Psychoses / Related Conditions Post-Field Test Refinement (PFTR) Meeting Summary

MACRA Episode-Based Cost Measures: Clinician Expert Workgroups
PFTR Webinar, April 13, 2022
June 2022

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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 addition to Wave 4 of cost measure development, which is currently underway, Acumen is currently refining the Psychoses/Related Conditions measure, which was one of 11 episode-based cost measures developed by Acumen between April and December 2018 (i.e., Wave 2).

During Wave 2, Acumen held a nomination period through a Call for Clinical Subcommittee Nominations, which was posted on February 6, 2018, and closed on March 20, 2018. The Neuropsychiatric Disease Management Clinical Subcommittee (CS) included a total of 27 CS members affiliated with around 26 professional societies.[2] Within the Neuropsychiatric CS, we selected 17 members with expertise in psychiatry and broader knowledge of value-based care and measurement to finalize the workgroup members for the Psychoses/Related Conditions measure. The workgroup met 4 times between June 2018 to February 2019 to provide detailed input into each component of the measure, and revise the measure specifications based on stakeholder feedback. After pausing the engagement due to COVID-19, Acumen re-convened the workgroup virtually in October 2021 to review stakeholder feedback received on the measure and discuss potential refinements needed to the current measure specifications. The measure was field tested between January and March 2022 along with 4 other Wave 4 episode-

[1] For information on measure development in Waves 4, refer to the 2022 Episode-Based Cost Measures Field Testing Wave 4 Measure Development Process document (https://www.cms.gov/files/document/wave-4-measure-development-process-macra.pdf).
[2] "Episode-Based Cost Measure Field Testing Measure Development Process" MACRA Feedback Page (October 2018), https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/2018-measure-development-process.pdf

based cost measures. The workgroup convened for the last time in April 2022 to continue measure specification and refinement discussions after a national field test.

Psychoses / Related Conditions PFTR Webinar, April 13, 2022

This meeting summary document outlines the purpose, discussion, and recommendations from the Psychoses / Related Conditions PFTR Webinar. Section 1 provides an overview of the webinar goals and process. Section 2 summarizes the discussion and recommendations from the workgroup.

1. Overview

The goals of the Psychoses / Related Conditions PFTR Webinar on April 13, 2022, were the following:

(i) Discuss field testing feedback
(ii) Review empirical analyses
(iii) Confirm refinements to finalize the measure prior to submitting for potential consideration in MIPS

The meeting was held online via webinar and attended by 5 of the 18 workgroup members. The webinar was facilitated by an Acumen moderator, Heather Litvinoff. The Psychoses / Related Conditions workgroup chair was Naakesh (Nick) Dewan, who also facilitated meeting discussions. Libby Hoy from PFCCpartners presented findings from Person and Family Engagement (PFE) input. The MACRA Episode-Based Cost Measure Workgroup Composition List contains the full list of members, including names, professional roles, employers, and clinical specialties.[3]

Stakeholders 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. After the webinar, workgroup members were sent a recording of the webinar and were polled on their preferences to ensure the measures are developed based on well-documented stakeholder input. Based on National Quality Forum practices, the threshold for support was greater than 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 sub-section summarizes the PFE input findings discussed in the webinar (Section 2.1). The remaining sub-sections describe workgroup

[3] CMS, "MACRA Episode-Based Cost Measures: Psychoses/Related Conditions Clinician Expert Workgroup Composition (Membership) List [PDF] (https://www.cms.gov/files/document/psychosesrelated-conditions-clinician-expert-workgroup-composition-list.pdf)

member discussions and recommendations on accounting for patient heterogeneity (Section 2.2) and assigning services to the episode group (Section 2.3), respectively. Section 2.4 describes the next steps.

2.1 Person and Family Engagement Input Findings and Discussion

A representative from PFCCpartners presented findings from the field testing survey in which 3 stakeholders representing patients and families provided input prior to the meeting. All comments noted the need for continuity of care, diagnostic tests, better collaboration on diagnosis and treatment, and improvements in access to care. The biggest gap identified was the integration of mental health services with primary care, which led to missed opportunities to prevent acute episodes. One comment noted the need for evidence-based diagnostics to provide timely treatment.

2.2 Accounting for Patient Heterogeneity

The workgroup engaged in an in-depth discussion on accounting for differences in payment policies on cost of care (Section 2.2.1) and the measure's potential impact on vulnerable patients (Section 2.2.2).

2.2.1 Accounting for Impact of Differences in Payment Policies on Measure Scores

Workgroup members discussed how to account for heterogeneity related to the differences in payment policies that may impact the measure score. Specifically, a Psychoses/Related Conditions episode can be triggered in an Inpatient Prospective Payment System (IPPS) facility or an Inpatient Psychiatric Facility (IPF), and these 2 types of facilities have different base payment systems. Acumen's analyses showed that the differences in payment systems between these 2 types of facilities may need to be taken into account. Specifically, patients in IPPS facilities have slightly higher 30-day readmission rates than patients in IPF facilities, the average length of stay in an IPPS facility is 4.5 days shorter that the average length of stay at an IPF facility, and the average observed and risk-adjusted cost is lower for episodes triggered in IPPS facilities than in IPF facilities.

Analyses showed that there are differences at the clinician level as well. Specifically, clinicians who practice in IPPS facilities may see lower scores than their peers who practice in IPF facilities, primarily because the systematic cost differences across the 2 settings weren't adjusted for.

Members discussed 3 methods to account for the difference in cost across these 2 settings so that performance is no longer dependent on where clinicians practice. The first option was to add a risk adjustor to indicate the facility type. The second option was to sub-group episodes into episodes triggered in IPPS facilities and episodes triggered in IPF facilities. This method would yield a similar net effect as the first method; however, this method would double the number of sub-groups and lead to sample size issues with the risk adjustment model. The third method was to not adjust or sub-group, which would imply that the difference is a reflection of performance difference across the 2 settings.

Acumen's preliminary analysis showed that, after adding a risk adjustor, performance appeared independent regarding where clinicians practice. Specifically, as the share of episodes triggered in an IPPS facility per clinician increases, there is a minimal impact on a clinician's mean measure score (at both the clinician and clinician group levels).

Workgroup members reached a verbal consensus to implement the first method of adding a risk adjustor to account for facility type. They also didn't support the second method of sub-grouping by facility type, given that it would result in a more complex measure and potentially lead to some sub-groups consisting of very few episodes.

2.2.2 Impacts on Vulnerable Patients

During field testing, stakeholders shared a concern that the Psychoses / Related Conditions measure could incentivize cost-cutting and care-stinting to optimize on cost performance. The unintended consequence could be that clinicians might avoid treating complex, severe, or vulnerable patients. Acumen clarified that MIPS is designed to holistically evaluate performance of clinicians by taking into account both cost and quality. Therefore, optimizing for cost wouldn't immediately lead to high overall performance.

Acumen presented testing results to demonstrate that the measure doesn't penalize clinicians with higher case-loads of vulnerable patients, indicated by their dual Medicare and Medicaid eligibility status. In addition, Acumen also showed that risk-adjusting for dual eligibility status wouldn't yield any material change for this measure. Specifically, after risk-adjusting for dual eligibility status, 0% of clinicians and clinician groups had their performance shift more than 5 percentiles in ranking, and 9.37% of clinician groups and 5.91% of clinicians shifted more than 1 percentile in ranking.

One member noted that the results were surprising and supported continuing to monitor the effect of dual eligibility status. A member noted that the results weren't entirely unexpected because the workgroup has given a lot of consideration in developing this measure, such as starting out with a relatively homogenous patient population so that there is little noise left in the data. The workgroup reached a verbal consensus to continue to monitor the effect of dual eligibility status and not to adjust for that variable at this time.

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

- Members recommended to risk adjust for facility type to neutralize the cost differences across different payment policies so that performance isn't dependent on where clinicians practice.
- Members recommended to continue to monitor the effect of dual eligibility status and not adjust for that variable now.

2.3 Assigning Services to the Episode Group

Acumen 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 workgroup re-visited 2 topics that received comments from stakeholders, which were the inclusion of post-discharge cost (Section 2.3.1) and categories of assigned services (Section 2.3.2).

2.3.1 Inclusion of Post-Discharge Cost

During the webinar, Acumen reviewed the field testing feedback related to post-discharge cost. Acumen received comments suggesting that inpatient clinicians usually have little control over post-discharge care and its costs, such as costs of readmission or emergency department (ED) visit. On the other hand, comments from patients and families expressed the desire for better

continuity of care to close the gaps in care transition that can often hinder the recovery of patients.

Acumen provided a summary of the prior discussions of the workgroup regarding the post-trigger window, which was initially 120 days long, then shortened to 90 days long after the Measure Applications Partnership committee voted to not support this measure, and finally shortened to 45 days in the previous meeting in 2021 based on additional public comments. Since the average length of stay is about 14 days, the workgroup thought that a 45-day post-trigger window would align well with existing quality measures that capture 30-day readmissions. Additionally, the workgroup agreed that reducing the post-trigger window to 45-day would also alleviate the concern of limited post-discharge influence.

Members considered all the recent and historic comments, as well as the current practice guidelines for treatment of schizophrenia that emphasizes the need for care coordination beyond the inpatient setting. One member mentioned that readmission accountability is important because it aligns systems and clinicians via shared accountability. Another member expressed that the 45-day post-trigger window should be kept as is, considering ongoing events such as the COVID-19 public health emergency. Another member remarked that it's a good balance between a 30-day window, which would be too short, and a 90-day window, which would be too long. Overall, members reached a consensus to keep the 45-day post-trigger window and continue to monitor its effect.

2.3.2 Refining Categories of Assigned Services

During field testing, Acumen received several suggestions to refine the categories of assigned services, including to remove transportation cost and reconsider services not provided by the attributed clinicians. Additionally, one stakeholder representing patients and families commented on a well-coordinated care transition that includes outpatient intensive programs.

The workgroup considered the current categories of assigned services and the public comments received. One member suggested to add partial hospitalizations and intensive outpatient services, and another member suggested peer-to-peer services and case management. One member suggested outpatient evaluation and management for psychoses, and Acumen clarified that those services are currently included. Overall, the workgroup agreed to add the following categories: partial hospitalization, intensive outpatient services, and case management.

Key Takeaways from Discussion and/or Polls for Assigning Services to the Episode Group:

- Members recommended to keep the post-trigger window at 45 days.
- Members agreed to add partial hospitalization, intensive outpatient services, and case management.

2.4 Next Steps

In the last session, Acumen provided a wrap-up of the discussion and an overview of the next steps. In summary, the testing results showed that the measure is highly statistically reliable, not influenced by patients' social risk factors and clinicians' caseloads of vulnerable patients, aligned with quality, and will account for facility type when a risk adjustor is added.

Acumen also discussed the latest article published in the Journal of the American Medical Association – Health Forum,[4] which showed that psychiatrists are more disadvantaged than other specialties in MIPS in terms of their likelihood of receiving negative payment adjustments. Acumen noted that the data used in this study reflected the 2018 performance period, which was before any episode-based cost measures were implemented. Clinicians were scored mainly using the older versions of the Medicare Spending Per Beneficiary (MSPB) or Total Per Capita Cost (TPCC) measures, both of which contain very heterogeneous populations. Acumen noted that a tailored measure like the Psychoses / Related Conditions measure will likely give psychiatrists a better experience in MIPS. One member added that a tailored measure will not only give psychiatrists a better experience, but more importantly, will also give psychiatrists a much more relevant measure that reflects their specialty.

After the meeting, Acumen distributed the PFTR Webinar Poll to gather input from members on the discussions held during the webinar about potential refinements. The poll also included a section for other general comments. Acumen will operationalize input for the measure specifications based on PFTR Webinar Poll results.

Please contact **Acumen MACRA Clinical Committee Support** at macra-clinical-committee-support@acumenllc.com if you have any questions. If you are interested in receiving updates about MACRA Episode-Based Cost Measures, please complete this Mailing List Sign-Up Form to be added to our mailing list.

[4] Qi AC, Joynt Maddox KE, Bierut LJ, Johnston KJ. "Comparison of Performance of Psychiatrists vs Other Outpatient Physicians in the 2020 US Medicare Merit-Based Incentive Payment System". *JAMA Health Forum*. 2022;3(3):e220212