Clinical Subcommittee (CS) Meeting Summary: General and Colorectal Surgery CS

MACRA Episode-Based Cost Measures Clinical Subcommittees
General and Colorectal Surgery

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 of 2015 (MACRA). 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 29, 2019

1. Overview

The General and Colorectal Surgery Clinical Subcommittee (CS) met on May 29, 2019 to:

(i) provide input on which episode group to prioritize for development in Wave 3; and
(ii) discuss the desired composition of a workgroup that Acumen will convene to build out the selected measure.

The meeting was held via webinar and was attended by 25 of 31 CS members. The meeting was facilitated by Acumen moderator Walter Park and CS co-chairs Guy Orangio and Alice Coombs. The MACRA Episode-Based Cost Measure Clinical Subcommittee Composition List contains the full list of members, including names, professional roles, employers, and clinical specialties.[3]

[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] These Clinical Subcommittees were recruited through a public nomination period from March 11 to April 12, 2019.
[3] For the list of CS members in Wave 3, please download the "MACRA Episode-Based Cost Measures Clinical Subcommittee Composition (Membership) List."

During and after the meeting, CS members were polled on their preferences to ensure the measures are developed based on well-documented CS input. Mirroring National Quality Forum practices, the threshold for recommendations was >60% consensus.

At the end of the discussion regarding episode group selection, the CS voted to prioritize the development of the Colon Resection episode group into an episode-based cost measure (EBCM), based on the following considerations:

- Comparability of episodes and treatments, relative to ventral hernia repair
- Cost coverage
- Number of available services to assign
- Number of clinician specialties potentially impacted
- Opportunities for improvement in quality and cost of care, particularly post-procedure
- Robust evidence base from prior studies, including on improved outcomes and decreased cost related to anesthesia
- Treatment and cost variation

2. Summary of Discussion

2.1 Introduction

Acumen presented a short session to cover the following topics:

- Role of episode-based cost measures 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 cost measures that have been in used since the 2017 performance period: Medicare Spending Per Beneficiary and Total Per Capita Cost.
- Overview of components of EBCMs, including defining an episode group, attributing episodes to clinicians, assigning costs, risk adjusting, and aligning cost with quality.
- Details of Acumen's measure development approach, which includes:
    - A Technical Expert Panel (TEP) to provide overarching guidance.
    - The CS and workgroups to provide detailed clinical input.
    - A Person and Family Committee (PFC) to provide patient and caregiver perspectives both on high-level concepts (e.g., 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]
- Upcoming Wave 3 activities, including a smaller workgroup of around 15 members convened to provide input on each aspect of the measure in consideration of TEP and PFC input.

2.2 Episode Group Selection

Three weeks prior to the meeting, CS members were provided with the below information to vote in an Episode Group Prioritization Survey ahead of the meeting. Results of survey were distributed one week prior to the meeting as a starting point for discussions.

[4] MACRA Feedback Page, Person and Family Committee (PFC) Guiding Principles.

- Cost measure background and development guide, to serve as reference on Acumen's approach to construction and development as well as the measure development process.
- Comparison of the candidate episode groups across a range of metrics (i.e., beneficiary coverage, Medicare Parts A and B cost coverage, clinician coverage by number of attributed episode groups, and most commonly attributed specialties). The analyses were run using a preliminary set of trigger codes, which may be revised during measure development.
- Public comments received on the episode groups that were included in the draft list of episode groups and trigger codes, which was developed with input from over 70 clinicians throughout 2016 and posted in December 2016 ("the December 2016 posting").[5]
- Quality measures with patient cohorts that overlap with the candidate episode groups for consideration of potential alignment opportunities.
- PFC guiding principles, such as beneficiary coverage and clinical coherence, to consider during episode group selection.

Three candidate episode groups from the December 2016 posting were discussed: **Colon Resection**, **Cholecystectomy/Surgical Procedure for Gall Bladder Disease** (henceforth referred to as "Cholecystectomy"), and **Hernia Repair (Incisional or Ventral)** (henceforth referred to as "Hernia Repair"). **Appendicitis/Appendectomy** (henceforth referred to as "Appendectomy") was suggested in the prioritization survey and was also discussed.

- After review of the TEP and PFC guiding principles—which emphasize criteria such as beneficiary coverage, quality measure alignment, and actionability—the CS co-chair opened the discussion by referencing the results of the Episode Group Prioritization Survey taken by CS members before the meeting, in which Colon Resection and Cholecystectomy were the top contenders for development into a cost measure.
- Several CS members noted that Hernia Repair has a highly heterogeneous patient population and coding which is not sufficiently specific to identify this heterogeneity.
    - The CS expressed little interest in pursuing a cost measure for Hernia Repair.
- Several CS members raised the need to account for multiple etiologies of disease, particularly for Colon Resection and Cholecystectomy.
    - Acumen noted that the measure-specific workgroup—to be formed after the meeting based on CS input—could address such issues via sub-grouping and/or risk adjustment.
- CS members emphasized the need to examine which episode groups offer the most opportunities for improvement in care when finalizing selection.
- When comparing the value of a Colon Resection and a Cholecystectomy cost measure, CS members weighed the variation in treatment options, the complexity of the patient population, the number of associated services, and the feasibility of quantifying clinician decisions via existing claims coding.

[5] CMS, "Draft List of MACRA Episode Groups and Trigger Codes", MACRA Feedback Page, "Draft List of MACRA Episode Groups and Trigger Codes.xlsx" within this zip file.

    - Cholecystectomy was acknowledged to have less treatment variation and potentially nonspecific diagnostic codes, but also high impact and a relatively homogenous patient population.
    - In contrast, a Colon Resection measure might be more difficult to build but would likely offer more opportunities for improvement in care and more cost variation.
    - CS members referenced analytic results provided by Acumen when identifying cost trends.
- Members expressed interest in Appendectomy as an episode group that had been suggested in the prioritization survey.
    - One CS member questioned which providers would be attributed Appendectomy episodes and flagged the small number of episodes as problematic.
    - Because appendicitis can be treated surgically or medically, concerns were raised about the difficulty of determining how to trigger and to whom to attribute an episode.

After this initial discussion, CS members took part in the Episode Group Preference Poll, which narrowed the episode groups under consideration to the top two most popular—Colon Resection and Cholecystectomy—for further discussion.

- The CS co-chair focused this discussion on feasibility by asking about the number of services, types of attributed clinicians, and disease etiologies that might be included in a Colon Resection measure.
    - Acumen noted that the measure-specific workgroup would have more opportunities to define the scope of the measure by considering analyses (e.g., statistics on potential sub-populations of patients for the episode group) alongside clinical judgment.
- In contrast to an earlier comment, one CS member felt Colon Resection would offer significant opportunities to identify variation in anesthesia and post-operative care.
- CS members again mentioned cost variation and quantity of assigned services as reasons to select Colon Resection, particularly given that the procedure is typically performed inpatient.
- Cholecystectomy was acknowledged as potentially being easier to develop into a cost measure, but the CS felt Acumen's measure development process could adequately address many of the relative complexities of a Colon Resection episode group.

After concluding discussion of Colon Resection versus Cholecystectomy, CS members took an Episode Group Confirmation Poll and voted to prioritize development of Colon Resection into an EBCM.

2.3 Workgroup Composition

Having voted on the episode group, the CS provided input on the type of expertise they believed was most appropriate for members that would be part of a Colon Resection measure-specific workgroup of around 15 members. Smaller and more targeted workgroups were instituted based on feedback from earlier waves of measure development. Prior CS members noted that a smaller workgroup facilitates more engagement and the provision of granular input on each component of measure specifications. The workgroups include clinicians from the attributed specialty as well as other clinicians involved in the care continuum.

CS members mentioned the following specialties:

- Advance practice nurses
- Anesthesiology personnel (including anesthesiologists and certified registered nurse anesthetists)
- Gastroenterology
- General and colorectal surgery
- Geriatrics
- Internal and hospital medicine and primary care
- Medical oncology
- Nutrition
- Pain management
- Physical therapy
- Physician assistants
- Radiology and interventional radiology
- Social work
- Surgical oncology
- Wound and ostomy nurses

CS members also recommended several types of experience be considered:

- Experience in measure development
- Experience with various disease pathologies leading to colon resection, including malignancies
- Minimally invasive versus open colectomy
- Number and type of colon resection cases handled

Finally, CS members provided suggestions for other, more granular criteria that could be taken into account when selecting workgroup members:

- Complexity of case-mix for patients seen by clinician members
- Consideration for practice settings (urban versus rural, geographic location, academic medical center)
- Treatment of diverticulitis versus cancer versus Inflammatory Bowel Disease

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 Colon Resection specifically, while also including select specialties that play a role in the larger care continuum for Colon Resection. Acumen considered these results (e.g., noting which specialties received the highest proportion of votes) in providing workgroup composition recommendations to CMS.

2.4 Person and Family Committee (PFC) Input for Workgroups

CS members discussed topics for which the PFC could provide actionable information to the workgroup. Members identified the following topics of interest:

- Clinician responsibility during the episode (i.e., surgeon vs. primary care provider role, particularly with regards to risk management and recovery)
- Content and value of patient educational materials
- Costs to patients associated with longer stays versus readmissions
- Difference in recovery time for minimally invasive versus open procedures
- Experiences meeting with nutritionists and other staff to improve outcomes
- Impact of different living arrangements (e.g., living alone, living with a caretaker)
- Modification of risk factors to decrease the potential for poor outcomes
- Presence and understanding of the plan for short-term and long-term recovery

2.5 Next Steps

Acumen distributed a Workgroup Composition Survey to be completed during or after the meeting, which included a point allocation question to gather input from members about what mix of specialties the members believed would be needed 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 highlighted the upcoming workgroup in-person meeting in August.

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