Episode Based Cost Measures For Dialysis Access Creation

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Disclosures

- Represent the SVS and serve as co-chair of the Peripheral Vascular Disease Management Clinical Subcommittee for Acumen, LLC (consultants to CMS)

MACRA- Quality Payment Program

- CMS contracted with Acumen, LLC
- Develop episode-based cost measures
- Established Clinical Subcommittees
- Input from TEP, Person and Family committee, Public
- Goal is to select 1-2 episode groups
- Develop measures in “Waves”
- High impact (# beneficiaries, # providers, cost impact)
- Measures eligible for MIPS cost performance category in the QPP
- PVDM: Limb ischemia, AAA, Carotid, IVCF, HD Access

Wave 1
May-Dec 2017

Wave 2
April-Dec 2018

Episode Group

Defined by...
1. Acute inpatient condition - e.g. MI
2. Chronic condition - e.g. COPD
3. Procedure - e.g. HD access creation
Cost Measure

- Medicare payments during an episode
- Informs clinicians of costs they are responsible for and allows for comparisons
- Calculated using Medicare claims data only
- No additional reporting burden

Cost Measure Development

1. Defining an episode group
   A. Determine what triggers (or opens) an episode

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT/HCPCS</td>
<td>36818 Relocation of arm vein with connection to arm artery, open procedure</td>
</tr>
<tr>
<td>CPT/HCPCS</td>
<td>36819 Relocation of arm vein with connection to arm artery, open procedure</td>
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<tr>
<td>CPT/HCPCS</td>
<td>36820 Relocation of arm vein with connection to arm artery, open procedure</td>
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<tr>
<td>CPT/HCPCS</td>
<td>36825 Connection of donor vein to an artery and vein for dialysis</td>
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<tr>
<td>CPT/HCPCS</td>
<td>36830 Connection of tubo graft to vein and artery for dialysis</td>
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</table>

2. Attributing the episode group to clinicians
   • Assign responsibility
   • Based on TIN-NPI

3. Assigning costs to the episode
   • Services/costs included in the episode
   • Based on role of attributed clinician(s)

4. Risk adjusting
   • Factors outside clinician’s control
   • Based on patient’s clinical status

5. Calculate Measure Score (Field Testing)
### Cost Measure Development

5. Calculate Measure Score & Report

<table>
<thead>
<tr>
<th>Episode-Based Cost Measures</th>
<th>Your TIN</th>
<th>National Average</th>
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</thead>
<tbody>
<tr>
<td>Episode Count for Your TIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Episode Risk</td>
<td></td>
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<tr>
<td>Score Percentile</td>
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<tr>
<td>Cost Measure Score</td>
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<tr>
<td>Percent Difference</td>
<td></td>
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<tr>
<td>Your TIN's Risk-Adjusted Episode Cost and National Average</td>
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</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Your TIN</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedural</td>
<td>Elective Primary Hip Arthroplasty</td>
<td>161</td>
<td>24th $21,454 $19,154 12%</td>
</tr>
</tbody>
</table>

### Timeline

[Timeline diagram with various metrics and comparisons]

### Summary

- Part of MIPS cost performance category
- Based on claims data
- PVDM SC charged with measure development
- Wave 1 CLI measure proposed for QPP 2019
- Ultimately align with quality measures

- Measure development is tedious and complex
- Avoid creating unwanted incentives and resulting unintended consequences!