

Measure Applications Partnership

Clinician Workgroup Web Meeting



NATIONAL
QUALITY FORUM

October 29, 2013

Agenda

- Welcome and Review of Meeting Objectives
- Overview of the Federal Clinician Measurement Programs
- MAP's Input on the Federal Clinician Measurement Programs
- Identification of Cross-Cutting Measures that Could Be Reported by All Clinicians
- Opportunity for Public Comment
- Next Steps and Review Clinician Pre-Meeting Exercise

Welcome and Review of Meeting Objectives

Meeting Objectives

- Understand Current State and Proposed Direction of Federal Clinician Measurement Programs
- Discuss MAP's Approach to Addressing Clinician Measurement Challenges
- Define MAP's Role in Advancing the Participation and Meaningfulness Objectives of the Federal Programs

Next Steps

- Today's Meeting
 - Define MAP's role in advancing the federal clinician measurement programs
- November 19 Web Meeting
 - Complete review of finalized PQRS measures
- December 10-11 In-Person Meeting
 - Pre-rulemaking review of measures under consideration for federal clinician measurement programs

Overview of Federal Clinician Measurement Programs

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 may select three measures (out of more than 200 measures) to report or may choose to report a specified measure group.
 - Groups participating report an measure set (~26 measures)
 - Available reporting mechanisms: Claims, Registry, EHR, GPRO Web

Physician Quality Reporting System (PQRS)

Proposed Changes

- Individual clinician reporting: Proposed requiring 9 measures that address at least 3 domains, or reporting a specified measure group
 - Proposed additional measure groups:
 - » Optimizing Patient Exposure to Ionizing Radiation Group
 - » General Surgery Group
 - » Gastrointestinal Surgery Group
 - Proposed adding 7 measures currently finalized for the Hospital Inpatient Quality Reporting Program (IQR) that have been retooled to be reported by hospital-based clinicians
- Group practice measures: Proposed adding CG-CAHPS
- Reporting mechanisms: Proposed qualified clinical data registries

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 (VBPM)

- **Program Type:** Pay for Performance
- **Incentive Structure:** For 2015, beginning with groups 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

Value-Based Payment Modifier (VBPM)

Proposed Changes

- Expand to groups of 10 or more eligible professionals in 2016
- Increase the maximum payment at risk from -1% to -2% in 2016
- Include the Medicare Spending Per Beneficiary (MSPB) measure in the total per capita costs for all attributed beneficiaries domain of the cost composite
- Refine the cost measure benchmarking methodology to account for the physician specialties in the group

MAP's Input on the Federal Clinician Measurement Programs

Discussion Questions

- What changes are needed to increase clinician participation rates?
 - Measures that can be reported by all clinicians?
 - Common core measure sets for each specialty?
- What changes are needed to increase the meaningfulness of measurement?
 - For clinicians?
 - For other stakeholders?
- What data sources are needed to advance clinician measurement?

Pre-Rulemaking Approach

1. Build on MAP's prior recommendations
2. Evaluate each finalized program measure set using the MAP Measure Selection Criteria
3. Evaluate measures under consideration for what they would add to the program measure sets
4. Identify high-priority measure gaps for programs and settings

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 Decision Categories for Measures Under Consideration

MAP will indicate a decision and rationale for each measure under consideration:

MAP Decision Category	Rationale (Examples)
Support	<ul style="list-style-type: none"> • Addresses a previously identified measure gap • Core measure not currently included in the program measure set • Promotes alignment across programs and settings
Conditionally Support	<ul style="list-style-type: none"> • Addresses a gap, but not tested for the setting • Promotes parsimony, but data sources do not align with programs data sources
Remove	<ul style="list-style-type: none"> • Measure previously finalized in the program, but a better measure is now available • NQF endorsement removed or retired
Do Not Support	<ul style="list-style-type: none"> • Overlaps with a previously finalized measure

Key Issues: Clinician Performance Measurement Programs

Challenges

- Overarching goal is to engage clinician participation in meaningful quality reporting
- Participation in PQRS has been low; in 2011 reporting ranged from 1% (social worker, dentist) to 60% (emergency medicine, pathology)
- Participation is imperative as significance of performance measurement increases over time
 - PQRS payment penalties begin in 2015
 - Physician Compare will include clinician performance data in 2015
 - VBPM will be applicable to all clinicians in 2017

Key Issues: Clinician Performance Measurement Programs

Potential Solutions

- Identify measures that are considered clinically relevant for all clinician specialties
- Seek alignment between the federal programs and with private-sector clinician reporting efforts
- Identifying a set of measures that all clinicians could report, focusing on care coordination, population health, and health disparities
- Leverage measurement data for multiple purposes to decrease reporting burden
- Drive toward greater adoption of HIT to build capacity for more sophisticated measurement with less burdensome data collection and reporting

Clinician Workgroup Guiding Principles

- PQRS
 - Broadly inclusive, including all NQF-endorsed measures relevant to clinician reporting to encourage engagement
- Physician Compare
 - Focus on outcomes that 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
 - 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

Finalized PQRS Measures

Workgroup is reviewing currently finalized measures through pre-meeting exercises

Condition/Topic	Total Number of Measures
CAHPS	5
Cardiovascular	41
Cancer	34
Care Coordination	4
Endocrine/Renal	32
Head Eyes Ears Nose Throat (HEENT)	15
Inflammatory Bowel Disease	7
Imaging	8
Infectious Disease	25
Musculoskeletal	29
Neurological	9
Behavioral Health	32
Obesity	10
Perinatal/Reproductive Health	7
Respiratory	19
Safety	33
Surgery	39

Available NQF-Endorsed Measures

- Conducted analysis of NQF portfolio of 680 measures by physician specialty
 - Primary care measures were not included in the analysis
 - Identified cross-cutting measures that are applicable to multiple physicians
- Very few specialties do not have available NQF-endorsed measures; however, most specialties lack outcome and cost measures
- There are NQF-endorsed measures that could be included in PQRS to expand the number of measures available for clinician specialists

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Identifying Cross-Cutting Measures that Could Be Reported by All Clinicians

NQF-Endorsed Cross-Cutting Measures

Topic Area	NQF-Endorsed Measures
Medication Management	<ul style="list-style-type: none"> • 0419 Documentation of Current Medications in the Medical Record • 0553 Care for Older Adults – Medication Review (COA) • 0097 Medication Reconciliation • 0554 Medication Reconciliation Post-Discharge (MRP)
Pain Assessment	<ul style="list-style-type: none"> • 0420 Pain Assessment Prior to Initiation of Patient Therapy
Advanced Care Planning	<ul style="list-style-type: none"> • 0326 Advance Care Plan
Patient Satisfaction	<ul style="list-style-type: none"> • 0005 CAHPS Clinician/Group Surveys (Adult Primary Care, Pediatric Care, and Specialist Care Surveys) • 1902 Clinicians/Groups' Health Literacy Practices Based on the CAHPS Item Set for Addressing Health Literacy • 1904 Clinician/Group's Cultural Competence Based on the CAHPS® Cultural Competence Item Set
Prevention	<ul style="list-style-type: none"> • 0421 Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up • 0028 Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention • 0041 Influenza Immunization
HIT	<ul style="list-style-type: none"> • 0486 Adoption of Medication e-Prescribing • 0488 Adoption of Health Information Technology • 0489 The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete Searchable Data Elements • 0491 Tracking of Clinical Results Between Visits • 0493 Participation by a physician or other clinician in systematic clinical database registry that includes consensus endorsed quality measures • 0487 EHR with EDI prescribing used in encounters where a prescribing event occurred.
Cultural Competence	<ul style="list-style-type: none"> • 1821 L2: Patients receiving language services supported by qualified language services providers • 1824 L1A: Screening for preferred spoken language for health care
Cost/Resource Use	<ul style="list-style-type: none"> • 1598 Total Resource Use Population-based PMPM Index • 1604 Total Cost of Care Population-based PMPM Index

Discussion Questions

- Are these topic areas the right starting place for identification of core measures that all clinicians can report?
- What additional topic areas should be addressed by a set of core measures?

Opportunity for Public Comment

Next Steps and Review Pre-Meeting Exercise

Upcoming Meetings and Important Dates

Meeting/Event	Date(s)
Clinician Workgroup Web Meeting <ul style="list-style-type: none"> • Pre-Rulemaking Kick-Off and Review of Remaining Currently Finalized PQRS Measures 	November 19, 12-2pm ET
All MAP Web Meeting <ul style="list-style-type: none"> • Review List of Measures Under Consideration 	December 4, 1-3pm ET
Clinician Workgroup In-Person Meeting <ul style="list-style-type: none"> • Develop Pre-Rulemaking Input 	December 18-19
Coordinating Committee Meeting <ul style="list-style-type: none"> • Review and Finalize Pre-Rulemaking Recommendations 	January 7-8
Public Comment on Draft Pre-Rulemaking Report	Mid-January
Pre-Rulemaking Report Due to HHS	February 1

Pre-Meeting Exercise Background

- During the past two pre-rulemaking cycles, HHS 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

Preparation for 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 and how the measures under consideration will enhance the program measure sets

Review of Currently Finalized Measure Sets

Pre-Meeting Exercise: Due November 11

1. Review background information
 - Program Information Sheets, Measure Selection Criteria, Guiding Principles
2. Evaluate Finalized PQRS Measures
 - Should the measure remain in PQRS?
 - If so, should the measure be included in Physician Compare and VBPM?

Adjourn