



Measure Applications Partnership

Clinician Workgroup In-Person Meeting

December 10-11, 2012

An in-person meeting of the Measure Applications Partnership (MAP) Clinician Workgroup was held on Monday and Tuesday, December 10-11, 2012. Meeting recordings and materials are available at the MAP Clinician Workgroup [webpage](#).

Workgroup Members in Attendance:

Mark McClellan (Chair)	Daryl Gray, Agency for Healthcare Research and Quality
Peter Briss, Centers for Disease Control and Prevention	David Hopkins, Pacific Business Group on Health
Marshal Chin, [subject matter expert: disparities]	Robert Krughoff, Consumers' CHECKBOOK
Joanne Conroy, Association of American Medical Colleges	Mark Metersky, Physician Consortium for Performance Improvement
Cheryl DeMars, The Alliance	David Seidenwurm, American College of Radiology
Kate Goodrich, Centers for Medicare & Medicaid Services	Ronald Stock, [subject matter expert: team-based care]
Rachel Grob, Center for Patient Partnerships	Dolores Yanagihara, [subject matter expert: measure methodologist]

Review Meeting Objectives and Pre-Rulemaking Approach

Session led by Mark McClellan, MAP Clinician Workgroup Chair. Additional presentations provided by NQF staff: Ann Hammersmith, General Counsel; Tom Valuck, Senior Vice President, Strategic Partnerships; Aisha Pittman, Senior Program Director, Strategic Partnerships; Sarah Lash, Senior Program Director, Strategic Partnerships.

The primary objectives of the meeting were to:

- Review and provide input on current finalized program measure sets for federal programs applicable to clinician measurement;
- Review and provide input on measures under consideration for federal programs applicable to clinician measurement;
- Identify priority measure gaps for each program measure set; and
- Finalize input to the MAP Coordinating Committee on measures for use in the federal programs.

Aisha Pittman reviewed the four step pre-rulemaking approach for 2013:

- Build on MAP's prior recommendations;
- Evaluate each finalized program measure set using MAP's Measure Selection Criteria;
- Evaluate measures under consideration for what they would add to the program measure sets; and

- Identify high-priority gaps for programs and settings.

Sara Lash provided guidance from the Dual Eligible Beneficiaries Workgroup for the Clinician Workgroup to consider for recommending measures that are relevant to the dual eligible population.

Overview of Programs Evaluated by Clinician Workgroup

Session led by Mark McClellan. Additional presentation provided by Aisha Pittman.

Clinician Workgroup reviewed over 700 measures for consideration in clinician programs:

- Physician Quality Reporting System (PQRS)
 - Over 200 measures under consideration that would be new to clinician measurement programs.
 - Existing measures and measures under consideration for the Hospital Inpatient Quality Reporting Program and the Hospital Outpatient Quality Reporting Program were considered to accommodate hospital-based physicians.
- Physician Compare
 - Reviewed measures under consideration and existing measures for PQRS.
- Value-Based Payment Modifier (VBPM)
 - Reviewed measures under consideration and existing measures for PQRS.
- Medicare and Medicaid EHR Incentive Program for Eligible Professionals (Meaningful Use)
 - Reviewed 2 measures under consideration.

Development of guiding principles when reviewing measures under consideration:

- The Clinician Workgroup determined that pay-for-reporting programs should be broadly inclusive of clinically relevant measures to encourage participation by clinicians of all specialties. Additionally, measures for public reporting and payment incentive programs should be more targeted toward outcomes, with the goal of linking outcomes with cost measures for value-based payment incentives.

Pre-Rulemaking Input on the Medicare Shared Savings Program Measure Set

Session led by Mark McClellan. Additional presentation provided by Allison Ludwig.

System-level measurement provides an opportunity to:

- Assess performance across settings where patients or populations are receiving care, leading to a patient-centered approach to measurement.
- Assess topics that may be difficult to measure at setting-specific levels of analyses due to small numbers or difficulty attributing patients to providers.

The workgroup recommends that system-level measure sets align with the measures used for setting-specific performance measurement programs to leverage measurement data, decrease provider data collection burden, and align care delivery goals across programs.

- Medicare Shared Savings Program (MSSP):
 - No measures under consideration for this program.
 - Reviewed by both the Clinician Workgroup and Hospital Workgroup.
- The workgroup recommends the addition of 5 Medicare Advantage 5-Star Quality Reporting Program measures to the MSSP to support alignment:

- NQF #0037 Osteoporosis Testing in Older Women
- NQF #0040 Flu Shot for Older Adults
- NQF #0053 Osteoporosis Management in Women Who Had a Fracture
- NQF #0553 Care for Older Adults – Medication Review
- NQF #0576 Follow-Up After Hospitalization for Mental Illness
- 2 finalized measures are not NQF-endorsed:
 - M1170 Risk-Standardized, All Condition Readmission—recommended to be submitted for endorsement.
 - M1204 ACO 21 Preventive Care and Screening: Screening for High Blood Pressure—recommended for ‘phased removal’ as another finalized NQF-endorsed measure assesses the outcome, blood pressure control.
- Coordinating Committee input requested on 1 finalized measure that is not NQF-endorsed:
 - M1990 Breast Cancer screening—measure was previously endorsed and is currently undergoing updates to reflect current breast cancer screening guidelines.
 - MAP Clinician Workgroup recommended maintaining the measure in all clinician/system programs but not requiring reporting. Reporting can resume once the updated measure is endorsed.
 - MAP Hospital Workgroup recommended ‘phased removal’; MAP should review the measure again once it is endorsed.

Pre-Rulemaking Input on Measures for the Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Session led by Mark McClellan. Additional presentation provided by Allison Ludwig.

- Clinician Workgroup reviewed 2 measures under consideration for the Meaningful Use Program, a payment incentive program to encourage adoption and use of EHRs:
 - The workgroup supported direction of both measures, stating they overlap with concepts addressed by other measures in the final measure set and the assessment and management of health risks should not be limited to the context of an annual wellness visit.
 - M3041 Annual Wellness Assessment: Assessment of Health Risks (Draft)
 - M3042 Annual Wellness Assessment: Management of Health Risks (Draft)
- 7 finalized measures had NQF endorsement removed and are recommended for ‘phased removal’:
 - M299 Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation
 - M1426 Asthma: Assessment of Asthma Control
 - M1429 Prenatal Screening for Human Immunodeficiency Virus (HIV)
 - M1430 Hypertension: Blood Pressure Control
 - M1431 Prenatal Anti-D Immune Globulin
 - M2249 HIV/AIDS: Medical Visit
 - M2294 HIV/AIDS: HIV RNA Control after Six Months of Potent Antiretroviral Therapy
- 1 finalized measure was identified as ‘support direction.’ This measure was previously endorsed, but is undergoing updates to reflect current breast cancer screening guidelines. The workgroup recommended maintaining the measure in the program but not requiring reporting. Reporting can resume once the updated measure is endorsed.

- M1990 Breast Cancer Screening

Pre-Rulemaking Input on Resource Use and Efficiency Measures Under Consideration

Session led by Mark McClellan. Additional presentations provided by Ashlie Wilbon, Senior Project Manager, Performance Measures, NQF; Aisha Pittman; and Kate Goodrich, CMS representative.

MAP has continually cited resource use and efficiency measures as critical measure gaps. Additionally, several federal public reporting programs and value-based purchasing initiatives have statutory requirements to include measures of cost, resource use, or efficiency. MAP workgroups reviewed the following resource use measures under consideration and concluded:

MAP Clinician Workgroup ‘supports direction’ of the following measures. They should ideally be linked with outcome measures, and should be reviewed for endorsement:

- Total Per Capita Cost Measure (currently finalized)
- Condition-Specific Per Capita Cost Measures for COPD, Diabetes, HF, and CAD (currently finalized)
- Episode Grouper: Acute Myocardial Infarction (AMI)
- Episode Grouper: Coronary Artery Bypass Graft (CABG)
- Episode Grouper: Percutaneous Coronary Intervention (PCI)
- Episode Grouper: Coronary Artery Disease
- Episode Grouper: Congestive Heart Failure (CHF)
- Episode Grouper: Chronic Obstructive Pulmonary disease (COPD)
- Episode Grouper: Asthma
- Episode Grouper: Pneumonia

The workgroup provided additional guidance on the application of resource use measures:

- Resource use measures ideally should be linked with outcome measures.
- To be patient-centered, resource use and efficiency measurement approaches should address individuals with multiple chronic conditions. For example, emerging methods of assessing resource use for patients with multiple chronic conditions may include methods for rolling up procedural episodes into acute episodes, or acute episodes into chronic episodes, to gain a better understanding of the total cost for a patient. The workgroup requests that the resource use endorsement Steering Committee consider how condition-specific measures address multiple chronic conditions when evaluating measures for endorsement.
- Resource use approaches should align across populations and settings, using the same measure when feasible. To support alignment across settings, the workgroup requests that the resource use endorsement Steering Committee consider how risk-adjustment and attribution methodologies could align across populations and settings.

Pre-Rulemaking Input on Measures Under Consideration for the Physician Quality Reporting System

Session led by Mark McClellan. Additional presentation provided by Aisha Pittman.

Reviewed of over 200 measures that are new to clinician reporting:

- Support—56 measures
 - 54 NQF-endorsed measures
 - 2 measures that are not NQF-endorsed but support alignment (composites used in an MOC program)
- Support Direction—87 measures that are not NQF-endorsed

- Over half support alignment (used in registries)
- Others are highlighted as promising measure concepts (e.g., address appropriateness, readmissions)
- Do Not Support—139 measures that are not NQF-endorsed
 - 9 measures overlap with finalized or ‘supported’ measures
 - 8 measures had NQF endorsement removed or were submitted for endorsement and were not endorsed
 - Clinician Workgroup had findings on 49 of 122 remaining measures

Review of finalized measure set:

- ‘Phased removal’ of 56 measures that had NQF endorsement removed or were submitted for endorsement and were not endorsed.

Pre-Rulemaking Input on Measures Under Consideration for the Physician Quality Reporting System, Value-Based Payment Modifier, and Physician Compare

Session led by Mark McClellan. Additional presentation provided by Aisha Pittman.

Given the overwhelming number of measures under consideration (over 700) for Physician Compare and VBPM, CMS encouraged the use of the guiding principles in lieu of individual measure recommendations, and indicated that having the principles will provide a valuable foundation for measure selection for clinician programs. Further, the workgroup recommended convening a follow-up web meeting to apply the guiding principles to a select set of clinician-level measures in providing input on specific measures for use in Physician Compare and VBPM.

Public Comment

A member of the public commented on the importance of balancing between including standardized, patient-centered measures within performance-based programs and measures that are clinically-relevant to providers. Additionally, this commenter suggested a greater involvement of measure developers during pre-rulemaking meetings to provide background measure development information that may be useful when recommending measures for various purposes.