

Public Comment Summary Report

Changes in Patient-Reported Outcomes (PROs) Following Non-Emergent Percutaneous Coronary Intervention (PCI)

Project Title:

Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Professionals (EP eCQM)

Dates:

- The Call for Public Comment ran from October 31, 2017, to November 29, 2017.
- The public comment summary was made on December 13, 2017.

Project Overview:

CMS has contracted with Mathematica Policy Research and its partners, including the Lewin Group, to develop an eCQM that assesses Changes in Patient-Reported Outcomes (PROs) Following Non-Emergent Percutaneous Coronary Intervention (PCI). The contract name is Electronic Clinical Quality Measures Development and Maintenance for Eligible Professionals. The contract number is HHSM-500-2013-130111/HHSM-500-T0001. As part of its measure development process, CMS requests that interested parties submit comments on the candidate or concept measures that may be suitable for this project.

Project Objectives:

The goal of this project is to develop eCQMs for use by eligible clinicians for CMS quality payment programs. To develop the Changes in Patient-Reported Outcomes Following Non-Emergent Percutaneous Coronary Intervention (PROs for PCI) measure, the project team has conducted a review of the relevant literature, done preliminary qualitative testing, and consulted with clinical experts and a technical expert panel made up of multiple stakeholders. To harmonize efforts across similar measures, the project team has collaborated with the Yale New Haven Health Services Corporation/Center for Outcomes Research & Evaluation (Yale CORE), which is developing a similar measure for the Hospital Inpatient Quality Reporting Program under contract with CMS. Under CMS direction, the project team has worked closely with Yale CORE to align the two measures. The teams have shared research and findings as well as the narrative specifications, cohort exclusions, and measure outcome information (a minimally important difference approach); the two teams collaborated to identify the preferred PROM tools—the SAQ-7 and RDS. Finally, as part of the measure development process, the project team solicited feedback from the public about the feasibility, face validity, and usability of the draft measure.

Information About the Comments Received:

The project team conducted outreach to notify stakeholders and the general public about the comment period for the PROs for PCI measure. Outreach included the following:

- Posting on the CMS public comment website
- Sending emails to the following stakeholders and stakeholder organizations:
 - Agency for Healthcare Research and Quality
 - American College of Cardiology*
 - American College of Physicians
 - American Heart Association*
 - American Medical Association
 - American Medical Directors Association
 - Electronic Health Record Association
 - Healthcare Information and Management Systems Society
 - Institute for Clinical Systems Improvement
 - Institute for Healthcare Improvement
 - Institute for Healthcare Optimization
 - National Heart, Lung, and Blood Institute
 - Office of the Assistant Secretary for Planning and Evaluation
 - Patient-Centered Primary Care Collaborative
 - U.S. Preventive Services Task Force
 - Society for Cardiovascular Angiography and Interventions*
 - Pacific Business Group on Health
 - Federation of American Hospitals

* The team initially consulted with these organizations regarding their feedback on the PROs for PCI measure before the public comment period.

The project team also notified facilitators in the following groups to announce the public comment period during their periodic meetings:

- Battelle’s MIDS C3 meeting
- Weekly governance call for measure developers

The project team received one comment about the PROs for PCI measure. The following individuals provided a comment during the public comment period:

- One electronic health record (EHR) vendor (Epic)

Stakeholder Comments—General and Measure Specific:

Identifying the Appropriate Audience for the Measure

One commenter (an EHR vendor) identified that there is challenge in determining who the referring physician is for a given procedure—in particular, whether the referring physician is the same person as the interventionist performing the PCI. To deal with this challenge, the commenter suggested using a diagnosis value set that defines a patient as belonging in the denominator for a provider if the provider had an encounter with the patient during the measurement period (MP), using a template that defines a diagnosis as an attribute of the encounter. The commenter suggested that this approach—identifying a “primary cardiologist,” who provides certain services—is more meaningful than trying to identify a “referring cardiologist,” as proposed in the Call for Public Comment materials.

The commenter also said it would be difficult to identify measure-eligible patients for the interventionist when the interventionist and the primary physician use different EHRs. This is because the interventionist is unlikely to have information about the patients' PROs before and after the procedure, unless the provider shares electronic data with other providers. The commenter did not have a viable solution for this problem, instead suggesting that the project team use the CMS66 measure (Functional Status Assessment for Knee Replacement) as a potential reference to guide further efforts.

Response: Thank you for your feedback on the attribution of this measure. We appreciate the recommendation to use the term "primary cardiologist" in lieu of "referring cardiologist." We acknowledge that there may be challenges associated with provider attribution and communication across multiple EHR systems. Our next course of action will be to (1) explore the inclusion of a diagnosis tied to an encounter in the denominator and (2) review CMS66.

Preliminary recommendations

The project team recommends further discussion of the commenter's feedback with the team's expert work group, which is anticipated to convene in January 2018. The team will also investigate the CMS66 measure for potential solutions to the issue of identifying measure-relevant providers across different EHRs.

Overall Analysis of the Comments and Recommendations

Although the project team received only one comment, the feedback raises important questions about attribution for the measure and EHR interoperability. The team will continue to explore these issues as development continues.

Public Comment Verbatim Report

Date Posted	Measure Set or Measure	Text of Comments	Name, Credentials, and Organization of Commenter	Email Address	Type of Organization	Response
11/21/2017	Changes in Patient-Reported Outcomes (PROs) Following Non-Emergent Percutaneous Coronary Intervention (PCI)	<p>We are asked to provide feedback on this question: "We seek feedback about whether the measure attribution should be for the interventional cardiologist or the referring cardiologist". Depending on setting there may be a referring cardiologist or a referring primary care physician, such as an internist. However, there is no reliable way to determine who the referring physician for a procedure is. So it is more meaningful to say that there is a PCP or primary cardiologist, and then there is an interventional cardiologist. In some cases, the primary and interventional cardiologist is the same person. The easiest way to handle this is to use a diagnosis value set that defines a patient as being the denominator for a provider if the provider had an encounter with the patient during the MP for that diagnosis, using a template that defines a diagnosis as an attribute of the encounter. Then the denominator also requires a procedure, performed of the PCI, much like is done in measure CMS 66. Whether or not these criteria includes the interventional cardiologist will vary based on what additional criteria are added. However, no matter which criteria are chosen, including the interventionist will be difficult in situations where the primary physician and the interventionist are on different EHRs. The data generated by the PCI procedure itself will likely flow from one EHR to another, but probably not in discrete form that is required to count for the measure. All physicians who meet these criteria would be included in the measure, and anyone could be responsible for doing the pre- and post-surveys, and all physicians for whom a patient is in their denominator would include the patient in their numerators if the patient meets the numerator criteria. Overall this is not an easy question, and I can't point to another measure that has done this already. See measure CMS 66 as an example measure that probably includes more clinicians than this proposed measure intends.</p>	Howard Bregman, EPIC		EHR vendor	<p>Thank you for your feedback and comments. We will take your feedback into account regarding using the term "primary cardiologist" in lieu of "referring cardiologist." We have considered attribution of the measure to both the interventional as well as the primary cardiologist. During several discussions with experts regarding attribution, they have frequently raised suggestions that attribution should be to the interventional cardiologist.</p> <p>Regarding your comments on potential lack of interoperability across EHRs, we acknowledge your point that for some patients, the primary clinician and interventional cardiologist may be working with different EHR systems. We will continue to consider solutions to address issues that may arise in provider identification for our measure across different EHRs. This may include incorporating value set data that link the PCI procedure to the attributing physician, although we will need to assess whether these changes will keep the intent of the measure intact.</p>