

# Measure Applications Partnership

## Clinician Workgroup Web Meeting



NATIONAL  
QUALITY FORUM

*April 1, 2013*

### Meeting Objectives

- Provide Input to HHS on Measures for Physician Compare and Value-Based Payment Modifier
- Consider Process Improvement Options for Reviewing Measures for Clinician Programs

## Agenda

- Welcome and Review of Meeting Objectives
- Measures for Inclusion in Physician Compare and Value-Based Payment Modifier
- Revisit Clinician Workgroup Guiding Principles
- Options for Improving MAP's Review of Clinician Measures
- Opportunity for Public Comment
- Next Steps

## 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 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

## ***Measures for Inclusion in Physician Compare and Value- Based Payment Modifier***

## 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

## Value-Based Payment Modifier

- **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

## Measures for Inclusion Physician Compare and Value-Based Payment Modifier

### Measure # and Title (abbreviated)

0005 CG-CAHPS
0018 Controlling High Blood Pressure
0022 Use Of High Risk Medications In The Elderly
0028 Tobacco Use: Screening & Cessation Intervention
0043 Pneumonia Vaccination Status For Older Adults
0075 IVD: Complete Lipid Profile and LDL Control <100
0097 Medication Reconciliation
0418 Screening for Clinical Depression
0421 Body Mass Index (BMI) Screening and Follow-Up
0576 Follow-Up After Hospitalization for Mental Illness
0729 Optimal Diabetes Care

- Selected as a high priority by 5 or more respondents
- All are included in multiple MAP families of measures
- Promote alignment across the federal programs and private measurement efforts
- Could be linked to cost/resource use measures

## Measures for Inclusion Physician Compare and Value-Based Payment Modifier

### Measure # and Title (abbreviated)

0034 Colorectal Cancer Screening
0053 Osteoporosis Management In Women Who Had A Fracture
0066 ACE Inhibitor or ARB Therapy--Diabetes or LVD
0068 IVD: Use of Aspirin or another Antithrombotic
0101 Falls: Screening for Future Fall Risk

- Selected as a high priority by at least one respondent
- Promote alignment across the federal programs and private measurement efforts
- Implementation issues raised
  - Clinician attribution
  - Needing 1 year reporting
  - Alternative measures suggested

## Measures to Be Discussed for Inclusion Physician Compare and Value-Based Payment Modifier

Measure # and Title (abbreviated)	Rationale
0037 Osteoporosis Testing In Older Women	Prefer 0053 Osteoporosis Management In Women Who Had A Fracture
0041 Influenza Immunization	Difficult to assess given community-based options for vaccination
0105 Antidepressant Medication Management	High-impact condition but concerns with obtaining prescription claims for implementation
M1990 Breast Cancer Screening	Include once fully tested and endorsed
M2580 All Cause Readmission	Important measure concept, but not tested and endorsed for clinician level measurement

## Measures to Be Discussed for Inclusion Physician Compare and Value-Based Payment Modifier

Measure # and Title (abbreviated)	
0081 Heart Failure: ACE Inhibitor/ARB Therapy	<ul style="list-style-type: none"> <li>Could be linked with cardiovascular episode-grouper measures that are in development</li> <li>Concerns about sample size</li> <li>Prefer developing a composite of CABG outcome measures</li> </ul>
0083 Heart Failure: Beta-blocker Therapy	
0114 Risk-adjusted Post-op Renal Failure	
0115 Risk-adjusted Surgical Re-exploration	
0129 Risk-adjusted Prolonged Intubation	
0130 Risk-adjusted Deep Sternal Wound Infection	
0131 Risk Adjusted Stroke/Cerebrovascular	

## Measures to Be Discussed for Inclusion Physician Compare or Value-Based Payment Modifier

### M2117 ACO 11 (CMS): Percent Of Primary Care Physicians Who Successfully Qualify For An EHR Program Incentive Payment

- Physician Compare
  - EHR use may be relevant to consumers
  - Should consider including if clinicians attested to EHR incentive program
  
- VBPM
  - Structural measure that is less relevant for payment

## Measures Not Supported for Inclusion Physician Compare and Value-Based Payment Modifier Cardiac Measures

Measure # and Title (abbreviated)	Rationale
0071 AMI: Persistence of Beta-Blocker Treatment After a Heart Attack 0074 Chronic Stable Coronary Artery Disease: Lipid Control 0079 Heart Failure: Left Ventricular Ejection Fraction Assessment 0555 Monthly INR Monitoring for Individuals on Warfarin	<ul style="list-style-type: none"> <li>• Prefer other outcome measures that assesses care for cardiovascular conditions</li> </ul>
0073 IVD: Blood Pressure Management M1204 Preventive Care and Screening: Screening for High Blood Pressure M2275 Screening for High Blood Pressure and Follow up Documented	<ul style="list-style-type: none"> <li>• Prefer 0018, an outcome measure, that would capture a broader population and promote alignment across programs</li> </ul>
0543 Adherence to Statin Therapy for Individuals with Coronary Artery Disease	<ul style="list-style-type: none"> <li>• Implementation concerns with obtaining pharmacy data</li> <li>• Prefer 0541, which assesses proportion of days covered for statins</li> </ul>
0583 Dyslipidemia new med 12-week lipid test	<ul style="list-style-type: none"> <li>• Prefer 0075, an outcome measure</li> </ul>
0643 Cardiac Rehab Patient Referral From an Outpatient Setting	<ul style="list-style-type: none"> <li>• Process measure</li> </ul>

## Measures Not Supported for Inclusion Physician Compare and Value-Based Payment Modifier

Measure # and Title (abbreviated)	Rationale
0036 Use Of Appropriate Medications For People With Asthma 0047 Pharmacologic Therapy For Persistent Asthma	<ul style="list-style-type: none"> <li>Process measures that exclude Medicare population</li> <li>Recommend creating an asthma composite measure that could link with asthma episode grouper</li> </ul>
0091 COPD: spirometry evaluation 0102 COPD: inhaled bronchodilator therapy 0577 Use of Spirometry Testing in the Assessment and Diagnosis of COPD	<ul style="list-style-type: none"> <li>Process measures</li> <li>Recommend creating a COPD composite measure that could link to COPD episode grouper</li> </ul>
0096 Empiric Antibiotic for Community-Acquired Bacterial Pneumonia	<ul style="list-style-type: none"> <li>Process measure</li> </ul>
0055 Diabetes: Eye Exam 0057 Comprehensive Diabetes Care: Hemoglobin A1c Testing 0059 Diabetes: Hemoglobin A1c Poor Control 0062 Diabetes: Urine Protein Screening 0063 Comprehensive Diabetes Care: LDL Screening	<ul style="list-style-type: none"> <li>Prefer other outcome measures that assesses care for diabetes</li> </ul>
0553 Care for Older Adults – Medication Review	<ul style="list-style-type: none"> <li>Process measure</li> </ul>
M1170 Risk-Standardized, All Condition Readmission	<ul style="list-style-type: none"> <li>Important measure concept, but not tested and endorsed for clinician level measurement</li> </ul>

## Measures Not Supported for Inclusion Physician Compare and Value-Based Payment Modifier Prevention Quality Indicator Measures

Measure # and Title (abbreviated)	Rationale
0275 Chronic obstructive pulmonary disease (PQI 5) 0277 CHF Admission Rate (PQI 8)	<ul style="list-style-type: none"> <li>Measures not ready for clinician group level reporting</li> <li>Commercial testing revealed reliability issues; further testing required</li> </ul>
N/A PQI 91 Acute Composite N/A PQI 92 Chronic Composite	<ul style="list-style-type: none"> <li>Not NQF-endorsed or tested at the clinician individual or group level</li> <li>Commercial testing revealed reliability issues; further testing required</li> </ul>



## *Revisit Clinician Workgroup's Guiding Principles*

### Physician Compare Guiding Principles

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## Discussion Questions

- Were the guiding principles useful in supporting decision-making?
- What other factors did you take into consideration in your decision-making?
- Given the lack of differentiation in feedback about measures for the public reporting versus performance-based payment programs, should the Physician Compare and Value-Based Payment Modifier Guiding Principles be merged?

## *Options for Improving MAP's Review of Clinician Measures*

### Improving MAP's Review of Clinician Measures

#### **Option: Convene a task force drawn from MAP Clinician and Hospital Workgroups to review Hospital IQR and OQR measures for clinician programs**

- IQR and OQR hospital performance rates are under consideration for hospital-based clinicians
- Prior discussions from Hospital Workgroup can inform the Clinician Workgroup's consideration of which measures' performance results should be applied to individual clinicians

## Improving MAP's Review of Clinician Measures

### **Option: Review measures by condition and topic**

- Help determine if programs have measures that are applicable to all clinicians
- Reviewing measures in smaller groups can help avoid measure review fatigue

## Improving MAP's Review of Clinician Measures

### **Option: Provide input on currently finalized PQRS measures in advance of the pre-rulemaking cycle**

- Through a series of meetings, review all of currently finalized PQRS measures and consider if the measures are appropriate for public reporting or payment
- During the pre-rulemaking meetings, MAP would be able to revisit any recommendations of currently finalized PQRS measures in the context of the measures under consideration

## Improving MAP's Review of Clinician Measures

### **Option: Seek additional content expertise as needed to inform workgroup deliberation**

- Discussions and decision-making are most thoughtful when people who have had experience with the measures share their insights
- Additional expertise for content areas that are not represented on the workgroup (e.g., Technical Expert Panel input on measures by topic and condition)
- Invite developers to participate and provide more detailed information about the measures

## Improving MAP's Review of Clinician Measures

### **Option: Provide more detailed measure information in background materials**

- Additional information may include:
  - Data source
  - Feasibility of reporting
  - Incidence of the conditions addressed by the measure
  - Types and severity of outcomes the measure relates to
  - Strength of a process-outcome relationship
  - Magnitude of variation among providers in performance
  - Extent to which this variation has been successfully reduced by interventions
  - Extent to which consumers are able to understand the measure and the importance consumers assign to the measure
- Information that is readily available will be provided in MAP materials
- Establish feedback loops to obtain additional measure information that can enhance MAP decision-making

## *Opportunity for Public Comment*

### Next Steps

- **April 13:** Submit summary of workgroup input on measures for the Physician Compare and Value-Based Payment Modifier programs to HHS

*Adjourn*