

Person and Family Committee Guiding Principles

MACRA Episode-Based Cost Measures Clinical Subcommittees

Revised April 2019

Overview

The Centers for Medicare & Medicaid Services (CMS), in conjunction with Acumen, LLC and Westat, convened a Person and Family Committee (PFC) to solicit feedback from Medicare beneficiaries and caregivers on their perspectives regarding episodes of care and clinician cost performance. To inform these high-level guiding principles, we conducted in-depth structured interviews with 15 patients and caregivers.

Initial conversations with the PFC focused on the broad concepts of health care quality and value. PFC members believed that high-quality and high-value health care should prioritize how clinicians communicate with patients and caregivers, ensuring that communication is clear and not rushed so that they feel that they have time to ask questions to make informed decisions. PFC members also noted the importance of coordination across clinicians and facilities (especially after a hospital stay), and careful review and discussion of medicines, their purpose, and appropriate use. PFC members believed it was important to have access to care, medical help at home, and necessary medical supplies and equipment.

In subsequent discussions with the PFC, we focused on patient and caregiver perspectives that could be used to inform Clinical Subcommittee (CS) members' selection of episode groups for development, which are summarized below. The PFC input to date has been gathered in the context of procedural and acute inpatient medical condition ("acute") episode group development, though these guiding principles are applicable to chronic episode group development as well unless otherwise noted. We will continue to work with the PFC to share timely input with the CS and workgroup members on the cost measures under development.

PFC Priorities to Consider for Episode Selection

1. Episodes should affect a large number of Medicare beneficiaries.

- PFC members believed that evaluating clinician costs would be most impactful if the episodes account for a large number of Medicare beneficiaries.
- PFC members believed that episodes should be developed for procedures or conditions for which attributed clinicians may meaningfully improve or maintain patient quality of life.
- PFC members prioritized episodes that are clinically severe and/or had a long episode duration (e.g., those that require hospitalization).

2. Episodes should have related quality measures.

- PFC members indicated that cost performance information would only be meaningful to them if presented alongside information about quality of care.
- PFC members mentioned that they would consider choosing a low-cost clinician if the clinician also provided average or high quality care as the PFC members felt most reassured by high performance on quality.

3. Episodes should provide information that patients and caregivers can use to make informed health care decisions.

- PFC members assigned lower priority to urgent/emergency care. PFC members noted that emergent episodes do not allow for the patient/caregiver to be most involved in the health care decision-making process, due to a lack of time to evaluate options.
- As emergent episodes may innately limit a patient's ability to be involved in health care decisions early on in the episode, PFC members expressed interest in information about clinician cost performance for these types of episodes to inform decision-making about follow-up care after the initial treatment (e.g., making decisions on follow-up care providers and treatment options, where applicable, after the initial emergent condition has stabilized).

4. Episodes should have potential to significantly help reduce unnecessary costs to the Medicare program.

- PFC members prioritized episodes potentially useful in identifying unnecessary or wasteful Medicare spending (e.g., episodes with broad cost variation).

5. Episodes should be easy to differentiate from routine care.

- PFC members demonstrated the clearest and most consistent understanding of episodes with distinct beginnings (e.g., a decision to pursue treatment, onset of symptoms) and endings (e.g., final follow-up appointment).¹
- PFC members could more easily attribute services to an episode when the services were delivered by a novel provider.

¹ This point is only applicable to the procedural and acute inpatient medical condition episode group framework.