

Options for Improving MAP's Review of Clinician Measures

During the past two years of providing pre-rulemaking input, HHS has asked MAP to review a large number of measures under consideration for the Physician Quality Reporting System (PQRS) to allow for broader clinician participation. This year, we combined review of measures for PQRS, Value-Based Payment Modifier (VBPM), and Physician Compare because the same measures were under consideration for all of these programs; that is, any currently finalized measure or measure under consideration for PQRS was also under consideration for VBPM and/or Physician Compare. We are seeking solutions for how to ensure thoughtful review of individual measures, given the large volume of clinician measures and time constraints, and we are asking for your input.

CMS and NQF staff are currently working collaboratively on several improvements to the pre-rulemaking process. For instance, CMS has asked NQF to comment on refinements to the criteria and approach for their annual call for measures to increase the quality and decrease the quantity of measures under consideration. Additionally, NQF will increase CMS participation in MAP meetings so that CMS staff can provide program overviews, highlight program goals and directions, and provide insights into the rationale for selecting measures put forth for consideration by MAP. Beyond these improvements, the following options for enhancing MAP's review of measures for clinician programs are presented for your reaction.

Convene a task force drawn from MAP Clinician and Hospital Workgroup membership to review Hospital Inpatient Quality Reporting (IQR) and Hospital Outpatient Quality Reporting (OQR) measures for clinician programs.

- CMS is considering applying IQR and OQR hospital performance rates to hospital-based clinicians.
- The MAP Hospital Workgroup has reviewed measures for IQR and OQR; these prior discussions can inform the Clinician Workgroup's consideration of which performance measure results should be applied to individual clinicians.

Review measures—both currently finalized and measures under consideration—by condition and topic.

- One of CMS' major goals is to encourage participation in the Medicare clinician measurement programs by all clinicians, and reviewing measures by topic and condition could help determine if programs have measures that are applicable to all clinicians.
- Reviewing smaller groups of measures by buckets of conditions or topics through a series of web or in-person meetings could help avoid measure review fatigue.

Provide input on currently finalized PQRS measures in advance of the pre-rulemaking cycle.

- Through a series of web or in-person meetings, the workgroup could review all of currently finalized PQRS measures and consider if the measures are appropriate for public reporting (i.e., recommended for inclusion in Physician Compare) and/or payment (i.e., recommended for inclusion in VBPM).
- The workgroup could revisit recommendations for currently finalized PQRS measures in the context of the measures under consideration during the winter pre-rulemaking meetings.

Seek additional content expertise as needed to inform workgroup deliberations.

- MAP members have noted that discussions and decision-making are most thoughtful when people who have had experience with the measures share their insights.
- Additional expertise could be added for content areas that are not represented on the workgroup. For example, MAP could convene technical expert panels to provide preliminary input on measures for a particular condition or topic.
- MAP could also invite measure developers to participate to provide more detailed information about their measures.

Provide more detailed measure information in background materials, as available.

- MAP members have asked for additional information on measures, including data sources and feasibility of reporting (e.g., practical application and data acquisition issues); incidence of conditions addressed by the measure; types and severity of outcomes the measures relate to; strength of a process-outcome relationship;

magnitude of variation among providers in performance; extent to which variation has been successfully reduced by interventions; and, for consumer reporting, the extent to which consumers are able to understand a measure and the importance consumers assign to the measure.

- Information that is readily available (e.g, information obtained through the measure endorsement process) will be provided in MAP materials. NQF is actively working to establish feedback loops to obtain additional measure information about measure use and usefulness that can enhance MAP decision-making.