CMS Quality Measure Development Plan

Technical Expert Panel Meeting Summary

(MACRA Section 102)

Meeting Date: November 13, 2018

Prepared by: Health Services Advisory Group, Inc.

Table of Contents

Technical Expert Panel Meeting Summary

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") has convened multidisciplinary technical expert panels (TEPs) 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 develop recommendations for updating the Measure Development Plan, known as the MDP, and prepared MDP Annual Reports documenting progress related to clinician quality measure development to support MIPS and Advanced APMs.[2]

II. BACKGROUND

On November 13, 2018, HSAG convened the second meeting of the 2018–2019 TEP by webinar. Twenty of 23 members attended, along with HSAG staff and the CMS Contracting Officer's Representative, Noni Bodkin. The objectives of the meeting were as follows:

- Review MDP-related work completed since the last TEP meeting.
- Discuss crosscutting measure subtopics, covering
  - Team analysis
  - TEP pre-assessment results
  - Meaningful Measure areas covered
- Present plans for the 2019 MDP Annual Report and a 2019 update to the MDP in accordance with the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act (MACRA) of 2015.

In preparation for the meeting, the team sought feedback from the TEP on the relative importance of measure subtopics identified as crosscutting priorities or gaps for the Quality Payment Program. "Crosscutting" was defined as relevant to most, if not all, clinicians, practices, and settings; broadly based; and usually independent of a specific diagnosis. TEP members used an online tool to individually rate the measure subtopics on a Likert scale of 1 ("not at all important") to 9 ("extremely important"), based on the member's expertise and stakeholder perspective. The team ranked the selections by the highest median ratings and the

[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.

[2] Quality Payment Program measure development. Center for Medicare and Medicaid Services website. Baltimore, MD: US Department of Health and Human Services; 2018. https://www.cms.gov/Medicare/Quality-Payment-Program/Measure-Development/Measure-development.html. Accessed November 13, 2018.

least standard deviation (see *TEP Pre-Assessment Ratings of Measure Subtopics* [Appendix B]). These pre-assessment rankings formed the basis for focused discussions and revised assessments at the meeting.

III. MEETING PROCEEDINGS

Welcome and Opening Remarks

Presenter: Kyle Campbell, PharmD, HSAG

Dr. Campbell, Project Director, welcomed the TEP members and attendees from CMS, including the Contracting Officer's Representative (COR), Dr. Noni Bodkin. Noting that HSAG was recording the meeting, Dr. Campbell reminded attendees that meeting materials are proprietary to the project and cannot be shared without permission from CMS. He displayed the *TEP Agenda* (Appendix A) and outlined the objectives of the webinar:

- Review MDP-related work completed since the last Technical Expert Panel (TEP) meeting.
- Discuss crosscutting subtopics with regard to:
  - Team analysis of crosscutting subtopics,
  - TEP pre-assessment results, and
  - Classification by Meaningful Measure area.
- Present plans for the 2019 MDP Annual Report and a 2019 update to the MDP.

TEP Roll Call and Disclosures of Conflict of Interest

Presenters: Amy Mullins, MD, CPE, FAAFP, American Academy of Family Physicians; Michael Phelan, MD, JD, FACEP, RDMS, CQM, Cleveland Clinic Health Systems *(Co-Chairs)*

Dr. Mullins conducted a roll call, finding that 20 of 23 members were present, 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:

- L. Gall owns businesses selling natural oils and works for Stratis Health, which has CMS contracts.
- M. Huang has nonremunerative positions of influence with Cerner Corporation.
- G. Mosnaim owns stock options and serves on the scientific advisory board for electroCore; she also serves on the scientific advisory board or performs consulting services for AstraZeneca, Teva, Propeller Health, GlaxoSmithKline, Boerhinger Ingelheim, Sanofi, and Novartis.
- L. Suter works with the American College of Rheumatology building quality measures; her organization, the Yale Center for Outcomes Research and Evaluation, has measure development contracts with CMS.
- S. Tierney works for an organization (PCPI®) that is a subcontractor on several CMS grants; she also has some privately funded grants with specialty societies.
- L. Wisham works for Telligen, which has a CMS contract.

Review of Activities Since May 2018 Meeting

Presenter: Kendra Hanley, MS, HSAG

Ms. Hanley presented an update of recent activities, noting the posting of three project reports on the CMS website: the 2018 MDP Annual Report in May, the May 2018 MDP TEP Meeting Summary in July, and the final 2018 CMS MDP Environmental Scan and Gap Analysis Report in August, incorporating input from the 2018–2019 MDP TEP.

Ms. Hanley further noted that CMS in September awarded seven cooperative agreements to specialty societies, health systems, and educational institutions, among others, to develop and/or refine measures that will fill measure gaps in the Quality Payment Program. She observed that the grantees align closely with clinical specialties that are prioritized in the CMS Measure Development Plan and further examined in the 2017 *MDP Environmental Scan and Gap Analysis Report* and the *2017 MDP Annual Report*.

Analysis of Crosscutting Subtopics

Presenter: Michelle Pleasant, PhD, MA, HSAG

Dr. Pleasant gave an overview of the team's analysis of measure subtopics for the TEP's consideration at this meeting. First, the team defined "crosscutting": relevant to most, if not all, clinicians, practices, and settings; broadly based; and usually independent of a specific diagnosis. An alternative classification—multispecialty—was defined as relevant to more than one specialty but not necessarily to all specialties.

The team then created a comprehensive list of 144 potentially crosscutting measure subtopics by combining this TEP's recommendations with the general medicine and crosscutting measure subtopics included in the 2017 *CMS MDP Environmental Scan And Gap Analysis Report*. Removing subtopics for which measures could be found resulted in a sample of 88 subtopics representing measure gaps.

Five team members evaluated the 88 measure subtopics and assigned them, by at least 80% agreement, to either of the two categories. The analysis yielded 53 multi-specialty subtopics and 35 subtopics confirmed to meet the definition of crosscutting. The team incorporated the latter sample into a pre-assessment by which the TEP rated measure subtopics on a Likert scale of 1 to 9, indicating low to high priority.

Dr. Pleasant displayed slides showing the 35 crosscutting measure subtopics that the TEP rated as part of the pre-assessment (see *TEP Pre-Assessment Ratings of Measure Subtopics* [Appendix B], Table B-1). She explained how the team used the pre-assessment results to narrow the focus of the meeting discussions to the TEP's highest priorities. Excluding ratings of 4, 5, or 6 ("moderately important") left 32 measure subtopics (91% of the initial set) on which the TEP showed high agreement in ratings of 7, 8, or 9 ("extremely important").

Discussion of Crosscutting Subtopics

Presenter: Kendra Hanley, MS, HSAG

Ms. Hanley explained that the team would allocate about 10 minutes to discuss the measure subtopics under each of the eight Meaningful Measure areas represented. She asked TEP members to review their individual and cumulative ratings and to note considerations of feasibility or appropriateness for clinician measurement and accountability for each set of measure subtopics. Further, she encouraged them to consider their assignment in the context of CMS efforts to reduce burden for clinicians and to align measures when possible.

Discussions began with the highest-ranked measure subtopics, continuing in descending order. This summary organizes discussions, actions, and voting results by the corresponding Meaningful Measure area, each of which falls under a unique health care priority in the Meaningful Measures framework, as follows:

Meaningful Measure Health Care Priority/ MACRA Domain	Meaningful Measure Area
Communication and Coordination/ Care Coordination	Transfer of Health Information and Interoperability
Person and Family Engagement/ Patient and Caregiver Experience	End of Life Care According to Preferences
	Care Is Personalized and Aligned With Patient's Goals
	Community Engagement
	Patient-Reported Functional Outcomes
	Patient's Experience of Care
Making Care Safer / Safety	Preventable Healthcare Harm
Healthy Living/ Population Health and Prevention	Community Engagement
	Equity of Care

Each section summarizes key themes and comments by the TEP, records actions such as edits to the measure subtopics, and reports in a table the results of each vote on the remaining subtopics.

Discussion #1: Transfer of Health Information and Interoperability

Pre-assessment subtopic gaps rated as important (median score >= 7): n = 6

Communication and Coordination / Care Coordination
Transfer of Health Information and Interoperability
TEP vote #1: 20 of 20 members (100%) recommended prioritizing these 6 crosscutting measure subtopics: • Interprovider communication and/or collaboration: Transitions of care from provider to provider • Communication between patient and provider • Bidirectional sharing of patient- and caregiver-generated data • Timely transition of specified EHR data elements • Patient access to records • Care visit information available via health information exchange
Note: By consensus, the TEP changed "bidirectional sharing of information" to "bidirectional sharing of patient- and caregiver-generated data."

The TEP discussed that while there is a benefit to measures that promote interoperability, this Meaningful Measure area highlights aspects of communication and information sharing (e.g., transitions of care, patient access to information) that go beyond the use of electronic communication and those aspects are also important to address. The TEP also discussed appropriateness of this area for clinician-level measurement and the importance of patients having access to and understanding information contained in electronic health records (EHRs). TEP members discussed potential overlap between subtopics proposed for this Meaningful Measure area and the promoting interoperability performance category under MIPS. They suggested that quality measures in the area may not be needed if this topic is already addressed under another MIPS performance category.

TEP Comments and Feedback

- A TEP member noted that feasibility issues to consider in this Meaningful Measure area include the lack of a consistent definition of interoperability and low EHR adoption in certain areas and/or certain specialties.
- Noting that interoperability is typically thought of as exchanging information between providers, one TEP member commented that exchanging information between provider and patient is equally applicable. This member proposed interoperability to include (1) the exchange of information and (2) the ability to use the information that is received. These components extend to clinicians, patients, and consumers with emphasis on patients and consumers understanding the information they receive.
- Another TEP member noted there may be overlap between "bidirectional sharing of information" and the other subtopics in this area, which prompted a different TEP member to propose modifying the subtopic to "bidirectional sharing of patient- and caregiver-generated data." The revised subtopic is intended to encourage patient-generated information, which may not be accessible to the clinician, to be entered into a patient's EHR.
- Several TEP members commented that the measure subtopics addressed system issues and did not seem appropriate for clinician-level measurement. They noted that a clinician reporting such measures could be held responsible for aspects of care out of his or her control.
- Related to the perception that these subtopics go beyond the use of health information technology, one TEP member noted that in instances such as transitioning a complex

patient from the emergency department to the intensive care unit or completing diagnostic tests on a few patients following a shift change, a hardwired transition of care note would be very effective in communicating the necessary clinical information to the next provider, truly leveraging technology to facilitate this process.

- One TEP member asked for clarification around how general versus how granular the subtopics should be, noting that it can be challenging to consider a subtopic without knowing what the measure details will be. Ms. Hanley reminded the TEP that the subtopics are intended to be high-level measure concepts that would be further evaluated to determine appropriateness and scope for measure development. She also recommended that if in doubt, the TEP consider keeping subtopics on the list rather than removing them, since measure developers would examine them before developing them into measures.

Discussion #2: End of Life Care According to Preferences

Pre-assessment measure subtopic gaps rated as important (median score >= 7):
n = 1

Person and Family Engagement / Patient and Caregiver Experience
End of Life Care According to Preferences
TEP vote #2: 20 of 20 members (100%) recommended prioritizing this 1 crosscutting measure subtopic: • Care delivered according to preferences

TEP members discussed the measure subtopic as it relates to advance directives, conversations about end-of-life preferences, and the need to address a patient's cultural, spiritual, environmental, and social determinants when discussing end-of-life care. Members expressed consensus on the importance of addressing end-of-life care in quality measurement.

TEP Comments and Feedback

- A TEP member cited health care power of attorney as an example of these concepts. Another TEP member supported broad interpretation of this subtopic, stating it could be any and all of the things mentioned.
- Another TEP member noted that with many areas to improve within this subtopic, progress can begin with smaller pieces "around the edges," such as asking about a health care power of attorney, rather than the more difficult parts of the end-of-life conversation.
- A TEP member commented she was grateful to have this subtopic on the list and receiving such a high rating from panel members, as it is important to patients and families. She further stated that the literature suggests people receive more aggressive care than they want at the end of life.

Discussion #3: Preventable Healthcare Harm

Pre-assessment measure subtopic gaps rated as important (median score >= 7):
n = 2

Making Care Safer / Safety
Preventable Healthcare Harm
TEP vote #3: 19 of 19 members (100%) recommended prioritizing these 2 crosscutting measure subtopics: • Potentially harmful drug-drug interactions • Improving diagnostic quality and safety
Note: By consensus, the TEP clarified "diagnostic accuracy" to read "improving diagnostic quality and safety." One TEP member did not participate in vote #3.

The TEP identified and discussed at length the measurement challenges and important aspects of the diagnostic accuracy measure subtopic. The TEP discussed unintended consequences for the subtopics included in

this Meaningful Measure area—potentially harmful drug-drug interactions and diagnostic accuracy—and recommended a revision to the latter.

TEP Comments and Feedback

- Several TEP members noted the potential for unintended consequences around the concept of diagnostic accuracy.
- Two TEP members recognized that diagnostic accuracy may not be appropriate for measurement in the emergency department and therefore may need to be reconsidered as a crosscutting subtopic.
- The need to consider unintended consequences of measures focused on diagnostic accuracy (e.g., overuse of imaging to diagnose a pulmonary embolism) was noted.
- One TEP member acknowledged that diagnostic accuracy is an important concept to consumers; another member suggested revising the subtopic to focus on differential diagnosis or use of diagnostic aids.
- Another TEP member echoed the importance of diagnostic accuracy to consumers and supported revising the subtopic to include use of diagnostic aids, recognizing that diagnosis can be a very complex decision-making process.
- A comment from a TEP member highlighted the need to consider the patient's needs related to seeking a diagnosis. Are the patient's functional needs being met, ensuring that care is focused on the individual's needs and preferences, and are symptoms being managed? Considering these types of questions rather than focusing solely on a diagnosis will lead clinicians to better quality of care and fewer unintended consequences, the speaker contended.
- One TEP member recognized the importance to avoid harmful drug interactions, but also mentioned that EHR alerts and pop-ups sometimes are not relevant to the patient and that the development of a quality measure may influence a change to a medication that the patient has been taking for years without issues.
- Another TEP member emphasized the importance of these two subtopics from the patient/caregiver perspective. For diagnostic accuracy, was there a pathway that considered all the potential diagnoses, pointing things in the right direction? For drug-to-drug interaction, there was recognition that the clinical guidelines and EHR prompts may not always be appropriate for an individual patient, but that thoughtful consideration of those alerts and prompts is extremely important, especially for complex patients.
- One TEP member suggested that diagnostic accuracy as a measurement concept is trying to act as a surrogate for defining good clinical reasoning and clinical safety—two very different concepts for quality measure development.
- Ms. Hanley reminded the TEP members that these two concepts were being considered under the Meaningful Measure area of Preventable Healthcare Harm, though there may be a place for them also under Care Is Aligned and Personalized With Patient's Goals.
- Remarking that diagnostic accuracy is a broad-reaching topic, a TEP member noted that a committee convened by the National Quality Forum under that name was revised to "Improving Diagnostic Quality and Safety." Other TEP members supported an effort to focus the subtopics on quality and safety.

Discussion #4: Equity of Care

Pre-assessment measure subtopic gaps rated as important (median score >= 7): n = 2

Healthy Living/Population Health and Prevention
Equity of Care
TEP vote #4: 17 of 19 TEP members (89.47%) recommended prioritizing these 2 crosscutting measure subtopics: • Access to care • Cultural competence
Note: One TEP member did not participate in vote #4.

The TEP debated at length whether the measure subtopics "access to care" and "cultural competence" fit best under the assigned health care priority, as well as whether they are feasible to develop as clinician-level measures as opposed to other levels of measurement. Members discussed the importance of this Meaningful Measure area and exchanged ideas for assessing a provider's cultural competence as experienced by the patient and through screenings for social determinants of health.

TEP Comments and Feedback

- One TEP member explained her perception of access to care as extending beyond a brick-and-mortar place: "Can I email my doctor[s]? Can I see them virtually? Can I get in contact with them through a patient portal?"
- When another member questioned whether those concepts fit the measurement area, the first speaker mentioned another way to view access to care—in terms of availability of a clinician close to home and the ability to reach that facility safely. However, she conceded, "That's not a clinician measure. That's a system measure …a population measure problem."

  She added, "I'm looking at the next category, which is that 'Care Is Personalized and Aligned With Patient Goals.' I wonder if the cultural competence fits better there or if it fits better both places. I agree that delivering culturally competent care is a physician-level measure. I don't think the access to care is a physician-level measure if we're doing it under the Equity of Care Meaningful Measure area."
- A clinician expressed concern that measures of access to care might be biased or unfair toward rural physicians compared with those in an urban or suburban setting. He suggested clarifying the language or specifying a measure to mitigate that impact.
- From a patient perspective, a TEP member proposed framing access to care for clinician measurement as "Do I offer a wide variety of office hours for my patients?" The member observed that Working With Communities to Promote Best Practices of Healthy Living suggests another interpretation: "Is a specific clinician or provider working within their community to identify different access points to care? Maybe it's just not care. Maybe this has more of a community-building type of flavor to it."
- A TEP member reiterated a concern about the role of social determinants in access to care, while others stressed cultural competence as important but, as one noted, "challenging to measure in a meaningful way." That member further proposed addressing linkages between a practice and other community resources that promote best practices of healthy living while helping to address social determinants of health.
    - Ms. Hanley reminded the TEP that it would later consider additional measure subtopics related to community health.

- Countering others' misgivings about the measure subtopics under discussion, a member commented, "I would be very uncomfortable if we had no measures to recommend for an Equity of Care Meaningful Measure area. …I just don't want to send the message that we don't think equity of care is an important issue, which I know is not what we're saying."
- Noting a preference for outcome measures over structural or process measures, a member proposed that "a better way to measure cultural competence would be to measure the patient's experience of the provider's cultural competence as opposed to 'Are you taking cultural competency training?'"
- A member wondered whether screening for social determinants of health is an area that intersects both access and equity.
- Yet another member suggested looking at hospital admissions and readmissions for chronic illnesses in racially and ethnically diverse populations—a concept she described as consistent with the CMS Equity Plan for Medicare.
- While some members continued to express doubts, they agreed with a suggestion by Ms. Hanley to put the measure subtopics to a vote. She assured them that the meeting summary would document their reservations.

Discussion #5: Care Is Personalized and Aligned With Patient's Goals

Pre-assessment measure subtopic gaps rated as important (median score >= 7): n = 5

Various members discussed the challenges associated with measuring patients' adherence to follow-up instructions at a clinician level. TEP members emphasized the importance of clear instructions and clinician support for patient follow-up.

Person and Family Engagement / Patient and Caregiver Experience
Care Is Personalized and Aligned With Patient's Goals
TEP vote #5: 18 of 19 members (94.7%) recommended prioritizing these 5 crosscutting measure subtopics: • Patient's preferences are included in transition of care and care planning • Patient education/health literacy: • Ability for self-care management • Patient education/health literacy: Medication literacy • Support for patients in achieving follow-up instructions
Notes: By consensus, the TEP added "and care planning" to the first subtopic and reworded the fifth subtopic from "adherence to follow-up instructions" to "support for patients in achieving follow-up instructions." One TEP member did not participate in vote #5.

TEP Comments and Feedback

- Some members questioned how it would be possible to hold a provider accountable for whether a patient adhered to follow-up instructions.
- TEP members discussed the importance of making sure during the clinical visit that instructions are clear and that the patient has the ability for self-care management. A member stated, "We cannot control what the patient does after they leave the office, but can make sure they understand the instructions and verbalize their understanding before they leave."
- Countering these concerns, another TEP member voiced support for an adherence measure subtopic, explaining, "As clinicians, we always say we're looking for something 100%. And maybe the best score on this might be 70% or 80%. But I think it's important that as clinicians, we take responsibility for our patients." He noted it may be that a patient who wasn't compliant didn't understand, didn't agree, or had a problem

with the follow-up plan, and a clinician could go back and assess any potential issues with noncompliance.

- A TEP member agreed that patients should have the ability to reach out and get assistance but stated that holding clinicians accountable for adherence is not reasonable.
- Another TEP member pointed out that it is not always straightforward for patients to call clinicians with questions about their follow-up instructions; hence it would be valuable to capture clinician support for patient follow-up. Panel members voiced the importance of follow-up instructions to reflect the patient's preferences, values, and goals and the role of clinicians in supporting a patient's follow-up goals. Members also discussed the importance of including a patient's preferences in care planning.

Discussion #6: Community Engagement

Pre-assessment measure subtopic gaps rated as important (median score >= 7): n = 6

Healthy Living/Population Health and Prevention
Community Engagement
TEP vote #6: 20 of 20 TEP members (100%) recommended prioritizing these 3 crosscutting measure subtopics • Identification of community supports and services • Referral to community resources as appropriate • Collaboration across health and non-health sectors to improve equity of care
Note: By consensus, the TEP removed 3 subtopics (overweight and obesity, healthy communities, and well-being).

TEP members immediately raised questions about obesity, well-being, and healthy communities as subtopics for clinician-level measures. Support for removing them grew as members noted that the pre-assessment indicated greater disagreement among the TEP and lower median ratings (7.00 and 7.50) than were recorded for the first three measure subtopics.

TEP Comments and Feedback

- A TEP member proposed combining the three items in question, which prompted another member to ask whether the subtopic then would exclude tobacco and hypertension.
- Other members observed that obesity measures already exist and suggested that the first three measure subtopics in some ways cover the latter three.
- A member voiced support for combining subtopics but added, "I just worry that then that becomes a not very meaningful check-the-box type measure that's not really addressing the underlying need."
- Referring to the subtopic about referral to community resources, a member noted that referral lists are "incredibly hard" to keep up-to-date.

Discussion #7: Patient-Reported Functional Outcomes

Pre-assessment measure subtopic gaps rated as important (median score >= 7): n = 3

The TEP reached agreement on the measure subtopics after a TEP member proposed to keep all three, given the importance of patient-reported functional outcomes.

Person and Family Engagement/ Patient and Caregiver Experience
Patient-Reported Functional Outcomes
TEP vote #7: 20 of 20 TEP members (100%) recommended prioritizing these 3 crosscutting measure subtopics: • Meeting expected outcomes (patient response) • Health-related quality of life • Meeting expected outcomes: Meeting expected outcomes with a proxy allowed to report

TEP Comments and Feedback

- "I think this is an important enough area that I feel like we should offer up as many meaningful measurement subtopics as possible to really open up the opportunities for measure developers to respond to these needs," the speaker said.
- A second TEP member agreed, and the matter proceeded to the vote with no one voicing an objection.

Discussion #8: Patient's Experience of Care

Pre-assessment measure subtopic gaps rated as important (median score >= 7): n = 7

When considering this Meaningful Measure area, TEP members expressed concerns about the wording of "patient adherence" and "fidelity to care plan." Members emphasized engagement in treatment planning and goal-setting when discussing the measure subtopics for Patient's Experience of Care.

Person and Family Engagement/ Patient and Caregiver Experience
Patient's Experience of Care
TEP vote #8: 100% of TEP members (18 of 18) recommended prioritizing these 6 crosscutting measure subtopics: • Cultural and linguistic appropriateness • Patient understanding • Engagement in treatment planning and goal-setting, including follow-up and reassessment • Information provided at appropriate times • Patient-reported patient safety • Convenience of receiving needed care
Notes: By consensus, the TEP removed 1 subtopic (patient adherence to care) and reworded "fidelity to care plan and attainment of goals" as "engagement in treatment planning and goal-setting, including follow-up and reassessment." One TEP member did not participate in vote #8.

TEP Comments and Feedback

- Shared decision-making was discussed as promoting personal responsibility and active participation in care.
- TEP members affirmed patient understanding as a broad concept that could apply to a medication plan, a treatment plan, or a recommendation.
- Members noted that Patient's Experience of Care would reflect engaging the patient through a survey or questionnaire.
- A TEP member proposed that in addition to including patients and caregivers in the development of a care plan, measure developers should regard as a separate topic whether the patient or the family caregiver reports progress in carrying out the care plan.

CMS Measure Development Plan Update and the 2019 MDP Annual Report

Presenter: Cherrishe Brown-Bickerstaff, PhD, MPH, HSAG

Dr. Brown-Bickerstaff gave an overview of the legislative authority for these two documents. She reminded the attendees that MACRA passed in April 2015, establishing MIPS and Advanced APMs—together implemented as the Quality Payment Program—under section 101 of the law. Section 102 of the statute authorizes the creation and updating of the CMS Quality Measure Development Plan—the MDP— and requires the posting of an annual report, the purpose of which is as follows:

- To summarize progress in operationalizing the approaches described in the MDP,
- To describe CMS progress in developing quality measures for the Quality Payment Program, and
- To qualitatively describe and quantitatively illustrate how measurement gaps are being addressed to provide updates on progress that CMS has made in addressing the goals of the MDP.

Each MDP Annual Report must contain detailed elements required by the statute to describe measures developed or in development during the prior year, the status of identified measure gaps, and the inventory of measures available to report.

Dr. Brown-Bickerstaff noted that the section 102 of MACRA requires that the MDP be updated "as appropriate" and described CMS plans to do so in 2019. She said the team has identified issues to address in MDP Version 2.0:

- Quality Payment Program background
- Meaningful Measures as a guiding framework for measure development
- Processes used to identify measure gaps
- Measure development principles consistent with current standards
- Human-centered design as an approach to obtain stakeholder input in measure development and other related improvements

The MDP outlined specific strategies, or key considerations, to address anticipated challenges to measure development that would address the requirements of MACRA. Dr. Brown-Bickerstaff asked for the TEP's feedback on those key considerations and other aspects of the MDP update. She said the team also will seek input from stakeholder groups including the Quality Measures Technical Forum, the MIDS Communication, Coordination and Collaboration (C3) Forum, and Clinician Champions, as well as from CMS Medical Officers and various divisions of the Quality Measurement and Value-Based Incentives Group. Interviews with patients and caregivers are planned to solicit additional perspectives.

Dr. Brown-Bickerstaff highlighted discussion questions for the TEP's response:

- Are there additional key considerations that should be added to the MDP Version 2.0?
- What information relevant to measure development and identifying gaps do you recommend we include in the MDP Version 2.0?
- What constitutes a high-value measure for MIPS from your perspective?
- Are you aware of CMS initiatives that should be highlighted in the MDP Version 2.0?
- What other information regarding clinician measure development would be useful from your perspective to include in Version 2.0 of the MDP?

Concluding Remarks and Next Steps

Presenter: Kendra Hanley, MS, HSAG

Ms. Hanley encouraged TEP members to review the MDP and provide feedback about the update by way of an online tool. A link to the tool is in the meeting slide presentation and will be provided again by email. Ms. Hanley solicited questions and comments before presenting an approximate timeline of next steps for the TEP:

Provide feedback on this meeting	Immediately afterward
Respond to Doodle poll on availability for next meeting	November
Review the November 13 meeting summary	December
Provide input on the MDP Version 2.0	By January 15
Review excerpts of the draft 2019 MDP Annual Report	Mid-January
Meet by webinar for a briefing on the Quality Measure Index	February

TEP Comments and Feedback

- A member asked about the CMS funding strategy for which measures to address first: "Are they going to try and do crosscutting first, or are they going to be working on specialty-specific measures, a combination of both?"
    - Ms. Hanley said she would refer the question to CMS. "I can't speak to how CMS will fund things beyond the seven [cooperative agreement] awards that they announced in September." She added, "The type of information that we would include in the MDP Version 2.0 would really be more about the process that we've established to identify gaps, and through the process using the TEP and the environmental scans."
- Various members offered their views of high-value measures for MIPS, including the crosscutting priorities, which one member said would promote alignment across clinicians in different specialties and settings. He praised the CMS goal of reducing clinical burden as much as possible.
- A TEP member promoted the concept of "crosscutting across all of those categories that I have to report in MIPS. … So, for instance, if I'm prescribing an opioid and checking the PDMP [prescription drug monitoring program], doing it using my EHR, is there a way that if I report that, it can check all three of those boxes all at one time? So let's have a measure developer develop a measure that does that."
- Another member agreed that clinicians are looking at "what's a quality measure that we do that happens to be an improvement activity that happens to be part of promoting interoperability," mentioning three of the scoring categories for MIPS.
- Yet another member observed that "some measures would require a transformation of the practice and the way a practice is structured, and require quite a bit of investment … to meet a measure like, let's say, communicating or engaging patients in between office visits before they ever contact us, that kind of thing." Setting up systems and staff for such practice improvement should be seen as very important for quality of care, he said, and "you should get sort of extra points for that" across the categories of MIPS.

Ms. Hanley and Dr. Campbell thanked the TEP members for their feedback and participation.

APPENDIX A – TEP AGENDA

Technical Expert Panel Meeting

November 13, 2018, 12:00 p.m. to 3:00 p.m. ET

Objectives

- Review MDP-related work completed since last Technical Expert Panel (TEP) meeting
- Discuss crosscutting subtopics with regard to:
  - Team analysis of crosscutting subtopics,
  - TEP pre-assessment results, and
  - Classification by Meaningful Measure area.
- Present plans for 2019 MDP Annual Report and 2019 update to the MDP.

Agenda – November 13, 2018		
12:00–12:05 p.m.	**Welcome and Opening Remarks**	Kyle Campbell, PharmD *HSAG*
12:05–12:15 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)*
12:15–12:20 p.m.	**Review of Activities Since May 2018 Meeting**	Kendra Hanley, MS *HSAG*
12:20–12:40 p.m.	**Analysis of Crosscutting Subtopics**	Michelle Pleasant, PhD, MA *HSAG*
12:40–2:20 p.m.	**Discussion of Crosscutting Subtopics**	Kendra Hanley, MS *HSAG*
2:20–2:50 p.m.	**CMS Measure Development Plan Update and 2019 MDP Annual Report**	Cherrishe Brown-Bickerstaff, PhD, MPH *HSAG*
2:50–3:00 p.m.	**Concluding Remarks and Next Steps**	Kendra Hanley, MS *HSAG*

APPENDIX B – TEP PRE-ASSESSMENT RATINGS OF MEASURE SUBTOPICS

Table B-1 – Results of TEP Pre-Assessment of Crosscutting Measure Subtopics

Meaningful Measure Area	Measure Subtopic	Median Rating (Avg Deviation From Median)
Transfer of Health Information and Interoperability	Interprovider communication and/or collaboration: Transitions of care from provider to provider	9.00 (0.3)
	Communication between patient and provider	9.00 (0.6)
	Bidirectional sharing of information	8.50 (0.8)
	Timely transition of specified electronic health record data elements	7.50 (1.0)
	Patient access to records	7.50 (1.3)
	Care visit information available via health information exchange	7.00 (1.5)
End of Life Care According to Preferences	Care delivered according to preferences	9.00 (0.5)
Preventable Health Care Harm	Potentially harmful drug-drug interactions	9.00 (0.6)
	Diagnostic accuracy	8.00 (1.3)
Equity of Care	Access to care	9.00 (0.7)
	Cultural competence	8.00 (1.0)
Care Is Personalized and Aligned With Patient's Goals	Patient's preferences are included in transition of care	8.00 (0.8)
	Patient education/ health literacy	8.00 (0.9)
	Ability for self-care management	8.00 (0.9)
	Patient education/ health literacy: Medication literacy	8.00 (0.9)
	Adherence to follow-up instructions	7.00 (1.1)
Community Engagement	Identification of community supports and services	8.00 (0.9)
	Referral to community resources as appropriate	8.00 (1.0)
	Collaboration across health and non-health sectors to improve equity of care	8.00 (1.2)
	Overweight and obesity	7.50 (1.5)
	Healthy communities	7.00 (1.3)
	Well-being	7.00 (1.5)
Patient-Reported Functional Outcomes	Meeting expected outcomes (patient response)	8.00 (0.8)
	Health-related quality of life	8.00 (1.0)
	Meeting expected outcomes: Meeting expected outcomes with a proxy allowed to report	8.00 (1.0)
Patient's Experience of Care	Cultural and linguistic appropriateness	8.00 (0.8)
	Patient understanding	8.00 (1.0)
	Fidelity to care plan and attainment of goals	7.50 (1.2)
	Information provided at appropriate times	7.00 (1.0)
	Patient-reported patient safety	7.00 (1.0)
	Convenience of receiving care	7.00 (1.1)
	Patient adherence to care plan	7.00 (1.4)