measures.

# MAP “WORKING” MEASURE SELECTION CRITERIA



NATIONAL  
QUALITY FORUM

## 1. Measures within the program measure set are NQF-endorsed or meet the requirements for expedited review

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*Measures within the program measure set are NQF-endorsed, indicating that they have met the following criteria: important to measure and report, scientifically acceptable measure properties, usable, and feasible. Measures within the program measure set that are not NQF-endorsed but meet requirements for expedited review, including measures in widespread use and/or tested, may be recommended by MAP, contingent on subsequent endorsement. These measures will be submitted for expedited review.*

**Response option:** Strongly Agree / Agree / Disagree / Strongly Disagree

Measures within the program measure set are NQF-endorsed or meet requirements for expedited review (including measures in widespread use and/or tested)

**Additional Implementation Consideration:** Individual endorsed measures may require additional discussion and may be excluded from the program measure set if there is evidence that implementing the measure would result in undesirable unintended consequences.

## 2. Program measure set adequately addresses each of the National Quality Strategy (NQS) priorities

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*Demonstrated by measures addressing each of the National Quality Strategy (NQS) priorities:*

- |                         |   |
|-------------------------|---|
| <b>Subcriterion 2.1</b> | Safer care  |
| <b>Subcriterion 2.2</b> | Effective care coordination                                       |
| <b>Subcriterion 2.3</b> | Preventing and treating leading causes of mortality and morbidity |
| <b>Subcriterion 2.4</b> | Person- and family-centered care                                  |
| <b>Subcriterion 2.5</b> | Supporting better health in communities                           |
| <b>Subcriterion 2.6</b> | Making care more affordable                                       |

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree:

NQS priority is adequately addressed in the program measure set

## 3. Program measure set adequately addresses high-impact conditions relevant to the program’s intended population(s) (e.g., children, adult non-Medicare, older adults, dual eligible beneficiaries)

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*Demonstrated by the program measure set addressing Medicare High-Impact Conditions; Child Health Conditions and risks; or conditions of high prevalence, high disease burden, and high cost relevant to the program’s intended population(s). (Refer to tables 1 and 2 for Medicare High-Impact Conditions and Child Health Conditions determined by the NQF Measure Prioritization Advisory Committee.)*

**Response option:** Strongly Agree / Agree / Disagree / Strongly Disagree:

Program measure set adequately addresses high-impact conditions relevant to the program.

#### **4. Program measure set promotes alignment with specific program attributes, as well as alignment across programs**

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*Demonstrated by a program measure set that is applicable to the intended care setting(s), level(s) of analysis, and population(s) relevant to the program.*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 4.1** Program measure set is applicable to the program's intended care setting(s)

**Subcriterion 4.2** Program measure set is applicable to the program's intended level(s) of analysis

**Subcriterion 4.3** Program measure set is applicable to the program's population(s)

#### **5. Program measure set includes an appropriate mix of measure types**

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*Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, and structural measures necessary for the specific program attributes.*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 5.1** Outcome measures are adequately represented in the program measure set

**Subcriterion 5.2** Process measures are adequately represented in the program measure set

**Subcriterion 5.3** Experience of care measures are adequately represented in the program measure set (e.g. patient, family, caregiver)

**Subcriterion 5.4** Cost/resource use/appropriateness measures are adequately represented in the program measure set

**Subcriterion 5.5** Structural measures and measures of access are represented in the program measure set when appropriate

#### **6. Program measure set enables measurement across the person-centered episode of care<sup>1</sup>**

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*Demonstrated by assessment of the person's trajectory across providers, settings, and time.*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 6.1** Measures within the program measure set are applicable across relevant providers

**Subcriterion 6.2** Measures within the program measure set are applicable across relevant settings

**Subcriterion 6.3** Program measure set adequately measures patient care across time

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<sup>1</sup> National Quality Forum (NQF), Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care, Washington, DC: NQF; 2010.



## 7. Program measure set includes considerations for healthcare disparities<sup>2</sup>

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*Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, age disparities, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 7.1** Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)

**Subcriterion 7.2** Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack)

## 8. Program measure set promotes parsimony

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*Demonstrated by a program measure set that supports efficient (i.e., minimum number of measures and the least effort) use of resources for data collection and reporting and supports multiple programs and measurement applications. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.*

**Response option for each subcriterion:** Strongly Agree / Agree / Disagree / Strongly Disagree

**Subcriterion 8.1** Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome)

**Subcriterion 8.2** Program measure set can be used across multiple programs or applications (e.g., Meaningful Use, Physician Quality Reporting System [PQRS])

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<sup>2</sup> NQF, *Healthcare Disparities Measurement*, Washington, DC: NQF; 2011.

**Table 1: National Quality Strategy Priorities**

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new healthcare delivery models.

**Table 2: High-Impact Conditions:**

Medicare Conditions
1. Major Depression
2. Congestive Heart Failure
3. Ischemic Heart Disease
4. Diabetes
5. Stroke/Transient Ischemic Attack
6. Alzheimer's Disease
7. Breast Cancer
8. Chronic Obstructive Pulmonary Disease
9. Acute Myocardial Infarction
10. Colorectal Cancer
11. Hip/Pelvic Fracture
12. Chronic Renal Disease
13. Prostate Cancer
14. Rheumatoid Arthritis/Osteoarthritis
15. Atrial Fibrillation
16. Lung Cancer
17. Cataract
18. Osteoporosis
19. Glaucoma
20. Endometrial Cancer

Child Health Conditions and Risks
1. Tobacco Use
2. Overweight/Obese ( $\geq$ 85th percentile BMI for age)
3. Risk of Developmental Delays or Behavioral Problems
4. Oral Health
5. Diabetes
6. Asthma
7. Depression
8. Behavior or Conduct Problems
9. Chronic Ear Infections (3 or more in the past year)
10. Autism, Asperger's, PDD, ASD
11. Developmental Delay (diag.)
12. Environmental Allergies (hay fever, respiratory or skin allergies)
13. Learning Disability
14. Anxiety Problems
15. ADD/ADHD
16. Vision Problems not Corrected by Glasses
17. Bone, Joint, or Muscle Problems
18. Migraine Headaches
19. Food or Digestive Allergy
20. Hearing Problems
21. Stuttering, Stammering, or Other Speech Problems
22. Brain Injury or Concussion
23. Epilepsy or Seizure Disorder
24. Tourette Syndrome



## Physician Quality Reporting System (PQRS)

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### Program Type:

Pay for Reporting

### Incentive Structure:

In 2012-2014, eligible professionals can receive an incentive payment equal to a percentage (2% in 2010, gradually decreasing to 0.5% in 2014) of the eligible professional's estimated total allowed charges for covered Medicare Part B services under the Medicare Physician Fee Schedule.<sup>1</sup> Beginning in 2015, eligible professionals and group practices that do not satisfactorily report data on quality measures will receive a reduction (1.5% in 2015, and 2% in subsequent years) in payment.<sup>2,3</sup>

### Care Settings Included:

Multiple. Eligible professionals include:

- Physicians—medicine, osteopathy, podiatric med, optometry, oral surgery, dental med, chiropractic
- Practitioners—physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical social worker, clinical psychologist, registered dietician, nutrition professional, audiologists
- Therapists—physical therapist, occupational therapist, qualified speech-language therapist<sup>4</sup>

### Statutory Mandate:

The 2006 Tax Relief and Healthcare Act (TRHCA) required the establishment of a physician quality reporting system. The PQRS was initially implemented in 2007 and was extended as a result of the Medicare, Medicaid, and SCHIP Extension Act of 2008 (MMSEA), the Medicare Improvements for Patients and Providers Act of 2009 (MIPPA), and the Affordable Care Act.<sup>5</sup>

### Statutory Requirements for Measures:

No specific types of measures required. Individual clinicians participating in the PQRS may select three measures (out of more than 200 measures) to report or may choose to report a specified measure group.

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<sup>1</sup> <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/AnalysisAndPayment.html>

<sup>2</sup> <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Payment-Adjustment-Information.html>

<sup>3</sup> CY 2013 PFS final rule. The Office of the Federal Register. <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

<sup>4</sup> CMS.gov. Downloads Eligible professionals 03-08-2011. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>

<sup>5</sup> CY 2013 PFS final rule. The Office of the Federal Register. <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>

## Physician Compare

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### Program Type:

Public Reporting<sup>1</sup>

### Incentive Structure:

None

### Care Settings Included:

Multiple. Eligible professionals include:<sup>2</sup>

- Physicians—medicine, osteopathy, podiatric medicine, optometry, oral surgery, dental medicine, chiropractic
- Practitioners—physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical social worker, clinical psychologist, registered dietitian, nutrition professional, audiologists
- Therapists—physical therapist, occupational therapist, qualified speech-language therapist

### Statutory Mandate:

Section 10331 of the Patient Protection and Affordable Care Act of 2010. The website was launched on December 30, 2010. Performance information will be reported on the website in 2013 or early 2014.

### Statutory Requirements for Measures:

Data reported under the existing Physician Quality Reporting System will be used as an initial step for making physician measure performance information public on Physician Compare. The following types of measures are required to be included for public reporting on Physician Compare:<sup>3</sup>

- Patient health outcomes and functional status of patients
- Continuity and coordination of care and care transitions, including episodes of care and risk-adjusted resource use
- Efficiency
- Patient experience and patient, caregiver, and family engagement
- Safety, effectiveness, and timeliness of care

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<sup>1</sup> CMS. Physician Quality Reporting System (PQRS). Baltimore, MD: CMS;2012. Available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/physician-compare-initiative/index.html>. Accessed January 2013.

<sup>2</sup> CMS. Physician Quality Reporting System: Measures Codes. Baltimore, MD: CMS;2013. Available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/index.html>. Accessed January 2013.

<sup>3</sup> PFS Final Rule 2013.

## Value-Based Payment Modifier/Physician Feedback Program

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### Program Type:

Pay for Performance

### Incentive Structure:

#### Physician Feedback Program

CMS is statutorily required to provide confidential feedback reports to physicians that measure the quality and resources involved in furnishing care to Medicare Fee-for-Service (FFS) beneficiaries. Physician feedback reports also serve currently as the preview vehicle to inform physicians of the types of measures and methodologies that will comprise the value modifier. Starting in the fall of 2013, all groups of physicians with 25 or more eligible professionals will begin receiving Physician Feedback reports.<sup>1</sup>

#### Value-Based Payment Modifier

The VBPM begins in 2015 for groups of 100 or more eligible professionals, and it is applicable to all physicians and groups of physicians on or after January 1, 2017. The VBPM payment adjustment varies over time and must be implemented in a budget neutral manner. Payment adjustment amount is built on satisfactory reporting through PQRS.<sup>2</sup>

- The VBPM as proposed for implementation in 2015 provides groups of physicians with 100 or more eligible professionals an option that their modifier be “0” or be calculated using a tiering approach if they are successful PQRS group reporters or have a -1% payment reduction if not successful PQRS reporter or did not register for a PQRS group option or report any measures.
- For those electing a tiering approach, CMS will focus the VBPM payment adjustment (both upward and downward) on those groups of physicians that are outliers; that is, those that are significantly different from the national mean.

In 2015 and 2016, the VBPM will not be applied to groups of physicians that are participating in the Medicare Shared Savings Program, testing of the Pioneer ACO model, or the Comprehensive Primary Care Initiative.<sup>3</sup> Additionally, future rulemaking cycles will determine a VBPM for individuals, smaller groups, and hospital-based physicians.<sup>4</sup>

### Statutory Mandate:

Section 1848(p) of the Social Security Act (the Act) as established by Section 3003 and 3007 of the Affordable Care Act of 2010 (ACA).<sup>5</sup>

### Statutory Requirements for Measures:

The program must include a composite of appropriate quality measures and a composite of appropriate cost measures.<sup>6</sup> The Secretary is also required to use NQF-endorsed measures, whenever possible. Final rule indicated, for 2013 and beyond, the use of all measures included in the PQRS.

## MAP Pre-Rulemaking 2013 Input:

- Although the recent Physician Fee Schedule final rule signaled CMS' intent to include all measures used in PQRS for VBPM, the Clinician Workgroup recommended a more targeted approach for measures to be used in this program.
- Measures should ideally drive toward value by linking the outcomes most important to patients with measures of cost of care and resource use.
- MAP supported the direction of eight episode grouper-based resource use measures under consideration and two per-capita cost resource use measures currently finalized for use in the VBPM and recommended that these measures be submitted for NQF endorsement and be linked with clinical outcome measures before being used in the VBPM. Those resource use measures are:
  - Episode Grouper: Acute Myocardial Infarction (AMI)
  - Episode Grouper: Pneumonia
  - Episode Grouper: Coronary Artery Bypass Graft (CABG)
  - Episode Grouper: Percutaneous Coronary Intervention (PCI)
  - Episode Grouper: Coronary Artery Disease
  - Episode Grouper: Congestive Heart Failure
  - Episode Grouper: Chronic Obstructive Pulmonary disease (COPD)
  - Episode Grouper: Asthma
- MAP supported the CG-CAHPS patient experience survey for VBPM, noting that the lack of infrastructure in clinician practices may be a barrier to broad application of CG-CAHPS and suggested exploring alternative methods for supporting implementation.

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<sup>1</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>2</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>3</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>4</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>5</sup> Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013 (Final Rule). *Fed Registr* (2012) 77 ;68892-69373. Available at <https://www.federalregister.gov/articles/2012/11/16/2012-26900/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-dme-face-to-face>. Accessed January 2013.

<sup>6</sup> Medicare Program; Payment Policies under the Physician Fee Schedule, Five-Year Review of Work Related Value Units, Clinical Laboratory Fee Schedule: Signature on Requisition, and other Revisions to Part B for CY 2011., *Fed Registr*, (2011) 76 (228): 73026-73474. Available at <https://www.federalregister.gov/articles/2011/11/28/2011-28597/medicare-program-payment-policies-under-the-physician-fee-schedule-five-year-review-of-work-relative>. Accessed January 2013.