Agenda

• Welcome
  • Objectives
  • Housekeeping
• Overview of Rule and Polling
• **Presentation of PCPI Response to Rule**
  • Quality Measures
  • Qualified Clinical Data Registries
  • Quality Improvement Activities
  • Promoting Interoperability
  • MIPS Value Pathways
• Open Discussion
• Closing
Objectives

• Objectives
  • Provide feedback on the PCPI position on the rule
  • Solidify member responses on rule provisions
  • Inform membership on PCPI next steps regarding this rule and advocacy efforts
Speakers

Marjorie Rallins, DPM, MSMI
Vice President and Chief Scientific Officer
PCPI

Kerri Fei, MSN, RN
Program Manager, Measure Development Operations

Virginia Riehl
Consultant, Quality Improvement and Advocacy

Chrystal Price
Associate Director, Registry Programs and NQRN

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Vice President and Chief Scientific Officer
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Housekeeping

• This forum is being recorded.
• This presentation has polls – instructions on how to access the polls can be found here: https://www.thepcpi.org/resource/resmgr/images/polleve_instructions_002_.png
• Additional resources will be published on the PCPI Website.
• Lines will NOT be muted to encourage discussion. Please mute your line unless you are speaking.
How to join

**Web**

1. Go to PollEv.com
2. Enter CPRICE929
3. Respond to activity

**Text**

1. Text CPRICE929 to 22333
2. Text in your message
Overview – QPP 2020 Proposed Rule (major excerpts)

- Creation of the MIPS Value Pathways (MVPs) effective with the 2021 performance period
- Propose to require QCDR measures to be tested, harmonized, and provide clinician feedback
- Adjustment to the weighting of the MIPS categories (quality decreasing and cost increasing)
- Increasing the data completeness threshold to 70% for the 2020 reporting period
- Proposal to align the MIPS quality measure cycle with the eCQM annual update cycle

- Increase the data completeness threshold for extremely topped out measures that are retained in the program
- Remove quality measures that do not meet case minimums and reporting volumes required for benchmarking after being in the program 2 consecutive calendar years
- Removal/merging of improvement activities
- Require measure stewards to link measures to existing and related cost measures and improvement activities
In three words, describe your feelings about this year's proposed rule?
PCPI’s Overall Impressions

• The NPRM is expansive and outlines several major updates to policy, payment and quality provisions set to begin on January 1, 2020.

• We applaud CMS for proposing significant changes intended to improve the Quality Payment Program (QPP) by streamlining the program’s requirements with the goal of reducing clinician burden.

• We believe the timeline or expectations for a number of the new or revised provisions are aggressive and need more development time prior to implementation.
Quality Measures
Quality Measure Topics

• Topped Out Measures
• Increasing the Data Completeness Threshold
• Aligning Measure Update Cycles
• Measures Proposed for Removal
• Topped Out Measures Specialties and CMS should agree about a measure’s topped-out status rather than specifying a blanket threshold percentage
  • Recommend that CMS restrict clinicians from reporting on measure(s) in future years when they reported on a measure in the 98-100% range consistently for three consecutive years.

• Increasing the Data Completeness Threshold
  • The PCPI recommends keeping the data completeness threshold at 60% until these issues can be addressed

• Aligning Measure Update Cycles
  • Because of multiple logistical challenges, PCPI does not support aligning measure update cycles at the present time.
Measures Proposed for Removal

CMS proposes to remove 55 previously finalized quality measures from the MIPS Program for the 2022 MIPS payment year and future years.

This includes two one PCPI-stewarded measures:

• Quality ID #110 – Preventive Care & Screening: Influenza Immunization, specified for all reporting modalities

• Quality ID #192 – Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures, specified for registry and EHR submission.
Measures Proposed for Removal

Quality ID#110

- PCPI Preventive Care & Screening: Influenza Immunization measure is duplicative of a new measure (Adult Immunization Status) that is proposed for inclusion in MIPS within this rule.

PCPI Stance

- PCPI cautions CMS with introducing a composite measure which has not been tested and for which the specifications are not readily available.
- Without the specifications of this newly proposed measure, implementers and developers cannot compare the proposed specification to those of the measures which it is intended to replace, including the currently implemented Influenza Immunization measure (QI#110/CMS147)
- As the measure steward, the PCPI reaffirms its commitment to continue the maintenance of these measures and supports their continued inclusion in the MIPS.
Measures Proposed for Removal

Quality ID#192

• Cataracts: Complications within 30 Days Following Cataract Surgery Requiring Additional Surgical Procedures, specified for registry and EHR submission.

PCPI Stance

• PCPI strongly recommends that CMS retain these measures in the MIPS program for the 2020 reporting year.
• When removal for any measure is warranted, we recommend CMS consider an incremental phased approach according to a specified timeline, similar to the four-year timeline currently in place for removing topped out measures.
Measures Proposed for Removal

• Other Measures Proposed for Removal
  • Pain Assessment and Follow-up
  • Renal Measures
  • Hematology: Multiple Myeloma: Treatment with Bisphosphonates (ASH)
Qualified Clinical Data Registries (QCDRs)
Requirements and Measure Testing Provisions
QCDR Topics

- Requirements at Self-Nomination
- Linkages to CMS Quality Payment Program Areas
- Requirements for Measure Approval
- Requirement of Pre-Program Data Collection and Measure Testing
- Duplicative Measures and Measure Removal
- QCDR Measure Availability and Measure Harmonization
- Benchmarking Thresholds
- QCDR and QR Performance Feedback Requirement
- Multi-Year Approval Process for QCDR Measures
- Incorporating QCDR Measures into MVPs
QCDR Topics – PCPI Stance

• Linkages to CMS Quality Payment Program Areas
  • We believe that this approach is integral in creating actual quality improvement projects that can lead to improved patient care and ultimately leads to participation in advanced payment models.
  • Lack of systematic approach to release this data and incorporate it across QCDRs could be a hindrance

• Requirements for Measure Approval
  • PCPI generally supports the requirement that QCDR measures should be fully specified and tested before inclusion in MIPS.
  • Caution CMS against requiring data collection on measures prior to inclusion in the Quality Payment Program.
  • PCPI instead proposes fit-for-purpose testing after the measure has been deployed and utilizing the data from implementation rather than a specialized testing requirement.
  • Promoting measure testing through provisional implementation in real-world conditions is a practical solution
• Requirement of Pre-Program Data Collection and Measure Testing
  • PCPI generally supports the requirement that QCDR measures should be fully specified and tested before inclusion in MIPS.
  • Caution CMS against requiring data collection on measures prior to inclusion in the Quality Payment Program.
  • PCPI instead proposes fit-for-purpose testing after the measure has been deployed and utilizing the data from implementation rather than a specialized testing requirement.
  • Promoting measure testing through provisional implementation in real-world conditions is a practical solution

• Duplicative Measures and Measure Removal
  • We applaud CMS for amending measure rejection/removal criteria to be more specific and for taking the number of measures available for a specific specialty into consideration
QCDR Topics – PCPI Stance

• QCDR Measure Availability and Measure Harmonization
  • We applaud CMS for taking a systematic approach to allow measure licensing from one QCDR to another.
  • We also support the discouragement of limiting measure availability by provisioning that measures may be rejected if not made available to MIPS eligible clinicians, groups, and virtual groups.
  • We understand CMS’s desire to address measurement gaps and promote measure harmonization and to this end, we encourage CMS to consider supporting a systematic clearinghouse and sandbox for measures and measure concepts to encourage registry stewards to align early in the measure conceptualization process.

• Bench Marking Thresholds
  • We applaud CMS for taking specialties with small numbers of measures into consideration
  • Measure participation plans are a viable means of ensuring that specialties with low numbers of measures can participate in the program.
  • We would suggest a longer timeframe than two years for meeting benchmarking thresholds to encourage socialization of measures, data collection, field testing, and a collaborative process for retiring measures
QCDR Topics – PCPI Stance

• QCDR and Quality Registry Performance Feedback Requirement
  • PCPI supports more frequent reporting on clinician performance as this feedback will be timelier to incorporate into patient care.

• Multi-Year Approval Process for QCDR Measures
  • PCPI applauds CMS for working collaboratively with QCDR stewards to develop a program for multi-year QCDR measure approvals for QCDRs in good standing.

• Incorporating QCDR Measures into MVPs
  • PCPI does not support CMS decisions that effectively limit QCDR participation in the future of the Quality Payment Program
Improvement Activities (IAs)

Removal, Merging, and New Improvement Activities
Factors for Removing Improvement Activities

CMS Language

Factor 1: Activity is **duplicative** of another activity;
Factor 2: There is an **alternative activity with a stronger relationship to quality care** or improvements in clinical practice;
Factor 3: Activity **does not align with current clinical guidelines** or practice;
Factor 4: Activity **does not align with at least one meaningful measures area**;
Factor 5: Activity **does not align with the quality, cost, or Promoting Interoperability performance categories**;
Factor 6: There have been **no attestations of the activity for 3 consecutive years**; or
Factor 7: Activity is **obsolete**.

.... these removal factors are considerations taken into account when deciding whether or not to remove improvement activities; but they are not firm requirements.
Improvement Activities

• Pros:
  • Streamlining IAs for ease of participation in the program

• Cons:
  • However, we must reiterate that improvement activities do not fully address the work of specialties, including surgery.
  • CMS needs to ensure that there are adequate opportunities for stakeholders to provide feedback on proposals to remove specific improvement activities.

• PCPI Stance
  • PCPI generally supports CMS’s modifications, deletions, and expansions to the Improvement Activities Inventory for 2020
  • PCPI supports the clarification of factors for removing improvement activities
  • PCPI believes that CMS’s proposed new drug cost transparency measure definition aligns if the current availability of data supports measurement
  • Where CMS has “merged” existing separate improvement activities into other improvement activities, we suggest analyzing current reporting patterns for the “merged” activities to determine if providers would be required to make significant and possibly burdensome changes in their improvement activities
Promoting Interoperability

Removal, Merging, and New Improvement Activities
Interoperability Measures

• **Issue and Rationale:**
  • Changes applied to modifying Support Electronic Referral Loops could impact providers who are capturing data on this measure in the current year
  • For many providers query of the PDMP requires a separate and sometimes slow PDMP sign-on process and PDMP data often cannot be viewed within the EHR. This would place additional burden on providers

• **PCPI Stance:**
  • PCPI generally supports the proposed changes to the interoperability measures
  • For the proposed modification of the Support Electronic Referral Loops measure we recommend that the change be applied to reporting for 2020 performance period and 2022 MIPS payment year
  • For the Query of Prescription Drug Monitoring Program (PDMP) measure PCPI supports CMS’s intention to advance access to and use of PDMPs
  • The PDMP measure should be optional and encourage CMS to undertake research to assess the changing PDMP landscape including the capabilities of EHRs and PDMPs to support integration
RFI: Potential Opioid Measure for Future Inclusion in the Promoting Interoperability Category

• PCPI Stance:
  • PCPI supports CMS’s consideration of opportunities to adopt measures associated with the use of CEHRT to enable providers to better assess patient needs to use opioids
  • CMS must consider unintended consequences that can emerge with the adoption of measures that have not been fully assessed in a broad range of care settings
  • Integration of PDMP data with EHR data is critical to adopting clinical practices that assess opioid use. These capabilities are not yet mature.
  • We recommend that these measures exclude providers in practices in which opioids are not a consideration
  • PCPI encourages CMS to continue to research and assess opioid-related measures and the requirements to advance CEHRT and PDMP
RFI: Provider to Patient Exchange Objective

• PCPI Stance:
  • We are in support of the export of electronic health information on both individuals and groups of patients between EHR products and support data access for patients, allowing migration from one EHR to another.
  • We suggest that this requirement include that the data adhere to a consistent standard for export to reduce the need for intermediaries to format data to be compatible between systems.
  • We believe that making data export available without regulating its format is useful but will result in data loss, poor data quality, and increased costs to practices.
MIPS Value Pathways
MIPS Value Pathways - CMS Intent

• Simplify MIPS
• Continue to reward high value clinicians
• Help clinicians improve care and engage patients
• Connect activities and measures from 4 MIPS performance categories
• Increase standardization
• Improve value
  • Value: measurement of quality as related to cost
  • Value-based care: paying for health care services in a manner that directly links performance on cost, quality, and the patient’s experience of care
  • High value clinicians: clinicians that perform well on applicable measures of quality and cost
• Reduce burden
• Reduce barriers to APM participation
• Help patients compare clinician performance
• Better inform patient choice in selecting clinicians
MIPS Value Pathways - Overview

• Start Period: 2021 MIPS performance period/2023 MIPS payment period

• Hybrid approach
  • Measures clinicians on a unified set of measure and activities around a clinician relevant condition or specialty
  • On top of a base of population health and promoting interoperability measures applicable to all MVPs

• 2020 call for measures will require that quality measures to be linked to related improvement and cost measures

• Impacts
  • Clinicians no longer choose measures from a single inventory
  • Current collection types would continue to be used
  • If there are no MVPs that apply to a clinician, the current measurement approach would be used
MIPS Value Pathways

Current Structure of MIPS (In 2020)
- Many Choices
- Not Meaningfully Aligned
- Higher Reporting Burden

New MIPS Value Pathways Framework (In Next 1-2 Years)
- Cohesive
- Lower Reporting Burden
- Focused Participation around Pathways that are Meaningful to Clinician’s Practice/Specialty or Public Health Priority

Future State of MIPS (In Next 3-5 Years)
- Simplified
- Increased Voice of the Patient
- Increased CMS Provided Data
- Facilitates Movement to Alternative Payment Models (APMs)

Building Pathways Framework
MIPS Value Pathways
Clinicians report on fewer measures and activities based on specialty and/or outcomes within a MIPS Value Pathway

Moving to Value
Quality

Cost

Improvement Activities

6+ Measures

1 or More Measures

2-4 Activities

Promoting Interoperability

6+ Measures

Foundation
Promoting Interoperability
Population Health Measures

Fully Implemented Pathways
Continue to increase CMS provided data and feedback to reduce reporting burden on clinicians

Value

Quality and Meaningful Cost

Foundation
Promoting Interoperability
Population Health Measures
Enhanced Performance Feedback
Patient-Reported Outcomes

Population Health Measures: a set of administrative claims-based quality measures that focus on public health priorities and/or cross-cutting population health issues; CMS provides the data through administrative claims measures, for example, the All-Cause Hospital Readmission measure.

We Need Your Feedback on:

Pathways:
What should be the structure and focus of the Pathways?
What criteria should we use to select measures and activities?

Participation:
What policies are needed for small practices and multi-specialty practices?
Should there be a choice of measures and activities within Pathways?

Public Reporting:
How should information be reported to patients?
Should we move toward reporting at the individual clinician level?
MVPs - PCPI Concerns

• PCPI’s is concerned that the proposed timeframe for development and implementation of MVPs is too short and does not provide for adequate planning, piloting, and review prior to implementation.

• MVPs are not adequately defined – over 80 questions posed by CMS in the NPRM

• Feasibility
  • Outcomes of the program are uncertain without a pilot and further analysis of impacts
  • Adequate time should be allowed for planning and preparation to be able to achieve goals
MIPS Value Pathways – PCPI Stance

• PCPI supports the underlying concept of a MIPS Value Pathway (MVP), especially if it aligns well and is meaningful to a clinician.

• PCPI appreciates the concept of aligning multiple measures and activities from multiple categories to one pathway where measures and activities can speak to all four categories, thus reducing the performance and reporting burdens on clinicians and creating an integrated approach to quality measurement.
• Selection of Measures and Activities for MVPs
  • PCPI recommends that there be strong engagement of clinical societies to ensure aligned and meaningful pathways.
  • PCPI recommends that multiple MVPs be defined for each specialty to ensure coverage of the broadest range of practice patterns.

• MVP Assignment
  • PCPI recommends that clinicians be able to select the MVP that is most applicable to their practice and would provide the most meaningful participation in the program.
  • We do not believe the MVPs should be limited to a single specialty.
MIPS Value Pathways – PCPI Stance

• Adjusting MVPs for Different Practice Characteristics
  • PCPI supports MVP adjustments to address the special characteristics of small and rural practices
  • PCPI recommends that multi-specialty groups be able to allow specialties within the group to report their preferred MVP and/or the group should be able to pick which MVP certain clinicians report
  • There should not be a limit on the number of MVPs being reported by a multi-specialty group because there are groups that have many different specialty types and in order to engage the largest number of clinicians
  • There should be meaningful MVPs for any specialty that is part of the group
  • The multi-specialty group should be able to decide which MVP(s) they wish to report, and that decision should be at the time of reporting

• MVPs - Population Health Quality Measures Set
  • PCPI supports CMS’s goal of reducing the reporting burden on clinicians.
  • We are concerned that claims data may not be sufficiently accurate or precise to produce reliable measures of clinician performance.
  • We recommend that prior to adopting claims-based measures CMS should undertake studies to compare the results of using claims data alongside data from other sources for the specific measures that are proposed to draw on claims data.
Additional Resources

• Resource slides with greater detail will be posted on the PCPI website
• Visit the 2020 Quality Payment Program page on the PCPI website for updates and additional resources:
  • Resources: https://www.thepcpi.org/page/2020QPP
• CMS Public Comment Period Ends: September 27, 2019, 5:00 p.m. ET
Stay tuned to your email for updates.

For any questions please contact us at advocacy@thepcpi.org