



***Technical Expert Panel for the Clinical  
and Anatomic Pathology Measure  
Development Project***  
**Meeting Minutes**

**Meeting Date:**

**05/15/2020**

**3:00-4:00 pm EST**

**Recorded By: Liz Waibel and Raven Garris**

## 1. Attendance

Name, Credentials, and Professional Role	Organizational Affiliation, City, State
<b>TEP Members in Attendance</b>	
Greg Sossaman, MD, FASCP, Chairman, Department of Pathology and Laboratory Medicine	Ochsner Clinic Foundation New Orleans, Louisiana
Mary Ann Friedlander, MPA, CT(ASCP), Quality & Regulatory Manager - Department of Pathology	Memorial Sloan Kettering Cancer Center New York, NY
Jonathan Genzen, MD, FASCP, Section Chief Clinical Chemistry, ARUP Laboratories & Associate Professor (Clin)	ARUP Laboratories University of Utah Salt Lake City, UT
William Finn, MD, FASCP, Medical Director	Warde Medical Laboratory Ann Arbor, MI
Joe Sirintrapun, MD, FASCP, FCAP, Director of Pathology Informatics	Memorial Sloan Kettering Cancer Center New York, New York
Michelle Mitchell, Patient Advocate	University of Michigan Ann Arbor, MI
<b>TEP Members Not in Attendance</b>	
Gary Procop, MD, FASCP, MS, Chair, Clinical Pathology	Cleveland Clinic Cleveland, OH
Lynnette Chakkaphak, MS, MT (ASCP), Director of Clinical Operations	Ascension St. Vincent's Jacksonville, Florida
Diana Kremitske, MS, MHA, MT (ASCP), Vice President Diagnostic Medicine Institute	Geisinger Danville, PA
Cecelia (Ceil) Duclon, MLS (ASCP) <sup>CM</sup> , MS, Executive Lab Director	Froedtert & Medical College of Wisconsin Greater Milwaukee Area, WI
Nils Diaz, MD, Medical Director	Mease Hospitals Baycare Health System Safety Harbor and Dunedin, FL
Scott Owens, MD, FASCP, Professor of Pathology	University of Michigan Ann Arbor, MI
<b>ASCP STAFF</b>	
Ali Brown, MD, FASCP	ASCP Jackson, MS
Liz Waibel, MPH	ASCP Denver, CO
Amy Wendel-Spiczka, M.S., SCT, HTL, MB (ASCP) <sup>CM</sup>	ASCP Scottsdale, AZ
Raven Garriss, MPH	ASCP Washington, D.C.
<b>IMPAQ/Ascend Staff</b>	
Maggie Lohnes	
Stacie Schilling	
Michelle Lefebvre	
Bo Feng	

## 2. TEP Purpose

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Grant Technical Expert Panel (TEP) will guide the translation of seven pathology performance measures that incentivize value-based care both within laboratory medicine and among allied medical specialties.

The primary goals of the TEP are as follows:

- Goal 1: Reviewing measure specifications to ensure continued face validity and the intent of the measures remain intact; and recommending updates where appropriate.
- Goal 2: Reviewing measure business cases to ensure they reflect relevant clinical guidelines, systematic evidence reviews, and other sources of evidence to support measure focus; and recommending updates where appropriate.
- Goal 3: Conducting a feasibility assessment for the proposed MACRA measures as Electronic Clinical Quality Measures (eCQM). Initially, we will test two (of seven) measures for eCQM feasibility, and utilize lessons learned to test feasibility for the remaining five measures\*

## 3. Feedback Objective

The objective of the 5.15.2020 meeting was to discuss the TEP's feedback on Measure 6 specifications and to introduce the concept for Measure 7.

## 4. Measure Concepts\*

- a. **Measure 1:** Notification to the ordering provider requesting myoglobin or CK-MB in the diagnosis of suspected acute myocardial infarction (AMI)
- b. **Measure 2:** Notification to the ordering provider requesting thyroid screening tests other than only a thyroid stimulating hormone (TSH) test in the initial screening of a patient with a suspected thyroid disorder
- c. **Measure 3:** Notification to the ordering provider requesting amylase testing in the diagnosis of suspected acute pancreatitis
- d. **Measure 4:** Time interval: critical value reporting for troponin
- e. **Measure 5:** Time interval: critical value reporting for chemistry
- f. **Measure 6:** Rate of notification to clinical provider of a new diagnosis of malignancy
- g. **Measure 7:** Rate of communicating results of an amended report with a major discrepancy to the responsible provider

The proposed quality-measure concepts focus on priority areas communicated by CMS, with an emphasis on diagnostic accuracy, care coordination, and overuse of diagnostic tests to target performance gaps where there is known variation in performance. These patient-centered proposed measures directly affect patient diagnoses by measuring outcomes or processes that impact the detection and prevention of chronic disease. We are proposing to retool seven measure concepts, all of which are directly relatable to equivalent high-priority CMS Meaningful Measures topic areas. Measures #1, #2, and #3 are directly related to the Meaningful Measure areas of Affordable Care and Overuse Measures; Measures #4 and #5

relate to Preventable Healthcare Harm; and Measures #6 and #7 relate to Healthy Living/Population Health and Prevention, Detection/Prevention of Chronic Disease.

*\*Note: As of March 2020, Measures 1-3 are removed from the project scope*

## 5. Agenda

### 1.) Welcome and Introductions: Liz Waibel, MPH

- Liz Waibel, MPH welcomed and thanked the TEP members for joining the call.

### 2.) Discussion of Measure 6 feedback from TEP and Introduction of Measure 7

- Amy Wendel-Spiczka, M.S., SCT, HTL, MB (ASCP)<sup>CM</sup> provided a presentation on the feedback the cooperative agreement team received on the Measure 6 specifications, and introduced the concept for Measure 7.

### 3.) Wrap-up and opportunity for questions

## 6. TEP Discussion

The discussion centered around feedback the TEP submitted on Measure 6 technical specifications, and what each of the TEP members experience at their organizations in regards to notification of a new diagnosis of malignancy. A summary of the discussion is as follows:

- TEP Member: Indications of malignancy may be encountered by other pathology specialists who are not classified as anatomic pathologists. This could result in a gray area given the current measure description and specifications for Measure 6.
  - ASCP response: ASCP agrees with the TEP member's feedback. The measure specifications have been altered to remove the term "anatomic" when referencing pathology reports. Alpha and beta testing will help determine if there are additional adjustments that need to be made to the specifications; there are still opportunities for improvement.
- TEP Member: The measure should be expanded to include all ages.
  - ASCP response: ASCP agrees and the specifications have been altered to remove age restrictions.
- TEP Member: How do we best target scenarios where a new cancer diagnosis is surprising? Is it okay to suggest that the measure is more applicable or suitable in a particular setting? For example, would this measure of a new diagnosis of malignancy be more impactful for segments of the population that are young and healthy?
  - ASCP response: This has proven to be challenging. The cooperative agreement team is hopeful that as we move forward

with testing the measure, we will find that the measure has feasibility across unique settings. However, we understand that this measure as currently written could be more applicable to community pathologists than to larger institutions, such as cancer centers or academic medical centers. No one will be penalized if it is not possible to report on this measure.

- TEP Members: There was a group discussion about pathologists being in direct communication with patients. The consensus was that it is beneficial when pathologists and other clinicians who are a part of a patient's care team (i.e. oncologists, surgeons) are able to be in joint communication with a patient so that care plans can also be discussed when pathology results are provided. Many hospitals upload results of diagnostic tests directly into patient portals in a more real-time fashion. However, the language and terminology used in the reports could be difficult to understand for some patients and maybe a "layman's terms" section could be considered in the future.
  - ASCP response: The team was appreciative of the conversation and agree that this is an ongoing conversation as we work to advance the quality of care patients receive.
- TEP Member: Malignancy should always be communicated. If the physician is incorrect about a malignancy diagnosis, that is a separate quality measure.
  - ASCP's response: Agreed. This scenario is directly applicable to M7 which specifically focuses on the notification of diagnostic discrepancies identified in amended pathology reports
- TEP Member: As we learn more about the molecular nature of diseases, there will be instances in which diagnoses are determined to be inaccurate. Do we envision that comparing cancer centers to other cancer centers will be possible?
  - ASCP's response: By way of amended reports, we are looking to see if diagnoses of malignancy are altered and how this relates to a holistic view of diagnostic accuracy. Yes, we want to be able to benchmark across similar institutions in the future.

## 7. Post Meeting Action Items

Action	Assigned to	Status
Collect TEP feedback via email on Measure 7	ASCP staff	In progress