Clinical Subcommittee (CS) Meeting Summary: Hospital Medicine CS

MACRA Episode-Based Cost Measures Clinical Subcommittees
Hospital Medicine

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, June 3, 2019

1. Overview

The Hospital Medicine Clinical Subcommittee (CS) met on June 3, 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 40 of 47 CS members. This meeting was facilitated by an Acumen moderator, Nirmal Choradia, as well as CS co-chairs Carolyn Fruci and Robert Zipper. The MACRA Episode-Based Cost Measure Clinical Subcommittee Composition List contains the full list of members, including names, professional roles and 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] Members for 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 measure specifications 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 **Sepsis** episode group into an episode-based cost measure (EBCM), based on the following considerations:

- Amenable heterogeneity in stage and severity of condition to facilitate stratification of patients while maintaining a large patient cohort
- Cost coverage
- Clinician specialties potentially impacted
- Opportunities for improvement in quality and cost of care
- Robust evidence base from prior studies, including pathways of care to improve outcomes
- Treatment and cost variation

2. Summary of Discussion

2.1 Introduction

Acumen presented a short session to cover the following topics:

- The role of episode-based cost measures within the context of MIPS and the cost performance category.
- 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 use 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 (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]
- 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. The results of which were distributed 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 a reference on fundamentals of EBCMs and Acumen's measure development approach.
- The Episode Group Prioritization Workbook, which contained the results of analyses calculated using draft episode groups planned for refinement, that provided comparison of the candidate episode groups across a range of metrics (i.e., beneficiary coverage, Medicare Parts A and B cost coverage, and clinician coverage by number of attributed episode groups and most commonly attributed specialties).
- 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 cohort codes in common with the draft episode groups for consideration of potential alignment opportunities.
- PFC guiding principles, including beneficiary coverage and clinical coherence, to consider during episode group selection.

The following candidate episode groups from the December 2016 posting were discussed during the meeting: **Cellulitis, Kidney and Urinary Tract Infections, Pulmonary Edema, Renal Failure Not Requiring Dialysis,** and **Sepsis. Heart Failure** was also included in the December 2016 posting, although it was not included in the nomination form or the Episode Group Prioritization workbook as a candidate episode group. **Deep Vein Thrombosis** was included in the Episode Group Prioritization Workbook, and **Osteomyelitis** was introduced during discussion.

- After review of the TEP and PFC guiding principles—which emphasize criteria such as beneficiary coverage, quality measure alignment, and actionability—the CS co-chairs opened the discussion by referencing the results of the Episode Group Prioritization Survey taken by CS members before the meeting, in which Sepsis was the highest-ranked cost measure for development, followed by Deep Vein Thrombosis and Kidney and Urinary Tract Infections.
- A number of CS members expressed that Sepsis was the most suitable episode group for development due to high cost coverage. Members also highlighted patient morbidity and mortality as well as hospital length of stay as characteristics that render Sepsis a high priority for development, as these indicate opportunities for both cost and quality improvement.
- The CS co-chairs remarked that sepsis experiences wide variation in severity and coding practices between hospitals. Diagnosis codes for sepsis often do not indicate the infectious cause or severity of sepsis, complicating the selection of the patient study population. Furthermore, clinicians who treat patients more often coded as septic or with less severe sepsis may reflect lower costs than other clinicians. Several CS members commented that these challenges could be addressed by restricting to specific assigned services and/or causes of sepsis.
- CS members also discussed additional features of the Sepsis episode group that may present challenges during cost measure development:

[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.

    - CS members noted that there is already substantial focus and reporting on sepsis from existing quality measures. Because of this, several CS members expressed concern that sepsis may be more suited for quality measures rather than cost measures.
    - CS members noted that sepsis is characterized by high mortality rates, which may result in a problematic study population as beneficiaries who die within the episode window have previously been excluded from cost measures.
- CS members pointed out advantageous features of Kidney and Urinary Tract Infections for cost measure development. Namely, there are opportunities for cost improvement, and the patient population is relatively homogeneous and likely over-treated. CS members also noted that Kidney and Urinary Tract Infections has strong potential for capturing variation in care, citing variation in treatment, discharge plans, and post-acute care.
    - CS members described similar cost and patient population advantages for Cellulitis. However, CS members noted that many patients who are admitted with Cellulitis are misdiagnosed, which may adversely affect hospitals that may not have appropriate clinicians, such as dermatologists, to correctly evaluate and diagnose patients.
- CS members also discussed each of the other candidate episode groups, citing disadvantages in identification of study population, treatment setting, and beneficiary coverage:
    - CS members noted that Pulmonary Edema is a symptom with many underlying causes; consequently, patients are often not assigned a Diagnosis Related Group (DRG) based on Pulmonary Edema, even though it is a common symptom.
    - Based on the Episode Group Prioritization Workbook, Deep Vein Thrombosis rarely appears as an inpatient admission. CS members explained that Deep Vein Thrombosis is often treated in the outpatient setting instead, noting that episode volume could be increased if pulmonary embolism were included. However, even with the addition of pulmonary embolism, inpatient admissions may be too low and too heterogeneous to comprise a viable episode group.
    - Renal Failure Not Requiring Dialysis was initially suggested as an episode group with a relatively homogeneous population and a common condition for which a cost measure could improve care coordination. However, CS members named challenges associated with selecting DRGs for use in measure construction. Furthermore, CS members indicated that renal failure is more of a symptom of a disease process and the DRG would only be coded when the etiology of the renal failure cannot be found. It is also unclear how often renal failure is present at admission.
    - Heart Failure was briefly suggested as an episode group due to its high cost impact potential. However, several CS members indicated that Heart Failure spans a wide range of diagnoses and causes and would be complex to develop.
    - Several CS members also suggested Osteomyelitis for lower extremities in the diabetic population, as this population could be identified more easily. However, this potential episode group would be characterized by low impact due to its relatively small number of episodes.

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 based on the highest point allocation. **Sepsis** and **Kidney and Urinary Tract Infections** were selected for further discussion.

- CS members reiterated several advantages of developing the Sepsis episode group, emphasizing that Sepsis would have the largest impact in terms of cost and beneficiary coverage. Additionally, the CS co-chair noted that sepsis may experience wide variation in post-acute care costs, presenting an opportunity to reduce inappropriate and costly care. CS members expressed that these opportunities for impact rendered the Sepsis episode group a higher priority for development than Kidney and Urinary Tract Infections, despite the fact that Kidney and Urinary Tract Infections would be more feasible.
- CS members discussed potential ways to improve the feasibility of a Sepsis measure, such as narrowing the patient population to improve homogeneity of the patient cohort. CS members noted that many Sepsis sub-populations would need to be stratified, risk adjusted, or excluded to obtain a homogeneous study population.
    - Acumen provided one potential avenue for narrowing the study population by proposing Sepsis Due to Urinary Tract Infections, which combines Sepsis with Urinary Tract Infections. This would combine the triggering DRGs of Sepsis and Kidney and Urinary Tract Infections, while narrowing the Sepsis DRGs through assessment of specific International Classification of Diseases 10th Version (ICD-10) diagnosis codes.

After concluding discussion of Sepsis versus Kidney and Urinary Tract Infections, CS members took an Episode Group Confirmation Poll to vote on their preference between the two. Although the results of the vote indicated a preference for Sepsis, neither episode group reached the threshold of greater than 60 percent of the votes. In the subsequent vote, CS members voted for Sepsis exceeding the 60 percent threshold, confirming the CS's input to prioritize Sepsis for development in Wave 3.

2.3 Workgroup Composition

In the Episode Group Consensus Confirmation and Workgroup Composition Survey, Acumen provided a list of specialties for CS members to express their preferences with the option to provide additional open-ended responses. This survey was completed in the days following the meeting. The specialties considered by CS members highlighted the large range of clinicians who play a role in care coordination and the patient's care trajectory. CS members voted on their preferences for weighting 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 Sepsis specifically, while also including select specialties that play a role in the larger care continuum for sepsis. 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

In the PFC section of the Episode Group Consensus Confirmation and Workgroup Composition Survey, CS members submitted suggestions regarding topics for which the PFC could provide

actionable information to the workgroup during measure development. In these suggestions, CS members identified the following topics of interest:

- Clinician care coordination during the episode
- Education of clinicians and patients to improve early recognition and diagnosis
- Content and value of patient educational materials
- Cost to patients, particularly with regard to longer stays, readmissions, and discharge to post-acute facilities
- Management of risk factors to mitigate poor outcomes
- Family member involvement in the patient's health care plan, including dissemination of clinical information
- Post-discharge considerations including disposition, quality of life, return to employment, organ injury, and options for continuing support

2.5 Next Steps

Acumen distributed an Episode Group Consensus Confirmation and Workgroup Composition Survey to be completed 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. The revote between the Sepsis episode group and the Kidney and Urinary Tract Infections episode group was also appended to this survey.

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 Episode Group Consensus Confirmation and 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.
