# Cataract Removal with Intraocular Lens (IOL) Implantation Comprehensive Reevaluation Webinar Meeting Summary

MACRA Episode-Based Cost Measures: Clinician Expert Workgroups
Workgroup Webinar, April 25, 2023
January 2023

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## Project Overview

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC to develop and maintain episode-based cost measures for potential use in the Merit-based Incentive Payment System (MIPS) to meet the requirements of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Acumen's measure development approach involves convening clinician expert panels ("workgroups") to provide input in cycles of development ("Waves"). As needed, workgroups are reconvened to provide input on measure maintenance.

Eight episode-based cost measures were added to the MIPS cost performance category in the 2019 performance year. They are now being considered for comprehensive reevaluation as they've been in MIPS for 3 years. The purpose of comprehensive reevaluation is to ensure that measures continue to meet criteria for importance, scientific acceptability, and usability in line with the Measures Management System (MMS) Blueprint. In this process, we holistically review the measure, seek public comment, and consider whether any changes need to be made to measure specifications.

The following Wave 1 episode-based cost measures were selected for comprehensive reevaluation based on information gathering, public comments,[1] and discussions with CMS:

(i) Routine Cataract Removal with IOL Implantation
(ii) Simple Pneumonia with Hospitalization
(iii) ST-Elevation Myocardial Infarction (STEMI) with Percutaneous Coronary Intervention (PCI)

We held a nomination period for workgroup members between August 19, 2022, and September 9, 2022. The workgroups are composed of clinicians with expertise directly relevant

[1] Refer to the Wave 1 Comprehensive Reevaluation Public Comment Summary Report (PDF). (https://www.cms.gov/files/document/wave-one-public-comment-summary-report.pdf)

to the selected episode-based cost measures. Workgroups provided detailed input on potential updates to the selected episode-based cost measures groups during their webinars from October 6 to 12, 2022.[2] The Cataract Removal workgroup met again on April 25, 2023 to discuss additional refinements to the draft measure specifications. Between rounds of input, Acumen also hosted a public comment period on the updated specifications.[3] For Wave 1 Comprehensive Reevaluation, all workgroup meetings were held virtually. The workgroup discussions informed updates to the measure specifications to be considered for future use in MIPS.

# Routine Cataract Removal with IOL Implantation Comprehensive Reevaluation Webinar, April 25, 2023

This meeting summary document outlines the purpose, discussion, and recommendations from the Routine Cataract Removal with IOL Implantation Comprehensive Reevaluation Webinar. Section 1 provides an overview of the webinar goals and process. Section 2 summarizes the discussion and recommendations from the workgroup. Section 3 is an appendix that describes the materials and information provided to workgroup members before and at the beginning of the webinar as preparation for discussions on detailed measure specifications.

## 1. Overview

The goals of the Routine Cataract Removal with IOL Implantation Comprehensive Reevaluation Webinar on April 25, 2023, were the following:

(i) Discuss public feedback for this measure
(ii) Discuss priority refinement topic areas and recommendations on measure specifications

The webinar was facilitated by an Acumen moderator, Suzann Pershing. The Routine Cataract Removal with IOL Implantation workgroup chair was David Glasser, who also facilitated meeting discussions. The MACRA Episode-Based Cost Measure Workgroup Composition List will contain the full list of members, including names, professional roles, employers, clinical specialties, and disclosures of interest; it will be posted on the MACRA Feedback Page.[4]

All interested parties beyond the workgroup members had access to a public dial-in number to observe the meeting as part of Acumen's continued effort to increase the transparency of the measure development and maintenance process.

Before the webinar, workgroup members were provided information and materials to inform their discussions, including the meeting agenda and slide deck. Also, workgroup members received the investigations described in Table 1 below.

[2] Refer to the Summary of Wave 1 Comprehensive Reevaluation Workgroup meetings (ZIP). (https://www.cms.gov/files/zip/summary-wave-1-comprehensive-reevaluation-workgroup-meetings.zip)
[3] Refer to the 2023 Revised Cost Measure Feedback Period Summary Report (PDF). (https://www.cms.gov/files/document/2023-revised-cost-measure-feedback-period-summary-report.pdf)
[4] Refer to the Wave 1 Measure-Specific Workgroup Composition List (PDF) on the Prior Cost Measure Development and Input Page (https://www.cms.gov/medicare/quality/value-based-programs/cost-measures/prior).

**Table 1:** Workgroup Webinar Investigations

| Investigation | Description |
|---|---|
| **Sub-Population Analysis** | • Provides data on the frequency and cost associated with a set of sub-populations informed by public comments received, prior workgroup discussions, and deliberations among the Acumen clinical team<br>• Useful for discussion regarding accounting for patient heterogeneity |
| **Service Utilization over Time Analysis** | • Provides data on the top 200 most frequent services for each claim setting across episodes for the draft version of the measure along with various metrics regarding those services (e.g., the share of episodes with that service, the average cost of the service per episode, the share of attributed clinicians who furnished the service)<br>• Useful for discussion regarding identifying clinically relevant services |

After the webinar, workgroup members were sent a webinar recording and polled on their preferences to ensure the measures were developed based on well-documented input. Based on similar meeting discussion practices, the threshold for support was >60% consensus among poll responses. This document summarizes the workgroup members' input from the discussion and the polls.

This meeting was convened by Acumen as part of the measure maintenance process to gather expert clinical input; as such, these are preliminary discussions and materials that don't represent any final decisions about the measure specifications or MIPS.

## 2. Summary of Sessions and Discussion

This section is organized based on meeting sessions and describes workgroup members' discussions and recommendations. Section 2.1 describes workgroup member discussions and recommendations on accounting for patient heterogeneity. Section 2.2 outlines workgroup members' discussions and recommendations for assigning clinically related services. Section 2.3 provides an overview of the next steps for the measure comprehensive reevaluation process.

### 2.1 Accounting for Patient Heterogeneity

Members engaged in a detailed discussion about how to account for patient heterogeneity among various sub-populations within the Cataract Removal episode group. Sub-populations refer to patient cohorts defined by pre-existing conditions and other patient characteristics. Acumen described the methods for accounting for patient heterogeneity, and those are described in Table 2 below.

**Table 2:** Methods for Accounting for Patient Heterogeneity

| Method | Description |
|---|---|
| **Sub-Group** | • If applicable, we may stratify the patient population into mutually exclusive and exhaustive sub-groups to define more homogenous patient cohorts.<br>• Sub-grouping is a method intended for when we would want to compare episodes only with similar episodes within the same sub-group.<br>• This approach is used when sub-groups are very different from one another, and each sub-group requires its own risk adjustment model.<br>• Since each sub-group will have its own risk adjustment model, the size of each sub-group should be sufficiently large. |

| Method | Description |
|---|---|
| **Risk-Adjust** | • We may define covariates in the risk adjustment model for the measure.<br>• Risk adjusting is a method to account for the case mix of patients and other non-clinical characteristics that influence complexity. It's meant to be used for sub-populations that make a large share of patients with a characteristic outside of the attributed clinician's reasonable influence.<br>• Risk-adjusted cost measures adjust observed episode spending to expected spending (predicted by a risk adjustment model). |
| **Exclude** | • We may identify certain measure exclusions.<br>• Excluding is a method in which we exclude certain patients or episodes to address issues with patient heterogeneity. This approach should be used when the sub-population affects a small, unique set of patients in which risk adjustment wouldn't be sufficient to account for their differences in expected cost. |
| **Monitor for Further Testing** | • We may monitor certain sub-populations for further testing.<br>• Monitoring for further testing is an option for flagging certain sub-populations that the workgroup may revisit later during measure development upon review of further data. This approach is best used when the workgroup requests additional data or information on a sub-population to discuss the appropriate method for meaningful clinical comparison. |

After Acumen described each method and presented analytic data on sub-populations, workgroup members discussed the patient sub-populations and their preferences for addressing them.

Acumen reviewed the draft methods for accounting for patient heterogeneity (i.e., exclusions, risk adjustment). After the first webinar, the workgroup voted to update these methods so that some previously excluded ocular conditions were now included in the draft measure. Most ocular conditions no longer excluded in the draft revised measure specifications are accounted for via a measure-specific risk adjustment variable.

During this webinar, Acumen presented analyses showing that the excluded and risk-adjusted episodes have similar observed costs compared to all episodes included in the measure. Analyses suggest that some of the most frequently occurring conditions within the Patients with Ocular Conditions Impacting Case Complexity risk adjustment variable have similar or lower observed costs compared to all episodes included in the measure (e.g., macular degeneration, glaucoma, and Type 2 Diabetes Mellitus with ophthalmic complications). The workgroup discussed whether certain conditions, such as traumatic cataract, would be better accounted for via exclusions rather than risk adjustment. During the feedback period, we also received a list of other conditions to consider for exclusion, as they are excluded in the current MIPS measure. These conditions occurred in less than 1 percent of episodes; there was variability in observed episode costs, though risk-adjusted costs were more similar.

Workgroup members agreed it would be appropriate to reconsider the current sub-populations based on the analyses from the draft specifications.

<u>Key Takeaways from Discussion and/or Polls for Accounting for Patient Heterogeneity</u>:

- The workgroup recommended to no longer exclude nor risk adjust for certain common conditions with similar cost profiles to all observed episodes (e.g., macular degeneration, glaucoma, and Type 2 Diabetes Mellitus with ophthalmic complications).
- The workgroup recommended that certain conditions were infrequent and/or clinically distinct from the overall patient cohort and should be excluded from the measures (e.g., traumatic cataract).

## 2.2 Identifying Clinically Related Services

Acumen described the purpose of service assignment so members could discuss which services associated with the attributed clinician's role in managing the patient's care should be included in the cost measure. These assigned services should be inclusive enough to identify a measurable performance difference between clinicians and not introduce excessive noise. Episode-based cost measures aim to include only clinically relevant costs whose occurrence, intensity, and/or frequency are within the reasonable influence of the attributed clinician. Service assignment can be an effective form of adjusting for patient risk by omitting unrelated costs not furnished for Cataract Removal with Intraocular Lens (IOL) Implantation.

During the webinar, Acumen presented additional information about the usage of certain Part B medications with separate payment statuses in Cataract Removal episodes. As of January 3, 2023, Dextenza and Omidria are paid separately in Ambulatory Surgery Centers (ASCs) due to CMS designating the medications as non-opioid alternatives. Dexycu is no longer paid separately, and none of these medications are paid separately in Hospital Outpatient Departments (HOPDs). Overall, the medications are used infrequently and the frequency of use is not associated with the beneficiaries' risk profiles.

Members generally seemed to agree that service assignment rules should be applied consistently for Part B medications with separate payment statuses but did not agree on whether to assign these costs to the episode. Members also noted that because Part B medications can influence the use of Part D medications, the decision on whether to assign Part B medications may depend on whether Part D is included. On the one hand, Part B medications can influence Part D usage, and it would be important to include Part D to capture any cost savings. On the other hand, Part D medications are generally low-cost and likely would not offset much of the costs of the Part B medications. One member also noted that a new clinically-related Part B medication was recently granted separate payment status (FDA Pass-Through), and we should anticipate the new medications will continue to be developed.

Acumen also reviewed that standardized Part D costs were not available at the time of measure development but could now be considered for inclusion in the cost measure. Medications are standardized so that medications with the same active ingredient, amount, delivery mode, and brand/generic status are assigned the same cost. If Part D medications are included, the measure would be stratified (sub-grouped) so that episodes for beneficiaries with Part D enrollment are only compared to other episodes for beneficiaries with Part D enrollment. This ensures that episodes for beneficiaries without Part D enrollment, and therefore with no option for Part D medication use, are not compared against those with Part D enrollment.

Workgroup members noted that there are clinically-related Part D medications that could be considered for inclusion in the measure, particularly to capture any cost savings from Part B medications with separate payment statuses. The workgroup also discussed the importance of drug price transparency, which would allow providers to have more awareness of how much the drugs cost Medicare. Members were concerned that they would not have sufficient information to make informed choices about the most cost-effective medications and that the pricing may change over time. However, Acumen presented analyses that showed that most gross drug costs were relatively stable over time.

<u>Key Takeaways from Discussion and/or Polls for Accounting for Identifying Clinically Related Services</u>:

- The workgroup recommended treating all clinically related Part B medications similarly (i.e., either including all or none). However, the workgroup did not reach a consensus on whether

to assign the costs of clinically-related Part B medications. Given the preference for consistent service assignment rules and the prior workgroup's recommendation to include Omidria in the measure, Dextenza will be added as an assigned service. As other Part B medications with separate payment statuses become available, they will be considered through the annual maintenance process.

- The workgroup recommended against including the costs of Part D medications in the measure.

## 2.3 Next Steps

In the last session, Acumen provided an overview of the next steps. After the meeting, Acumen distributed the Comprehensive Reevaluation Webinar Poll to gather input from members on the discussions held during the webinar. Based on the workgroup webinar discussion and poll results, Acumen will operationalize input for the measure specifications.

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Please contact **Acumen MACRA Clinical Committee Support** at macra-clinical-committee-support@acumenllc.com if you have any questions. If you're interested in receiving updates about MACRA Episode-Based Cost Measures, please complete this Mailing List Sign-Up Form to be added to our mailing list.