FR10- Apples to Apples: A Review of the Society's Efforts in Defining Meaningful Quality Measures for Practitioners in PA/LTC

Friday, March 23
11:00 AM- 12:00 PM

Session Description
The session will review the history of physician quality reporting programs (PQRI -> PQRS -> VBM -> MACRA) and the Society's current MIPS quality measure list. The presenters will discuss the Society's work with the National Quality Forum Incubator Challenge as well as the Society's discussion with the Centers for Medicare & Medicaid leadership during their "Spotlight Series" that provided the Society the opportunity to highlight the need for quality measures for the PA/LTC practitioner. Finally, the session will review current Society efforts to secure funding for quality measure development.

Learning Objectives
Review history of quality measure development and progression of various quality payment programs.
Discuss how practitioners in PA/LTC currently report quality measures.
Describe AMDA's Quality Measure Committee's efforts to identify meaningful measures in PA/LTC.
Elaborate AMDA's plans to develop meaningful measures and reporting mechanisms using private and public partnerships.

Presenter(s): Alex Bardakh, MPP; Rikki Mangrum, MLS; Dheeraj Mahajan, MD, CMD

Presenter(s) Disclosures: All speakers have reported they have no relevant financial relationships to disclose.
Apples to Apples: A Review of Society's Efforts in Defining Meaningful Quality Measures

- Dhéraj Mahajan, MD, CMD, Chair AMDA Quality Committee
- Rikki Mangrum, MLS – Senior Researcher, American Institutes of Research
- Alex Bardakh, MPP; Director, Public Policy and Advocacy

Speaker Disclosures

Drs. Mahajan, Ms. Mangrum and Mr. Bardakh, have no relevant financial disclosures

Learning Objectives

By the end of the session, participants will be able to:

- MACRA/MIPS basics
- Explain current Society efforts in developing meaningful quality measures
- Describe the science behind developing quality measures

The key components of metric fixation are:

The belief that it is possible and desirable to replace judgment, acquired by personal experience and talent, with numerical indicators of comparative performance based upon standardized data (metrics);

The belief that making such metrics public (transparent) assures that institutions are actually carrying out their purposes (accountability);

The belief that the best way to motivate people within these organizations is by attaching rewards and penalties to their measured performance, rewards that are either monetary (pay-for-performance) or reputational (rankings)

THE METRIC FIXATION

Not everything that can be counted counts

and

Not everything that counts can be counted

The tyranny of metrics, Jerry Z. Muller
Recurring Flaws

- Measuring most easily measurable
- Measuring the simple when desired outcome is complex
- Measuring inputs rather than outcomes
- Degrading information quality through standardization
- Gaming through creaming
- Lowering standards
- Omission or distortion of data
- Cheating

What are MIPS critics saying?

- Penalties and rewards are too small
- Quality measures do not reflect patient outcomes
- Burden of collecting the data is too great
- Large, sophisticated practices, many of which are owned by hospital systems, will avoid moving into riskier APM once they start earning rewards under the new program.
Merit-based Incentive Payment System (MIPS)

- Comprised of four performance categories in 2018.
- So what? The points from each performance category are added together to give you a MIPS Final Score.
- The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a positive, negative, or neutral payment adjustment.

MIPS Performance Categories for Year 2 (2018)

- Quality 50
- Improvement Activities 15
- Advancing Care Information 25
- Merit-based Incentive Payment System (MIPS) 25

Performance Period

Transition Year 1 (2017) Final Year 2 (2018)

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Minimum Performance Period</th>
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</thead>
<tbody>
<tr>
<td>Quality</td>
<td>90-days minimum; full year (12 months) was an option</td>
</tr>
<tr>
<td>Cost Improvement Activities</td>
<td>90-days</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>90-days</td>
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</tbody>
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Merit-based Incentive Payment System (MIPS)

ARE OLD PQRS MEASURES MEANINGFUL IN PALTC?
**WHAT MEMBERS ARE REPORTING**

<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Measure Number</th>
<th>Measure Description</th>
<th>NQ &amp; Des</th>
<th>Measure Type</th>
<th>High Priority</th>
<th>Approval Rating</th>
<th>Category &amp; Other Notes</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>SOME MEASURES ARE TRACKED BY THE FACILITIES TOO, WHY CANT WE REPORT USING MDS</strong></td>
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<td><strong>WE USE THESE MEASURES BUT SHOULD WE BE ??</strong></td>
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*Source: Information from the document.*
Quality and Performance Measures

- Evaluates a person/place/thing that is identifiable and can be accountable for its behavior
- Is rigorous, systematic, quantifiable

Four core scientific criteria for measures

**Importance**
- Matters to clinicians and patients, health care can make a difference

**Validity and Reliability**
- Valid = Accurate → measures what it is supposed to measure
- Reliable = Precise → produces consistent, reproducible results under the same conditions

**Feasibility**
- There's data for it, not too complicated or expensive to do

**Usability**
- People can make sense of the measure and use it productively

Measure development

- Can adapt an existing measure or develop a new one

**5 Basic Steps**
1. Develop a concept
2. Specify the measure
3. Test and refine the measure
4. Develop an implementation plan
5. Monitor and sustain the measure

Professional societies make measures and get them endorsed

- American College of Cardiology
- American Nurses Association
- Renal Physicians Association
- Society of Thoracic Surgeons
Current Quality Measures Available

MIPS Measures

APM Quality Measures

APM Measures

CPC+ Measures

Quality Measures in MIPS

<table>
<thead>
<tr>
<th>Measure Title</th>
<th>CMS ID Number</th>
<th>Measure Type</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression: Remission at Twelve Months</td>
<td>CMS103v5</td>
<td>Outcome</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
<td>CMS107v5</td>
<td>Outcome</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>Diabetes: Hemoglobin A1c (HbA1c): Poor Control (&gt; 9%)</td>
<td>CMS122v5</td>
<td>Outcome</td>
<td>Population/Public Health</td>
</tr>
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Group 1 measures

Group 1 measures must report two of the three Group 1 outcome measures.

Group 2 measures

Group 2 measures report two of the four Group 2 compliance measures.

- Use of High-Risk Medications in the Elderly

- Dementia: Cognitive Assessment

- Falls: Screening for Future Fall Risk

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment
Developing CPC+

- CMS
- Ensure “Cleaning Up the Current Measures”
  - Ensure the measure has appropriate denominator – remove SNF/NF family of codes where the measures are inappropriate for population; add SNF/NF family of code to existing measures that would be appropriate for reporting (e.g., pneumococcal vaccination)
  - CMS accepted changes to ACO measures dealing with colorectal screening and others
  - Work with measure stewards like NCQA to better define specifications for measures

“Cleaning Up the Current Measures”

- "Tweak" measure with measure stewards like NCQA

Developing New Measures - Opportunity

- NQF Measure Incubator [https://www.qualityforum.org/NQF_Measure_Incubator.aspx]
- Society submitted proposal for measure development

- MACRA Funding
  - Announcement released March 2, 2018 with 60 day response window
  - $6 million total over 3 years, up to $2 million each (probably a bit less)
  - Society developing proposal

- Participate on Technical Expert Panels – Society representatives on various TEPS
  - More opportunities will be available

- "Tweak" measure with measure stewards like NCQA

Developing New Measures: Barriers

- Funding
- Resources
- Time
Quality Measurement Future

- Registry reporting (Qualified Clinical Data Registry)
- Benchmarking for appropriate population for alike clinical practices
- Outcomes measures
- Patient reported outcome measures