CMS Quality Measure Development Plan

Technical Expert Panel Meeting Summary

(MACRA Section 102)

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October 18, 2022

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HSAG HEALTH SERVICES ADVISORY GROUP

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Executive Summary

In October 2022, the Health Services Advisory Group, Inc. (HSAG) Quality Measure Development Plan (MDP) team convened two technical expert panel (TEP) meetings focused on the results of the *2022 MDP Environmental Scan and Gap Analysis Report*.[1] This work was conducted to support the Centers for Medicare & Medicaid Services (CMS) Merit-based Payment Incentive System (MIPS) team's development of MIPS Value Pathways (MVPs) within the prioritized clinical areas of diabetes, hypertension, kidney disease, behavioral health, HIV/AIDS, and women's health and maternal care.

Before the meetings, 14 out of 16 experts and patient/caregiver representatives on the TEP independently assessed the clinical importance of 50 clinician quality measures and 89 measure subtopic gaps selected for their review. Meeting goals included sharing the pre-assessment results and obtaining feedback on the panel's individual and aggregated ratings. The resulting TEP discussions sometimes deviated from the initial pre-assessment ratings. Key summaries for each clinical area include:

Diabetes Subtopic Gaps and Diabetes Measures

Members viewed the three identified gaps as proactive for patients and useful in earlier stages of the disease; some preferred categorizing measures as patient *engagement* rather than the less understood *activation*. Three measures were supported for consideration in an MVP: *Comprehensive Diabetes Care: Hemoglobin A1c(HbA1c) Poor Control (> 9.0%); Comprehensive Diabetes Care: Eye Exam (retinal) performed*; and *Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)*. The TEP recommended an additional measure, *Statin Therapy for the Prevention and Treatment of Cardiovascular Disease*.

Hypertension Measures

Four hypertension measures were supported for consideration in an MVP: *Controlling High Blood Pressure; Ischemic Vascular Disease (IVD): Blood Pressure Control; IVD: All or None Outcome Measure (Optimal Control);* and *Optimal Vascular Care*.

Kidney Disease Subtopic Gaps

The group observed that the 21 subtopics included many related to education; members stated a preference for patient activation or engagement concepts.

Behavioral Health Measures

Members agreed on the clinical importance of five behavioral health measures: *Adult Major Depressive (MDD) Disorder Suicide Risk Assessment; Follow-up After Hospitalization for Mental Illness (FUH); Depression Remission at Twelve Months; Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment*; and *Follow-up Care for Children Prescribed ADHD Medication (ADD)*. While limitations were noted, the group

[1] Centers for Medicare and Medicaid, Health Services Advisory Group. *CMS Quality Measure Development Plan Environmental Scan and Gap Analysis Report (MACRA Section 102).* Baltimore, MD: US Department of Health and Human Services; 2022.

acknowledged that the highly rated measures from the pre-assessment filled known gaps in behavioral health care and lacked readily available alternatives.

HIV/AIDS Measures

One measure highly rated in the pre-assessment, *HIV Viral Load Suppression,* elicited concerns about unintended consequences for HIV/AIDS patients. *Prescription of HIV Antiretroviral Therapy* was perceived to be attributable to clinicians and therefore appealing.

Women's Health and Maternal Care Measures

Seven measures were presented for discussion, all highly rated in the pre-assessment: *Breast Cancer Screening; Shared Decision-Making Process; Proportion of Patients Sustaining a Bowel Injury at the Time of Any Pelvic Organ Prolapse Repair*; *Trastuzumab administered to patients with AJCC stage I (T1c)–III human epidermal growth factor receptor 2 (HER2) positive breast cancer who received adjuvant chemotherapy; Cervical Cancer; Maternity Care: Elective Delivery (without Medical Indication) at < 39 Weeks (Overuse);* and *Person-Centered Contraceptive Counseling (PCCC)*. TEP members recommended a MIPS measure, *Cervical Cancer Screening*, in place of *Cervical Cancer*. Members emphasized the importance of early detection and screening and expressed hope that CMS would help address feasibility concerns to support shared decision-making measures.

Technical Expert Panel Meeting Summary

Session 1: October 11, 2022 | Session 2: October 18, 2022

Introduction

The Centers for Medicare & Medicaid Services (CMS) has contracted with Health Services Advisory Group, Inc. (HSAG) to develop and update the *CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)*[2] in accordance with section 102 of the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA).[3] Under Contract #75FCMC18D0026, Task Order #75FCMC19F0001, HSAG supports CMS in preparing annual reports on measure development for MIPS and Advanced APMs,[4] together known as the Quality Payment Program. The team also conducts environmental scans and gap analyses to expand upon the initial measure priorities and gaps identified in the Measure Development Plan (MDP).

As part of this contract, HSAG convenes a technical expert panel (TEP) of patients and family caregivers, clinicians and representatives of professional societies, consumer advocates, quality measurement experts, and health information technology specialists to provide multi-stakeholder input on project tasks and reports.

On October 11 and 18, 2022, HSAG convened the TEP for a two-part webinar meeting. To prepare attendees and facilitate discussion, Health Services Advisory Group, Inc. HSAG (also referred to as "the team") provided meeting slides, the latest environmental scan and gap analysis, and a copy of each individual member's responses to a pre-assessment of measures and measurement gaps derived from the environmental scan. The team provided links to the Meaningful Measures (2.0) and Cascade of Meaningful Measures frameworks on the CMS website.

This document provides highlights of the webinar meeting, including comments and recommendations of the TEP members. Appendix A – TEP Pre-Assessment Results contains a breakdown by clinical area of all selected measures and measure subtopic gaps under consideration with the pre-assessment ratings that informed the discussions. Appendix B – Measures Reviewed by the TEP lists measures by clinical area and source (MIPS or another federal agency).

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[2] Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services. *CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).* Baltimore, MD: US Department of Health and Human Services; 2016. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Final-MDP.pdf. Accessed: August 2, 2022.

[3] Section 1848(s) of the Social Security Act (the Act).

[4] Centers for Medicare & Medicaid Services. Quality Payment Program measure development. Baltimore, MD: US Department of Health and Human Services. https://www.cms.gov/Medicare/Quality-Payment-Program/Measure-Development/Measure-development.html. https://www.cms.gov/Medicare/Quality-Payment-Program/Measure-Development/Measure-development. Accessed: August 2, 2022.

Meeting Proceedings, Session 1: October 11, 2022

Welcome and Opening Remarks

Presenter: Michelle Pleasant, PhD, MA, Project Team Lead, HSAG

M. Pleasant welcomed the group and thanked CMS for the opportunity to work on this project. She explained the objectives of the meeting:

- Review the Measure Development Plan (MDP) project background.
- Describe the methodology and findings of the CMS MDP Environmental Scan.
- Review quality measure subtopic gaps for potential future measure development.
- Recommend measures for future development of MIPS Value Pathways, or MVPs.

She presented ground rules and the agenda for the meeting, planned as two sessions of 2 hours each.

TEP Roll Call and Conflict of Interest Disclosures

Presenters:
John Martin, PhD, MPH, VP, Data Science, Premier, Inc. (TEP Co-Chair)
Samantha Tierney, MPH, American College of Physicians (TEP Co-Chair)

Invited Members and Guests/Attendance:

TEP	CMS	Contractors
☒ John Martin *(Co-Chair)*	☒ Helen Dollar-Maples	**HSAG**
☒ Samantha Tierney *(Co-Chair)*	☒ Nina Heggs	☒ Kyle Campbell
☒ Mary Baliker	☒ Nidhi Singh Shah	☒ Eric Clark
☒ Crystal Barter	☐ Mei Zhang	☒ Eric Gilbertson
☒ Heidi Bossley		☒ Nancy Gordon
☒ Zeeshan Butt		☒ Julia Mackeprang
☐ Catherine Eppes		☒ Michelle Pleasant
☐ Nupur Gupta		☒ Doug Ritenour
☒ Amy Nguyen Howell		
☒ Shu-Xia Li		
☐ Gregg Miller		
☒ Connie L. Montgomery		
☐ Kristin Rising		
☒ Sarah Hudson Scholle		
☒ Anita Somplasky		
☒ Lindsey Wisham		

Conflict of Interest Disclosures

- **J. Martin** disclosed stock ownership in Premier, his employer.
- **S. Tierney** developed and participated in several measures under review today.
- **Z. Butt** asked for clarification of the criteria for potential conflict of interest.
  HSAG: K. Campbell mentioned involvement in development of measures under consideration or external funding or investment that might influence one's perspective.
- **Z. Butt** disclosed ownership of stock in Phreesia, and he is part of a measure steward group for measures not in consideration at this meeting.

- **S. Scholle** reported her work at the National Committee for Quality Assurance (NCQA) and said there might be measures discussed that NCQA has developed or participated in.

2022 MDP Environmental Scan Background

Presenter: Michelle Pleasant, PhD, MA, Project Team Lead, HSAG

M. Pleasant discussed the focus of the environmental scan, which was designed to support CMS in its development of MVPs for six condition- or specialty-specific clinical areas. A kidney disease MVP subsequently was developed and proposed through rulemaking for 2023; therefore, the team focused the TEP's activities on quality performance measures for the remaining five clinical areas: behavioral health, diabetes, HIV/AIDS, hypertension, and women's health and maternal care.

2022 MDP Environmental Scan Methodology and Results

Presenter: Doug Ritenour, MPH, HSAG

D. Ritenour presented development steps for the environmental scan and gap analysis, for which the team followed guidance from the *Blueprint for the CMS Measures Management System, Version 17*.[5] After identifying the scope—the six prioritized clinical areas—the team conducted a literature review.

D. Ritenour displayed a flow chart showing that a **s**can of peer-reviewed journals and grey literature published from January 2019 through January 2022 produced 125 relevant U.S.-based publications, from which the team derived 116 unique measurement subtopics recommended for the six clinical areas.

Next, the team queried quality measure databases, CMS programs, and other federal agencies for measures reportable by clinicians and groups. Excluding duplicates and applying selection criteria yielded 168 measures applicable to the six clinical areas, including 51 already in MIPS and 53 from qualified clinical data registries (QCDRs) for clinicians.

- Behavioral health: 58 (18 MIPS, 28 QCDR, 12 other)
- Diabetes: 19 (7 MIPS, 7 QCDR, 5 other)
- HIV/AIDS: 34 (4 MIPS, 30 other)
- Hypertension: 5 (3 MIPS, 2 other)
- Kidney disease: 14 (1 MIPS, 10 QCDR, 3 other)
- Women's health and maternal care: 38 (18 MIPS, 8 QCDR, 12 other)

Assigning point values reflecting CMS priorities including safety, equity, and outcome measurement, the team reduced the measures for the TEP's consideration to 50 with total scores meeting a standardized threshold. The team employed the CMS Meaningful Measures 2.0 framework to categorize measures by health care quality priority and associated topics/subtopics. Measure subtopics gleaned from the literature were likewise mapped to the framework. Where no corresponding measure could be found for a subtopic, it was deemed a gap.

The team solicited initial feedback on the 50 measures and 89 measure subtopic gaps through an online assessment completed by 14 of 16 members of the TEP. The team used the aggregated results to inform the scope of these meetings, excluding the lowest-rated measures and those for kidney disease. The pre-assessment results and the environmental scan will be presented to CMS with the findings of this meeting to inform the MIPS team's ongoing development of MVPs.

[5] Centers for Medicare & Medicaid Services. *CMS Measures Management System Blueprint Version 17.0.* Baltimore, MD: US Department of Health and Human Services; 2021. Accessed January 20, 2022

General Comments and Feedback From the TEP

A member asked whether the team considered applicability to the MIPS/MVP or Medicare Part B when reviewing measures. She observed that many measures exist, but their applicability to MIPS has been inconsequential.

> **HSAG: M. Pleasant** replied that the team looked at whether measures would be appropriate for clinician-level reporting. **Eric C.** added that the team did not consider a measure's data source, such as Medicare Part B.

Overview of the Pre-Assessment Approach and Guide to Discussion

Presenter: Michelle Pleasant, PhD, MA, Project Team Lead, HSAG

M. Pleasant presented an overview of the TEP pre-assessment that informed the structure of the meeting, which 14 of 16 members were able to complete. They were asked to rate the clinical appropriateness (1 = low; 2 = medium; 3 = high) of 50 clinical quality measures for potential use in specialty- or condition-specific MVP, as well as 89 measure subtopic gaps as priorities for development as measures for an MVP. Considerations for the latter included whether a subtopic would address health equity, promote safety, and/or assess an outcome or intermediate outcome and whether a measure subsequently developed could be widely reported by eligible clinicians in the prioritized clinical area.

Noting the reference materials provided to each member, **M. Pleasant** previewed the approach to discussion for each clinical area and the protocol for reaching a consensus vote.

During the initial discussions of diabetes subtopics and measures, TEP members raised questions about their role in evaluating both quality measures and measure subtopic gaps, aspects of the rating/voting process, the intent of the MVP, and the expected outcome of their work.

HSAG provided these clarifications:

- The environmental scan identified measure subtopics for prioritized clinical areas exclusively from published literature, including peer-reviewed journal articles and grey literature such as federal reports.
    - A search of measure databases identified measures corresponding to those subtopics and revealed gaps where no measures existed.
    - The MDP team applied selection criteria to the identified measures and gaps to compose subsets for the TEP pre-assessment, the results of which framed the meeting discussions.
    - Members would be welcome to provide additional subtopics and feedback via email after the meeting.
- Pre-assessment results aggregated members' ratings on a 3-point scale (low = 1; high = 3).
    - The 50 measures and 89 subtopic gaps assessed by the TEP each received as many as 14 and as few as seven ratings.
    - Fewer ratings need not be perceived negatively, as members had the option to abstain if they perceived either a potential conflict of interest (e.g., involvement in measure development) or insufficient knowledge to inform their ratings.
- The consensus threshold described for the TEP meeting—requiring a quorum of 66% of the membership and approval by 66% of voting members—did not apply to the pre-assessment.
- The TEP was not limited in the number of measures or subtopics it could recommend, and its selections would have no negative implications for the development of MVPs.

Diabetes Measure Subtopic Gaps

M. Pleasant presented three measure subtopics identified in the gap analysis, all receiving a median rating of 3 from the TEP—the highest on a scale of 1–3. She asked only for feedback, as no vote would be taken on the subtopics.

- Patient activation – disease awareness
- Diabetes-specific nutrition/lifestyle education
- Management of prediabetes

General Comments and Feedback From the TEP

One member said she saw lifestyle education as more of an improvement activity than a quality measure in the context of MIPS, and she construed "patient activation – disease awareness" as likely a patient-reported outcome.

> **HSAG: M. Pleasant** agreed that the subtopics could be developed as described. She confirmed for members that none of these subtopics had been identified as an existing measure for the Quality Payment Program and that discussion would be limited to these gaps identified from peer-reviewed literature and industry reports through the environmental scan.

Another speaker appreciated the subtopics—especially management of prediabetes—as what she would call upstream, proactive as opposed to reactive from a patient perspective. She did question what would constitute patient activation and what responsibility a clinician would have. A third member suggested patient *engagement* instead of the word *activation*. As someone living with diabetes, she said she would have liked to see these subtopics addressed in her care.

> **HSAG: M. Pleasant** prompted the members to mention any special considerations, such as: Do we think these are all appropriate for clinician measurement and accountability?

In further comments, speakers:

- Stressed a desire to see very robust testing of patient-reported measures before applying them to individual clinicians.
- Liked the focus on what matters to individuals with disease. This member suggested self-efficacy as a term to define desired patient involvement. It should consider patient goals and ways to motivate and support them to engage in their health care. She mentioned that programs on diabetes prevention might be provided in the community, not the clinician's office.
- Agreed that a clinician might only refer patients to others for management of prediabetes and nutrition/lifestyle education. In that case, it would be hard to construct a clinician-reported measure that was not merely structural, the member said. Whereas a quality measure should be reported by the person performing the quality action, she noted that an improvement activity could happen under the auspices of a practice or as part of the team-based approach of a patient-centered medical home model.

> **HSAG: M. Pleasant** thanked the members for their feedback and invited them to send any additional comments via chat or email.

Diabetes Measures

M. Pleasant displayed qualitative comments exported from the pre-assessment and presented seven measures with aggregated pre-assessment ratings for discussion by the TEP:

Comprehensive Diabetes Care: HbA1c Poor Control (> 9.0%)
Comprehensive Diabetes Care: Eye Exam (retinal) performed
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation
Comprehensive Diabetes Care: Medical Attention for Nephropathy
Coronary Artery Disease (CAD): ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)
Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear

General Comments and Feedback From the TEP

It was noted that NCQA has retired *Medical Attention for Nephropathy*. The member questioned how well that plan measure would translate to provider-level measurement.

Another speaker informed the group that the 2023 Physician Fee Schedule proposed rule indicated its replacement with a kidney measure. She named *Kidney Health Evaluation* in the group chat.

HSAG: M. Pleasant explained that the environmental scan was done in February and March, before release of the proposed rule, but said the team would capture that information in the summary.

K. Campbell clarified for the group that their task was to indicate how relevant these measures could be in an MVP—very preliminary work, upstream from the MIPS program and rulemaking. He suggested that the group look at widely divergent ratings and consider whether to exclude some measures from the list the TEP would submit to CMS for further evaluation.

As the TEP had shown little enthusiasm for various other measures, a member proposed removal of *Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear* and the measure that is being retired and replaced.[6]

The presiding chair said she found it interesting that of the two *Diabetic Foot & Ankle Care* measures, one was rated fairly high, but the other was at the bottom of the ratings. She suggested that members share their rationale for rating measures.

It was noted that the American College of Physicians (ACP) did not support the retinopathy measure because of feasibility concerns and the perception of a check-the-box measure. A member who abstained from rating it because she was involved in its development supposed that those might be reasons for the measure's five low ratings.

HSAG: M. Pleasant agreed with the effort to gather opinions in support of the ratings**.**

K. Campbell noted that this type of exercise can take longer for the first subject area. He asked whether the TEP could generally agree, based on the discussion, to remove the nephropathy, retinopathy, and foot ulcer measures from the slate.

[6] The 2023 Physician Fee Schedule final rule removed *Comprehensive Diabetes Care: Medical Attention for Nephropathy* from MIPS.

A member also questioned the inclusion of the peripheral neuropathy measure, which she thought was specific to podiatry, and whether it made sense to include such a specialty-specific measure.

> **HSAG: M. Pleasant** clarified that existing MVPs have included three or four measures specific to the target condition or specialty, while other measures are crosscutting (screening, vaccination).

A measure mentioned as noticeably absent from the list was *Statin Therapy for the Prevention and Treatment of Cardiovascular Disease*, which has a specific metric for diabetes and was described as very important to the overall care of the disease. [A member emailed a description of the measure after the meeting.]

A member commented that every one of the measures is very important to her as a person living with diabetes who also has family members who have lost limbs to the disease. In her view, though, prioritizing a measure has a lot to do with patients' disease stage when they start with a clinician.

Another member suggested that the TEP look at whether a measure could be widely reported and promote priorities such as equity, safety, and outcome measurement, while also considering the reporting burden**.**

Speaking as a clinician, a member agreed that administrative burden—"the No. 1 pain point" within any health system—is contributing to an epidemic of burnout. She said she keeps that in the forefront when evaluating measures. Starting from the top of the list, she noted overwhelming support for the first measure.

> **HSAG: M. Pleasant** agreed that *HbA1c Poor Control* had strong support with 12 high ratings and a median of 3, as did the retinal eye exam measure with 12 members evenly split between high and medium ratings.

A member noted the importance of eye exams for patients with diabetes but wondered whether the measure was supposed to be reported by the eye care professional.

> **HSAG: M. Pleasant** said the team would determine whether a broader group of clinicians could report the measure.[7] If so, she noted that there seemed to be greater support for the measure than for most others. She then solicited comment on the coronary artery disease measure, which had not yet been discussed at length.

Noting that only eight members rated the measure, a member asked how the TEP should view the number of abstentions.

Another replied that she usually abstains if she does not have enough clinical knowledge to rate a measure. She understood the point being raised but advised that abstentions should not count against a measure. She explained that she was primarily responsible for developing and maintaining a measure that she had abstained from rating.

Confirming that an earlier speaker had proposed removal of the peripheral neuropathy measure, the team presented a slate of three diabetes measures.

[7] After the meeting, the team confirmed that *Comprehensive Diabetes Care: Eye Exam (retinal) performed* is applicable to endocrinology, family medicine, internal medicine, and ophthalmology.

Comprehensive Diabetes Care: HbA1c Poor Control (> 9.0%)
Comprehensive Diabetes Care: Eye Exam (retinal) performed
Coronary Artery Disease (CAD): ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)

Twelve of 14 members present voted approval; two members abstained. **K. Campbell** assured the group that their qualitative comments would be shared with CMS.

Hypertension Measures

M. Pleasant displayed comments provided in the TEP pre-assessment and presented five measures with aggregated pre-assessment ratings (contained in Appendix A) for discussion by the TEP:

Controlling High Blood Pressure
IVD: Blood Pressure Control
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
IVD All or None Outcome Measure (Optimal Control)
Optimal Vascular Care

General Comments and Feedback From the TEP

One of the co-chairs noticed five low ratings for *IVD All or None Outcome Measure* and invited comment on that measure.

> **HSAG: E. Clark** described *IVD All or None Outcome Measure* as a MIPS measure, not endorsed, and stewarded by the Wisconsin Collaborative for Health Care. He said it is adapted from *Optimal Vascular Care* [rated lowest of the five measures], which is an NQF-endorsed measure from Minnesota Community Measurement. The two measures have slightly different denominators and data sources. A clinician must pass all four criteria in *All or None* to satisfy the measure.

Members noted considerable overlap in the list of measures and discussed differences that might lead them to favor one over another. One observed that blood pressure control is a component of three measures and suggested that a recommendation of fewer measures might have the most impact.

In the interest of avoiding duplication, the other co-chair asked whether anyone could comment on the differences between *Controlling High Blood Pressure* and *IVD: Blood Pressure Control*.

A member explained that the first measure is for people with a diagnosis of hypertension; the second, for people who have had a coronary event but not necessarily a hypertension diagnosis. She said she did not know the clinical significance of that difference.

She raised a question about *Screening for High Blood Pressure*, which she described as having a very low bar for follow-up.

Another member said she rated the measure lowest in this group. It just seemed like so much of a check-the-box measure focused on process rather than outcomes, she explained.

> **HSAG:** Based on members' comments, **M. Pleasant** concluded that the group would retain *Controlling for High Blood Pressure, IVD: All or None,* and *Optimal Vascular Care* for consideration.

Reviewing the pre-assessment, a member mentioned that *IVD: Blood Pressure Control* does not have an age range, but *Optimal Vascular Care* has a range of 18–75. She wondered what that meant for an IVD population and whether people outside that range should be measured. She asked about the difference in data sources.

> **HSAG: E. Clark** said the measure developer noted a difference from competing measures without providing details.

A member recalled critical comments from the pre-assessment about specifications for blood pressure measures and the difficulty of dealing with combined measures. She expressed doubts about which measures should be struck and conflicting sentiments in the proposed ratings. The first two measures (*Controlling High Blood Pressure* and *IVD: Blood Pressure Control*) are parallel with just a different denominator, she said; likewise, *IVD: All or None* and *Optimal Vascular Care.* Why include a measure if the TEP doesn't like the denominator? she asked. If we don't like the idea of a combined measure that includes blood pressure control, being on a statin, not being a tobacco user, and being on daily aspirin or anti-platelet meds—that's what is in that combined measure.

In conclusion, the speaker repeated a question that another member had raised earlier: Why isn't the statin measure included for diabetes?

A member mentioned that blood pressure parameters are among three criteria in the statin measure.

A co-chair suggested a separate vote on including the statin measure; likewise, she thought the hypertension measures might warrant a different approach.

> **HSAG: M. Pleasant** said the team intended to include the diabetes statin measure in the meeting notes as a measure of interest to the TEP.

A member asked to revisit the list of remaining measures. From a clinical perspective, she noted that multiple components are needed to optimize blood pressure. To decide between the last two measures, she suggested the TEP consider what CMS is using in MIPS and which measure has NQF endorsement.

> **HSAG: M. Pleasant** said the lowest-rated measure, *Optimal Vascular Care*, is endorsed and has an age range of 18-75. CMS uses *IVD: All or None* in MIPS, but it is not endorsed and has no age range.

It was noted that the *IVD Blood Pressure Control* measure appears to have NQF endorsement, which could warrant keeping that measure.

> **HSAG: K. Campbell** asked for confirmation that she was suggesting keeping the measure on the basis of its endorsed status. The member said she was.
>
> **E. Clark** advised that the measure's endorsement was removed as of August 2022.

Another member observed that CMS has been removing duplicative measures and suggested that the TEP consider which of the listed hypertension measures should move forward. She noted that CMS favors the *All or None* measure as an overall picture of how patients are doing, though clinicians do consider that composite measure more burdensome than a measure with a single focus.

HSAG: K. Campbell proposed to withhold further action on the measures until the team did some homework to inform the vote. He suggested that the team either send a poll to the members offline or conduct a vote at the next meeting.

As the environmental scan identified no measure subtopic gaps for hypertension, the TEP proceeded to the next clinical area for discussion.

Kidney Disease Subtopic Gaps

The 2022 MDP Environmental Scan and Gap Analysis[8] identified 14 kidney disease measures. However, because CMS subsequently developed an Optimal Care for Kidney Health MVP, the team excluded those measures from the pre-assessment and meeting discussions. The 2023 Physician Fee Schedule (PFS) proposed rule[9] lists two condition-specific measures as components of the proposed MVP: *Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy* and *Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate.*

D. Ritenour gave an overview of 21 measure subtopic gaps with their ratings from the pre-assessment, including six with the high median rating of 3. (See Appendix A for the full list.) With limited time remining, he suggested that the chairs solicit input on gaps for which assessments were most divergent.

General Comments and Feedback From the TEP

A member mentioned *Kidney Health Evaluation* as another kidney disease measure proposed for MIPS for 2023.[10] She observed that dialysis center staffing is more of a structural measurement and wondered whether the ESRD program was already reporting such a measure.

HSAG: M. Pleasant said the team would investigate further.[11]

Commenting on an education subtopic focused on peritoneal dialysis, a member noted that individuals can truly benefit from switching from in-center to home treatment. However, she observed many other gaps focused on education. She wondered what the data source would be and whether the identified subtopics would produce structural, "checkbox" measures (e.g., whether patients say they understand their clinician). She said she would rather see measures of patient activation and care goal achievement and indicated that diagnosis comprehension and health literacy might better represent desired outcomes of education.

HSAG: M. Pleasant noted that the member's comments were consistent with lower median ratings for the education gaps than for most others.

While one member agreed that the education subtopics were not focused on outcomes, others countered that viewpoint. One noted that these subtopics could be viewed as potential patient-reported measures, and another added that the use of such measures can facilitate patient engagement.

[8] Centers for Medicare and Medicaid, Health Services Advisory Group. *CMS Quality Measure Development Plan Environmental Scan and Gap Analysis Report (MACRA Section 102).* Baltimore, MD: US Department of Health and Human Services; 2022.
[9] 87 FR 46462 through 46463
[10] 87 FR 46462
[11] The team confirmed the *Kidney Health Evaluation* measure was proposed for MIPS for 2023. The team was unable to identify a current ESRD program measure that addresses staffing.

A member asked why only a few subtopics were specified as patient-reported outcome measures (PROMs).

> **HSAG: M. Pleasant** explained that some literature sources for the environmental scan specifically characterized gaps as potential PROMs.

D. Ritenour noted that the remaining time was short and proposed to revisit the kidney disease measure subtopics at the next meeting.

Wrap-Up of Meeting #1

Presenter: Michelle Pleasant, PhD, MA, HSAG

M. Pleasant said the team would do its homework and communicate the findings before the TEP meeting on the following Tuesday. She asked that members locate the link in the chat to complete a meeting evaluation.

She acknowledged the TEP's recommendation of an additional diabetes quality measure and assured that the following measure would be included in the meeting summary with the results of the TEP vote:

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
Description: Percentage of the following patients—all considered at high risk of cardiovascular events—who were prescribed or were on statin therapy during the measurement period:
- All patients who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD), including an ASCVD procedure; OR
-Patients aged ≥ 20 years who have ever had a low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL or were previously diagnosed with or currently have an active diagnosis of familial hypercholesterolemia; OR
- Patients aged 40–75 years with a diagnosis of diabetes

MIPS measure: Yes
Measure type: Process
Endorsement status: Not endorsed
Steward: CMS
2020 MIPS benchmark measure performance:
- Registry: 82.95%
- Electronic clinical quality measure (eCQM): 71.54%

Meeting Proceedings, Session #2: October 18, 2022

Welcome

Presenter: Michelle Pleasant, PhD, MA, Project Team Lead, HSAG

M. Pleasant welcomed the group and thanked the CMS team for its support and guidance of the project. She advised attendees that the meeting was being recorded and reminded them of the confidentiality of meeting materials.

TEP Roll Call and Conflict of Interest Disclosures

Presenters:
John Martin, PhD, MPH, VP, Data Science, Premier, Inc. (TEP Co-Chair)
Samantha Tierney, MPH, American College of Physicians (TEP Co-Chair

S. Tierney conducted the roll call, as **J. Martin** was unable to join the meeting until later.

Invited Members and Guests/Attendance:

TEP	CMS	HSAG
☒ John Martin *(Co-Chair)*	☒ Helen Dollar-Maples	☒ Kyle Campbell
☒ Samantha Tierney *(Co-Chair)*	☐ Nina Heggs	☒ Eric Clark
☒ Mary Baliker	☒ Nidhi Singh Shah	☒ Eric Gilbertson
☒ Crystal Barter	☒ Marsha Smith	☒ Nancy Gordon
☐ Heidi Bossley	☒ Mei Zhang	☒ Julia Mackeprang
☒ Zeeshan Butt		☒ Michelle Pleasant
☐ Catherine Eppes		☒ Doug Ritenour
☐ Nupur Gupta		
☒ Amy Nguyen Howell		
☒ Shu-Xia Li		
☐ Gregg Miller		
☐ Connie L. Montgomery		
☒ Kristin Rising		
☒ Sarah Hudson Scholle		
☒ Anita Somplasky		
☒ Lindsey Wisham		

Conflict of Interest Disclosures

S. Tierney disclosed that she was personally involved in development of some measures to be discussed and invited other members to state their potential conflicts.

Z. Butt owns Phreesia stock and is part of measure steward team for a measure not under discussion.

K. Rising had had some industry funding but none involving measures to be discussed at this meeting; she is now a professor.

S. Scholle works for NCQA, which develops and stewards quality measures.

A. Somplasky developed some of the measures to be discussed.

Recap of Session 1

Presenter: Michelle Pleasant, PhD, MA, HSAG

In response to feedback from the TEP during the previous meeting, **M. Pleasant** acknowledged members' reservations about formal votes on quality measures for MIPS Value Pathways and their desire for more discussion time to review each measure systematically.

Clarifying the meeting objectives, she emphasized that the role of the TEP was to provide preliminary feedback on quality measures identified by HSAG for CMS' consideration in new MVPs for prioritized clinical areas. Notably, constructing an MVP was not a task for the TEP. Rather, the team intended to provide its environmental scan, the TEP pre-assessment of measures and gaps, and qualitative feedback to the CMS team responsible for MVP development and measure selection.

She thanked the co-chairs for feedback on the team's updated approach to this second session:

- Eliminate formal voting to focus on qualitative feedback to complement the quantitative results of the pre-assessment
- To allow more time for discussion, concentrate on measures rather than subtopic gaps; additional feedback on gaps can be submitted by email at MACRA-MDP@hsag.com.
- Focus discussion on measures with high median scores (≥ 2.5 on a 3-point scale), presented individually with relevant information (e.g., description, type, endorsement status).

M. Pleasant displayed the revised presentation format. The slide contained the measure name and descriptive details, including TEP members' aggregated ratings. Because the pre-assessment listed measures alphabetically, the pre-assessment question number corresponding to the measure was identified. (Appendix A contains the complete results.)

Reviewing the TEP vote on recommended diabetes quality measures (12-0 with two members abstaining), **M. Pleasant** noted that *Comprehensive Diabetes Care: Eye Exam (retinal) performed* is applicable to endocrinology, family medicine, internal medicine, and ophthalmology. Members had questioned whether the eye care professional was the sole reporting clinician.

Diabetes Measures

Supported
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
Comprehensive Diabetes Care: Eye Exam (retinal) performed
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)

Not Supported
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Diabetic Foot & Ankle Care, Peripheral Neuropathy –Neurological Evaluation
Comprehensive Diabetes Care: Medical Attention for Nephropathy
Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear

Recommended
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

At the previous meeting, the TEP arrived at a slate of hypertension measures but withheld a vote while awaiting further information from the team. **M. Pleasant** presented the recommendations and confirmed that one hypertension measure included in the environmental scan—*Ischemic Vascular Disease (IVD): Blood Pressure Control*—had since lost endorsement after the developer withdrew it. In keeping with the revised review process, no vote was taken.

Hypertension Measures

Supported
Controlling High Blood Pressure
Ischemic Vascular Disease (IVD): Blood Pressure Control
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)
Optimal Vascular Care

Not Supported
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Diabetic Foot & Ankle Care, Peripheral Neuropathy -Neurological Evaluation
Comprehensive Diabetes Care: Medical Attention for Nephropathy
Diabetic Foot & Ankle Care, Ulcer Prevention - Evaluation of Footwear

Appendix A contains the TEP's pre-assessment ratings for measure subtopic gaps, which members briefly discussed at the previous meeting. **M. Pleasant** recalled key points of the discussions:

Diabetes Subtopic Gaps

Gaps related to disease awareness, management of prediabetes, and nutrition/lifestyle education were noted as proactive for patients.

- The three identified gaps were viewed as useful measure subtopics, particularly in earlier stages of diabetes.
- Members sought a focus on patient engagement, motivation, and goals in care.
- Members stressed patient-reported measures with robust data and testing.

Kidney Disease Subtopic Gaps

Many education subtopics were noted among the 21 gap areas; members expressed a preference for patient activation or engagement.

- Suggestions:
    - Consider developing education-related gaps as patient-reported outcome measures.
    - Align measurement gaps with the ESRD reporting program measures when possible.

Overview of Session 2

Presenter: Michelle Pleasant, PhD, MA, HSAG

M. Pleasant reminded members that their charge was to assess measures for potential use in an MVP, considering feasibility, appropriateness for clinician-level measurement and accountability, and issues specific to prioritized condition or clinical specialty. The CMS MIPS team will have access to the TEP's feedback for consideration when selecting measures for any future MVP and will determine its scope.

Highly rated measures (with a median score of 2.5 or higher) were selected for the TEP's review at this meeting based on results of the August 2022 pre-assessment. (Appendix A contains complete results).

Behavioral Health Measures

M. Pleasant presented the following five measures individually with a description and details such as benchmark performance and endorsement status, then invited the TEP co-chairs to moderate each discussion.

Adult Major Depressive Disorder (MDD) Suicide Risk Assessment (Q4)

M. Pleasant noted that this measure had recently lost endorsement by the consensus-based entity after the developer withdrew it from consideration.

General Comments and Feedback From the TEP

Members with measure development experience commented that some measurement groups are choosing not to submit their measures for endorsement. CMS understands the cost and effort related to endorsement and does not require it of measures considered for MVPs, one observed. She concluded that endorsement is nice to have but not a deciding factor in whether a measure can or should be included in an MVP. The other speaker suggested that members not "get caught up" in the endorsement status of a measure.

Another member said she regarded this measure as a checkbox measure and thus a low priority. Not that suicide risk assessment is not important, she added. Among the things that should be measured and documented, she would be interested in focusing more on patient-reported symptoms and functioning and what actions are being taken to address them. She questioned whether the measure included a suicide action plan or a referral.

It was suggested that a suicide risk assessment might entail more than just screening, such as credit for a neuropsychological evaluation.

Looking up information about the measure, a member identified it as an eCQM for which the performance standard "looks like it is just doing the screening for it."

> **HSAG: M. Pleasant** noted that this was one of the most highly rated measures for behavioral health and solicited comment from anyone who rated it highly. No one responded.

Follow-Up After Hospitalization for Mental Illness (FUH) (Q13)

General Comments and Feedback From the TEP

Recalling a less-than-enthusiastic assessment of this process measure, a member cited the numerator specifications for two percentages of discharges—relating to follow-up within 30 days and within 7 days after discharge—and very specific criteria for reportable hospitalizations, limiting diagnoses to selected mental illnesses and intentional self-harm.

Another member countered that CMS lacks measures capturing patients after hospitalization and said she thought this one was important for that reason.

A third member agreed that it is important to capture patients post-hospitalization but aired concerns about "stock time frames and follow-ups across a really broad range of patients. Not everyone's going to fit into that box."

The previous speaker asked the group to consider how long it takes to develop measures and implement them in a program, which can be four to five years. So if members are not in favor of measures or really have a problem with them, she asked, are there other measures they could propose? If changes to measures are needed, members should take advantage of the [Physician Fee Schedule proposed rule] public comment period that CMS holds every year, she advised.

Conceding that *FUH* was "a little bit of a process, check-the-box" measure with broad catchment, another member nevertheless offered a perspective that influenced her support: Having the measure in place could save lives of at-risk patients who might otherwise be lost in the system.

Explaining her low rating of the measure on the basis of clinician-level accountability, a speaker said it was tested only at the health plan level. She added that the ACP Performance Measure Committee reviewed the measure and found it appropriate only at the health plan level.

Co-chair's summary

- Patients may need to be seen sooner or later than the measure's time frames.
- The measure does fill a gap, and there is no known substitute.
- Developing and implementing a new measure could take as much as 5 years.

HSAG: M. Pleasant offered some context about measures that include age ranges atypical of the Medicare population (6+ years old in the case of the preceding measure). MIPS eligible clinicians often report to registries that are all-payer systems. Furthermore, other insurers and payers follow the lead of Medicare—the largest health care payer in the nation—when it sets a priority such as women's health and maternal care.

Depression Remission at Twelve Months (Q10)

General Comments and Feedback From the TEP

A member rated the measure highly. As an indication of its importance, she noted that participants in the Medicare Shared Savings Plan are required to report on it, and the accountable care organizations (ACOs) do not push back on it in their public comments.

Another member recalled that she rated it low, reasoning that getting to a specific threshold of 4 is not necessarily as meaningful as a larger change in PHQ-9 scores. She sought other viewpoints**,** especially from clinicians.

The previous speaker responded that the PHQ-9 assessment tool uses questions that are very strong indicators for depression. Getting a score down to less than 5 means a patient really is showing improvement, she said, stressing that a less severe state of depression is clinically important.

A member said she rated the measure high but asked other members to comment on this one versus two *Progress to Remission* measures that the TEP also was asked to rate.

One mentioned that NCQA receives feedback about the difficulty of getting to remission on its health plan measure of depression remission at 6 months. These are valuable measures, she said, but they set the bar pretty high, and that can be off-putting to clinicians who feel like there's no way to win.

A clinician voiced advocacy for measurement-based care and admitted conflicted views about this measure. The member supported it from the standpoint of tracking symptoms over time and understanding the ubiquity of the PHQ-9 in the field but agreed that getting to a score of less than 5 is a very heavy lift. The PHQ-9 should never be considered the sole or even primary indicator of remission, the member said, adding, "In a clinical context, I'm personally never slavish to scores alone; we have to look at functioning and life quality."

Co-chair's summary

- Achieving remission is important but very difficult, especially for someone with long-term depression.
- PHQ-9 is ubiquitous but not the only consideration for assessing depression.
- Members mentioned other measures of remission that look at response to treatment over time.

Child and Adolescent Major Depressive Disorder (MDD) Suicide Risk Assessment (Q6)

General Comments and Feedback From the TEP

Though both this measure and its counterpart for adult patients had a high median rating of 3, a member recalled discussion about the latter being a check-the-box measure.

Asked to clarify why a "checkbox" label is a perceived deficit of a measure, another member explained that follow-through in depression care is known to be lacking in helping people to improve: It's easy to say you [assessed this particular symptom]; what it's not doing is saying what you did about the information you received, and how that is contributing to the care plan. … I don't think it's actually looking to see whether the care plan is resulting in a reduction of symptoms.

A clinician replied: If I do a suicide assessment and I discover there is risk of lethality within 24 hours, I'm mandated to take some action. And I recognize that's not the same as taking the action or documenting the action … but by virtue of doing the assessment, I am obligated to follow through.

The speaker asked: Do we have an alternate measure to propose to make sure that our patients who are depressed are getting adequate suicide risk assessment?

A member reminded her colleagues of their charge to provide feedback to CMS on what this group thinks is important. In the absence of alternatives, they should look at the available measures to put into a meaningful MVP that would reflect the conditions, risks, and assessments for behavioral health, she advised.

> **HSAG: E. Clark** mentioned in a chat the existence of a *Reduction in Suicidal Ideation or Behavior Symptoms* QCDR measure stewarded by PsychPRO that the TEP gave a median rating of 2. The measure specifies the numerator as follows: The percentage of individuals aged 18 and older who demonstrated a reduction in suicidal ideation and/or behavior symptoms based on results from the Columbia-Suicide Severity Rating Scale Screen Version plus the Intensity of Ideation Subscale of the Since Last Visit version of the C-SSRS within 90 days (+30 days) after a baseline visit.

Co-chair's summary

- Child and adolescent screening for suicide risk addresses a very important measure focus.
- Some concern was expressed about whether a plan for follow-up should be considered to make this more than a so-called checkbox measure.
- A clinician advised that finding an imminent risk would obligate one to follow up.
- The TEP should focus on existing measures to consider what is important to include in a behavioral health MVP.

Follow-Up Care for Children Prescribed ADHD Medication (ADD) (Q14)

TEP members offered no comments or feedback on the measure.

HIV/AIDS Measures

D. Ritenour introduced two measures for discussion.

HIV viral load suppression

General Comments and Feedback From the TEP

A question was raised about whether such a measure might affect a clinician's willingness to care for HIV/AIDS patients. The group discussed whether a risk adjustment model might apply, but a member doubted that risk adjustment would capture patient noncompliance.

HSAG: D. Ritenour advised that no risk adjustment and no patient exclusions were indicated for the measure.

Co-chair's summary

- Members expressed concern about patients who do not adhere to medications or cannot afford them.
- The measure may disincentivize clinicians or clinician groups to treat vulnerable populations.

Prescription of HIV Antiretroviral Therapy (Q27)

General Comments and Feedback From the TEP

A member mentioned that her rating was high because the measured action was under the control of the clinician or group.

HSAG: D. Ritenour advised that no risk adjustment and no patient exclusions were indicated for this measure.

Women's Health and Maternal Care Measures

D. Ritenour reminded the group that CMS does prioritize these measures for an under-65 population.

Breast Cancer Screening (Q30)

General Comments and Feedback From the TEP

A member commented that her low rating was based on a perception that this screening is commonly done. She wondered why the measure was not topped out.

A member who had worked in a cancer center said she rated the measure highly because of the importance of breast cancer screening and of physicians prompting patients to have the procedure. Early success with mammogram screening can prevent advanced cancer, she said.

Another commenter said the measure presents some feasibility challenges but puts the onus on providers to encourage women to have the screening if they haven't.

This measure has been around for a while in HEDIS [Health Effectiveness Data and Information Set for the managed care industry], another member observed, and it is amazing that it is not topped out. She agreed that it opens up an opportunity for the physician and the entire practice team to examine their processes and improvement activities to encourage women to get this important screening.

Co-chair's summary

- Speakers cited the importance of breast cancer screening as a means of saving lives through early detection.
- Implementing such measures to account for patient preferences entails feasibility concerns.
- A member expressed a concern about whether about measure performance is topped out, but another member stated that it is not.

Shared Decision-Making Process (Q41)

General Comments and Feedback From the TEP

A member expressed great enthusiasm for the measure, stating, "I can't say enough about measures like this that actually incorporate patient's feedback into how well the shared decision-making process worked."

Another said she regarded shared decision-making as incredibly important, but she might have been the one person who rated the measure low. She liked the four questions and the seven procedures it specified, but her concern was feasibility. She speculated that the hospital which stewards the measure may have built it into its prescreening questionnaire.

A third speaker said she liked the measure and underscored the importance of understanding whether patient knowledge and preferences are addressed. All of the measures that try to do this are going to create some feasibility challenges, she said, but those challenges won't be overcome until the measures are adopted. She suggested that CMS focus less on performance in the early years and more on implementing processes and systems to engage patients. She encouraged CMS to acknowledge the required investments and to support clinicians and quality improvement organizations in use of the data obtained.

Another member echoed the concern about feasibility.

Co-chair's summary

- Members agreed on the importance of shared decision-making.
- They encouraged CMS to consider such measures and ways to overcome their feasibility challenges.
- CMS should support clinicians in acquiring systems to collect patient data to support such measures.

Proportion of Patients Sustaining a Bowel Injury at the Time of Any Pelvic Organ Prolapse Repair (Q39)

General Comments and Feedback From the TEP

The presiding co-chair mentioned that this is an outcome measure, which CMS would tend to support, and asked for opinions about its appropriateness for clinician measurement.

A member raised a concern about denominator size, asking: How frequent is this [complication]? It seems like we'd want it to be a never event. I guess the surgeons who do this would have enough cases. But is it actually going to work very well as a measure at the clinician level?

A member replied that it has been in MIPS awhile but lacks sufficient metrics to calculate a benchmark. As it related to women's health, she agreed this injury should be a never event.

Another member observed that never events are difficult to measure and said she was troubled by information shared about the measure.

Co-chair's summary

- Members expressed concern about the number of clinicians eligible to report the measure and the number of patients who would be affected by what should be a never event.
- The measure addresses an outcome (a CMS priority) and has been in use for some time in MIPS.

Trastuzumab administered to patients with AJCC stage I (T1c)–III human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy

General Comments and Feedback From the TEP

A member remarked that the measure was developed by and for oncologists rather than for primary care or family practitioners. She rated this measure low for a women's health MVP, noting that oncologists have their own.

The co-chair noted that a second person also rated it low. That member acknowledged that she did not feel comfortable with a measure that enforced a certain drug therapy for patients.

Co-chair's summary

- There were concerns about including the measure in a general women's health MVP if the clinicians reporting would mainly be oncologists.
- An objection was raised about prescriptive nature of the measure.

Cervical Cancer Screening (Q31)

General Comments and Feedback From the TEP

A member who gave the measure a medium rating questioned its applicability to individual clinicians and why it was labeled an outcome measure.

> **HSAG: E. Clark** explained that the Centers for Disease Control and Prevention (CDC) submitted it, designated as an outcome measure. The team confirmed that a lower rate is better.

Another member shared doubts about clinician-level accountability because the measure references a rate per 100,00 women ≥ age 20. She also expressed confusion about the label "Cervical Cancer Screening" versus the description, in which a diagnosis of advanced-stage cancer suggests a failure to provide timely screening. She wondered why this measure was proposed rather than a better screening measure.

Doubt was expressed about advancing a measure that had so many more open questions than the other measures the TEP had discussed.

A member asked HSAG to explain the disconnect between the label and the description and whether another cervical cancer screening measure also was reviewed.

HSAG: E. Clark corrected the name of the measure, which should have appeared as *Cervical Cancer*. He explained that the MIPS screening measure was a process measure that was not endorsed. When the team applied selection criteria to the many measures located in the environmental scan, it may have rated too low for inclusion in the pre-assessment, he said.

A member suggested the team may have missed other relevant measures by screening them based on endorsement status.

HSAG: M. Pleasant explained that endorsement status was just one part of the team's selection criteria. The team also considered a measure's Meaningful Measures category; whether it addressed a high priority for CMS such as safety, equity, or outcome measurement; and whether it was an eCQM or already in MIPS or a QCDR.

Another member speculated that the screening measure might have been excluded from this discussion for lacking a median rating of 2.5 or higher.

The discussion concluded with a member asserting that the TEP would be remiss not to forward the appropriate *Cervical Cancer Screening* measure for consideration in a women's health and maternal care MVP.

HSAG. K. Campbell agreed to look into the matter and respond to the TEP.

Co-chair's summary

- The measure drew more concerns than positive comments.
- Broad applicability to clinicians and groups was questionable.
- The measured outcome represented essentially a failure of timely screening.

After the meeting, the team identified this MIPS measure as the cervical cancer screening measure for which the TEP expressed support.

Cervical Care Screening
Description: Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed within the last 3 years
- Women age 30–64 who had cervical human papillomavirus testing performed within the last 5 years

MIPS measure: Yes
Measure type: Process
Endorsement status: Not endorsed
Steward: National Committee for Quality Assurance
2022 MIPS benchmark measure performance: EHR/eCQM: 35.32%

Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse) (Q35)

General Comments and Feedback From the TEP

There is a sense that women can just select the day they want their baby born, a member observed. This measure aims to ensure that induced labor or cesarean delivery occurs only with a medical indication. She recalled having seen data about the importance and benefits to the baby

of reaching 39 weeks gestation, so she rated this measure high. She mentioned use by The Joint Commission (TJC).

> **HSAG: D. Ritenour** said the accrediting organization does have what it classifies as a process measure with this focus for facilities.

While one member acknowledged rating the measure highly after talking with experts about it, another said she rated it low. With so many measures in use, she wondered whether incident cases are prevalent enough to warrant measuring MIPS clinicians. She questioned the measure's meaningfulness to physicians and whether it might be topped out.

Co-chair's summary

- Citing expert opinion and an evidence base, members noted the importance of the goal of the measure: to avoid induced labor or cesarean delivery preterm without medical indication.
- The member who rated it low raised concern about how prevalent incident cases might be.

Person-Centered Contraceptive Counseling (PCCC) (Q38)

D. Ritenour said this measure assesses four items to capture patient feedback on counseling:

- Respecting me as a person
- Letting me say what mattered to me about my birth control method
- Taking my preferences about my birth control seriously
- Giving me enough information to make the best decision about my birth control method

General Comments and Feedback From the TEP

A member rated this patient-reported outcome [performance] measure highly, even though the burden of collecting the information was a concern.

Another said she appreciated that the four items collect detailed information about the quality of counseling, not just that there was interaction between provider and patient. The measure is not just outcome-based, but reflective of patient preferences, she said.

Others agreed with those comments. One member noted that the measure is not yet in MIPS and posed a question: Would the TEP recommend that the steward submit it through the measures under consideration list so it could be considered for an MVP? That is something to consider because it would take two more years, she stated; it would have to be proposed on the 2023 Measures Under Consideration List and then implemented for performance year 2024.

Another member asked whether this was the first measure with this status.

The previous speaker said the *Cervical Cancer* measure from the CDC was another. Had the TEP liked it, it would have had to go through the same thing, she added.

> **HSAG: D. Ritenour** said *Shared Decision-Making Process* was not yet in MIPS or a QCDR, and **E. Clark** mentioned one of the HIV/AIDS measures [*Prescription of HIV Antiretroviral Therapy*].
>
> **K. Campbell** agreed it should be noted if a measure would have to go through the measures under consideration process. [Appendix B specifies which measures are in MIPS and which have other measure sources.]

Asking for clarification, a member stated: I think you're suggesting that this TEP could [recommend] this PRO-PM and perhaps one of the others with a qualitative comment about the utility of review through the MUC list—recognizing that it cannot move directly into an MVP since it's not already in MIPS.

> **HSAG: K. Campbell** replied that is what he was suggesting to the group. Part of the value of this environmental scan, he explained, is finding measures that are available in the industry, from other federal organizations, and from universities. He recognized value in obtaining the TEP's qualitative feedback to go along with their ratings of measures that might be important to consider in the future. He remarked that the TEP also had rated measure subtopic gaps even further upstream from development in their pre-assessment.

In conclusion, a member said she liked this measure because it is useful and a patient-reported outcome. She added that she doesn't know how feasible it is, but as others had expressed earlier, the TEP could still recommend a measure while acknowledging that challenge.

Co-chair's summary

- The measure attracted a lot of support because it is a PRO-PM.
- Members liked the simple way the measure collects feedback on four items.
- Members recognized that it could take years to get the measure accepted into MIPS but determined that was not their main consideration.

Concluding Remarks and Next Steps

Presenters:
Michelle Pleasant, PhD, MA, Project Team Lead, HSAG

M. Pleasant thanked the panel for providing rich information on the measures and gaps. She noted that the team had located the cervical cancer screening measure and would include it among the TEP's recommendations in the meeting summary, a draft which will be provided for the TEP's review in the coming weeks. She also welcomed additional feedback and responses to the meeting evaluation survey.

Appendix A – TEP Pre-Assessment Results

Before the meetings, the team asked members to complete two tasks individually, based on their experience, expertise, and perspective. On a 3-point scale (1 = low, 2 = medium, 3 = high):

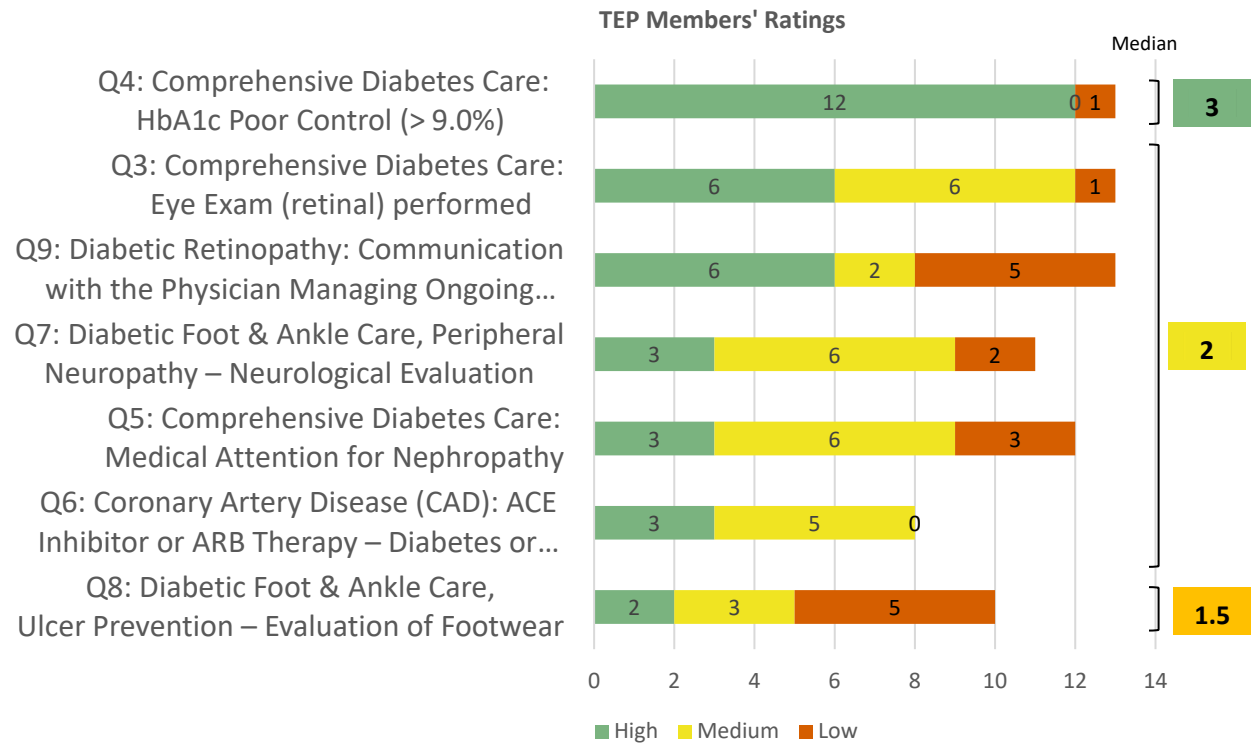
- Rate the clinical appropriateness of specific quality measures for potential use in a specialty- or condition-specific MIPS Value Pathway (MVP).
- Rate the relative importance of subtopics for which no measures for clinicians were identified, considering whether a measure focused on this subtopic would:
  - Address health equity.
  - Promote safety.
  - Assess an outcome or intermediate outcome.
  - Be widely reported by MIPS eligible clinicians selecting a specialty- or condition-specific MVP.

The pre-assessment provided open fields for comments about measures and gaps that could guide future development of measures for use in an MVP. Members' qualitative feedback is captured under "General Comments and Feedback From the TEP."

Measure Ratings

Results are displayed by median rating in descending order, as presented in the TEP meeting. Question numbers corresponding to the pre-assessment are provided for members' reference. Because abstentions were permitted, the number of ratings for a measure can vary.

Diabetes Measures



Truncated titles:
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Coronary Artery Disease (CAD): ACE Inhibitor or ARB Therapy – Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)

General Comments and Feedback From the TEP

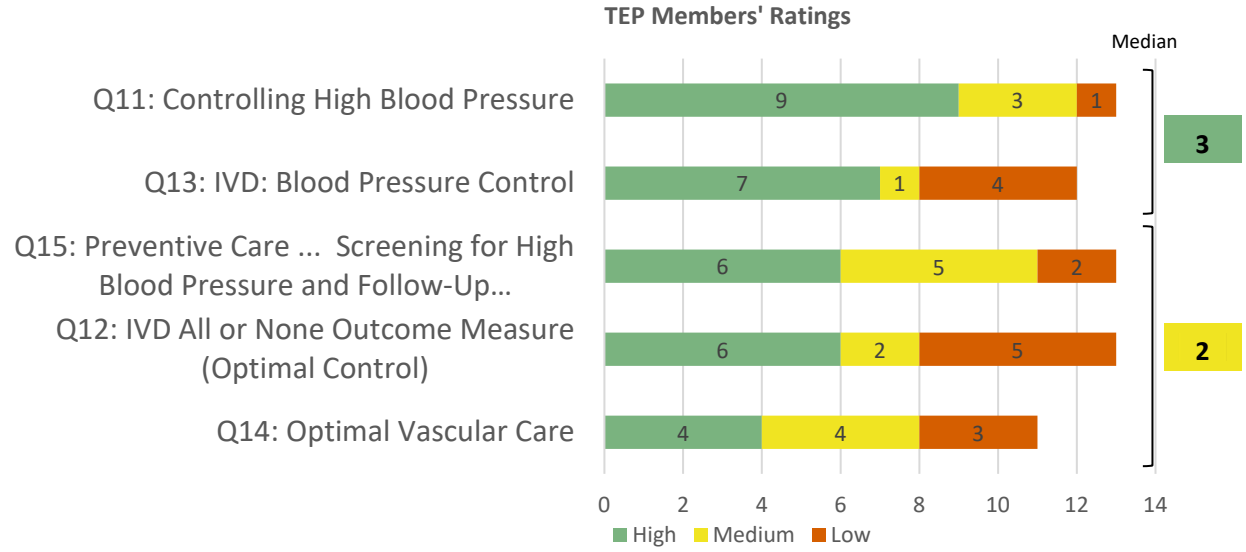
"It will be logistically complicated to track whether communication of fundoscopic eye exam occurred (easier to just track whether the exam itself occurred). We need to limit documentation burdens on clinicians."

"There needs to be further attention to stratifying these measures by race/ethnicity/ ZIP Code. A1c management is much more difficult in certain populations, yet clinicians are all evaluated the same."

"Would be good to see more outcomes of care provided rather than just prevalence of conditions."

"Folks who are rurally located may only have a PCP on staff; therefore, specialists for eye and feet care may not be accessible to diabetic patients. Also, some ethnicities and/or cultures may not trust their PCP's recommendations to seek additional care from specialists, thus never using the justified and essential service for improved diabetic health outcomes."

Hypertension Measures



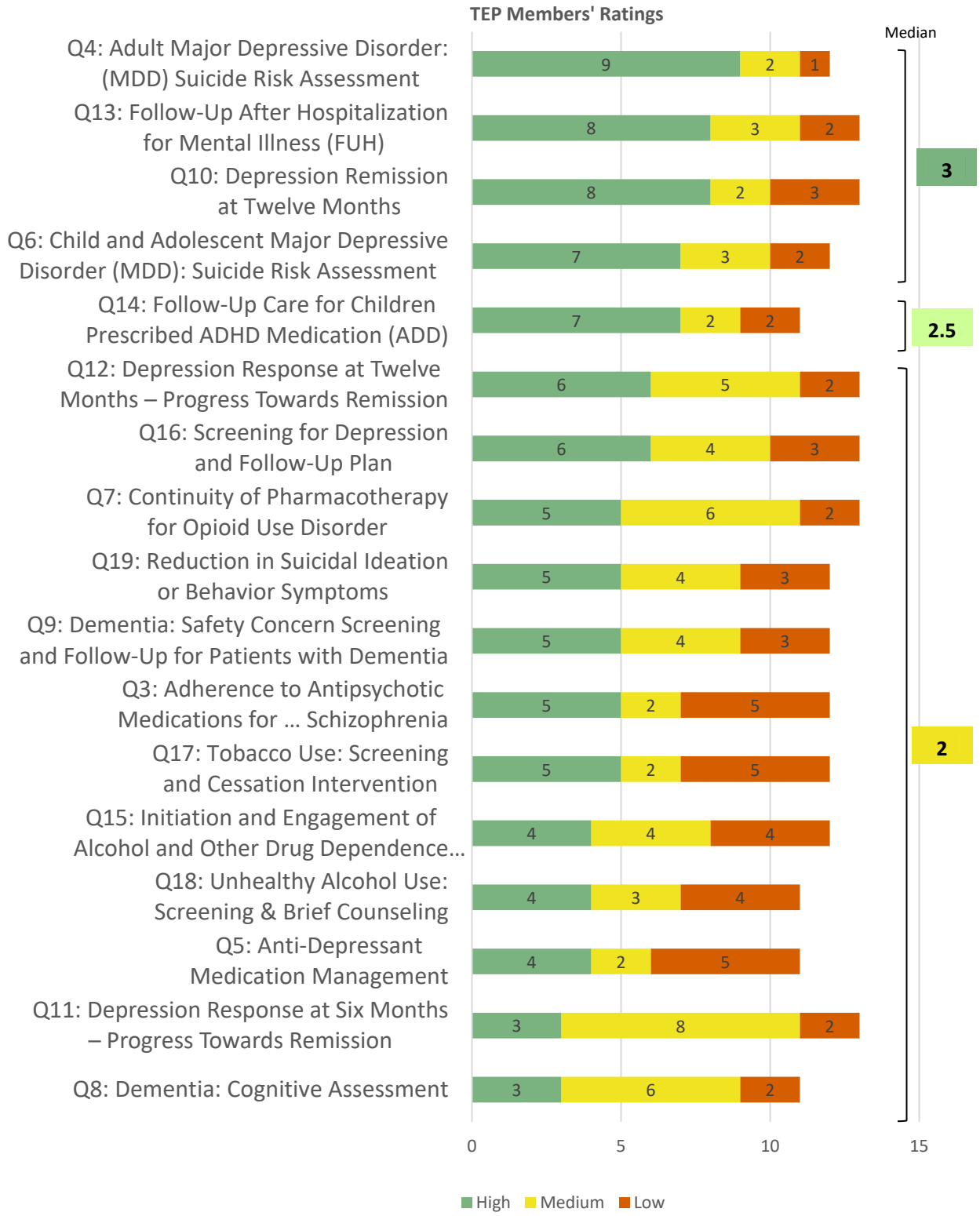
Truncated title:
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

General Comments and Feedback From the TEP

"Having experienced the challenges of SEP-1 [Sepsis Core Measure], I think it is simpler to isolate single measures rather than bundle multiple quality measures into one overarching measure. Having a measure tracking blood pressure AND statin AND aspirin, etc., adds little value beyond what each measure would contribute on its own, at the cost of introducing a needlessly complex measure."

"While I believe all of these concepts are important, there are concerns with the specifications and implementation of them (e.g., most recent blood pressure could be a misclassification of the patient's typical BP; ACP guidelines have a higher threshold for patients over 65 given their comorbidities)."

Behavioral Health Measures



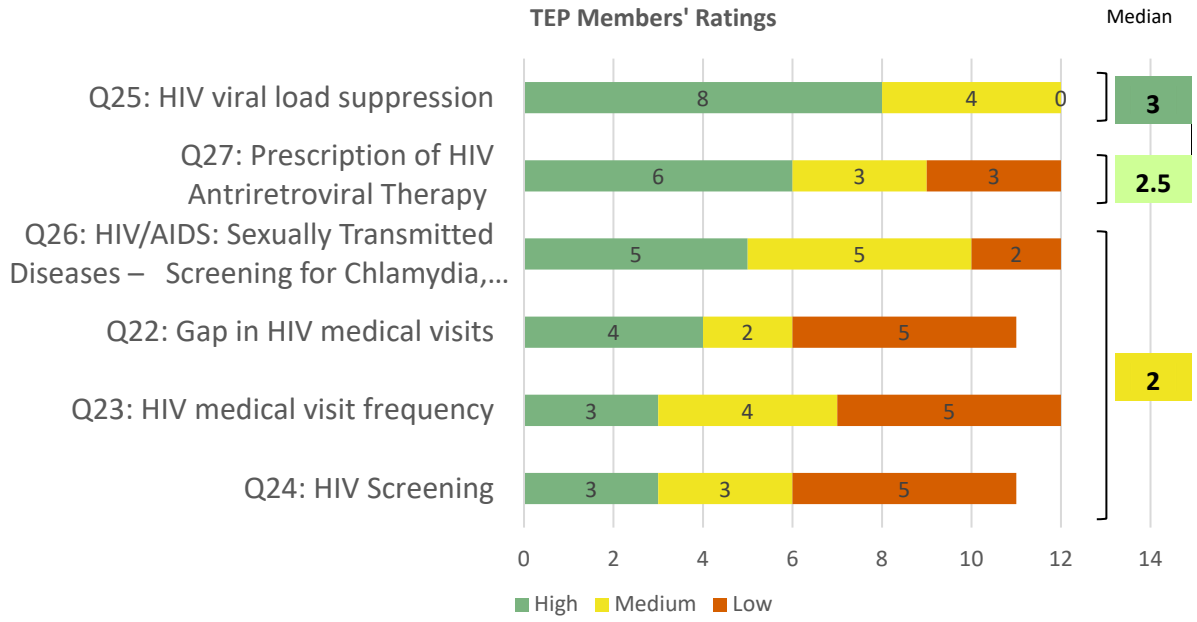
Truncated titles:
Preventive Care and Screening: Screening for Depression and Follow-Up Plan
Adherence to Antipsychotic Medications for Individuals with Schizophrenia
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling

Behavioral Health Measures (cont.)

General Comments and Feedback From the TEP

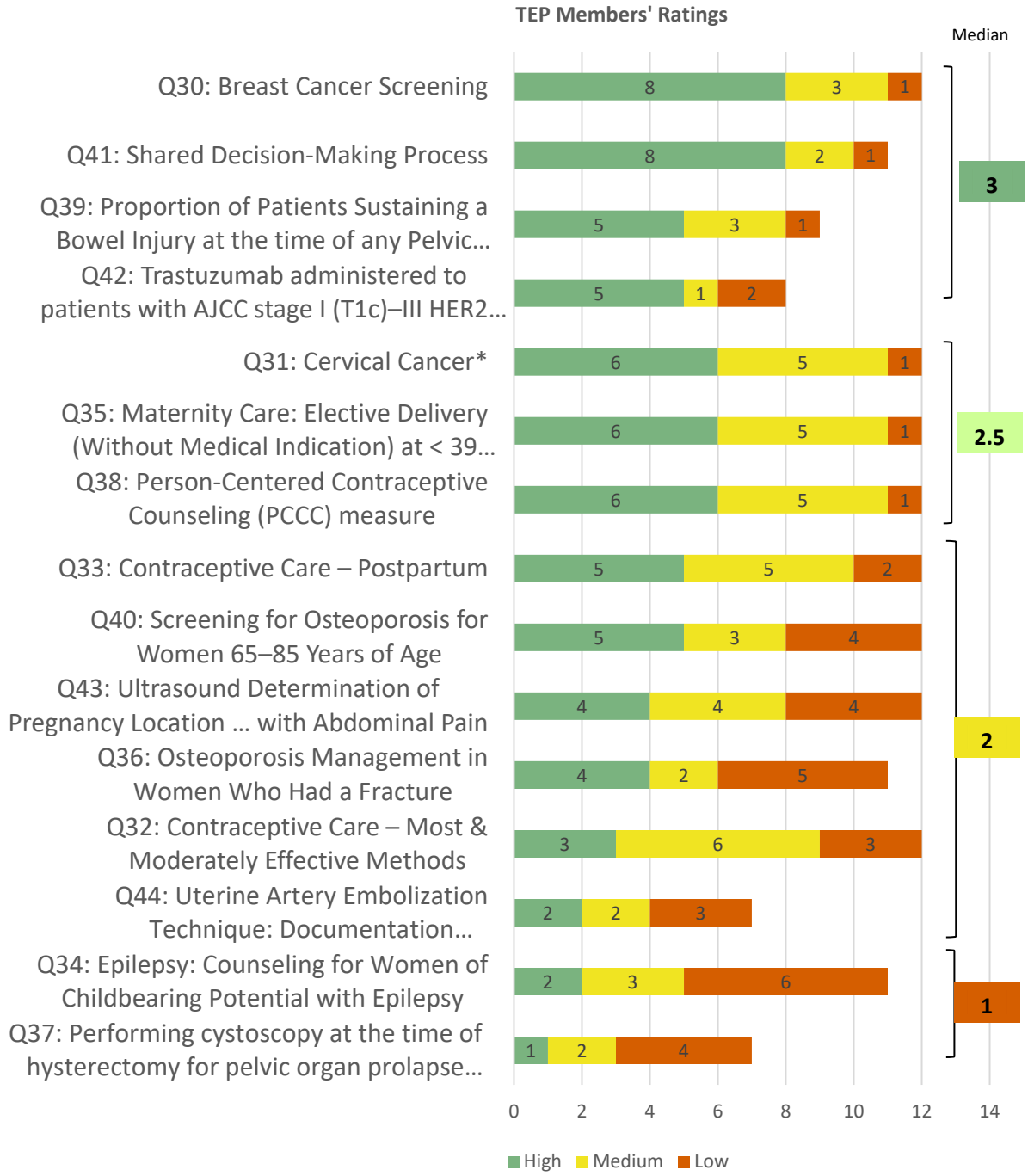
"It would be good to think about behavioral health functioning and outcomes separately rather than diagnosis-specific. Think about care experience not specific to psychiatric care, but more broadly in terms of relationship/alliance and for behavioral health care in general."

HIV/AIDS Measures



Truncated title: HIV/AIDS: Sexually Transmitted Diseases – Screening for Chlamydia, Gonorrhea, and Syphilis

Women's Health and Maternal Care Measures

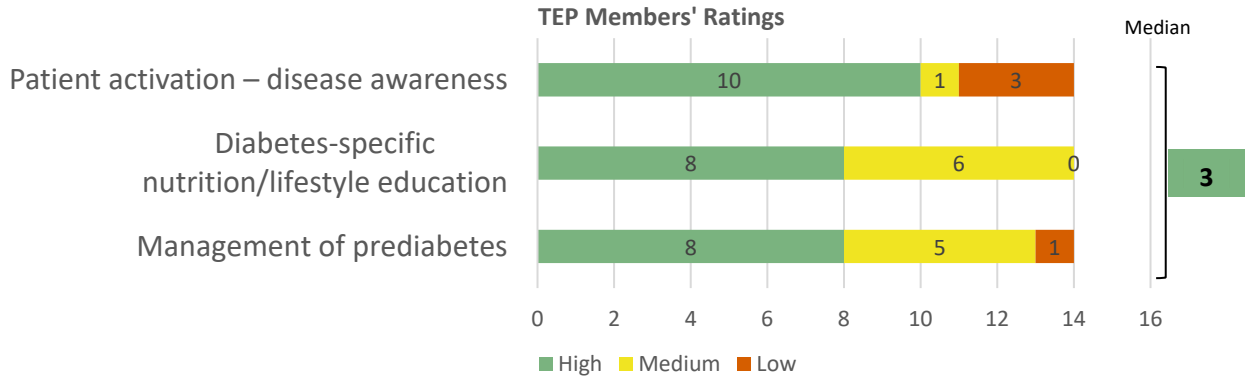


*After discussion, the TEP recommended the MIPS measure *Cervical Cancer Screening* instead of Q31, the CDC *Cervical Cancer* measure they rated in the pre-assessment.

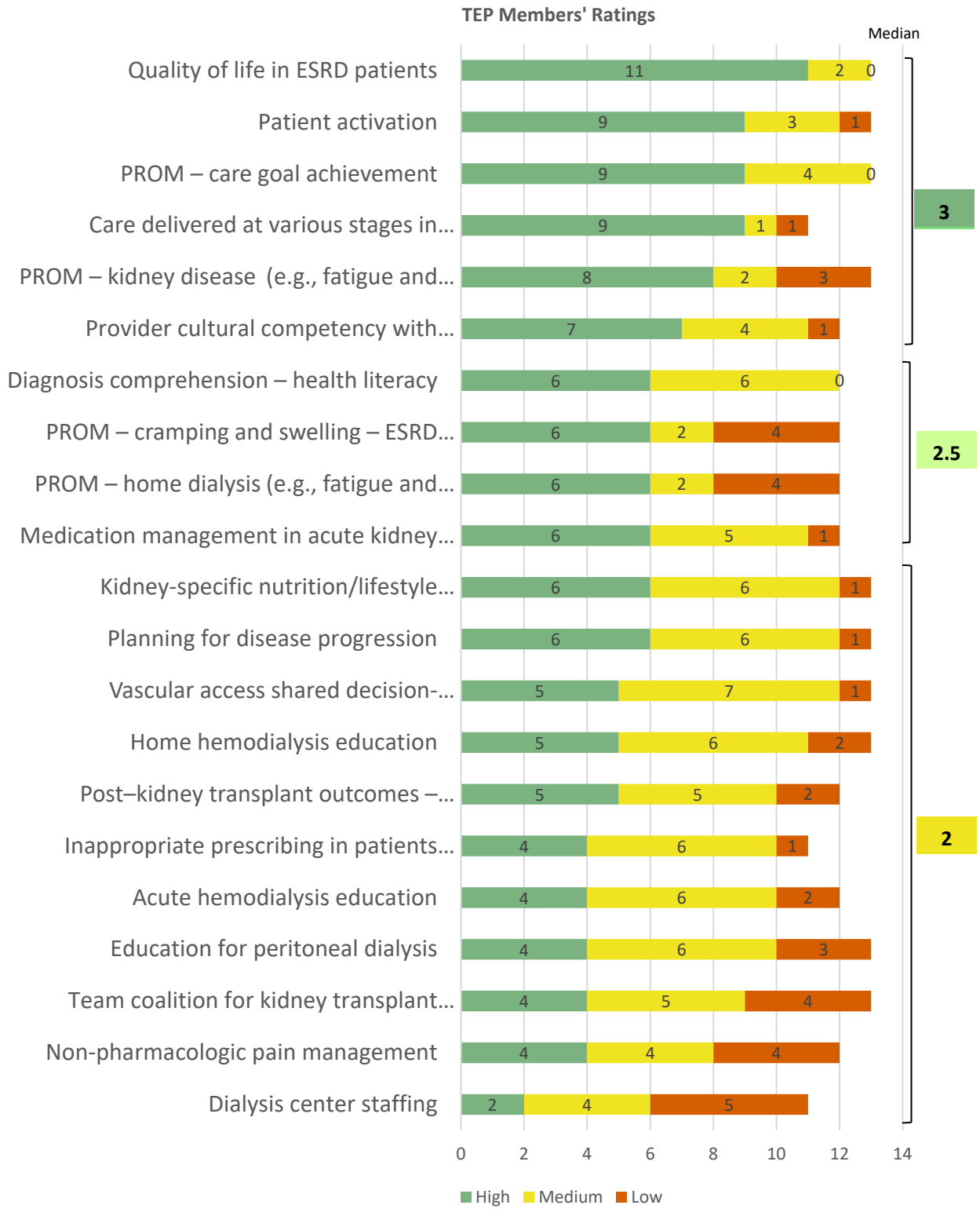
Truncated titles:
Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair
Trastuzumab administered to patients with AJCC stage I (T1c)–III human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy
Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse)
Ultrasound Determination of Pregnancy Location for Pregnant Patients with Abdominal Pain

Measure Subtopic Gap Ratings

Diabetes Subtopic Gaps



Kidney Disease Subtopic Gaps



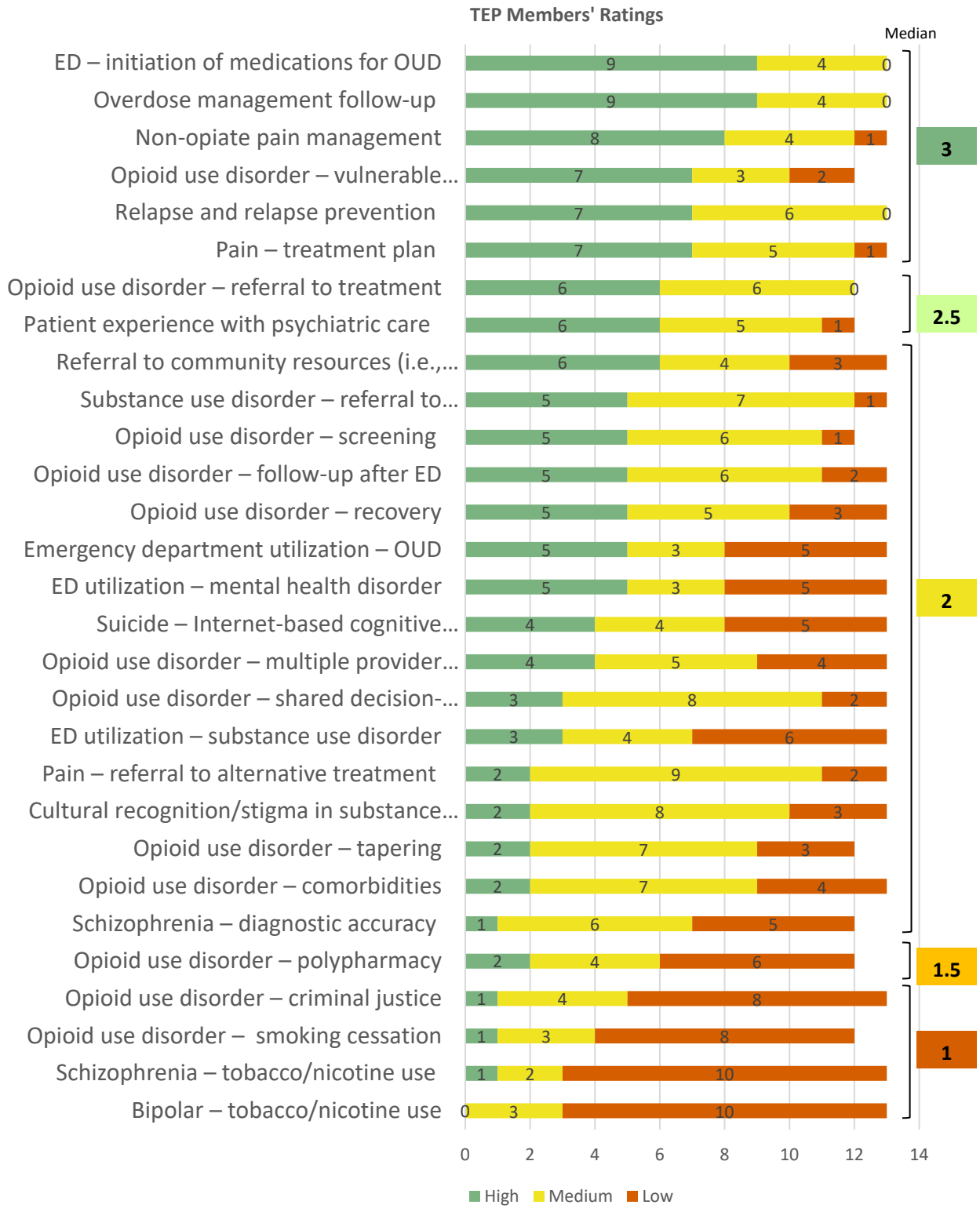
Truncated titles:
Team coalition for kidney transplant education
Inappropriate prescribing in patients with acute kidney injury
Post–kidney transplant outcomes – rejection
Vascular access shared decision-making with surgeon
Kidney-specific nutrition/lifestyle education
Medication management in acute kidney injury
PROM – home dialysis (e.g., fatigue and energy, intrusion to family/social life, ability to be active)
PROM – cramping and swelling – ESRD patients
Provider cultural competency with transplant patients
PROM – kidney disease (e.g., fatigue and energy, intrusion to family/social life, ability to be active)
Care delivered at various stages in chronic kidney disease

Kidney Disease Subtopic Gaps (cont.)

General Comments and Feedback From the TEP

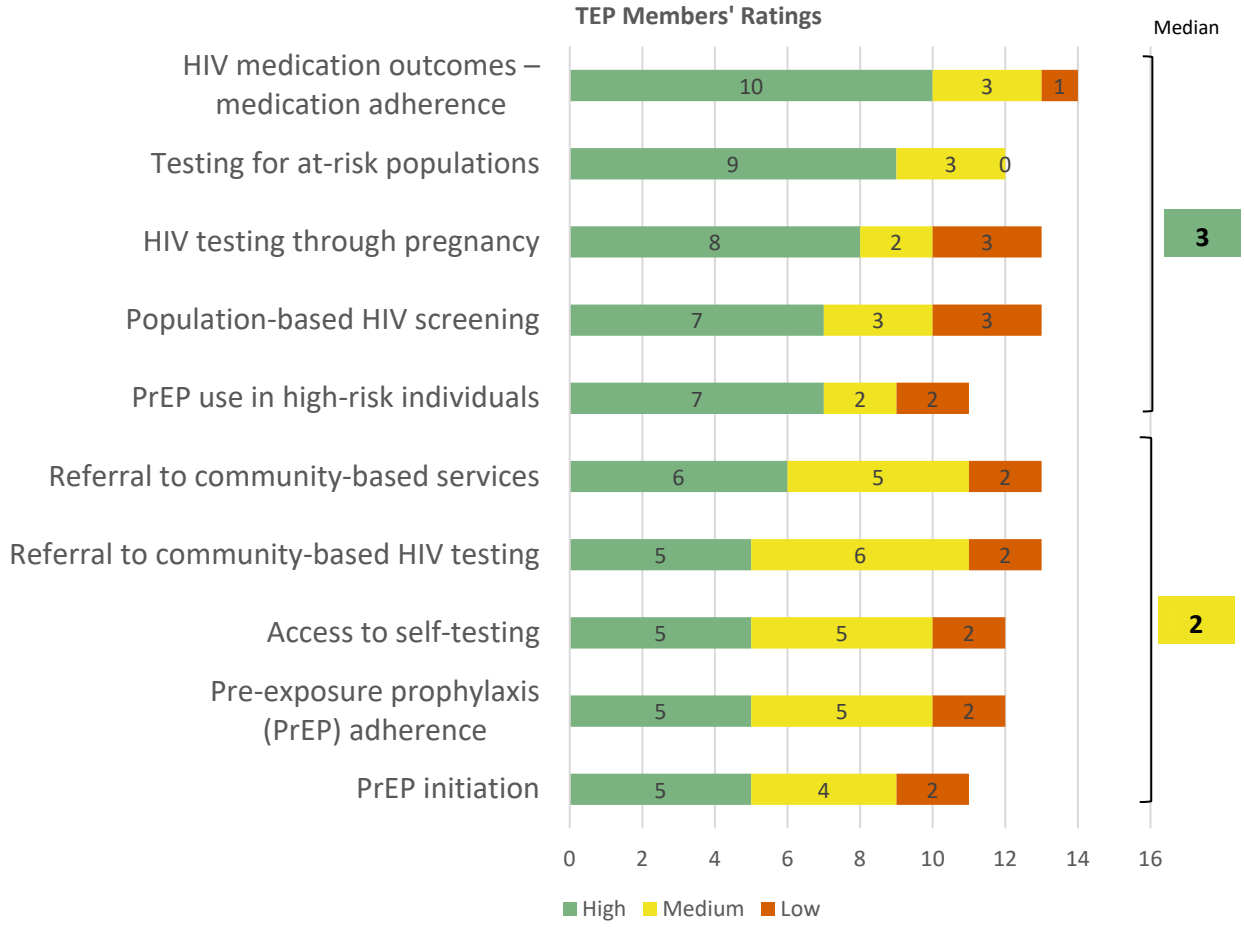
"I thought some of the topics were better suited to be Improvement Activities vs. quality measures."

Behavioral Health Subtopic Gaps

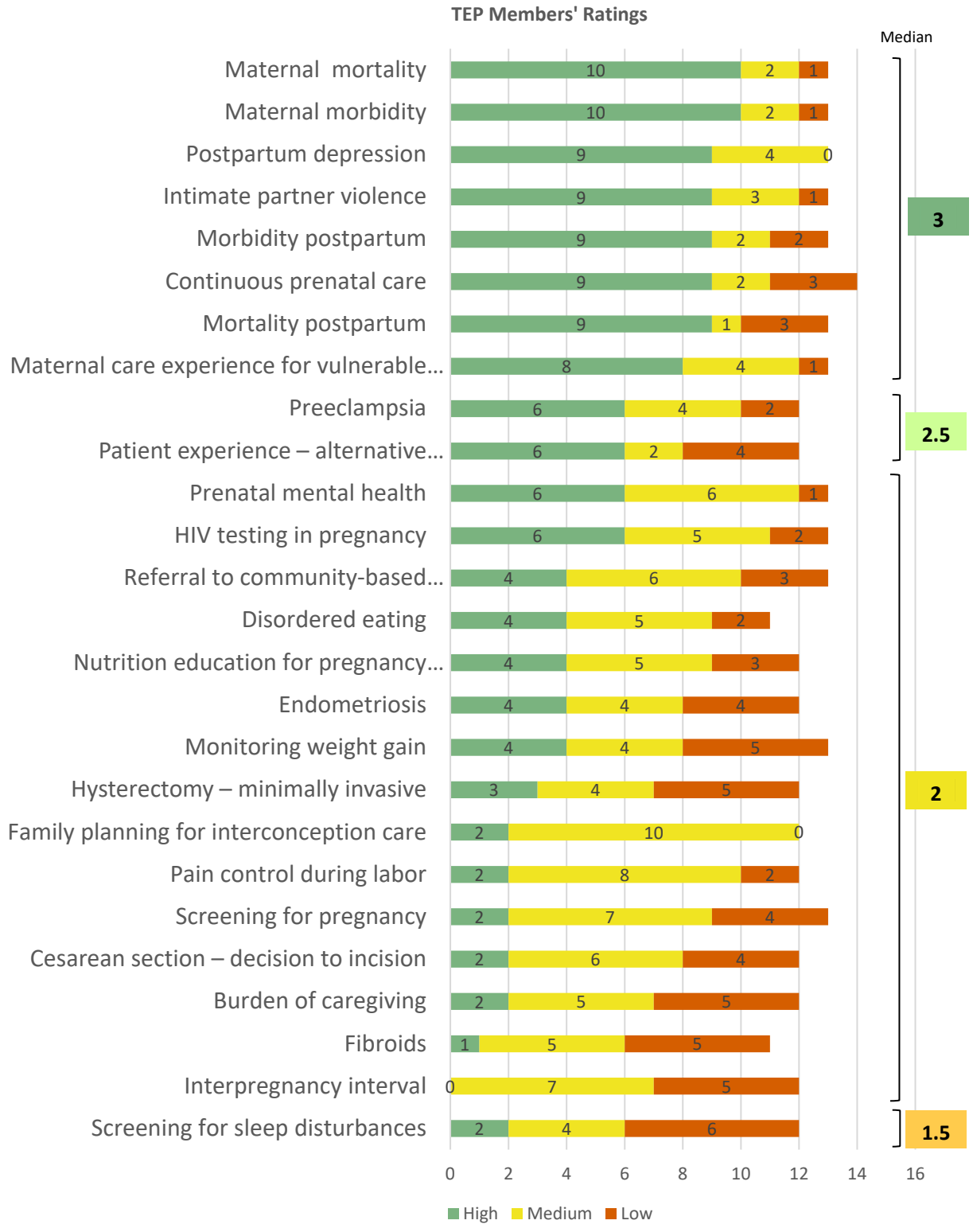


Truncated titles:
Emergency department – initiation of medications for opioid use disorder (MOUD)
Opioid use disorder – vulnerable populations
Referral to community resources (i.e., access to harm reduction strategies for persons with OUD [needles/ syringes, naloxone, fentanyl test strips, overdose prevention sites])
Substance use disorder – referral to treatment
Emergency department utilization – opioid use disorder
Emergency department utilization – mental health disorder
Suicide – internet-based cognitive behavioral therapy
Opioid use disorder – multiple provider prescribing
Opioid use disorder – shared decision-making
Emergency department utilization – substance use disorder
Cultural recognition/stigma in substance use disorder

HIV/AIDS Subtopic Gaps



Women's Health and Maternal Care Subtopic Gaps



Truncated titles:
Maternal care experience for vulnerable populations (e.g., racism, discrimination, unequal treatment, and implicit bias)
Patient experience – alternative labor/birth settings
Referral to community-based services (social support)
Nutrition education for pregnancy and preconception

Appendix B – Measures Reviewed by the TEP

Diabetes Measures	Source
Comprehensive Diabetes Care: Eye Exam (retinal) performed	MIPS
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	MIPS
Comprehensive Diabetes Care: Medical Attention for Nephropathy	MIPS
Coronary Artery Disease (CAD): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	MIPS
Diabetic Foot & Ankle Care, Peripheral Neuropathy – Neurological Evaluation	MIPS
Diabetic Foot & Ankle Care, Ulcer Prevention – Evaluation of Footwear	MIPS
Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care	MIPS
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	MIPS

Hypertension Measures	Source
Controlling High Blood Pressure	MIPS
Ischemic Vascular Disease (IVD): Blood Pressure Control	NQF
Ischemic Vascular Disease (IVD) All or None Outcome Measure (Optimal Control)	MIPS
Optimal Vascular Care	NQF
Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	MIPS

Behavioral Health Measures	Source
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	MIPS
Follow-Up After Hospitalization for Mental Illness (FUH)	MIPS
Depression Remission at Twelve Months	MIPS
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	MIPS
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	MIPS

HIV/AIDS Measures	Source
HIV Viral Load Suppression	MIPS
Prescription of HIV Antiretroviral Therapy	HRSA

Women's Health and Maternal Care Measures	Source
Breast Cancer Screening	MIPS
Shared Decision-Making Process	NQF
Proportion of Patients Sustaining a Bowel Injury at the time of any Pelvic Organ Prolapse Repair	MIPS
Trastuzumab administered to patients with AJCC stage I (T1c)–III human epidermal growth factor receptor 2 (HER2) positive breast cancer who receive adjuvant chemotherapy	MIPS
Cervical Cancer	AHRQ
Cervical Cancer Screening	MIPS
Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse)	MIPS
Person-Centered Contraceptive Counseling (PCCC) measure	NQF

AHRQ Agency for Healthcare Research and Quality
HRSA Health Resources and Services Administration
NQF National Quality Forum