Development of Preventive Cancer Screening and Counseling Patient-Reported Outcome-Based Performance Measure (PRO-PM): Summary of Clinician Committee Meeting #1

July 2022

Prepared by:
Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE)

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Background

The Centers for Medicare & Medicaid Services (CMS) has contracted with Yale New Haven Health Services Corporation - Center for Outcomes Research and Evaluation (CORE) to develop outpatient outcome measures that can be used to assess the quality of care provided by clinicians who are eligible to participate in the Merit-based Incentive Payment System (MIPS). The contract name is Development, Reevaluation, and Implementation of Outpatient Outcome/Efficiency Measures, Option Period 2. The contract number is HHSM-75FCMC18D0042, Task Order HHSM-75FCMC19F0002.

As part of this project, CORE is developing a Patient-Reported Outcome-based Performance Measure (PRO-PM) to assess the quality of clinician counseling for patients eligible for select preventive cancer screenings (hereafter, the "Preventive Cancer Screening and Counseling PRO-PM"). The PRO-PM focuses on preventive counseling services for four cancer types: 1) (breast, 2) cervical, 3) colorectal, and 4) lung cancer).

As is standard with all measure development processes aligning with the Measure Management System Blueprint, CORE is obtaining expert and stakeholder input on the PRO-PM under development. CORE has convened two stakeholder groups:

- **Technical Expert Panel (TEP):** CORE has assembled a national TEP of clinicians (specifically, internal medicine, gerontology, radiology and breast imaging, gastroenterology, obstetrics and gynecology, and thoracic surgery), patient advocates, methods experts (specifically, patient counseling, psychometrics and performance measurement, quality improvements, healthcare disparities, and payer/purchasers), and other stakeholders.
- **Clinician Committee:** In addition to the TEP, CORE has assembled a Clinician Committee to obtain input to whom the measure will be directly relevant. The Clinician Committee consists of frontline clinicians (such as primary care physicians, physician specialists, and other clinicians) and/or relevant representatives of professional societies. The Clinician Committee members also have experience providing care in rural communities and other underserved settings.

This report presents the CORE Measure Development Team, the Clinician Committee members, and summarizes the feedback and recommendations received from the Clinician Committee during the first meeting of the committee held on June 29, 2022.

Measure Development Team

The CORE Measure Development Team includes individuals with a range of expertise in outcome measure development, health services research, clinical medicine, and survey and quality measurement methodologies. See Appendix A for the full list of members for the CORE Measure Development Team.

Vivian Vigliotti, PhD leads the CORE Measure Development Team developing this PRO-PM. Dr. Vivian Vigliotti is a Health Outcomes Researcher for the Quality Measurement Group at CORE where she leads measure development and reevaluation. The Measure Development Team includes individuals with a range of expertise in outcome measure development, health services research, clinical medicine, and quality measurement methodologies.

Karen D. Sheares, MD, PhD, Director of Quality Measurement at CORE and an Associate Research Scientist at Yale University, oversees the work.

Finally, Janis Grady, RHIT, CPHQ (ret.), the project's Contracting Officer Representative, and additional CMS staff overseeing the MIPS program, including Daniel Green, MD, Lisa Marie Gomez, MPA, MPH, and Sophia Sugumar, provide ongoing input.

Clinician Committee

CORE held a 30-day public call for nominations and convened a Clinician Committee for the development of the Preventive Cancer Screening & Counseling PRO-PM. CORE contacted potential Clinician Committee members via email to individuals and organizations recommended by the Measure Development Team and stakeholder groups, email blasts to CMS listservs, and through a posting on CMS's website.

The Clinician Committee comprises 14 members, listed in Table 1. The Clinician Committee consists of frontline clinicians including clinicians who practice in rural and/or underserved areas, as well as key professional society representatives. The role of the Clinician Committee is to provide feedback and recommendations on key methodological and clinical decisions for the PRO-PM under development. The appointment term for the Clinician Committee is through September 2024.

Responsibilities of Clinician Committee members include:

- Reviewing background materials provided by CORE prior to each meeting
- Participating in Clinician Committee webinar/teleconference meetings
- Providing input on key clinical and methodological decisions, including but not limited to for example the novel survey tool CORE is developing to collect patient data for the PRO-PM under development.
- Review this Clinician Committee Meeting summary reports prior to public release

Table 1. Clinician Committee Member Name, Affiliation, and Location

Name, credentials; medical specialty	Organization (Title)	Professional Society Representation (if applicable)	Location
David Basel, MD; *internal medicine*	Avera Health (Vice President, Avera Medical Group Clinical Quality); internal medicine	N/A	Sioux Falls, SD

Name, credentials; medical specialty	Organization (Title)	Professional Society Representation (if applicable)	Location
Jason Connelly, MD; *family medicine*	Novant Health (Lead Physician)	N/A	Cleveland, NC
John Doty, II, MD; *pulmonology*	Atrium Health (Medical Director, Lung Cancer Screening and Incidental Pulmonary Nodule Programs)	N/A	Charlotte, NC
Hina Khan, MD; *oncology*	Brown University Cancer Center; Lifespan Cancer Institute (Assistant Professor, Thoracic Oncologist)	N/A	Providence, RI
Roger Kimura, MD; *internal medicine*	Private practice	N/A	Honolulu, HI
Li Li, MD, PhD; *family medicine*	University of Virginia School of Medicine (Professor and Chair of Family Medicine)	N/A	Charlottesville, VA
Laura Makaroff, DO; *family medicine*	American Cancer Society (Senior Vice President of Prevention & Early Detection)	American Cancer Society	Fayetteville, GA
Folasade May, MD, PhD, MPhil; *gastroenterology*	University of California Los Angeles Health; Greater LA Veterans Health Administration (Associate Director)	American Gastroenterological Association	Los Angeles, CA
Diane McGrew, MD; *internal medicine*	Palo Alto Foundation Medical Group (Internist, Patient Reported Outcomes Champion)	N/A	Scotts Valley, CA
Walter Park, MD, MS; *gastroenterology*	Stanford University School of Medicine, Stanford Hospital & Clinic (Associate Professor of Gastroenterology & Hepatology; Medical Director, Benign Pancreas Program)	American Society for Gastrointestinal Endoscopy	Menlo Park, CA
Jennifer Russo, RN, BSN, MSN; *quality measures*	Atlantic Health (Manager, quality reporting)	N/A	North Caldwell, NJ
Aasma Shaukat, MD, MPH; *gastroenterology*	New York University Langone Health (Physician, measure subcommittee leader)	N/A	New York, NY

Name, credentials; medical specialty	Organization (Title)	Professional Society Representation (if applicable)	Location
Mary Smania, DNP, MSN; *family practice*	Michigan State University College of Human Medicine (Assistant Professor, Family Nurse Practitioner, Advanced Genetics Nurse)	American Association of Nurse Practitioners	Dewitt, MI
Sara Whetstone, MD, MHS; *OBGYN*	University of California, San Francisco	American College of Obstetricians and Gynecologists	San Francisco, CA

Clinician Committee Meetings

CORE held its first Clinician Committee meeting on June 29, 2022. CORE anticipates holding additional Clinician Committee meetings between through September2024 (see Appendix B for the Clinician Committee meeting schedule). This report contains a summary of the June 29, 2022, Clinician Committee meeting.

Clinician Committee meetings follow a structured format consisting of the presentation of updates on measure development, key issues and areas for feedback identified during measure development, CORE's proposed approaches to addressing the issues, followed by an open discussion of these issues by the Clinician Committee members.

Overview of First Clinician Committee Meeting (June 29, 2022)

Prior to the first Clinician Committee meeting, CORE provided the Clinician Committee with meeting materials outlining the project overview, measure background, approach to the measure concept, feedback from CORE's engagement with a Person & Family Engagement (PFE) Working Group, and list of most up-to-date survey questions.

During the first Clinician Committee meeting, CORE presented relevant background information and PFE Working Group feedback and solicited input from the Clinician Committee on the survey domains, survey questions, and other relevant topics.

Following the meeting, all Clinician Committee members were invited to provide any additional feedback by email.

The following bullets represent a **high-level summary** of the proceedings of this first Preventive Cancer Screening & Counseling PRO-PM Clinician Committee meeting. For further details, please see Appendix C.

- Welcoming Remarks

- Introductions
- Approval of the Clinician Committee Charter
- Project Overview and Approach
- Measure Background
- PFE Working Group Feedback
- Clinician Committee Input: Measure Concept & Survey Domains
- Clinician Committee Input: Survey Questions
- Next Steps

Information Presented by CORE

- CORE reviewed the goals of the meeting and the development of the Preventive Cancer Screening & Counseling PRO-PM to date.
- Project overview and approach: CMS has contracted CORE to develop an outpatient PRO-PM to evaluate the quality of counseling provided by clinicians regarding preventive breast, cervical, colon and lung cancer screening. Development of the PRO-PM is a 3-year process that will run through August 2024. In addition to input from the Clinician Committee, PRO-PM development will include input from stakeholders including from methods experts (including clinical and quality measurement experts and a psychometrician), PFE Working Group, a national TEP, and pilot testing.
- Measure background: The measure will focus on clinician counseling for breast, cervical, colorectal, and lung cancers. CORE will develop a novel survey tool for data collection. The survey will be sent to patients following clinician visits to ask about their experience. The data collected from the administration of the patient survey will be used for PRO-PM calculation. The goals of the measure are to incentivize high-quality clinician counseling and to reduce disparities and promote equity in screenings.
- Measure domains: The survey will focus on four domains: 1) "Your clinician discussed screening with you;" 2) "Your clinician made a recommendation for screening;" 3) "You understood information need to decide for screening;" and 4) "You had what you needed to complete a screening." The domains were previously discussed with the PFE working group and received the broad support of PFE partners.

Clinician Committee Feedback (Overall Feedback):

- Several Clinician Committee members stated that the proposed domains are reasonable and are not missing any key ideas.
- Several Clinician Committee members shared questions or concerns about attributing measure performance to providers.
    - Several Clinician Committee members expressed concern that attributing performance in fragmented health systems may be a challenge.
    - A Clinician Committee member asked how CORE would identify encounters that make a patient and provider eligible.
    - A Clinician Committee member shared that there are instances where other healthcare professionals in the office (nurses, administrative staff, etc.) provide information to patients as well.

    - CORE thanked these members for their feedback. The method for attributing performance is still under development and CORE will consider this feedback further.
- Several Clinician Committee members shared questions or concerns about identifying the cohort for the measure.
    - Several Clinician Committee members noted the heterogeneous mix of patient demographics who are eligible for the different screenings, each of which has different requirements and processes; this may make developing a measure applicable to all difficult.
    - CORE thanked these members for their feedback. The cohort definition is still under development and CORE will consider this feedback further.
- Several Clinician Committee members described concerns about the logistics of survey distribution, intended use of the measure, and implementation challenges.
    - One member highlighted attribution, the encounter with the provider, and how long after the encounter survey is administered as potential issues.
- Several Clinician Committee members emphasized the importance that patients' understanding of conversations would hold in this measure.
    - Several Clinician Committee members noted there is sometimes a discrepancy between what clinicians say and what patients understand or recall.
    - Several Clinician Committee members noted that patients' understanding can depend on certain demographic characteristics or health literacy which could potentially introduce bias.
    - CORE thanked these members for their feedback and confirmed that as a PRO-PM, this measure would focus on the patient's recall and evaluation of the screening conversation.
- Several Clinician Committee members clarified that the measure would not be used as a satisfaction measure.
    - CORE confirmed that the measure will be an outcomes measure, not a patient satisfaction measure.
- Several Clinician Committee discussed barriers to clinicians' ability to improve performance on the measure.
    - A Clinician Committee member asked how long after an encounter the survey would be administered, noting timely feedback is important to providers.
    - Several Clinician Committee members noted the issue of system-wide logistical barriers (such as long waiting lists for procedures) as barriers to screening uptake.
    - Several Clinician Committee members noted the logistical issues to screening faced by many patients (such as cost, awareness of eligibility, insurance approval, language barriers) that may be outside a clinician's ability to control.
    - Several Clinician Committee members highlighted the burden on clinicians to address many important topics during a short visit.
    - CORE thanked the members for their feedback. CORE clarified that the measure will not focus on whether patients successfully completed screening, but rather on the quality of the conversation leading up to a decision to get screened.

Clinician Committee Feedback (Survey Questions):

- Question 2
    - Several Clinician Committee members offered suggestions for the response options to include other alternatives or to be clearer.
    - One Clinician Committee member recommended rephrasing the question to be more inclusive of other healthcare team members providing information (not necessarily the clinician themself).
    - Several Clinician Committee members noted the importance of capturing when a conversation doesn't occur because the patient does not want to discuss it.
- Question 5
    - Several Clinician Committee members offered suggestions for the question language or response options.
    - One Clinician Committee member asked how referrals would be indicated in the survey and recommended adding as an answer option for why the conversation did not take place between clinician and patient.
    - One Clinician Committee member suggested further specifying options (such as time, trust, familiarity, or opportunity) for when patients did not have an opportunity to discuss screening.
- Question 7
    - Several clinician Committee members recommended changing the selection for the last response option ("I did not need any help") to better match the question language.
    - Several clinician Committee members asked how the summary report would be given to providers and how it would evaluate quality.
- CORE thanked these members for their feedback and will continue to iteratively update the survey based on stakeholder and expert feedback.
- Dr. Vivian Vigliotti thanked attendees and outlined the next steps for the Clinician Committee and the measure development process.

Next Steps

Ongoing Measure Development

CORE will continue to encourage further feedback and questions from Clinician Committee members via email until the next Clinician Committee meeting. Additionally, CORE will continue to engage stakeholders in a Patient Working Group and TEP to solicit feedback on various survey aspects.

Conclusion

Clinician Committee feedback of CORE's approach to measure development will inform the measure survey. CORE will continue to engage and seek input from the Committee Clinician as the measure is developed.

Appendix A. CORE Measure Development Team

Center for Outcomes Research and Evaluation (CORE) Team Members

Name	Team Role
Karen Dorsey, MD, PhD	Senior Director
Vivian Vigliotti, PhD	Project Lead
Shefali Grant, MPH	Project Manager
Kyle Bagshaw, MPH	Research Associate
Jace O'Neill, BA	Research Associate
Faseeha Altaf, MPH	Outpatient Research and Development Division Lead
Phylicia Porter, MPH, MSL	Outpatient Research and Development Contract Manager
Kathleen Balestracci, PhD, MSW	Measure Development Expert
Elizabeth Triche, PhD	Measure Development Expert
Kasia Lipska, MD, MHS	Clinical Investigator
Iman Simmonds, MD, MPH	Clinician Investigator
Ilana Richman, MD, MHS	Clinician Investigator
Ricardo Pietrobon, MD, PhD	Consulting Psychometrician
Rachel Johnson-DeRycke, MPH	Stakeholder Engagement
Latrecia Bromell, BS	Stakeholder Engagement
Mariel Thottam, MS	Stakeholder Engagement
Erin Joyce, BA	Stakeholder Engagement
Ariel Williams, BS	Stakeholder Engagement
Alexandra Stupakevich, BS	Stakeholder Engagement

Appendix B. Clinician Committee Call Schedule

Clinician Committee Meeting #1

Wednesday, June 29, 2022 – 6:00-8:00PM EST (Zoom Teleconference)

Clinician Committee Meeting #2

TBD

Clinician Committee Meeting #3

TBD

Clinician Committee Meeting #4

TBD

Clinician Committee Meeting #5

TBD

Appendix C. Detailed Summary Clinician Committee Meeting #1

Wednesday, June 29, 2022, 6:00PM – 8:00PM EST

Participants

- **Clinician Committee Members:** Aasma Shaukat, David Basel, Diane McGrew, Folasade May, Hina Khan, Jason Connelly, Jennifer Russo, John D. Doty, II, Laura Makaroff, Li Li, Mary Smania, Roger T. Kimura, Sara Whetstone, Walter Park
- Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE): Faseeha Altaf, Karen Dorsey Sheares, Vivian Vigliotti, Kyle Bagshaw, Jace O'Neill

Detailed Discussion Summary

Welcoming Remarks

- Mr. Kyle Bagshaw welcomed the group on behalf of CORE and introduced Dr. Vivian Vigliotti.
- Dr. Vivian Vigliotti reviewed the meeting agenda and reminded the group that the content of Clinician Committee discussions must remain confidential until made public by the Centers for Medicare and Medicaid Services (CMS) and that all personal opinions and experiences, including any personal health information, shared during the Clinician Committee meeting are to remain confidential.
- Mr. Kyle Bagshaw stated that Clinician Committee members represent themselves and not the organizations with which they are affiliated.

Introductions

- Mr. Kyle Bagshaw summarized CORE's mission and introduced the CORE team and speakers for today's meeting. He also recognized Janis Grady, the CMS Contracting Officer Representative for this work, along with Daniel Green, Lisa Marie Gomez, and Sophia Sugumar of the CMS Merit-based Incentive Payment System (MIPS) quality team.
- Clinician Committee members briefly introduced themselves, shared their pronouns, and described their key interests related to the measure. Members also disclosed any potential conflict of interest.
- Mr. Kyle Bagshaw reviewed the role of Clinician Committee members, highlighting that members will share their perspectives as frontline clinicians and professional society representatives to identify actionable and valuable information from patient surveys and share perspectives on measure implementation.
- Mr. Kyle Bagshaw reviewed the goals for the meeting including completing introductions of the CORE team and Clinician Committee, reviewing of the project and measure background, and obtaining Clinician Committee feedback for measure development.

Approval of the Clinician Committee Charter

- A Clinician Committee member asked what information they are allowed to share about the project.
    - Mr. Kyle Bagshaw shared that only the title and project goal can be shared at this time. The technical details of the project are still confidential. In the case that more information does become publicly available, the CORE team will notify members.
    - Ms. Faseeha Altaf also highlighted that CMS makes the summaries of the meetings public. Once CMS has reviewed and approved the documents, CORE will share where they can be found.
- Members approved the charter unanimously.

Project Overview and Approach

- Dr. Vivian Vigliotti shared that CORE is developing a Patient-Reported Outcome-based Performance Measure (PRO-PM) to ask about the quality of clinician counseling for preventive cancer screening, for use in MIPS. The measure will focus on clinician counseling for breast, cervical, colon, and lung cancers. CORE will use the data from a novel patient survey to evaluate quality of care provided by clinicians or groups of clinicians.
- Dr. Ilana Richman highlighted that regular breast, colon, cervical, and lung cancer is recommended by many patients by the US Preventive Services Task Force (USPSTF).
    - The goal of cancer screening is to reduce morbidity and mortality by detecting cancer early when they are most treatable or precancerous lesions which can also be treated more easily.
    - To ensure that all members are aligned, Dr. Richman shared the USPSTF-recommended type of screening test and screening intervals for breast, cervical, colon, and lung cancer.
- Dr. Vivian Vigliotti reviewed the measure goals: to incentivize high-quality clinician counseling for preventive breast, cervical, colon, and lung cancer screening for all patients, and to reduce disparities and promote equity in screenings.
- Dr. Vivian Vigliotti reviewed key terminology. A Patient-Reported Outcome (PRO) is an experience or event that only a patient can evaluate. PROs are assessed for individual patients using survey instruments called PRO measures (PROMs). Patient responses from a PROM are aggregated as a PRO-PM to summarize the clinician's overall quality of care related to the outcome of interest.
- Dr. Vivian Vigliotti outlined the PRO-PM quality measurement process. Patients would go to a clinical visit to discuss cancer screening, after which they may or may not receive a cancer screening. The patient then receives and completes a PROM survey based on their experience. Survey responses are aggregated and analyzed, after which providers will receive a score based on patient responses. Providers can then use their scores to identify opportunities for improving the care they provide in the future.
- Dr. Vivian Vigliotti highlighted the four guiding principles that CORE will adhere to: The measure will be developed using a patient-centered approach; the measure will

minimize the burden for clinicians; the PROM will be as short as possible while still capturing all relevant items; the measure will be developed in a diverse and representative patient population.

- Dr. Vivian Vigliotti reviewed the measure development process. It is a three-year process and CORE is currently nearing the end of the first year. Currently, CORE is developing the PROM and will begin PROM pilot testing in Fall 2022.
    - Part of developing the PROM includes meeting with various stakeholders including a Person and Family Engagement (PFE) Working Group (which first met in May 2022), and a Technical Expert Panel (TEP) (which will first meet in July 2022).
    - PROM pilot testing will begin in Fall 2022 in 2-4 outpatient offices. Following PROM testing there will be a period of PROM refinement, then retesting the PROM with changes implemented, followed by validation and finalization.
    - The goal is to complete the measure development in August 2024.
- Dr. Vivian Vigliotti shared that the current domains and questions presented to the Clinician Committee are a byproduct of several months of iterative refinement and reflects input from clinical and measure development experts at CORE, an expert psychometrician, and the PFE Working Group. Subsequent iterations will incorporate feedback from the Clinician Committee, TEP, and Pilot testing.

Measure Background

- Dr. Vivian Vigliotti shared the four measure domains that have been identified to develop questions for the survey: 1) "Your clinician discussed screening with you;" 2) "Your clinician made a recommendation for screening;" 3) "You understood information need to decide for screening;" and 4) "You had what you needed to complete a screening." Every question asked in the survey draft can be tied back to at least one domain. (The "You" identified in each of the domains refers to a patient that is eligible to receive the survey.)

Person and Family Engagement Working Group (PFE Working Group) Feedback

- Dr. Vivian Vigliotti reviewed the feedback obtained from the twelve-member patient workgroup in the meetings held in May 2022. During the PFE Working Group meeting, patients shared their thoughts, perspectives, and their experiences with each of the four domains.
    - For the first domain, CORE learned that patients felt clinician visits are short, particularly if the patient has other priorities to address, patients with specific risk factors may be more likely to bring up cancer at a visit, and that patients in underserved communities have lower trust while discussing cancer risk with clinicians.
    - For the second domain, CORE learned that patients felt they sometimes are being pushed into a screening or that their current priorities were not reflected, patients do not always know what information their clinicians need, and asking about family history prompted recommendations from doctors for more frequent screenings.

    - For the third domain, CORE learned specific pieces of information that are helpful when deciding on cancer screening from a patient perspective, patients' comfortability asking clinicians about the information they need varies widely, and patients appreciated resources with "plain language."
    - For the fourth domain, CORE learned that patients valued being able to communicate with their clinician after their visit (such as through a patient portal), there were many logistical barriers to making and getting to the screening appointment, and patients experienced difficulties navigating through the system after the initial visit.
    - Dr. Vivian Vigliotti shared that CORE is working with a plain language consultant to ensure the readability of survey questions.
- A Clinician Committee member asked in the web conference chat box whether the measure is expected to result in a scored MIPS measure.
    - Ms. Faseeha Altaf confirmed that CORE aims to create a measure to assess the care provided by clinicians. CMS may choose to implement the measure under MIPS.

Clinician Committee Input: Measure Concept & Survey Domains

- Dr. Vivian Vigliotti began the feedback discussion asking if the Clinician Committee members had any questions about the presentation thus far, or comments on the measure concept or domains (specifically, if the concepts captured by the domains are actionable items of counseling for frontline clinicians to consider, and if there are any key ideas missing from the domains).
- A Clinician Committee member asked when CORE envisions the encounter would occur after which patients are asked these questions? Many patients do not have preventive visits so how will CORE know which encounter makes the patient and provider eligible?
    - Dr. Vivian Vigliotti shared that the attribution and sampling strategy is still being developed. The team would like to focus on general wellness visits (non-urgent) when counseling would occur.
    - The Clinician Committee member asked how the measure will apply to health systems performing programmatic screening through a separate mechanism other than primary care clinicians such as Kaiser or Health Partners. They elaborated that in many healthcare systems, the primary care clinicians send the eligible patient to a GI provider for example, to discuss and order the screening test and asked how the domains will be addressed in that scenario.
    - Dr. Vivian Vigliotti responded that the CORE team is still thinking through the clinical attribution, but any provider who may be able to provide such counseling will be considered. She further clarified that quality for primary care physicians will be assessed by how they discuss with their patients that screening is needed, such as possible next steps with a GI.
- A Clinician Committee member asked about the intended use of the measure. Will it be used for many clinicians or a small number of physicians that would like to improve their performance?

    - Dr. Vivian Vigliotti shared that the implementation approach is still being developed. For the measure development process, CORE would like to develop the measure to be used for broad implementation and that is the goal for the upcoming pilot. From the data obtained during the first pilot and cognitive interviewing, CORE will be able to move forward with more concrete implementation strategies.
- A Clinician Committee member felt there are many systemic issues that inhibit clinicians' ability to address the domains. They also wanted to clarify if this survey would be used as a satisfaction measure.
    - Dr. Vivian Vigliotti shared that is a quality measure from patients' perspectives, not a satisfaction measure. All questions have been mapped back to one of the four measure domains. Dr. Vivian Vigliotti further asked if the Committee member felt there was a category missing or a question missing.
    - The Clinician Committee member highlighted that cost is a barrier for many underserved populations and recommended adding it as an element to the survey. Secondly, there are many system-wide logistical barriers (for example, long waiting lists or backlogs for GI doctors) and those issues may not be addressed in the domains listed.
- A Clinician Committee member shared that in their experience with lung cancer screening populations there were many logistical issues that patients experience: 1) patients' awareness of eligibility and insurance covering screening, and 2) logistical issues, language barriers, insurance approval, etc. that inhibited patient's ability to get screened. Their team felt it was less clinical support and more navigational support that was needed to fill care gaps.
    - Dr. Vivian Vigliotti highlighted that the measure will not capture whether the patient was screened, but rather if and how a discussion about screening occurred. Being aware of the barriers patients face is helpful to increase equity.
- A Clinician Committee member highlighted attribution, encounter with provider, and how long after encounter survey is administered as potential issues. There is potential to drive provider behavior in a positive way, but it is important to be mindful of timely feedback to providers so they can raise their awareness of what is effective.
    - Dr. Vivian Vigliotti thanked the Committee member for highlighting these aspects and shared that CORE has been considering the timeliness of distribution of the survey as well.
    - The Clinician Committee member in the chat asked if the survey process would be tied to the ICD-10 codes for screenings.
    - Dr. Vivian Vigliotti confirmed that the CORE team is thinking through billing codes for the sampling strategy of the survey release.
- A Clinician Committee member did not think anything was missing from the domains, but asked if patients in Grade C recommendation (75+ for colonoscopies or mammograms 40-50 years of age) would receive the survey?
    - Mr. Kyle Bagshaw shared that the primary goal is to target preventive wellness visits and the survey will not focus on if the screening occurred, but only if the *conversation* occurred. The team is planning to look at a broad cohort of patients

for pilot testing and wants feedback from anyone who has had a conversation about screening, including in those populations.

- A Clinician Committee member asked if the term "actionable" was on the provider's or CMS' part and asked when the survey would be sent to patients who came once a year or four times per year. They also noted that different organizations (CDC vs USPSTF) or professional societies recommend different age guidelines and are different based on Grade A/B/C given.
- Dr. Karen Dorsey thanked everyone for taking the time to provide input tonight and clarified some aspects of the measure intent. It is not a provider satisfaction measure; the goal is to take a snapshot of the discourse, exchange of ideas, and shared decision-making at the moment of interaction between clinician and patient to then ask how the patient rates the quality of that conversation. The measure is not a count of completed counseling events or successfully screened patients. The feedback for providers is feedback about the quality of that interaction.
- A Clinician Committee member thought the four measure domains captured what CORE intended them to and did not believe anything was missing. They asked how the measure will be executed in a fragmented system to minimize misinterpretations.
    - Dr. Karen Dorsey highlighted that the measure will not focus on whether any given patient should have been screened, nor is it only about whether a conversation on screening happened. It is about providing information to providers about the quality of the discussion they had with the patient from the patient's perspective.
- A Clinician Committee member shared that the measure goal is to be integrated into a MIPS system, so there is a penalization component.
    - Dr. Karen Dorsey emphasized that during development, the goal is to ensure the measure is accomplishing what it is aiming to, and during implementation ensure that CORE and stakeholders are guiding CMS to the proper application of the measure.
- A Clinician Committee member wanted to emphasize the validity of patient understanding of what is being discussed, understanding what was discussed, patient recall of that information, and their satisfaction with it. Patient comprehension will depend on their demographics.
- A Clinician Committee member thanked Dr. Karen Dorsey for clarifying the goal of the measure to focus on the patient perspective and suggested it would be difficult to properly formulate questions because of the discrepancy between what clinicians say and patients hear.
- A Clinician Committee member thought the domains are reasonable but believed it will be a struggle to apply to all the different types of cancer. Breast, cervical, colon, and lung cancer have different demographics and processes to engage in screening. Asking patients to discern all the different types of counseling might be challenging. They suggested thinking about screening separately or how the domains apply to each cancer screening type separately to clarify implementation.

- A Clinician Committee member highlighted the heterogenous mixture of patient types and screening types of the PROM will measure. There are instances where other healthcare professionals in the office (nurses, administrative staff, etc.) provide information to patients as well.
- A Clinician Committee member noted there is often a large divide between what the patients recollect from the conversation and the clinician's perspective of the information they provided. Will the measure be focusing on the patient's perspective or the provider's or somewhere in between? How is CORE ensuring that it is not a recall issue on the patient's side? There is an incredible burden on primary care providers (PCPs) because providers are required to have enriching conversations on 26 points and it is not possible to do so in 15 minutes, so they are wondering how to offload the PCP while integrating life-saving measures.
    - Dr. Vivian Vigliotti agreed that it will be important to the CORE team moving forward to minimize the burden on both patients and providers.
- A Clinician Committee member stated that they liked the domains. They asked if the survey would be for all patients eligible for different screening types, and if information relayed back to providers would specify screening type or general. They also asked about age-appropriateness for patients as well as patient-specific risk factors.
- A Clinician Committee member asked what the logistics would look like for team-based approaches within the PRO-PM because within larger healthcare organizations there may be multiple teams working in parallel to the PCP, so the PCP would not address those conversations to offload primary care work. They shared that there was a study published that stated it would take a PCP 8 hours to meet all the USPSTF guidelines. From a health disparity lens, those patients are at a higher risk for having lower health literacy and more health complaints in a visit. That will increase reporting and recall bias.

Clinician Committee Input: Survey Questions

- Dr. Vivian Vigliotti thanked everyone for diving into all the aspects of this measure and oriented the team to the next feedback session. This section will focus on the PROM questions and provide feedback on whether the question provides actionable and helpful information to clinicians.
- Dr. Vivian Vigliotti began the discussion with Question 2 in the survey, which reads: "Did your clinician talk about why you should consider cancer screening now?" Patients can respond "yes" or "no" with respective branching options. Dr. Vivian Vigliotti noted that there are many "Other: [fill in the blank]" question responses for the first pilot to allow patients to fill in aspects that have not been raised by CORE or stakeholder groups.
    - A Clinician Committee member noted that stool DNA testing has been endorsed as an alternative for cancer screening and recommended adding it as an option. They also recommended clarifying lung cancer screening test types in another question since smoking history is hard to define.
        - Another Clinician Committee member agreed and highlighted that their patients say if they have completed a required screening with another

physician within the screening window, however, patients might misremember.
    - A Clinician Committee member recommended rephrasing Question 2 to read "did *anyone* talk to you about…" because there are other individuals who provide that information to inclusive of the overall process of cancer screening.
    - A Clinician Committee member asked to include an option for "up-to-date on cancer screening" and highlighted that "current or previous infection" is very broad.
        - Dr. Vivian Vigliotti shared that Question 1 branching would allow patients to indicate they did not need to discuss cancer screenings because they are up to date.
    - A Clinician Committee member recommended in the chat that if a patient answers "No" to Question 2, they would suggest an additional option that states "I did not wish to discuss."
        - Mr. Kyle Bagshaw responded that the CORE team considered having an option like that for #2 ("I did not wish to discuss"), although we currently do not include it because the clinician still would have to bring the topic up to find out and so in that sense a conversation still took place (even if patient shuts it down).
        - The Clinician Committee member elaborated that if the patient shut down the conversation when the subject was broached, that would be an important consideration.
        - Another Clinician Committee member agreed in the chat and related experience with patients who absolutely refuse to screen, regardless of their recommendations.
- Dr. Vivian Vigliotti shared Question 5, reading: "After learning what cancer screening test(s) were recommended for you, did you discuss the recommendations with your clinician?" Patients can respond yes or no with respective branching options.
    - A Clinician Committee member asked what would happen if there were no appropriate cancer screenings for that patient.
        - Dr. Vivian Vigliotti clarified that through the sampling strategy, if a patient did not meet the appropriate demographic information, then they would not receive the survey. Question 1 can capture that as well if received the survey by mistake.
    - A Clinician Committee member asked what would happen if they were referred to another provider to discuss their cancer screening.
        - Dr. Vivian Vigliotti shared that there were no questions that asked if it was a referral. If applicable, through sampling strategy, the survey would be triggered for the OB/GYN, and the quality of that conversation would be considered. It is a broad attribution for any physician participating in MIPS (primary care, OB/GYN, gastroenterologist), so the survey could be triggered for multiple providers to consider counseling from both separately.

        - The Clinician Committee member suggested adding an option for the "No" branching option to include "I was referred to another clinic to discuss further."
        - Dr. Vivian Vigliotti thanked the Committee member and agreed that CORE team could include that as an option.
    - A Clinician Committee member asked if 5.1 (shown to patients answering "Yes" to 5) which indicates the patient had a full understanding of screening and then decided not to be screened, would still indicate a satisfied patient and how that information would be captured.
        - Dr. Vivian Vigliotti confirmed that other questions would allow patients to highlight their other medical needs as being a priority or more urgent. The CORE team has tried to think through the various complexities within each visit.
    - A Clinician Committee member asked about the third option for Question 5.0, which reads, "We did not have an *opportunity* to discuss," and asked if it should read "time" instead of "opportunity."
        - Dr. Vivian Vigliotti shared that the survey options have been iterated over the last couple of months. After CORE spoke to the PFE Working Group, "time" was updated to "opportunity" to be broader and encompass other aspects such as trust, timing, and familiarity.
        - The Clinician Committee member asked if there was consideration to break those discrete options up, to provide more information to providers.
        - Dr. Vivian Vigliotti shared patients also wanted to minimize the number of options on the page to reduce burden, but CORE is open to thinking through it as a group as well to identify the most helpful information to clinicians (ex: time and trust).
    - A Clinician Committee member in the chat highlighted that many patients are not familiar with the term "cancer screening." For example, they do many Pap smears, but most of their patients do not identify this as a cancer screening.
        - Dr. Vivian Vigliotti responded that the introduction of the survey provides definitions and examples for all types of screenings and describes the goal of the survey.
- Dr. Vivian Vigliotti shared Question 7, reading: "Please check off if during your visit you needed help and/or received help with any of the following." The goal of this question was to determine any barriers the patient might encounter, and the information provided to the patient.
    - A Clinician Committee member stated that the option "I did not need any help" and which box it would correspond to may confuse patients given the phrasing of the question.
        - Dr. Vivian Vigliotti agreed and confirmed it was something the team was thinking through.
    - A Clinician Committee member asked how feedback or summary reports would be given to providers.

        - Dr. Vivian Vigliotti stated that the measure is in its first year of development and the team has not developed the exact measuring report. CORE will assess the data after the first pilot and will be doing some cognitive interviewing to understand how ratings and metrics can be assessed for each question and totaled at the end.
    - A Clinician Committee member asked how the measure will evaluate the quality with the current systemwide issues that may be out of clinician or office administration control.
        - Dr. Vivian Vigliotti shared CORE is thinking through if the clinician office can direct patients to any information.

Next Steps

- Mr. Kyle Bagshaw provided information on next steps for measure development. The development team will summarize Clinician Committee input and brief CMS, finalize the survey domains and survey questions, begin pilot testing in Fall 2022, send email updates on project progress before the next meeting, and schedule the next Clinician Committee meeting.
    - The next Clinician Committee meeting will be held via Zoom, likely in Fall 2022. At that time CORE will provide patient responses from pilot testing.
    - The team will circulate the summary report of this meeting for review by members. The names of individuals will not be included in the meeting summary report. The Clinician Committee summary report will be publicly posted after CMS approval; after public posting, it will be okay for Clinician Committee members to share that information. Information not publicly posted will be confidential.
- Mr. Kyle Bagshaw invited Clinician Committee members to submit additional comments on any aspect of measure development to cmsmipsscreeningpropm@yale.edu.
- The development team thanked Clinician Committee members on behalf of CORE and expressed appreciation for feedback that will help to clarify the measure.

Post-Meeting Feedback

- A Clinician Committee member recommended updating Question 11 to read "High school graduate *or equivalent*" rather than "…or GED," as there are other equivalency exams that may be taken.