Webinar Objectives

1. Discuss national palliative care measure initiatives
2. Describe the MACRA Palliative Care Measures Project
3. Explain how the MACRA project evolved
4. Identify how I and my organization can get involved with the MACRA project

CMS Awards $5.5M to Develop Palliative Care Measures

- AAHPM, in partnership with the National Coalition for Hospice and Palliative Care (Coalition) and the RAND Corporation, was awarded a three-year cooperative agreement from Centers for Medicare and Medicaid Services (CMS) to develop patient-reported quality measures for community-based palliative care.

- The measures are intended for use in CMS’s Quality Payment Program (QPP), including Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs).

www.nationalcoalitionhpc.org/macra

AAHPM-MACRA Team: Organizational Chart
Thank you! is providing valuable support and representatives to ensure patient and caregiver inclusion in the measure development process.

BACKGROUND: Setting the Context

Meaningful Measures Initiative

- Empower patients and doctors to make decisions about their health care
- What is a measure of value, feasibility, and local leadership
- Support innovative approaches to improve quality, accountability, and affordability
- Improve the CMS customer experience

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CMS Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program (QPP), that provides for two participation tracks:

- Measuring What Matters (AAHPM & HPNA)
  - Top 10 Indicators
    - Comprehensive assessment
    - Screening for physical symptoms
    - Pain treatment
    - Depression screening and management
    - Discussion of emotional or psychological needs
    - Discussion of spiritual/religious concerns
    - Documentation of advance care preferences
    - Treatment preferences
    - Care consistency with documented care preferences
    - Patient/family care quality global assessment

- Advanced Practice Payment Model (Advanced APM)

MIPS: Quick Overview

MIPS Performance Categories

- Quality
- Cost
- Improvement Activities
- Population Health

100 Possible Final Score Points

- Comprised of four performance categories
- So what? The points from each performance category are added together to give you a MIPS Final Score.
- The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a positive, negative, or neutral payment adjustment.

Measuring What Matters (AAHPM & HPNA)
Other Measurement Projects

- **Palliative Care Quality Collaborative (PCQC)** - Develop a unified Serious Illness / Palliative Care registry and Quality Improvement Collaborative
  - For more info: [http://aahpm.org/quality/registries-in-hpm](http://aahpm.org/quality/registries-in-hpm)

- **AARP Innovative Measure Development Grant** - Broaden the eligible population for hospice and palliative medicine quality measures to include those with serious illness
  - For more info: [http://aahpmblog.org/articles/aahpm-amga-end-optumlates-awarded-grant-funding-from-aarp/](http://aahpmblog.org/articles/aahpm-amga-end-optumlates-awarded-grant-funding-from-aarp/)

Measure Gaps Identified by CMS

CMS identified specialties to target for future measure development to support the Quality Payment Program:
- Orthopedic surgery
- Palliative care (AAHPM)
- Pathology
- Radiology
- Mental health and substance use conditions
- Oncology
- Emergency medicine

OVERVIEW: MACRA Palliative Care Measurement Project
MACRA Palliative Care Measures Project

Goal:
Develop two patient reported outcome performance measures (PRO-PMs) for outpatient palliative care in the areas of:
1. Communication, and
2. Pain management

Project Objectives
1. Develop patient reported outcome performance measures (PRO-PMs) for patients with serious illness while incorporating the patient voice and patient preferences.
2. Develop cross-cutting measures broadly applicable to patients with serious illness and their families receiving care in palliative, primary or specialty care settings in order to ultimately improve the quality of that care.
3. Convene an innovative technical expert clinical user patient panel (TECUPP) that incorporates patient, caregiver, and family input directly into the measure development, specification, testing and implementation processes.
4. Submit palliative care measures for endorsement by the National Quality Forum (NQF) and for inclusion into CMS’ Quality Payment Programs (QPP)

Proposed Measures

<table>
<thead>
<tr>
<th>Palliative care outpatients’ experience of feeling heard and understood by their provider and team</th>
<th>Palliative care outpatients’ experience of receiving the help they wanted for their pain from their provider and team</th>
</tr>
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<tbody>
<tr>
<td>The percentage of patients aged 18 years and older with at least 1 outpatient palliative care visit in 3 months, answering a survey question about feeling heard and understood, who report feeling heard and understood by their palliative care provider and team.</td>
<td>The percentage of patients aged 18 years and older with at least 1 outpatient palliative care visit in 3 months, reporting pain and wanting help for their pain, who report getting the help they wanted for their pain from their palliative care provider and team.</td>
</tr>
</tbody>
</table>
Five (5) Phases of Measure Development

Timeline/Process for Quality Measure Development

- CMS MACRA Cooperative Agreement to AAHPM
- Identification of Co-chairs and TECUPP/MSP Members
- ENVIRONMENTAL SCAN AND LITERATURE REVIEW
- FOCUS GROUPS WITH PATIENTS AND PROVIDERS
  - COGNITIVE INTERVIEWS
- DRAFT PATIENT REPORTED OUTCOME TOOL/SURVEY DEVELOPMENT
- TECUPP IN PERSON MEETING
  Discussion of Tools and Patient Reported Outcome Performance Measure Concepts

Timeline/Process (continued)

- MSP IN PERSON MEETING
  - Discussion of detailed Tool Information
  - Refinement of PRO-PM Measure Specification Details

MEASURE TESTING (Summer 2019)
- Alpha Testing (Feasibility, Cognitive Testing, Tool Refinement)
- Beta Testing (Validity, Reliability, Tool Refinement)

PUBLIC COMMENT (WINTER 2021)

CONSENSUS-BASED ENTITY ENDORSEMENT AND IMPLEMENTATION
- NQF Endorsement Process
- CMS Measures Under Consideration/Measures Application Partnership Review
- Implementation in MIPS/Quality Improvement Programs
Technical Expert Clinical User Patient Panel (TECUPP)

- Group of clinical experts, patients, caregivers and other stakeholders
- Provide direction and guidance throughout development process:
  - Patient reported outcome tool (PROM), and
  - Patient reported outcome performance measure (PRO-PM)
- See MACRA webpage for:
  - TECUPP Roster
  - TECUPP Charter

Organizations Represented on the TECUPP

- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Association of Family Physicians (AAFP)
- American College of Physicians (ACP)
- American Geriatrics Society (AGS)
- American Society of Clinical Oncology (ASCO)
- Center to Advance Palliative Care (CAPC)
- Coalition to Transform Advanced Care (C-TAC)
- HealthCare Chaplaincy Network (HCCN)
- Hospice & Palliative Nurses Association (HPCA)
- National Hospice and Palliative Care Organization (NHPCO)
- National Patient Advocate Foundation (NPAF)
- Physician Assistants in Hospice and Palliative Medicine (PHHPM)
- Social Work Hospice & Palliative Network (SWHPPN)
- Society of Pain and Palliative Care Pharmacists (SPPCP)
- Supportive Care Coalition (SCC)

Importance of the TECUPP

- TECUPP improves measure development processes by:
  - Promoting transparency
  - Fostering inclusion of diverse perspectives
  - Promoting careful consideration of quality issues that are important to patients, caregivers, and other stakeholders
TECUPP Ongoing Roles and Responsibilities

- Provide input on key decisions regarding data elements, testing design, and the proposed quality measures
  - All perspectives and experiences are critical and highly valued
- Engage in group discussions with an open mind and critical eye
- Share informed opinions freely
- Remember the importance of a “by us, for us” quality measure development process for the palliative care field

Patient-centered Measurement*

- Patient-centered
  - Driven by patients’ expressed needs—not assumptions about what matters to them
  - Makes a difference for and benefits patients
  - Focuses on structures, processes, and outcomes that patients care about, not what the system says they should care about

Patient-centered Measurement

- Driven by patients’ expressed preferences, needs, and values that informs progress toward better health, better care, and lower costs.

Principles of Patient-centered Measurement*

- Patients, goals, preferences, and priorities drive what is measured and how performance is assessed.
- Measurement recognizes that patients and their whole people and circumstances—life and health histories, and experiences within and outside of the health care system—drive what is measured.
- Measurement is transparent and comprehensible, and timely.
- Measurement is co-created.
- Patients and other stakeholders get timely, easy-to-understand data to inform decision-making and quality improvement.

*Source: American Institutes for Research (AIR)
Patient Experience Measures (PREMs)

- **Purpose:** allows patients (caregivers/families) to provide direct feedback on their care to drive improvement in services
- **Qualitative and quantitative approaches**
  - Surveys: paper and electronic
  - Focus Groups
  - Cognitive Interviews
  - Patient stories
  - Observation
- **Capture a person's perception of their experience with healthcare or service**
- **Various indicators included in validated surveys/questionnaires e.g. CAHPS**

NEXT STEPS: How you can get involved

1. **Alpha Test:** Small feasibility pilot test
   - Provide information on feasibility of mode of administration
   - Test survey to be used in larger national field test
2. **Beta Test:** Large national field test
   - Provide information on reliability, validity, feasibility of data elements and proposed quality measures
Test Site Recruitment

ALL PROGRAMS THAT PROVIDE
OUTPATIENT CLINIC-BASED
PALLIATIVE CARE SERVICES TO ADULT PATIENTS
are invited to submit information for consideration to be a test site.

➢ There will be minimal burden on programs who participate in this effort.
➢ All data collection and survey activities will be conducted by AAHPM and its contractors.

Benefits of Participation

Participating programs will be able to gain:
• A first look at upcoming quality measures that will be tied to accountability;
• Insight into what data will be collected and what systems need to be in place to implement the quality measures;
• Program-specific survey data collected through the test, useful for understanding baseline quality measure performance;
• An opportunity to create measures “by us, for us” by providing input throughout the measure development process; and
• An honorarium for participation.

Interested?

• Download the test site flyer
• Submit the program information form
  – Flyer and Form available: webinar handouts and MACRA webpage
• Questions? Contact
  – Email: macrarecruitment@rand.org
  – Toll Free: 1-833-278-3915
Public Comment Period (Winter 2021)

Opportunities to hear directly from stakeholders to obtain feedback on the two proposed measures:

- **Webinar**: Results of the measure development testing will be shared
- **Online feedback**: Key audiences will be invited to provide specific input through an online portal—front-line practicing clinicians, health care providers (hospitals, palliative care program directors, home health and hospice agencies delivering palliative care services), and patients and caregivers.

Questions?

Q & A

Moderator: Amy Melnick

Contact: Katherine Ast, kast@aahpm.org

Thank you!

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