Advancing PM&R Measure Development

Quality measures are tools that help quantify health care processes, outcomes, patient perceptions, and more. Measurement is a step in improving health care quality, and quality measures help drive that improvement through a consistent approach. While each measure focuses on a different aspect of health care delivery, together they provide a more comprehensive picture of the quality of health care.

Currently, there are no relevant measures specific to physiatry in the Centers for Medicare & Medicaid Services' (CMS) Quality Payment Program (QPP). However, AAPM&R has developed 5 quality measures that are currently in the Academy's Qualified Clinical Data Registry (QCDR). Look on the next page to explore these measures.

Our AAPM&R representative, Dr. Mark Huang, currently serves on a CMS technical expert panel—the 2018-2019 Technical Expert Panel (TEP) for the CMS Quality Measure Development Plan (MDP). In this role, Dr. Huang is responsible for providing input from the PM&R standpoint about what gap areas need to be addressed in future QPP quality measure development. Dr. Huang also serves on the AAPM&R Registry Steering Committee. Continue reading to learn more about the panel and why this is important for physiatry.


Mark E. Huang MD, FAAPMR

Mark E. Huang, MD, FAAPMR, is the medical director of the Nerve, Muscle, and Bone Innovation Center as well as the chief medical information officer at the Shirley Ryan AbilityLab. He also serves as a professor of physical medicine and rehabilitation at Northwestern University Feinberg School of Medicine.

Tell us about this TEP. Why was it formed?

Dr. Huang: The purpose of this panel was to do an in-depth analysis of the gaps in the current quality measures that CMS uses as part of the Medicare Access and CHIP Reauthorization Act (MACRA)/Merit-Based Incentive Payment System (MIPS) and determine what additional measures should be developed based on that analysis. Together, we were driving the direction of future measures that will be developed and which ones will be more specific to physiatrists. The big takeaway from this is that CMS realized there are gaps in PM&R measures and created this technical expert panel to address those gaps.

Describe your experience working in the TEP.

Dr. Huang: My role in the panel was to provide input on what current measures exist and help identify the gap areas that need to be addressed for future measures. PM&R has few relevant measures, so I gave input from the physiatry background on the important gap areas that needed to be addressed with future measure development. We weren't specifically creating the measures but made the recommendations to have measures created.

What other specialties were represented in the group?

Dr. Huang: There were 5 total specialties represented, including emergency medicine, allergy/immunology, neurology, physical medicine and rehabilitation, and rheumatology. Out of 22 panel members, I was the lone physiatrist!

Overall, the panel members were very diverse. There were 2 patient stakeholders who shared a patient perspective, representatives from the AOTA and APTA, and expert builders of quality measures. We had representatives from larger health care systems, experts in quality improvement in a health care system standpoint, and other specialty representatives. It was a very broad group with a lot of different skill sets.

Tell us about the report that was produced.

Dr. Huang: The initial report was published on August 2, 2018, is titled, "2018 CMS Quality Measure Development Plan Environmental Scan and Gap Analysis Report."

For those who are interested, take a look at page 30 of the report. You'll find a list of the measures that were recommended by the panel. One of the key things to keep in mind is that the panel was trying to determine what measures would be more cross-cutting, meaning measures that could be applicable to all providers.

Another cross-cutting theme that came out of this panel meeting was shared decision-making between the patient/family and the provider.

There were additional points I emphasized:

- The transition of care between different settings. For example, a transfer between acute care to an inpatient rehabilitation facility (IRF) and then IRF to a skilled nursing facility. I tried to emphasize better processses of communication and hand off in these scenarios.
- I also emphasized with this group that physiatrists do more than just assess/control pain, but we help patients function despite pain. Everyone is always talking about pain now, but we need to be able to function despite pain.

Interestingly, PM&R came out with the most areas to prioritize than the other specialties. There's promise on the horizon about the creation of additional measures that are relevant to physiatrists!

We identified 6 key areas:

- **Preventive Care**
  - » Diagnosis-specific primary prevention
  - » Interventions to prevent falls
  - » Patient/caregiver interventions to prevent complications related to disability
- **Management of Chronic Conditions**
  - » Complex conditions
  - » Symptom management: Pain
- **Care is Personalized and Aligned with Patient's Goals**
  - » Family/caregiver education and training
  - » Patient self-efficacy/barriers to completion
- **Patient-Reported Functional Outcomes**
  - » Multiple chronic conditions
  - » Symptom assessment
- **Equity of Care**
  - » Cultural competency
- **Patient-Focused Episode of Care**
  - » Episode of care based on specific diagnosis, including amputation, spinal cord injury, spine care, stroke, and traumatic brain injury.

Why is the TEP's work important to physiatry and our members?

Dr. Huang: It is important that we share our input because this is going to drive how we are measured for the care we provide to patients.

What's the value added for physiatrists providing health care? Obviously, we think we do a great job at coordinating care and treating complex conditions and improving function. So, trying to create measures that better capture what we do on a day-to-day basis is very important.

Since the future of health care is quality-based, it's important that we stay involved in these panels to help drive measures that better measure what we do. If we can't show/improve what we do, then no one is going to pay for the services we provide.

It was critical to ensure we had representation in this TEP. The good news is that we had a lot of suggestions for new measures that came out of this meeting that better capture what we do and how we add value to health care.

Anything else you would like to share?

Dr. Huang: Our panel is continuing to meet in 2019 and next spring, we are anticipated to provide input on the 2019 Measure Development Plan Annual Report. It has been a great experience to be part of this process. Everyone has been extremely collaborative, and the important part is that they all are part of the TEP for the right reasons and have good intentions. There was valuable input shared for all the specialties represented.

We need to stay active and involved. We as a specialty need to have a strong voice to say that we add value to the health care system and we add value treating patients. In the future, a lot of the areas that are big pushes in health care are those that we do already. Patient engagement, involvement, shared decision-making, coordination of care… physiatrists are already good at that. These are the areas that we need to emphasize and show what we can do as a specialty. ❖

Thank you, Dr. Huang!

AAPM&R's Registry—Quality Measures for Physiatry

The following measures were developed *by* physiatrists and *for* physiatrists. The measures can be used to track patients undergoing management for stroke, acquired brain injury, spinal cord injury, cerebral palsy, and multiple sclerosis. Aside from the list at the right, the Registry also has 30+ other measures you can use.

- Assessment and Management of Muscle Spasticity – Inpatient
- Management of Muscle Spasticity – Outpatient
- Functional Assessment to Determine Rehabilitation Needs
- Family Training – Inpatient Rehabilitation/Skilled Nursing Facility – Discharged to Home
- Post-Acute Brain Injury: Depression Screening and Follow-Up Plan of Care

Use AAPM&R's Registry to Unlock the Key to Your Future: Data

In an effort to help drive the improvement of health care quality and move the specialty forward through the use of data, your Academy created AAPM&R's Registry. The Registry currently uses more than 35 measures and is a mechanism to monitor, track, and evaluate the care you provide and inform your work as a practitioner by gathering 3 levels of data (pictured to the right). This data can then be used to tell the story of your care and prove your value as a practitioner. Learn more at **www.aapmr.org/registry**.

LEVEL 3 DATA

Treatment: Physical Therapy; Imaging; Injections; Counseling/Education; Medication Management

Visual Analogue Scale

Patient Satisfaction

Return to Work

PROMIS-29: Physical Function; Anxiety; Depression; Fatigue; Sleep; Work and Social Activities; Pain Interference

LEVEL 2 DATA

- Medical Record Number
- Name of Physician
- Name of Hospital/Facility
- ICD-10 Diagnosis
- Comorbidities
- Smoking Status
- Opioid Use
- Blood Thinner Medication Status
- Duration of Symptoms
- History of Lumbar Surgery
- Level of Education
- Employment Status
- Unemployment Details (retired, homemaker, disability)
- Insurance/Payer Information
- Lawsuit or Disability Claim Status
- Worker's Compensation Claim
- Motor Vehicle Accident

LEVEL 1 DATA

- Patient Study ID
- First Name
- Middle Initial
- Last Name
- Date of Birth
- Gender
- Height
- Weight
- Ethnicity
- Race

Visit **www.aapmr.org/registry** to learn more.