

# Technical Expert Panel (TEP)— Meeting 4 (Session 2)

**Electronic Clinical Quality Measures Development and  
Maintenance for Eligible Clinicians (EC eCQM) Project**

Contract number: 75FCMC18D0032

Task number: 75FCMC19F0004

March 4, 2022



# Agenda

- / Welcome, introductions, and conflict-of-interest disclosures**
- / Overview of project and health equity task**
- / Meeting objectives**
- / Information-gathering approach**
- / Review of measure concepts and solicitation of TEP input**
- / Wrap-up and next steps**



# TEP members

TEP member name	Organization/location
Donald Casey, M.D., M.B.A., M.P.H.	American College of Medical Quality; Chicago, IL
James Colbert, M.D.	Blue Cross Blue Shield of Massachusetts; Boston, MA
Fran Cunningham, Pharm.D.	Department of Veterans Affairs; Hines, IL
Barbara Kivowitz	San Francisco, CA
Luming Li, M.D.	Yale New Haven Psychiatric Hospital; New Haven, CT
Bridget Lynch, M.D., M.P.H.	Presbyterian Medical Group; Albuquerque, NM
Precious McCowan	Dallas, TX
Robert McClure, M.D.	MD Partners, Inc.; Lafayette, CO
Michael Perskin, M.D.	American Geriatrics Society; New York, NY
Lori Popejoy, Ph.D., R.N., F.A.A.N.	University of Missouri; Columbia, MO
Christa Starkey	Lone Oak, TX



# TEP guest members

Guest attendees	Organization/location
Andrew Anderson, Ph.D.	Tulane School of Public Health and Tropical Medicine; New Orleans, LA
Jessica Galarraga, M.D., M.P.H.	MedStar Health; Washington, DC
Erin Giovannetti, Ph.D.	MedStar Health Research Institute; Hyattsville, MD
Monica Peek, M.D., M.P.H.	University of Chicago Medicine; Chicago, IL



# Project overview

- / Develop and maintain electronic clinical quality measures (eCQMs) for CMS's Merit-Based Incentive Payment System (MIPS)**
- / Generate and prioritize new measure concepts**



# Information-gathering task: Overview

## Develop a broadly applicable health equity measure for MIPS

- Concepts should be related to access, treatment, outcomes, and prescriptions
- Should apply to all clinician types and not be disease specific
- Not limited by data source, but preferably Medicare claims-based

**Equity** = the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities who have been denied such treatment...



# Meeting objectives

- / Review process for generating health equity measure concepts**
- / Solicit input on importance, usability, and feasibility of measure concepts**
- / Discuss potential unintended consequences of measurement**
- / Prioritize measure concepts based on the above input**



# Concept evaluation criteria



**Importance:** Is evidence based, addresses a performance gap, and improves health care quality and health outcomes



**Usability and use:** Can be used by stakeholders for accountability and performance improvement to achieve high-quality, efficient health care



**Feasibility:** Can be implemented in existing electronic health record (EHR) systems and clinical practices





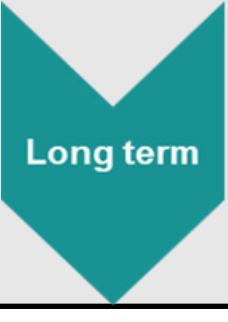
**Scientific acceptability:** Produces reliable and valid results about quality of care; reliability refers to the repeatability or precision of a measure result, whereas validity refers to the accuracy of a measure result

**Focus of today's discussion**





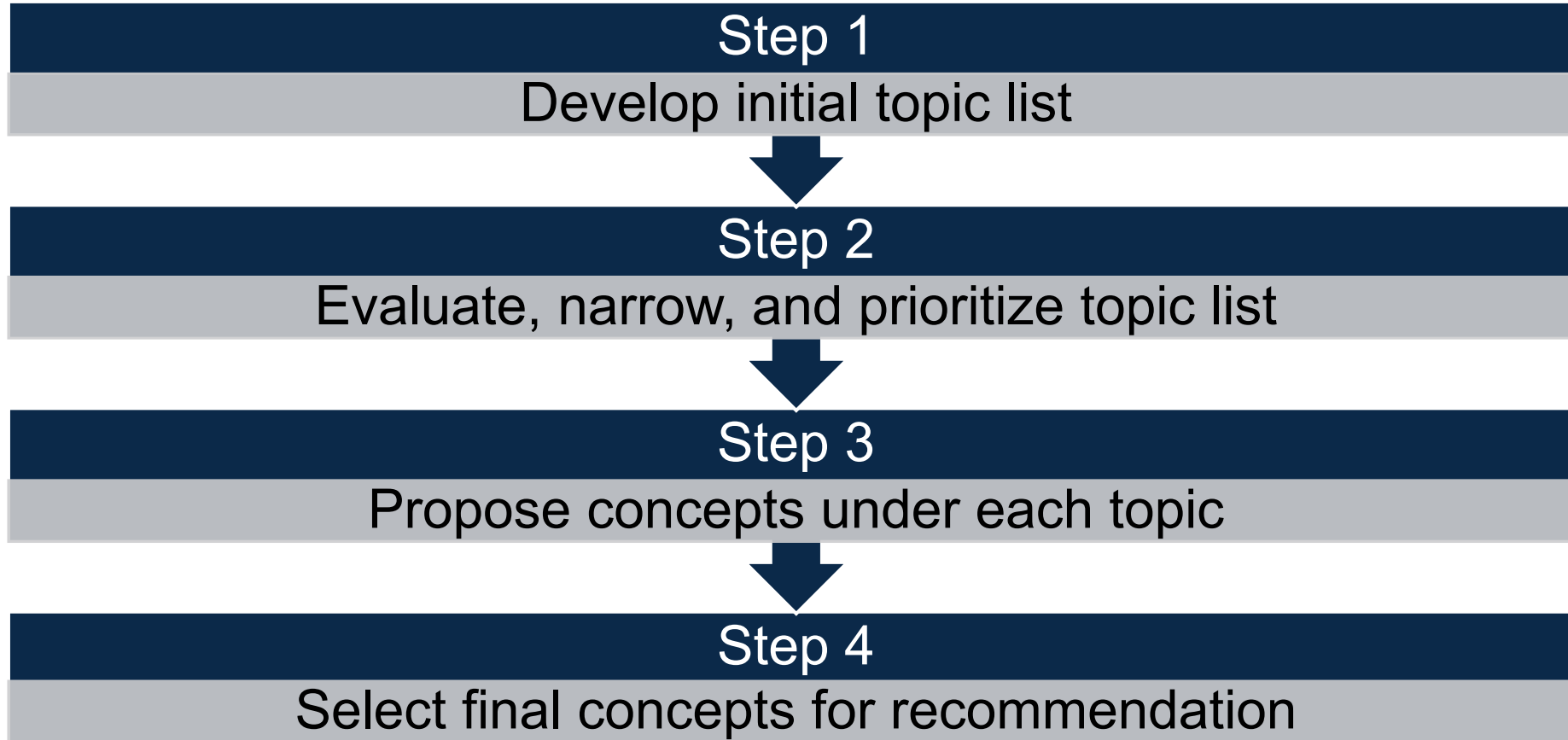
# Path to measuring equity in MIPS

Time period	Objective	Why?	How?
 <p>Short term</p>	Assess current state; what data elements related to health disparities or health equity measures are available/being reported	Enables CMS to develop feasible measures that increase the likelihood of adoption, promote a long-term strategy for equity measurement, and minimize the potential unintended consequences and burden	<ul style="list-style-type: none"> <li>Gather information on important equity topics and data elements</li> <li>Engage experts in the field to assess the feasibility of collecting demographic and SDOH data elements</li> <li>Develop concept for foundational measure</li> </ul>
 <p>Medium term</p>	Implement foundational measure and monitor improvements in current state; begin exploring solutions for next steps	Enables CMS to monitor improvements in the capture of demographic and social determinants of health (SDOH) data to build a strong structural foundation before developing solutions focused on specific areas with known health disparities (e.g., diabetes)	<ul style="list-style-type: none"> <li>Propose measure in program</li> <li>Support implementation</li> <li>Explore solutions for furthering health equity measurement</li> </ul>
 <p>Long term</p>	Assess clinician performance to identify inequities; support the MIPS goal of promoting equity	Enables CMS to use the foundation of data to disseminate solutions and begin identifying actionable areas with an immediate need for intervention	<ul style="list-style-type: none"> <li>Monitor data reporting</li> <li>If applicable, stratify measures to identify disparities in outcomes</li> <li>Consider tailored solutions such as developing measures to assess improvement</li> </ul>

Health disparities = higher burden of illness, injury, disability, or mortality experienced by one group relative to another.  
 Stratification = computing performance separately for different groups of patients based on some characteristics (e.g., race).



# Concept development process



Topic = an idea under which concepts for measurement are formed. It is a category or grouping of measure concepts, first developed from literature reviews to guide existing measure searches.



# Prioritized options

## Option 1

- Develop a de novo measure to assess the completeness of patient demographic data, specifically race, ethnicity, and preferred language data collected at the patient level

## Option 2

- Implement a recently developed measure of screening for social drivers of health

## Option 3

- Respecify a measure on the receipt of appropriate language services



# Discussion questions for each concept

## / **Importance**

1. How does this concept address long-term goals for health equity?
2. How might a measure based on this concept affect health disparities?

## / **Face validity**

1. What modifications could improve this concept?

## / **Feasibility**

1. How would you describe the feasibility of the measure concept?
2. What are the challenges of improving performance on this concept?

## / **Usability and use**

1. How could data reported for this concept help improve the quality of care provided to patients?
2. What are the benefits of the concept?
3. What are the potential risks or unintended consequences of the concept?



# Option 1: A de novo measure to capture the completeness of patient demographic data

## / **Potential specification (to develop)**

- Percentage of patients with self-reported race, ethnicity, and preferred language recorded as structured data in the EHR

## / **Rationale/importance**

- Fills critical gap; fundamental first step to stratifying measures

## / **Benefits/*challenges* of proposed concept**

- Precedence for collecting race, ethnicity, and preferred language data
- Many options for paths forward, including measuring patient outcomes
- *Measures the quality of data clinicians collect rather than the quality of clinical care provided*



# Option 1: Data source options

## Option 1a: New fields on claims form

- Add new fields on claims form (CMS-1450 and CMS-1500)
- Possible measure types: administrative claims, CQM

## Option 1b: Existing field on claims form

- Use existing field for HCPCS G-codes
  - One code could be one demographic value (e.g., G00XYZ = White, non-Hispanic)
- Possible measure types: administrative claims, Part B claims, CQM

## Option 1c: Structured EHR field

- Specified fields and value sets in EHR
- Preferably patient-level reporting, which would require a change to MIPS (could also report in aggregate)
- Possible measure types: eCQM, CQM

1. What are the benefits and challenges of each option?
2. What would be the clinical workflow of documenting in claims versus in the EHR?



# Option 2: A recently developed measure on screening for social drivers of health

## / **Current specification (use as is)**

- Percentage of beneficiaries 18 years and older screened for food insecurity, housing instability, transportation problems, utility help needs, and interpersonal safety

## / **Rationale/importance**

- Foundational: can lead to measures assessing referrals to services to meet identified health-related social needs or stratification of measure
- Addresses performance gap and CMS priority area
- Evidence that efforts to address needs might improve health outcomes

## / **Benefits/*challenges* of currently specified concept**

- Can be implemented quickly
- *Does not currently specify use of a standardized tool*
- *Might have limited applicability to specialists*



# Option 3: A measure on receipt of appropriate language services

## / **Current specification (to respecify)**

- The number of limited-English-proficient patients with documentation that they received the initial assessment and discharge instructions supported by trained and assessed interpreters, or from bilingual providers and bilingual workers/employees assessed for language proficiency

## / **Rationale/importance**

- Language services are a top priority, foundational to health literacy
- Assesses a measurement gap priority for access to care

## / **Benefits and *challenges* of proposed respecified concept**

- Would also require the collection of data on preferred language
- *Narrower scope for addressing health equity*
- *Potential high burden, especially for smaller practices*





# Wrap-up

- / Which concept is the highest priority for addressing health inequities?**
- / Is this measure appropriate for all clinician types to report?**
- / Other final thoughts**



# Next steps

- / **Review and summarize TEP feedback**
- / **Conduct follow-up outreach, if needed**
- / **Use feedback to prioritize list of measure concepts and recommend final concepts to CMS**



**Thank you!**

