Measure Information Form

Disclaimer: This document is a working draft provided for reference only. Details will be updated following completion of testing.

Project Title: MACRA Palliative Care Measure Development Project

Date: Information included is current on 12/30/20.

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has entered a cooperative agreement with the American Academy of Hospice and Palliative Medicine (AAHPM) as part of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) to develop two patient-reported measures of palliative care experience, broadly in the domains of symptoms and communication. The measures are intended to assess the extent to which patients receiving ambulatory clinic-based palliative care received the help that they wanted for their pain, and that they were heard and understood by their palliative care provider and team. The cooperative agreement name is the "Palliative Care Measures Project." The agreement number is 1V1CMS331639-01-00. AAHPM has partnered with the National Coalition for Hospice and Palliative Care and RAND Health Care to develop the proposed measures.

1. Measure Name/Title (NQF Submission Form De.2.)

Ambulatory palliative care patients' experience of receiving desired help for pain

2. Descriptive Information

2.1 Measure Type (NQF Submission Form De.1.)

- ☐process
- ☐process: appropriate use
- ☐outcome
- ☒outcome: PRO/PRO-PM
- ☐cost /resource use
- ☒experience with care
- ☐efficiency
- ☐structure
- ☐intermediate outcome
- ☐composite

2.2 Brief Description of Measure (NQF Submission Form De.3.)

The proposed measure, Ambulatory Palliative Care Patients' Experience of Receiving Desired Help for Pain, is the percentage of patients aged 18 and older who had an ambulatory palliative care visit, who identify as having pain and wanting help for their pain and report getting the help they wanted for their pain by their palliative care provider and team during their care in the last six months. The measure will

be aggregated over a 12-month period. This measure will be derived from patient-reported data elements (i.e., items) – collected via survey with mixed-mode administration (i.e., mail with phone follow-up).

The measure will be composed of three items, two of which are required to assess denominator eligibility that capture "having pain" and "wanting help for that pain" and a third that captures the actual measure response of "receiving desired help for pain." The items are listed below:

- In the last 6 months, have you ever had pain?
- In the last 6 months, did you want help from this provider and team for this pain?
- In the last 6 months, did you get as much help as you wanted for your pain from this provider and team?

2.3 If Paired or Grouped (NQF Submission Form De.4.)

N/A

3. Measure Specifications

3.1 Measure-Specific Webpage (NQF Submission Form S.1.)

To be developed if appropriate following NQF endorsement.

3.2 If this is an electronic clinical quality measure (eCQM) (NQF Submission Form S.2a.):

This is not an eMeasure.

3.3 Data Dictionary, Code Table, or Value Sets (NQF Submission Form S.2b.)

No data dictionary/code table.

3.4 For an instrument-based measure (NQF Submission Form S.2c and S2.d):

The patient is the responder.

3.5 Updates since last submission (NQF Submission Form S.3.1 and S.3.2)

N/A

3.6 Numerator Statement (NQF Submission Form S.4.)

The percentage of patients meeting the denominator statement (see below) who report getting the help they wanted for their pain by their palliative care provider and team during their care in the last six months.

3.7 Numerator Details (NQF Submission Form S.5.)

Note: The exact details of the numerator and denominator will be determined based on analyses of beta test data.

The percentage of patients meeting the denominator statement (see below) who report getting the help they wanted for their pain by their palliative care provider and team during their care in the last six months.

Numerator options include:

- *Performance met*: receiving desired help for pain achieved [threshold to be specified] within 6 months following an ambulatory palliative care visit

  OR

- *Performance not met*: receiving desired help for pain was not achieved [threshold to be specified] within 6 months following an ambulatory palliative care visit

The data for the measure will be aggregated based on a 12-month reporting period.

The response that defines the numerator will correspond to a survey question that has three response options assessing whether the respondent received the help they wanted for their pain: 1) Yes, Definitely, 2) Yes, Somewhat, and 3) No. Scoring methodology (e.g., top box scoring; linear mean scoring) will be determined using beta test results.

3.8 Denominator Statement (NQF Submission Form S.6.)

All patients aged 18 years and older who had an ambulatory palliative care visit with a MIPS-eligible provider during the 12-month reporting period, who report having pain AND wanting help for their pain.

3.9 Denominator Details (NQF Submission Form S.7.)

Note: The exact details of the numerator and denominator will be determined based on analyses of beta test data.

All patients aged 18 years and older who had an ambulatory palliative care visit with a MIPS-eligible provider during the 12-month reporting period, who report having pain AND wanting help for their pain, where:

- Ambulatory palliative care visits are defined as:
  - ICD-10 Z51.5 (Encounter for palliative care) OR Provider Hospice and Palliative Care Specialty Code 17;

    AND

  - CPT 99201-99205 (New Office Visit); OR CPT 99211-99215 (Established Office Visit); or Place of service (POS) Code 11 – Office

- 2019 MIPS-eligible clinician types include:
  - Physicians (including doctors of medicine, osteopathy, dental surgery, dental medicine, podiatric medicine, and optometry); osteopathic practitioners; chiropractors; physician assistants; nurse practitioners; clinical nurse specialists; certified registered nurse anesthetists; physical therapists; occupational therapists; clinical psychologists; qualified speech-language pathologists; qualified audiologists; registered dietitians or nutrition professionals.

To capture the requirement that individuals must have had pain and wanted help for that pain, the measure contains two items that are used to define eligibility for the denominator. These are:

- In the last 6 months, have you ever had pain?
- In the last 6 months, did you want help from this provider and team for this pain?

If an individual responds "No" to either question, they are not eligible for inclusion in the denominator.

Palliative care providers and/or provider groups should consider all adult ambulatory palliative care patients who receive care during the 12-month reporting period as initially eligible to be invited to complete the patient experience survey related to their ambulatory palliative care visit, unless they meet further exclusion criteria. Patients should be invited to complete the patient experience survey only once per reporting period (see Denominator Exclusions below).

In order for the visit and experience to remain salient to the patient and ensure successful implementation of the measure, providers should send the patient experience survey to patients within 3-months of their eligible visit to reasonably satisfy the 6-month lookback timeframe referenced in the measure.

Risk-adjustment calculation will be determined after beta testing. During the beta test, we are collecting potential risk-adjustment variables directly from participating programs via their submitted data files. These variables include age, gender, location, and diagnoses, among others, and were identified based on commonly-used risk adjusters from other patient experience surveys. The intention is to minimize burden on the patient respondent by collecting what we can administratively.

3.10 Denominator Exclusions (NQF Includes "Exception" in the "Exclusion" Field) (NQF Submission Form S.8.)

Denominator exclusions include patients who:

- Respond "No" to the question "In the last 6 months, have you ever had pain?"
- Respond "No" to the question "In the last 6 months, did you want help from this provider and team for this pain?"
- Do not complete and return the patient experience survey within 6 months of the eligible ambulatory palliative care visit (i.e., providers and groups will not be penalized for non-response);
- Are deceased by the time the survey reaches them (i.e., bereaved caregiver responses are excluded);
- Have already completed the patient experience survey once in the 12-month reporting period
- Are unable to complete the patient experience survey due to cognitive impairment (details TBD pending beta results)
- Respond that they did not receive care by the listed ambulatory palliative care provider in the last six months (i.e., disavow the provider/provider group)
- Identify as not speaking English or Spanish

Note: Exact exclusion criteria will be determined after testing.

3.11 Denominator Exclusion Details (NQF Includes "Exception" in the "Exclusion" Field) (NQF Submission Form S.9.)

Based on technical expert clinical user and patient panel (TECUPP) and advisor feedback, we propose that for programs to be eligible to participate in this measure that they demonstrate an ability to field the survey to ambulatory palliative care patients within three-months of eligible visits. Per discussion with the TECUPP, constraining the implementation to ensure that patients are sent surveys within 3-months of their eligible visit provides a sufficiently large pool of eligible patients with visits recent enough to avoid recall bias or loss to follow-up. Surveys must be completed by patients within 6 months of the visit to avoid challenges with recall or loss-to-follow-up which would make the findings less actionable. During the alpha test, we confirmed the feasibility of this eligibility criteria. Given a 12-month reporting period and quarterly surveys, data can be obtained from participating programs with four data pulls, each representing the list of patients receiving care during the previous three months (only unique patients will be surveyed in each round of data collection; patients already surveyed will be deemed ineligible in subsequent data pulls).

Patients who do not complete the item set measuring patient experience of pain will be excluded from the denominator as no data will be available on the proposed measures. Providers and groups will not be penalized for non-response.

Patients who have already completed the patient experience survey in a given reporting period will be excluded from measurement to avoid response bias due to priming effects and to minimize patient burden.

Patients who have died or are unable to complete the patient experience survey due to cognitive impairment will be excluded. Proxy assistance is allowed. The type and level of proxy assistance, and reason for proxy assistance, that will be allowed, ultimately will be determined during the beta test.

3.12 Stratification Details/Variables (NQF Submission Form S.10.)

N/A

3.13 Risk Adjustment Type (NQF Submission Form S.11.)

☐no risk adjustment or risk stratification
☐stratification by risk category/subgroup
☒statistical risk model
☐other (NQF Submission Form S.13.a.)

3.14 Type of Score (NQF Submission Form S.12.):

☐count
☒rate/proportion
☐ratio
☐categorical (e.g., yes or no)
☐continuous variable (CV) (e.g., an average)
☐other (specify) Click or tap here to enter text.

3.15 Interpretation of Score (NQF Submission Form S.13.)

A higher score resulting from this measure should be interpreted, relative to a lower score, as representing better quality of care. That is, a high number of qualifying patients that report receiving the care they desired for their pain, relative to the total number of qualifying patients receiving care and reporting pain, suggests high quality of care.

3.16 Calculation Algorithm/Measure Logic (NQF Submission Form S.14.)

This will be finalized based on analyses of beta test data.

1. Identify eligibility within target respondent population
    a. Check patient age
    b. Check whether patient received ambulatory palliative care visit with a MIPS eligible provider within the past 12 months
2. Identify any exclusions as indicated in 3.11
3. Calculate individual scores within providers, i.e., numerator information by our scoring methodology (e.g., top box scoring; linear mean scoring) will be applied (determined pending testing results).
4. **Risk-adjustment calculation will be determined after testing. During the beta test, we are collecting potential risk-adjustment variables directly from participating sites via their submitted data files. These variables include age, gender, location, diagnoses, among others and were identified based on commonly used risk adjusters from other patient experience surveys.** The final set of risk factors will be determined throughout testing using a variable selection approach that is driven by known factors identified within the literature (O'Malley et al., 2005) and those assessed empirically within the data (e.g., patient age and education have been shown to be associated with response factors and may vary across groups).
5. Score is reported at the (provider or group/practice) level aggregating results over a 12 month period. See for example O'Malley et al. (2005) for an example of risk adjusted scoring.

Citation:

O'Malley, A. J., Zaslavsky, A. M., Elliott, M. N., Zaborski, L., & Cleary, P. D. (2005). Case‐Mix Adjustment of the CAHPS® Hospital Survey. Health services research, 40(6p2), 2162-2181.

3.17 Sampling (NQF Submission Form S.15.)

The target population for sampling includes adult patients aged 18 years or older who have received ambulatory palliative care services within the past 3 months. Findings from the alpha test support the feasibility of identifying eligible patients using administrative data and using a survey vendor to support survey administration and data collection. The provider or group will provide a vendor with an extract file of all patients who received care during the measurement period. To prevent gaming and to minimize administration and social desirability bias, the vendor will apply the eligibility criteria to identify the patient sample and field the survey to eligible patients. Survey administration will be mixed-mode, including mail (hard-copy or emailed link to online survey) followed up with phone (CATI) survey if needed. Information about minimum response rate will be available after beta testing is completed.

Proxy responses are not allowed, but proxy assistance is allowed. The level of proxy assistance that will be allowed ultimately will be determined during the beta test.

3.18 Survey/Patient-Reported Data (NQF Submission Form S.16.)

The measure is to be composed of survey data representing patient report of care and collected over a one-year period. The data should be collected from either a sample of eligible palliative care patients that is representative of the palliative care provider or group or a census of eligible palliative care patients within the designated timeframe. The minimum response rate for participating in the measure will be determined during beta testing.

Response rates at the program level should be calculated with respect to key items and reported to determine the sufficiency of the data to calculate the measure prior to imputation. The threshold for these minimum response rates will be determined following the beta testing period. For survey responses that contain missing data, imputation procedures may be used *where appropriate* to handling missing response values. This procedure will be documented following the beta testing period.

Within palliative care providers and/or groups with high enough response rates, the current plan is to assess the distribution of missing data (i.e., not responding to specific questions) and nonresponse (i.e., not responding to the survey) to assess their impact on utilizing the proposed measure. The first concern is that responders and non-responders differ in the distributions of case-mix variables, i.e., informative missingness. While we will not know what the non-responders "would have responded" regarding their care, we can be certain that if the distributions of case-mix variables are different then there is a potential for bias. We will use available patient data to characterize the differences between responders and non-responders to assess potential impacts non-response may have on the representativeness of the study population. A lesser concern is of missing data, such as not responding to individual items or demographic questions. To handle this, we will again assess the distributions and patterns of missing data, but here we will perform an assessment to see if a missing-at-random assumption seems plausible and if so impute data where necessary to keep as many survey responses within the pool of data as possible. A multiple imputation strategy will be taken and either distributional assumptions or alternative strategies will be used to fill in the missing data.

3.19 Data Source (NQF Submission Form S.17.)

- ☐administrative data
- ☒claims data
- ☐patient medical records (i.e., paper-based or electronic)
- ☐electronic clinical data
- ☐registries
- ☐standardized patient assessments
- ☒patient-reported data and surveys
- ☐non-medical data
- ☐other—describe in 3.20 (NQF Submission Form S.18.)

3.20 Data Source or Collection Instrument (NQF Submission Form S.18.)

The instrument was developed for this measure and is meant to be completed on paper and via telephone and possibly via web-link (based on beta testing results and evidence of feasibility) in English or Spanish.

3.21 Data Source or Collection Instrument (Reference) (NQF Submission Form S.19.)

Patient-reported data will be collected via survey instrument. The instrument was developed for this measure and is meant to be completed on paper and via telephone and possibly via web-link (based on beta testing results and evidence of feasibility) in English or Spanish.

3.22 Level of Analysis (NQF Submission Form S.20.)

- ☒individual clinician
- ☒group/practice
- ☐hospital/facility/agency
- ☐health plan
- ☐other (specify) Click or tap here to enter text.

3.23 Care Setting (NQF Submission Form S.21.)

- ☐ambulatory surgery center
- ☒clinician office/clinic
- ☐outpatient rehabilitation
- ☐urgent care – Ambulatory
- ☐behavioral health: Inpatient
- ☐behavioral health: Outpatient
- ☐dialysis facility
- ☐emergency medical services/ambulance
- ☐emergency department
- ☐home health
- ☐hospice
- ☐hospital
- ☐hospital: critical care
- ☐hospital: acute care facility
- ☐imaging facility
- ☐laboratory
- ☐pharmacy
- ☐nursing home / skilled nursing facility (SNF)
- ☐inpatient rehabilitation facility (IRF)
- ☐long-term acute care
- ☐birthing center
- ☐no applicable care setting
- ☐other (specify) Click or tap here to enter text.

3.24 Composite Measure (NQF Submission Form S.22.)

N/A