Quality Payment
PROGRAM

2023 Person and Family Engagement Cost Measures Field Testing Feedback Survey

Winter 2023 Field Testing

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1.0 Overview

The Centers for Medicare & Medicaid Services (CMS) and Acumen, LLC are field testing episode-based cost measures for clinicians. We're seeking patient and family feedback on these draft measures. Your input based on your lived experiences will help to refine the specifications. You can provide input from January 17, 2023, to February 14, 2023. This survey will close at **11:59 PM ET** on **February 14, 2023**.

The following episode-based cost measures are being field tested:

1. Prostate Cancer
2. Rheumatoid Arthritis
3. Chronic Kidney Disease (CKD)
4. End-Stage Renal Disease (ESRD)
5. Kidney Transplant Management

If you have experience with any of the conditions listed above as either a Medicare patient or a caregiver, we're seeking your input for this survey. Your lived experiences receiving care for yourself or assisting someone else receiving care is what is most valuable for this survey. We estimate that it may take approximately 20-40 minutes to complete this survey. **Please feel free to answer as many questions as you would like.** Your time and feedback are greatly appreciated.

1.1 Background

Acumen, LLC is a measure development contractor working with CMS to develop episode-based cost measures for the Merit-based Incentive Payment System (MIPS). MIPS assesses clinicians across 4 performance categories: Quality, Cost, Promoting Interoperability, and Improvement Activities. Performance category scores are combined into an overall MIPS score that affects payment adjustments in subsequent years.

Acumen has developed draft specifications for 5 episode-based cost measures based on empirical analyses, input from expert panels, and person and family engagement. Field testing is an opportunity for all interested parties to provide input on the measures to refine the specifications. Public comments will be shared with Clinician Expert Workgroups and summarized in a report in the coming months.

The following reference materials are available on the MACRA Feedback Page (see the items under "Wave 5 cost measures field testing"):

- Draft measure specifications
- Testing results
- A mock report
- A summary of the development process
- Frequently Asked Questions (FAQ)

1.2 Commenter Information

1. Contact Information
    - Name:
    - Email Address:

2.0 Prostate Cancer

Please feel free to answer as many questions as you would like.

1. **Care Team:**
   - What types of clinicians are part of your care team?
   - If the following types of clinicians were part of your care team, when and how often would you see them?
     - Urology
     - Radiation Oncology
     - Hematology/Oncology
     - Internal Medicine
     - Nurse Practitioner
   - Do you see different specialists depending on the severity of your cancer?
   - Does your care team coordinate with each other about your care? How does that affect your care?
2. **Cancer Severity and Treatment:**
   - At what level of severity was your cancer diagnosed? What sorts of services did you receive to determine the severity of the cancer?
   - If your cancer was diagnosed at an early stage, did you have options for watchful waiting or treatment?
   - If your care plan included watchful waiting, what were you told to watch out for as a sign that you may need to seek care before the next routine monitoring clinician visit?
   - What sorts of treatment did you receive at different levels of cancer severity or stage?
3. **Complications:**
   - What complications, side effects, or other bad outcomes have you experienced?
   - Which one(s) required medical care?
   - What do you feel your care team could have done (if anything) to help avoid or reduce the severity of these complications?
   - Did your care plan change after you experienced these complications?
4. **Value of Care:**
   - What types of treatment or care services are the most effective in helping you feel better?
   - Which of these were least effective?
   - What aspects of your care experience could have been improved?

3.0 Rheumatoid Arthritis

Please feel free to answer as many questions as you would like.

1. **Care Team:**
    - What types of clinicians are part of your care team?
    - If rheumatologists and primary care clinicians were part of your care team, were there particular times that you would see them (e.g., regular check-ups, only for flare-ups)?
    - Does your care team coordinate with each other about your care? How does that affect your care?
2. **Medications:**
    - What medications do you take to treat or manage rheumatoid arthritis?
    - How do you and your care team decide which medications you should take?
    - Which clinician(s) oversee(s) your medications?
    - Have you experienced any side effects from medication? Did any require medical care?
3. **Surgery:**
    - Have you had or considered having surgery for rheumatoid arthritis? If yes, what surgery?
    - If you had surgery for rheumatoid arthritis, how did your care change afterwards?
    - What do you feel your care team could have done (if anything) to help delay the need for surgery or make the procedure/recovery easier?
4. **Complications and Flare-ups:**
    - What complications, side effects, or flare-ups have you experienced?
    - Which one(s) required medical care?
    - What do you feel your care team could have done (if anything) to help avoid or reduce the severity of these complications or flare-ups?
    - Did your care plan change after you experienced these complications?
5. **Supportive Treatments**:
    - How important has mental health care been in helping you cope with rheumatoid arthritis?
    - What types of mobility devices or other durable medical equipment do you use?
6. **Value of Care:**
    - What types of treatment or care services are the most effective in helping you feel better?
    - Which of these were least effective?
    - What aspects of your care experience could have been improved?

4.0 Chronic Kidney Disease (CKD)

Please feel free to answer as many questions as you would like.

1. **Care Team:**
    - What types of clinicians do you consider to be part of your kidney care team?
    - How often do you see a nephrologist?
    - Does your care team coordinate with each other about your care? How does that affect your care?
2. **CKD Stages 4 and 5:**
    - At what stage were you first diagnosed as having CKD?
    - If you have had different stages of CKD, how did your treatment change with each stage?
    - Have you received care to prepare for starting dialysis (e.g., a vascular access)?
3. **Other Health Conditions**:
    - What other health conditions do you have that are also being treated medically (e.g., cardiovascular conditions)?
    - How did managing these other health conditions change when your stage of CKD changed?
4. **Complications:**
    - What complications, side effects, or other bad outcomes have you experienced?
    - Which one(s) required medical care?
    - What do you feel your care team could have done (if anything) to help avoid or reduce the severity of these complications?
    - Did your care plan change after you experienced these complications?
5. **Value of Care:**
    - What types of treatment or care services are the most effective in helping you feel better?
    - Which of these were least effective?
    - What aspects of your care experience could have been improved?

5.0 End-Stage Renal Disease (ESRD)

Please feel free to answer as many questions as you would like.

1. **Care Team:**
    - What types of clinicians do you consider to be part of your kidney care team?
    - Did you see any nephrologists or vascular surgeons prior to starting dialysis?
    - Does your care team coordinate with each other about your care? How does that affect your care?
2. **Starting Dialysis**:
    - Was starting dialysis something that you and your care team planned?
    - If it was planned, what services did you receive to prepare for starting dialysis?
    - If it was an unplanned start ("crash start"), what medical care did you receive around the time of starting dialysis (e.g., I received hemodialysis in the hospital)?
    - What would have made starting dialysis easier to manage?
3. **Other Health Conditions**:
    - What other health conditions do you have that are also being treated medically (e.g., cardiovascular conditions)?
    - How did starting dialysis affect how you managed any of these other medical conditions?
4. **Complications:**
    - What complications, side effects, or other bad outcomes have you experienced?
    - Which one(s) required medical care?
    - What do you feel your care team could have done (if anything) to help avoid or reduce the severity of these complications?
    - Did your care plan change after you experienced these complications?
5. **Value of Care:**
    - What types of treatment or care services (besides dialysis) are the most effective in helping you feel better?
    - Which of these were least effective?
    - What aspects of your care experience could have been improved?

6.0 Kidney Transplant Management

Please feel free to answer as many questions as you would like.

1. **Care Team:**
    - What types of clinicians do you consider to be part of your kidney care team?
    - If you previously had CKD (stages 4 or 5) or ESRD, how has your care team changed since receiving the transplant?
    - Does your care team coordinate with each other about your care? If so, how does that affect your care?
2. **Getting a Kidney Transplant:**
    - What type of kidney disease (or injury) did you have when you got a transplant (e.g., ESRD, which stage of CKD, following acute kidney injury)?
    - Did you receive a transplanted kidney from a living or deceased donor?
    - How did your medical care for kidney care change after the transplant?
    - How long after the transplant surgery did it take for you to recover from the operation?
3. **Transplant Failure:**
    - If your transplant failed, what were the first signs that your transplant was failing?
    - Did you receive additional or different types of medical care leading up to the transplant failing?
    - What do you feel your care team could have done (if anything) to delay or prevent your transplant failure?
4. **Other Complications:**
    - What complications, side effects, or other bad outcomes have you experienced (other than kidney transplant failure, if applicable)?
    - Which one(s) required medical care?
    - What could your care team have done to help avoid or reduce the severity of these complications?
    - Did your care plan change after you experienced these complications?
5. **Value of Care:**
    - What types of treatment or care services are the most effective in helping you feel better?
    - Which of these were least effective?
    - What aspects of your care experience could have been improved?

7.0 Thank You For Your Help

Thank you for completing the 2023 Person and Family Engagement Cost Measures Field Testing Feedback Survey! We appreciate your feedback and will take your comments into consideration for measure refinement and future measure development activities.

If you have questions or want more information, please contact the Quality Payment Program Service Center at 1-866-288-8292 or via email at qpp@cms.hhs.gov. The Help Desk is available Monday – Friday, 8 a.m. – 8 p.m. ET. To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.