

Memorandum



To: CMS MIPS Value Pathways (MVP) Team
From: AAN MVP Workgroup (Daniel Ackerman, MD, FAAN; Sonya Knight, DO; Robert Kropp, MD, MBA, CHIT, FAAN; Mary Angela O’Neal, MD, FAAN)
Copy: Amanda Becker CAE; Amy Bennett, JD; Max Linder; Leslie Kociemba, MPH
Date: March 16, 2022
Subject: AAN Feedback on “Optimal Clinical Support for Neurological Conditions MVP” and “Supportive Care for Cognitive-Based Neurological Conditions MVP”

The American Academy of Neurology (AAN) appreciates the opportunity to provide feedback on CMS’s draft MVPs on “Optimal Clinical Support for Neurological Conditions” and “Supportive Care for Cognitive-Based Neurological Conditions.” The AAN appreciates CMS recognizing the AAN as key experts and stakeholders in these MVPs and taking our previous comments into consideration and believes comprehensive input from AAN subject matter experts and stakeholders at the outset of development would have been appropriate. The AAN appreciates CMS’s recognition that neurologists care for a diverse set of patients ranging from pediatric to geriatric with an equally broad set of conditions and find separating the initial MVP proposal into two options amenable. The AAN understands CMS’s explanation as to why it is not feasible to offer an MVP for each condition or subspecialty. However, the AAN believes that reshuffling MIPS components and requirements into smaller subsets will not be less burdensome than traditional MIPS at this time. The AAN looks forward to future opportunities to make MVPs more meaningful as condition-specific cost measures become available and appreciates CMS’s recognition of care partners as essential to quality outcomes and inclusion of measures that reflect this.

AAN feedback on elements of the two MVP proposals are detailed below. The AAN encourages CMS to consider the name of each MVP concept in response to subsequent changes made before finalizing these concepts, as condition-specific, episodic, and/or neurodegenerative terms may be more appropriate for the final MVP. The first MVP proposal’s current title is not reflective of the condition specific measures in the MVP. The AAN notes that several measures (e.g., QPP277, QPP279, AAN8, AAN9, AAN26, AAN28, AAO35) were not included in what is meant to be a more general neurological MVP. While we are not recommending inclusion of these measures, we point this out to demonstrate our reasoning that a more well-rounded MVP for outpatient care of more conditions would warrant a more general title as proposed.

Additionally, the AAN requests more guidance on if or how CMS will incentivize clinicians to participate in MVPs given the potential burden to implement multiple MVPs in clinic settings with limited information technology supports.

Optimal Clinical Support for Neurological Conditions MVP

The AAN recommends a more accurate description for this MVP with the specific conditions included in the title. Consider title “Optimal Care for Patients with Epilepsy or Headache Conditions.” Another potential title would refer to conditions more “episodic” in nature, although epilepsy requires chronic maintenance.

Quality Performance Category

The table below illustrates the suggested quality measures for this MVP candidate. (If applicable: Red - recommend removal; Green – recommend adding).

Quality Measures (12 Quality Measures Total 5 MIPS Quality Measures & 7 QCDR Measures)	<u>CMS Response/Rationale</u>	<u>AAN Feedback</u>
Q047: Advance Care Plan (Medicare Part B Claims, MIPS CQM) High Priority	We agree with the inclusion of this measure within the MVP.	We agree with including this measure as it is a cross-cutting measure applicable to neurologists with meaningful impact on patient care.
Q130: Documentation of Current Medications in the Medical Record	We agree with the inclusion of this measure within the MVP.	We recommend adding this measure to this MVP.

(Medicare Part B Claims, MIPS CQM, eCQM)		
Q238: Use of High-Risk Medications in Older Adults (eCQM, MIPS CQM) High Priority	We agree with the inclusion of this measure within the MVP.	We recommend removing this measure and adding it to the MVP below.
Q268: Epilepsy: Counseling for Women of Childbearing Potential with Epilepsy (MIPS CQM)	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
AAN29: Comprehensive Epilepsy Care Center Referral or Discussion for Patients with Epilepsy (QCDR)	We agree with the inclusion pending approval for future performance periods and all criteria met for inclusion of QCDR within an MVP.	We agree with the inclusion of this measure within the MVP.
Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences (MIPS CQM) High Priority	We agree with the inclusion of this measure within the MVP.	We recommend removing this measure from this MVP as it more appropriately fits into the other MVP that includes other degenerative neurological conditions.
Q419: Overuse of Imaging for the Evaluation of Primary Headache (MIPS CQM) High Priority	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
AAN5: Medication Prescribed for Acute Migraine Attack (QCDR)	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
AAN22: Quality of Life Outcome for Patients with Neurologic Conditions (QCDR) High Priority, Outcome	We agree with the inclusion pending approval for future performance periods and all criteria met for inclusion of QCDR within an MVP.	We agree with the inclusion of this measure within the MVP.
AAN25: Pediatric Medication reconciliation (QCDR)	After consideration of this measure, PIMMS believes it may be beneficial to only include adult based quality measures for this MVP. Once we have additional neurology measures for the pediatric population, we can reconsider the inclusion of the pediatric measures within this MVP. We do not want to create a scenario in which a pediatric neurologist would not be able to adequately report this MVP.	We support not including this measure, as there are few other measures meaningful to child neurologists (unless they specialize in epilepsy or headache) in this MVP. If the MVP were to include more measures relevant to pediatric populations such as developmental delays, MD, tics/Tourette's, etc. we would request inclusion.
AAN30: Migraine Preventive Therapy Management (QCDR)	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
AAN31: Acute Treatment Prescribed for Cluster Headache (QCDR)	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
AAN32: Preventive Treatment Prescribed for Cluster Headache (QCDR)	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
AAN34: Patient reported falls and plan of care (QCDR) High Priority, Outcome	We agree with the inclusion of this measure within the MVP.	We recommend removing this measure from this MVP as it more appropriately fits into the other MVP that includes other degenerative neurological conditions. This measure does not

capture headache or epilepsy patients in the measure denominator.

Supportive Care for Neurodegenerative Conditions MVP Concept

The AAN recommends the above title to more accurately describe the neurodegenerative conditions of the measures included in this MVP proposal. Cognitive neurological conditions can include various conditions and impairments related to stroke, multiple sclerosis, and epilepsy, among others that are not included in this proposed MVP.

Quality Performance Category

<u>Quality Measures</u> (12 Quality Measures Total 10 MIPS Quality Measures & 2 QCDR Measures)	<u>CMS Response/Rationale</u>	<u>AAN Feedback</u>
Q047: Advance Care Plan (Medicare Part B Claims, MIPS CQM) High Priority	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
Q130: Documentation of Current Medications in the Medical Record (Medicare Part B Claims, MIPS CQM, eCQM)	We agree with the inclusion of this measure within the MVP.	We recommend removing this measure and adding to the MVP above.
Q238: Use of High-Risk Medications in Older Adults (eCQM, MIPS CQM) High Priority	We agree with the inclusion of this measure within the MVP.	We recommend adding this measure to this MVP as it is more appropriate to the patient population with these conditions.
Q279: Sleep Apnea: Assessment of Adherence to Positive Airway Pressure Therapy (MIPS CQM)	We included this quality measure based on feedback from AAN during the 2021 Specialty Set feedback for the Neurology Specialty Set.	We recommend removing this measure from this MVP. This measure is topped out and it will not be useful for sleep neurologists in conjunction with other measures in either of these MVPs, as the other sleep apnea measures are not included in the proposal.
Q281: Dementia: Cognitive Assessment (eCQM)	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
Q282: Dementia: Functional Status Assessment (MIPS CQM)	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
Q286: Dementia: Safety Concern Screening and Follow-Up for Patients with Dementia (MIPS CQM) High Priority	We agree with the inclusion of this measure within the MVP. We would like to note that the 2022 benchmarking file shows this measure is at the end of the topped out lifecycle. This high performance rate may limit the measure's long term viability for MIPS and this MVP.	We agree with the inclusion of this measure within the MVP.
Q288: Dementia: Education and Support of Caregivers for Patients with Dementia (MIPS CQM) High Priority	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.

Q290: Assessment of Mood Disorders and Psychosis for Patients with Parkinson's Disease (MIPS CQM)	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
Q291: Assessment of Cognitive Impairment or Dysfunction for Patients with Parkinson's Disease (MIPS CQM)	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
Q293: Rehabilitative Therapy Referral for Patients with Parkinson's Disease (MIPS CQM) High Priority	We agree with the inclusion of this measure within the MVP.	We agree with the inclusion of this measure within the MVP.
Q386: Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences (MIPS CQM) High Priority		We recommend inclusion of this measure in this MVP as it more appropriately fits into this MVP related to degenerative neurological conditions.
AAN9: Querying About Symptoms of Autonomic Dysfunction for Patients with Parkinson's Disease (QCDR)	We agree with the inclusion pending approval for future performance periods and all criteria met for inclusion of QCDR within an MVP.	We agree with the inclusion of this measure within the MVP.
AAN22: Quality of Life Outcome for Patients with Neurologic Conditions (QCDR) High Priority, Outcome	We agree with the inclusion pending approval for future performance periods and all criteria met for inclusion of QCDR within an MVP.	We agree with the inclusion of this measure within the MVP.
AAN34: Patient reported falls and plan of care (QCDR) High Priority, Outcome	We agree with the inclusion of this measure within the MVP.	We recommend inclusion of this measure as its denominator captures degenerative neurological conditions specifically.

Improvement Activity Performance Category

The AAN agrees with the inclusion of the proposed Improvement Activities in both MVPs. Guidance suggests clinicians must report two activities, however, we request clarification on the requirements for this component regarding activity weighting. If clinicians can report one high-weighted improvement activity for full credit in the component, we request inclusion of additional high weighted improvement activities.

<u>Improvement Activities</u> (12 Quality Measures Total)	<u>CMS Response/Rationale</u>	<u>AAN Feedback</u>
IA_AHE_3: Promote Use of Patient-Reported Outcome Tools (High weight)	We recommend the inclusion of this health equity-related improvement activity within this MVP.	We agree with the inclusion of this activity within the MVPs.
IA_BE_4: Engagement of patients through implementation of improvements in patient portal (Medium weight)	We recommend the inclusion of this improvement activity that represents the patient voice and patient engagement within this MVP.	We agree with the inclusion of this activity within the MVPs.
IA_BE_16: Promote Self-management in Usual Care (Medium weight)	We agree with the recommendation to include this improvement activity in this MVP.	We agree with the inclusion of this activity within the MVPs.
IA_BE_24: Financial Navigation Program (Medium weight)	We agree with the inclusion of this beneficiary engagement improvement activity to allow patient options related to the high cost of stroke care within this MVP.	We agree with the inclusion of this activity within the MVPs.

IA_BMH_4: Depression screening (Medium weight)	We agree with the inclusion of this improvement activity within this MVP.	We agree with the inclusion of this activity within the MVPs.
IA_BMH_8: Electronic Health Record Enhancements for BH data capture (Medium weight)	We agree with the inclusion of this improvement activity within this MVP.	We agree with the inclusion of this activity within the MVPs.
IA_CC_1: Implementation of use of specialist reports back to referring clinician or group to close referral loop (Medium weight)	We recommend the inclusion of this care coordination improvement activity within this MVP.	We agree with the inclusion of this activity within the MVPs.
IA_EPA_2: Use of telehealth services that expand practice access (Medium weight)	We agree with the inclusion of this improvement activity within this MVP as it enhances patient access to care.	We agree with the inclusion of this activity within the MVPs.
IA_PM_11: Regular review practices in place on targeted patient population needs (Medium weight)	We recommend including this health equity-related improvement activity within this MVP.	We agree with the inclusion of this activity within the MVPs.
IA_PM_16: Implementation of medication management practice improvements (Medium weight)	We agree with the inclusion of this improvement activity within this MVP.	We agree with the inclusion of this activity within the MVPs.
IA_PM_21: Advance Care Planning (Medium weight)	We agree with the inclusion of this improvement activity within this MVP.	We agree with the inclusion of this activity within the MVPs.
IA_PSPA_21: Implementation of fall screening and assessment programs (Medium weight)	We agree with the inclusion of this improvement activity within this MVP.	We agree with the inclusion of this activity within the MVPs.

Cost Performance Category

<u>Cost Measure(s)</u>	<u>CMS Response</u>	<u>AAN Response</u>
Medicare Spending Per Beneficiary (MSPB) Clinician	We recommend the inclusion of this cost measure within this MVP. MSPB Clinician may be attributed to neurologists working in inpatient settings and is the most applicable cost measure at this time.	We understand the rationale for including this cost measure in the MVP.