Prostate Cancer Post-Field Test Refinement (PFTR) Webinar Meeting Summary

MACRA Episode-Based Cost Measures: Clinician Expert Workgroups
Workgroup Webinar, March 17, 2023
April 2023

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 to provide input in cycles of development ("Waves").[1] In Wave 5, we obtained input on candidate clinical areas and episode groups through a public comment period from February 18, 2022, to April 1, 2022.[2] This approach provided flexibility for a wider range of interested parties to participate around their schedule. The prioritization criteria used to identify strong candidate episode groups and concepts were developed based on input from our technical expert panel (TEP), Person and Family Engagement (PFE), Clinical Subcommittees (CS), and Clinician Expert Workgroups ("workgroups"). The following Wave 5 episode groups were finalized based on the prioritization criteria, public comments received, and discussions with CMS: (i) Kidney Transplant Management, (ii) Rheumatoid Arthritis, and (iii) Prostate Cancer. In addition to Wave 5 of cost measure development, which is currently underway, Acumen is developing cost measures for Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD).

We held a nomination period for workgroup members between June 3, 2022, and July 1, 2022. The workgroups are composed of clinicians with expertise directly relevant to the selected episode groups. Workgroups (of about 15-20 members) were finalized in July 2022, and they

[1] For information on measure development in Wave 5, refer to the Wave 5 Measure Development Process document (https://www.cms.gov/files/document/2023-cmft-ebcm-process.pdf).
[2] For a summary of comments we received during the public comment period, refer to the Wave 5 Measure Development Public Comment Summary Report (https://www.cms.gov/files/document/wave-5-public-comment-summary-report.pdf).

provided detailed input on the development of the selected episode groups during their first workgroup webinars from July 26 to 28, 2022. Acumen convened the workgroups again for a Service Assignment and Refinement (SAR) Webinar to revisit the specifications recommended during the workgroup webinar and refine the measures prior to national field testing. After the national field test from January 17, 2023, to February 14, 2023, Acumen convened the workgroups for a Post-Field Test Refinement (PFTR) Webinar to continue measure specification and refinement discussions in March 2023. For Wave 5, all workgroup meetings were held virtually.

Prostate Cancer PFTR Webinar, March 17, 2023

This meeting summary document outlines the purpose, discussion, and recommendations from the Prostate Cancer 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 Prostate Cancer PFTR Webinar on March 17, 2023, were the following:

(i) Review feedback on the measure from the national field test
(ii) Provide input to specify the cost measure for potential use in MIPS that can accurately distinguish between good and poor performance among clinicians in terms of cost efficiency
(iii) Consider results of empirical analyses and the Person and Family Partner (PFP) findings
(iv) Provide input on extending the duration of the lookback period used for patient characteristics classification, how to account for sub-populations to ensure that the measure allows for meaningful clinical comparisons, and categories of clinically related services to assign to the episode group

The meeting was held online via webinar and attended by 8 of the 17 workgroup members. The webinar was facilitated by an Acumen moderator, Heather Litvinoff. The Prostate Cancer workgroup chair was Join Luh, who also facilitated meeting discussions. Martie Carnie and Joe Connell were the PFPs that attended the webinar to discuss and address questions regarding the PFP findings. The MACRA Episode-Based Cost Measure Workgroup Composition List contains the full list of members, including names, professional roles, employers, and clinical specialties; it's available on the MACRA Feedback Page.[3]

All interested parties 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 polled on their preferences to ensure the measures are developed based on well-documented input. Based on similar meeting discussion practices, the

[3] CMS, "MACRA Episode-Based Cost Measures Wave 5 Clinician Expert Workgroup Composition (Membership) List" (https://www.cms.gov/files/document/wave-5-workgroup-comp-list-922.pdf).

threshold for support was >60% consensus among poll responses. This document summarizes the workgroup members' input from both the discussion as well as the polls.

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. The first subsection summarizes the PFP findings discussed during the webinar. The remaining subsections describe workgroup member discussions and recommendations on extending the duration of the lookback period used for patient characteristics classification, further refining the risk adjustment model, and identifying clinically related services, respectively. The final subsection provides an overview of next steps for the measure development process.

2.1 Person and Family Partner (PFP) Findings and Discussion

We conducted focus groups and interviews with 3 PFPs to gather input that would inform cost measure development for Prostate Cancer. During the webinar, 2 PFPs shared these findings and fielded questions from the workgroup members.

PFPs highlighted the need for comprehensive education of patients and family caregivers on treatment modalities and related side effects. PFPs emphasized the role of patient-clinician communication in building trust and improving care outcomes. They also noted that those detailed discussions on the implications of the various treatment options are necessary for patients and caregivers to make informed decisions, especially when the care plan becomes complex with the multitude of treatment options and combination. One PFP noted that patient education leads to greater confidence in and adherence to the treatment regimen. Another PFP mentioned that awareness of treatment side effects empowers patients to recognize symptoms and be more proactive in seeking help when needed.

PFPs also discussed the importance of timely, appropriate treatment to manage increasing disease severity for improved health outcomes and maintaining quality of life. PFPs mentioned the limited treatment options available in rural health centers and the need for psychosocial support, especially when patients receive hormone therapies and are experiencing hormonal changes. PFPs also discussed the challenges they faced trying to acquire appropriate pain management. Furthermore, the PFP discussions reveal that age is an influencing factor in choosing a treatment plan, and the clinician's ability to provide personalized care was critical to the patient's health outcomes.

Workgroup members noted their appreciation of the feedback provided by PFPs, recognized the usefulness of PFP involvement in the cost measure development process, and discussed opportunities for further improving patient outcomes. One member acknowledged that despite recent improvements in accessibility, some patients may still face challenges acquiring certain imaging services, such as magnetic resonance imaging (MRI), as they're not yet widely available. Another workgroup member wanted to know whether an episode-based cost measure for prostate cancer has the potential to improve the care experience for patients and family caregivers. PFPs noted that although there has been progress in patient- and family-centered care in recent years, they believe a cost measure would contribute to improving their overall experience with prostate cancer care. Lastly, workgroup members expressed interest in

developing quality measures that align with the Prostate Cancer cost measure to better define improvement opportunities for clinicians that address the needs of patients and family caregivers and improve their experience with healthcare systems.

2.2 Length of the Lookback Period

During field testing, commenters expressed concerns that the current duration of the lookback period may be too short to capture the full range of services that a patient with prostate cancer receives prior to the episode start date. The lookback period refers to the period prior to the start of an episode of care, which is used to find information that can indicate a patient's clinical characteristics or factors that may indicate their expected level of resource use. Typically, a 120-day lookback period is used because it generally allows enough time to capture the desired information without imposing a significant data burden, which increases computational needs and disqualifies patients who don't have continuous coverage throughout the lookback period.

During the webinar, Acumen presented empirical data on the impact of extending the duration of the lookback period for the measure from 120 days to 365 days for identifying treatment modalities that a patient has received prior to the episode. The results show that some episodes that were previously classified as low risk are reclassified into higher risk groups if the lookback period is extended. Workgroup members noted that extending the lookback period may be beneficial in improving risk stratification and sub-grouping for the measure. Members also noted that 365 days is an appropriate length for the lookback period, and there were no comments that supported a different length.

Key Takeaways from Discussion and/or Polls for Length of the Lookback Period:

- Members recommended extending the lookback period from 120 days to 365 days for identifying treatment modalities that a patient has received prior to the episode.

2.3 Risk Adjustment

Members also engaged in a detailed discussion about how to further refine the risk adjustment model to account for patient cohort heterogeneity among various sub-populations within the Prostate Cancer episode group. Subpopulations refer to patient cohorts as defined by their preexisting conditions and characteristics. Workgroup members discussed:

(i) Stratifying the patient population into mutually exclusive and exhaustive sub-groups to define more homogenous patient cohorts[4]
(ii) Defining covariates in the risk adjustment model[5]
(iii) Identifying measure exclusions[6]
(iv) Adjusting for social risk factors

[4] Sub-grouping is a method that's intended for when we would want to compare episodes only with other similar episodes within the same sub-group. This approach is used when sub-groups are very different from one another, and each sub-group requires its own risk adjustment model. Since each sub-group will have its own risk adjustment model, the size of each sub-group should be sufficiently large.
[5] Risk adjusting is a method to account for the case-mix of patients and other non-clinical characteristics that influence complexity. It's meant to be used for sub-populations that make up a large share of patients who have a characteristic that's outside of the attributed clinician's reasonable influence. Risk-adjusted cost measures adjust observed episode spending to an expected episode spending (predicted by a risk adjustment model).
[6] Excluding is a method in which we exclude certain patients or episodes to address issues with patient heterogeneity. This approach should be used when the sub-population affects a small, unique set of patients in which risk adjustment wouldn't be sufficient to account for their differences in expected cost.

The risk adjustment model is used to account for factors outside of the attributed clinician's reasonable influence that may drive costs for an episode. During field testing, commenters had concerns about using only administrative claims data for risk stratification. After Acumen presented analytic data on prior treatment modalities that are potential indicators of episode cost, workgroup members discussed the patient subpopulations and their preferences for how to address them. Despite the limitation of claims data, members noted that additional risk adjustors could be incorporated into the risk adjustment model. Members suggested additional treatment modalities that can be included in the model (i.e., radiopharmaceuticals, high frequency ultrasound ablation, nuclear medicine, genetic testing, and other immunotherapies not currently included in the measure, such as Pembrolizumab and Dostarlimab), if supported by further testing. Members also wanted to know how the risk adjustment model accounts for patients with one or more other types of cancer, to which Acumen explained that the current standard risk adjustors include comorbidities captured by CMS Hierarchical Condition Category (HCC) codes that map with thousands of ICD-10 diagnosis codes.

2.3.1 Social Risk Factors

During field testing, commenters had concerns about the impact of social risk factors (SRFs) on the measure. Acumen routinely assesses the impact of SRFs on episode-based cost measures to make sure that there's balance between ensuring fairness for clinicians who treat higher shares of vulnerable patients and the possibility of masking poor performance.

Acumen presented findings from measure testing on SRFs. The results demonstrate that a patient's dual status (i.e., Medicare and Medicaid enrollment) is the most consistent predictor of episode cost, even in the presence of other known predictors like race and socioeconomic status indicators. Furthermore, worse performance scores are observed among providers with a higher share of dual beneficiaries for both dual and non-dual episodes. While many clinicians perform equally well on episodes with dual and non-dual status patients, a subset of clinicians perform worse on their dual episodes than their non-dual episodes.

Workgroup members noted that risk adjusting for dual status is an appropriate starting point for capturing high-risk vulnerable populations for this measure. Members also proposed additional risk factors that may impact the cost of an episode, including obesity, homelessness, access to transportation, food insecurity, and literacy. To that note, Acumen explained the difficulty in performing SRF analysis due to limited data availability. Survey data are often a good proxy for a small geographical area; however, they're not always as accurate at measuring social risk at the individual level as dual status.

Key Takeaways from Discussion and/or Polls for Accounting for Patient Heterogeneity:

- Members recommended including prior treatment modalities as risk adjustors, if supported by further testing.
- Members supported Acumen's approach in testing for the impact of SRFs on the measure.

2.4 Identifying Clinically Related Services

Acumen briefly described the purpose of service assignment so that members could continue discussing which services associated with the attributed clinician's role in managing the patient's care should be included in the cost measure. These assigned services should be inclusive enough to identify a measurable performance difference between clinicians but also not introduce excessive noise. The following paragraphs summarize discussions of the categories of assigned services.

During national field testing, commenters had concerns about the inclusion of Part D drugs in the measure due to high costs and potentially limited scope of influence for clinicians. Acumen presented measure testing results showing that sub-grouping by Part D and risk adjustment enables fair comparisons between clinicians and clinician groups. Furthermore, based on prior webinars, workgroup members concluded that the use of medications is a substantial component of prostate cancer care.

Members discussed the inclusion of additional services in the measure, such as radiopharmaceuticals, high-intensity ultrasound, orchiectomy, and nuclear medicine. Members noted the potential overlap between specialties involved in prostate cancer care (e.g., surgical oncology and urology; hematology and medical oncology) and suggested additional specialties that can be included in the measure, such as advanced practice providers (i.e., physician assistants and nurse practitioners).

Lastly, workgroup members expressed concerns about how we account for prostate cancer patients with commercial insurance plans other than Medicare or Medicaid. Acumen explained that the Prostate Cancer measure would be intended for use in MIPS, and, therefore, it focuses on Medicare patients who receive medical care for prostate cancer. The chair expressed concerns about patients with non-metastatic or localized disease receiving medications used in metastatic cases. Another member noted that, in their experience, metastatic medications are sometimes used on non-metastatic cases.

Key Takeaways from Discussion and/or Polls for Identifying Clinically Related Services:

- Members recommended continuing to include Part D drugs in the Prostate Cancer measure.

2.5 Next Steps

In the last session, Acumen provided a wrap-up of the discussion and 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. Acumen will operationalize input for the measure specifications based on PFTR Webinar discussion and 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 workgroup webinar. Section 3.3 provides a recap of concepts of the measure development process 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 prior to the meeting and outlined the topics and process used for the webinar, including embedded empirical analysis results
- Investigation workbooks sent prior to the meeting, which presented detailed findings from empirical analyses:
    - A Sub-Population Analysis, which provided data on the frequency and cost associated with a set of sub-populations informed by public comments received, prior workgroup discussions, and deliberations among the Acumen clinical team
    - Service Utilization over Time Analysis, which lists the top 200 most frequent services for each claim setting across episodes for the draft version of the measure, along with various metrics regarding those services (e.g., share of episodes with that service, average cost of the service per episode, share of attributed clinicians who furnished the service).

The materials shared were based on analyses run on draft measure specifications that the Acumen clinical team created, based on input from the previous meetings, field testing feedback, and discussions with CMS.

3.3 Overview of Cost Measure Development

At the beginning of the meeting, Acumen presented an introductory session on the following topics:

- The activities done to date for the development of episode-based cost measures, including the Wave 5 measure development public comment period
- The goals of the meeting and timeline of activities for Wave 5
- A recap of applicable background and context related to the cost measure, framework items, and information from the previous meetings