# **2024 MIPS Peer-Reviewed Journal Article Requirement Template**

Section 101(c)(1) of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires submission of new measures for publication in applicable specialty-appropriate, peer-reviewed journals prior to implementing in the Merit-based Incentive Payment System (MIPS). Such measures will be submitted by the Centers for Medicare & Medicaid Services (CMS), to a journal(s), before including any new measure on the MIPS Quality Measures List. The measure submitter shall provide the required information for article submission under the MACRA per the MIPS Annual Call for Quality Measures submission process.

Interested parties submitting measures for consideration through the MIPS Annual Call for Quality Measures must complete the required information by the CMS Annual Call for Measures deadline (8 p.m. ET on May 10, 2024). Some of the information requested below may be listed in specific fields in the CMS Measures Under Consideration (MUC) Entry/Review Information Tool (MERIT); however, to ensure that CMS has all of the necessary information and avoid delays in the evaluation of your submission, please fully complete this form as an attached Word document. The information in MERIT must be consistent with the information below, including the following, but not limited to:

* **Measure Title:** Cancer Health Equity Screening & Counseling Patient-Reported Outcome-Based Measure (PRO-PM)
* **Meaningful Measures 2.0 Framework Domain:** Person Centered Care, Equity
* **Measure Steward:** Centers for Medicare & Medicaid Services
* **Measure Developer:** Yale/Center for Outcomes Research and Evaluation
* **Description:** A PRO-PM to assess the quality of clinician counseling for patients eligible for select cancer screenings. The PRO-PM focuses on incentivizing high-quality counseling services to reduce disparities in screenings for four cancer types: 1) breast, 2) cervical, 3) colorectal, and 4) lung cancer. The PRO-PM requires use of a novel PRO survey instrument to collect the outcome data from patients while minimizing the burden of data collection on providers and patients and optimizing response rates. The PRO survey instrument includes questions focused on the quality of clinician counseling for cancer screening and its impact on decisions to screen for cancer.

1. **Statement**

* **Background**:
  + Cancer is prominent in the United States (US), and many disparities exist. Screening for cancer aids in its early detection and treatment. The goal of the MIPS Cancer Health Equity Screening & Counseling PRO-PM is to evaluate provider performance of high-quality counseling for screenings, and to reduce disparities and increase equity for cancer screenings. The Centers for Disease Control (CDC) supports screening for the four mentioned cancers as recommended by the USPSTF based on high or moderate certainty that the net benefit is substantial.
  + Overall, cancer screening is essential to detect cancers at an early stage so they can be treated before they progress, spread, and threaten. The goal of this measure is to fill an important gap in understanding the quality of counseling physicians provide for cancer screening with a goal of improving this counseling and reducing disparities in screening. Disparities and inequalities exist for colorectal, breast, cervical and lung cancer screenings, both within and outside of the US, and across various races, ethnicities, geographical areas, socioeconomic statuses, and much more. In addition to these barriers, screening challenges also include the lack of clear guidelines, sufficient physician counseling, and health-literate knowledge for all types of patients.

1. **Gap Analysis**

* **Provide evidence for the measure:**
  + The measure will focus on screenings for colorectal, breast, lung, and cervical cancers. As part of measure development, we performed a literature review and environmental scan to identify studies and measures focused on cancer screenings for the included cancers. We focused on these four cancers based on criteria outlined in the environmental scan and literature review we completed in January 2022; evidence strongly suggests screening can improve patient outcomes. In addition, US Preventive Services Task Force (USPSTF) guidance strongly endorses screening for these four cancers. The literature review highlighted existing barriers to cancer screenings and described specific aspects of counseling or related interventions that could improve cancer screening rates. We conducted the environmental scan to identify both non-PRO-PM measures and PRO-PM measures in the outpatient setting, specifically in primary care, that also focused on cancer screening disparities, clinician counseling for cancer screenings, or patient-reported outcomes related to counseling for preventive care.

The development of this measure aligns with the President’s Cancer Panel Report “Closing Gaps in Cancer Screening for All Americans” which identifies high-priority issues which impede progress against cancer and develops recommendations for addressing those issues. Important to developing the PROM, the report outlined key barriers to screening as: lack of knowledge of guidelines, lack of provider recommendation, fears or concerns about medical procedures, difficulty navigating the healthcare system, logistical challenges, including lack of transportation, and lack of access to medical services.

* **Expected outcome:** (patient care/patient health improvements, cost savings).
* **Recommendation for the measure:**
  + For pilot testing, the target population for the survey was patients aged 21-84 who had an encounter with a qualifying clinician (clinicians who may provide primary care or counseling) meeting one of the following criteria:
    - Comprehensive medicine evaluation & management (E/M) medicine counseling and/or risk reduction intervention
    - Pelvic & clinical breast screening exam
    - Other outpatient or telephone E/M visit with one of the following qualifying diagnosis codes:
      * General exam or general gynecologic exam
      * Diagnosis related to family history or personal risk for cancer.
  + For implementation, we recommend following the age and gender requirements outlined in the USPSTF recommendations: colorectal cancer screening for adults aged 45 to 75 years old; cervical cancer screening for women aged 21 to 65 years old; breast cancer screening (mammography) for women aged 50 to 74 years old; and lung cancer screening (low-dose CT imaging) for adults aged 50 to 80 years old who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.

1. **Reliability/Validity**

* **What testing has been performed at the level of implementation? (MIPS requires full measure testing at the individual clinician level (and may also need to be tested at the group level) for MIPS Clinical Quality Measures (CQMs) and Electronic Clinical Quality Measures (eCQMs) collection types. Administrative claims measures tested at the group level require a reliability threshold to be implemented at the group level.)**

**Please provide testing results including the N value, Bonnie test case results, correlation coefficient and any other pertinent information or values to be considered.**

* + **Reliability Testing Results at the accountable entity level:** We achieved the mean signal-to-noise ratio of 0.7366, which is considered moderately high.
    - Mean (std): 0.7366 (0.14)
    - Min: 0.5594
    - Median: 0.7363
    - Max: 0.9348
    - Q1: 0.6152
    - Q3: 0.8480
  + **Face Validity Testing Results**
    - 33.33% of technical experts (n=3) strongly agreed that the unadjusted Cancer Health Equity Screening & Counseling PRO-PM measure could differentiate good from poor quality care among providers. 55.55% of technical experts agreed (n=5). The following votes remained:
      * Voted neutral: 11.11% (n=1)
      * Disagree: 0% (n=0)
      * Strongly disagree: 0% (n=0)
  + **Empiric Validity Testing Results at the accountable entity level:** Not tested
  + **Data Element/Patient Encounter Level Testing:** No
  + **Exclusion Frequency:** Denominator exclusions: People already diagnosed or with personal history of cancer and people presenting with symptoms of cancer or referred for diagnostic screening. This exclusion is defined using claims, and these patients are excluded from the target population (i.e., they are not sent the survey). Patients completing the survey who indicate they did not discuss one of the screenings of focus for this measure and selected one or more of the following reasons (listed below) are routed directly to the demographic question using skip-logic and are removed from the denominator:
    - History of cancer
    - All screenings already up to date
    - They do not need screening
    - They did not want to discuss screening
  + **What were the minimum sample sizes used for reliability results?**
    - We picked a threshold of 25 or more completed surveys, which left 8 sites out of 12 sites.
  + **Other Information**
* **Is it risk adjusted?**
  + - This measure is not risk adjusted.
* **What benchmarking information is available?**
  + - We have not developed benchmarks for this measure.
* **Collection Type:**
  + - Survey Instrument
* **Specify measure stage of development:**
  + - Measure Testing
* **For Patient Reported Outcome Performance Measures:**
  + **The survey or tool has been tested and doesn’t require modifications based on results?**
    - No modifications beyond the age and gender requirements outlined above.
  + **Patient/encounter level testing for each critical data element doesn’t require changes to the tool base on the results?**
    - No changes.

1. **Endorsement**

* **Provide the Consensus-Based Entity (CBE) (i.e., Partnership for Quality Measures (PQM)) endorsement status (and CBE ID) and/or other endorsing body. If the measure is only endorsed for paper records, please note endorsement for only the data source being submitted.**
  + This measure is currently not endorsed.

1. **Summary**

* **Alignment with CMS Meaningful Measures Initiative or MACRA:**
  + This measure aligns with the Patient Centered Care within the CMS Meaningful Measure Initiative 2.0
* **Relevance to MIPS or other CMS programs:**
  + The MIPS PRO-PM measure for cancer screenings will fill an important gap in understanding the quality of counseling physicians provide for cancer screening with a goal of improving this counseling and reducing disparities in screening. Disparities and inequalities exist for colorectal, breast, cervical and lung cancer screenings, both within and outside of the US, and across various races, ethnicities, geographical areas, socioeconomic statuses, and much more. Beyond such barriers also exists the lack of clear guidelines, sufficient physician counseling, and health-literate knowledge for all types of patients. This PRO-PM will fill an important gap in the knowledge base and improve the uptake and process for individuals undergoing such cancer screenings to improve cancer outcomes overall.
* **Rationale:**
  + The goal of this measure is to evaluate whether clinicians have provided high quality counseling for breast, cervical, colon, and lung cancer screenings for all patients. Enhanced clinician counseling can reduce disparities and promote equity in cancer screenings.
* **Public reporting:**
  + N/A, the measure has not been implemented so is not publicly reported.
* **Preferable relevant peer-reviewed journal for publication:**
  + Any health quality journal.
* **Rationale as to how the measure correlates to existing cost measures and improvement activities, as applicable and feasible.**
  + Our environmental scan sought to identify measures assessing physician counseling for colorectal, breast, cervical, or lung cancer screenings. Five related measures were identified: Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, Adults’ Access to Preventive/Ambulatory Health Services, and CAHPS for MIPS Clinician/Group Survey. However, none of the five measures included in our environmental scan focused entirely on patients’ evaluation of physician counseling for cancer screenings. Although all at least attempted to better understand the barriers patients may face for such screenings, the various goals of the measures are all distinct and differ from the purpose of our PRO-PM. Additionally, none of the instruments as defined measure the targeted domains of the PRO-PM we have developed.