Presenters

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Agenda

• Welcome
  • Objectives
  • Housekeeping
• Brief Overview of Rule
• Presentation of Priority Provisions
  • Collection Year 2020
    • Quality Measures
    • Qualified Clinical Data Registries
    • Quality Improvement Activities
  • Collection Year 2021 and Beyond
    • MIPS Value Pathways
    • Lack of Continuity of Clinician Performance Measurement Methods of Participation
    • Weighting of QPP Sections
• Open Discussion
• Closing
Objectives

• Objectives
  • Provide initial feedback on the PCPI position on the rule
  • Solicit member response on rule provisions to help craft PCPI position for comment letter
  • Understand the PCPI member perspective of Quality Payment Program participation
Housekeeping

• This forum is being recorded.
• 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.
Overview – QPP 2020 Proposed Rule

• Major MIPS Proposals (this list is not exhaustive)
  • 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
Priority Provisions

Collection Year 2020
Quality Measures

Measures Proposed for Removal and Data Completeness Thresholds
Measures Proposed for Removal

For the Quality performance category, we propose continuing to remove low-bar, standard of care, process measures, focus on high-priority outcome measures, and add new specialty sets (Speech Language Pathology, Audiology, Clinical Social Work, Chiropractic Medicine, Pulmonology, Nutrition/Dietician, and Endocrinology). For the Cost performance category, we are proposing to add 10 new episode-based measures and revise the current measures – Medicare Spending Per Beneficiary Clinician measure and Total Per Capita Cost measure.

These proposed changes: assign responsibility for services to a larger number of clinicians, improve risk adjustment timelines, avoid assigning costs that are incurred before a clinician begins providing services to a patient.
Measure Removal

In addition to current measure removal criteria, measures will be slated for removal if:

• The MIPS quality measure does not meet case minimum and reporting volumes required for benchmarking for 2 consecutive years

• CMS will consider a MIPS quality measure for removal if it is determined that it is not available for MIPS Quality reporting by or on behalf of all MIPS eligible clinicians (including via third party intermediaries).
Measures Proposed for Removal

• Removal of Quality Measures – Case Minimum and Reporting Volumes
  • CMS is proposing to remove quality measures that have not met case minimum and reporting volumes for two consecutive performance periods as low reported measures signal that the measure concept is not meaningful to clinicians.

• Removal of PCPI Preventive Care & Screening: Influenza Immunization Measure
  • CMS is proposing to remove the PCPI Preventive Care & Screening: Influenza Immunization measure to replace it with a not yet specified or tested Adult Immunization Status composite measure that was not recommended by the MAP for the QPP program.
Member Measures Proposed for Removal

• Are there measures proposed for removal within the rule that affect your members/organization that you would like PCPI to provide comment in support of maintaining in the program?
Data Completeness Threshold

• CMS is proposing to increase the data completeness threshold to 70% (from 60%) for the 2020 reporting period
  • MIPS eligible clinicians and groups submitting quality measure data on QCDR measures, MIPS CQMs, and eCQMs must submit data on at least 70% of the MIPS eligible clinician or group’s patients that meet the denominator criteria, regardless of payer

• Topped Out Measures
  • CMS wishes to increase the data completeness threshold for extremely topped out measures (average mean performance within the 98\textsuperscript{th}-100\textsuperscript{th} percentile) that are retained in the program due to limited availability of measures for a specialty.
Qualified Clinical Data Registries (QCDRs)
Requirements and Measure Testing Provisions
Qualified Clinical Data Registries

Support of three MIPS Categories

• CMS is proposing that QCDR and qualified registries support the quality, improvement categories, and promoting interoperability categories for starting with the 2021 performance period.

Performance Feedback

• Beginning in 2021, QCDRs would be required to (4x/year) include information on how participants compare to other clinicians within the Qualified Registry or QCDR cohort who have submitted data on a given measure.

QCDR Measures - harmonization

• Beginning in performance period 2020, CMS proposes that where there are multiple, similar QCDR measures that are not harmonized that the measure is provisionally approved and potentially rejected in later years.
QCDRs – Measure Requirements at Self-Nomination

• Identify a linkage between their QCDR measures to cost measures, improvement activities, or CMS developed MVPs.

• QCDR Measures would be required to be *fully developed with completed testing results* at the clinician level and must be ready for implementation at the time of self-nomination.

• Data collection on measures prior to submission for CMS consideration.

• If CMS determines that a QCDR measure is not available to MIPS eligible clinicians, groups, and virtual groups reporting through other QCDRs, CMS may not approve the measure.

• If a QCDR measure does not meet case minimum and reporting volumes required for benchmarking after being in the program for 2 consecutive performance years, it may not continue to be approved in the future.
“We propose, that for a QCDR measure to be considered for use in the program, all QCDR measures submitted at the time of self-nomination must be fully developed with completed testing results at the clinician level, as defined by the CMS Blueprint for the CMS Measures Management System (available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-AssessmentInstruments/MMS/Downloads/Blueprint.pdf), and as used in the testing of MIPS quality measures prior to the submission of those measures to the Call for Measures.”
QCDRs – Measure Testing (2 of 3)

• Will the requirement for measure testing adversely affect QCDRs?

• Pros: Testing data is good in theory, but this requirement is essentially the same as submitting measures to the MUC list

• Cons: Measure development and implementation is very time intensive and not agile
QCDRs – Measure Testing (3 of 3)

• How to address this?
  • All measures should have a level of testing – this ensures quality
    • Fit-for-purpose analysis
  • Practically, this creates a challenge for QCDRs and may not be advantageous – requesting feedback
Incorporating QCDR Measures into MVPs

CMS: “We believe that a smaller and more focused set of quality measures assembled into an MVP, integrated with cost measures and improvement activities, will better serve the program by reducing the complexity of identifying how to participate in the program for clinicians, improving our ability to compare clinicians, and improving beneficiaries’ ability to identify high quality practices. A proliferation of measures that are different for every modest variation in practice is contrary to such a goal. Therefore, we need to consider the role of QCDR measures in such an environment.”

• What does this mean for the future of QCDR measures?
Improvement Activities (IAs)

Removal, Merging, and New Improvement Activities
Improvement Activities

- Factors for Removing Improvement Activities
- New Improvement Activities
- Merged 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

- Even when factors are applied, there will be an opportunity to comment prior to an IA being removed
- Would application of any of these factors reduce the value of the CMS quality measurement program?
- Are there details about how these determinations would be made that we should note in the comments?
New Improvement Activities (1 of 2)

- Request PCPI member feedback
- Do providers generally have access to this type of information at the time of a patient visit or other interaction?
- To what extent does this increase burden?

CMS Language

**Drug Cost Transparency**

MIPS eligible clinicians must **attest that their practice provides counseling to patients and/or their caregivers about the costs of drugs and the patients’ out-of-pocket costs for the drugs.** If appropriate, the clinician must also explore with their patients the **availability of alternative drugs and patients’ eligibility for patient assistance programs that provide free medications** to people who cannot afford to buy their medicine.

Subcategory – Beneficiary Engagement

Weight – High
New Improvement Activities (2 of 2)

CMS Language
Tracking of clinician’s relationship to and responsibility for a patient by reporting MACRA patient relationship codes.
a MIPS eligible clinician must attest that they reported MACRA patient relationship codes (PRC) using the applicable HCPCS modifiers on 50 percent or more of their Medicare claims for a minimum of a continuous 90-day period within the performance period.
Subcategory – Care Coordination
Weight -- High

- Request PCPI member comment
- What are there barriers to implementing this measure?
Merged Improvement Activities

• CMS is proposing to “remove” individual IAs and integrate them with other IAs

• For practices that now report multiples of the merged IAs would this require them to choose additional IAs?

• What happens to clinicians reporting on a singular IA and it is combined?
### Merged Improvement Activity Examples

<table>
<thead>
<tr>
<th>“Removed” IA</th>
<th>Migrated to IA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IA_PM_1</strong> Participation in Systematic Anticoagulation Program</td>
<td><strong>IA_PM_2</strong> Anticoagulant Management Improvements</td>
</tr>
<tr>
<td><strong>IA_CC_3</strong> Implementation of additional activity as a result of TA for improving care coordination</td>
<td><strong>IA_EPA_4</strong> Additional improvements in access as a result of QIN/QIO TA</td>
</tr>
<tr>
<td><strong>IA_PSPA_14</strong> Participation in Quality Improvement Initiatives</td>
<td><strong>IA_PSPA_19</strong> Implementation of formal quality improvement methods, practice changes, or other practice improvement processes</td>
</tr>
<tr>
<td><strong>IA_PSPA_5</strong> Annual Registration in the Prescription Drug Monitoring Program</td>
<td><strong>IA_PSPA_6</strong> Consultation of the Prescription Drug Monitoring Program</td>
</tr>
<tr>
<td><strong>IA_PSPA_24</strong> Initiate CDC Training on Antibiotic Stewardship</td>
<td><strong>IA_PSPA_23</strong> Completion of CDC Training on Antibiotic Stewardship</td>
</tr>
<tr>
<td><strong>IA_BMH_3</strong> Unhealthy alcohol use</td>
<td><strong>IA_BMH_9</strong> Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients</td>
</tr>
</tbody>
</table>

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## Merged Improvement Activities

<table>
<thead>
<tr>
<th>&quot;Removed&quot; IA</th>
<th>Migrated to IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_BE_11 Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan</td>
<td>IA_BE_7 Participation in a QCDR, that promotes use of patient engagement tools.</td>
</tr>
<tr>
<td>IA_BE_2 Use of QCDR to support clinical decision making</td>
<td></td>
</tr>
<tr>
<td>IA_BE_9 Use of QCDR patient experience data to inform and advance improvements in beneficiary</td>
<td></td>
</tr>
<tr>
<td>IA_BE_10 Participation in a QCDR, that promotes implementation of patient self-action plans.</td>
<td></td>
</tr>
<tr>
<td>IA_CC_6 Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination</td>
<td></td>
</tr>
<tr>
<td>IA_AHE_4 Leveraging a QCDR for use of standard questionnaires</td>
<td></td>
</tr>
<tr>
<td>IA_AHE_2 Leveraging a QCDR to standardize processes for screening</td>
<td></td>
</tr>
<tr>
<td>IA_PM_10 Use of QCDR data for quality improvement such as comparative analysis reports across patient populations</td>
<td></td>
</tr>
</tbody>
</table>
Priority Provisions

Collection Year 2021 and Beyond – 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
CMS Overview of MIPS Value Pathway
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 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
Priority Provisions: MIPS Value Pathways

• MIPS Value Pathways - uncharted waters
  • Requesting member feedback:
    • Use of administrative claims measures
    • How does this impact a physician’s reimbursement?
    • How will this be piloted?
  • How will this affect the QCDR program?
CMS posed specific questions in 10 areas:

- MVP approach, definition, development, specification, assignment, and examples
- Selection of measures and activities for MVPs
- MVP assignment
- Transition to MVPs
- Adjusting MVPs for different practice characteristics
  - Small and rural practices
  - Multispecialty practices
- Incorporating QCDR measures into MVPs
- Scoring MVP performance
- Population Health quality measurement set
- Clinician data feedback
- Enhanced information for patients
  - Patient reported measures
  - Publicly reporting MVP performance information
Weighting of Sections within QPP

Collection Year 2020/Performance Year 2022
- Quality: 40%
- Cost: 25%
- Promoting Interoperability: 20%
- Improvement Activities: 15%

Collection Year 2021/Performance Year 2023
- Quality: 35%
- Cost: 25%
- Promoting Interoperability: 25%
- Improvement Activities: 15%

Collection Year 2022/Performance Year 2024
- Quality: 30%
- Cost: 30%
- Promoting Interoperability: 25%
- Improvement Activities: 15%
Lack of Continuity of Clinician Performance Measurement Sections

• Clinicians will be allowed to participate in a variety of different methods
  • How will this produce comparable data?
  • How does this lead to participation in APMs?
  • Lack of longitudinal measurement
Additional Resources

• Visit the 2020 Quality Payment Program page on the PCPI website for updates and additional resources:
  • Resources: https://www.thepcpi.org/page/2020QPP
  • Member Input link: https://www.thepcpi.org/event/QPP2020

• The Member Input Period will be extended to next week to encourage participation

• The PCPI Forum: Feedback from the Field – Perspectives on the Year 4 QPP Proposed Rule will be held Wednesday, September 18, 2019, 12:00-1:00pm CT

• CMS Public Comment Period Ends: September 27, 2019, 5:00 p.m. ET
The slides and recording will be posted at https://www.thepcpi.org/page/2020QPP

Stay tuned to your email for updates.

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

• Maintenance of measures for use in programs – we no longer provide the MAC measure updates and we need to let the ACs know what is happening to the work we produce (e.g. influenza measures)
  • Informational discussion rather than receiving feedback
• Alignment of Medicare/Medicaid Measures – may not be an issue at the provider level
• Interoperability Section – request for information
  • Provider/Patient exchange
  • PGHD
  • Opioid section
• Other RFIs (if we have time, otherwise put this in member input period)
  • Measures
  • NQF/CDC Opioid Quality Measures