Clinical Subcommittee (CS) Meeting Summary: Dermatologic Disease Management CS

MACRA Episode-Based Cost Measures Clinical Subcommittees
Dermatologic 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 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 30, 2019

1. Overview

The Dermatologic Disease Management Clinical Subcommittee (CS) met on May 30, 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 in Washington, DC, and was attended by all 22 CS members. 19 members attended in-person, and three members attended online via webinar. This meeting was facilitated by Acumen moderator Alicia Bazzano and the CS co-chairs, Howard Rogers, and Aamir Siddiqui. 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, refer to 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.

After the conclusion of the in-person meeting, the CS unanimously voted to prioritize the development of the **Melanoma Resection** episode group into an episode-based cost measure (EBCM), based on the following considerations:

- Higher degree of homogeneity for episodes, patient cohort, and treatments
- Appreciable coverage of Medicare costs
- Easily defined episodes due to the availability of diagnoses and set treatment guidelines
- Homogeneity of episodes due to fewer metachronous or synchronous lesions
- High patient impact due to disease severity
- Curative treatment protocol and high patient impact due to disease severity

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 episode-based cost measures 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 (such as 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.

Four episode groups were discussed during the meeting: **Melanoma Resection,** from the December 2016 posting, as well as **Basal or Squamous Cell Carcinoma Resection** and **Mohs Surgery**, which had been discussed in the past. Additionally, **Actinic Keratosis** was suggested both before and during the meeting as a potential option for development.

- 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 began the discussion by referencing the results of the Episode Group Prioritization Survey, in which Melanoma Resection received the highest number of votes, with Basal or Squamous Cell Carcinoma Resection receiving the second-most votes.
- The CS noted that the Basal or Squamous Cell Carcinoma Resection episode group had substantial variability and heterogeneity regarding treatment options, cost, complexity, severity, characterization, and patient characteristics. The CS added that many cases do require subsequent follow up for resections of additional instances of carcinomas, which may add complexity in determining sub-populations and assigned costs.
    - Additionally, a few of the CS noted there may be some coding challenges, e.g., that the current ICD-10 codes for carcinoma may be very similar.
- CS members noted better distinction for diagnoses and treatment protocols for Melanoma Resection compared to Basal or Squamous Cell Carcinoma Resection. Because of the more defined treatment guidelines and protocols for Melanoma Resection, a few CS members noted that parsing out costs to be assigned to the episodes could be accomplished more feasibly.
    - Additionally, compared to Basal or Squamous Cell Carcinoma, a few CS members added that Melanoma has a lower likelihood of metachronous disease, meaning that the totality of treatment for Melanoma Resection is more likely to be captured in the episode window.

[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 also indicated that several quality measures related to Melanoma Resection are under development.
- The CS members noted that Melanoma Resection is the most clinically coherent episode group of the four options due to relatively homogenous patient and severity mix.
- Several CS members raised different considerations for the workgroup to deliberate in later discussions regarding risk adjustment and sub-grouping (e.g., potential geographic variation in rates of resection between rural versus urban areas, as well as variation by age and other comorbidities).
- The CS as a whole agreed that the severity of the disease and the curative treatment protocol motivate the prioritization of the Melanoma Resection episode group.
    - CS members remarked that a Melanoma Resection cost measure presents potentially high beneficiary impact given the disease severity of this condition.
    - The curative treatment protocol makes defining an episode window and capturing all treatment-related costs more feasible.
- The CS discussed Mohs' Surgery, noting that Mohs' Surgery represents a very small portion of a single specialty (dermatologists), making it the least representative of the candidate episode groups. Additionally, patients undergoing Mohs' Surgery have varying levels of disease severity. The CS agreed that Mohs' Surgery needs more time to have quality of care addressed before being developed as a measure.
- The CS noted that an Actinic Keratosis measure would benefit immensely from Part D data. Several CS members noted that Actinic Keratosis tend to be a chronic condition rather than an acute inpatient condition or procedure. The CS agreed that this episode group was a less ideal measure to develop for this CS at this time.

After this initial discussion, CS members took part in the Episode Group Preference Poll, in which they allocated points to identify episode groups for further discussion. The results of the poll narrowed the episode groups under consideration to **Melanoma Resection** and **Basal or Squamous Cell Carcinoma Resection**. The CS spent an appreciable portion of their time discussing potential considerations for measure development. The points below are neither formal recommendations nor official decisions, but rather items that they believe would be important to consider as the measure is developed.

- Several CS members remarked that Melanoma Resection has a sufficiently diverse, though not heterogeneous, patient cohort. Sub-grouping and risk adjusting could retain as many patients as possible while capturing differences.
- One CS member noted that head and neck melanomas are treated differently and recommended that they could be stratified. The same member added that the Melanoma Resection workgroup might consider refining the measure by only including cutaneous incidences and excluding mucosal instances.
    - Another CS member suggested that ocular and conjunctival melanoma could be considered for exclusion.
- A CS co-chair recommended that immunosuppressed patients could be stratified and not outright excluded in order to separate out higher/lower risk and/or cost. The moderator confirmed that this strategy had worked well in previously developed measures.
- Several CS members suggested that metastatic melanoma could be excluded, with one CS member adding that these could be easily identified through Current Procedural Terminology/Healthcare Common Practice Coding System (CPT/HCPCS) procedure

codes or through the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) diagnosis codes.
- The CS also considered that it may be beneficial for the lookback period to account for pre-excision biopsies, and added other areas of stratification, including lymphadenectomy (surgical removal of lymph nodes).

The discussion was heavily focused on Melanoma Resection. In the Episode Group Confirmation Poll distributed after the meeting, CS members voted between Melanoma Resection and Basal or Squamous Cell Carcinoma Resection for measure development. The CS voted in support of Melanoma Resection.

2.3 Workgroup Composition

The CS provided input on the type of expertise they believed was most appropriate for members that would be part of a Melanoma Resection measure-specific workgroup. 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 that the following specialties should be considered for representation:
- Dermatopathology
- Dermatology
    - Dermatologists
    - Mohs' Specialists
    - Dermatology Physician's Assistant/Nurse Practitioner
- Surgery
    - Plastic Surgery
    - General Surgery
    - Head and Neck/ENT Surgery
    - Surgical Oncology
    - Oculoplastics
- Clinical
    - Diagnostic Radiology
    - Medical Oncology
    - Radiation Oncology

CS members also recommended several types of experience be considered:
- Experience in Quality Measurement
- Direct Patient Care
- Medical Coding

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

- Consideration for practice settings (urban versus rural, geographic location, academic versus private practice)
- Melanoma specialists

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 Melanoma Resection specifically, while also including select specialties that play a role in the larger care continuum for Melanoma 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 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:

- Accounting for the differential impact melanoma has on different races
- Gathering input from melanoma support groups
- Obtaining true informed consent for follow-up procedures from the patient
- Identifying the primary caregiver, such as which physician the patient saw the most (including which physician made the most decisions, second opinions, and shared decision making representing care coordination) during the episode to aid in attribution

2.5 Next Steps

Acumen distributed a Workgroup Composition Survey to be completed during or after the meeting, which included a choice between Melanoma Resection and Basal or Squamous Cell Carcinoma Resection for the final determination of the episode group to undergo development. The survey also contained two point allocation questions to gather input from members about what mix of clinical fields and narrower 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 workgroup 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.
