Pre-Rulemaking Measure Review (PRMR) Clinician Recommendation Group Meeting

Dr. Michelle Schreiber | Centers for Medicare & Medicaid Services (CMS)

Melissa Gross | CMS

Brenna Rabel | Battelle

Dr. Meridith Eastman | Battelle

Kate Buchanan | Battelle

Dr. Lydia Stewart-Artz | Battelle

Isaac Sakyi | Battelle

January 21-22, 2025

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Housekeeping Reminders
(pt. 1)

We are pleased to have you join us and want to create a meaningful exchange.

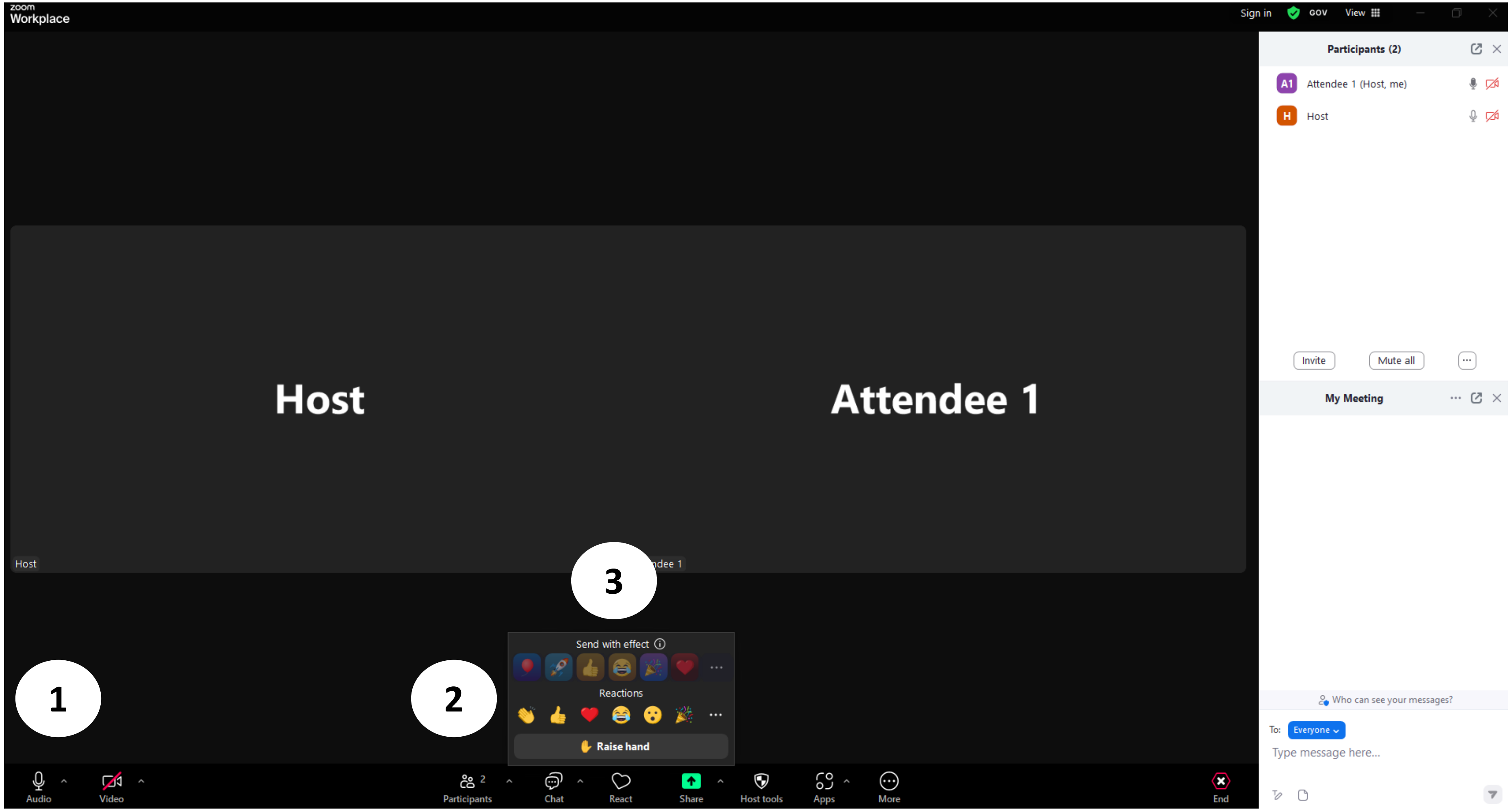
To participate in the discourse, type in the chat or raise your hand.

Battelle staff will serve as virtual moderators. Please unmute yourself when called on.

Housekeeping Reminders *(pt. 2)*

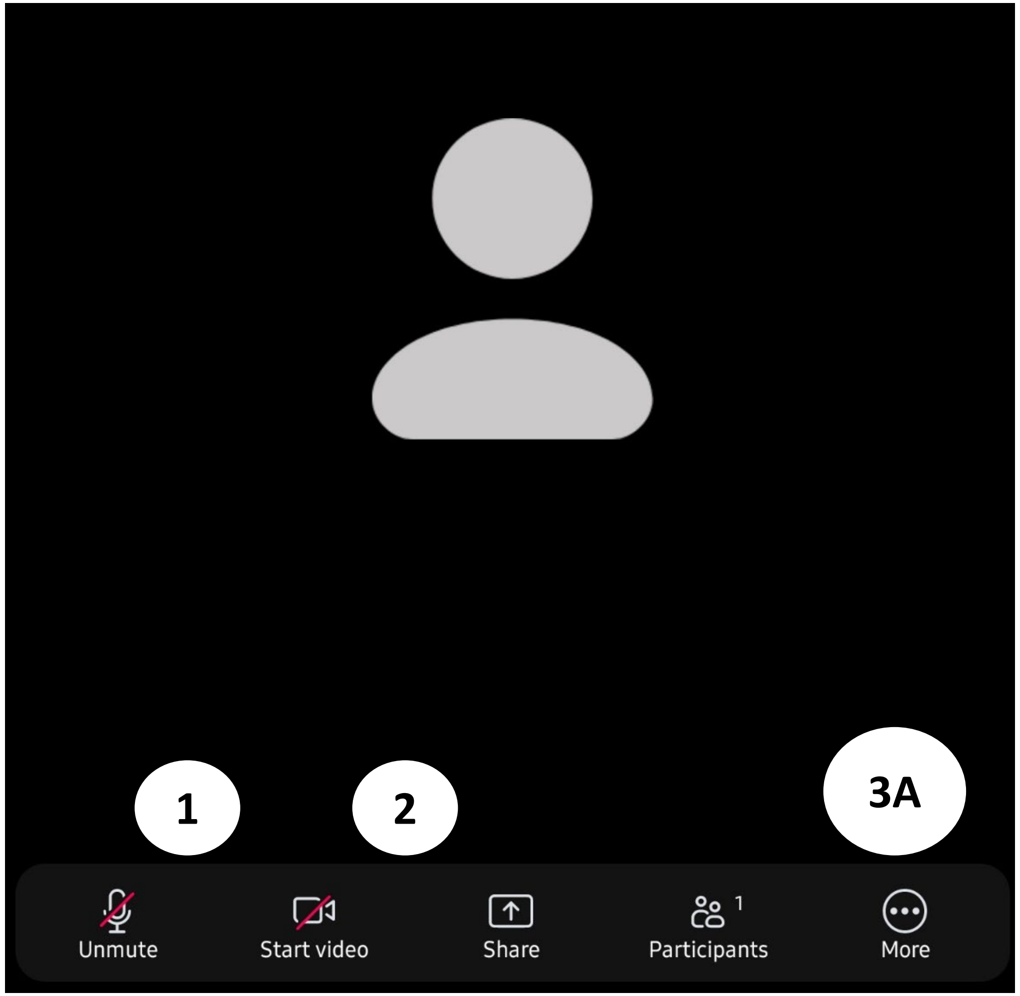
- Please lower your hand and mute yourself following your question/comment.
- Please state your first and last name if you are a call-in user.
- If you are experiencing technical issues, contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

Using the Zoom Platform

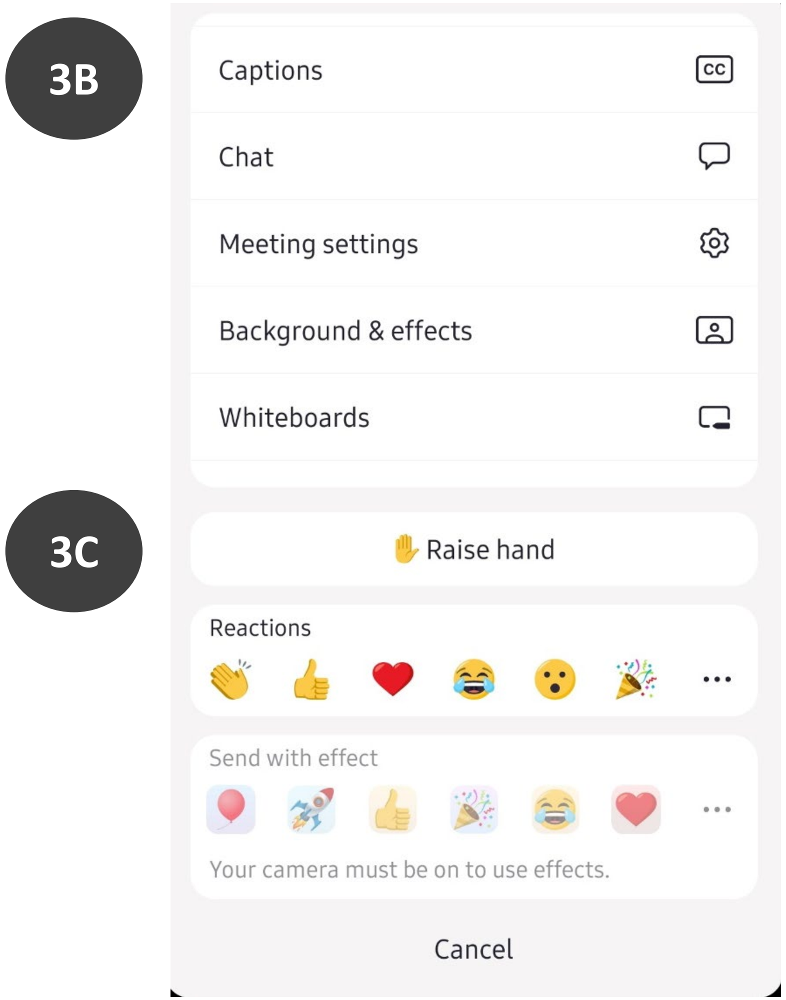


1. Click the lower part of your screen to mute/unmute, start, or pause video.
2. Click on the participant or chat button to access the full participant list or the chat box.
3. To raise your hand, select the raise hand button under the react tab.

Using the Zoom Platform (Phone View)



1. Click the lower part of your screen to mute/unmute, start, or pause video.
2. Click on the participant button to view the full participant list.
3. Click on (3A) "More" button to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab.



Community Guidance

- Respect all voices.
- Remain engaged and actively participate.
- Keep your comments concise and focused.
- Be respectful and allow others to contribute.
- Share your experiences.
- Learn from others.

Acronyms

- AG: Advisory Group
- CMS: Centers for Medicare & Medicaid Services
- MUC: Measures Under Consideration
- PA: Preliminary Assessment
- PAC/LTC: Post-Acute Care/Long-Term Care
- PIE: Pre-meeting Initial Evaluation
- PRMR: Pre-Rulemaking Measure Review
- PQM: Partnership for Quality Measurement
- RG: Recommendation Group

Welcome and Review of Meeting Objectives

Brenna Rabel, *Partnership for Quality Measurement (PQM) Technical Director, Battelle*

Welcome to the PRMR PAC/LTC Recommendation Group Meeting

Committee members will review and discuss public comments, preliminary assessments (PAs), and Advisory Group inputs about the 2024 PAC/LTC measures under consideration.

Each discussion will end with a vote about whether to recommend the measure(s) for use in the Centers for Medicare & Medicaid Services (CMS) quality program(s).

Please note, public comment is not collected during this meeting. We invite written public comments on our final recommendations from February 3-17, 2025.

Introductions

Battelle Staff

- Brenna Rabel, MPH – Technical Director
- Jeff Geppert, JD, EdM – Scientific Methods Lead
- Meridith Eastman, PhD, MSPH – Pre-Rulemaking Measure Review (PRMR)-Measure Set Review (MSR) Task Lead
- Kate Buchanan, MPH – PRMR-MSR Deputy Task Lead
- Lydia Stewart-Artz, PhD, MHS – PRMR-MSR Measure Evaluation Lead
- Isaac Sakyi, MSGH – PRMR-MSR Voting Lead

Centers for Medicare & Medicaid Services (CMS) Staff

- Michelle Schreiber, MD, Deputy Director for Quality & Value, Center for Clinical Standards and Quality (CCSQ) for Centers for Medicare & Medicaid Services (CMS)
- Melissa Gross, BSN, CMS PRMR Lead
- Kimberly Rawlings, MPP, CMS National Quality Strategy Lead
- Helen Dollar-Maples, RN, Director, Division of Program and Measurement Support (DPMS), CCSQ
- Charlayne Van, JD, CMS Contracting Officer’s Representative
- CMS Medical Officers
- CMS Leads

Clinician Recommendation Group Meeting Agenda Day 1 *(pt. 1)*

10:00 AM	Welcome and Review of Meeting Objectives
10:07 AM	Roll Call and Disclosures of Interest (DOIs)
10:20 AM	Co-Chair Introductions
10:25 AM	CMS Opening Remarks, Review of the Merit-based Incentive Payment System (MIPS) and Part C Star Ratings Program
10:30 AM	Overview of 2024 PRMR Process and Voting
10:40 AM	Voting Test
10:50 AM	Break

* All times listed in ET

Clinician Recommendation Group Meeting Agenda Day 1 *(pt. 2)*

11:00 AM	Measure Review
12:30 PM	Lunch
1:15 PM	Measure Review
3:15 PM	Break
3:30 PM	Measure Review
4:30 PM	Meeting Adjourns

* All times listed in ET

Roll Call and Disclosures of Interest

Kate Buchanan, *PRMR-MSR Deputy Task Lead, Battelle*

Disclosures of Interest (DOIs)

- Prior to the meeting, committee members were asked to complete a “measure-specific DOI” form for each measure, or batch of measures, assigned to the committee.
- Committee members verbally disclose relevant interests during Recommendation Group (RG) meetings.
- If there is a perceived or actual conflict of interest (COI), Battelle requires affected members to recuse themselves from discussing and voting on the applicable measure(s).

Roll Call and Disclosures of Interest

Clinician Recommendation Group Members

RG Co-chairs: Mary Baliker and David Seidenwurm

Erica Alexander

Puneet Bajaj

Anita Bemis-Dougherty

Heidi Bossley

Jennifer Brockman

Zeeshan Butt

Laura Conner

Scott Cowan

Erin Crum

Kristina Davis

Kevin Dodd

Sarah Eakin

Jonathan French

Richard Friedland

Gmerice Hammond

Sunny Jhamnani

Miklos Kertai

Priscilla Knight

Michael Lardieri

Sai Ma

Carlene MacMillan

Trudy Mallinson

Steve Meth

Matthew Miller

Ethan Novikoff

Amir Qaseem

Megan Reyna

Sheila Roman

**Denotes inactive status*

PRMR Clinician Co-Chair Introductions

Mary Baliker

Dr. David Seidenwurm

CMS Opening Remarks and Review of the Merit-based Incentive Payment System (MIPS) and Part C Star Ratings Program

Dr. Michelle Schreiber, *Deputy Director for Quality & Value, Center for Clinical Standards and Quality (CCSQ) for Centers for Medicare & Medicaid Services (CMS)*

Overview of 2024 PRMR Process

Dr. Meridith Eastman, *PRMR-MSR Task Lead, Battelle*

PRMR Cycle

The Department of Health and Human Services (HHS) annually publishes a list of measures under consideration (MUC) for future federal rulemaking by December 1.

PRMR committees assess whether a measure is appropriate for use in a specific CMS program and for a population of Medicare beneficiaries.

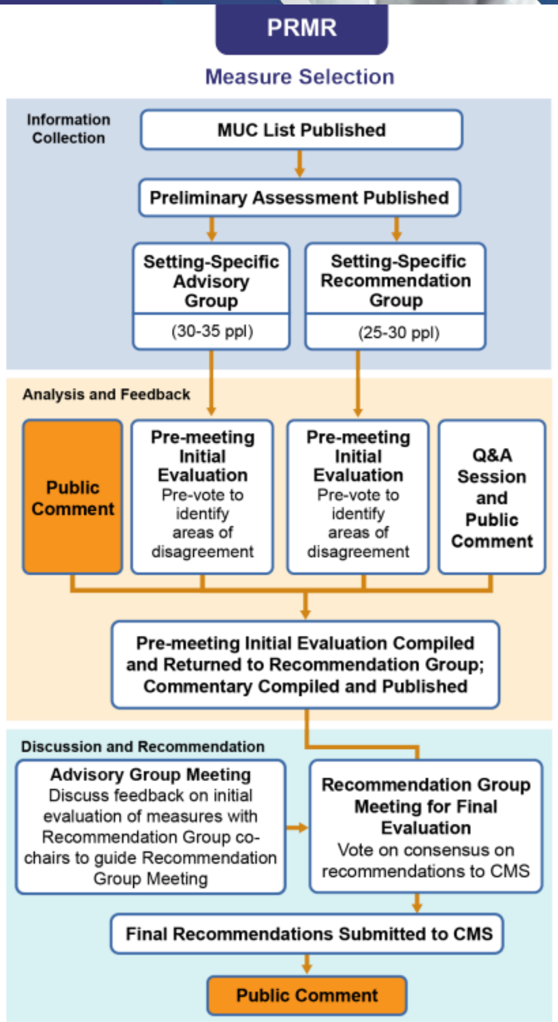
The PRMR process results in consensus-based recommendations about MUCs for CMS programs.

PRMR Process

The PRMR process builds consensus regarding MUC List measures as to whether they are appropriate for consideration for CMS quality reporting programs and value-based programs.

Three major phases:

1. Information collection
2. Analysis and feedback
3. Discussion and recommendation



PRMR

Measure Selection

Information Collection

MUC List Published

Preliminary Assessment Published

Setting-Specific Advisory Group

(30-35 ppl)

Setting-Specific Recommendation Group

(25-30 ppl)

Analysis and Feedback

Public Comment

Pre-meeting Initial Evaluation
Pre-vote to identify areas of disagreement

Pre-meeting Initial Evaluation
Pre-vote to identify areas of disagreement

Q&A Session and Public Comment

Pre-meeting Initial Evaluation Compiled and Returned to Recommendation Group; Commentary Compiled and Published

Discussion and Recommendation

Advisory Group Meeting
Discuss feedback on initial evaluation of measures with Recommendation Group co-chairs to guide Recommendation Group Meeting

Recommendation Group Meeting for Final Evaluation
Vote on consensus on recommendations to CMS

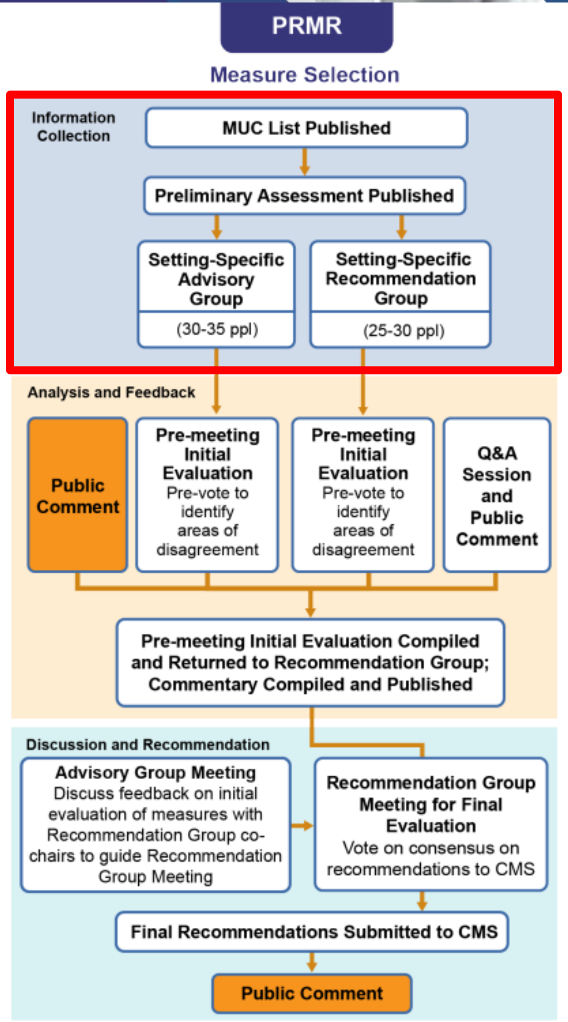
Final Recommendations Submitted to CMS

Public Comment

PRMR Process: Information Collection

Preliminary Assessment

- Battelle completes a preliminary assessment (PA) for each measure using information from the CMS MERIT* submission.
- Each PA focuses on the PRMR evaluation criteria and intentionally avoids rehashing topics better suited to Endorsement & Maintenance (E&M) discussions.
- Battelle creates PAs using information from the measure steward/developer. PAs are also reviewed by CMS leads and measure stewards/developers to ensure accuracy.
- PAs are made available to all committee members (Advisory Group and Recommendation Group) immediately following the release of the MUC List.



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*CMS MERIT: The Centers for Medicare & Medicaid Services MUC Entry/Review Information Tool

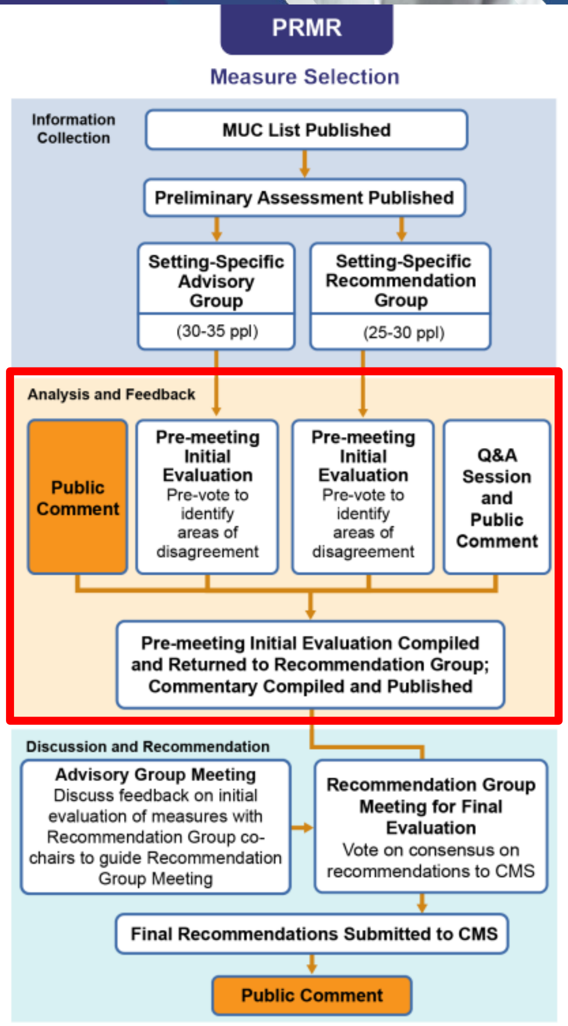
PRMR Process: Analysis and Feedback *(pt. 1)*

Pre-Meeting Initial Evaluation (PIE)

- All committee members submit evaluations on a subset of measures via the Pre-Meeting Initial Evaluation (PIE) Form.
- Along with PAs, committee members receive a PIE Form for each measure they evaluate, which includes guidance on questions to consider when evaluating the criteria.

Public Comment and Listening Sessions

- Upon release, the MUC List will be posted for a 21-day public comment period.
- PQM hosts three public listening sessions, one per setting, where CMS, Battelle staff, and measure developers/stewards hear brief spoken statements on measure(s) of interest. CMS answers MUC-related questions live and/or in writing after the call. Developers may also be asked to weigh in.
- Comments received through the comment process and during listening sessions will be made publicly available on the PQM website.



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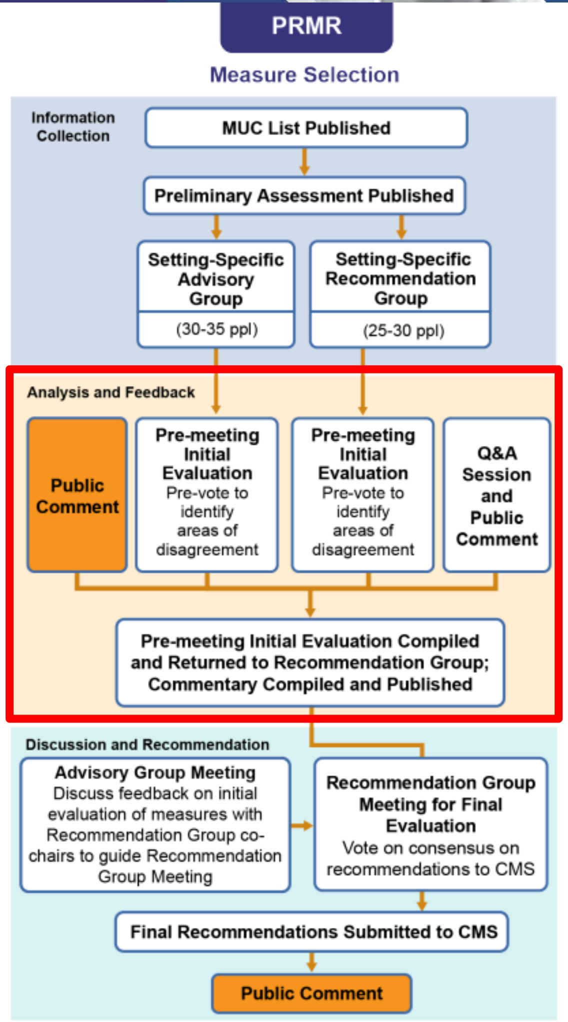
PRMR Process: Analysis and Feedback *(pt. 2)*

- Battelle compiles feedback from the PIE Forms, public comment, and listening sessions in advance of the RG meeting for the following purposes:
  - To help Battelle facilitators identify areas of non-consensus, so they may be discussed during the RG meetings
  - To provide to CMS leads in advance of the RG meeting to help them anticipate questions and topics where more context or clarity may be needed to inform the RG discussion



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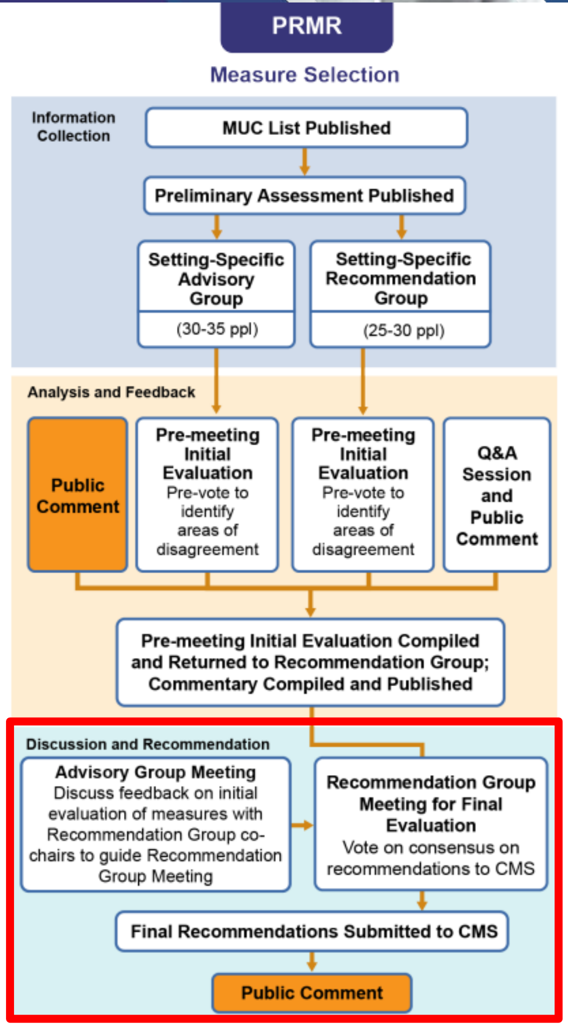
PRMR Process: Discussion and Recommendation *(pt. 1)*

AG Discussion Session*

- Prior to the RG meetings, members of the AG convene to discuss their feedback from the PIE Forms and help generate discussion questions for the RG meeting.
- The AG feedback is critical guidance for the RG discussion.
- RG co-chairs facilitate the session, and relevant Battelle staff attend.
- The co-chairs ensure that the AG perspective is represented throughout the RG meetings.



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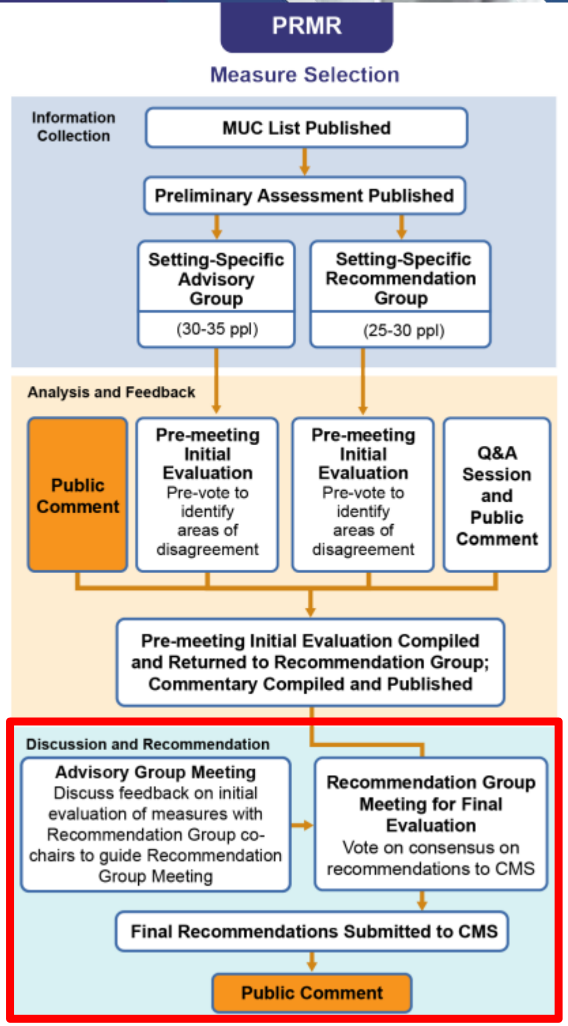
* AG members and RG co-chairs are required to attend their committee's AG meeting. Other RG members, CMS personnel, measure developers, and measure stewards can opt to attend AG meetings as members of the public in listen-only mode.

PRMR Process: Discussion and Recommendation *(pt. 2)*

Recommendation Group Meeting for Final Evaluation

- Battelle shares PIE results with the RG at least 2 weeks prior to the meeting to assist the RG in prioritizing their discussions on areas of non-consensus.
- The RG meets to discuss issues/concerns raised during the AG discussion, public comment period, and via PIE forms.



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Recommendation Group Meeting

Measure Review Process

1. Measure Introduction

Battelle staff provides review of each measure.

2. CMS Overview

CMS staff provides brief overview and/or contextual background on the measure.

3. Summary & AG Feedback

Battelle staff summarizes public comments and PIE results; co-chairs present an overview of Advisory Group feedback.

4. Discussion

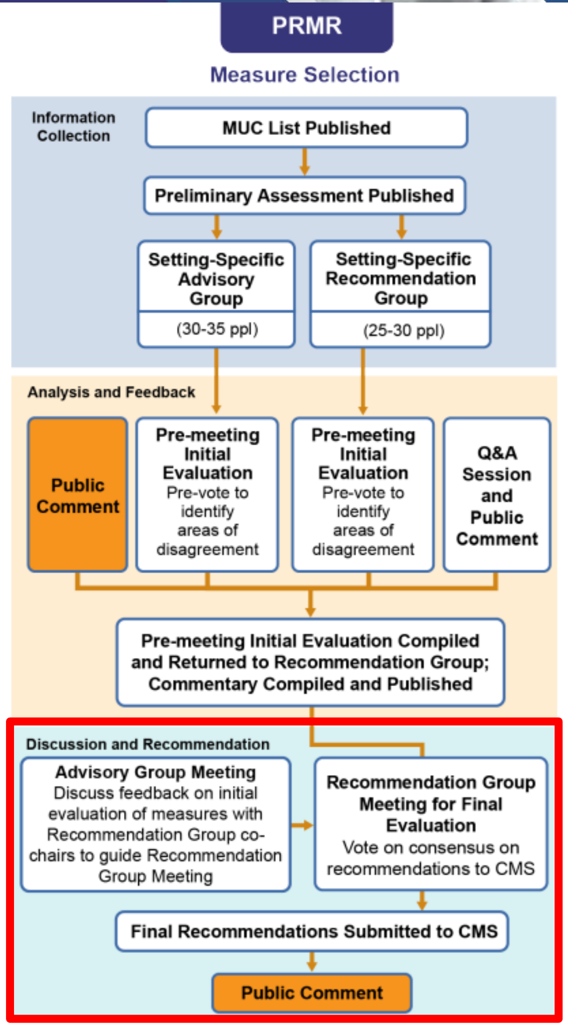
The committee discusses each measure with these considerations and context in mind.

5. Vote

The committee votes with the aim of reaching consensus about whether to recommend the measure(s) for use in the CMS quality program(s).

PRMR Process: Discussion and Recommendation *(pt. 3)*

- Recommendation Group final recommendations are delivered to CMS by February 1 and subsequently posted to the PQM website where they are open for public comment for 15 days.
- The intent of this opportunity is to provide CMS with additional feedback on MUCs and final recommendations. The public comment after February 1 does not impact the final RG recommendations.



PRMR

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PRMR Measure Evaluation

Dr. Lydia Stewart-Artz, *PRMR-MSR Evaluation Lead, Battelle*

PRMR Assertions

(pt. 1)

Meaningfulness: Concept of Interest

- When evaluating meaningfulness of the concept of interest, committees evaluate whether the measure provides:
    - ✓ Evidence that the measure focus is associated with a material outcome for persons and entities (Importance)
    - ✓ Measure components and specifications that align with the intent of the measure focus and target population (Conformance)
    - ✓ Demonstration that the tools, process, and people necessary to implement and report on the measure are reasonably available (Feasibility)

PRMR Assertions

(pt. 2)

Meaningfulness: Context of Use

- When thinking about how meaningful a measure is, committees evaluate if the submission:
  - ✓Explains why using this measure in the quality program will bring more benefits than costs (Importance)
  - ✓Shows with data or reasoning that there are effective methods for improvement (Validity)
  - ✓Provides data showing that most differences in performance are due to those effective methods (Reliability)
  - ✓Identifies and addresses any obstacles or supports that might affect how the methods can be used (Usability)

MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations

PRMR Assertion Example: Meaningfulness

- **Evidence of Measure Meaningfulness**
  - The 2023 Hospital PRMR Recommendation Group considered the addition of this measure to the Hospital Inpatient Quality Reporting (HIQR) Program
    - The committee reviewed clinical guidelines and cited literature supporting measure relevance to the HIQR program population. (Importance-Concept of Interest & Context of Use)
    - The committee considered this measure against the existing CLABSI measure used in acute care units, specifically focusing on the practical implications of expanding use into oncology units.(Feasibility-Concept of Interest, Usability-Context of Use)
    - An oncologist committee member raised the issue of unintended consequences related to blood culture orders being cancelled or not ordered to avoid raising the CLABSI rate. (Usability-Context of Use)
    - Committee members suggested the measure account for dialysis patients with catheters in stratification, and to evaluate different types of oncology units, e.g., hematology-oncology vs. solid organ. (Validity-Context of Use)
    - Committee members commented on low reliability of the measure for some entities and requested clarification from the steward on potential causes. (Reliability-Context of Use)

PRMR Assertions
(pt. 3)

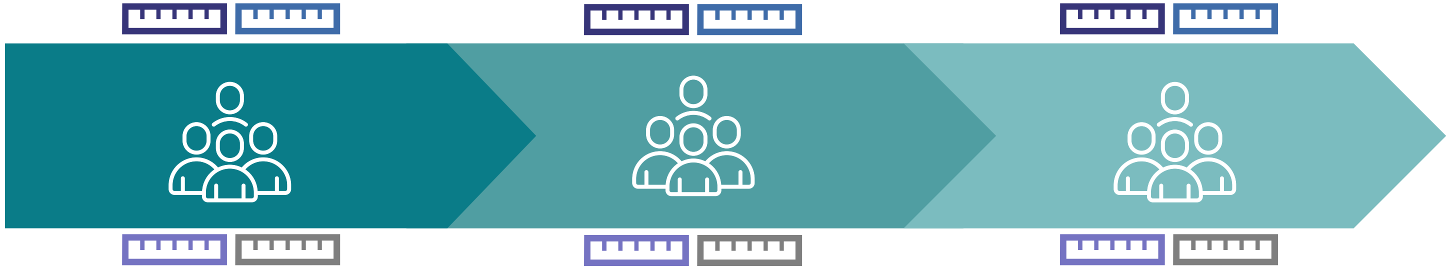
Appropriateness of scale:

- Is the measure appropriate and tailored to the specific goals of the program and its target population?
  - ✓ To evaluate this, we look at the evidence regarding how benefits and risks or harms are spread among different groups. We also need to consider how those risks or harms can be reduced.

MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations

PRMR Assertion Example: Appropriateness of Scale

- **Evidence of Measure Appropriateness of Scale**
  - The 2023 Hospital PRMR Recommendation Group considered the addition of this measure to HIQR
    - One committee member expressed concerns about the reporting period being too short for smaller or rural facilities with lower volumes to report the measure and asked whether the reporting period could be expanded.
    - The committee discussed potential implications of this reporting period on overall measure performance across different types of oncology sites.



PRMR Assertions

(pt. 4)

Time-to-value realization:

- Does the measure include a plan for achieving positive effects in the short and long term?
  - ✓ Time-to-value realization is based on the idea that measuring something over time can lead to long-term benefits or harms as the measure matures.
  - ✓ To assess this, committees should look at how the benefits and harms might change over time. They should consider how to extend the benefits and prevent potential harms as the measure matures.

MUC2023-219 Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio Stratified for Oncology Locations

PRMR Assertion Example: Time-to-Value Realization

- **Evidence of Measure Time-to-Value Realization**
  - The 2023 Hospital PRMR Recommendation Group considered the addition of this measure to HIQR
    - The committee considered barriers to initial roll-out of this measure across the program, discussing implementation facilitators and barriers in rural and urban sites.
    - The committee discussed how short-term implementation barriers could impact performance and measure benefit for facilities with lower patient volumes.

Preliminary Assessments

Battelle provides committee members with measure-specific preliminary assessments (PAs).

PAs include:

- Descriptive information about measure specification, endorsement, and use
- CMS-provided rationale for measure inclusion in the CMS program
- Summary of performance on PRMR criteria
- Considerations for statutorily required measure topic areas
- Reliability and validity testing results and analysis

PRMR Voting Procedures

Dr. Meridith Eastman

Voting Procedure – Quorum
(pt. 1)

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.

Voting Procedure – Quorum
(pt. 2)

- **It is extremely important to the process to have voting quorum, and we kindly request you stay for the entirety of discussion and voting.**
  - To ensure accurate quorum counts, please notify Battelle through the meeting chat if you need to leave the meeting for any reason.
  - If voting quorum is not met, we will collect the votes for those present and follow up with absent participants offline until a voting quorum is reached.

Voting Procedure – Consensus

VOTE

Battelle staff and co-chairs will encourage committee members to follow community guidance in order to yield informed decisions.

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

Consensus is a minimum of 75% agreement among members.

PRMR Recommendation Voting

Committee votes on overall recommendation of the measure

- 👍 Recommend that the measure be **added** to the intended CMS program(s)
- 👍 Recommend that the measure be **added** to the intended CMS program(s) **with conditions**
- 👎 **Do not recommend** that the measure be added to the intended CMS program(s)

PRMR Recommendation

Consensus voting for final recommendations

Recommend (A)	Recommend with Conditions (B)	Do not recommend (C)	Consensus Voting Status
75% or More			A (Recommend)
	75% or More		B (Recommend with conditions)
75% or More			B (Recommend with conditions)
		75% or More	C (Do not recommend)
		Greater than 25% and less than 75%	No consensus

Recommend With Conditions
(pt. 1)

- The RG may identify certain short-term or long-term conditions that, if met, would lead them to a vote to fully recommend the measure.
- Short-term conditions may include:
  - Stratification in reporting
  - Obtaining consensus-based entity endorsement
  - Performing additional testing to demonstrate measure meaningfulness
- Longer-term conditions might include:
  - Re-specification of the measure focus or target population
  - The addition or removal of factors in the measure's risk-adjustment model

Recommend With Conditions
(pt. 2)

- RG members do not need to agree on the conditions that would accompany a recommend with condition status.
- Each committee member who submits a “recommend with conditions” vote provides the relevant condition(s) they believe should precede the measure’s implementation in a CMS program.
- Battelle documents the identified conditions in the PRMR Recommendations Report for CMS’s consideration.

Recommendation Report

Following the PRMR Recommendation Group review, Battelle synthesizes the results into a report for CMS.

The report includes:

- Vote counts and the rationales for recommendations
- Committee and interested parties’ concerns or areas of dissent

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

Voting Test

Isaac Sakyi, *PRMR-MSR Voting Lead, Battelle*

Break

Please return by 11:00 AM

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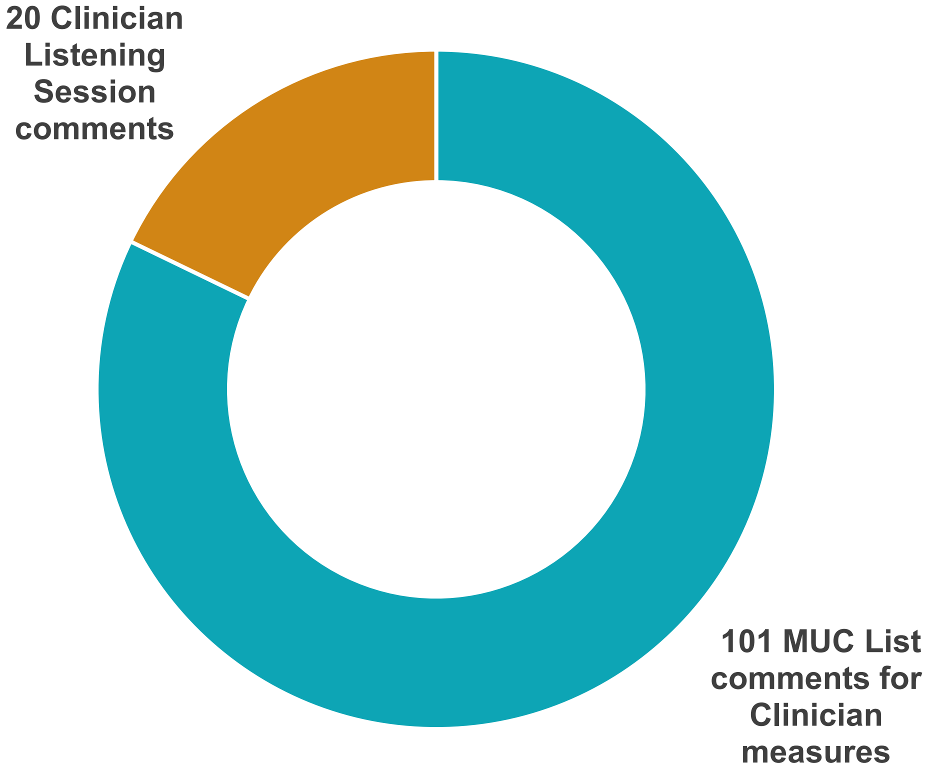
Clinician Measure Review

Public Comment Overview

- Overall themes
  - Improving patient safety especially in primary care settings is important to prevent serious harm and death.
  - Screening for SDOH is essential for improving health equity and patient outcomes.
  - Clinicians should align with patient goals to enhance client engagement, reduce unwanted care, and empower patients in decision-making.
  - Clinicians' lack of access to diagnostic tools could negatively impact their ability to meet certain measure requirements, potentially leading to increased ED visits and health care costs.
  - Cost measures that attribute costs to clinicians for services outside their control could lead to unfair penalization.

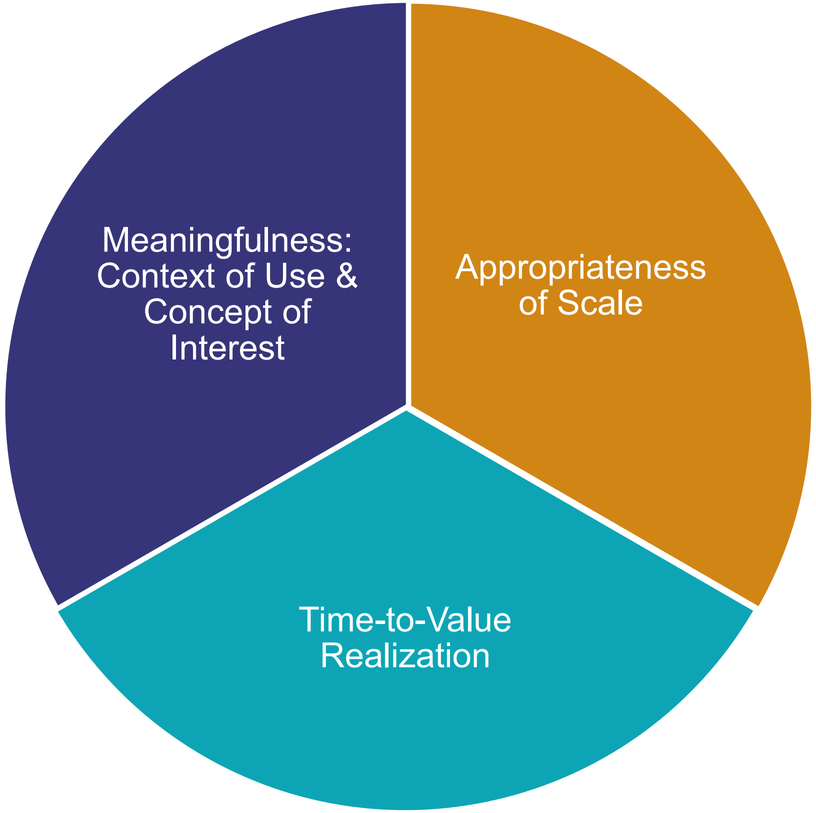
Total Clinician Public Comments
121 total comments



Pre-Meeting Initial Evaluation (PIE) Forms

- 575 PIE Forms submitted across 41 measures
- 65% of members submitted at least one Form
- Average of 14 Forms submitted per measure (min 9, max 36)
- Questions for each criterion:
  - Based on your review of the preliminary assessment for this measure and your personal/professional experience, does it meet the criterion? (Yes/No)
  - Please discuss your rationale for your rating of the criterion for this measure. (Free-text response)
- Additional free-text comment box available for each measure to record any additional comments or concerns

PRMR Evaluation Criteria



Health Equity Assessment

- The Institute for Healthcare Improvement (IHI) conducted assessments for each measure's potential impact on health equity.
- Because equity is not a PRMR evaluation criteria, it should not factor into committee decisions.
- However, the committee can still use the IHI's assessments to inform discussion and feedback to CMS.

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Clinician Measures Under Consideration for the Part C Star Ratings Program

Social Need Screening and Intervention

MUC2024-052

MUC2024-052 Social Need Screening and Intervention

Item	Description
Considered For	Part C Star Ratings
Measure Description	The percentage of persons who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention within 30 days if the screening was positive.
Developer/Steward	National Committee for Quality Assurance (NCQA)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Health Plan

Social Need Screening and Intervention

PIE Form Feedback (pt. 1)

- **Meaningfulness Themes**
  - **Support:** The committee expressed support for the measure's focus on topics important to patient wellbeing and the potential to mitigate costs for chronic disease. Measure adheres to the "established standards for quality program" and will "fill a gap" in addressing social needs, such as housing and food insecurity, known to impact health.
  - **Concerns:** Concerns included the measure's lack of reliability testing, the potential for increased burden on providers, and the disruption to clinical workflows. The committee also had a concern regarding the limited actionability of measure, since interventions may not be available across settings. There are challenges with implementing the measure in electronic clinical data systems and a concern that the measure may overburden data systems already struggling with interoperability and functionality. Some members noted that some systems are struggling to implement this measure for other programs currently.
  - **Further consideration:** Committee members would like to see further empirical testing and broader usability evaluation to ensure feasibility and effectiveness.
- **Appropriateness of Scale Themes**
  - **Support:** Several committee members shared that this measure has potential to increase transparency around community-level burden of social needs.
  - **Concerns:** Several members expressed interest in seeing more data on measure performance across populations and settings before feeling comfortable saying there is equitable benefit. There were also concerns about availability of community resources to address Health-related social needs (HRSNs)

Social Need Screening and Intervention

PIE Form Feedback (pt. 2)

- **Time-to-value Realization Themes**
    - **Support:** This measure may lead to a long-term realization of value by supporting the collection of evidence for positive outcomes that can be used to develop interventions in the future.
    - **Concerns:** One member stated that the measure risks overburdening community-based organizations if it is not implemented carefully and in a phased manner.

Social Need Screening and Intervention

Public Comment Summary

- **Received 15 public comments**
  - Nine support, six concerns
- **Support summary:**
  - This measure is important to address social determinants of health and enhance health equity.
  - A crucial component of quality health care delivery is to improve patient engagement and outcomes by aligning across federal programs and integrating health care with community and social services.
  - Evidence-based approach helps to identify at-risk members and ensures they receive appropriate interventions
  - The measure aligns with federal programs, especially in fulfilling the regulatory requirements for Medicare Advantage plans. There's strong advocacy for expanding the measure to include interpersonal safety/intimate partner violence as a domain.
- **Concern summary:**
  - Potential for overlap with the current SDOH measure in MIPS that would result in a duplication of screening and follow-up care at both the health care plan level and the clinician level.
  - Commenters suggest dividing the measure into separate metrics for screening and intervention.
  - Commenters expressed concern over potential for human bias and the need for privacy to openly answer SDOH questions. They also stated that questions accessible for many literacy levels should be considered during implementation.
  - The measure focuses on Logical Observation Identifiers Names and Codes (LONIC) and should include specifications to directly capture ICD-10 codes, as 90% of organizations that collect SDOH data utilize ICD-10- codes.

Social Need Screening and Intervention

Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

IHI reviewers noted that current challenges implementing social need screening and interventions may be due to:

- Potential language barriers
- Staff resource and training constraints
- Potential bias to presumed higher risk patient populations
- Patient's concern for stigma[1]

This measure can help identify where there are challenges implementing the social need screening and inform improvement efforts.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers suggested that non-use of this measure would hinder efforts to refine screening and intervention methodology in addition to efforts to enhance staff training and resources.

Considerations for Enhancing Health Equity

IHI reviewers recommend stratification by race, sex, ethnicity, and language as an initial step to identify disparities in social need screening and intervention.

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[1] Huebner CI, Gold R, Kaufmann J, et al. Social Risk Screening and Response Equity: Assessment by Race, Ethnicity, and Language in Community Health Centers. American Journal of Preventive Medicine. 2023;65(2):286-295. doi: https://doi.org/10.1016/j.amepre.2023.02.018

Social Need Screening and Intervention

Discussion Topics

- How do feasibility challenges and patient and provider burden balance against the benefits of this measure's use among populations with higher unmet needs?
- How will this measure mature through revisions in the future if added to the Part C Star Ratings program?

Adult Immunization Status (AIS-E)

MUC2024-081

MUC2024-081 Adult Immunization Status (AIS-E)

Item	Description
Considered For	Part C Star Ratings
Measure Description	The percentage of Medicare Advantage plan members 19 years of age or older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal.
Developer/Steward	National Committee for Quality Assurance (NCQA)
Measure Background	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Endorsed	MIPS-Quality; Marketplace	Health Plan

Adult Immunization Status (AIS-E)

PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** Support expressed for this measure included alignment with clinical guidelines, prior successful use in other CMS programs, submitted testing data, and evidence of benefits to public health from vaccination.
  - **Concerns:** Committee members highlighted significant hurdles such as accessing immunization registries, challenges with Electronic Clinical Data System (ECDS) reporting, feasibility challenges including barriers to accessing necessary registries across states, vaccine hesitancy, and lack of necessary technology integration.
- **Appropriateness of Scale Themes**
  - **Support:** Several members found no difference in harm or benefit across specific subgroups. There was support from the patient perspective.
  - **Concerns:** The performance gap seen in testing data may suggest meaningful differences in clinical populations that should be assessed and mitigated.
  - **Further consideration:** There was a suggestion to further analyze the measure's impact on specific subgroups within populations to better identify and address potential barriers to vaccine access.
- **Time-to-value Realization Themes**
  - **Support:** Committee members shared support for the measure's potential to significantly reduce morbidity, mortality, and health care costs in both the short and long term.
  - **Concerns:** One member shared that feasibility challenges related to data sharing and interoperability could cause burden and risks for Medicare Advantage plans in the near and long term.

Adult Immunization Status (AIS-E)

Public Comment Summary

- **Received four public comments**
  - One support and three concerns
- **Support summary:**
  - Commenter pointed to CDC data that vaccination rates have fallen and emphasizes the importance of adults getting scheduled vaccines to protect population health.
  - Measure contributes to alignment with CMS's Universal Foundation and other CMS payment programs.
  - Measure is flexible and can be adjusted for updated vaccination guidelines.
- **Concern summary:**
  - The COVID vaccine is excluded from the measure.
  - There may be differences in the accuracy of clinical data versus survey data.
  - There are accessibility issues with some state immunization registries.
  - May be burdensome for health care providers to track down patient's immunization records.
  - Clinicians may be held accountable for vaccination rates, which can be outside of their control.

Adult Immunization Status (AIS-E)

Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

IHI reviewers cited literature that indicates there are disparities in immunization coverage related to race and ethnicity.[1,2] The measure currently stratifies by race and ethnicity; however, additional disparities exist by socioeconomic status, geographic location, access to primary care, and education level.[3]

This measure can help accountable entities make impactful improvements in immunization that target communities in need.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers noted that limited use of this measure may impact the opportunities to assess immunization-related impacts to health equity and to improve overall health outcomes.

Considerations for Enhancing Health Equity

IHI reviewers recommended stratification by sex and language as an initial step to identify disparities and consideration of stratification by additional variables such as socioeconomic status, geographic location, access to primary care, and education level.

[1] CDC. Flu Vaccination Coverage, United States, 2023–24 Influenza Season. FluVaxView. Published September 20, 2024. Accessed November 25, 2024. https://www.cdc.gov/fluvaxview/coverage-by-season/2023-2024.html

[2] CDC. Vaccination Coverage among Adults in the United States, National Health Interview Survey, 2019–2020. AdultVaxView. Published July 22, 2024. Accessed November 25, 2024. https://www.cdc.gov/adultvaxview/publications-resources/vaccination-coverage-adults-2019-2020.html

[3] National Vaccine Advisory Committee. Advancing Immunization Equity: Recommendations from the National Vaccine Advisory Committee; 2021. Accessed November 25, 2024. https://www.hhs.gov/sites/default/files/nvac-immunization-equit-report.pdf?form=MG0AV3

Adult Immunization Status (AIS-E)
Discussion Topics

- What are the potential near- and long-term impacts of this measure on measured entities, the Part C Star Ratings program, and patient populations?
- Does the committee share concerns about feasibility challenges associated with implementation of this measure in the Medicare Advantage population that were raised in PIE Forms (e.g., accessing registries, data sharing, and interoperability)?

Depression Screening and Follow-Up for Adolescents and Adults (DSF)

MUC2024-088

MUC2024-088 Depression Screening and Follow-Up for Adolescents and Adults (DSF)

Item	Description
Considered For	Part C Star Ratings
Measure Description	The percentage of Medicare Advantage plan members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care within 30 days.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	ESRD QIP; MSSP; MIPS–Quality; Medicare Adult Core Set	Health Plan

Depression Screening and Follow-Up for Adolescents and Adults (DSF)

PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** The committee support for this measure included the importance of the behavioral health focus to patients, that the measure includes both screening and a follow-up action, aligns with USPSTF guidelines, and prior use in other CMS programs**.** There was support for this measure at the health plan level.
  - **Concerns:** Concerns shared included feasibility challenges related to sharing of behavioral health data and electronic clinical data system challenges. One member cited the potential to unfairly penalize health plans and therefore clinicians who are adequately treating depression and providing high quality of care but are not generating a discrete data element to receive "credit."
  - **Further consideration:** Several members suggested that this measure undergo CBE endorsement and one noted that all depression screening and follow-up measures in use in CMS should be aligned.
- **Appropriateness of Scale Themes**
  - **Support:** Support was expressed from the patient perspective. Several members also reported no differential benefit or harms to patient subgroups based on their review of this measure.
  - **Concerns:** The committee noted practical challenges including a shortage of behavioral health specialists as well as technological or interoperability issues in data sharing and reporting. These may pose higher barriers to use in facilities with limited resources or rural settings.
- **Time-to-value Realization Themes**
  - **Support:** Several members commented on the short-term benefit of this measure in improving depression screening and intervention.
  - **Concerns:** Several members did not feel they had sufficient data to comment on long-term measure impacts in the program. Others suggested that feasibility challenges previously highlighted will pose threats to long-term use.

Depression Screening and Follow-Up for Adolescents and Adults (DSF)

Public Comment Summary

- **Received eight public comments**
  - Four support and four concerns
- **Support summary:**
  - Measure takes a holistic approach to depression treatment, including non-pharmacological interventions.
  - General appreciation for a depression measure, especially when other depression measures have low performance scores.
  - The extension of the follow-up period from 14 to 30 days is more realistic.
- **Concern summary:**
  - Measure specifications are vague regarding what constitutes a “follow-up.” This may lead to fragmented care or duplication of services.
  - Performance on a measure on clinical care should be attributed to the care provider not the health plan.
  - Health plans and clinicians might be unfairly penalized for not generating discrete data elements.
  - The measure may lead to increased administrative burden.
  - Health plans continue to have challenges with data availability and ECDS reporting, which may affect the implementation of this measure.

Depression Screening and Follow-Up for Adolescents and Adults (DSF)

Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

- Known disparities in depression screening rates are associated with race, ethnicity, older age, and non-English speaking patients.
- These disparities seem to decrease with a universal screening approach.[1]
- This measure promotes the use of a standard instrument for depression, which addresses access to care and therefore improves health equity.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers noted that limited use of this measure may impact opportunities to assess disparities in depression screening and follow up related to language barriers, socioeconomic status, geographic location, access to services, cultural differences.

Considerations for Enhancing Health Equity

IHI recommends stratification by race, sex, ethnicity, and language as an initial step to identify disparities and consideration of stratification by variables such as socioeconomic status, geographic location, access to primary care, and cultural differences.

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[1] Garcia ME, Hinton L, Neuhaus J, Feldman M, Livaudais-Toman J, Karliner LS. Equitability of Depression Screening After Implementation of General Adult Screening in Primary Care. JAMA Netw Open. 2022;5(8):e2227658. Published 2022 Aug 1. doi:10.1001/jamanetworkopen.2022.27658

Depression Screening and Follow-Up for Adolescents and Adults (DSF)

Discussion Topics

- What are the potential near- and long-term impacts of this measure on measured entities, the Part C Star Ratings program, and patient populations?
- Does the committee share concerns about feasibility challenges associated with implementation of this measure in the Medicare Advantage population that were raised in PIE Forms (e.g., sharing behavioral health data, electronic clinical data system challenges)?

Lunch Break

Please return by 1:15 PM

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Clinician Measures Under Consideration for MIPS (Quality)

Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement

MUC2024-026

MUC2024-026 Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	The percentage of individuals 18 years of age and older with a complex care need who identified and documented person-centered goal and action plan, followed up with the identified goal, and achieved the identified goal.
Developer/Steward	National Committee for Quality Assurance (NCQA)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
PRO-PM or Patient Experience of Care	Not Endorsed	New Measure	Clinician: Individual and Group

Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement

PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** The committee support for this measure included importance to patient-centered care and shared decision making.
  - **Concerns:** Concerns expressed for this measure include the broad scope within one measure and potential implementation burden and feasibility challenges associated with measure use in clinical settings at multiple time points. Also, patients with multiple co-morbidities may require more than six months to achieve their goals.
  - **Further consideration:** Clarity is requested on goal selection and flexibility for patient choice within types of goals. The developer is encouraged to pursue CBE endorsement to address concerns around reliability and feasibility.
- **Appropriateness of Scale Themes**
  - **Support:** Support expressed for the measure's ability to be customized to advance person-centered care and effectively address the unique needs of individual patients across diverse populations.
  - **Concerns:** The committee raised concerns about the feasibility of stratifying by group type within the MIPS benchmarks and its implications on the measure's results. Potential challenges include disproportionate burdens on under-resourced entities or patient groups, such as those with complex needs or limited access to care.
- **Time-to-value Realization Themes**
  - **Support:** One member felt the measure demonstrated a plan for near- and long-term positive impacts by prioritizing goal-oriented care, which is likely to improve outcomes over time as health systems mature.
  - **Concerns:** Proposed limitations to long-term measure impact included higher levels of resources needed to implement the measure and ability to track progress with the PRO-PM format.

Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement

Public Comment Summary

- **Received six public comments**
  - Four support and two concerns
- **Support summary:**
  - Measure focus on aligning care with patient goals to enhance client engagement, reduce unwanted care, and empower patients in decision-making is important
  - Aligns with CMS's health equity goals to address the needs of geriatric patients, a vulnerable population.
  - Patient-reported outcome measures such as this one are useful in occupational therapy to develop care plans and measure outcomes.
  - Commenters encourage expanding the measure to other key CMS payment programs such as Enhancing Oncology Model (EOM), Hospital Inpatient Quality Reporting (IQR), Hospital Outpatient Quality Reporting (OQR), Prospective Payment System-Exempt Cancer Hospital Quality Reporting (PCHQR), Medicare Shared Savings Program (MSSP), Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) and All-Payer Health Equity Approaches and Development (AHEAD).
- **Concern summary:**
  - Lack of clarity in definitions for "goal" and "complex care needs" could lead to inconsistencies in application and interpretation.
  - Standardized tools do not reflect individual patient priorities or cultural values that may impact the patient's quality of life. Standards should be established that ensure goals align with patient priorities and provide valid data for evaluation.
  - Having to collect data for three denominators is burdensome and may limit the feasibility of documenting goals and plans in a structured format.

Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement

Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

- IHI reviewers noted this measure promotes equity by putting the patient's wants and needs at the center of care plans.[1] This measure is stratified by clinician group type, which can help highlight disparities in health equity.
- IHI noted that the manual abstraction portion of the measure may be burdensome to some health care facilities that may not have adequate staffing, staff training, or time to support data collection.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers suggested non-use of this measure may diminish efforts to promote health equity through person-centered care.

Considerations for Enhancing Health Equity

- IHI noted there may be health care disparities related to language, culture, and literacy associated with this measure.
- IHI encourages leveraging electronic data sources to decrease measurement burden.
- IHI recommends stratification by ethnicity, language, sexual orientation, gender identity, socioeconomic status, and rurality of residence to identify if there are gaps in engagement among subpopulations.

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[1] Edgman-Levitan S, Schoenbaum SC. Patient-centered care: achieving higher quality by designing care through the patient's eyes. Isr J Health Policy Res. 2021;10(1):21. Published 2021 Mar 5. doi:10.1186/s13584-021-00459-9

Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement

Discussion Topics

- Does this measure have the same feasibility in resource-constrained settings as in non-resource-constrained settings?
- How might measured entities plan for and address concerns about resource allocation?

Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)

MUC2024-082

MUC2024-082 Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	A PRO-PM to assess the quality of clinician counseling for patients eligible for select cancer screenings. The PRO-PM focuses on incentivizing high-quality counseling services to reduce disparities in screenings for four cancer types: 1) breast, 2) cervical, 3) colorectal, and 4) lung cancer. The PRO-PM requires use of a novel PRO survey instrument to collect the outcome data from patients while minimizing the burden of data collection on providers and patients and optimizing response rates.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
PRO-PM or Patient Experience of Care	Not Endorsed	New Measure	Clinician: Group

Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)

PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** The committee support for this measure included the emphasis on patient engagement and patient voice, the potential to reduce disparities in screening and counseling practices, and the potential for earlier detection, which may have associated cost savings.
  - **Concerns:** The committee raised concerns about feasibility of the measure because of the time and technology required for data collection, specifically to implement the patient-reported survey.
  - **Further consideration:** The committee requested further information to help quantify the staffing and technology requirements needed to implement the measure in clinical practice.
- **Appropriateness of Scale Themes**
  - **Support:** Several members shared potential benefits of this measure in reducing bias in health care metrics, particularly for marginalized communities.
  - **Concerns:** Other members pointed out potential risks of the measure including the added administrative burden to lower-resource facilities and the potential for overuse of screening tests.
- **Time-to-Value Realization Themes**
  - **Support:** Some members said that the short-term benefits of the measure may be realized quickly due to its patient-driven nature.
  - **Concerns:** Several members did not feel they had sufficient data to comment on long-term measure impacts in the program. Some members expressed concern for the long-term use and benefit of the measure if feasibility challenges remain.

Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)

Public Comment Summary

- **Received four public comments**
  - One support and three concerns
- **Support summary:**
  - General support received for PRO-PMs to improve patient experiences.
- **Concern summary:**
  - The definitions of “clinician” (i.e., does this include nurses and counselors, or physicians only) and “high-quality counseling” in the measure specifications are vague.
  - Measure assumes certain conversations happen during certain visits – but these conversations are generally fluid in terms of when they occur.
  - Visit may not be long enough to complete the survey.
  - Measure does not account for refusals or those who may not meet criteria for cancer screenings.
  - Age range (21-84) does not align with current guidelines for some cancer screenings, which are not recommended after a certain age (e.g., breast cancer – screening recommended up to age 75; cervical cancer – screening recommended up to age 65).

Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)
Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

- IHI reviewers noted that this measure has great potential for positive impact on cancer screening and patient experience disparities (within health insurance, race, geographic area and disability status).[1]
- IHI reviewers were supportive of the availability of a Spanish language translation of the survey, as language barriers can hinder screening, communication about risk, and shared decision-making.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers suggested non-use of the measure may perpetuate known barriers to screening that disproportionately impact historically marginalized patients (e.g., lack of knowledge of guidelines, lack of provider recommendation, fears or concerns about medical procedures, difficulty navigating the health care system, logistical challenges and lack of access to medical services.

Considerations for Enhancing Health Equity

- IHI recommended stratification by race, sex, ethnicity, and language as an initial step to identify disparities.
- IHI recommended translation of the survey to additional languages.

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[1] Disparities in Cancer Screening for Early Detection - CDPR24. Cancer Progress Report. Published May 30, 2024. https://cancerprogressreport.aacr.org/disparities/cdpr24-contents/cdpr24-disparities-in-cancer-screening-for-early-detection/

Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)

Discussion Topics

- Does the committee recommend risk adjustment or stratification for this measure?
- Does the committee have concerns about the clarity of measure specifications (e.g., for complex situations such as when one type of screening may be due but another is not or for subgroups with different screening needs)?

Patient Reported Falls and Plan of Care

MUC2024-080

MUC2024-080 Patient Reported Falls and Plan of Care

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	Percentage of patients (or caregivers as appropriate) with an active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke who reported a fall occurred and those that fell had a plan of care for falls documented at every visit.
Developer/Steward	American Academy of Neurology
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Clinician: Individual

Patient Reported Falls and Plan of Care
PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** Committee support for this measure included the recognition of the measure’s importance and alignment with clinical literature on falls in the patient population over age 65.
  - **Concerns:** The committee shared concerns around the potential challenges to feasibility, usability, and potential overlap with existing measures for this population.
- **Appropriateness of Scale Themes**
  - **Support:** Several committee members viewed this measure as important from the patient perspective and stated it had the potential to reduce gaps in care.
  - **Concerns:** The committee shared concerns about how patients in rural or lower resource communities may experience fewer “plan of care” options for the measure to capture, which could influence measure scores.
- **Time-to-Value Realization Themes**
  - **Support:** Several members cited the measure's readiness and compatibility with existing frameworks as a potential facilitator of recognizing near-term benefits.
  - **Concerns:** Several members did not feel they had sufficient data to comment on long-term measure impacts in the program.

Patient Reported Falls and Plan of Care
Public Comment Summary

- **Received four public comments**
  - Two support and two concerns
- **Support summary:**
  - There is a critical need to address falls, especially in older adults, due to high frequency and costs.
  - Measure reflects a comprehensive approach to fall reduction.
- **Concern summary:**
  - Some of the measure specifications may be unclear, specifically around whether “plan of care” activities are expected to be ordered continuously (e.g., balance or gait training, physical therapy, occupational therapy, and home safety evaluations).
  - Narrative documentation may be burdensome.
  - Measure should be tested at the group practice level.
  - Measure may not be appropriate for those with severe frailty or advanced dementias.

Patient Reported Falls and Plan of Care *Equity Considerations*

Potential Impacts to Health Equity Associated with Measure Use

- IHI reviewers suggested regular documentation and review of fall plans can foster better communication among health care providers, leading to more coordinated and comprehensive care for all patients.
- Implementing this measure can promote a culture of equity, where every patient's needs are considered and addressed, contributing to overall health equity.

Potential Impacts to Health Equity Associated with Non-Use

- IHI reviewers noted that non-use of this measure could perpetuate a lack of documentation resulting in disparities and inequities in care quality where some patients receive appropriate fall prevention measures and others do not.
- Without data on falls and care plans, health care organizations may miss opportunities to identify and address gaps in their fall prevention programs.

Considerations for Enhancing Health Equity

- IHI recommends stratifying this measure by stratifying data on falls and care plans by race, ethnicity, and Language (REaL), age, and location, to help providers identify trends and areas for improvement, leading to more equitable fall prevention strategies.

Patient Reported Falls and Plan of Care
Discussion Topics

- What are the potential near- and long-term impacts of this measure on measured entities, MIPS, and patient populations?
- How might improvement on this measure be more challenging for rural or lower resource communities?

Quality of Life Outcome for Patients with Neurologic Conditions

MUC2024-084

MUC2024-084 Quality of Life Outcome for Patients with Neurologic Conditions

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	Percentage of patients whose quality of life assessment results are maintained or improved during the measurement period.
Developer/Steward	American Academy of Neurology
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
PRO-PM or Patient Experience of Care	Not Endorsed	New Measure	Clinician: Individual

Quality of Life Outcome for Patients with Neurologic Conditions
PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** Support for this measure included recognition of the measure's importance to patient engagement and shared decision making.
  - **Concerns:** Several members expressed concerns about the lack of reliability testing and the available validity testing. They also had concerns about the feasibility and usability of the measure due to the complexities of multiple survey administrations and potential modifications to practice workflows. One member shared the concern that the time and financial costs of measure implementation and physician accountability are "too great for a measure whose external validity and reliability testing has not been completed."
  - **Further consideration:** Committee members asked for clarification on what specific neurologic conditions were included under the measure and whether the measure is limited to non-neurodegenerative disorders.
- **Appropriateness of Scale Themes**
  - **Support:** Several committee members viewed the measure as important from the patient perspective and as having the potential to reduce gaps in care.
  - **Concerns:** Concerns related to this criterion included the lack of testing across patient population subgroups and the need for representation of a wider variety of clinical settings (rural, non-rural, safety net etc.) to improve generalizability to the CMS program.
- **Time-to-Value Realization Themes**
  - **Support:** One respondent shared that the impact and benefit of this measure may be realized in "real time."
  - **Concerns:** Several members did not feel they had sufficient data to comment on long-term measure impacts if implemented in the program.

Quality of Life Outcome for Patients with Neurologic Conditions
Public Comment Summary

- **Received five public comments**
  - Three support and two concerns
- **Support summary:**
  - Measure viewed as a tool to facilitate quality-of-life discussions with patients with neurologic conditions.
  - Appreciation for the measure’s promotion of early referrals to palliative care.
- **Concern summary:**
  - Measure may need to be risk adjusted for comorbidities and duration of neurological disease.
  - Commenters noted that testing was not sufficient for reliability and validity.
  - Comments expressed implementation concerns with the survey, specifically around achieving an adequate response rate and cultural and language barriers.
  - A patient’s treatment choices may lead to a decreased quality of life.

Quality of Life Outcome for Patients with Neurologic Conditions
Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

IHI reviewers noted the proposed measure uses the PROMIS Global Health-10, which is considered culturally appropriate when properly translated and adapted to a specific population.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers suggested non-use of this measure would hinder efforts to understand subgroup differences in patient-reported quality of life, despite similarities in objective clinical measures of management and care for people with neurological conditions.

Considerations for Enhancing Health Equity

- The current measure does not include risk adjustment, but the developers identified “Use of an interpreter and primary spoken language” as potential future adjustment variables.
- IHI reviewers noted that including this variable in risk adjustment may mask important differences in patient-reported quality of life due to barriers to communication, as well as the need for improved access to language services for these patients.

Quality of Life Outcome for Patients with Neurologic Conditions *Discussion Topics*

- How does the committee consider clinicians' role in maintaining/improving quality of life for patients with neurologic conditions, considering that neurology patients' quality of life often worsens regardless of treatments, due to the disease course?
- Does the committee share the concerns expressed in PIE Forms about the lack of reliability and validity testing?

Break

Please return by 3:30 PM

Prevalent Standardized Waitlist Ratio (PSWR)

MUC2024-051

MUC2024-051 Prevalent Standardized Waitlist Ratio (PSWR)

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	The PSWR measure tracks the number of prevalent dialysis patients in a practitioner (inclusive of physicians and advanced practice providers) group who are under the age of 75 and were listed on the kidney or kidney-pancreas transplant waitlist or received a living donor transplant. For each practitioner group, the PSWR is calculated to compare the observed number of waitlist events in a practitioner group to its expected number of waitlist events.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	Submitted previously but not included in MUC List

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Not Endorsed	New Measure	Clinician: Group

Prevalent Standardized Waitlist Ratio (PSWR)
PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** The committee supported the alignment of the measure’s targets and MIPS’ goals. The measure addresses reducing waitlist times, which could lead to higher quality care and lower costs for patients.
  - **Concerns:** The committee raised concerns about the measure’s validity due to lack of prior CBE endorsement as well as the ability of the risk adjustment model to appropriately account for external factors leading to poorer performance on the measure.
- **Appropriateness of Scale Themes**
  - **Support:** This measure complements existing initiatives to shorten transplant waitlists and promotes equity by incorporating adjustments for social risks.
  - **Concerns:** Members suggest that CMS monitor risks and burdens to prevent disproportionate impacts to certain provider or patient groups.
- **Time-to-Value Realization Themes**
  - **Support:** Committee members, including a patient, noted that the measure is expected to have near-term and long-term benefits, such as increased transplant rates and improved quality of life.
  - **Concerns:** The committee had concerns that the measure may have more negative impacts in the long term on providers/facilities with longer wait times due to external factors not accounted for in the risk model.

Prevalent Standardized Waitlist Ratio (PSWR) *Public Comment Summary*

- **Received two public comments**
  - Zero support and two concerns
- **Support summary:**
  - While commenters acknowledged the importance of improving transplantation rates for patients with kidney failure, no comments specifically supported this measure.
- **Concern summary:**
  - The measure penalizes physicians for factors outside their control, such as changes in patient insurance and varying eligibility criteria across transplant centers, which undermines the validity and fairness of the measure.
  - The overall inter-unit reliability (IUR) is 0.56, indicating questionable reliability, with concerns that reliability for small providers might be even lower.
  - Metrics are needed to align incentives across the entire continuum of care and more accurately reflect the role of nephrologists in the transplantation process.

Prevalent Standardized Waitlist Ratio (PSWR) *Equity Considerations*

Potential Impacts to Health Equity Associated with Measure Use

- IHI reviewers cited factors associated with a lower standardized transplant ratio including for-profit status, facilities with a higher percentage of Black patients, patients with no health insurance, and patients with diabetes.[1]
- The measure is stratified by race, ethnicity, age, and sex, allowing providers to identify inequities in waitlist events and allocate resources more equitably to underserved populations.

Potential Impacts to Health Equity Associated with Non-Use

- IHI suggested that non-use of this measure may lead to persistence or worsening of disparities in transplantation access and to inequitable health outcomes.
- Lack of data on waitlist events can result in missed opportunities to identify and address gaps in care, perpetuating existing inequities.
- Without standardized tracking, care practices may vary widely, leading to inequitable care and outcome disparities.

Considerations for Enhancing Health Equity

- IHI noted that implementing this measure ensures that all patients, regardless of their background, have equal opportunities to be listed for transplantation, promoting a culture of equitable care.
- Data from this measure can guide the allocation of health care resources to areas or populations most in need, promoting more equitable health outcomes.

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[1] Patzer RE, Plantinga L, Krisher J, Pastan SO. Dialysis facility and network factors associated with low kidney transplantation rates among United States dialysis facilities. Am J Transplant. 2014 Jul; 14(7):1562-72.

Prevalent Standardized Waitlist Ratio (PSWR)
Discussion Topics

- Does the committee share concerns raised in PIE Forms that the measure may not sufficiently account for external factors outside the providers' control?
- Could this measure have variation in benefit or burden among subpopulations?

Addressing Social Needs Assessment & Intervention

MUC2024-072

MUC2024-072 Addressing Social Needs Assessment & Intervention

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	Percentages of patients with a qualifying evaluation and management outpatient visit during the performance period of all ages reflecting whether patients were assessed in four domains of social need: food, housing, transportation, and utilities, and whether the patient received a qualifying follow-up action within the visit for any positive social needs. Qualifying follow-up actions were identified from Gravity Project: adjustment, assistance/assisting, coordination, counseling, education, evaluation of eligibility, provision, and referral.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Clinician: Individual and Group

Addressing Social Needs Assessment & Intervention
PIE Form Feedback (pt. 1)

- **Meaningfulness Themes**
  - **Support:** The committee noted that the measure aligns with the CMS National Quality Strategy. They found this measure meaningful for identifying and assessing social drivers such as transportation, housing, and food, which can improve care coordination and overall health. The measure was seen as appropriate for the target population and program. The measure has support from patient members but there are also concerns about testing from this population.
  - **Concerns:** The committee expressed concerns about screening for these needs in a health system that does not have the structural support to address these needs once identified. They questioned the feasibility of the measure, particularly in rural or medically underserved areas where resources to follow up on social needs are limited. The committee raised concerns that the broad scope of the measure may overlap, be redundant, or not align with existing measures.
  - **Further consideration:** The committee requested clarity on plans to address missing data or patient unwillingness to respond to certain questions. Several members expressed interest in seeing additional testing in diverse populations.
- **Appropriateness of Scale Themes**
  - **Support:** This measurement approach separates the numerator into categories for different social needs and allows flexibility in the type of interventions, which can be useful given the variability in intervention types and populations.
  - **Concerns:** The committee voiced concerns around the potential for penalization or reward due to geographic and resource variability across settings.

Addressing Social Needs Assessment & Intervention
PIE Form Feedback (pt. 2)

- **Time-to-Value Realization Themes**
  - **Support:** Several committee members suggested that there may be an immediate benefit to health from increasing social needs assessment. This measure also allows organizations to better plan for scope of need in their community, which could improve outcomes indirectly.
  - **Concerns:** There were some concerns about the scale and complexity of the measure, which could limit long time-to-value realization.

Addressing Social Needs Assessment & Intervention
Public Comment Summary

- **Received seven public comments**
  - Four support and three concerns
- **Support summary:**
  - Comprehensive approach to addressing critical social determinants of health (SDOH) such as economic stability, food and housing insecurity, transportation, and utilities.
  - Aligns with the CMS National Quality Strategy goals by addressing disparities and advancing health equity.
  - Inclusion of the measure across multiple quality reporting programs is a positive step toward integrating the social needs assessment into broader health care quality improvement efforts.
- **Concern summary:**
  - Survey fatigue in patients if both health plans and clinicians are screening for social needs.
  - Community-based organizations (CBOs) may be overwhelmed and lack the capacity to handle a mass influx of referrals, which would require new payment models to support the identification of follow-up needs.
  - Measure scoring and implementation may differ across settings. Further testing is needed to ensure effectiveness.
  - The measure should be expanded to include occupational therapy services.
  - Scoring should be adjusted to support improvement in addressing social needs by excluding patients who decline screening or follow-up.

Addressing Social Needs Assessment & Intervention
Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

- IHI reviewers noted the measure has the potential to bring visibility to patients' social needs that influence their health in an ambulatory setting, where intervention is much needed (i.e., upstream of hospitalization).
- As stated by the developers, systematic assessment and follow-up for unmet social needs will help mitigate health inequities by reducing barriers to care.

Potential Impacts to Health Equity Associated with Non-Use

- IHI agreed with the developers' assertion that there is paucity of information about potential disparities in screening or intervention rates, in part due to the absence of compelling policies requiring that these data be tracked and reported.
- Further, if the measure is not implemented, there will be less motivation for process and quality improvement efforts, specifically aimed at improving interventions and strengthening collaboration and capacity of community-based organizations.

Considerations for Enhancing Health Equity

- IHI noted some questions about clarity of the denominator inclusion/exclusion criteria as well as in the timeframe for the measurement period.
- Resolving these questions is crucial to ensure that the exclusion of some patient subgroups does not perpetuate or worsen disparities.

Addressing Social Needs Assessment & Intervention *Discussion Topics*

- Does the committee share feasibility concerns noted in PIE Forms and the preliminary assessment?
- How might the benefit or burden of this measure be different for rural or resource-limited providers?

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Day 2

January 22, 2025

Clinician Recommendation Group Meeting Agenda Day 2

10:00 AM	Welcome
10:05 AM	Roll Call and Disclosures of Interest (DOIs)
10:15 AM	Voting Test
10:30 AM	Measure Review
11:30 AM	Break
11:45 AM	Measure Review
12:45 PM	Lunch
1:30 PM	Measure Review
3:00 PM	Next Steps
3:15 PM	Meeting Adjourns

* All times listed in ET

Roll Call and Disclosures of Interest

Kate Buchanan

Roll Call and Disclosures of Interest

Clinician Recommendation Group Members

RG Co-chairs: Mary Baliker and David Seidenwurm

Erica Alexander
Puneet Bajaj
Anita Bemis-Dougherty
Heidi Bossley
Jennifer Brockman
Zeeshan Butt
Laura Conner
Scott Cowan
Erin Crum
Kristina Davis
Kevin Dodd
Sarah Eakin
Jonathan French
Richard Friedland
Gmerice Hammond
Sunny Jhamnani
Miklos Kertai
Priscilla Knight
Michael Lardieri
Sai Ma
Carlene MacMillan
Trudy Mallinson
Steve Meth
Matthew Miller
Ethan Novikoff
Amir Qaseem
Megan Reyna
Sheila Roman

**Denotes inactive status*

Voting Test

Isaac Sakyi

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Clinician Measures Under Consideration for MIPS (Quality)

Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care

MUC2024-025

MUC2024-025 Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	The DOVE eCQM assesses the rate of delayed diagnosis of VTE in adults aged 18 years and older in the primary care setting. Delayed diagnosis is defined as diagnosis of a lower limb VTE that occurs >24 hours following the index primary care visit where symptoms for the VTE were first present (within 30 days). The target population for this measure is all patients, 18 years and older, across all payers.
Developer/Steward	Brigham and Women’s Hospital
Measure Background	Submitted previously but not included in MUC List

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Intermediate Outcome	Endorsed	New Measure	Clinician: Individual and Group

Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care
PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** The committee's support for this measure included the importance of early detection of VTE in reducing morbidity and mortality, CBE endorsement, and scientific acceptability demonstrated through testing. They expressed broad support and enthusiasm for measures focused on diagnostic excellence.
  - **Concerns:** Committee concerns included doubts about the readiness of facilities to implement natural language processing (NLP) and feasibility concerns for entities with limited technology and time to implement needed changes. They also noted the limited electronic health records (EHRs) included in feasibility testing as a concern for the measure's generalizability to the program population.
  - **Further consideration:** Several members expressed encouragement for similar diagnostic excellence measures in future.
- **Appropriateness of Scale Themes**
  - **Support:** The committee saw this measure as addressing a crucial gap in current practices, potentially streamlining the diagnosis process and reducing adverse outcomes across diverse patient populations.
  - **Concerns:** The committee had concerns related to the additional burden on health care providers, particularly in rural settings where resources such as imaging centers are limited.
- **Time-to-Value Realization Themes**
  - **Support:** Several committee members expect to see improved patient outcomes and reduced health care burdens as the measure matures in the program.
  - **Concerns:** Some committee members had concerns regarding the increased cost from a possible rise in imaging orders over time, which may offset benefits.

Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care
Public Comment Summary

- **Received eight public comments**
  - Four support and four concern
- **Support summary:**
  - Enhances diagnostic safety and improves patient outcomes.
  - Important in a primary care setting to prevent serious harm and death from VTEs.
  - Patient safety advocate emphasized the need of this measure to save lives and improve diagnosis of VTE by focusing on non-specific symptoms and establishing a quicker diagnosis norm (24 hours).
  - The measure is a way to lower health care costs by improving VTE diagnostic performance and reducing complications associated with delayed diagnosis and treatment.
- **Concern summary:**
  - Primary care physicians may not have immediate access to diagnostic tools such as an ultrasound. It may take more than 24 hours to get prior authorization for an imaging study in the ambulatory setting.
  - There is a potential for low-yield testing, and the measure’s narrow focus on primary care may not account for other entry points in the health care system.
  - The developer mentioned they do not intend for the measure to penalize primary care physicians, but the MIPS program ties performance to payment; thus, penalties are possible.
  - A comment expressed concern about how “success” is counted depending on the potential settings for diagnosis, imaging, and anticoagulant treatment as well concern for the time interval which may be impractical in many clinical settings.

Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care
Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

- IHI reviewers cited evidence that there are rates of cancer-associated thrombosis in the Black/African American population (including higher complication rates)[1] and disparities in health care costs and outcomes for patients with and without insurance admitted for pulmonary embolism/venous thromboembolism (PE/VTE) events.[2]
- IHI reviewers noted there are no current data on health care disparities in timeliness of VTE diagnosis in primary care.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers noted that non-use of this measure would hinder evaluation of potential health care disparities associated with timelines of VTE diagnosis in primary care, and opportunities for improvement.

Considerations for Enhancing Health Equity

IHI recommends stratification by race, ethnicity, and insurance status to better understand if these factors might impact timeliness of VTE diagnosis in primary care.

[1] Datta T, Brunson AM, Mahajan A, Keegan T, Wun T. Racial/Ethnic Disparities in Cancer-Associated Thrombosis: A Population-Based Study. Blood. 2020;136(Supplement 1):53-55. doi: https://doi.org/10.1182/blood-2020-137268

[2] Misky (GJ, Manheim JC, Zehnder N, et al. Health Care Disparities in the Acute Management of Venous Thromboembolism Based on Insurance Status in the U.S. Journal of Thrombosis and Thrombolysis. 2011;32(4):393-398. doi: https://doi.org/10.1007/s11239-011-0632-3

Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care
Discussion Topics

- Does the committee share the concern noted in the PIE Forms that the measure may encourage overuse of imaging?
- How might the benefit or burden of this measure be different for rural or resource-limited providers?

Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes

MUC2024-028

MUC2024-028 Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	Percentage of adult patients with risk factors for type 2 diabetes who are due for glycemic screening for whom the screening process was initiated during the measurement period.
Developer/Steward	American Medical Association
Measure Background	Submitted previously but not included in MUC List

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Clinician: Individual and Group

Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes
PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** The committee's support for this measure included recognition of the importance of early detection of abnormal glucose metabolism in at-risk populations, acceptable validity and reliability demonstrated, and the feasibility for providers.
  - **Concerns:** The committee shared concerns about gaps in the current evidence base, its feasibility for providers with limited technology, and the lack of robust stakeholder endorsement of the measure.
  - **Further consideration:** One member requested that the developer explore the inclusion of additional risk factors beyond body mass index (BMI) and age to make the measure more comprehensive.
- **Appropriateness of Scale Themes**
  - **Support:** This measure offers "widespread benefits across diverse groups," and the committee said screening associated with this measure has minimal risk and burden to patients, with the benefits of early detection outweighing potential risks.
  - **Concerns:** The committee expressed concerns for the potential for false positives and increased cost for patients who may lack resources to cover additional costs as well as the exclusion of other risk factors beyond BMI and age.
- **Time-to-Value Realization Themes**
  - **Support:** This measure was seen as beneficial for collecting evidence to refine future diabetes prevention strategies, making its value increase as it matures.
  - **Concerns:** The committee shared concerns around implementation barriers in the long term, including varying levels of provider education, time, and staffing, which could disproportionately impact underserved populations.

Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes
Public Comment Summary

- **Received 32 public comments**
  - Thirty support and two concerns
- **Support summary:**
  - Enhances early detection and prevention of diabetes, which is crucial for reducing disease complications and improving patient care.
  - Aligns with national guidelines and recommendations from authoritative bodies such as the U.S. Preventive Services Task Force and the National Clinical Care Commission, enhancing the measure’s credibility and relevance.
  - Feasibility for implementation was highlighted due to the measure’s use of data elements commonly captured in electronic health records.
  - Offers a cost-effective strategy for reducing the long-term burden on the health care system by incentivizing health care provides to implement systematic screening protocols for at-risk patients.
  - Testing confirms validity and reliability of the measure.
- **Concern summary:**
  - A suggestion was made to remove the “two office visits” criterion and restrict the expectation of screening to only those patients that have a preventative visit during the measurement period.
  - Measure specifications should ensure disproportionately affected populations, including racial and ethnic minorities, are reached.

Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes
Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

- IHI reviewers cited known disparities in diabetes prevalence and control[1] and noted that:
  - The BMI threshold for patients who identify as Asian (23 kg/m^2) is appropriate given risk profile evidence for these patients.
  - At least 2 office visits or 1 preventive visit during a 3-year measurement period is reasonably inclusive, avoiding exclusion of less engaged patients or those with primary care access barriers.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers noted that non-use of this measure may mean that there is not sufficient accountability to ensure screening is occurring, which could ultimately exacerbate disparities.

Considerations for Enhancing Health Equity

The measure is not stratified; however, IHI reviewers cited literature suggesting that there are sex-based and racial/ethnic disparities not just in diabetes prevalence and complications, but also in screening rates.[1,2] Given this evidence, stratification may be helpful to proactively identify and mitigate disparities.

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[1] Kaul P, Chu LM, Dover DC, Yeung RO, Eurich DT, Butalia S. Disparities in adherence to diabetes screening guidelines among males and females in a universal care setting: A population-based study of 1,380,697 adults. *Lancet Reg Health Am*. 2022;14:100320. Published 2022 Jul 13. doi:10.1016/j.lana.2022.100320

[2] Young C, Myers AK. Racial and Ethnic Disparities in Diabetes Clinical Care and Management: A Narrative Review. *Endocr Pract*. 2023;29(4):295-300. doi:10.1016/j.eprac.2022.11.013

Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes

Discussion Topics

- Does the committee share the concern raised in PIE Forms about age and BMI as the sole risk factors included in the measure?
- How might the benefit or burden of this measure be different for rural or resource-limited providers and patients?

Break

Please return by 11:45 AM

Hepatitis C Virus (HCV): Sustained Virological Response (SVR)

MUC2024-031

MUC2024-031 Hepatitis C Virus (HCV): Sustained Virological Response (SVR)

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	Percentage of patients aged greater than or equal to 18 years with active hepatitis C (HCV) with negative/undetectable HCV ribonucleic acid (RNA) at least 20 weeks to 12 months after positive/detectable HCV RNA test result.
Developer/Steward	American Gastroenterological Association
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Not Endorsed	New Measure	Clinician: Individual and Group

Hepatitis C Virus (HCV): Sustained Virological Response (SVR)
PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** The committee's support included recognition of the importance of reduced HCV morbidity and mortality to patients, and the associated cost savings on a health care system level. The committee found that the measure's validity and feasibility were acceptable.
  - **Concerns:** The committee had concerns about the lower reliability of the measure in the testing data provided and lack of CBE endorsement.
  - **Further consideration:** One committee member encourages future CBE endorsement.
- **Appropriateness of Scale Themes**
  - **Support:** Several committee members felt that the measure was appropriately scaled for addressing HCV treatment outcomes and has the potential to address disparities related to HCV, including racial disparities noted by a committee member.
  - **Concerns:** Several committee members noted that challenges outside the providers' control may occur due to patients not adhering to their medication regimens or follow-up appointments, along with insurance denials for these medications.
- **Time-to-Value Realization Themes**
  - **Support:** The committee said that the measure will deliver both near- and long-term positive impacts, improving HCV treatment outcomes, which could lead to reduced transmission and improved patient health.
  - **Concerns:** Committee members were concerned about the absence of a clear plan for assessing the near- and long-term impact of the measure implementation.

Hepatitis C Virus (HCV): Sustained Virological Response (SVR)
Public Comment Summary

- **Received two public comments**
  - Zero support and two concerns
- **Support summary:**
  - Commenters expressed support for the measure’s goal to improve Hepatitis C treatment, while noting specific concerns.
- **Concern summary:**
  - Patients with complex health conditions may experience issues with access and adherence.
  - The measure does not exclude patients with concomitant infections from the denominator, which could lead to reduced treatment success: for example, in patients with Hepatitis B for whom the effectiveness of direct-acting antivirals (DAAs) may be slightly lower.
  - Focusing on SVR as a quality measure might lead health care providers to favor patients more likely to return for post-SVR testing, potentially excluding vulnerable populations such as those who use drugs or are experiencing homelessness.
  - The measure only reflects those tested for SVR, not the number of patients cured.
  - Focusing on a combined measure of Hepatitis C testing and treatment initiation would incentive providers to screen and treat marginalized populations.

Hepatitis C Virus (HCV): Sustained Virological Response (SVR)
Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

IHI reviewers cited literature on HCV mortality that indicates:

- Black individuals are almost twice as likely to die from HCV than White individuals.
- Hispanics are 40% more likely to die from HCV than non-Hispanic Whites, even though they have lower infection rates.
- Native Americans have the highest rate of acute HCV infection and HCV-related mortality.[1]

Potential Impacts to Health Equity Associated with Non-Use

IHI suggested non-use of this measure would inhibit gathering comprehensive information SVR achievement, potentially perpetuating or worsening noted disparities in HCV-related morbidity and mortality.

Considerations for Enhancing Health Equity

IHI recommended stratification by sociodemographic information (race, sex, ethnicity, and language as an initial step) to facilitate identification of differences between patient populations. Given the health implications of receiving timely medical care for HCV, uncovering any differences is critical.

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[1] HCV Treatment Disparities: What Contributes to Gaps in Health Care Access? Gastroenterology Advisor. Published July 24, 2024. https://www.gastroenterologyadvisor.com/features/hcv-treatment-disparities/

Hepatitis C Virus (HCV): Sustained Virological Response (SVR)
Discussion Topics

- Does the committee share the concern raised in PIE Forms that the measure may not adequately account for factors outside the providers' control?
- What are the potential near- and long-term impacts of this measure on measured entities, MIPS, and patient populations?

Assessment of Autonomic Dysfunction and Follow-Up

MUC2024-079

MUC2024-079 Assessment of Autonomic Dysfunction and Follow-Up

Item	Description
Considered For	Merit-based Incentive Payment System – Quality
Measure Description	Percentage of patients with a diagnosis of Parkinson's disease (or caregivers as appropriate) who were assessed for symptoms of autonomic dysfunction in the past 12 months, and if autonomic dysfunction was identified, patient had appropriate follow-up.
Developer/Steward	American Academy of Neurology
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Clinician: Individual

Assessment of Autonomic Dysfunction and Follow-Up
PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** Support for this measure included the clinical evidence base for assessment and follow-up, importance for patients, and role in improving quality of life outcomes. Face validity and usability were found to be sufficient.
  - **Concerns:** A committee member expressed concern about the limited testing provided. Additionally, the recent closure of the American Academy of Neurology (AAN) Axon registry raised concerns about continued access to neurology-specific measures. Concerns were also raised about feasibility of the measure given the required combination of electronic and manual data abstraction.
- **Appropriateness of Scale Themes**
  - **Support:** The potential improvement in patient care and symptom management for patients and caregivers not well served by current practice is viewed as a significant advantage of adopting the measure.
  - **Concerns:** Concerns around this criterion include feasibility and data collection burden due to manual abstraction for lower resource, staff-limited facilities.
- **Time-to-Value Realization Themes**
  - **Support:** One member noted that, if implemented, the net benefit should be quickly realized and increase over time.
  - **Concerns:** Concern was expressed by several members about the long-term use of the measure due to AAN registry closure, feasibility challenges, and limited long-term plan information provided in the submission.

Assessment of Autonomic Dysfunction and Follow-Up

Public Comment Summary

- **Received two public comments**
  - Two support, zero concerns
- **Support summary:**
  - Important to identify and address autonomic dysfunction to prevent more severe injuries caused by falls and fainting.
  - Incorporation of occupational therapy is seen as a benefit of the measure.
  - More measures are needed in MIPS for those providing care for patients with neurologic disorders.

Assessment of Autonomic Dysfunction and Follow-Up
Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

- IHI reviewers cited literature that Black patients are four years older than White patients at time of Parkinson’s disease (PD) diagnosis and more likely to receive care through the emergency room, but less likely to be on therapeutic medication and noted that it is important to examine other aspects of PD care for disparities.[1]
- By ensuring that all patients with PD are regularly assessed for autonomic dysfunction, this measure promotes equitable access to necessary evaluations and care.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers suggested that failure to monitor autonomic dysfunction assessment and follow-up may result in inconsistent disease management management, potentially disproportionately affecting high risk diverse populations who may already face barriers to health care access.

Considerations for Enhancing Health Equity

IHI reviewers recommended stratification by race and ethnicity based on the cited research, to reveal trends in specific subpopulations and inform intervention strategies.

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[1] Xie T, Liao C, Lee D, et al. Disparities in diagnosis, treatment and survival between Black and White Parkinson patients. *Parkinsonism & Related Disorders*. 2021;87:7-12. doi:https://doi.org/10.1016/j.parkreldis.2021.04.013

Assessment of Autonomic Dysfunction and Follow-Up
Discussion Topics

- Does the committee share the concern raised in PIE Forms about feasibility challenges associated with manual abstraction and availability of registry data?
- What are the potential near- and long-term impacts of this measure on clinicians, MIPS, and patient populations?

Lunch Break

Please return by 1:30 PM

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Clinician Measures Under Consideration for the MIPS (Cost)

Breast Cancer Screening

MUC2024-049

MUC2024-049 Breast Cancer Screening

Item	Description
Considered For	Merit-based Incentive Payment System – Cost
Measure Description	The Breast Cancer Screening episode-based cost measure evaluates a clinician’s or clinician group’s average risk-adjusted cost to Medicare for providing care to females 40 years of age or older, who received a screening mammogram during an episode of care. This measure would assess the costs of certain assigned services clinically related to breast cancer screening, including basic and advanced diagnostic services and cancer treatment services.
Developer/Steward	Acumen, LLC
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Cost/Resource Use	Not Endorsed	New Measure	Clinician: Individual and Group

Breast Cancer Screening
PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** Committee support for this measure included alignment with best practices and program objectives as well as having "operational feasibility" and contributing to cost management on a health system level.
  - **Concerns:** The committee shared concerns about the potential for misattribution and penalization of providers for external factors related to detection, complexity in implementation, and a lack of visibility for providers on improvement due to reporting periods.
  - **Further consideration:** The committee requested clarification on plans to incorporate advanced technologies such as FDA-approved AI-driven diagnostic tools and how misattribution can be addressed.
- **Appropriateness of Scale Themes**
  - **Support:** The committee supported the measure's ability to address the goal of lowering costs without compromising the quality of interventions.
  - **Concerns:** Several members expressed concern about the potential for penalization of providers whose patients have more barriers to accessing screening and follow up as well as the potential unintended consequence of false positives and unnecessary follow up. Several members also expressed concern about measure variability in performance due to how clinician accountability is handled for orders that fall outside the designated timeframe, discrepancies in recall rates, handling of patients returning earlier than the specified timeframe, and variability in the timeframe for breast cancer treatment.
- **Time-to-Value Realization Themes**
  - **Support:** The committee supported the potential of the measure to have a long-term impact on mortality reduction from early identification.
  - **Concerns:** The committee had concerns around the absence of a clear plan for assessing the near- and long-term impact of the measure implementation.

Breast Cancer Screening
Public Comment Summary

- **Received three public comments**
  - One support and two concerns
- **Support summary:**
  - Incentivizes cost-effective imaging practices.
  - Discourages excessive and frequent follow-ups that may not be needed.
- **Concern summary:**
  - Cost measures should not target preventive care and screenings. Based on the information provided, it sounds like this measure could penalize primary care physicians for increasing breast cancer screenings.
  - There is a lack of transparency and interoperability across care settings, which makes it difficult for clinicians to improve their performance.
  - Risk-adjustment methodologies do not account for a patient's social and economic context.
  - Lower costs indicated by the measure do not equate to better quality of care and could lead to poor patient outcomes.
  - A slow, phased implementation of the cost measures is recommended until the measure is properly tested.

Breast Cancer Screening *Equity Considerations*

Potential Impacts to Health Equity Associated with Measure Use

IHI reviewers cited literature on racial disparities in both screening rates and outcomes for breast cancer;[1,2] differences in screening cost by race are unknown.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers that non-use of this measure may hinder ongoing evaluation of racial disparities in cost, leading to missed opportunities for improvement.

Considerations for Enhancing Health Equity

IHI recommended stratification by race and ethnicity due to the cited disparities on screening rates and outcomes.

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[1] U.S. Preventive Services Task Force. Breast cancer: Screening. Uspreventiveservicestaskforce.org. Published April 30, 2024. Accessed November 13, 2024. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening

[2] Jatoi I, Sung H, Jemal A. The Emergence of the Racial Disparity in U.S. Breast-Cancer Mortality. New England Journal of Medicine. 2022;386(25):2349-2352. doi: https://doi.org/10.1056/nejmp2200244

Breast Cancer Screening
Discussion Topics

- Does the committee believe that risk adjustment for age and disability status is appropriate for this measure?
- What are the potential near- and long-term impacts of this measure on clinicians, MIPS, and patient populations?

Non-Pressure Ulcers

MUC2024-100

MUC2024-100 Non-Pressure Ulcers

Item	Description
Considered For	Merit-based Incentive Payment System – Cost
Measure Description	The Non-Pressure Ulcers episode-based cost measure evaluates a clinician’s or clinician group’s risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage and treat non-pressure ulcers. This chronic condition measure includes Medicare Parts A, B, and D costs for services that are clinically related to managing and treating non-pressure ulcers.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Cost/Resource Use	Not Endorsed	New Measure	Clinician: Individual and Group

Non-Pressure Ulcers
PIE Form Feedback

- **Meaningfulness Themes**
  - **Support:** Support for this measure included recognition of the importance of encouraging better care practices and reducing costs associated with non-pressure ulcers. This measure was seen as meaningful to patients.
  - **Concerns:** Several concerns were raised regarding the measure's validity and reliability, with members questioning the evidence base supporting the link between treatment choices, cost, and adverse events. The risk adjustment model and the attribution to specific care providers were also highlighted as areas of concern, with skepticism about the measure's utility in improving clinical outcomes as specified. Significant criticism of development methods brought by professional societies during the listening sessions were also highlighted by several committee members.
  - **Further consideration:** The committee members suggested conducting sensitivity analyses to better understand the measure's applicability across different case mixes and sought more details on the methodologies used for cost attribution and risk adjustment.
- **Appropriateness of Scale Themes**
  - **Support:** The measure was seen as an important cost measure, scalable due to its Medicare scale and methodology based on claims data, and it can be coupled with other process and outcome measures in a meaningful value pathway (MVP).
  - **Concerns:** Concerns were voiced about the measure performing differently based on socioeconomic factors among patients and the variability of care resources across different communities.
- **Time-to-Value Realization Themes**
  - **Support:** Measure was said to have significant promise to improve costs while also improving health status and quality of life in the long term.
  - **Concerns:** Several members expressed concern about the long-term effectiveness and sustainability of the cost reductions, with thought that cost reduction may “plateau.”

Non-Pressure Ulcers
Public Comment Summary

- **Received 14 public comments**
  - Zero support and 14 concerns
- **Concern summary*:**
  - The measure may hold clinicians accountable for others’ work due to group-level attribution.
  - There is concern that subgrouping of ulcer types and use of certain diagnosis codes was inappropriate.
  - Commenters noted a lack of transparency and additional testing in the measure development process.
  - Patients with extremely low costs are excluded.
  - Wound care is multidisciplinary, but the measure is focused on podiatrists.
  - The measure assumes lower cost leads to higher quality, which is not necessarily the case.

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*The majority of commenters participated in the expert workgroup to develop this measure.

Non-Pressure Ulcers
Equity Considerations

Potential Impacts to Health Equity Associated with Measure Use

IHI reviewers noted that the factors included in the risk adjustment model for the measure appropriately account for factors that influence cost of care, which may help ensure that all patients receive an appropriate level of care for the condition.

Potential Impacts to Health Equity Associated with Non-Use

IHI reviewers noted that non-use of this measure may perpetuate care disparities among historically marginalized and vulnerable groups.

Considerations for Enhancing Health Equity

IHI recommended stratification by race, sex, ethnicity, and language as an initial step, considering additional variables where there is evidence of disparity to ensure that all patients are being treated equitably.

Non-Pressure Ulcers
Discussion Topics

- Does the committee share the concern raised in PIE Forms about long-term effectiveness and sustainability of cost reduction?
- Is the committee satisfied with the validity testing provided in the submission and its interpretation?

Parkinson’s Syndromes, Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS)

MUC2024-101

MUC2024-101 Parkinson’s Syndromes, Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS)

Item	Description
Considered For	Merit-based Incentive Payment System – Cost
Measure Description	The Parkinson’s Syndromes, MS, and ALS episode-based cost measure evaluates a clinician’s or clinician group’s risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage and treat Parkinson’s and related conditions, MS, or ALS. This chronic condition measure includes the Medicare Parts A, B, and D costs for services that are clinically related to managing and treating Parkinson’s Syndromes, MS, or ALS episode.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Cost/Resource Use	Not Endorsed	New Measure	Clinician: Individual and Group

Parkinson’s Syndromes, Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS) *PIE Form Feedback*

- **Meaningfulness Themes**
  - **Support:** The committee recognized this measure's potential to improve treatment, reduce episodic costs, and enhance management of these conditions, thereby alleviating economic burdens. They saw the measure as meaningful to patients.
  - **Concerns:** The committee raised concerns regarding the measure’s feasibility, reliability, and validity. Members highlighted that the measure might not align with United States Core Data for Interoperability (USCDI) standards, has low reliability compared to other measures, and could potentially encourage clinicians to withhold beneficial treatments and tests to reduce costs.
  - **Further consideration:** Committee members requested more information on attribution differences between primary care providers (PCPs) and specialists, and the consequences of including Medicare Part D prescription costs.
- **Appropriateness of Scale Themes**
  - **Support:** As a claims measure, committee members suggested that this measure is scalable.
  - **Concerns:** The committee raised concerns regarding the 1) exclusion of lower cost episodes, 2) inadequate accounting for social determinants of health factors, 3) variation in social determinants and measure performance across populations and 4) the potential for attribution errors, particularly in communities with barriers to accessing care.
- **Time-to-Value Realization Themes**
  - **Support:** Some committee members expect direct impacts on patient care and system-wide benefits after implementation including cost reduction and enhancement in quality of life.
  - **Concerns:** Other members cited a lack of information on long-term consequences and near-term impacts on both patients and healthcare systems in the measure submission.

Parkinson's Syndromes, Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS)

Public Comment Summary

- **Received five public comments**
  - One support and four concerns
- **Support summary:**
  - Overall support of the measure, and commenter encouraged CMS to list occupational therapists in the attribution list.
- **Concern summary:**
  - Public commenters expressed concern about the complexity of the cost-improvement methodology and the relationship between lower cost and a higher quality of care.
  - The attribution methodology assigns cost accountability to clinicians who provide 30% of the qualifying services, which may be too low assign accountability.
  - The measure has low reliability.
  - The measure may disincentivize treatment for those patients with higher costs.
  - The grouping of a condition that causes fatality (ALS) with a condition having more variable outcomes (MS) can lead to differences in performance.

Parkinson’s Syndromes, Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS) *Equity Considerations*

Potential Impacts to Health Equity Associated with Measure Use

IHI reviewers noted that this measure can significantly impact health equity by providing a standardized method to evaluate and compare the costs associated with managing Parkinson’s Syndromes, MS, and ALS, therefore ensuring that resources are being utilized appropriately for all patients.

Potential Impacts to Health Equity Associated with Non-Use

Non-use of this measure may lead to inequitable resource allocation among subgroups of patients with these conditions.

Considerations for Enhancing Health Equity

IHI recommended stratification by race, gender, and ethnicity to confirm if dual enrollment is the main indicator of disparity for this measure.

Parkinson’s Syndromes, Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS) *Discussion Topics*

- Does the committee share the concern raised in PIE Forms that the measure may not adequately account for social determinants of health factors, which may be particularly relevant in communities with barriers to accessing care?
- Does the committee share the concern raised in PIE Forms that the measure may potentially encourage clinicians to withhold beneficial treatments and tests to reduce costs?

Next Steps

Kate Buchanan

PRMR Recommendation Report

Following the PRMR Recommendation Group review, Battelle synthesizes the results into a report for CMS.

The report includes:

- Vote counts and the rationales for recommendations
- Committee and interested parties’ concerns or areas of dissent

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

2025 PRMR Events

Event	Dates
Final Recommendations published to PQM website	2/3/2025
Public Comment on Final Recommendations	2/3/2025-2/17/2025
2025 Call for Nominations: PQM Committees	June-July 2025

Questions or Comments?

Contact us at p4qm.org/contact
or by emailing PQMsupport@battelle.org

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