

# TEP Summary Report

**November 4, 2020**

Electronic Clinical Quality Measures Development and Maintenance for Eligible Clinicians (EC eCQM) (contract no. 5FCMC18D0032, TO 75FCMC19F0004)

---

**Submitted to:**

Joel Andress; Centers for Medicare & Medicaid Services (CMS)

**Submitted by:**

Mathematica

## Contents

Introduction .....	3
August 17, 2020 Meeting .....	5

## Technical Expert Panel (TEP) Summaries

Electronic Clinical Quality Measures (eCQM) Development and Maintenance for Eligible Clinicians (EC eCQM)

### Project Overview

The Centers for Medicare & Medicaid Services (CMS) has contracted with Mathematica and its partners to develop, electronically specify, and maintain eCQMs for eligible clinicians for potential consideration and use in CMS quality programs. The contract name is Electronic Clinical Quality Measures (eCQM) Development and Maintenance for Eligible Clinicians (CMS contract #75FCMC18D0032, Task Order #75FCMC19F0004). As part of its measure development process, Mathematica convenes groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

### Project Objectives

The primary measure development objectives of this project include the following:

- Identifying, developing, specifying, and testing new quality measures for potential implementation in CMS quality programs that align with CMS quality goals
- Evaluating and preparing the measures for consideration and potential endorsement by the National Quality Forum

### TEP Summary Reports

The EC eCQM team may convene the project's TEP a few times a year. The TEP advises across multiple project development and testing activities. The topics for each TEP meeting are determined by CMS measure development and testing priorities for the year and thus can vary from meeting to meeting. The summary memos available for all EC eCQM TEP meetings since project inception are listed below. As of November 4, 2020, the EC eCQM TEP has met one time. The EC eCQM team will continue to add individual meeting summaries to this summary report following each meeting.

**Table 1. EC eCQM TEP Meetings**

Meeting #	Date	Discussion Topic	Members in Attendance
1	August 17, 2020	Preventive Care and Wellness (composite) measure	10
2	TBD	TBD	
3	TBD	TBD	

# **Electronic Clinical Quality Measures (eCQM) Development and Maintenance for Eligible Clinicians (EC eCQM)**

## **Technical Expert Panel (TEP) Input Report for TEP Orientation and Discussion of the Preventive Care and Wellness composite measure**

**Meeting held on August 17, 2020; Submitted to CMS on October 1, 2020**

Samantha Penoyer, Sarah Anderson, Jayanti Bandyopadhyay, and Emma Bickel

---

**Submitted to:**

Joel Andress; Centers for Medicare & Medicaid Services (CMS)

**Submitted by:**

Mathematica

On August 17, 2020, the Electronic Clinical Quality Measures Development and Maintenance for Eligible Clinicians (EC eCQM) project convened the first meeting of its technical expert panel (TEP) via webinar. The goal of this meeting was twofold: (1) to orient the TEP members to their role on the project and to the EC eCQM project as a whole and (2) to solicit feedback on the face validity and usability of the Preventive Care and Wellness (PCW) composite measure specification. After the meeting, TEP members provided feedback via email on component measures that they would recommend, including in a revised PCW composite measure.

This memo summarizes the meeting discussion, including the TEP's comments on the face validity and usability of the current PCW composite measure, and describes the next steps for the PCW composite measure.

## Part 1: TEP orientation

Mathematica described the measure development life cycle, the National Quality Forum (NQF) measure evaluation criteria, the TEP's role in measure development, and the EC eCQM project. One TEP member expressed concern with the charter's language regarding the TEP's charge to evaluate the "strength of evidence regarding measure concepts". Specifically, this member recommended this phrase be slightly altered to refer to the "quality" of the evidence being evaluated, rather than "strength". After making a few minor refinements to clarify this language and the scope of their responsibilities, members voted to ratify the EC eCQM TEP charter. Appendix A contains the full list of TEP members, and Appendix B contains the final charter.

## Part 2: PCW composite measure

The PCW composite measure assesses the percentage of patients who received age- and sex-appropriate preventive screenings and wellness services. The measure consists of eight component measures (Table 1), all currently in the Merit-based Incentive Payment System (MIPS). The component measures are based on recommendations by the:

- U.S. Preventive Services Task Force (USPSTF)
- Advisory Committee on Immunization Practices
- American Association of Clinical Endocrinologists
- American College of Endocrinology

This composite measure is intended to be reportable via a registry. Its score is calculated using a linear combination at the component level—that is, the average proportion of patients receiving each preventive service. The score can be interpreted as, on average, the percentage of an eligible clinician's patients who received each preventive service.

**Table 1. Eight component measures of the PCW composite**

Quality ID	Title	Description
39	Screening for Osteoporosis for Women 65–85 Years of Age	Percentage of female patients ages 65–85 years who ever had a central dual-energy X-ray absorptiometry to check for osteoporosis
110	Preventive Care and Screening: Influenza Immunization	Percentage of patients ages 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
111	Pneumococcal Vaccination Status for Older Adults	Percentage of patients ages 65 years and older who have ever received a pneumococcal vaccine
112	Breast Cancer Screening	Percentage of women ages 50–74 years who had a mammogram to screen for breast cancer in the 27 months before the end of the measurement period
113	Colorectal Cancer Screening	Percentage of patients ages 50–75 years who had appropriate screening for colorectal cancer
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Percentage of patients ages 18 years and older with a BMI documented during the current encounter or during the previous 12 months AND with a BMI outside of normal parameters; a follow-up plan is documented during the encounter or during the previous 12 months of the current encounter
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Percentage of patients ages 18 years and older seen during the submitting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure reading, as indicated
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation	Percentage of patients ages 18 years and older who were screened for tobacco use one or more times within 24 months AND who received tobacco cessation intervention if identified as a tobacco user

Note: The 2020 measure titles, descriptions, and reporting modalities are based on those reported on the Quality Payment Program Explore Measures website: <https://qpp.cms.gov/mips/quality-measures>.

### Measure specification discussion

We solicited input and recommendations from the TEP on whether the PCW composite measure as currently specified met the NQF evaluation criteria for face validity and usability. Ten of the 11 TEP members attended the meeting.

Overall, the TEP members expressed strong concerns about the face validity of including these component measures in a single composite and the usability of the composite measure score to improve care. An exception was one patient representative who acknowledged the concerns of the clinicians on the TEP but voiced strong support for the content of the measure; this person felt that the quality actions in the measure were important to patients.

#### *Face validity*

- **TEP clinicians indicated that the measures included in the composite lacked a cohesive conceptual focus.** In particular, TEP members questioned the component measures given the measure's intent to assess overall delivery of age- and sex-appropriate preventive screenings and wellness services. Members said that the composite included multiple disparate quality concepts, such

as cancer screening measures and immunization measures, and that the clinical focus of the composite was not clear (for example, it targeted multiple age-, gender-, and disease-specific risk factors).

To make the measure more useful for quality improvement, members suggested separating the components into distinct, conceptually focused composite measures, such as one for cancer screening measures and another for immunization measures.

- **Some TEP members recommended adding measures to the composite.** TEP members noted additional important preventive care and wellness measures that could be included in a PCW composite measure for overall delivery of preventive and wellness care. For example, one member suggested adding QID 134: Screening for Depression and Follow-Up Plan to the PCW composite.
- **Some TEP members recommended removing measures from the composite.** One member suggested removing QID 128: BMI Screening and Follow-Up Plan, from the composite, noting that providers routinely measure height and weight at appointments and that performance on this measure is likely to be uniformly high.<sup>1</sup> Another member suggested removing QID 317: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented because the measure is not consistent with current clinical guidelines.<sup>2</sup> This TEP member would support including this measure in the PCW composite if it was consistent with current clinical guidelines.

Several TEP members were not comfortable proposing a full list of recommended measures during the meeting and offered to provide feedback once they were able to review a list of potential component measures and their corresponding benchmarks. Appendix C summarizes the measures that TEP members would prioritize for this composite, based on their feedback provided after the meeting.

- **One member expressed concern about equal weighting of components in the composite.** The TEP member said that linear combination may not be appropriate given the potential differences in prevalence and differences in benchmark rates for each component measure. However, this member was reluctant to suggest other weighting options. The team noted that multiple weighting approaches would be tested.
- **Some TEP members expressed concern about measures that required screening and follow-up actions.** One member said that capturing data on follow-up is difficult, and including measures with follow-up criteria will not encourage clinicians to improve quality of care. Another TEP member said that measures with follow-up components seem conceptually different from measures that only require screening, therefore including both screening and screening with follow-up capture distinct quality actions and were not appropriate for use in a single composite measure.
- **One patient representative on the TEP voiced strong support for the content of the measure.** In contrast to the above feedback, which was provided by both clinicians and health system representatives, one patient representative acknowledged the concerns of the clinicians on the TEP but emphasized the importance of the component measures from a patient perspective. This member recommended adding more component measures to the PCW composite, as she felt ‘the more measurement, the better,’ but did not provide specific concepts during the meeting.

---

<sup>1</sup> Among clinicians reporting as individuals, mean performance on QID 128 was 56.9 percent in 2018 and 70.2 percent in 2019. See Jacobs, E., D. Poznyak, H. Xu, X. Li, S. Wang, and S. Penoyer. “Preventive Care and Wellness Composite, Clinical Quality Measure. Base-Year Testing Report (Deliverable 6-2).” Woodlawn, MD: Mathematica, August 2020.

<sup>2</sup> The measure steward is aware of the guideline changes. Potential updates to QID 317 will be considered as part of the annual update cycle.

### *Usability and use*

- **Most TEP members expressed concern about the burden of reporting the component measures as a composite.** There was consensus among TEP members that reporting these measures as a composite would not reduce burden. They said that a composite may increase burden on clinicians to report the equivalent of eight measures. Members said that the composite does not reduce the number of measures for reporting because it includes more measures than what is currently required for MIPS reporting.
- **Most TEP members noted concerns about the usefulness of the composite measure for quality improvement.** TEP members broadly agreed on the importance of the concept of preventive care and wellness but suggested that a composite score is not as useful as the individual component scores. One member said that composite measure scores are not actionable, and clinicians must drill down to the individual component measures to understand where to focus their quality improvement. One member said that some of the component measures are difficult to capture and will therefore not incentivize clinicians to improve quality of care. Another member said that low scores on the composite measure may hurt clinician morale and not encourage clinicians to improve.

### Next steps

As requested by the TEP, the EC eCQM team circulated a list of the program year 2020 MIPS preventive care measures and their 2020 benchmark performance information for the TEP to review. The TEP prioritized and suggested groupings of components to include in a PCW measure. Appendix C summarizes the measures that the TEP would include in a PCW composite. We will discuss the TEP's recommendations with CMS.

In the interim, we will continue working with CMS to prepare the measure for submission to the 2020 Call for Measures cycle and Measure Application Partnership review. Concurrently, we will test the PCW composite measure using patient-level data. We have already tested the measure using historical data from MIPS at the provider level, but patient-level data will shed more light on how the measure performs for different patient subgroups, and it will provide information on performance on the component measures for providers who do not report those components to MIPS. Patient-level testing will also provide an opportunity to explore the recommendations from the TEP.



## Appendix A

**Table A.1. TEP members and affiliations**

TEP member name	Credentials	Institutional affiliation/location
Donald Casey	M.D., M.B.A, M.P.H.	American College of Medical Quality; Chicago, IL
James Colbert	M.D.	Blue Cross Blue Shield of Massachusetts; Boston, MA
Fran Cunningham	Pharm.D.	Department of Veterans Affairs; Hines, IL
Barbara Kivowitz	Patient representative	San Francisco, CA
Luming Li	M.D.	Yale New Haven Psychiatric Hospital; New Haven, CT
Bridget Lynch	M.D., M.P.H.	Presbyterian Medical Group; Albuquerque, NM
Precious McCowan	Patient representative	Dallas, TX
Robert McClure	M.D.	MD Partners, Inc.; Lafayette, CO
Michael Perskin	M.D.	American Geriatrics Society; New York, NY
Lori Popejoy	Ph.D., R.N., F.A.A.N.	University of Missouri; Columbia, MO
Christa Starkey	Patient representative	Lone Oak, TX

## Appendix B

### TEP Charter

#### **Project Title: Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Clinicians**

##### **Dates:**

The technical expert panel (TEP) will advise Mathematica and its partners over the course of the project. The project has been funded for one base period of 12 months with four optional 12-month periods of performance.

##### **Project Overview:**

The Centers for Medicare & Medicaid Services (CMS) has contracted with Mathematica and its partners to develop, electronically specify, and maintain eCQMs for eligible clinicians for potential consideration and use in CMS quality programs. The contract name is Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Clinicians (CMS Contract #75FCMC18D0032, Task Order #75FCMC19F0004). As part of its measure development process, Mathematica convenes groups of stakeholders and experts who contribute direction and thoughtful input to the measure developer during measure development and maintenance.

##### **Project Objectives:**

The primary measure development objectives of this project include the following:

- Identifying, developing, specifying, and testing new eCQMs for potential implementation in CMS quality programs that align with CMS quality goals
- Evaluating and preparing the measures for consideration and potential endorsement by the National Quality Forum

##### **TEP Objectives:**

As part of its measure development process, Mathematica and its partners (the project team) request input from a broad group of eCQM stakeholders to evaluate and provide guidance on the selection and development of eCQMs through participation in the project's TEP. Stakeholders include, but are not limited to, clinicians, electronic health record vendor representatives, clinical terminology experts, quality improvement experts, health system representatives, patients and their caregivers, and patients' representatives. Patients can provide unique and essential input on quality measures based on their own experience and perspective. A well-balanced representation of stakeholders on the TEP will help to ensure the consideration of key perspectives in the measure selection and development processes. The TEP will convene on a periodic basis and will provide input on the prioritization and development of eCQMs that support CMS's quality program goals throughout the development lifecycle.

### **Scope of Responsibilities:**

The TEP will provide input to the project team to aid in prioritizing and developing eCQMs that will be considered for implementation in CMS quality programs. The TEP's specific duties include the following:

- Review, prioritize, and evaluate eCQM measure concepts for development. Dimensions for prioritization could include:
  - Alignment of concept with quality program goals
  - Technical feasibility
  - Workflow feasibility: patient and provider burden considerations
  - Measurement gap
  - Quality of evidence regarding measure concept and clinical actions that can be taken to improve measured outcome
  - Importance to providers
  - Importance to patients
  - Alignment with existing (competing) measures
  - Potential for unintended consequences
- Review and provide guidance on the measures in response to feedback from expert work groups, public comments, and testing results regarding eCQM feasibility, usability, validity, and reliability

### **Guiding Principles:**

The TEP will provide input throughout the measure development process. The project team will consider the TEP's recommendations and will convey those recommendations to CMS; however, the project team and CMS will ultimately make decisions about measure selection and development. The project team will write and share summary reports of TEP proceedings following meetings to highlight discussions and document decisions.

The project team will ensure confidentiality in TEP reports by summarizing discussion topics and removing the names of TEP members who make specific comments during the meetings.

### ***Estimated Number and Frequency of Meetings:***

Members of the TEP will meet up to four times in a 12-month period via webinar, at the discretion of CMS. The TEP is intended to be a standing committee that meets throughout the duration of the Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Clinicians project, which has been funded for a 12-month period with four additional 12-month optional periods of performance.

### ***Date Approved by TEP:***

August 17, 2020

## Appendix C

During the TEP meeting on the PCW composite measure, TEP members broadly agreed on the lack of conceptual focus among the component measures. In response to this feedback, we asked members to provide input via email after the meeting about which measures they would include in a PCW composite, choosing from a short list of CMS Quality Payment Program (QPP) preventive care and wellness measures. Four TEP members responded with recommendations to include or exclude measures from the PCW composite (summarized in ‘Feedback on prioritization of component measures’ section below), and an additional five members responded with general comments (summarized in ‘Additional feedback on measure prioritization’ section below) for a total of nine out of 10 members providing input.

### Feedback on prioritization of component measures

Table B.1 lists preventive care and wellness measures currently included in the CMS QPP. Measures in this table are sorted by the number of TEP member votes for inclusion in a PCW composite.

**Ten measures received three or more votes for inclusion, with four TEP members voting.** Of these 10 measures, all 8 component measures currently specified in the composite received three or more votes for inclusion (Table B.1). Three of the component measures also received one vote each from three different TEP members for removal from the composite:

- QID 128: Body Mass Index (BMI) Screening and Follow-Up Plan. One TEP member expressed concern that the use of BMI is controversial from a patient’s perspective but did not provide additional context.
- QID 317: Screening for High Blood Pressure and Follow-Up Documented. One TEP member said that this measure is not consistent with USPSTF guidelines as currently specified. Another member agreed that the measure should be removed until it is consistent with the guidelines.
- QID 226: Tobacco Use: Screening and Cessation Intervention. One TEP member expressed concern that the measure is topped out. However, the measure was not topped out according to the 2020 MIPS Historical Quality Benchmarks.

**In addition to the eight current component measures, two CMS QPP measures received three or more votes for inclusion in a PCW composite:**

- QID 431: Unhealthy Alcohol Use: Screening and Brief Counseling. TEP members said that substance abuse screening is important for preventive care and wellness. This measure, along with QID 226: Tobacco Use: Screening and Cessation Intervention, would capture an additional type of substance abuse screening. However, one TEP member expressed concern about clinicians’ potential difficulty in improving on this measure because it depends on a change in patients’ behavior.
- QID 134: Screening for Depression and Follow-Up Plan. Three TEP members noted the importance of this measure for preventive care and wellness, citing increasing suicide rates and the treatability of depression. In contrast, one TEP member voted to not include this measure in the composite because historical variability in the measure’s results renders it inappropriate for use in this context.

**Table B.1. TEP members' PCW measure prioritization (n = 4 respondents)**

QID	Measure name	Current PCW specification	TEP votes for inclusion	TEP votes for removal
039	Screening for Osteoporosis for Women Ages 65–85 Years of Age	X	4	-
110	Preventive Care and Screening: Influenza Immunization	X	4	-
112	Breast Cancer Screening	X	4	-
113	Colorectal Cancer Screening	X	4	-
431	Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	-	4	-
111	Pneumococcal Vaccination Status for Older Adults	X	3	-
128	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	X	3	1
317	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	X	3	1
226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	X	3	1
134	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	-	3	1
154	Falls: Risk Assessment	-	2	-
048	Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Ages 65 Years and Older	-	2	-
400	One-Time Screening for Hepatitis C Virus (HCV) for Patients at Risk	-	2	-
239	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	-	2	-
309	Cervical Cancer Screening	-	2	-
475	HIV Screening	-	2	1
181	Elder Maltreatment Screen and Follow-Up Plan	-	2	-
155	Falls: Plan of Care	-	1	1
387	Annual Hepatitis C Virus (HCV) Screening for Patients Who Are Active Injection-Drug Users	-	1	1
318	Falls: Screening for Future Fall Risk	-	1	1
240	Childhood Immunization Status	-	1	-
310	Chlamydia Screening for Women	-	1	-
379	Primary Caries Prevention Intervention as Offered by Primary Care Providers, Including Dentists	-	1	1
402	Tobacco Use and Help with Quitting Among Adolescents	-	1	-
116	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	-	-	1

### Additional feedback on measure prioritization

**Patient representatives in the TEP provided additional concepts not listed in the CMS Quality Payment Program for consideration in a PCW composite.** These screening concepts include cardiac health, inflammation, vision and hearing, current medications, social connections, physical activity (exercise), diet, family history, pain and chronic pain, diabetes and ongoing treatment, cognitive learning issues for children, and dementia for older adults.

**One TEP member raised a concern about bias by clinician specialty.** The TEP member expected the PCW composite as currently specified to favor clinicians who care for patients within a narrow age range. This member expected bias against family physicians, who care for people across the lifespan and who would need to excel in all screenings to improve on this composite score.

**TEP members continued to express concerns raised during the TEP meeting regarding the lack of conceptual focus.** Two TEP members said that some measures in the composite are related to each other based on the measure population or concept, but taken together, the eight component measures seem like a collection of individual measures.

## Appendix D



# Technical Expert Panel – Meeting 1

## Electronic Clinical Quality Measures Development and Maintenance for Eligible Clinicians (EC eCQM) Project

Contract number: 75FCMC18D0032  
Task number: 75FCMC19F0004  
August 17, 2020



## Agenda

- **Welcome, introductions, and conflict-of-interest disclosures**
- **Meeting objectives**
- **Overview of project and measure development**
- **Roles and responsibilities of technical expert panel (TEP)**
- **Preventive Care and Wellness (composite) measure**
- **Wrap-up and next steps**

## Introductions

TEP member name	Organization/location
Donald Casey, M.D., M.B.A., M.P.H.	American College of Medical Quality; Chicago, IL
James Colbert, M.D.	Blue Cross Blue Shield of Massachusetts; Boston, MA
Fran Cunningham, Pharm.D.	Department of Veterans Affairs; Hines, IL
Barbara Kivowitz	San Francisco, CA
Luming Li, M.D.	Yale New Haven Psychiatric Hospital; New Haven, CT
Bridget Lynch, M.D., M.P.H.	Presbyterian Medical Group; Albuquerque, NM
Precious McCowan	Dallas, TX
Robert McClure, M.D.	MD Partners, Inc.; Lafayette, CO
Michael Perskin, M.D.	American Geriatrics Society; New York, NY
Lori Popejoy, Ph.D., R.N., F.A.A.N.	University of Missouri; Columbia, MO
Christa Starkey	Lone Oak, TX



3

## Key project staff

Staff name	Role	Organization
Christine Holland	Project director	Mathematica
Suzie Rastgoufard	Deputy project director	Mathematica
Jayanti Bandyopadhyay	Development task lead	Mathematica
Ethan Jacobs	Testing task lead	Mathematica
Emma Bickel	TEP coordinator	Mathematica
Sam Simon	Principal investigator	Mathematica
Jenna Williams-Bader	Measure development expert advisor	National Committee for Quality Assurance (NCQA)



4





## Meeting objectives

- Orient the TEP to the EC eCQM project
- Provide an overview of the measure development process
- Review and ratify the TEP charter
- Solicit feedback on a new CMS-stewarded clinical quality measure (CQM): Preventive Care and Wellness (composite)



5



## EC eCQM TEP Orientation





## EC eCQM project (1)

- On behalf of CMS, the EC eCQM team identifies, develops, and supports the implementation and maintenance of clinician-level CQMs used in the Merit-based Incentive Payment System (MIPS)
  - eCQMs
  - CQMs (registry)
  - Claims-based measures
- We are contracted to develop up to four measures during each contract year
- Base year of the project runs from August 27, 2019 through August 26, 2020; the project has four additional option years



7



## EC eCQM project (2)

<b>Base-year measures (March to August 2020)</b>	Preventive Care and Wellness; submission type: CQM
	Potential Opioid Overuse; submission type: eCQM
	Safe Opioid Prescribing Practices; submission type: eCQM



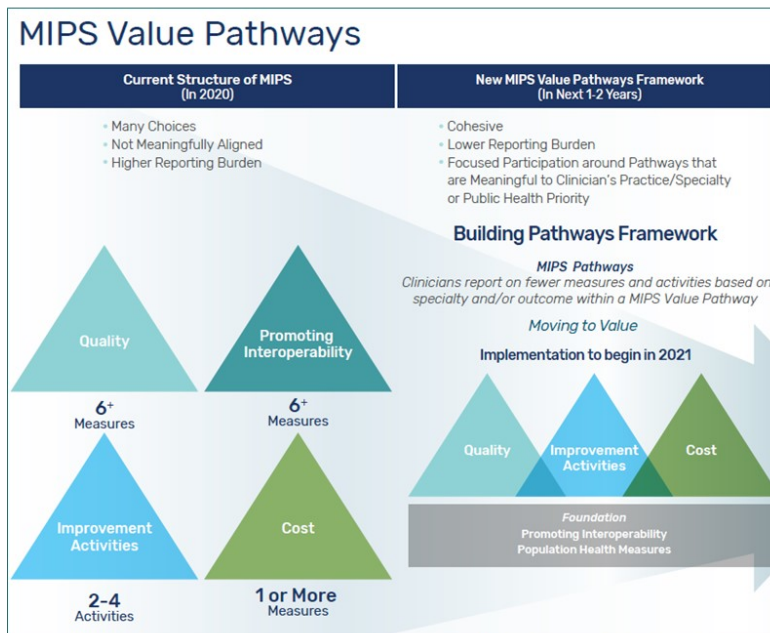
8

## How are measures used?

- CMS may use measures developed under the EC eCQM project in its quality payment program for eligible clinicians, MIPS
- CMS indicated that the program will begin transitioning to MIPS Value Pathways (MVPs) in 2021
- MVPs are quality and cost measures and improvement activities tailored to a specialty and/or condition
  - Accompanied by requirements to use certified electronic health record (EHR) technology
- The goal of MVPs is to simplify the MIPS, reduce burden, and make the program more meaningful to clinicians and patients

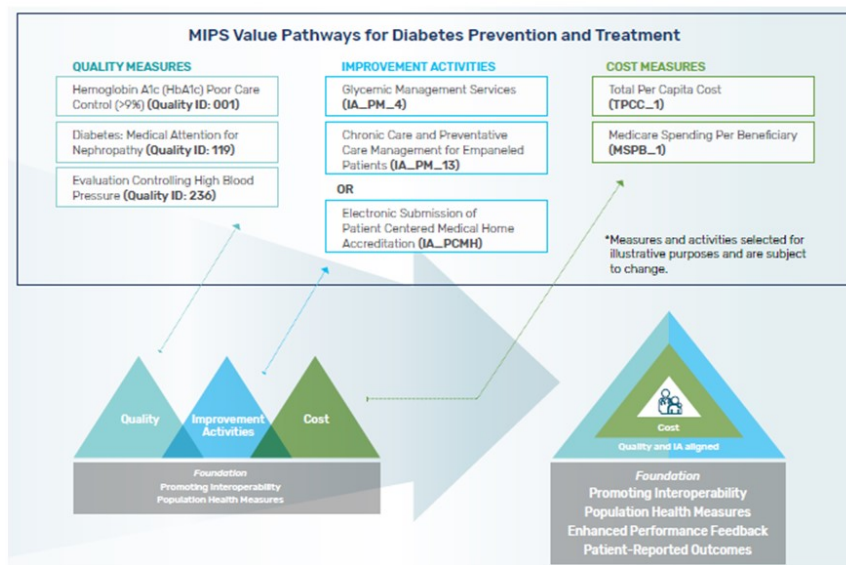


9



Source: CMS Quality Payment Program's Resources Library (Link: <https://qpp.cms.gov/mips/mips-value-pathways>)

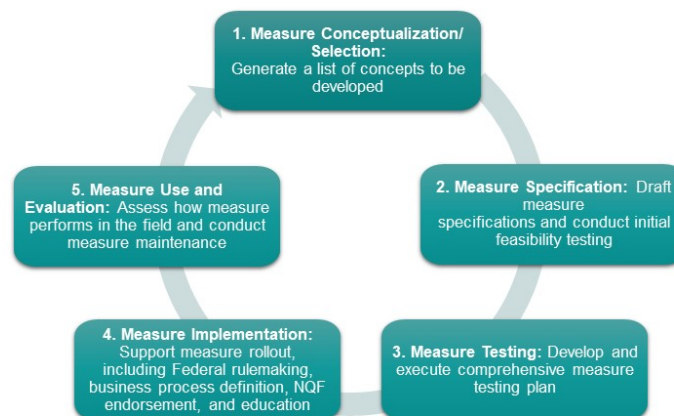
10



Source: CMS Quality Payment Program's Resources Library (Link: <https://qpp.cms.gov/mips/mips-value-pathways>)

11

## Measure development lifecycle



NQF = National Quality Forum

12

## NQF criteria to evaluate measures

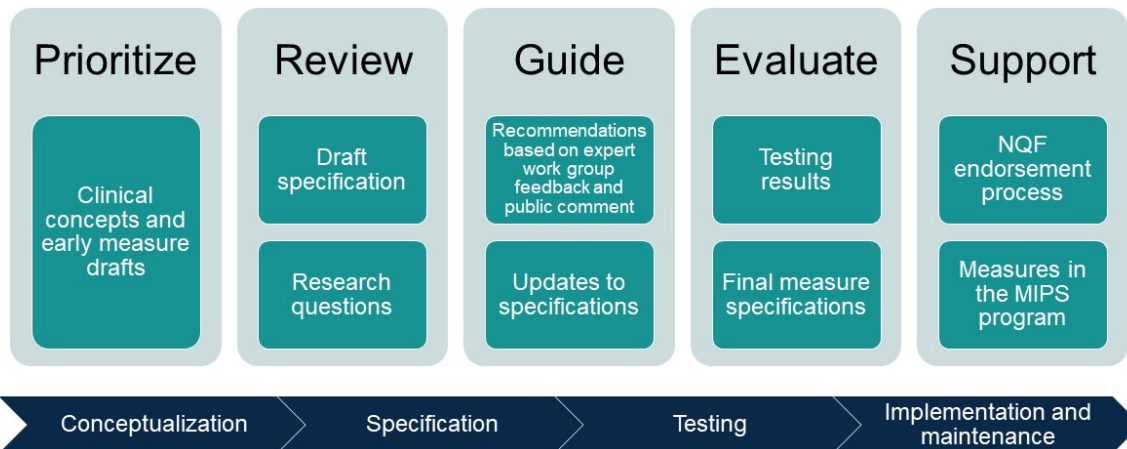
Importance	Is evidence based, addresses a performance gap, and improves health care quality and health outcomes
Scientific acceptability	Produces reliable and valid results about quality of care. Reliability refers to the repeatability or precision of a measure result, whereas validity refers to the accuracy of a measure result
Usability and use	Can be used by stakeholders for accountability and performance improvement to achieve high quality, efficient health care
Feasibility	Can be implemented in existing EHR systems and clinical practices

## Role of the TEP

- The TEP is a multi-stakeholder group of clinicians, health system representatives, patients, caregivers, and measure development and health informatics experts
- The EC eCQM team solicits feedback from the TEP to provide guidance
- The TEP is a standing committee that we established in this base year of our contract and that we plan to maintain during the option years
- We will convene the TEP periodically to provide input on measures being developed for our project
- The TEP is one source of information we use to guide our development and testing



## TEP responsibilities



## Looking forward

- **All TEP meetings will be held by teleconference and WebEx**
  - Frequency: three or four times per contract year (2 to 2.5-hour sessions)
- **Materials will be sent a few days before the meeting for review**
  - Typically includes agenda, background memo, and slides
- **Next meeting: October 2020**
  - Objective: to review list of clinical concepts for possible future development



# Preventive Care and Wellness (Composite) Measure

## Measure background

- **Status:** initial specification; CMS directed the EC eCQM team to develop this composite in June 2020
- **Submission type:** CQM; reportable via registry
- **Objective for this discussion:** solicit feedback on the measure as specified
  - **Face validity:** To what extent do the measure's components meet the stated intent of the composite?
  - **Usability and use:** To what extent can the results from this measure be used for quality improvement?



## Preventive Care and Wellness (composite) CQM

- **Description:** Percentage of patients who received age- and sex-appropriate preventive screenings and wellness services
- **This measure is a composite of eight component measures that are based on recommendations for preventive care by the:**
  - U.S. Preventive Services Task Force
  - Advisory Committee on Immunization Practices
  - American Association of Clinical Endocrinologists
  - American College of Endocrinology
- **Intent:** To assess overall delivery of age- and sex-appropriate preventive screenings and wellness services

## Component measures

Quality ID	Measure	Population
039	Osteoporosis Screening	Women 65–85 years of age
110	Influenza Vaccination	All patients 6 months of age and older
111	Pneumococcal Vaccination	All patients 65 years of age and older
112	Breast Cancer Screening	Women 51–74 years of age
113	Colorectal Cancer Screening	All patients 50–75 years of age
128	Body Mass Index Screening and Follow-Up	All patients 18 years of age and older
226	Tobacco Use Screening and Intervention	All patients 18 years of age and older
317	Screening for High Blood Pressure and Follow-Up	All patients 18 years of age and older



## Composite methodology: Linear combination at the component level

- **Description:** Average proportion of patients receiving each preventive care service
- **Interpretation:** On average, each preventive service was provided to X% of an eligible clinician's patients

## Composite methodology: Sample calculation

Measure	A	B	C	D	E	Number screened	Number eligible
1. Osteoporosis Screening	X	X	X	X		4	5
2. Influenza Vaccination	X	X	X		X	4	5
3. Pneumococcal Vaccination	X	X				2	5
4. Breast Cancer Screening	X	X				2	5
5. Colorectal Cancer Screening	X		X	NA		2	4
6. Body Mass Index Screening and Follow-Up	X	X				2	5
7. Tobacco Use Screening and Intervention	X	X	NA			2	4
8. Screening for High Blood Pressure and Follow-Up	X		X			2	5
Number of screenings/immunizations provided	8	6	4	1	1	20	
Eligible number of screenings/immunizations	8	8	7	7	8		38

**Linear combination, component level**

$$\frac{\frac{4 \text{ patients (A-D)}}{5 \text{ patients}} + \frac{4 \text{ patients (A-C,E)}}{5 \text{ patients}} + \frac{2 \text{ patients (A+B)}}{5 \text{ patients}} + \frac{2 \text{ patients (A+B)}}{5 \text{ patients}} + \frac{2 \text{ patients (A+C)}}{4 \text{ patients}} + \frac{2 \text{ patients (A+B)}}{5 \text{ patients}} + \frac{2 \text{ patients (A+B)}}{4 \text{ patients}} + \frac{2 \text{ patients (A+C)}}{5 \text{ patients}}}{8 \text{ screenings}} = 52.5\%$$



## Evaluate measure's face validity

- **To what extent can the Preventive Care and Wellness measure be used to distinguish between high and low quality care?**
- **Is the measure consistent with its intent?**
  - Measure intent: To assess the overall delivery of age- and sex-appropriate preventive screenings and wellness services
    - Do the eight **component measures** align with the measure's intent?
    - Is the **composite methodology** consistent with the measure intent and rationale?



## Evaluate measure's usability and use

- **As currently specified, is the Preventive Care and Wellness measure useful for helping clinicians improve care?**
- **Are providers routinely collecting all these measures routinely? Would you expect variation by clinician type?**
- **Do you have concerns about unintended consequences from reporting this measure?**



## Additional feedback

**Do you have any other thoughts on the Preventive Care and Wellness measure that were not raised in our discussion today?**



25



## Wrap-up and next steps

- Review and summarize TEP feedback
- Consider potential refinements to the Preventive Care and Wellness measure and prepare it for the next phase of development
- Continue testing the measure
- Next meeting: October 2020



26

---

## **Mathematica**

Princeton, NJ • Ann Arbor, MI • Cambridge, MA  
Chicago, IL • Oakland, CA • Seattle, WA  
Tucson, AZ • Woodlawn, MD • Washington, DC

## **EDI Global, a Mathematica Company**

Bukoba, Tanzania • High Wycombe, United Kingdom



[mathematica.org](https://mathematica.org)