Clinical Subcommittee (CS) Meeting Summary: Chronic Condition and Disease Management CS

MACRA Episode-Based Cost Measures Clinical Subcommittees
Chronic Condition and Disease Management

Contents

Project Overview

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC to develop 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 (MACRA) of 2015. Acumen's measure development approach involves convening clinician expert panels called Clinical Subcommittees focused on particular clinical areas in cycles of development ("waves").[1] The four Clinical Subcommittees convened in 2019 for Wave 3 are: Chronic Condition and Disease Management; Dermatologic Disease Management; General and Colorectal Surgery; and Hospital Medicine.[2]

Clinical Subcommittee (CS) Meeting, May 31, 2019

1. Overview

The goals of the Chronic Condition and Disease Management CS meeting that convened on May 31, 2019 were to:

(i) discuss key considerations for developing chronic condition measures,
(ii) provide input on which episode groups to prioritize for development in Wave 3;
(iii) discuss and provide recommendations for the trigger framework;
(iv) discuss topics and questions of interest for the Person and Family Committee (PFC); and
(v) discuss the desired composition of a workgroup that Acumen will convene to build out the selected measure.

The meeting was held in Washington, DC, and attended by 43 of 58 CS members (31 attended in person and 12 via webinar). The meeting was facilitated by an Acumen moderator, Alex

[1] For information on measure development in Waves 1 and 2 (2017 and 2018), refer to the "Episode-Based Cost Measure Field Testing Measure Development Process."
[2] Members for these Clinical Subcommittees were recruited through a public nomination period from March 11 to April 12, 2019.

Sandhu, and an Acumen Technical Lead, Sam Bounds, as well as two CS co-chairs. The two co-chairs for the Chronic Condition and Disease Management CS were Dheeraj Mahajan and David Seidenwurm. The MACRA Episode-Based Cost Measure CS Composition List contains the full list of members, including names, professional roles, employers, and clinical specialties.[3]

At the end of the discussion regarding episode group selection, the CS voted to prioritize three chronic condition episode groups for development into episode-based cost measures (EBCMs): **Diabetes, Osteoarthritis of the Knee,** and **Asthma/Chronic Obstructive Pulmonary Disease (COPD)**. Acumen used this input from the CS to recommend development of these three episode groups to CMS.

In determining episode groups to approve for development, CMS considered Acumen's recommendations along with empirical analyses and the resources available for Wave 3 of measure development and approved the development of the Diabetes and Asthma/COPD episode groups. CMS recognized the interest in a chronic condition cost measure for Osteoarthritis of the Knee, but ultimately did not approve its development for Wave 3. Given the resources available for Wave 3 of measure development, this decision will allow Acumen to focus on the other two measures, in anticipation of challenges that might be inherent in the development of the first set of chronic condition episode-based cost measures. The feedback from the CS on this measure will be taken into consideration in future measure development activities.

2. Summary of Discussion

Section 2.1 provides an overview of materials containing background information and analyses on each chronic episode group that were shared with the CS members prior to the meeting. Section 2.2 provides a recap of the main concepts of the chronic measure development process presented by the Acumen team to introduce the preliminary chronic cost measure framework. Section 2.3 summarizes the episode group selection discussion.

2.1 Overview of Shared Materials

Three weeks prior to the meeting, CS members were provided with the following information to inform their vote in a pre-meeting *Episode Group Prioritization Survey*:

- Cost measure background and development guide, which contained a description of the components of EBCMs and a summary of Acumen's measure development approach.
- The *Episode Group Prioritization Workbook*, which contained the results of analyses calculated using draft episode groups planned for refinement, and provided information on clinician and beneficiary coverage, among other statistics.
- Comparison of candidate episode groups under consideration across a range of metrics using Medicare Parts A and B claims data. This analysis included beneficiary coverage, Medicare Parts A and B cost coverage, and clinician coverage by number of attributed episode groups and most commonly attributed specialties.
- MIPS quality measures with patient cohort codes in common with the draft episode groups for consideration of potential alignment opportunities.

[3] For the list of CS members in Wave 3, refer to the "MACRA Episode-Based Cost Measures Clinical Subcommittee Composition (Membership) List."

- Guiding principles from the PFC about what considerations for episode group prioritization are important from the patient, family, and caregiver perspective.

The materials shared were based on analyses run on a number of example triggering methodologies with preliminary trigger codes, which will be revised during measure development. The survey results were distributed to members one week prior to the meeting and served as a starting point for discussions and subsequent voting during the meeting.

2.2 Introduction and Overview of Chronic Cost Measure Development

During the meeting, Acumen presented a short session to cover the following topics:

- The role of EBCMs within the context of the cost performance category of MIPS.
- Recap of measure development to-date with 19 acute inpatient medical condition and procedural EBCMs developed.
    - Eight of these are currently used in the 2019 MIPS performance period alongside two broader, population-based cost measures that have been in use since the 2017 performance period: Medicare Spending Per Beneficiary and Total Per Capita Cost.
- Overview of Wave 3 CS and workgroup structure and measure development process.
- Summary of CS member goals for the meeting, as listed in Section 1 of this document.

Acumen also introduced the preliminary chronic cost measure framework, covering the following topics:

- Overview of measure development background and chronic concepts to inform episode group selection. Topics covered included the definition of cost measures and episode groups, chronic, acute, and procedural episode groups, and the five essential cost measure components (i.e., defining an episode group, recommending trigger methodologies, incorporating PFC feedback, and aligning cost with quality).
- Details of Acumen's measure development approach, which includes:
    - A Technical Expert Panel (TEP) to provide overarching guidance;
    - CS and workgroups to provide detailed clinical input; and
    - A PFC to provide patient and caregiver perspective both on high-level concepts (such as considerations for prioritizing measure development) and detailed feedback on specific aspects of the measure (e.g., what services helped with recovery after a procedure).[4]
- Wave 3 CS Timeline, including the approximate timeline for measure-specific workgroup member selection and workgroup in-person meetings.
- Challenges in developing chronic condition measures such as:
    - The ongoing nature of chronic condition management, which makes it difficult to determine when a patient-clinician relationship begins and ends and services for which a clinician can be considered responsible in cases where a beneficiary has multiple comorbidities; and
    - How to account for the fact that a significant portion chronic condition management is through drugs under Medicare Part D.
- Overview of how the chronic condition EBCM framework can address these challenges.

[4] For information on the Person and Family Committee (PFC) priorities, refer to the PFC Guiding Principles document.

- Introduction of chronic condition EBCM preliminary framework, including key components such as trigger events, attribution window, measurement period, beneficiary-months, service assignment, and risk adjustment. This introduction included:
    - Triggering and attribution**,** to illustrate how the start of a patient-clinician relationship can be identified to accurately attribute the clinicians who are most likely to influence a patient's care.
    - Consideration of the effect of different trigger methods on measure scope, such as which beneficiary populations and types of clinicians will be included in the measure.
    - Review of approaches for accounting for heterogeneous beneficiary populations (e.g., sub-grouping, exclusions, and risk adjustment) for episode groups that are broad in scope.
- Importance of overlapping episodes to ensure aligned incentives and to reflect the different roles of clinicians across a patient's continuum of care.

2.3 Episode Group Selection

Section 2.3.1 provides a summary of the episode group selection process and outcome. Section 2.3.2 summarizes the high-level discussion across all episode groups. Section 2.3.3 summarizes discussion points specific to each candidate episode group.

2.3.1 Summary of Selection Process and Outcome

During and after the meeting, CS members were polled on their preferences to ensure that the measures recommended to Acumen for development are based on well-documented CS input.

Eight candidate episode groups from the December 2016 posting or recommended by the TEP were considered:

- Diabetes,
- Asthma/COPD,
- Osteoarthritis of the Knee,
- Chronic Heart Failure,
- Inflammatory Bowel Disease,
- Chronic Kidney Disease,
- Chronic Liver Disease, and
- Peripheral Artery Disease.

Based on the pre-meeting *Episode Group Prioritization Survey*, CS members' most preferred episode groups were Diabetes, Chronic Kidney Disease, Asthma/COPD, and Heart Failure. During the meeting, members discussed all eight episode groups before voting in the *Episode Group Preference Poll*, in which they allocated points to narrow down the episode groups under consideration to the top four most preferred—**Diabetes, Osteoarthritis of the Knee, Asthma/COPD,** and **Chronic Liver Disease**—for additional discussion.

After the second discussion focused on these four episode groups, members voted again in the *Episode Group Final Preference Poll.* The top three episode groups from this process were **Diabetes, Osteoarthritis of the Knee,** and **Asthma/COPD**. Members were asked to confirm their support of the three measures with a vote requiring >60% consensus, mirroring National

Quality Forum practices, as part of the *Workgroup Composition Survey*, which was completed after the meeting. CMS approved the development of Diabetes and Asthma/COPD in Wave 3.

2.3.2 General Discussion of Chronic Episode Groups

Discussions on episode group selection emphasized criteria such as feasibility, clinical coherence, impact, opportunity for involvement, and quality measure alignment.

- During the meeting, multiple members emphasized the importance of identifying feasible measures with potential for high impact in MIPS. They emphasized that the measures should be simple enough so that attributed clinicians and beneficiaries are able to understand them.
- Several members emphasized the importance of using Medicare Part D data to indicate the severity of disease.
- Multiple members highlighted ways in which social risk factors can affect the cost of care and patient outcomes, noting that this should be accounted for in a risk adjustment model to avoid penalizing clinicians who treat disproportionately high-risk populations.
    - Acumen noted that they conduct testing on the effect of social risk factors throughout and after the measure development process, so this is something that they would be able to continuously evaluate to ensure that vulnerable patients are not being disadvantaged. In previous measure testing, Acumen has found that adding social risk factor covariates has minimal effect on the predictive power of the risk adjustment model. These findings were only in the context of acute and procedural EBCMs and will be monitored for potential effect on chronic EBCMs.
- CS members agreed on the importance of considering unintended consequences for each episode group. Members also agreed that in many cases, beneficiaries with multiple comorbidities are common and inquired how that factor is going to be accounted for.
    - Acumen explained how defining service assignment rules specific to the disease can remove cost unrelated to the clinician's management of the disease, such as services for their comorbidities. Additionally, risk adjustment can then account for the interactive effects comorbidities may have on only the remaining related cost included in the measure.
- Members raised concerns about the assignment of hospitalization costs incurred when the clinician is responsible for costs associated with the chronic condition, with one member inquiring whether chronic measures would be able to reflect cases when an acute condition becomes chronic in the post-acute care time period.
    - Acumen clarified that acute measures and chronic measures will work together in a complimentary manner to support clinicians' joint responsibility across the patient care continuum.
- Members expressed interest in closely reviewing the *Episode Group Prioritization Workbook* to guide the discussion of quality measure overlap and trigger codes.
    - One member noted that there is considerable variation in the number of quality measures that overlap with different episode groups.
    - Members also reviewed and discussed the overlap of trigger codes for diagnosis codes (DGNs) and Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS).

2.3.3 Discussion of Specific Chronic Episode Groups

Members engaged in more detailed discussion for each of the candidate episode groups.

Diabetes

- A number of CS members expressed their support for developing a Diabetes cost measure, given its large impact and potential for alignment with quality measures.
    - Several of these members noted the importance of stratifying by sub-group for clinical homogeneity.
    - The members generally showed more support for a measure focusing on Type 2 diabetes.
    - In addition, one member also suggested the following sub-groups for the Diabetes measure: diabetes with and without major complications, diabetes excluding amputees, and diabetes excluding kidney disease.
- Several members suggested that the Diabetes measure would reflect a condition that was less represented in Waves 1 and 2.
- One member reinforced support for diabetes by noting that developing a Diabetes cost measure would be complex but feasible given the potential for clinical coherence, opportunity for improvement, and alignment with cost and quality.
    - The same member suggested a narrower scope and indicated that this could be done with claims data. For example, the member mentioned that markers such as use of hemoglobin A1C would allow us to establish the severity of the condition which could help determine a narrower scope of the measure.

Osteoarthritis of the Knee

- Several members expressed support for an Osteoarthritis of the Knee measure as they believed that it would be a relatively straightforward and feasible measure to begin development. They also believed it would be a significant measure in terms of prevalence of the condition and potential impact on treatment options. They also noted that it would provide a starting point for development of episode groups for other musculoskeletal chronic disease conditions.
- One member emphasized the importance of being able to distinguish the attributed providers in cases where inpatient and outpatient costs for treating osteoarthritis of the knee overlap.
- Several members noted that there may be challenges in coding for the Osteoarthritis of the Knee episode group to reflect severity of disease.
- Several members remarked that even though Osteoarthritis of the Knee would be a simple measure to develop, it would be low-impact for non-surgical cases.
- One member mentioned the importance of taking into consideration the quality measure overlap for Osteoarthritis of the Knee.
    - Acumen pointed out that there are 13 quality measures that overlap with Osteoarthritis of the Knee but that many of them focus on a knee replacement procedure.

Asthma/COPD

- Several members expressed support for the Asthma/COPD episode group and emphasized the following points:

    - One member noted that COPD has potential for improvement in the chronic lung disease category, and supported development of this measure because it would incentivize more treatment of the disease and reduce Medicare inefficiencies that result from noncompliance or re-hospitalization.
    - With a large sample size, a COPD measure could account for events that can cause unpredictable outcomes among these patients.
    - Another member supported the measure noting that it could be narrowly defined, which would make it easier to identify and include COPD complications. This would potentially prevent complications down the line.
    - One member expressed support for development of a chronic Asthma/COPD measure which could complement the existing acute COPD measure by allowing us to differentiate between providers' roles across the care continuum.
- One member inquired how the asthma/COPD measure would account for cases when a beneficiary becomes sicker over time. Another member added that there are cases when even beneficiaries with well-managed cased of COPD might require emergency hospitalizations, for example, due to weather changes.
    - Acumen explained that severe progression of the disease that is observable in claims data will be accounted for by the preliminary framework of the cost measure by allowing a patient status to update monthly when risk adjusting.
- One member emphasized the importance of considering occupational therapy, which helps reduce hospitalizations.
    - In response, several members inquired how therapy is identified and accounted for in claims data.

Chronic Liver Disease

- A number of CS members supported development of a Chronic Liver Disease measure especially since it is prevalent among older and more obese beneficiaries.
    - One member noted that a Chronic Liver Disease measure would succeed based on feasibility criteria because outcomes can be easily tracked and there are multiple quality measures with which the measure would align.
    - Another member noted that the lack of representation of liver disease in previous waves warrants consideration of its development in Wave 3.
- Members also discussed what types of providers might be attributed the measure and how Hepatitis C, fatty liver disease, and cirrhosis would be addressed.
    - Multiple members expressed concern over the handling of Hepatitis C, which affects a significant proportion of Chronic Liver Disease patients. Members specifically shared concern over the treatment options and drug costs. One member noted that Hepatitis C could be eliminated if drugs were appropriately priced, indicating that this is a pharmaceutical issue rather than a factor that is frequently under the control of clinicians.

Chronic Heart Failure

- The CS members expressed cautious interest in pursuing a cost measure for Chronic Heart Failure provided that the measure scope is narrowed down.
    - One member remarked that chronic heart failure consists of approximately 30 diseases, each of which would require a very narrow trigger criteria that had not been presented as a triggering option so far.

    - One member addressed the option of sub-grouping for the diseases that fall under a Chronic Heart Failure measure in order to account for them, but this member also expressed doubt regarding the feasibility of doing so given the sheer number of sub-groups that would be needed.
- One member indicated that using Part D would help identify disease severity (for example, if one patient with chronic heart failure receives diuretics at home while another patient receives them via IV).

Chronic Kidney Disease

- Numerous members expressed concern over inclusion of end-stage renal disease (ESRD) in a Chronic Kidney Disease measure given that ESRD patients are the focus of existing payment systems.
    - One member noted that a significant portion of chronic kidney disease patients are 75 or older and have chronic kidney disease stage 3, meaning they are unlikely to develop ESRD. However, those patients might have other comorbidities that need to be managed (e.g., diabetes and hypertension), so the treatment provided might focus on these underlying conditions instead.
    - Another member suggested considering beneficiaries with chronic kidney disease stage 4 since those beneficiaries sometimes do progress to ESRD and the measure would allow to impact this progression to ESRD.

Inflammatory Bowel Disease

- The CS members showed limited interest in developing a measure for Inflammatory Bowel Disease.
    - Several members noted that patients with inflammatory bowel disease are more likely to have other comorbidities that need to be managed such as diabetes and hypertension, so treatment would focus on those underlying conditions.
    - There were differing opinions on the extent of the severity of the disease for the majority of patients with inflammatory bowel disease and the relevance of the lack of quality indicators.
    - A few members noted their support for developing the measure, one them noting that the disease is more common than generally recognized.

Peripheral Artery Disease

- Overall, CS members had differing interest in developing measures for Peripheral Artery Disease.
    - A number of members did not support the development of a Peripheral Artery Disease measure due to concerns about broad, non-specific coding.
        - One member specifically mentioned that peripheral artery disease is a chronic disease that is often times associated with medically-managed patients. The problem with this is that International Classification of Diseases codes used to diagnose peripheral artery disease are general and non-specific and broadly apply to patients that may or may not actually have this disease.
    - Another member advocated for the development of a Peripheral Artery Disease measure noting that this condition is a very common problem and a source of disability, and that it would be easy to identify attributable clinicians.

2.4 Workgroup Composition

The CS provided input on the expertise most appropriate for inclusion in each measure-specific workgroup. Each workgroup consists of around 15 members, based on feedback from earlier waves of measure development that showed smaller, more targeted workgroups are better able to provide granular input on the components of measure specifications. The workgroups for Wave 3 would include clinicians from the attributed specialty as well as other clinicians involved in the care continuum.

CS members identified the following specialties in Table 1 for Acumen to consider when providing workgroup composition recommendations to CMS:

Table 1. Recommended Specialties for Workgroup Composition

Diabetes	Asthma/COPD	Osteoarthritis of the Knee
• Bariatric Specialists	• Allergy/Immunology	• Bariatric Specialists
• Behavioral Medicine	• Behavioral Health	• Case Management
• Cardiology	• Cardiology	• Chiropractors (for spine)
• Case Management	• Case Management	• Complementary
• Diabetic Educator	• Ear, Nose, and Throat	• Dietician
• Dietician	• Exercise Physiology	• Exercise Physiology
• Endocrinology	• Family Medicine	• Family Medicine
• Exercise Physiology	• Geriatrics	• Geriatrics
• Family Medicine	• Home Health	• Home Health
• Geriatrics	• Infectious Disease	• Internal Medicine
• Gastroenterologist/Hepatology	• Internal Medicine	• Long-term care
• Home Health	• Long-term Care	• Nurse Practitioner
• Infectious Disease	• Nurse Practitioner	• Orthopedics
• Internal Medicine	• Nutrition	• Physician Assistant
• Mental Health	• Oncology	• Pain Management
• Nephrology	• Physician Assistant	• Pharmacy
• Nurse Practitioner	• Palliative Care	• Physical Medication and Rehabilitation
• Ophthalmology	• Pediatrics	• Podiatry
• Optometry	• Pharmacy	• Preventative Medicine
• Physician Assistant	• Preventative Medicine	• Psychology
• Physical Therapist • Occupational Therapist	• Physical Therapist • Occupational Therapist	• Physical Therapist • Occupational Therapist
• Pharmacy	• Pulmonary	• Radiology
• Pharmacy	• Pulmonary Rehab	• Rheumatology
• Pediatrics	• Radiology	• Sports Medicine
• Podiatry	• Respiratory Therapy	
• Preventative Medicine	• Sleep Medicine	
• Primary Care	• Thoracic Surgery	
• Social Work	• Social Work	

Diabetes	Asthma/COPD	Osteoarthritis of the Knee
• Vascular Surgery	• Smoking Cessation Counselor	
• Wound Care		

This initial list from CS members highlighted the large range of clinicians who play a role in care coordination and the patient's care trajectory. After compiling this starting list, CS members then voted on their preferences for weighting these specialties when composing an approximately 15-member measure-specific workgroup. These results indicated a desire to include more representation from specialties who are the most invested in providing care for diabetes, asthma/COPD, or osteoarthritis of the knee specifically, while also including select specialties that play a role in the larger care continuum for each of these episode groups. Acumen considered these results (e.g., noting which specialties received the highest proportion of votes) in providing workgroup composition recommendations to CMS.

2.5 Person and Family Committee (PFC) Input for Workgroups

CS members discussed topics for which the PFC could provide actionable information to the workgroup during measure development. Members identified topics of interest to bring to the PFC, which encompassed a wide range of areas related to the overall experience of the condition and the care they, or their family member, received. Members specifically mentioned the importance of PFC perspectives on access/barriers to care, availability of resources, cost implications, and knowledge of the disease process, medication, and healthcare options.

2.6 Next Steps

After the meeting, Acumen distributed a *Workgroup Composition Survey*, which included a point allocation question to gather input from members about what mix of specialties the members believed would be necessary to build out the measure, as well as open-ended questions for additional PFC input.

Finally, Acumen provided information on the next steps in the measure development process, including composing measure-specific workgroups in consideration of the results of the *Workgroup Composition Survey* and highlighting the upcoming workgroup in-person meeting in August 2019.

Please contact **Acumen MACRA Clinical Committee Support** at macra-clinical-committee-support@acumenllc.com if you have any questions.