



New Quality Measure Shows Program Evolution

The Centers for Medicare and Medicaid Services (CMS) is adding a new quality measure to the Medicare Shared Savings Program (MSSP). The new measure was finalized through the Medicare Physician Fee Schedule (PFS) for 2016. Effective January 1, 2016, CMS is adopting the measure, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease, increasing the total number from 33 to 34 measures. The new measure, developed by CMS in collaboration with the Million Hearts Initiative, reports the percentage of ACO beneficiaries who were prescribed or were already on statin medication therapy during the measurement year and who fall into any of three categories:

- 1) High-risk adult patients (≥ 21) who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease;
- 2) Adult patients (≥ 21) with any direct or fasting LDL cholesterol level ≥ 190 mg/dL;
- 3) Patients aged 40-75 with a diagnosis of diabetes with a fasting LDL cholesterol of 70-189 mg/dL who were prescribed or were already on statin medication therapy during the measurement year.

CMS will increase the size of the oversample for this measure from 616 to 750 to account for reporting on multiple denominators. The new measure will be added to the Preventive Health domain and will be pay-for-reporting for all three years.

A History of Quality Measures in the MSSP

In the program's first proposed rule, issued in April 2011, CMS proposed adopting 65 measures for the MSSP. In response to public comment arguing that 65 measures would be a monumental administrative burden for participants, CMS reduced the number of required measures to 33 by removing those perceived as redundant, operationally complex, or burdensome. The remaining 33 measures, finalized in the November 2011 final rule, were chosen because they would still demand a high standard of ACO quality, and focus on priority areas of high prevalence and high cost in the Medicare population.

In July 2014, CMS proposed revising the MSSP measure set to eliminate 8 and add 12 new quality measures, increasing the total number from 33 to 37. Despite the net increase in metrics, CMS predicted that the changes would make reporting easier by eliminating redundant measures and aligning more closely with other reporting systems such as PQRS and the EHR Incentive Program. However, in the PFS final rule for 2015, CMS finalized only 8 of the 12 new measures proposed (Table 1), and retired or replaced 8 measures (Table 2), keeping the final total at 33. These modifications were made in response to commenter feedback citing concern that the measures had not been thoroughly tested as well as concerns for the increased reporting burden.ⁱ

Also in the PFS final rule for 2015, CMS finalized the quality scoring strategy to recognize and reward ACOs that make year-to-year improvements in quality performance scores on individual measures.

One year later in the PFS final rule for 2016, in addition to adopting a 34th quality measure (as described above), CMS is finalizing a new approach for addressing quality measures that are deemed to no longer align with clinical guidelines or cause patient harm. Per this policy, if a measure owner determines a measure is outdated or harmful, CMS will either maintain or revert the measure to pay-for-reporting without having to wait for the annual PFS rulemaking cycle.

Table 1. Measures Added Since Program Start

Number	Measure Domain	Measure Title
ACO #34	Patient/Caregiver Experience	CAHPS: Stewardship of Patient Resources
ACO #35	Care Coordination/Safety	SNF 30-Day All-Cause Readmission
ACO #36		All-Cause Unplanned Admissions for Patients with Diabetes
ACO #37		All-Cause Unplanned Admissions for Patients with Heart Failure
ACO #38		All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
ACO #39		Documentation of Current Medications in the Medical Record
ACO #40	At Risk Population: Depression	Depression Remission at Twelve Months
ACO #41	At Risk Population: Diabetes	Diabetes: Eye Exams
ACO #42	Preventive Health	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Table 2. Measures Retired or Replaced Since Program Start

Number	Measure Domain	Measure Title
ACO #12	Care Coordination/Safety	Medication Reconciliation: After Discharge from Inpatient Facility
ACO #22	At Risk Population: Diabetes	Diabetes Composite: Hb A1c Control (<8 percent)
ACO #23		Diabetes Composite: Tobacco Non Use
ACO #24		Diabetes Composite: Blood Pressure <140/90
ACO #25		Diabetes Composite: LDL <100 mg/dL
ACO #26		Diabetes Mellitus: Daily Aspirin or Antiplatelet Use for Patients with DM or IVD
ACO #29	At Risk Population: IVD	IVD: Complete Lipid Profile and LDL Control <100 mg/dL
ACO #32	At Risk Population: CAD	CAD Composite: Drug Therapy for Lowering LDL Cholesterol

Table 3. Current MSSP Quality Measures (2016)

Number	Measure Title	Method of Submission	Requirements*		
			PY1	PY2	PY3
<i>Patient/Caregiver Experience</i>					
ACO #1	CAHPS: Getting Timely Care, Appointments and Information	Survey	R	P	P
ACO #2	CAHPS: Doctors Communication	Survey	R	P	P
ACO #3	CAHPS: Patients' Rating of Doctor	Survey	R	P	P
ACO #4	CAHPS: Access to Specialists	Survey	R	P	P
ACO #5	CAHPS: Health Promotion & Education	Survey	R	P	P
ACO #6	CAHPS: Shared Decision Making	Survey	R	P	P
ACO #7	CAHPS: Health Status/Functional Status	Survey	R	R	R
ACO #34	CAHPS: Stewardship of Patient Resources	Survey	R	R	R
<i>Care Coordination/Safety</i>					
ACO #8	Risk-Standardized, All Condition Readmission	Claims	R	R	P
ACO #35	SNF 30-Day All-Cause Readmission	Claims	R	R	R
ACO #36	All-Cause Unplanned Admissions for Diabetics	Claims	R	R	R
ACO #37	All-Cause Unplanned Admissions for Heart Failure	Claims	R	R	R

ACO #38	All-Cause Unplanned Admissions for Multiple Chronic Conditions	Claims	R	R	R
ACO #9	Ambulatory Sensitive Conditions Admissions: COPD or Asthma in Older Adults	Claims	R	P	P
ACO #10	Ambulatory Sensitive Conditions Admissions: Heart Failure	Claims	R	P	P
ACO #11	Percent of PCPs who Successfully Meet Meaningful Use Requirements	Claims & Administrative Data GPRO WI	R	P	P
ACO #39	Documentation of Current Medications in the Medical Record	GRPO WI	R	R	R
ACO #13	Falls: Screening for Future Fall Risk	GPRO WI	R	P	P
<i>Preventive Health</i>					
ACO #14	Preventive Care and Screening: Influenza Immunization	GPRO WI	R	P	P
ACO #15	Pneumonia Vaccination Status	GPRO WI	R	P	P
ACO #16	Preventive Care and Screening: BMI Screening and Follow Up	GPRO WI	R	P	P
ACO #17	Preventive Care and Screening: Tobacco Use: Screening and Cessation Plan	GPRO WI	R	P	P
ACO #18	Preventive Care and Screening: Clinical Depression Screening and Follow Up	GPRO WI	R	P	P
ACO #19	Colorectal Cancer Screening	GRPO WI	R	R	P
ACO #20	Breast Cancer Screening	GPRO WI	R	R	P
ACO #21	Preventive Care and Screening: High BP Screening and Follow Up	GPRO WI	R	R	P
ACO #42	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	GPRO WI	R	R	R
<i>Clinical Care for At Risk Population: Depression</i>					
ACO #40	Depression Remission at Twelve Months	GPRO WI	R	R	R
<i>Clinical Care For At Risk Population: Diabetes**</i>					
ACO #27	Diabetes Mellitus: Hb A1c Poor Control	GRPO WI	R	P	P
ACO #41	Diabetes: Eye Exams	GPRO WI	R	R	R
<i>Clinical Care for At Risk Population: Hypertension</i>					
ACO #28	Hypertension: Controlling High Blood Pressure	GPRO WI	R	P	P
<i>Clinical Care for At Risk Population: Ischemic Vascular Disease (IVD)</i>					
ACO #30	IVD: Use of Aspirin or Another Antithrombotic	GPRO WI	R	P	P
<i>Clinical Care for At Risk Population: Heart Failure</i>					
ACO #31	HF: Beta-Blocker Therapy for LVSD	GPRO WI	R	R	P
<i>Clinical Care for At Risk Population: Coronary Artery Disease (CAD)</i>					
ACO #33	ACE Inhibitor or ARB Therapy for patient with CAD and Diabetes or LVSD	GPRO WI	R	R	P

*Pay-for-Reporting=R; Pay-for-Performance=P **2 measures evaluated as 1 composite measure

ⁱ <http://leavittpartners.com/wp-content/uploads/2015/11/Final-Changes-to-MSSP-Quality-Measures-11-25-14.pdf>