Partnership for Quality Measurement

Measure Set Review (MSR) Education Meeting

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Agenda

- Welcome and introduction
- CMS opening remarks
- Overview of End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- Discuss MSR process and evaluation criteria
- Next steps and key timeline
- Q&A

CMS Opening Remarks

Dr. Stephanie Clark

ESRD Quality Incentive Program (QIP) Overview

Measure Set Review
Committee Member Orientation

Stephanie Clark, MD, MPH, MSHP
Medical Officer
Division of Quality Measurement (DQM)
Quality Measurement and Value-Based Incentives Group (QMVIG)
Center for Clinical Standards and Quality (CCSQ)
Centers for Medicare & Medicaid Services

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Legislative Drivers and Statutory Foundations

Legislative Drivers

The ESRD QIP is described in section 1881(h) of the Social Security Act, as added by Section 153(c) of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

- The program's intent is to promote patient health by providing a financial incentive for dialysis facilities to deliver high-quality patient care
- Section 1881(h) authorizes payment reductions of up to 2 percent if a facility does not meet or exceed the minimum Total Performance Score (TPS)

The Protect Access to Medicare Act of 2014 (PAMA) added section 1881 (h)(2)(A)(iii).

- The ESRD QIP must include measures specific to the conditions treated with oral-only drugs. These measures are required to be outcome-based, to the extent feasible

Statutory Overview

MIPPA requires the Health and Human Services (HHS) Secretary to create an ESRD QIP that will:

- Select measures that address the following:
  - Anemia (Required)
  - Dialysis adequacy (Required)
  - Patient satisfaction (To be included to the extent possible)
  - Iron management, bone mineral metabolism, and vascular access (To be included to the extent possible)
- Establish performance standards
- Specify the performance period
- Develop a methodology for calculating total performance scores (TPS)
- Apply an appropriate payment percentage reduction
  - Publicly report results

History

- The ESRD QIP was the first program in Medicare to link a portion of payment to facilities' performance on quality of care measures
- ESRD QIP is a "pay for performance" or "value-based purchasing" (VBP) program
- ESRD QIP is a penalty only program
- The maximum penalty is 2% and applies to all payments within the applicable calendar year (CY)

ESRD QIP Measure Set and Priorities

Priorities

- The ESRD QIP strives to:
  - Maintain a streamlined, robust measure set that is clinically relevant and reflects the quality of care given in dialysis facilities
  - Identify gap areas
  - Fill gap areas with applicable measures that are meaningful to patients and truly reflect the quality of care provided and received

Measure Types

- Clinical Measures
  - Facilities are scored based on whether they meet specified performance standards

- Reporting Measures
  - Facilities are scored based on whether they meet specific reporting requirements

ESRD QIP Measure Set

Clinical Care Measure Domain

- Kt/V Dialysis Adequacy (Comprehensive)
- Standardized Transfusion Ratio (STrR)
- Vascular Access Type: Standardized Fistula Rate (SFR)
- Vascular Access Type: Long-term Catheter Rate

ESRD QIP Measure Set

Care Coordination Measure Domain

- Standardized Readmission Ratio (SRR)
- Standardized Hospitalization Ratio (SHR)
- Percentage of Prevalent Patients Waitlisted (PPPW)

ESRD QIP Measure Set

Safety Measure Domain

- NHSN Bloodstream Infection in Hemodialysis Patients

ESRD QIP Measure Set

Patient and Family Engagement Measure Domain

- In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey

ESRD QIP Measure Set

Reporting Measure Domain

- Hypercalemia
- Ultrafiltration Rate
- NHSN Dialysis Event
- COVID-19 Healthcare Personnel (HCP) Vaccination
- Medication Reconciliation
- Clinical Depression Screening and Follow-up

ESRD QIP Domain Weights Used To Calculate TPS

Measure Domain	Weight
Clinical Care Measure Domain	35%
Care Coordination Measure Domain	30%
Patient and Family Engagement Measure Domain	15%
Safety Measure Domain	10%
Reporting Measure Domain	10%

Other ESRD Programs

Additional ESRD Programs

- Dialysis Facility Care Compare (DFCC)
  - Public reporting program that allows patients and providers to view and compare quality data about dialysis facilities
  - Includes some, but not all, ESRD QIP measures and includes some additional measures not in ESRD QIP
- Dialysis Facility Star Ratings Program
  - Uses a subset of the DFCC measures to create a rating that can be used to compare facilities

Introduction to PQM

Dr. Diptee Ojha

The Partnership for Quality Measurement
Powered by Battelle

- **Battelle** is a consensus-based entity funded through the *CMS National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract* to oversee the endorsement and maintenance of clinical quality measures as well as the engagement of interested parties in the CMS pre-rulemaking process

- **Vision:** The quality measure endorsement and review processes (PRMR/MSR) should be reliable, transparent, attainable, equitable, and most of all, meaningful

PRMR and MSR Approach

The **PRMR process** solicits input from interested parties to recommend whether measures on the MUC List are reasonable and necessary

The **MSR process** allows interested parties to consider the purpose of each program's measures and weigh the impact of these measures against the burden of their implementation

Process Overview

PRMR: Process to seek input on the measures for use in specific CMS Medicare quality program.

MSR: Process to identify and make recommendations about measures in the CMS portfolio whose burdens outweigh the benefits.

Building Recommendations

- Novel Hybrid Delphi and Nominal Group Technique
- Multi-step review ensuring rigor
- Meaningful opportunities for public engagement ensuring transparency
- Recommendations are quantified

Key Participants

- Diverse representation
- Emphasis on patients'/recipients of care and caregivers' voices
- Emphasis on under-represented voices
- Rural health and health equity expertise embedded into the committees reducing siloed discussions

What's New

- Committee members organized into an Advisory and a Recommendation Group—multiple opportunities to participate and provide feedback
- More opportunities for public comment
- Listening session
- Integrated process
  - Fewer committees involved including incorporation of Coordinating Committee and Advisory Workgroups into the Setting Specific Committees
  - Smaller discussion groups emphasizing balanced perspective
  - All PRMR meetings scheduled in January

Key Enhancements

Introducing More Rigor, Engagement, and Transparency to the Processes

- **Emphasis on diverse voices to the review processes (patients, caregivers, and underrepresented minorities representation)**
- **Leveraging the Novel Hybrid Delphi and Nominal Groups Technique**
- **Streamlining the number of committees reviewing the measures**
- **Emphasis on inclusivity: longer public comment periods, listening sessions, and in-person member educational meeting**
- **Integrated processes emphasizing balanced perspective representation**

Committee Organization

PRMR
(~180 ppl)

MSR Recommendations Group selected from PRMR Committees

Hospital Committee (~60 ppl)		Clinician Committee (~60 ppl)		PAC/LTC Committee (~60 ppl)	
Advisory Group (35-45 ppl)	**Recommendations Group** (18-20 ppl)	**Advisory Group** (35-45 ppl)	**Recommendations Group** (18-20 ppl)	**Advisory Group** (35-45 ppl)	**Recommendations Group** (18-20 ppl)

PRMR

- Advisory and Recommendations Groups provide written feedback
- Recommendations Group meets to review and recommend

Interested Parties and MSR

Select group of **PRMR committee members** are identified based on representation criteria for ensuring a range of voices within the group and invited to serve on the MSR Recommendation Group

The **MSR Recommendation Group** is larger than the PRMR Recommendation Group, has 20 to 25 members, and is inclusive of representatives from the three different settings (Hospital, Clinician, and PAC/LTC) included in the PRMR process

2023 MSR Cycle

The 2023 MSR will review the measures included in the CMS End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

For the 2023 MSR process, Battelle will focus on a specific CMS Medicare quality program rather than a priority area from the Cascade of Meaningful Measures as described in the PRMR and MSR Guidebook

This will allow us to pilot the approach with the MSR committee through a lens that is more familiar to its members

MSR Process

Kate Buchanan

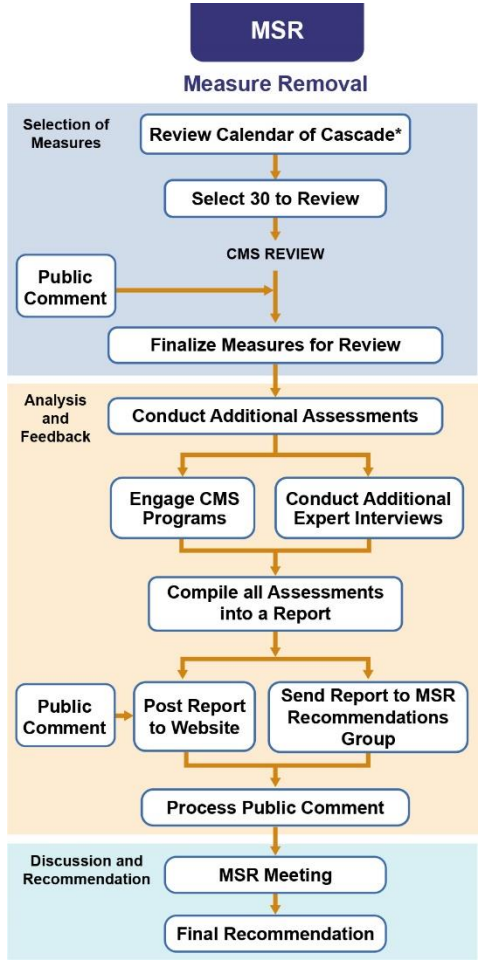
MSR Process

The MSR process builds consensus around measure removals to optimize the CMS measure portfolio in the quality reporting and value-based programs

Four Major Steps:

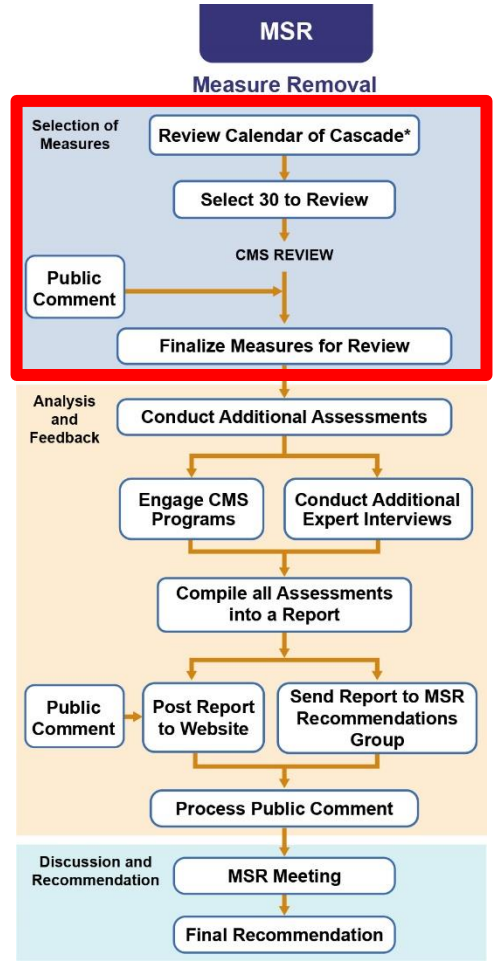
1. Identify cycle focus
2. Information collection and synthesis
3. Recommendation Group feedback
4. Discussion and recommendations

For the 2023 MSR process, Battelle will pilot our consensus-building approach with the MSR committee through a lens that is more familiar to its members. In future years, we will shift to a more holistic approach as shown in the figure.

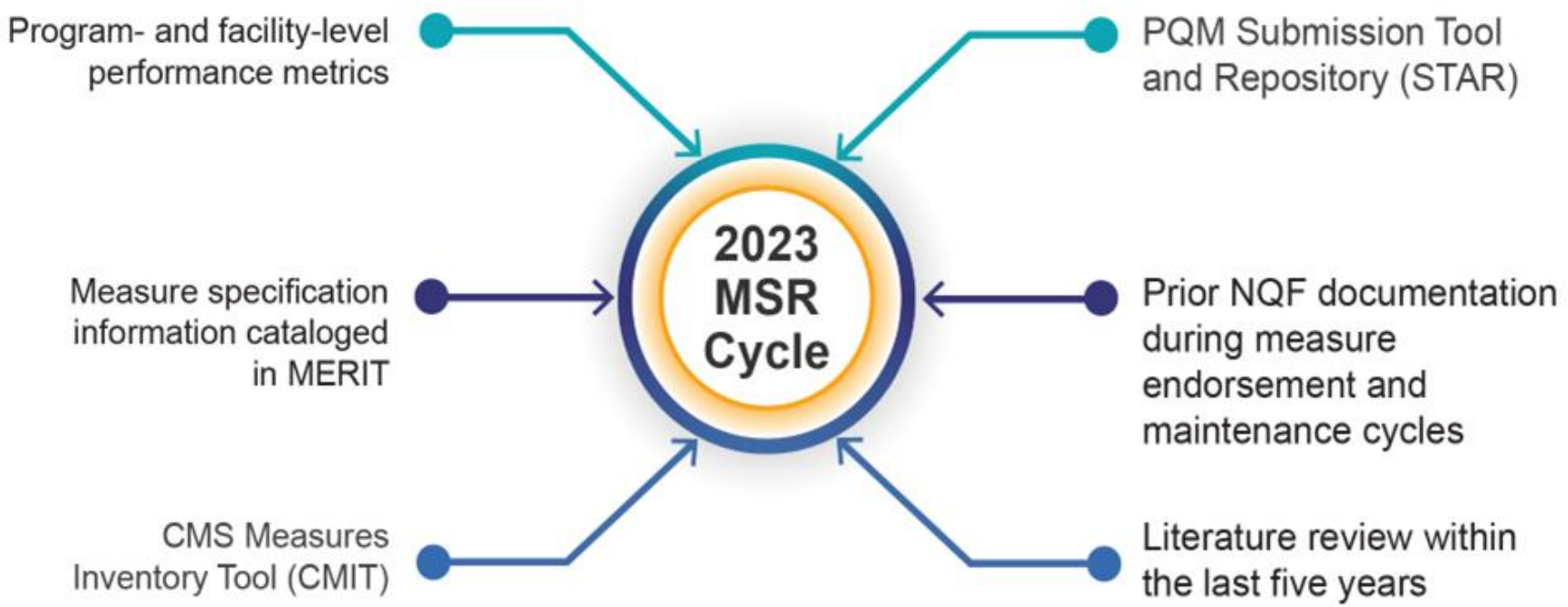


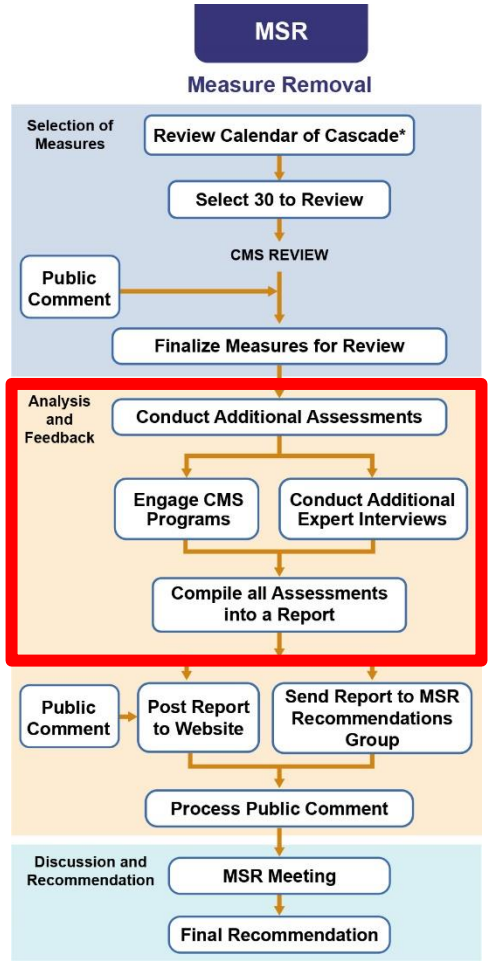
Step 1: Identify Cycle Focus

- After the 2023 review, each MSR cycle will focus on a single Cascade of Meaningful Measure (Cascade) priority
- Selection of a Cascade priority may be informed by conversations with key interested parties such as CMS and other national policy makers and through environmental scans from conferences and other national health care priority activities
- For the 2023 MSR process, Battelle will focus on a specific CMS Medicare quality program (e.g., End-Stage Renal Disease Quality Incentive Program)



Step 2: Information Collection & Synthesis

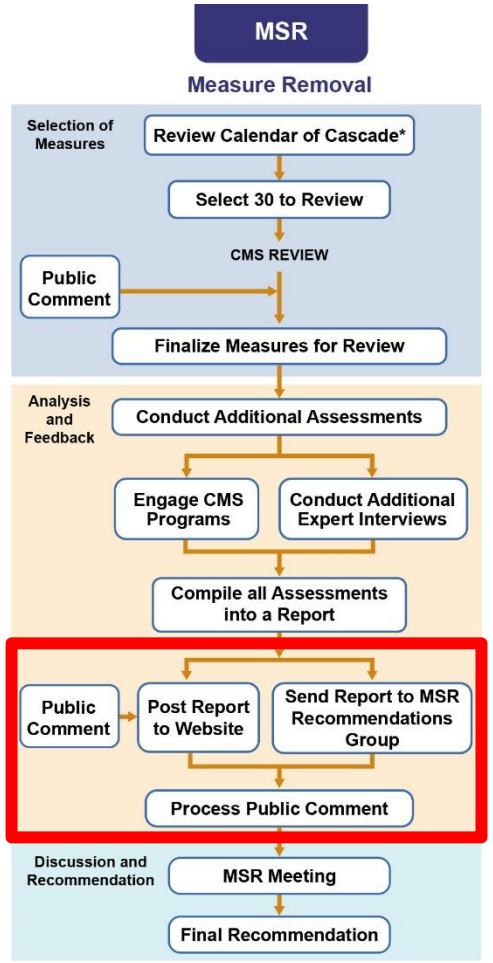




MSR Draft report published on the website

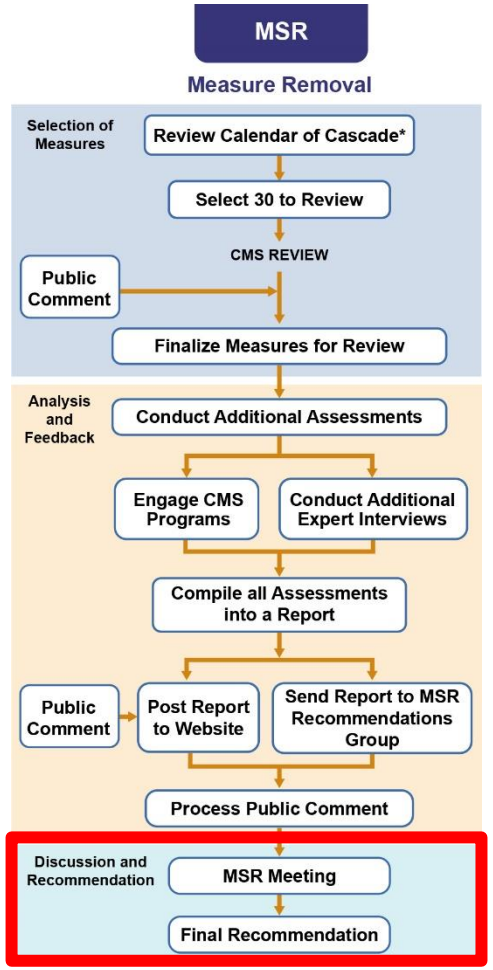
Step 3: Recommendation Group Feedback

- The purpose of Round 1 Evaluation is to gather feedback on the evidence presented against each measure to build consensus on the pros and cons of the measure's inclusion into the designated CMS program
- Battelle staff compiles and synthesizes information collected from the public comment process and Round 1 Evaluation to aid the MSR Recommendation Group meeting
- Compiled comments and ratings are then used for determining areas of non-consensus for focus during the recommendation group meeting



Step 4: Discussion and Recommendations

- The MSR Recommendation group will meet on October 17
- Agenda will prioritize discussion of measures with the least agreement based on comments received during public comment as well as recommendation group round 1 evaluation
- Meeting procedures
  - Step 1: Measure is introduced
  - Step 2: Committee discussion
  - Step 3: Public comment
  - Step 4: Vote



MSR Evaluation

Dr. Diptee Ojha

MSR Assertions

- **Impact**
  Core criteria for measure are evaluated across program, target population, and time
  - As a measure is used in a program, new information about the measure is generated and can be used to assess the measure's impact
- **Entity Data Streams**
  Measure set redundancy in data streams is identified and mitigated
  - Feasibility assessments take into consideration recent changes to the specifications, alignment and harmonization with other measures in the measure set
- **Patient Journey**
  Measure set is implemented across the patient journey in a manner consistent with the measure set impact model
  - Identify optimal impact considerations from the perspective of the journey

MSR Preliminary Assessment Evaluation

Criteria	CMS Removal Factor
Importance Evidence shows causal link between measure targets and health outcomes; measure performance gap considered	**Factor 1.** Measure performance among the majority of ESRD facilities is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made **Factor 2.** Performance or improvement on a measure does not result in better or the intended patient outcomes
Scientific Acceptability **Reliability**: Data show an acceptable level of reliability at analysis level **Validity**: Measure aligns with current guidelines and practice; threats to validity are minimized	**Factor 3.** A measure no longer aligns with current clinical guidelines or practice

MSR Preliminary Assessment Evaluation Criteria (cont.)

Criteria	CMS Removal Factor
Feasibility: People, tools, tasks, and technologies necessary to implement this measure are reasonable for chosen care settings	**Factor 7.** It is not feasible to implement the measure specifications **Factor 8.** The costs associated with a measure outweigh the benefit of its continued use in the program
Usability: Unintended consequences are minimized; measure is implemented across the patient journey as intended	**Factor 6.** Collection or public reporting of a measure leads to negative or unintended consequences

ESRD QIP Program-Level Consideration Evaluation Criterion

Criteria	CMS Removal Factor
ESRD QIP Program-Level Consideration	
Alternative Measures: Measure remains appropriate for inclusion when compared with alternative measures	**Factor 4.** A more broadly applicable (across settings, populations, or conditions) measure for the topic or a measure that is more proximal in time to desired patient outcomes for the topic becomes available **Factor 5.** Is there an alternative measure that is more strongly associated with desired patient outcomes for the topic available?

Applying the Criteria

E&M Criteria	Question	Common Program Removal Criteria	Does the evidence presented demonstrate the following:	PROS (the measure should be retained in the program)	CONS (the measure should be removed from the program)
Importance	Does the measure align with program goals and priorities?	Factor 2.	Causal link with impact on health outcomes	(e.g., fistula is the preferred mode of vascular access for patients in hemodialysis)	(e.g., recent evidence has suggested that fistula may not be optimal for some patients)
		Factor 1.	Performance scores by decile in recent data		
Reliability	Is the measure scientifically sound and produces same results?		Reliability by volume deciles in recent data		
Validity	Is the measure aligned with the most recent evidence-based guidelines and clinical protocols so providers can influence outcome?	Factor 3.	Articulated mechanisms to improve performance		
Feasibility	How burdensome is this measure to report?	Factor 6.	Burden-benefit trade-off		
Usability	Are there opportunities for improvement?		Articulated tools to improve performance or to receive feedback on performance		
Threats to Validity	How are factors that are outside control accounted for? Is there a risk adjustment model?		Risk adjustment conceptual model		
Other		Factor 4.			
		Factor 5.			

MSR Evaluation

Committee members rate each criterion as

- Evidence is complete and adequate OR
- Evidence is either incomplete or inadequate but there is a plausible path forward OR
- Evidence is either incomplete or inadequate and there is no plausible path forward

Then they provide an overall recommendation of the measure

The measure should be **retained** in the designated CMS quality program

The measure should be **removed** in the designated CMS quality program

Meeting Process

Dr. Diptee Ojha

MSR Recommendation Group Measure Review Meeting

The **all day** in-person **MSR Recommendation Group Measure Review** meeting is scheduled on October 17, 2023

- MSR members are strongly encouraged to attend in-person
- There will be a virtual option for those who are unable to attend in-person

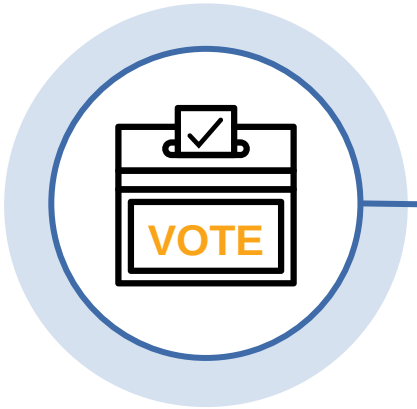
Members of the public are invited to attend virtually and will have the opportunity to provide public comments

There will be a virtual back-up meeting scheduled

MSR In-Person Meeting Agenda

1. **Welcome, Disclosures of Interest (DOIs), and Review of Meeting Objectives**
2. **CMS Opening Remarks**
3. **Review of 2023 MSR Process; Summary of ESRD program; Measure Evaluation Criteria; Voting Process**
4. **Measure Review**
   - Committee member discussion
   - Opportunity for public comment
   - Voting process
5. **Feedback on MSR Process**
6. **Next steps and adjourn**

Voting Procedure – Consensus

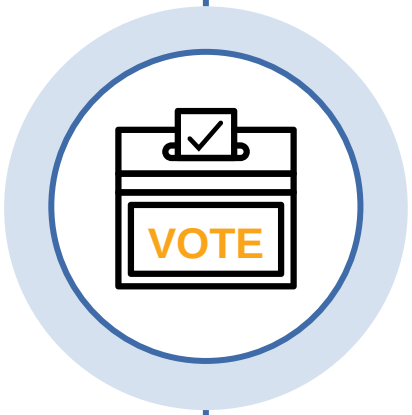


Battelle staff will work with co-chairs to establish meeting ground rules and goals, keeping discussion on track, preventing discussions from being dominated by a small number of participants, and ensuring decisions are reached

Battelle will utilize an online voting system to capture votes by committee members

Consensus is a simple majority, greater than 50%

Voting Procedure – Quorum



Discussion quorum: The discussion quorum requires the attendance of at least 60% of the recommendation group members at roll call at the beginning of the meeting.

Voting quorum: The voting quorum requires at least 80% of active recommendation group members, who have not been recused.

Opportunity for Public Comment

- **There are two opportunities to provide public comments during the MSR process**
  - On the draft MSR report between Sept. 11 – Sept. 26, 2023
  - During the MSR Recommendation Group Measure Review Meeting scheduled for Oct. 17, 2023
- **Public comment on MSR draft report**
  - The draft report is posted on the PQM site
  - Submit comments through the PQM site
- **MSR Recommendation Group Measure Review Meeting**
  - All PRMR and MSR recommendation group meetings are open to the public
  - During the meeting, members of the public will have the opportunity to provide public comments
  - We request that people indicate if they plan to provide a public comment when they register for the meeting, while not required, it allows us to allocate sufficient time in the agenda

Recommendation Report

Following the MSR Recommendation Group review, we synthesize the results into a report for CMS

The report includes:

- Committee recommendations and rationale
- Committee and interest parties' concerns or areas of dissent

The report is submitted to CMS and posted on the PQM website

Timeline

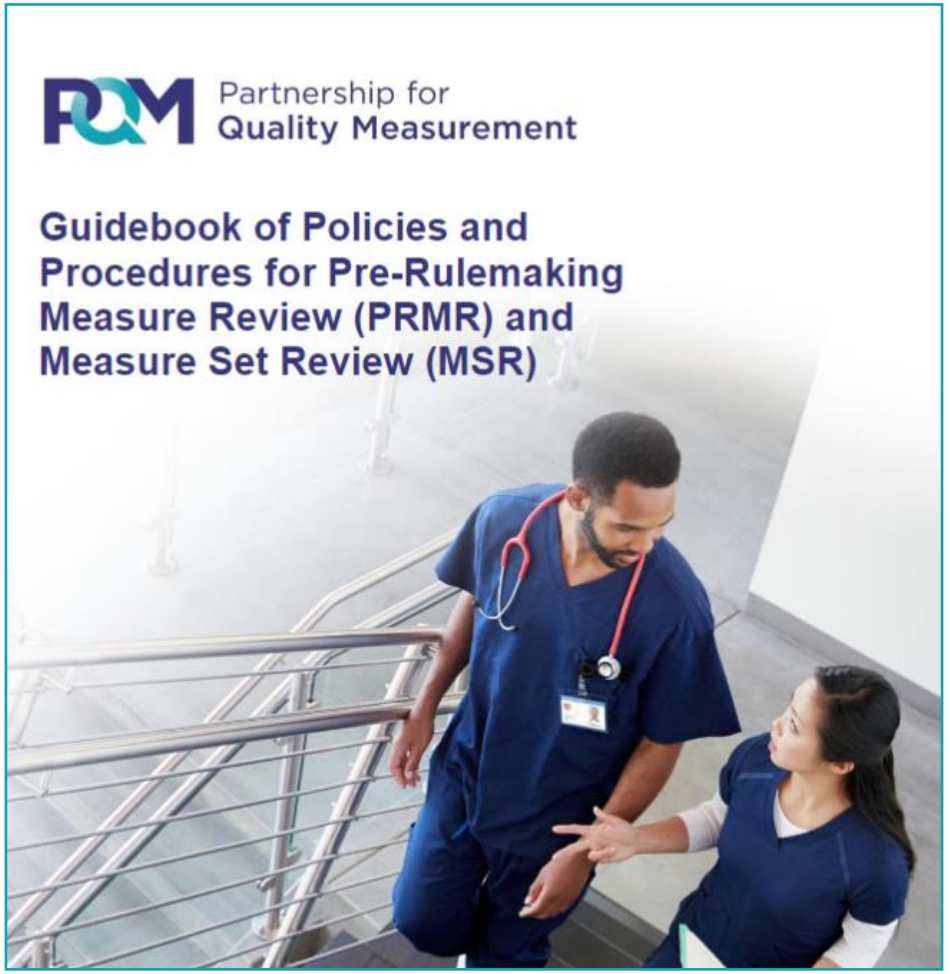
2023 MSR Timeline

Event	Dates
Draft MSR Report posted for public comment	9/11/23 – 9/26/23
MSR Recommendation Group review draft report and provide feedback	9/11/23 – 9/26/23
In-person MSR Recommendation Group measure review meeting	10/17/23
Virtual MSR Recommendation Group back-up measure review meeting	TBD
MSR Recommendation Report published	TBD

Questions

Resources

- **The PRMR and MSR Guidebook**
  - Has information processes, committee composition, and measure selection and removal criteria
- **MSR draft report**
  - Submit a public comment by September 26
- **Become a PQM member** – it's free!



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