# Merit-based Incentive Payment System (MIPS) Value Pathways (MVPs): Needs and Priorities

## MVP Overview

The MVP framework aims to provide a more streamlined way to participate in MIPS. MVPs consist of specific, complementary sets of measures and activities meaningful to clinicians. Each candidate MVP is developed around clinical topics that represent the care clinicians may provide within a specific specialty of patient care.

Detailed information on the MVP development criteria is located at 2024 Quality Payment Program Final Rule Resources. For the latest MVP policy updates, visit Calendar Year (CY) 2024 Physician Fee Schedule (PFS) Final Rule, CY 2023 PFS Final Rule, CY 2022 PFS Final Rule, and the CY 2021 PFS Final Rule.

## MVP Needs and Priorities

The MVP needs and priorities described below support our goal to continue MVP development by highlighting the current gaps in the MVP Inventory. By addressing these gaps, we are able to continue development and refinement of robust MVP options for all eligible clinicians. We encourage the general public to review this document and consider the following: 1) submitting MVP candidates that cover the specialties/clinical topics below, and 2) assist in addressing identified gaps in the availability of improvement activities, quality measures, and cost measures for priority MVP candidate topics.

**Current MVP Inventory:**
In the CY 2024 PFS Final Rule (87 FR 70032), we finalized the following 5 MVPs and made modifications to 12 previously finalized MVPs that will be available for reporting in the 2024 MIPS performance year:

New 2024 MVPs:

1. Focusing on Women's Health
2. Prevention and Treatment of Infectious Disorders Including Hepatitis C and HIV
3. Quality Care for the Treatment of Ear, Nose, and Throat Disorders
4. Quality Care in Mental Health and Substance Use Disorders
5. Rehabilitative Support for Musculoskeletal Care

Modifications to Previously Finalized MVPs:

1) Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
2) Advancing Cancer Care
3) Advancing Care for Heart Disease
4) Advancing Rheumatology Patient Care
5) Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
6) Improving Care for Lower Extremity Joint Repair
7) Optimal Care for Kidney Health
8) Optimal Care for Patients with Episodic Neurological Conditions

9) Value in Primary Care[1]
10) Patient Safety and Support of Positive Experiences with Anesthesia
11) Supportive Care for Neurodegenerative Conditions

**Priority Specialties for Future MVP Development:**
The specialties represented below are identified as priorities for MVP development based on the lack of MVPs currently available for the specialty.

We encourage the general public to submit MVPs that incorporate the following specialties:

- Allergy/Immunology
- Endocrinology
- Hospitalists
- Musculoskeletal (Pain Management)
- Non-patient Facing Specialties
  - Diagnostic Radiology
  - Interventional Radiology
  - Pathology
  - Radiation Oncology
- Optometry
- Pediatrics
- Podiatry
- Speech Language Pathology
- Surgical
  - Plastic
  - Vascular

There may be instances where specialties may not necessarily need to have their own MVP. MVPs may reflect a 'team-based care' approach and include several specialties to support the delivery of quality patient care. An MVP can also be developed to reflect the patient's engagement with different specialties who may collaborate to provide quality care for the patient during their health journey. For example, a 'team-based care' MVP could be developed to include primary care providers, gastroenterologists, pathologists, or non-patient facing specialties, as appropriate.

**MVP Development Needs by Performance Category:**
MVP development is reliant on the availability of individual quality and cost measures and improvement activities to support the overall development of a candidate MVP. Specifically, only measures and activities finalized for use in MIPS may be considered for candidate MVPs. Therefore, we encourage the general public to consider all potential MIPS measures and activities for inclusion into an MVP. Below are high level considerations that may impact MVP development within each of the performance categories.

*Quality Performance Category:* In addition to following the guidance outlined on the CMS MMS Hub (Pre-Rulemaking section) and MIPS Self-Nomination Resources Toolkit for MIPS quality and Qualified Clinical Data Registry (QCDR)[2] measure development, new and current measures should align with CMS priorities for potential inclusion in MVPs. CMS priorities include integrating the following individual quality measure types into MVP development, where appropriate:

- Outcome Measures (i.e., quality measures that encompass a large patient population to give actionable data for efficiencies and utilization. These quality measures would need to be risk-adjusted.)

[1] In the CY 2024 PFS Final Rule we consolidated the Promoting Wellness MVP and Optimizing Chronic Disease Management MVP into a single primary care MVP titled Value in Primary Care.

[2] QCDR measures may 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.

- Coordination/Communication/Team-based Care
- Health Equity
- Patient Experience
- Digital measures (87 FR 46259): a quality measure, organized as self-contained measure specification and code package, that uses one or more sources of health information that is captured and can be transmitted electronically via interoperable systems. (e.g., use of Fast Healthcare Interoperability Resources [FHIR]).

For further information on quality measures needs and priorities, in support of MVP development, refer to the Quality Measures Needs and Priorities document available in the Measures Management System website.

*Cost Performance Category:* Development needs for cost measures should consider: 1) whether the submitted cost measure has complete specifications and required testing information, and 2) how the submitted measure would potentially fit within the MIPS cost performance category and further the goals of CMS's Meaningful Measures Initiative. An aspect of this is that a measure should not be duplicative or redundant with an existing cost measure. Individuals interested in submitting MVP candidates should consider whether the cost measures applicable to a specialty are aligned with the overall MVP concept and the included quality measures and improvement activities. For further guidance, refer to the Call for Cost Measures Fact Sheet available in the CMS Pre-Rulemaking website.

*Improvement Activities Performance Category:* Development needs for improvement activities should follow guidance outlined and in the Call for Improvement Activities and aim to align with CMS priorities, including integrating the following improvement activity concepts into MVP development, as appropriate:

- Equity-focused improvement activities designed to target and make progress in addressing health inequities for underserved communities, including improvement activities focused on drivers of health (e.g., racial discrimination and food insecurity).
- Improvement activities that encourage the use of methods to incorporate patient voices, encourage shared decision-making, and improve care coordination.
- Improvement activities that foster clinician well-being and encourage interventional strategies to address clinician burnout and/or fatigue.
- Improvement activities designed to foster leadership skills and best practices and encourage better communication within surgical and other healthcare teams.

Although we will seek to develop new or modify existing improvement activities when needed, improvement activities are intentionally broad so there are many that will fit well within any given MVP topic.

We encourage the general public to reference and submit improvement activities and quality measures through the Call for Improvement Activities, Call for Quality Measures, and Call for Cost Measures processes available on the QPP Resource Library.

**General MVP Development and Refinement Gaps in Measure Availability by Priority Specialties:**

The table below presents gaps in the availability of quality measures, cost measures, and improvement activities, which need to be addressed in order to develop or refine MVPs for the specialties listed.

The table also highlights instances where there are gaps in outcome or high priority quality measures (for MIPS, that is measures related to appropriate use, patient safety, efficiency, patient experience, care coordination, health equity, or opioids) for a given specialty or clinical concept. The gap analysis for the quality measures also takes the current inventory into consideration to identify specialties or clinical topics where the quality measures are topped out or at the 7-point cap. Cost measure gaps are identified where there are no available episode-based cost measures or there's limited coverage by the population-based cost measures (i.e., Total Cost per Capita (TPCC) or Medicare Spending per Beneficiary (MSPB) clinician) for a given specialty.

**Key**

✓ Sufficient measures/activities available

✕ Gaps in measures/activities availability

O Limited outcome measures

H Limited high priority measures

B Both limited outcome measures and limited high priority measures

~ Limited measure/activity coverage

^ Episode-based cost measure currently under development

| Specialties | Identified Measure/Activity Needs for MVP Development and Refinement | | | | |
|---|---|---|---|---|---|
| | Quality Measures | | Cost Measures* | | Improvement Activities |
| | General Quality Measures | Outcome/ High Priority Measures | Episode-based Cost Measure | Population-based Cost Measure | |
| Allergy/Immunology | ✕ | ✕O | ✓ | ✓~ | ✓ |
| Chiropractic Medicine | ✓ | ✕O | ✕^ | ✕ | ✓~ |
| Dermatology** | ✓ | ✕O | ✓ | ✓~ | ✓ |
| Diagnostic Radiology | ✕ | ✕B | ✕ | ✕ | ✓ |
| Electrophysiology Cardiac Specialists | ✕ | ✕B | ✓ | ✓ | ✓~ |
| Endocrinology** | ✕ | ✕B | ✓ | ✓ | ✓ |
| Gastroenterology** | ✕ | ✓ | ✓ | ✓ | ✓ |
| General Surgery | ✕ | ✓ | ✓ | ✓ | ✓ |
| Hospitalists | ✕ | ✕B | ✓ | ✓ | ✓ |
| Infectious Disease** | ✕ | ✓ | ✓ | ✓ | ✓ |
| Interventional Cardiology | ✕ | ✕B | ✓ | ✓ | ✓ |
| Interventional Radiology | ✓ | ✕B | ✕ | ✕ | ✓ |
| Nephrology** | ✕ | ✕B | ✓ | ✓ | ✓ |
| Neurosurgery | ✕ | ✕B | ✓ | ✓ | ✓ |
| Nutrition/Dieticians | ✕ | ✕B | ✕ | ✕ | ✓ |
| Ophthalmology** | ✕ | ✓ | ✓ | ✕ | ✓ |
| Optometry | ✕ | ✕B | ✕ | ✕ | ✓ |

| | | | | | |
|---|---|---|---|---|---|
| **Pain Management** | ✕ | ✕[B] | ✕^ | ✓~ | ✓ |
| **Pathology** | ✕ | ✕[B] | ✕ | ✕ | ✓ |
| **Pediatrics** | ✓ | ✕[O] | ✓~ | ✓~ | ✓ |
| **Plastic Surgery** | ✕ | ✕[B] | ✓ | ✓ | ✓~ |
| **Podiatry** | ✕ | ✕[B] | ✕^ | ✓~ | ✓~ |
| **Pulmonology**** | ✕ | ✕[O] | ✓ | ✓ | ✓~ |
| **Radiation Oncology** | ✕ | ✕[B] | ✕ | ✕ | ✓ |
| **Speech Language Pathology** | ✕ | ✕[B] | ✕ | ✕ | ✓~ |
| **Thoracic Surgery** | ✕ | ✕[B] | ✓ | ✓ | ✓~ |
| **Urology**** | ✕ | ✕[B] | ✓^ | ✓ | ✓ |
| **Vascular Surgery** | ✕ | ✓ | ✓ | ✓ | ✓ |

* Cost measures availability was assessed by how frequently clinicians within a specialty were attributed to existing episode-based cost measures and population-based cost measures, and Medicare Spending Per Beneficiary (MSPB)/Total Per Capita Cost (TPCC), when examining administrative claims data.

**** These specialties/clinical topic areas have sufficient measures and improvement activities to develop feasible MVPs in the immediate future.