Asthma/COPD Workgroup Post-Field Test Refinement (PFTR) Meeting Summary

MACRA Episode-Based Cost Measures: Measure-Specific Workgroups
Post-Field Test Refinement (PFTR) Webinar, October 6, 2020
October 2020

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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 of 2015 (MACRA). Acumen's measure development approach involves convening clinician expert panels to provide input in cycles of development ("waves").[1] The 4 Clinical Subcommittees (CS) that convened in May-June 2019 for Wave 3 were focused on the following clinical areas: Chronic Condition and Disease Management, Dermatologic Disease Management, General and Colorectal Surgery, and Hospital Medicine.[2] These CS provided input on selecting episode groups for development in Wave 3 and the composition of smaller, targeted workgroups to build out the measure. Acumen convened the following workgroups[3] (each composed of approximately 15 members) in mid-August 2019 for in-person meetings: Diabetes, Asthma/Chronic Obstructive Pulmonary Disease (COPD), Melanoma Resection, Sepsis, and Colon and Rectal Resection. Following the workgroup in-person meetings, Acumen convened the workgroups again in January 2020 for a Service Assignment and Refinement (SAR) webinar to revisit the specifications recommended during the in-person meeting and refine the measures prior to national field testing. In October 2020, Acumen reconvened the

[1] For information on measure development in Waves 3, refer to the 2020 Episode-Based Cost Measures Field Testing Wave 3 Measure Development Process document (https://www.cms.gov/files/document/macra-cmft-ebcm-process-2020.pdf)
[2] Members for these Clinical Subcommittees were recruited through a public nomination period from March 11 to April 12, 2019.
[3] Members for these workgroups were recruited from within the CS as well as a standing pool of nominees between June and July, 2019.

workgroups for Post-Field Test Refinement (PFTR) webinars to discuss potential measure refinements based on field testing feedback.

Asthma/COPD Post-Field Test Refinement (PFTR) Webinar, October 6, 2020

This meeting summary document outlines the purpose, discussion, and recommendations from the Asthma/COPD Workgroup PFTR 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 prior to and at the beginning of the webinar as preparation for discussion on detailed measure specifications.

1. Overview

The goals of the Asthma/COPD workgroup webinar on October 6, 2020, were the following:

(i) Provide a recap of the chronic condition cost measure framework, including updates to the attribution methodology for individual clinicians (identified by a unique Taxpayer Identification Number and National Provider Identifier pair, or TIN-NPI)
(ii) Discuss field testing feedback for the measure
(iii) Discuss and provide input on priority refinement topic areas and recommendations on measure specifications (based on field testing feedback and other topics)
(iv) Consider and discuss the impact of COVID-19 on measure specifications

The meeting was held online via webinar, and attended by 9 of the 16 workgroup members. The webinar was facilitated by an Acumen moderator, Nirmal Choradia. The Asthma/COPD workgroup chair was Carolyn Fruci, who also facilitated meeting discussions, and the Chronic Condition and Disease Management CS co-chairs were David Seidenwurm and Dheeraj Mahajan. The MACRA Episode-Based Cost Measure Workgroup Composition List contains the full list of members, including names, professional roles, employers, and clinical specialties.[4]

Stakeholders 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 process.

Prior to the webinar, workgroup members were provided with information and materials to inform their meeting discussions (see Section 3). After the webinar, workgroup members were sent a recording of the webinar and were polled on their preferences to ensure the measures are developed based on well-documented stakeholder input. Mirroring National Quality Forum practices, the threshold for recommendations was >60% consensus for poll responses. This document summarizes the workgroup members' input from both the discussion as well as the polls.

[4] For a list of Asthma/COPD workgroup members in Wave 3, please download the MACRA Episode-Based Cost Measures Measure-Specific Workgroup Composition (Membership) List available on the MACRA Feedback Page (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/2019-workgroup-comp-list.pdf)

This meeting was convened by Acumen as part of the measure development process to gather expert clinical input; as such, these are preliminary discussions and materials, which 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 member discussions and recommendations on assigning clinically-related services to the episode group and reviewing variables for risk adjustment and exclusions. Additionally, there is a sub-section for the session on the potential impact of COVID-19 on the Asthma/COPD measure.

2.1 Assigning Services to the Episode Group

The workgroup revisited the approach for how to capture costs for services associated with post-acute care. The workgroup also discussed whether to assign or continue to assign services that were suggested by stakeholders during field testing. Additionally, the workgroup revisited other services discussed during the SAR webinar to assess whether the costs of those services should be assigned or not. Section 2.1.1 presents the discussion of how post-acute care services should be assigned to an episode, and Section 2.1.2 summarizes the assigned services discussion.

2.1.1 Discussion of Post-Acute Care Services

Workgroup members revisited pending questions on how post-acute care services should be assigned to an episode. Acumen explained that currently, the chronic condition episode-based cost measures cap costs from Skilled Nursing Facility (SNF) stays for up to 30 days, and cap costs from Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) stays at the 90th percentile of grouped claim cost. The reason for these different capping methods is that while SNF stays are paid at a per diem rate and are thus based on the number of days, IRF and LTCH stays aren't paid at a per diem rate. Instead, IRF uses a pre-determined payment for resources furnished during each stay in an IRF, and LTCH is paid based on the Medicare Severity Long-Term Care Diagnosis-Related Group (MS-LTC-DRG) of the stay.

Overall, workgroup members agreed with including the costs from SNF stays. Some members expressed concern that the 30-day period is too long and suggested shortening the number of days at which costs should be capped to 7 or 10 days. One member noted that it wouldn't be fair to hold ambulatory/hospital providers accountable for these SNF costs as they are different than providers caring for patients in SNFs. However, other members mentioned that the average length of stay for SNF patients is around 20 days and considered the 30-day cap to be reasonable. While members didn't get a chance during the meeting to discuss in detail how to account for costs from IRF and LTCH stays, poll results indicated that members agreed with continuing to cap the costs from IRF and LTCH stays at the 90th percentile of the cost distribution. Acumen considered the discussion and polls from both the Asthma/COPD and Diabetes PFTR webinars to ensure consistent assignment of post-acute care costs across the chronic condition cost measures.

<u>Key Takeaways from Discussion and/or Polls for Post-Acute Care Services</u>:

- Members ultimately recommended to continue capping costs from SNF stays at 30 days.
- The workgroup agreed to continue capping costs from IRF and LTCH stays at the 90th percentile of the cost distribution.

2.1.2 Discussion of Assigned Services

During the meeting, workgroup members provided input on service assignment rules that public stakeholders recommended during field testing, some of which were already included in the measure. These services included pneumococcal immunizations, pulmonary function tests, exhaled fractional nitric oxide, inhalation bronchial challenge, bronchodilation responsiveness spirometry, and laboratory complete blood count with total eosinophil count and immunoglobulin level. Most workgroup members considered these reasonable services to assign or continue to assign to the measure. One member noted that it's important to distinguish between essential services and discretionary services that may be prone to overuse when deciding what services to assign, and another member raised concerns about assigning services that are part of a patient's standard of care as it may deter clinicians from providing those services. Overall, workgroup members favored assigning costs of services that would be performed on a recurring basis (i.e., pulmonary function tests and bronchial responsiveness), but were less certain about assigning services that are provided only once (i.e., pneumococcal immunizations).

The workgroup also discussed the inclusion of biologics dupilumab and reslizumab. Workgroup members generally agreed to assign these drugs as they are expensive and including them will ensure that they are prescribed to the appropriate patients and can reduce complications, exacerbations, and hospitalizations. Some workgroup members noted that accounting for differences in drug plans and prices would be necessary, but Acumen explained that Part D claims costs are standardized and will neutralize plan-based differences in prices for drugs.

Workgroup members also revisited other services that were previously discussed during the SAR webinar to confirm whether the costs of these services should be assigned or not. Workgroup members recommended that we don't assign the costs of services associated with non-specific symptoms, including malaise, syncope, and chest pain, as they may be clinically unrelated to a patient's asthma or COPD. They also agreed to continue not assigning costs of services for heart attacks (and all myocardial infarction diagnoses). Additionally, members recommended that we don't assign costs of thoracic surgeries as they are generally performed on a sicker population, aren't part of a patient's chronic care, and are rare and variable in usage. Workgroup members favored to continue assigning the costs of allergen testing/treatment, and had further discussions to risk adjust for allergen testing/treatment, which is described in more detail in Section 2.2 below.

<u>Key Takeaways from Discussion and/or Polls for Assigned Services</u>:

- The workgroup recommended to continue assigning the following services:
  - Pulmonary function tests.
  - Exhaled fractional nitric oxide.
  - Inhalation bronchial challenge.
  - Bronchodilation responsiveness spirometry.
  - Laboratory complete blood count with total eosinophil count.
  - Allergen testing/treatment.
- The workgroup recommended that we don't assign the following services:
  - Thoracic surgery.
  - Services associated with non-specific symptoms, including malaise, syncope, and chest pain.
- The workgroup recommended to assign laboratory complete blood count with immunoglobulin level.
- The workgroup recommended to continue not assigning services for heart attacks.

- The workgroup discussed not assigning pneumococcal immunizations, but didn't reach consensus.
- The workgroup agreed to assign biologics dupilumab and reslizumab.

2.2 Reviewing Risk Adjustment Variables

The workgroup revisited the list of risk adjustment variables discussed during the SAR webinar. Workgroup members suggested adding allergen testing/treatment as a risk adjustment variable to address concerns provided by stakeholders during field testing, mainly that allergy treatment is ongoing and would be difficult to assign to a specific episode of care. The workgroup suggested risk adjusting for allergen testing/treatment to address this concern and ensure that providers are fairly treated. Workgroup members also suggested adding Bi-Level Positive Airway Pressure (BiPAP)/Continuous Positive Airway Pressure (CPAP) as a risk adjustment variable for the Asthma/COPD measure. The workgroup revisited the smoking risk adjustment variable and suggested adjusting this variable to differentiate between current/recent and prior history of smoking.

Key Takeaways from Discussion and/or Polls for Risk Adjustor List:

- The workgroup recommended adding the following risk adjustment variables:
  - Allergen testing/treatment.
  - BiPAP/CPAP.
- The workgroup recommended adjusting the smoking risk adjustment variable to differentiate between current/recent and prior history of smoking. They also agreed to remove codes related to non-smoking nicotine dependence.

2.3 Reviewing Exclusions

The workgroup members didn't identify any additional exclusions to add to or remove from the list created after the January 2020 SAR webinar.

Key Takeaways from Discussion and/or Polls for Exclusions:

- The workgroup members didn't identify any additional exclusion variables to add to or remove from the current list.

2.4 Potential Impacts of COVID-19 on Cost Measures

In this session, workgroup members had an open discussion regarding the potential impacts of COVID-19 on the measure specifications and related considerations. Some workgroup members suggested risk adjusting for COVID-19 patients who are hospitalized, as they would be considered a sicker group of patients. However, other members noted that people who aren't hospitalized could also have respiratory complications and be sick due to COVID-19. Some workgroup members suggested monitoring the long-term impact and respiratory complications that COVID-19 has on patients as they become more known.

2.5 Next Steps

In the last session, Acumen provided an overview of the next steps. After the meeting, Acumen distributed the PFTR Webinar Poll to gather input from members on the discussions held during the webinar. The survey also consisted of open comment boxes to provide additional thoughts on quality measure alignment, future refinements based on potential impacts of COVID-19, and a space to share additional comments. Acumen will operationalize input for the measure specifications based on PFTR Webinar Poll results and will follow up with workgroup members with more information about the final steps in the measure development process.

3. Appendix: Overview of Workgroup Member Preparation and Shared Materials

3.1 Introduction

Section 3.2 provides an overview of materials shared with the workgroup members prior to the PFTR webinar. Section 3.3 provides a recap of concepts of the measure development process presented by Acumen. Section 3.4 provides a recap of the main concepts of the chronic condition cost measure framework presented by Acumen.

3.2 Overview of Meeting Materials

Prior to the meeting, workgroup members were provided with the following information to inform their discussions and votes:

- Agenda and Slide Deck, which was sent one week prior to the meeting and outlined the topics and process used for the webinar
- Asthma/COPD Field Testing Feedback Summary, which provided the feedback received during field testing and the discussion topics and questions for the measure that were discussed at the webinar
- Investigation workbooks sent one week prior to the meeting, which presented detailed findings from empirical analyses:
    - An updated Sub-Population Summary Investigation Workbook, which provided updated data on the frequency and costs associated with an updated set of sub-populations, as recommended by the workgroup during the August 2019 in-person meeting and January 2020 SAR webinar
    - An updated Candidate Services Over Time Investigation Workbook, which contained updated information on frequency and cost of up to 300 of the most commonly performed services after a trigger event to inform discussions on service assignment and included the share of episodes where the service was assigned based on the service assignment rules

The materials shared were based on analyses run on triggering methodologies with the field testing version of the trigger codes and specifications, which were developed based on input from the August 2019 workgroup in-person meetings and January 2020 SAR webinars.

3.3 Overview of Cost Measure Development

At the beginning of the meeting, Acumen presented a very brief introductory session as a refresher on the following topics:

- The activities done to date since the previous convening of the workgroup, including the national field testing
- The goals of the meeting, including a session to gather workgroup members' thoughts on potential impacts of COVID-19 on measure specifications
- A recap on the different sources of information for the workgroup to consider in addition to their clinical expertise, including analyses and data, as well as the stakeholder input from field testing and the Person and Family Questionnaire

3.4 Overview of Chronic Condition Cost Measure Framework

Acumen also presented a brief introductory session on the chronic condition cost measure framework by revisiting key components and terms initially discussed during the workgroup in-person meeting, including:

- Trigger event – identifies the start or continuation of a clinician group's management of a patient's chronic disease, and is a pair of services (trigger claim and confirming claim) billed by a clinician group practice within 180 days of one another
- Attribution window – the period during which the patient's chronic care will be monitored by a clinician group, beginning from the point of the trigger claim
- Reaffirming claim – the service identified during an attribution window that reaffirms and extends a clinician group's responsibility managing a patient's chronic disease
- Total attribution window – the period that begins with the trigger claim and concludes a year after the final reaffirming claim, which can span multiple years and vary in length for different patients
- Episode – the portion of the overall time period of a clinician's or clinician group's responsibility for managing a patient that is assigned to a performance period in which it ends
- Performance period – a static year-long period (calendar year) in which a clinician or clinician group will be measured
- Service assignment – services and their associated costs that are clinically related and are under the reasonable influence of the attributed clinician or clinician group that are assigned during the episode window
- Risk adjustment – aims to facilitate a more accurate comparison of cost across clinicians or clinician groups by adjusting for factors outside of the clinician's reasonable influence that can impact spending
- Measure score calculation
    - First, the ratio of each episode's winsorized annualized standardized observed cost to annualized expected cost is calculated.
    - Then, the measure is calculated as a weighted average of these ratios across all attributed episodes, where the weighting is each episode's number of assigned days.
    - Finally, the weighted average episode cost is multiplied by the national average winsorized annualized observed episode cost to generate a dollar figure for the cost measure score, where a measure score of greater than one indicates that a clinician is more expensive than predicted and a measure score of less than one indicates that a clinician is less expensive than predicted.

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