CMS Quality Measure Development Plan

Technical Expert Panel Meeting Summary

(MACRA Section 102)

Meeting Date: February 5, 2019

Prepared by: Health Services Advisory Group, Inc

HSAG HEALTH SERVICES ADVISORY GROUP

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I.   INTRODUCTION

The Centers for Medicare & Medicaid Services (CMS) contracted with Health Services Advisory Group, Inc. (HSAG) to develop the *CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)[1]* under Contract #HHSM-500-2013-130071; Task Order #HHSM-500-T0002. As part of this contract, HSAG ("the team") is also tasked to develop the CMS Quality Measure Index. HSAG has convened a multidisciplinary technical expert panel (TEP) of stakeholders (e.g., patients and family caregivers, clinicians and representatives of professional societies, consumer advocates, quality measurement experts, and health information technology specialists) to provide feedback and recommendations for an update of the Measure Development Plan (MDP), preparation of MDP Annual Reports, and development of the Quality Measure Index.

II.   BACKGROUND

On February 5, 2019, HSAG convened the third meeting of the 2018–2019 Measure Development Plan (MDP) TEP by webinar. The meeting's key purpose was to provide updates on development of the Quality Measure Index, which is now in beta testing, and solicit volunteers from the TEP for a workgroup that will help assess the validity of the index and its included variables, as well as alternative weighting schemes. Twenty of 23 TEP members attended, along with HSAG staff. Present from CMS were Noni Bodkin, Contracting Officer's Representative; Nidhi Singh Shah, Project Lead; Maria Durham, Director, Division of Program and Measurement Support (DPMS); and Marsha Smith, CMS Medical Officer, DPMS. The objectives of the meeting were as follows:

- Provide an update on Measure Development Plan related activities.
- Provide an overview of Quality Measure Index vision and goals.
- Present the strategic approach for the testing and development of the Quality Measure Index.
- Present next steps.

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[1] 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 November 13, 2018.

III.   MEETING PROCEEDINGS

Welcome and Opening Remarks

Presenter: Kyle Campbell, PharmD, HSAG

Dr. Campbell, Project Director, welcomed the TEP members and attendees from CMS. Dr. Campbell noted HSAG was recording the meeting and reminded participants that meeting materials are proprietary to the project and cannot be shared without permission from CMS. He displayed the *TEP Meeting Agenda* (Appendix A) and outlined the objectives of the webinar. (See Background section of this summary for meeting objectives).

TEP Roll Call and Disclosures of Conflict of Interest

Presenter: Michael Phelan, MD, JD, FACEP, RDMS, CQM, Cleveland Clinic Health Systems *(Co-Chair)*

Dr. Phelan conducted a roll call, finding 18 of 23 members were present. Two TEP members joined after the roll call, bringing the total attendance to 20 members, as indicated by the checkboxes.

☒ Peter Aran, MD

☒ Brandy Cunningham, MS

☒ Lindsay Erickson, MSPH

☒ Robert Fields, MD, MHA

☒ Eliot Fishman, PhD

☒ Jeremy Furniss, OTD, OTR/L, BCG

☒ Lisa Gall, DNP, RN, FNP, LHIT

☒ Rachel Harrington, BA

☒ Mark Huang, MD

☒ Kent Huston, MD

☒ Joel Kaufman, MD, FAAN

☒ Erin Mackay, MPH

☐ Scott Mash, MSLIT, CPHIMS, FHIMSS

☒ Giselle Mosnaim, MD, MS, FAAAAI, FACAAI

☐ Amy Mullins, MD, CPE, FAAFP *(TEP Co-Chair)*

☒ Amy Nguyen Howell, MD, MBA, FAAFP

☒ Michael Phelan, MD, JD, RDMS, FACEP *(TEP Co-Chair)*

☒ Kristin Rising, MD, MSHP, FACEP

☒ Lynn Rogut, MCRP

☒ Heather Smith, PT, MPH

☒ Lisa Gale Suter, MD

☐ Samantha Tierney, MPH

☒ Lindsey Wisham, MPA

Members disclosed or restated information about potential conflicts of interest:
- M. Huang is on the National Quality Forum (NQF) measure feedback loop committee.
- L. Suter works with the Yale Center for Outcomes Research and Evaluation, which has measure development contracts with CMS.
- L. Wisham works for Telligen, which is a CMS contractor.

Review of Activities Since November 2018 Meeting

Presenter: Kendra Hanley, MS, HSAG

Ms. Hanley presented an update of recent activities, including completion of the MDP Annual Report first draft, which is now under CMS review. She noted the clearance process will begin later in February in preparation of posting the final report in May. An excerpt is being sent to TEP members for review and feedback; the excerpt describes the TEP activities that informed parts of the report. Ms. Hanley thanked TEP members who responded to a survey on the MDP v2.0; their input provided rich feedback. Ms. Hanley noted the team obtained additional stakeholder feedback when presenting at the recently held 2019 CMS Quality Conference. The team is starting work on the MDP v2.0 draft and plans to share updates with the TEP in the spring.

TEP Comments and Feedback

- A TEP member requested that Ms. Hanley share with the TEP members the session she presented along with Nidhi Singh Shah at the CMS Quality Conference the previous week, titled *The CMS Quality Measure Development Plan: An Update for the Future*. Ms. Hanley and Dr. Campbell noted they would send the presentation file to the members and make it available to them on HSAG's network.

Quality Measure Index Project Goals and Vision

Presenter: Kyle Campbell, PharmD, HSAG

Dr. Campbell presented an overview of the project goal and vision for development of the Quality Measure Index. The goal is to develop a comprehensive, repeatable, and transparent framework to quantitatively assess the relative quality of measures. The Quality Measure Index is envisioned as a resource tool for CMS to support decision-making, help reduce burden, and develop and select meaningful measures for the Quality Payment Program that will improve patient outcomes.

Dr. Campbell noted an index is a tool that helps in understanding abstract concepts that cannot be directly measured. An example is the FICO® credit score used to rate creditworthiness by combining factors such as payment history into a single numeric score. The basis of the Quality Measure Index is formed by measure attributes considered to signify that a measure is of good quality. To create the Quality Measure Index, the team operationalized these attributes into variables, such as validity and reliability, that could potentially be scored to rate relative measure quality.

The next phase in development of the Quality Measure Index will include testing how measure index scores might be categorized. For example, in scaling Quality Measure Index scores from 0 to 100 (higher is better), it may be possible to sort measures according to quality level; for instance, those that meet CMS criteria for meaningful measures and could be suitable for a national reporting program; those of moderate quality but could be strengthened through

modifications; and those that may be suitable for internal quality improvement but not for reporting nationally.

Dr. Campbell noted that a Quality Measure Index with the ability to produce repeatable and reliable results could inform measure developers on whether they are creating measures useful for CMS programs and help policy makers and stakeholders prioritize measures for development and continued implementation.

Quality Measure Index Strategic Approach

Presenter: Carolyn Lockwood, MSN, RN, HSAG

Ms. Lockwood reviewed the general approach for initial development and testing of the Quality Measure Index. The first step in conceptualization of the index was to identify a list of variables that potentially could determine measure quality. To identify the variables, the team conducted an environmental scan to examine what attributes of measures are important to consider when evaluating measures. The environmental scan included a comprehensive literature search and review of industry standards, stakeholder reports, and full text articles. Through this search, the team produced a list of 46 measure attributes, which it then operationalized into 21 variables that could be directly measured and potentially were feasible to collect in a Quality Measure Index.

The variables were sorted into two categories: classification variables used strictly for classifying or stratifying measures, such as measure type, and scoring variables for creating Quality Measure Index preliminary scores. The 2016–2017 MDP TEP voted 18 of the 21 proposed variables were highly feasible and should be considered for alpha testing. Objectives of alpha testing were to evaluate feasibility of collecting data for the variables from publicly accessible measure information sources, and to determine feasibility of a tool created to standardize data collection and store the abstracted data. A third objective was to create a preliminary scoring algorithm. Results showed 10 of the 12 measure information sources contained data relevant to the Quality Measure Index variables and 17 of the 19 variables were feasible for data collection.

Ms. Lockwood explained how the scoring algorithm was tested to determine whether it was differentiating between measures based on quality. The range of preliminary scores for the alpha testing measure sample suggested sufficient variability, signaling that development of the Quality Measure Index could proceed to beta testing.

Based on alpha testing, refinements were made to variables and the data abstraction tool. The refinements resulted in retention of five classification variables and 12 scoring variables for beta testing, to be conducted January–April 2019. Beta testing will include objectives similar to those in alpha testing, such as evaluating feasibility; additionally, beta testing will assess reliability and validity. In assessing reliability of each variable and the Quality Measure Index as a whole, the aim will be to determine whether data can be abstracted consistently and reliably from the identified measure information sources. To assess validity, beta testing will evaluate whether the Quality Measure Index effectively measures aspects of measure quality as intended, and whether those assessments are consistent with external judgments of measure quality, such as for NQF endorsement.

Potential weighting schemes for the Quality Measure Index will be considered during beta testing. In alpha testing, all variables were weighted equally for calculating preliminary measure scores. In beta testing, alternative weighting schemes will be explored to help evaluate whether some variables should count for more or less in calculating Quality Measure Index scores.

Ms. Lockwood concluded with a description of the beta testing sample measure set. She noted 100 measures implemented in the Quality Payment Program were randomly selected, which represent Meaningful Measures Health Care Quality Priorities, measure types, and data submission methods present in the reporting program's portfolio.

TEP Comments and Feedback

- A TEP member asked whether the Quality Measure Index would be intended for use in evaluating measures in development or—given the presence of NQF endorsement as a scoring variable—as a tool for evaluating measures already in use. Dr. Campbell responded that the Quality Measure Index is currently intended for fully developed measures used in reporting programs, but future versions might be useful at other stages of measure development, such as measures that are fully developed but not yet endorsed.
- Another TEP member emphasized the importance of evaluating the impact that a measure has on patient outcomes, as well as the value of measures that require patient engagement (e.g., downloading or sending data) even if these activities may be regarded as burdensome. Dr. Campbell agreed that a patient impact variable should be considered for inclusion in the Quality Measure Index in the future when reporting makes it feasible and explained that burden is currently defined by the degree to which data is available electronically.
  - One TEP member asked if any scoring variables evaluate a measure's impact (e.g., in improving processes or meaningful changes in patient outcomes). Dr. Campbell replied that measure developers do not report this type of impact data in a standardized way. Currently, the Quality Measure Index's measure performance variable assesses whether the measure could be improved, though an impact variable may be considered in the future.
- A TEP member requested more information on facets of the Quality Measure Index that determine a measure's type (e.g., outcome) and its evidence level. Dr. Campbell responded that the Quality Measure Index doesn't assign a higher or lower value based on the measure's type, and that the Quality Measure Index's evidence-based criteria are those that the NQF uses to assess the evidence that a measure is affecting outcomes.
  - This initiated a further conversation surrounding the inclusion of the variable NQF Endorsement in addition to variables that contribute to whether a measure is NQF-endorsed (e.g., Evidence-Based, Reliability, Validity). TEP members asked whether these variables were being factored into the Quality Measure Index more than once. Dr. Campbell noted that this issue needs further evaluation.
- Two TEP members requested that additional interrelated variables be considered for inclusion in the Quality Measure Index; respectively, social determinants of health and stratification by race/ethnicity. Dr. Campbell thanked them for proposing these additional variables, noting that operationalizing social risk factors in the Quality

Measure Index would be challenging, since within some measures social risk factors may not be related to outcomes. However, he acknowledged these are important to consider for future inclusion in the index. One possible approach suggested by Dr. Campbell would be evaluating whether a measure requires results to be stratified by these variables.

Beta Testing Next Steps

Presenter: Cherrishe Brown-Bickerstaff, PhD, MPH

Dr. Brown-Bickerstaff presented the next steps for beta testing of the Quality Measure Index, which will include formation of a TEP workgroup. The workgroup will help in assessing validity of the index and variables and in considering potential weighting schemes for the Quality Measure Index scoring algorithm. Dr. Brown-Bickerstaff presented details of the workgroup's tasks, noting that TEP members would be able to volunteer for the workgroup through a WebEx poll in today's meeting.

The workgroup will participate in two information-gathering exercises. The first will be completion of a survey to rate each Quality Measure Index scoring variable on a 3-point scale for how it contributes to quality measurement: 1 - not necessary; 2 - useful but not essential; and, 3 - essential. Based on survey results, any variable not rated as essential by a majority of workgroup members will be considered for potential removal from the Quality Measure Index. The second exercise is to consider weighting schemes; workgroup members will "budget" points for each variable according to their perception of the variable's relative importance for quality measurement. Allocating equal points to all variables would indicate equal importance and thus equal weighting in the scoring algorithm and impact on scores. Allocating more budget points to a variable would indicate greater relative importance and weighting the variable for greater impact on scores.

Dr. Brown-Bickerstaff noted the workgroup will hold two virtual meetings, in February and March, where results of the exercises will be presented and discussed. Results of the two workgroup sessions will be shared with the entire TEP at the TEP's next scheduled meeting. The WebEx poll was then opened for TEP members to volunteer for the workgroup or decline.

TEP Comments and Feedback

- A TEP member sought clarity on the value of obtaining workgroup members' subjective impressions on the relative weights they would assign to Quality Measure Index scoring variables. Ms. Brown-Bickerstaff alleviated his concerns by noting that since current literature does not provide evidence to guide variable weighting, the workgroup's expert judgment would serve as an acceptable resource.
- Another TEP member suggested that the Usability variable should be renamed to reflect the extent of its use within federal or non-federal performance programs, rather than the ease with which the measure can be used (e.g., data collection and reporting). Dr. Campbell agreed to consider retitling the variable to Use of Measure. After the meeting, the team discussed the suggested revision and changed the variable name to Use of Measure while retaining the variable's operational definition.

Ms. Hanley closed the meeting by thanking the TEP members for their attendance and participation and thanking CMS for its support of the Quality Measure Index project. In her closing remarks, Ms. Hanley pointed out a citation on a slide in the Reference Materials of today's presentation for the TEP's awareness. The citation is for a 2018 New England Journal of Medicine article by an American College of Physicians workgroup on its assessment of quality measures in use in CMS programs.

Ms. Hanley presented an approximate timeline of next steps for the TEP and new workgroup:

TEP

Provide feedback on this meeting   Immediately afterward

Provide feedback on the MDP Annual Report excerpt   By Feb. 13

Workgroup

Respond to Doodle poll on meeting availability   By Feb. 13

Respond to content validity survey   By Feb. 11

IV. POST-MEETING NOTES AND RECOMMENDATIONS

- A TEP member noted the NQF endorsement process covers criteria in at least five of the 13 Quality Measure Index variables. This repetition can crowd out other important considerations for measure quality that are not considered for NQF endorsement. The TEP member also provided comments on the operational definitions that will be shared with the team and brought forward for discussion at a later date.
    - Another TEP member replied to agree with the observation about NQF endorsement, further stating that inclusion of NQF-endorsed measures in the beta testing sample does seem like double-dipping. The TEP member offered that if the NQF-endorsement variable is retained, the NQF-endorsed measures in the beta testing sample may not be suitable; however, if the variable is removed, these measures are important and should remain in the sample.

APPENDIX A – TEP AGENDA

Technical Expert Panel Meeting
February 5, 2019, 2:00 p.m. to 4:00 p.m. ET

Objectives
• Provide an update on Measure Development Plan.
• Provide an overview of Quality Measure Index vision and goals.
• Present the strategic approach for the testing and development of the Quality Measure Index.
• Present next steps.

Agenda – February 5, 2019		
2:00–2:05 p.m.	**Welcome and Opening Remarks**	Kyle Campbell, PharmD *HSAG*
2:05–2:15 p.m.	**TEP Roll Call and Disclosures of Conflict of Interest**	Amy Mullins, MD, CPE, FAAFP American Academy of Family Physicians Michael Phelan, MD, JD, FACEP Cleveland Clinic Health Systems *(Co-Chairs)*
2:15–2:20 p.m.	**Review of Activities Since November 2018 Meeting**	Kendra Hanley, MS *HSAG*
2:20–2:50 p.m.	**Quality Measure Index Project Goals and Vision**	Kyle Campbell, PharmD *HSAG*
2:50–3:30 p.m.	**Quality Measure Index Strategic Approach**	Carolyn Lockwood, MSN, RN *HSAG*
3:30–4:00 p.m.	**Beta Testing Next Steps**	Cherrishe Brown-Bickerstaff, PhD, MPH *HSAG*