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

American Academy of Family Physicians (AAFP) comments

Recommendation: Do not support

The AAFP appreciates the intent of this measure. We acknowledge the developer's time and effort to thoughtfully create a measure that is directly implemented as an eCQM, thereby reducing physician and health system burden to implement. We also appreciate the inclusion of natural language processing (NLP) and discrete data elements**. However, we do not support the addition of this measure for use in MIPS as it is currently specified.** We would like to note the following concerns:

- The Preliminary Assessment does not adequately present discussion on incidence of DVT presentation in primary care. It states, "The lack of a standard definition of venous thromboembolism (VTE), as well as the low performance of existing identification algorithms, points to a need for the novel, data-driven DOVE electronic clinical quality measure (eCQM)." Yet, they propose to measure primary care clinicians' quality on a diagnosis which does not have a standard definition and is often preceded by contact across the health care system (Urgent Care, ED, surgeons, orthopedics, oncology, etc.). Even if these entities could be adequately excluded in the measures, the number of cases which are actually "owned" by the primary care physician and adequately measured likely approach zero to one per year.
- Therefore, this measure should be specified for use with clinicians beyond just primary care. Given the primary care physician shortage, the plethora of patient entry points into the health care system, as well as the goals of the measure to decrease delayed DVT diagnosis and treatment, this measure should be applied more broadly. It should also include urgent care.
- As currently specified, this measure could unfairly penalize primary care physicians who do not have immediate access (<24 hours) to ultrasound diagnostics.
- As stated in the Preliminary Assessment, a "measure to quantify delayed diagnosis of VTE within a CMS payment program may motivate primary care clinicians to overuse VTE diagnostic resources to avoid a high DOVE rate." We agree. This measure could lead to an increase in unnecessary ED visits.
- We question the lack of risk stratification.
- Reliability is below the acceptable threshold for roughly 60% of measured entities in testing.
- The inclusion of "cough" and other vague symptoms seems too broad. Often primary care physicians are squeezing patients in for brief acute visits, overbooking at times, because it's the right thing to do for the patient. A cough, especially during respiratory season, does not always prompt a long line of questioning related to DVT.
- Many health systems have limited or zero implementation of natural language processing (NLP) tools that would be required to support this metric as an eCQM today. Implementation of this could increase costs and resources required to build out these tools.

- During the recent listening session, the developer mentioned several times that they do not intend for this measure to be used to penalize primary care physicians. However, the MIPS program ties performance to payment and thus penalties are possible.
- A better way to realize the overall goals of this measure would be to develop and widely disseminate easy-to-use tools to assist primary care and other physicians in clinical decision support so they do not miss the diagnosis rather than implement a performance measure with possible penalties.
- There currently is not enough data on near- and long-term effects of this metric. It has the potential to increase costs if physicians practice defensive medicine in order to not miss one case of VTE within 24 hours in patients who present with a wide variety of symptoms including cough and any lower extremity pain vs. practicing evidence-based medicine and ordering appropriate tests as indicated.
- This measure could be a good quality improvement measure for internal quality improvement purposes ONLY within a medical clinic. As proposed, we do not support the implementation of this measure in MIPS or any other value-based payment program where payment is tied to performance.