

Quality Measurement Development Draft Plan Summary: Supporting the Transition to the Merit-based Incentive Payment System and Alternative Payment Models

Introduction

On December 18, 2015, as mandated by §102 of MACRA¹, the Centers for Medicare & Medicaid Services' (CMS) Center for Clinical Standards and Quality released for comment [the CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System \(MIPS\) and Alternative Payment Models \(APMs\) \(DRAFT\)](#). CMS is accepting stakeholder comments on the draft Measure Development Plan (MDP), due March 1, 2016, via several methods of submission including the MDP-dedicated email address, MACRA-MDP@hsag.com submitted to the attention of Eric Gilbertson, CMS MACRA Team. Notably, the final MDP, post consideration of public comments received on the draft plan, will be posted to the CMS website, <https://www.cms.gov/>, by May 1, 2016 and will be followed by annual updates or as otherwise appropriate per the MACRA statute.

In addition, CMS will solicit input from stakeholders through the annual Call for Measures² to assist in closing known measurement and performance gaps by developing additional MIPS measures with MACRA-provided funding. Through the rulemaking process, CMS will finalize an initial set of program measures. Over the next five years, updates to the MDP will prioritize the development of additional quality measures in specifically identified gap and other priority areas using MACRA funding.

The following is a brief overview of the Draft Quality MDP; the document in its entirety may be accessed using the hyperlink provided above. Throughout the MDP, CMS solicits stakeholder comments on various aspects of the plan which is ultimately intended to be a patient-centered measure portfolio that: 1) addresses critical measure gaps; 2) facilitates alignment across federal, state, and private programs; and 3) promotes efficient data collection.

¹Signed into law on April 16, 2015, H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) permanently repealed the Sustainable Growth Rate (SGR) formula and supports the transformation of healthcare delivery by developing new Medicare payment and delivery models. MACRA §102 requires the Secretary of Health and Human Services to develop and post on the CMS website “a draft plan for the development of quality measures” by January 01, 2016 for application under certain provisions related to the new Medicare Merit-based Incentive Payment System (MIPS) and to certain Medicare alternative payment models (APMs). This document summarizes the draft plan which meets the statutory requirement.

²The Call for Measures is a separate provision of MACRA and while related, is not a component of the Draft Quality MDP.

Quality Measure Development Plan (MDP) Purpose and Background

The Quality MDP meets the statute's requirements and serves as a strategic paradigm for the future of clinician quality measure development using MIPS and to support new and existing APM development. Beginning in 2019, CMS will apply a positive, negative, or neutral payment adjustment to each MIPS eligible professional (EP) based on a composite performance score across four performance categories including: 1) quality; 2) resource use; 3) clinical practice improvement activities; and 4) meaningful use of certified electronic health record (EHR) technology.

Measures comprising the quality performance category are the focus of the MDP, and will build upon existing quality measure sets from the Physician Quality Reporting System (PQRS), Value-based Payment Modifier (VM), and the EHR Incentive Program (Meaningful Use). To accelerate quality measurement and program policy alignment, MACRA sunsets payment adjustments for these programs to establish MIPS. MACRA also establishes incentive payments for EPs opting to participate in an alternative program entailing slightly higher payments in return for enlisting in particular types of APMs. Quality measures employed in such APMs must be comparable to those used in MIPS as mandated by MACRA – hence, applicability of potential measures to support an array of future APMs is an integral element of this MDP.

Key milestones and processes mandated in MACRA, in conjunction with the pre-rulemaking process and federal rulemaking cycle for MIPS anchor the available timeframe for measure development – again, updates to the MDP will be published annually or otherwise as appropriate.

Operational Requirements of the Quality MDP

The MDP describes the proposed operational approach to address measure-specific requirements and notably considers the applicability of measures to multiple payers, as well as communication and coordination across measure developers. Measures recommended for development under MACRA must meet specific evaluation criteria as extensively described in the MDP and be regularly maintained to form a sound basis for public reporting as well as MIPS payment adjustments. MACRA requires CMS to consult with “relevant eligible professional organizations and other relevant stakeholders” for selecting MIPS’ measures. For example, stakeholders including professional organizations, state and national medical societies, clinical registries, and health plans are currently engaged in the CMS measure development process. CMS also released a Request for Information (RFI) as another means of receiving public and stakeholder input related to many of the MIPS and APM provisions of MACRA, including quality measure requirements. Currently, there are nine operational MACRA requirements relative to the MDP, which are extensively described in the draft MDP.

Addressing Quality Measure Development Challenges

Based on its quality measure development experience, CMS has identified various challenges that may arise when implementing the MDP, including:

- Engaging patients in the measure development process;
- Reducing provider burden;
- Shortening the measurement development period;
- Streamlining data acquisition for measure testing;
- Developing meaningful outcome measures;
- Developing patient-reported outcome measures (PROMs) and appropriate use measures; and
- Developing measures that promote shared accountability across settings and providers.

CMS plans to implement collaborative approaches to address the above challenges, which range from deriving measure construction from the primary assessment of clinical workflow to defining common data elements for shared use across variable programs and measures.

Measurement Development Plan Strategic Vision

The draft MDP illustrates a strategic vision and operational approach to fulfill the requirements of §102 of MACRA. The plan leverages existing CMS measurement strategies, policies, and principles to support the implementation of MIPS and APMs. Measures developed under this plan will hold individual clinicians and group practices accountable for care and promote shared accountability across multiple providers. CMS states they are committed to reducing provider burden by using measures aligned across federal and private-payer quality reporting programs. In addition, incorporating the patient/consumer voice throughout the measure development process will ensure the measures will yield publicly-reported results patients and consumers can utilize to make informed decisions regarding their healthcare.

Therefore, the resulting portfolio will continuously evolve to include measures that:

- Follow the patient across the continuum of care for those populations with one or more chronic conditions;
- Emphasize patient outcomes balanced with process measures proximal to the outcomes;
- Address patient experience, care coordination, and appropriate use of medical care;
- Promote multiple levels of accountability;
- Apply to multiply types of providers;
- Are appropriate for low volume, particularly rural, providers;
- Are adopted from other payment systems and applicable to physicians and other professionals;

- Align with other models and reporting systems – including Medicaid, other federal partners, and the private sector – and are specified for multi-payer applicability;
- Account for variation and diversity in payment models;
- Use EHR-generated data, based on existing provider workflows and created as a by-product of clinical care provision;
- Incorporate broader use of qualified clinical data registries (QCDRs);
- Yield results stratified by race, ethnicity, gender, and other demographic variables available to enable providers to identify and reduce disparities among vulnerable populations; and
- Are suitable for public reporting on CMS’ Physician Compare website.

Conclusion

According to CMS, the law provides a mandate and an opportunity for the Agency to leverage quality measure development as a key driver to further the goals of the *CMS Quality Strategy*: 1) better care; 2) smarter spending; and 3) healthier people. Achieving these goals as well as the evolution and success of the MDP will greatly depend on collaboration and engagement with physicians and other stakeholders and across federal agencies to incrementally shift the focus of our national healthcare system by paying providers based on value rather than volume.

Again, additional detail including CMS’ general and technical principles necessary to guide quality measure development as well as specific comments solicited by CMS on the Draft MDP may be accessed by viewing [the CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System \(MIPS\) and Alternative Payment Models \(APMs\) \(DRAFT\)](#).