

September 26, 2019

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: CY 2020 Revisions to Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies [CMS-1715-P]

Dear Administrator Verma:

Thank you for the opportunity to provide input on payment policies under the Physician Fee Schedule. The Pacific Business Group on Health (PBGH) is a purchaser coalition representing 40 public and private organizations that collectively spend \$100 billion each year purchasing health care services for more than 15 million Americans. Our members share a passionate belief in the possibility of transforming the health care system to be accountable for health outcomes, patient experience, and spending, and in which consumers are motivated to make the best choices for their individual health needs and providers are motivated to offer high quality, efficient and appropriate care.

Value-based payment will only work if it reflects improvements in patient outcomes. Federal programs like the Quality Payment Program cannot continue to rely on highly technical clinical or process measures that fail to signal improvements in value. We are encouraged by CMS continuing to remove these measures from MIPS and signaling a move to shift the program to an outcome measurement focus, including patient-reported outcomes (PROs), through the MIPS Value Pathway. However, CMS needs to move with alacrity to outcomes measurement. We recognize the challenge in moving all providers to have this capability, yet believe higher expectations are necessary to achieving better care for dollars spent. We would like CMS to provide national leadership to ensure that all providers commit to adoption of outcome measures. CMS should exert its national leadership to follow an expedient and systematic, multi-year process. In this comment letter, we outline a staged measure adoption process which will help the nation shift to outcomes-based purchasing, payment, and contracting. This process entails:

- Sequencing measures used for MIPS incentives to encourage continually increasing capabilities for collection of PROs
- Assuring that providers understand and use PROs in patient care
- Building infrastructure to allow for risk adjustment and reporting

CMS Request for Feedback on Patient-Reported Outcome Measures

We strongly support CMS' desire to have patient-reported outcome measures (PROMs) serve a central role in MIPS. Including PROMs in value-based programs is important for a variety of reasons, as they:

- Determine if patients benefit from treatment in ways that matter to them, to providers and to society;
- Address many issues that providers should be discussing with their patients that ultimately will affect their clinical outcomes;
- Give consumers essential information for provider choice; and
- Represent a key element of patient-centered care.

We recognize many providers do not have capability to administer PRO tools, track patients over time, and successfully contact them for follow-up outcome measurements. We recommend CMS develop a sequential set of measures that rewards annual progress in building this capability and demonstrating that PRO data is being used in clinical practice. This “measure cascade” provides initial incentives for administering the appropriate PRO tool to a defined population of patients. Then, incentives are shifted to reward successful tracking of patients over time and completing a 2nd or subsequent outcome measurement that can be compared to the baseline measure. Next, incentives reward calculation and reporting of changes in patient outcomes over time. Finally, the incentives simply reward performance, in terms of optimal outcomes for a defined population. The measure cascade accommodates providers with varying levels of capability as they can join at the stage appropriate to their level of sophistication. Table 1 provides a proposed measure cascade for depression. These measures represent steps that recognize achievement on the path to value assessments for value-based purchasing. Ultimately, we want quality to be assessed through improvements and achievements in PROs and other outcomes, but we need to move the market towards this understanding and capability.

Table 1: Proposed PRO Measure Cascade for Depression

Measure	Numerator	Denominator	Type	Year	Source
Depression Utilization of PHQ-9	Completed PHQ-9 at least once during a 4-month period in which there was a qualifying visit	Patients age 18 and older with the diagnosis of major depression or dysthymia		6 mos	NQF 0712
Screening Rate at Baseline	Completed screens	Total primary care population age 12+	Process	1	
6-Month Treatment Response	Number of patients with paired surveys reporting > 50% reduction from baseline PHQ-9 score that is greater than XX	Total completed PHQ-9 baseline surveys with PHQ-9 > 9 in reporting window	Outcome	2	MNCM
6-Month Disease Remission	Number of patients with follow-up survey reporting PHQ-9 < 5	Total completed PHQ-9 baseline surveys with PHQ-9 > 9 in +/- 20-day reporting window	Outcome	3	NQF 0711

We believe MIPS is structured to support providers at a variety of levels in their use of PROMs and in gaining the ability to be accountable for these outcomes. Two of the MIPS performance categories – Improvement Activities and Promoting Interoperability – can reward providers for building infrastructure and capacity for collecting and using PROMs. A third category, Quality, rewards providers that select PROs as a measure of performance. We urge you to include the PRO measure cascade described above for depression and other conditions in the 2020 performance year. For some conditions, like depression, the move to outcomes measurement would progress more quickly because of the availability of measures. For others, the first stage should be included and CMS should work quickly to develop measures for other stages. For example, in the general surgery specialty measure set we recommend including a validated Global PRO tool, such as VR-12 or PROMIS-Global, baseline screening prior to surgery.

CMS Request for Feedback on How to Include Patient-Reported Measures in MVPs

Through the MIPS Value Pathway (MVP), CMS has proposed a future state that integrates the MIPS performance categories, population health measures, and patient reported-outcomes. We strongly support the proposed MIPS Value Pathway as a new participation framework for MIPS to create better integration across the Quality Payment Program. This structure facilitates the implementation of PROMs by including a coordinated approach to incentives across performance categories rather than the current MIPS practice of allowing providers to self-select activities and measures from a list. The MVP should have either a PROM or validated PRO tool (if no PROM is available) for conditions where alleviation of symptoms or management of morbidity of treatment is a priority for patients. Below, we provide an example in Table 2 of what a coordinated approach to patient-reported outcomes across performance categories and activities using Depression. This example applies the intermediate stage of the measure cascade for the quality performance category from Table 1. *Current* indicates the measure or activities currently in MIPS; *new* indicates is should be added to MIPS.

Table 2: Depression in MIPS MVP

Improvement Activities	Quality (Intermediate Measure Cascade Year)	MIPS Value Pathway
<ul style="list-style-type: none"> Promote Use of Patient-Reported Outcome Tools (current) 	<ul style="list-style-type: none"> Screening Rate at Baseline (new) 	<ul style="list-style-type: none"> 6-month Disease Remission (current)
Promoting Interoperability	<ul style="list-style-type: none"> 6-Month Treatment Response (new) 	
<ul style="list-style-type: none"> User friendly results for reporting PROs via API (new) 		

CMS Request for Feedback on How to Build on Promoting Interoperability, a Foundational Component of MVPs, to Link the Four Categories in MVP

CMS has proposed that PROMs become a foundational element of the MIPS Value Pathway (MVP), which we strongly support. CMS has also stated a goal of MVPs is to reduce the reporting burden on clinicians. To reach both goals, it is imperative that CMS express a vision for efficiently capturing PROMs. CMS should recognize that the modes for capturing information from patients will change over time,

and therefore design a technology-agnostic approach to patient data interoperability. In practice, this means that CMS should promulgate standards for data acquisition and transmission, as well as privacy and security practices, that reassure both providers and patients that the data will be reliable, fair, and kept private.

Providers who can demonstrate the capability of acquiring PROM data from patients at minimal response rates, integrate PRO data with relevant risk-adjustment and clinical information, present real-time results to clinicians to support decision-making and user-friendly results for patients, share PRO results appropriately with patients and clinicians, and transmit summary information to CMS or other appropriate external parties should be recognized in the Promoting Interoperability component and within the MVP. This approach could be operationalized for a select number of conditions within the Quality Payment Program structure, beginning with those for which patient volume is high, PRO measures are well-established, and clinical performance is known to be suboptimal and variable.

CMS Request for Feedback on Approaches to Get Reliable Performance Information Using Patient-Reported Data, in particular at the Individual Clinician Level

Provider engagement in PROs tools and PROMS collection is necessary to achieve high reliability and response rates. Evidence shows that providers who talk with their patients about the importance of patient-reported outcomes to their care are likely to have greater patient participation. Payment incentives can encourage internal education and provider engagement. It is also crucial that providers discuss the results of PRO tools with patients and use such discussions to better tailor the patient's care plan to his or her individual needs. It clearly demonstrates to the patients how completion of PROMs is valuable in improving their health and reinforces the importance of completing follow-up surveys. Providers may be reluctant to utilize patient surveys due to limited office visit time. However, it is not necessary for the provider to administer PRO tools and in fact, this activity is more appropriate for a care coordinator or medical assistant given that the provider's performance is a significant factor in the patient's evaluation of any outcomes of care. Ultimately, achieving high follow-up rates cannot depend on providers managing their own panel. It is important to have some centralized tracking and outreach support.

There is no reason to restrict modes of administration as there is no evidence that the modes used to engage patients in completing surveys significantly affect outcome data. Plus, there is no mechanism to enforce mode of administration in real-world practice. The objective is to adopt methods that improve response rates without compromising data validity. We understand some populations will be harder to reach than others, especially for follow-up, so some stratification or risk adjustment is appropriate.

Information about individual providers is valuable in addition to information at the practice, medical group, hospital, or health system level. Quality measures, particularly PROMs and patient experience, should report at the individual provider level whenever possible. The following are suggestions for improving the reliability of reporting at the individual provider level:

- Use all-payer data.
- Combine medical group results with individual results to create a score for the individual provider.

- Make use of broad domains (like PROMIS-Global, Physical, and Mental or VR-12 Physical Function and Mental Health) to permit evaluation of care for larger, blended populations.
- Ask all patients to rate how well their provider takes into account their functioning and quality of life in diagnosis, treatment plans, patient education, etc.
- Create a composite of how well the provider is progressing on implementation of PRO tools and PROMs. Individual items could include measuring all patients, screening rate at baseline, completion rate for appropriate follow-up interval, and reporting average change in functional status.

Thank you for the opportunity to comment on how CMS can incorporate patient-reported outcomes in MIPS. If you have any questions about our comments, please contact Rachel Brodie at rbrodie@pbgh.org.

Sincerely,



Rachel Brodie
Director, Performance Information
Pacific Business Group on Health