

SUBMITTING MIPS VALUE PATHWAYS (MVP) CANDIDATES: INSTRUCTIONS AND TEMPLATE

Background

Purpose

The Centers for Medicare & Medicaid Services (CMS) invites the general public to submit Merit-based Incentive Payment System (MIPS) Value Pathways (MVP) candidates for CMS consideration and potential implementation through future rulemaking.

Please note that this solicitation is separate from the annual Call for Quality Measures, Call for Improvement Activities, and Solicitation for Specialty Set Recommendations.

About MVPs

Through MVP implementation and reporting, CMS aims to improve patient outcomes, allow for more meaningful reporting by specialists and other MIPS eligible clinicians, and reduce burden and complexity associated with selecting from a large inventory of measures and activities found under traditional MIPS.

MVPs provide a pathway for clinicians to report on an applicable clinical topic based on their specialty, their medical condition focus, or the setting in which they provide patient care. CMS has identified a list of specialties/clinical topics that are considered priorities for MVP development and encourages the general public to submit MVPs that incorporate the identified specialties. Please review the MVP Needs and Priorities document found within the MVPs Development Resources ZIP file for additional information, available on the [MVP Candidate Development & Submission webpage](#).

The MVP framework strives to link measures and improvement activities that address a common clinical theme across the four MIPS performance categories. More details regarding the intent of the MVP framework can be found on the [MVP Candidate Development & Submission webpage](#).

While stakeholder feedback in MVP development is appreciated, ultimately CMS will determine if a given MVP candidate will move forward through rulemaking. CMS owns all MVPs that are established through notice and comment rulemaking. CMS will determine if the MVP is appropriate and responsive to the needs and priorities of the Agency, Department, and Administration. In addition to determining if an MVP candidate aligns with programmatic needs, CMS will also determine when an MVP candidate is ready for proposal through rulemaking for future implementation.

In the CY 2023 PFS Final Rule, we finalized the modification of the MVP development process to include a 30-day feedback period for the general public to submit feedback on candidate MVPs prior to potentially including an MVP in a notice of proposed rulemaking.

All MVPs, whether they are new or existing MVPs with updates, must undergo notice and comment rulemaking and are subject to the public comment period. If CMS determines that additional changes are needed for an MVP once it is implemented, CMS may take additional steps through notice and comment rulemaking to make updates.



MVP Candidate Submission Instructions and Template

Introduction

These instructions identify the information the general public should submit, using the standardized template below, if they wish to have an MVP candidate considered by CMS for potential implementation.

MVP candidates include measures and activities from across the four performance categories. MVP candidate submissions should include measures and activities across the quality, cost, and improvement activities performance categories.

Each MVP includes what is referred to as the foundational layer, which includes the Promoting Interoperability measure/objective set and two population health measures:

- Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-based Incentive Payment Program (MIPS) Groups; and,
- Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions.

Promoting Interoperability performance category measures don't need to be included in MVP candidate submissions. The foundational layer measures are prefilled in the template because they are required across all MVP candidates and can't be changed. The Promoting Interoperability performance category measure specifications are available on the [Promoting Interoperability Performance Category webpage](#).

Please complete and submit Table 1 and Table 2A of the template below for each intended MVP candidate. **Both tables must be completed for CMS to consider your submission.**

- Table 1 should include high-level descriptive information as outlined below.
- Table 2A should include the specific quality measures, improvement activities, and cost measures for the MVP candidate submission.
 - Please note that CMS isn't prescriptive regarding the number of measures and activities that may be included in an MVP; therefore, when completing Table 2A, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

Additional guidance and considerations for completing Table 2A can be found in the [Appendix](#).

MVP Candidate Content and Review Process

CMS encourages MVP submissions to include quality/cost measures and improvement activities that are currently available in MIPS. To view all MIPS measures and improvement activities, please visit the [Quality Payment Program Resource Library](#) or review the most recent [Measures Under Consideration \(MUC\)](#) list. Measures and/or improvement activities not currently in the MIPS inventory will be required to follow the existing pre-rulemaking processes to be considered for inclusion within an MVP.

Quality Measures

The current inventory of MIPS quality measures and Quality Clinical Data Registry (QCDR) measures include both cross-cutting and specialty/clinical topic specific quality measures. The following 2024 resources will be available on the [QPP Resource Library](#):

- 2024 MIPS Quality Measures List (XLSX)
- 2024 Cross-Cutting Quality Measures (PDF)
- 2024 QCDR Measure Specifications (XLSX)


QCDR measures may also be considered for inclusion in an MVP if the measure has met all requirements, including **being fully tested at the clinician level, and approved through the self-nomination process.**

In addition, as described in the CY 2022 Physician Fee Schedule (PFS) final rule, when developing MVP candidates, the general public should consider that:

- MVPs must include at least one outcome measure that is relevant to the MVP topic and each clinician specialty:
 - An outcome measure may include the following measure types: Outcome, Intermediate Outcome, and Patient-Reported Outcome-based Performance Measure.
 - For example, a single specialty MVP is the *Advancing Rheumatology Patient Care MVP*. This MVP was developed to include an outcome measure related to care provided by this single specialty.
 - If an outcome measure isn't available for a given clinician specialty, a High Priority measure must be included and available for each clinician specialty included.
 - For example, an MVP that contains High Priority measures is the *Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP*. This MVP contains one outcome measure, but also includes quality measures that are categorized as High Priority in the instance the outcome measure is not applicable.
 - Outcome-based administrative claims measures may be included to support the quality performance category of an MVP candidate.

Improvement Activities

Improvement activities are broader in application and cover a wide range of clinician types and health conditions. Improvement activities that best drive the quality of care addressed in the MVP topic should be prioritized. Improvement activities should complement and/or supplement the quality action of the measures in the MVP candidate submission, rather than duplicate it.



In addition, MVPs should seek to identify/incorporate opportunities to promote diversity, equity, and inclusion by selecting health equity focused improvement activities; there are 36 health equity focused improvement activities in the current inventory. The 2024 Improvement Activity Inventory will be available on the QPP Resource Library.

New improvement activities may be submitted using the 2024 Call for Measures and Activities process, which will outlined on the [QPP Resource Library](#).

Cost Measures

The current inventory of cost measures covers different types of care. Procedural episode-based cost measures apply to specialties (such as orthopedic surgeons) that perform procedures of a defined purpose or type, acute episode-based cost measures cover clinicians (such as hospitalists) who provide care for specific acute inpatient conditions, and chronic condition episode-based cost measures account for the ongoing management of a disease or condition.

There are also two broader measures (population-based cost measures) that assess overall costs of care for a patient's admission to an inpatient hospital (Medicare Spending Per Beneficiary (MSPB) Clinician measure) and for primary care services that a patient receives (Total Per Capita Cost (TPCC) measure). In addition, the MIPS cost measures are calculated for clinicians and clinician groups based on administrative claims data. The following cost measure information will be available on the [QPP Website](#):

- MIPS 2024 Summary of Cost Measures (PDF): Provides an overview of the cost measures, their development, and estimated cost and clinician coverage metrics for the measures currently in use.
- Measure Information Form (ZIP): Describes the methodology used to construct each measure.
- Measure Codes List (ZIP): Contains service codes and clinical logic used in the methodology, including episode triggers, exclusion categories, episode subgroups, assigned items and services, and risk adjustors.

New cost measures may be submitted for consideration for use in the MIPS program using the 2024 Call for Measures and Activities process, which will be outlined on the [QPP Resource Library](#).

Submission and Review Process

On an annual basis, CMS intends to host a public MVP development webinar to review the MVP development criteria as well as the timeline and process to submit a candidate MVP.

Candidate MVPs can be submitted on a rolling basis throughout the year through the Call for MVP process to be considered for potential inclusion in the upcoming notice of proposed rulemaking and, if finalized, subsequent implementation beginning with the CY 2025 performance period/2027 MIPS payment year.

As MVP candidates are received, they will be reviewed and evaluated by CMS and its contractors. CMS will use the MVP development criteria (see [Appendix](#) below) to determine if the candidate MVP is feasible.

In addition to the MVP development criteria, CMS will also evaluate the quality and cost measures from a technical perspective to validate applicability to the clinician being measured for performance. CMS will review all potential specialty-specific quality or cost measures available in the MIPS inventory to ensure only the most appropriate measures are included in the MVP candidate.

CMS may reach out to submitters of MVP candidates on an as-needed basis should questions arise during the review process. Submitting an MVP candidate doesn't guarantee it will be considered or accepted for the rulemaking process. To ensure a fair and transparent rulemaking process, CMS won't communicate (to those who submit MVP candidates) whether an MVP candidate has been approved, disapproved, or will be considered for a future year, prior to the publication of the proposed rule.

Completed MVP candidate templates (inclusive of Table 1 and Table 2A) should be submitted to PIMMSMVPSupport@gdit.com for CMS evaluation.

Table 1: Instructions and Template

Please provide high-level information addressing the following topics: MVP Name, Primary/Alternative Points of Contact, Intent of Measurement, Measure and Activity Linkages with the MVP, Appropriateness, Comprehensibility, and Incorporation of the Patient Voice. A checklist of items is provided in Table 1 to provide further guidance.

Table 1: MVP Descriptive Information

MVP Name	<ul style="list-style-type: none"> Improving the Care of Patients with Asymptomatic Abdominal Aortic Aneurysm
Primary/Alternative Contact Names	<ul style="list-style-type: none"> Primary: Carrie A. McGraw, Society for Vascular Surgery, cmcgraw@vascularsociety.org, 847-334-2398 Alternative: Reva Bhushan, rbhushan@vascularsociety.org, 847-334-2341
Intent of Measurement	<ul style="list-style-type: none"> What is the intent of the MVP? Response: This proposed MVP would establish a comprehensive set of quality measures and improvement activities specifically tailored to this patient population. The overarching objective of the MVP would be to elevate the quality of care for patients with asymptomatic abdominal aortic aneurysms (AAA) while simultaneously reducing disparities in care delivery.

- Is the intent of the MVP the same at the individual clinician and group level?

Response: Yes, the intent of the MVP is the same at the individual clinician and group level. The MVP aims to improve the quality of care of patients with asymptomatic abdominal aortic aneurysms (AAA) by establishing a comprehensive set of quality measures and improvement activities specifically tailored to this patient population.


To achieve this goal, the MVP measures and activities are designed to be relevant and meaningful to both individual clinicians and groups of clinicians. The measures address key aspects of asymptomatic AAA care, including patient education, risk stratification, surgical timing, and surgical outcomes. The activities provide practical guidance on how to improve AAA care, such as developing care protocols and promoting patient engagement.

Specifically, at the individual clinician level, the MVP will support clinicians' desire to provide high-quality care to patients with asymptomatic AAA by tracking their performance on the relevant MVP measures.

At the group level, the MVP will encourage collaboration among clinicians to improve the care of patients with asymptomatic AAA. Groups of clinicians will be able to work together in developing and implementing quality improvement initiatives driven by the MVP measures.

By aligning the intent of the MVP at the individual clinician and group level, CMS will help foster a collaborative approach to improving AAA care. This approach is essential for ensuring that all patients with asymptomatic AAA receive the high-quality care they deserve.

- Are there opportunities to improve the quality of care and value in the area being measured?



Response: Yes, the SVS strongly believes that there are opportunities to improve the quality of care and value for patients with asymptomatic abdominal aortic aneurysms (AAA).


During the background investigation for this application, the SVS identified several areas ripe for improvement that contribute to patient outcomes. These opportunities fall along the breadth of the care continuum, including preoperatively, perioperatively, and postoperatively. The SVS believes that these opportunities for improvement can be addressed using well-targeted improvement activities.

For instance, in the preoperative setting, the SVS has identified several measures that can encourage better control of modifiable risk factors and care coordination.

Further, as the most important components of our MVP, we incorporate perioperative outcome measures such as perioperative (30-day) mortality and 30-day readmission rates, which are data points that are collected by the Vascular Quality Initiative (VQI), the American College of Surgeons National Surgical Quality Improvement Program (NSQIP), and Medicare. Readmission rates are used as a predictor of postoperative outcomes within the VQI.

To supplement these important measures, the SVS intends to develop quality measures that evaluate endoleak and reintervention rates, all-cause 30-day mortality after endovascular aortic repair (EVAR) and open AAA repair, and aneurysm sac size and rate of growth postoperatively.

The reporting of endoleaks and aneurysm growth postoperatively reflects quality of care delivered because patients who develop an endoleak after EVAR are at risk of requiring further interventions if the endoleak is associated with aneurysm growth. Further, reporting on postoperative endoleaks and aneurysm growth is contingent upon – and thus reflects – appropriately close follow-up, which is an essential part of high-quality care for patients with



asymptomatic AAA. We therefore believe that the reporting of endoleaks and aneurysm growth would serve as an effective process measure.

Finally, we believe that inclusion of a Patient-Reported Outcome (PRO) would add an important element to our AAA MVP by providing a more global perspective of surgical care and reflecting patient experience/satisfaction. This would be done using the Aneurysm Treatment Satisfaction Questionnaire (AneurysmTSQ), which is a simple, validated psychometric questionnaire that measures the satisfaction of patients being treated for AAA.


Li B, Khan S, Salata K, et al. A systematic review and meta-analysis of the long-term outcomes of endovascular versus open repair of abdominal aortic aneurysm. *J Vasc Surg.* 2019;70(3):954-969.e30. doi:10.1016/j.jvs.2019.01.076

- Why is the topic of measurement meaningful to clinicians?

Response: Implementing a Merit-based Incentive Payment System (MIPS) Value Pathway (MVP) dedicated to enhancing the surgical care of patients with asymptomatic abdominal aortic aneurysm (AAA) holds immense significance due to its potential to address a pressing public health concern and foster comprehensive improvements in patient care.

AAA, affecting approximately 1.5 million Americans, poses a serious medical threat and can lead to fatal consequences if left untreated. Timely detection and appropriate treatment can significantly reduce the risk of rupture and death. The proposed MVP will provide specialty specific metrics for healthcare providers facilitating the delivery of high-quality surgical care to patients with asymptomatic AAA, thereby leading to improved patient outcomes, including reduced mortality, fewer complications, and enhanced quality of life.

Furthermore, the MVP would promote patient safety and reduce disparities in care by encouraging guideline-concordant care through the included measures, ensuring consistent and safe



care for AAA patients across diverse provider settings. This commitment to addressing healthcare disparities would ensure that all AAA patients, regardless of race, ethnicity, or socioeconomic status, have access to quality surgical care.

- Does the MVP act as a vehicle to incrementally phase clinicians into APMs? How so?

Response: Yes, this MVP could potentially phase clinicians into an APM. Specifically, the MVP would help clinicians transition to APMs by requiring clinicians to track and report on a set of quality measures related to asymptomatic AAA care. This would familiarize clinicians with the process of measuring and reporting on quality, which is a core component of APMs. Easily tracked data can be generated, allowing for Data-Driven Quality Improvement. Many surgeons, physicians, and other healthcare providers potentially manage patients with AAA and the comorbidities that are associated with them. We could improve the care of patients with AAA by fostering relationships and communication channels between collaborating clinicians.

- Is the MVP reportable by small and rural practices?

Response: Yes, these measures are universal and easily collectable in each setting.

- Does the MVP consider reporting burden to those small and rural practices?

Response: The MVP reflects the overall scope of care for patients with asymptomatic AAA, and includes a broad selection of measures that are applicable and easily reportable without requiring significant data abstracting capacity. In this way, the measures were carefully selected to minimize reporting burden to small and rural practices.

- Which Meaningful Measure Domain(s) does the MVP address?

Response: Person-centered care, Chronic care, Safety, Seamless Care Coordination, Affordability and Efficiency.

Measure and Activity Linkages with the MVP

- How do the measures and activities within the proposed MVP link to one another? (For example, do the measures and activities assess different dimensions of care provided by the clinician?). Linkages between measures and activities should be considered as complementary relationships.


Response: The measures and activities within the proposed MVP assess different dimensions of care provided by clinicians, allowing for a more comprehensive and representative reflection of quality of care. For instance, our measures include both length of stay after endovascular aortic repair as well as 30-day all cause unplanned readmission after aneurysm repair, two important measures that complement and contextualize one another. They also assess quality of care across the care continuum, from the preoperative to postoperative setting, and are able to account for both open and endovascular repairs. In this way, the SVS has endeavored to capture all dimensions of care relevant to asymptomatic AAA provided by individual clinicians and groups of clinicians.

- Are the measures and activities related or a part of the care cycle or continuum of care offered by the clinicians?

Response: The measures and activities in the proposed MVP are designed to stretch across the continuum of care offered by clinicians to provide a more comprehensive depiction of care quality. For instance, the MVP includes several preventative care and screening process measures, including screening and cessation interventions for tobacco users, blood pressure control, and statin therapy for cardiovascular disease, all of which are most relevant in the preoperative setting. At the same time, the MVP also captures perioperative outcome data, such as rates of perioperative mortality, unplanned reoperation, unplanned readmissions, length of stay, and surgical site infection.

- Why are the chosen measures and activities most meaningful to the specialty?

Response: By including measures and activities that assess different dimensions of care and stretch across the continuum of care, this MVP provides a comprehensive representation of the quality of care



for asymptomatic AAA. Importantly, this includes a range of measures assessing care in the preoperative and perioperative settings and representing both modalities of repair for AAA: open and endovascular. Further, all included measures are clinically relevant to the quality of care of patients with asymptomatic AAA. Therefore, this MVP allows clinicians to choose the measures across the continuum of care, this MVP provides a comprehensive representation of the quality of care for asymptomatic AAA. Importantly, this includes a range of measures assessing care in the preoperative and perioperative settings and representing both modalities of repair for AAA: open and endovascular. Further, all included measures are clinically relevant to the quality of care of patients with asymptomatic AAA. Therefore, this MVP allows clinicians to choose the measures most relevant and meaningful to their particular practices.

Appropriateness

- Is the MVP candidate developed for multiple specialties to report? If so, has the MVP been developed collaboratively across specialties?
Response: Yes, the AAA MVP described above utilizes measures that are provided in a timely manner and meet all professionally recognized standards of care for the asymptomatic AAA population. Although this MVP has been created by the SVS QPMC committee, which is comprised of vascular surgeons, the broad and comprehensive set of measures we are proposing are similarly relevant for and applicable to all specialties providing care for patients with AAA, including vascular medicine specialists, primary care physicians, cardiologists, and interventional radiologists.
- Are the measures clinically appropriate for the clinicians being measured?
Response: Yes, outcome measures such as perioperative mortality, and 30-day readmission rates are widely used by multiple surgical specialties and their clinical appropriateness has been widely accepted for surgical treatment of asymptomatic AAA regardless of clinician specialty. Similarly, several measures of comorbid disease

management and risk factor control (e.g., smoking cessation) are broadly applicable across the spectrum of clinicians caring for patients with asymptomatic AAA.

- Do the measures capture a clinically definable population of clinicians and patients?

Response: Yes, the carefully selected measures capture patients with asymptomatic AAA cared for by a broad but defined range of physicians, including vascular surgeons, vascular medicine specialists, primary care physicians, cardiologists, and interventional radiologists.

Prior to incorporating a measure in an MVP, is the denominator of the measure inclusive of the intended specialty or sub-specialty?

Response: Yes, measures included in the asymptomatic AAA MVP have been used and accepted by vascular surgeons through the SVS Vascular Quality Initiative (VQI), our national database for outcomes and quality monitoring, and are consistent with guideline concordant care relevant to all specialties caring for AAA patients.


Comprehensibility

- Is the MVP comprehensive and understandable by the clinician or group?

Response: The asymptomatic AAA MVP is both comprehensive and understandable by clinicians caring for AAA patients. Chosen measures reflect the entire continuum of current practice, including preoperative comorbidity and risk factor management, postoperative complications, and quality of surgical care. Current data on the chosen measures are monitored by clinicians via CMS and Vascular Quality Initiative reporting.

- Is the MVP comprehensive and understandable by patients?


Response: Preoperative measures including risk factor control are indeed understandable by patients as they are consistent with generally accepted optimal health behaviors and may encourage further insight for patients into how control of these factors can influence their risk of AAA progression. Outcome measures, including



rates of readmission, reoperation, surgical site infection, and mortality, directly impact patients' lives and are therefore understandable at the patient level. Through direct, comprehensive communication among the patient care team, these outcomes can be optimized. Similarly, incorporation of the Aneurysm Treatment Satisfaction Questionnaire (AneurysmTSQ) as a Patient-Reported Outcome (PRO) is directly reflective of the patient experience and therefore understandable by patients. Combined with an increase in patient involvement in their care, patients will benefit from the comprehensiveness of this MVP and will be able to make informed decisions with their care team to best address their needs.

Incorporation of the Patient Voice

- Does the MVP take into consideration patients in rural and underserved areas?
Response: The MVP takes into consideration patients in rural and underserved areas in several ways. For instance, the Aneurysm TSQ allows clinicians to gather information about patient experience, including those of patients in rural and underserved areas. Further, our inclusion of the measure “Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop” allows for the assessment of clinician-to-clinician communication to avert delayed or inappropriate care, which is especially relevant in rural and underserved areas, where communication between providers and access to care can be more difficult. Additionally, the institutes that provide vascular care to rural and underserved patients have affiliations with larger facilities who have the resources to treat complex vascular maladies. Thus, the combination of the new MVP and ACS/SVS Vascular Verification Program addresses facilities in rural and underserved areas with transfer protocols to higher levels of care.
- Were patients involved in the MVP development process? If so, how was their voice included in development of the MVP candidate?
Response: Patients were not directly involved in the MVP development process. Vascular Surgeons involved in the development process are



keenly attuned to their patient's concerns through the long-term care and follow-up they provide. We aim to emphasize the patient voice through inclusion of the Aneurysm Treatment Satisfaction Questionnaire (AneurysmTSQ) and to develop this area further as information and experience increase.

- To the extent feasible, does the MVP include patient-reported outcome measures, patient experience measures, and/or patient satisfaction measures?

Response: Yes, the MVP includes the Aneurysm Treatment Satisfaction Questionnaire (AneurysmTSQ) as a PRO.

Table 2A: Instructions and Template

Please use the [Table 2A](#) template format below to identify the quality measures, improvement activities, and cost measures for your MVP candidate. At a minimum, [Table 2A](#) should include measure/activity IDs, measure/activity titles, measure collection types, and rationale for inclusion.

Generally, an MVP should include a sufficient number of quality measures and improvement activities to allow MVP participants to select measures and activities to meet MIPS requirements. To the extent feasible, MVPs should include a maximum of 10 quality measures and 10 improvement activities to offer MVP participants some choice without being overwhelming. However, CMS understands that the total number of quality measures and activities represented within the MVP candidate may depend on their availability within MIPS.

- For example, the 2023 *Advancing Care for Heart Disease MVP* includes 14 quality measures and 11 improvement activities. Cardiac disease can encompass several conditions relative to heart care; therefore, CMS has selected measures and improvement activities that are closely aligned to the topic and offer clinicians some choice.

Additionally, each MVP must include at least one cost measure relevant and applicable to the MVP topic. The number of cost measures in a given MVP may vary depending on the clinical topic of the MVP.

CMS isn't prescriptive regarding the number of measures and activities that may be included in an MVP when completing Table 2A, the number of rows included should reflect the number of measures/activities that are necessary to describe the MVP candidate submission.

The foundational layer of measures is included below ([Table 2B](#) and [Table 2C](#)) and is pre-filled for each MVP candidate submission and can't be changed.

Please refer to the [Appendix](#) below for further guidance regarding measure and activity selection.



Table 2A: Quality Measures, Improvement Activities, and Cost Measures

QUALITY MEASURES

047
Advance Care Plan
CQM

Rationale for Inclusion

This measure incorporates the collection of variables and preoperative parameters, either medical or anatomic, that clinicians include in their decision making in order to provide optimal care to patients with asymptomatic AAA and achieve acceptable long-term outcomes.

259
Rate of Endovascular Aneurysm Repair (EVAR) of Small or Moderate Non-Ruptured Infrarenal Abdominal Aortic Aneurysms (AAA) without Major Complication (Discharged to Home by Post-Operative Day #2)
CQM

Rationale for Inclusion

This measure represents a well-described overall outcome of EVAR surgery.

Chaikof EL, Dalman RL, Eskandari MK, et al. The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm. *J Vasc Surg.* 2018;67(1):2-77.e2.
doi:10.1016/j.jvs.2017.10.044

IMPROVEMENT ACTIVITIES

IA_PM_21
Advance Care Planning

Rationale for Inclusion

Advance care planning is vital for addressing goals of care for patients, which is particularly relevant to those patients who are elderly with significant comorbidity burden. There is an increasing focus on palliative and chronic disease care in vascular disease, making this measure particularly relevant.

IA_PM_2
Anticoagulant Management Improvements

Rationale for Inclusion

Anticoagulation management is one of the key components in the management of patients with AAA undergoing repair, affecting their postoperative course as well as length of stay. Anticoagulation management is tracked in the Vascular Quality Initiative registry and is therefore easily identified in practice and applicable to the MVP.

Chaikof EL, Dalman RL, Eskandari MK, et al. The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm. *J Vasc Surg.* 2018;67(1):2-77.e2.
doi:10.1016/j.jvs.2017.10.044

Writing Committee Members, Isselbacher EM, Preventza O, et al. 2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. *J Am Coll Cardiol.* 2022;80(24):e223-e393.
doi:10.1016/j.jacc.2022.08.004

COST MEASURES

MSPB_1
Medicare Spending Per Beneficiary (MSPB) Clinician

Rationale for Inclusion

MSPB provides a comprehensive cost measure for the care provided in the perioperative setting when AAA repair procedures are performed for asymptomatic AAA.

QUALITY MEASURES

236
Controlling High Blood Pressure
CQM, eCQM: CMS165v11

Rationale for Inclusion

Blood pressure control is a very important element of the management of patients with asymptomatic AAA. Control of hypertension is crucial to mitigating risk for AAA growth in the preoperative setting. Hemodynamic stability and avoidance of hypertension both intraoperatively and postoperatively helps mitigate complications that can affect patients' postoperative outcomes, such as hospital length of stay.

Chaikof EL, Dalman RL, Eskandari MK, et al. The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm. *J Vasc Surg.* 2018;67(1):2-77.e2.
doi:10.1016/j.jvs.2017.10.044

130
Documentation of current medications in the medical record
CQM, eCQM: CMS68v12

Rationale for Inclusion

Patients with vascular disease are often on several medications, such as antihypertensives, antiplatelets, and anticoagulation. The use and dosages of some of these medications can change periodically, and these details are important for managing asymptomatic AAA and can impact surgical outcomes if not managed appropriately. Thus, accurate documentation of

IMPROVEMENT ACTIVITIES

IA_EPA_3
Collection and use of patient experience and satisfaction data on access

Rationale for Inclusion

Efforts to identify barriers to access to care and opportunities for improvement are necessary to providing the best care environment for patients with asymptomatic AAA. This will allow patients and providers to communicate better and decide on an individualized treatment plan.

IA_PM_5
Engagement of community for health status improvement

Rationale for Inclusion

Optimal care of asymptomatic AAA is grounded in good control of comorbidities and risk factors that can contribute to AAA growth, such as smoking and poorly controlled hypertension. Thus, efforts to improve smoking cessation and blood pressure control, such as through community-based efforts like screenings and outreach, are vital. Moreover, community-based efforts to identify appropriate

COST MEASURES

QUALITY MEASURES

medications improves care coordination and can impact outcomes during the perioperative period.

226
Preventive care and screening:
Tobacco use: Screening and
cessation intervention
CQM, ECQM: CMS138v11

Rationale for Inclusion

Smoking cessation is a major component of best medical treatment for patients with aortic disease.

Isselbacher EM, Preventza O, Hamilton Black J 3rd, et al. 2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. *Circulation*. 2022;146(24):e334-e482.doi:10.1161/CIR.0000000000001106

438
Statin therapy for the prevention and treatment of cardiovascular disease
CQM, eCQM: CMS347v6

Rationale for Inclusion

Statin therapy is a major component of best medical treatment for patients with aortic disease.

Isselbacher EM, Preventza O, Hamilton Black J 3rd, et al. 2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease: A Report of the American

IMPROVEMENT ACTIVITIES

patients for ultrasound screening for AAA are crucial to catching this disease process early and managing it optimally.

IA_CC_2
Implementation of improvements that contribute to more timely communication of test results

Rationale for Inclusion

Patients with asymptomatic AAA require routine follow up imaging and consultation based on the results. Thus, a measure that emphasizes the timely communication of such imaging results to patients is crucial to ensuring that they seek and receive appropriate care.

Chaikof EL, Dalman RL, Eskandari MK, et al. The Society for Vascular Surgery practice guidelines on the care of patients with an abdominal aortic aneurysm. *J Vasc Surg*. 2018;67(1):2-77.e2. doi:10.1016/j.jvs.2017.10.044

IA_PM_16
Implementation of medication management practice improvements

Rationale for Inclusion

Medication review is standard of care at annual examinations, especially for patients with cardiovascular disease such as asymptomatic AAA patients. Thus, efforts to improve medication management are important in this patient population.

COST MEASURES

QUALITY MEASURES

Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines. *Circulation*. 2022;146(24):e334-e482. doi:10.1161/CIR.0000000000001106

357
Surgical Site Infection (SSI)
CQM

Rationale for Inclusion

Surgical site infection is a known complication after any intervention and a major patient safety indicator for other quality programs. Particularly for AAA repair, surgical site infection is associated with negative outcomes including graft infections and thus has significant impact on the overall benefit conferred on patients following this operation.

Langenberg JCM, Kluytmans JAJW, de Groot HGW, et al. Surgical Site and Graft Infections in Endovascular and Open Abdominal Aortic Aneurysm Surgery. *Surg Infect (Larchmt)*. 2018;19(4):424-429. doi:10.1089/sur.2017.302 .

356
Unplanned hospital readmission within 30 days of principal procedure
CQM

Rationale for Inclusion

Readmission is often avoidable, is associated with increased mortality, and can be a marker of low value care. Due to its implications on patient outcomes and cost, it is a

IMPROVEMENT ACTIVITIES

IA_CC_1
Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop

Rationale for Inclusion

It is imperative that primary care physicians are communicated to by specialists once asymptomatic AAA is diagnosed so that clear plans can be established for ongoing follow-up to monitor disease progression and modify treatment plans as necessary.

IA_AHE_3
Promote Use of Patient-Reported Outcome Tools

Rationale for Inclusion

A validated survey instrument to gauge patient satisfaction with diagnosis and treatment of AAA – the Aneurysm Treatment Satisfaction Questionnaire (AneurysmTSQ) – provides crucial feedback that can assist vascular

COST MEASURES

QUALITY MEASURES

meaningful quality measure following AAA surgery.

Knighton A, Martin G, Sounderajah V, et al. Avoidable 30-day readmissions in patients undergoing vascular surgery. *BJS Open*. 2019;3(6):759-766. Published 2019 Aug 2. doi:10.1002/bjs5.50191

355
Unplanned Reoperation within the 30 Day Postoperative Period
CQM

Rationale for Inclusion

Reoperation within 30 days increases costs, morbidity, and mortality of surgical patients following both open and endovascular aortic aneurysm repair.

Hynes CF, Endicott KM, Iranmanesh S, Amdur RL, Macsata R. Reoperation rates after open and endovascular abdominal aortic aneurysm repairs. *J Vasc Surg*. 2017;65(5):1323-1328. doi:10.1016/j.jvs.2016.09.053

487
Screening for social drivers of health
CQM

Rationale for Inclusion

This measure helps identify possible social barriers that can prevent optimal treatment from being provided and thereby allows for the opportunity to intervene and address such barriers

IMPROVEMENT ACTIVITIES

clinicians in optimizing the patient care experience.

IA_EPA_1
Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record

Rationale for Inclusion

This captures the asymptomatic AAA disease population in a real-time environment to establish and coordinate care with clinicians in a timely manner.

IA_AHE_6
Provide Education Opportunities for New Clinicians

Rationale for Inclusion

This ensures continuing education on aneurysm care for physicians-in-training.

COST MEASURES


QUALITY MEASURES**IMPROVEMENT ACTIVITIES****COST MEASURES**

IA_MVP
Practice-Wide Quality Improvement
in MIPS Value Pathways

Rationale for Inclusion

It supports the SVS's commitment to quality improvement for the vascular patient exemplified by the ACS/SVS Vascular Verification program. This program evaluates quality and safety during the five phases of care using a multidisciplinary approach.

IA_PSPA_1
Participation in an AHRQ-listed
patient safety organization

Rationale for Inclusion

VQI is an AHRQ-listed patient safety organization that nationally benchmarked vascular care. Participation demonstrates quality improvement and excellence in patient outcomes.

<https://www.vqi.org/about/svs-patient-safety-organization-pso/>

Table 2B: Foundational Layer – Population Health Measures

QUALITY #	MEASURE TITLE AND DESCRIPTION	COLLECTION TYPE	MEASURE TYPE / HIGH PRIORITY	NQS DOMAIN	HEALTH CARE PRIORITY	MEASURE STEWARD
479	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups	Administrative Claims	Outcome	Communication and Care Coordination	Promote Effective Communication & Coordination of Care	CMS
484	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions	Administrative Claims	Outcome	Effective Clinical Care	Promote Effective Prevention and Treatment of Chronic Disease	CMS

Table 2C: Foundational Layer – Promoting Interoperability Measures

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Protect Patient Health Information	<p>PI_PPHI_1: Security Risk Analysis: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician’s risk management process.</p>	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.
Protect Patient Health Information	<p>PI_PPHI_2: High Priority Practices Safety Assurance Factors for EHR Resilience Guide (SAFER Guide): Conduct an annual self-assessment using the High Priority Practices Guide at any point during the calendar year in which the performance period occurs.</p>	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Attestation	<p>PI_ONCDIR_1: ONC Direct Review Attestation: I attest that I - (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.</p>	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.
Attestation	<p>PI_INFBLO_2: Actions to Limit or Restrict Compatibility or Interoperability of CEHRT: I attest to CMS that I did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.</p>	Yes	No	Annual requirement for Promoting Interoperability submission but not scored.
e-Prescribing	<p>PI_EP_1: e-Prescribing: At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.</p>	Yes	Yes	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
e-Prescribing	<p>PI_EP_2: Query of Prescription Drug Monitoring Program (PDMP): For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history.</p>	Yes	Yes	
Provider to Patient Exchange	<p>PI_PEA_1: Provide Patients Electronic Access to Their Health Information: For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).</p>	Yes	No	

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Health Information Exchange	<p>PI_HIE_1: Support Electronic Referral Loops by Sending Health Information: For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider — (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.</p>	Yes	Yes	The optional PI_HIE_5 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.
Health Information Exchange	<p>PI_HIE_4: Support Electronic Referral Loops by Receiving and Reconciling Health Information: For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.</p>	Yes	Yes	The optional PI_HIE_5 or PI_HIE_6 Health Information Exchange measure may be reported as an alternative reporting option to PI_HIE_1 and PI_HIE_4.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Health Information Exchange	<p>PI_HIE_5: Health Information Exchange (HIE) Bi-Directional Exchange: The MIPS eligible clinician or group must attest that they engage in bidirectional exchange with an HIE to support transitions of care.</p>	Yes	No	<p>This measure is an optional alternative Health Information Exchange measure and may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_6.</p>

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Health Information Exchange	<p>PI_HIE_6: Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA): The MIPS eligible clinician or group must attest to the following:</p> <ul style="list-style-type: none"> • Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC's website) in good standing (that is, not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period, in accordance with applicable law and policy. • Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement. 	Yes	No	This measure is an optional alternative Health Information Exchange measure and may be reported as an alternative reporting option in place of PI_HIE_1 and PI_HIE_4 OR PI_HIE_5.

OBJECTIVE	MEASURE ID, TITLE, AND DESCRIPTION	REQUIRED FOR PROMOTING INTEROPERABILITY	EXCLUSION AVAILABLE	ADDITIONAL INFORMATION
Public Health and Clinical Data Exchange	<p>PI_PHCDRR_1: Immunization Registry Reporting: The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry /immunization information system (IIS).</p>	Yes	Yes	
Public Health and Clinical Data Exchange	<p>PI_PHCDRR_2: Syndromic Surveillance Reporting: The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.</p>	No	No	Bonus Promoting Interoperability measure at this time.
Public Health and Clinical Data Exchange	<p>PI_PHCDRR_3: Electronic Case Reporting: The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.</p>	Yes	Yes	
Public Health and Clinical Data Exchange	<p>PI_PHCDRR_4: Public Health Registry Reporting: The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.</p>	No	No	Bonus Promoting Interoperability measure at this time.
Public Health and Clinical Data Exchange	<p>PI_PHCDRR_5: Clinical Data Registry Reporting: The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.</p>	No	No	Bonus Promoting Interoperability measure at this time.

Appendix

Additional Guidance and Considerations When Submitting an MVP Candidate

Consideration should be given to the following criteria when developing rationales for including measures and activities in your MVP candidate submission:

Quality Measures:

- Do the quality measures included in the MVP meet the existing quality measure inclusion criteria? (*For example, does the measure demonstrate a performance gap?*)
- Have the quality measure denominators been evaluated to ensure they are relatable in clinical topic, setting, and specialty (including nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical social workers) to the cost measure(s) and activities within the MVP?
 - These quality measures should include appropriate settings and applicability to non-physician practitioners (e.g., nurse practitioners, physician assistants, etc.).
- Have the quality measure numerators been assessed to ensure congruency to the MVP topic?
- Does the MVP include outcome measures or high-priority measures in instances where outcome measures are not available or applicable?
 - CMS prefers use of patient experience/survey measures when available. CMS encourages the general public to utilize our established pre-rulemaking processes, such as the Call for Quality Measures, described in the [CY 2020 PFS final rule](#) (84 FR 62953 through 62955) to develop outcome measures relevant to their specialty if outcome measures currently do not exist and for eventual inclusion into an MVP.
- To the extent feasible, does the MVP avoid including quality measures that are topped out?
- For which collection types are the measures available?
- What role does each quality measure play in driving quality clinical care, improving healthcare value, and addressing the health equity gap within the MVP?
- To the extent feasible, specialty and sub-specialty specific quality measures are incorporated into the MVP. Broadly applicable (cross-cutting) quality measures may be incorporated if relevant to the clinicians being measured.

Improvement Activities:

- What role does the improvement activity play in driving quality care and improving value within the MVP? Provide a rationale as to why each improvement activity was included.
- Describe how the improvement activity can be used to improve the quality of performance in clinical practices for those clinicians who would report this MVP.
- Does the improvement activity complement and/or supplement the quality action of the measures in the MVP, rather than duplicate it?
- To the extent feasible, does the MVP include improvement activities that can be conducted using CEHRT functions? The use of improvement activities that specify the use of technologies will help to further align with the CEHRT requirement under the Promoting Interoperability performance category.
- If there are no relevant specialty or sub-specialty specific improvement activities, does the MVP include broadly applicable improvement activities (that is applicable to the clinician type)?

Cost Measures:

- What role does the cost measure(s) play in driving quality care and improving value within the MVP? Provide a rationale as to why each cost measure was selected.
- How do the included cost measure(s) relate to quality measures and activities included in the MVP?
- Are the included cost measures relevant to the specific types of care (for example, conditions or procedures) and clinicians (for example, specialties or subspecialties) intended to be assessed by the MVP?

Version History

Date	Comments
09/29/2023	Original version

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 01/31/2025). The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov.