Psychoses/Related Conditions Workgroup Meeting Summary

MACRA Episode-Based Cost Measures: Clinician Expert Workgroups
Workgroup Webinar, October 1, 2021
October 2021

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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 through 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 and closed on March 20, 2018. The Neuropsychiatric Disease Management 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 four 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

[1] For information on measure development in Waves 1-3, refer to the 2020 Episode-Based Cost Measures Field Testing Wave 3 Measure Development Process document (https://www.cms.gov/files/document/macra-cmft-ebcm-process-2020.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

workgroups will convene for a sixth meeting to continue measure specification and refinement discussions after a national field test, currently slated for early 2022.

Psychoses/Related Conditions Workgroup Webinar, October 1, 2021

The Psychoses/Related Conditions workgroup met on October 1, 2021, to provide clinical input on refinements to the current measure specifications. The meeting was held online via webinar and attended by 8 of the 17 workgroup members.[3] The webinar was facilitated by an Acumen moderator, Rose Do, M.D., and the workgroup chair, Naakesh Dewan, M.D. The Psychoses/Related Conditions Clinician Expert Workgroup Composition List will contain the full list of members, including names, professional roles, employers, and clinical specialties; is posted on the MACRA Feedback Page.[4] The meeting was also attended by members of the public with a listen-only line for transparency into the measure development and refinement process.

This document summarizes the discussions from the 3-hour virtual meeting. Section 1 outlines the goals of the meeting and reviews discussions from prior development activities with the Psychoses/Related Conditions episode-based cost measure since 2018. Section 2 summarizes the episode-based cost measure framework and current specifications of the measure. Section 3 discusses potential refinements to the measure specifications and their policy implications. Section 4 summarizes the next steps in the measure development process. This meeting was convened by Acumen as part of the measure development process to gather expert clinical input; as such, these discussions and materials, do not represent any final decisions about the measure specifications or MIPS.

1. Introduction and Review of Prior Development Activities

After introductions of the members, moderators, chair, the workgroup went over the goals of this meeting, which were as following:

(i) Discuss outstanding concerns of stakeholders about the Psychoses/Related Conditions cost measure related to limited influence of inpatient psychiatrists in patient care under the following situations: prior to seeing patients and post-discharge, transfer to state psychiatric hospitals, and under involuntary court holds.

(ii) Discuss potential refinements that will prepare the measure for field testing in the beginning of 2022.

Dr. Dewan, the workgroup chair highlighted that the potential implementation of the Psychoses/Related Conditions cost measure in MIPS can play a significant role in improving patient care. He urged the workgroup to place patient outcomes and experiences at the center of their considerations in designing the measure.

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[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)

[4] The composition list will be posted on the MACRA Feedback Page (https://www.cms.gov/Medicare/Quality-Payment-Program/Quality-Payment-Program/Give-Feedback).

In this session, Acumen provided a review of prior development activities undertaken by the workgroup since 2018. Additionally, Acumen also summarized the main concerns behind the 'do not support' vote of Measure Applications Partnership (MAP) and the responses that the workgroup provided to the MAP. The measure adequately addresses the MAP's concerns, but was revisited in the meeting for thoroughness and transparency.

To showcase the measure's ability to capture the cost of and consequences of care for beneficiaries who were hospitalized for psychoses or related conditions and meeting the policy objectives of MIPS, Acumen presented summary statistics related to cost coverage, beneficiary coverage, clinician coverage, and reliability or the ability to differentiate clinician performance of the measure.

Finally, we concluded this session by previewing the outstanding stakeholder concerns about the measure, which are related to the perceived limited influence of clinicians over: care prior to seeing the patients, care post-discharge, care of patients transferred to state psychiatric hospitals, and patients under involuntary commitment.

2. Review the Cost Measure Framework and Measure Specifications

In this session, Acumen reviewed the episode-based cost measure framework and measure specifications. Currently, this measure includes costs of services that are clinically relevant during the 3 days prior to the inpatient admission that opens or 'triggers' the episode, through 90 days after the trigger.

An episode for this measure is triggered by MS-DRG 885. The measure uses a refined trigger logic combining MS-DRG 885 and ICD-10 diagnosis codes, which considers only clinically relevant diagnoses and excludes all non-psychosis ICD-10 diagnoses codes. The workgroup chair noted that MS-DRG 885 encompasses a vast set of ICD-10 diagnoses that contain a very heterogeneous population and, therefore, the focus of the measure should be diagnoses with clinical symptoms of psychosis.

To ensure a fair comparison, this measure further stratifies the population into seven sub-groups so that episodes are only compared against other episodes in the same sub-group. The sub-groups of this measure are history of intellectual development disorder, history of dementia with psychosis, schizophrenia spectrum disorders, schizoaffective disorders, major depressive disorder with psychosis, mania or bipolar with psychosis, and other psychoses.

Each sub-group also has its own risk adjustment model, which includes variables from the CMS-HCC model, information from enrollment and assessment data, and other measure-specific risk adjustors. There are nine measure-specific risk adjustors used in this measure, which are history of: delirium and encephalopathy, delusional disorders, electroconvulsive therapy, injectable antipsychotics, neuropsychiatric testing, substance use disorder, anemia, osteoarthritis, and nursing physician facility visits. One member expressed concerns that delirium and encephalopathy are included in the risk adjustment model despite the possibility that these conditions may not be relevant to psychoses and are often misdiagnosed. The workgroup clarified that the risk adjustment variable is based off of patients with a history of delirium and encephalopathy who were subsequently admitted under MS-DRG 885 and a diagnosis included in the trigger list. The variable is not made up of patients admitted with delirium and encephalopathy.

Acumen highlighted that the attribution methodology is intended to capture clinicians with a significant role in patient care and noted that, the majority of MIPS participants report as groups instead as individual clinicians[5]. Lastly, Acumen noted that the measure includes medical services deemed clinically related to the episode and that can be reasonably influenced by the attributed clinician/group. The Psychoses/Related Conditions workgroup identified the following services as meeting this criteria:

- Pre-trigger diagnostic services for psychiatric conditions
- Post-trigger diagnostic services for psychiatric conditions
- Electroconvulsive therapy (ECT)
- Continual neurological work-up
- Treatment/Medication side effects
- Post-acute care for psychiatric conditions
- Outpatient services and psychotherapy for psychiatric conditions
- Readmission/ED visits due to psychoses
- Readmission/ED visits due to other psychiatric conditions, substance abuse, seizures, and toxic effects of drugs

3. Consider Outstanding Concerns and Potential Refinements

In this session, Acumen reviewed outstanding stakeholder concerns of limited influence over care prior to establishing with a patient (Section 3.1), limited influence over post-discharge care (Section 3.2), limited influence over patients transferred to state psychiatric hospitals (Section 3.3), and limited influence over care of patients under involuntary commitment or court holds (Section 3.4). Finally, this section summarizes the open discussion of the workgroup members at the end of the session (Section 3.5).

3.1 Limited Influence over Care Prior to Establishing with a Patient

Currently, the Psychoses/Related Conditions cost measure includes a pre-trigger window of 3 days that may capture some costs incurred prior to the inpatient admission.

One of the workgroup members discussed the complications that could arise from extended stay in the ED or admission to a non-psychiatric inpatient unit prior to admission for a psychiatric condition, which could drive up pre-trigger cost. However, the workgroup agreed that it would not be an issue if the pre-trigger window is removed.

Acumen presented an analysis demonstrating that the removal of the pre-trigger window does not affect reliability of the measure and only results in a minor reduction in cost coverage of less than one percent, which is the total Medicare Part A and B costs covered by this measure. Based on this analysis, Acumen recommended removing of the 3-day pre-trigger period. Workgroup members supported this recommendation and provided verbal consensus to remove the pre-trigger window.

[5] "2018 Quality Payment Program Experience Report" Quality Payment Program (Updated October 2020), https://qpp.cms.gov/

3.2 Limited Influence over Care Post-discharge Care

Stakeholders have also expressed concerns about clinicians having limited influence over the cost of care post-discharge, specifically with readmission. While some stakeholders believe that post-discharge care is entirely outside of their influence, the Person and Family Committee provided its perspective by reporting major gaps in post-discharge care coordination, such as lack of follow-up care plan, general lack of coordination between specialists and their primary care physician, and higher risk of adverse outcomes due to poor discharge planning and care coordination.

One member expressed a concern about further shortening the post-trigger window length. The member noted that a post-trigger window should not be so short that it disincentivizes investment in post hospital management. This member mentioned strategies of using partial hospital programs, setting patients up with new psychiatrists or social workers. On the other hand, a clinician may look more expensive for good follow-up care post-discharge. Acumen clarified that ideally, cost measures are counter-balanced by quality measures in MIPS.

Workgroup members acknowledged that continuity of care between hospitalization and outpatient care is challenging across all clinical areas. Acumen provided some examples of other acute condition measures along with analyses demonstrating recurrent touchpoints between patients and groups even after discharge.

The focus of this dialogue relates to the post-trigger window of the measure. The post-trigger window is intended to be long enough to capture both the short and intermediate-term cost of care and consequences of care. Previously, the workgroup had shortened the post-trigger window from 120 days to 90 days based on prior field testing feedback. Acumen's analysis indicates that reducing the length of the post-trigger window by 50% (from 90 to 45 days) would result in only 9.49% reduction in cost coverage, and a minor increase in reliability. To address the concern of limited post-discharge influence but also acknowledge the need for improvement, Acumen recommended further shortening the post-trigger window to 45 days to align with parallel quality measurement windows.

Overall, the workgroup expressed verbal consensus with Acumen's recommendation to shorten the post-trigger window to 45 days, as this would also align with existing quality measures in capturing readmissions.

3.3 Limited Influence over Care of Patients Transferred to State Psychiatric Hospitals

Transfers to state psychiatric hospitals is another area where stakeholders have expressed that the influence over care of patients is limited, because these patients are typically very complex so it would be unfair to attribute their subsequent cost of care to clinicians overseeing the initial stay.

While only small number of the episodes (0.34%) were transferred to a state psychiatric hospitals, these episodes tend to be more expensive than the overall population captured by this measure. Due to the low volume of episodes, sub-grouping and risk adjustment are not possible with this sub-population. Therefore, Acumen recommended excluding these episodes.

Overall, the workgroup agreed to exclude patients with state psychiatric transfers given that they constitute only a small percentage of episodes, and did not see any need to monitor these episodes further during field testing.

3.4 Limited Influence over Care of Patients under Involuntary Commitment

Stakeholders expressed concerns over the limited influence of inpatient psychiatrists with regards to length of stay and costs for patients under involuntary commitment (e.g., involuntary holds requested by law enforcement). It is also challenging to identify these episodes from claims data. Acumen tested the two methods below to identify these episodes:

- Method 1 (Admission code 8 on trigger claim): Admission based on direction of a court or request of law enforcement
- Method 2 (ICD-10 Z04.6 on trigger claim): General psychiatric examination, requested by authority

Our analysis indicates both methods resulted in few episodes for involuntary commitment. There were no major differences in risk-adjusted costs between these episodes and the overall population capture by this measure, which indicates that the current risk adjustment model is sufficiently accounting for the risk factors of this sub-population.

Majority of the workgroup members noted that they would prefer using the union of the two methods.

Key Takeaways from Discussion of Outstanding Concerns and Potential Refinements to Current Measure Specifications:

- Limited Influence over Care Prior to Establishing with a Patient
    - Members agreed to remove the pre-trigger window based on the analyses that Acumen presented. One of the members discussed complications that could arise from extended stays in the ED. However, members agreed that this would not be an issue once the pre-trigger window is removed.
- Limited Influence over Care Post Discharge
    - Members agreed to shorten the post-trigger window from 90 to 45 days based on the analyses Acumen presented and also to align with existing quality measures in capturing readmissions.
    - One of the members expressed a concern that further shortening the post-trigger window length could disincentivize investment in post hospital management and discussed some strategies that could prevent this, such as use of partial hospital programs.
- Limited Influence over Care of Patients Transferred to State Psychiatric Hospitals
    - Members agreed to exclude patients with state psychiatric transfers and did not see any need to monitor these episodes during field testing given that they constitute only a small percentage of episodes.
- Limited Influence over Care of Patients under Involuntary Commitment/Court Holds
    - Even though majority of the members agreed to exclude episodes with involuntary court holds identified by the union of methods 1 and 2, one of the members pointed out how the documentation or designation of the term "involuntary," could vary between states due to different laws and licensing requirements.

3.5 Open Discussion

During the webinar, the workgroup briefly discussed on face validity and provided suggestions to improve this measure. Overall members generally agreed that there is a need for prioritizing clinically refined measures, such as the Psychoses/Related Conditions measure, over an all-cost measure, so that we can drill down to actual resource use and patient experiences. Cost is

essential to the assessment of value, which is ultimately the goal of MIPS and MIPS Value Pathways.

Members noted that it would be useful to receive input on the measure specifications from the clinicians who would be attributed during field testing. Another point raised was that more outreach is needed to demonstrate that this measure will 'move the needle' in mental health care by understanding high and low value interventions.

One member expressed some skepticism in being able to achieve the goal of improving care coordination with cost measures given the lag in reporting to payment adjustment. In the member's opinion this is not an effective way to quickly influence behaviors. According to the member, for cost measures to have an impact, a lot of training and education at the systems level will need to be put in place so that systems could incentivize and provide the necessary resources for providers to engage in better post-care coordination. Other members did note that practice change is challenging, but that it had to start somewhere such as with cost measures. Lastly, another member noted that the measure has a relatively small standard deviation/variability which is a helpful indicator of face validity.

4. Next Steps

Acumen provided an overview of the next steps, which include a national field testing and a post-field testing workgroup meeting. Acumen distributed the webinar survey poll with a recording of the webinar to formally gather input from this meeting. The poll was open for one week and was structured to summarize discussion to reflect where there appeared to be verbal consensus; it included empirical testing results (where relevant) so that members could refer to this information when responding to the survey. The survey included comment boxes to provide additional thoughts.

Acumen will operationalize input for the measure specifications based on survey poll results and will prepare specifications and related materials for the upcoming national field testing. The workgroup is slated to convene for a Post-Field Test Refinement (PFTR) Webinar in March 2022.

Please contact **Acumen MACRA Clinical Committee Support** at macra-clinical-committee-support@acumenllc.com if you have any questions. If you're 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.