

December 30, 2024

Partnership for Quality Measurement Pre-Rulemaking Measure Review Committee

**RE: MUC2024-100 non-pressure ulcers episode-based cost measure pre-rulemaking measure.**

Dear Centers for Medicare and Medicaid Services (CMS) Pre-Rulemaking Measure review Committee and Partnerships for Quality Measurement (PQM; Powered by Battelle):

I served as a member of the Clinician Expert Workgroup as a representative for the American College of Clinical Wound Specialists. I fully support the need for a measure which would reflect the true cost of care for non-pressure ulcers. The working group was able to examine several different ways an episode-based cost measure for non-pressure ulcers could be implemented. However, when the measure came out in its current form, many of the things that were discussed were left out. Because of this, I cannot support the measure as it exists today.

There is concern that Acumen and CMS are not taking into consideration all of the concerns that were voiced during the working group meetings and field testing. If this measure is being pushed out without additional testing, it could lead to unfair penalties.

A few of the main points that I would like to see addressed are the following:

1. The cost performance category of the MIPS needs to accurately reflect the wound care clinicians work. Because wound care is not a disease state itself, but rather a symptom of some other underlying disease processes, many different tests and treatments are needed to manage these patients. Based on what was seen during the field testing I am concerned that clinicians will be held accountable for work of other clinicians. As seen during the testing phase that there were tests and procedures that were done by other clinicians and attributed back to the original clinician who started the triggering visit. Many times patients end up seeing several providers for the same issue. This is an area that needs further field testing and discovery before the measure is rolled out.
2. The next area I would like to address is the point that the cost measure does not account for the cost of treating multiple wounds. Patients often times present with more than one ulcer, or they may have an ulcer that heals but then re-opens after the original "triggering" wound is healed. How are these situations going to be accounted for?
3. In the measure wound care is listed as a "specialty", however in the document podiatry is the only clinical group listed. The working group consisted of a variety of providers and wound care is performed across a multitude of professional groups.

While I recognize and support the need and importance of developing a cost measure related to non-pressure ulcer wounds I do think the measure should not move forward in the current state. I feel like as a member of the working group our concerns were not addressed or taken seriously. Please consider withdrawing the measure until it can be reevaluated and refined by the clinical working group.

Sincerely,

Emily Greenstein, APRN, CNP, CWON-AP, FACCWS  
American College of Clinical Wound Specialists