2023 MVP Maintenance Webinar

Purpose and Scope of the MVP Maintenance Webinar

- Today's webinar will focus solely on reviewing a summary of the recommendations received on potential MVP maintenance items for calendar year 2024 rulemaking

  - MVP policy topics will not be covered in today's session

- Previous MIPS webinars that cover the most recent MVP policy topics include:

  - [MVP Development and Maintenance Annual Webinar (December 14, 2022)](#)

  - [Overview of the Quality Payment Program Policy Updates (November 16, 2022)](#)

- Additional links to detailed resources about MVPs that are beyond the scope of today's session are provided at the end of this presentation
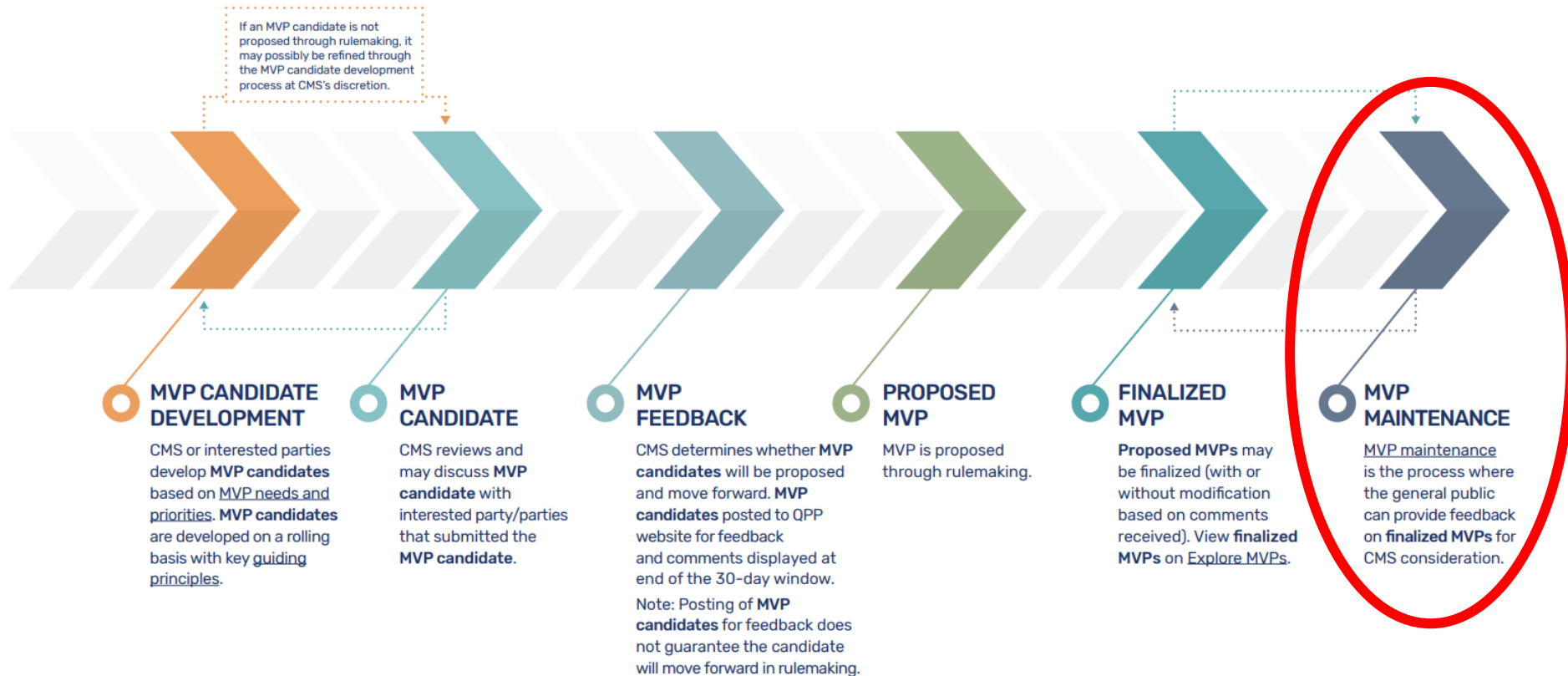
2023 MVP Maintenance Webinar

Topics

- MVP Maintenance Overview and Feedback Process

- Previously Finalized MVPs

- MVP Maintenance Feedback Received

- Help and Support

MVP Maintenance Overview and Feedback Process

MVP Maintenance Overview and Feedback Process

If an MVP candidate is not proposed through rulemaking, it may possibly be refined through the MVP candidate development process at CMS's discretion.

MVP CANDIDATE DEVELOPMENT

CMS or interested parties develop **MVP candidates** based on MVP needs and priorities. **MVP candidates** are developed on a rolling basis with key guiding principles.

MVP CANDIDATE

CMS reviews and may discuss **MVP candidate** with interested party/parties that submitted the **MVP candidate**.

MVP FEEDBACK

CMS determines whether **MVP candidates** will be proposed and move forward. **MVP candidates** posted to QPP website for feedback and comments displayed at end of the 30-day window.

Note: Posting of **MVP candidates** for feedback does not guarantee the candidate will move forward in rulemaking.

PROPOSED MVP

MVP is proposed through rulemaking.

FINALIZED MVP

Proposed MVPs may be finalized (with or without modification based on comments received). View **finalized MVPs** on Explore MVPs.

MVP MAINTENANCE

MVP maintenance is the process where the general public can provide feedback on **finalized MVPs** for CMS consideration.

MVP Maintenance Overview and Feedback Process

Overview and Process

- How to recommend changes to a previously finalized MVP
  - Explore MVPs that are available for the 2023 performance year.
  - The general public can submit recommendations on a rolling basis for proposed revisions to a previously finalized MVP.
  - Recommended changes should be submitted by email (PIMMSMVPSupport@gdit.com) and broken down by performance category.

- What to submit
  - In your recommendation, you'll need to include the title of the MVP along with a description of the recommended change(s) by performance category.
  - Refer to the MVP Maintenance Process (PDF) for more details on what to include in your recommendation.

[MVP Title]	
Performance Category	**Requested Change and Rationale**
Quality	
Improvement Activities	
Cost	
Foundational Layer – Population Health	
Foundational Layer – Promoting Interoperability	

MVP Maintenance Overview and Feedback Process

Overview and Process

What happens after you submit feedback?

- Recommendations submitted to the PIMMSMVPSupport@gdit.com mailbox prior to this webinar and deemed feasible by CMS are included for the public to provide feedback.

- CMS won't be able to communicate with the general public about whether their recommendations were accepted outside of rulemaking. CMS will ultimately decide whether updates to a previously finalized MVP will be incorporated throughout future rulemaking.

- Any CMS approved changes to a previously finalized MVP will be proposed through future notice and comment rulemaking.

MVP Maintenance Overview and Feedback Process

Overview and Process

Recommending changes to existing MIPS measures and improvement activities within an MVP:

- Modifications to existing MIPS measures and improvement activities in traditional MIPS will be reflected in any MVP that includes those measures and activities. For requests to change existing individual MIPS measures or activities:

  - Changes to QCDR measures may be submitted for consideration by the QCDRs that steward the measure during the annual Self-Nomination period.

  - Changes to MIPS quality measures may be submitted for consideration during the proposed rulemaking comment cycle, or by contacting the measure steward directly.

  - Changes to existing improvement activities and cost measures may be submitted for consideration through the annual Call for Measures and Activities.

- Any changes to existing MIPS measures and improvement activities will be proposed through future notice and comment rulemaking.

Previously Finalized MVPs

Previously Finalized MVPs

Rheumatology

Advancing Rheumatology Patient Care

Stroke Care and Prevention

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes

Heart Disease

Advancing Care for Heart Disease

Chronic Disease Management

Optimizing Chronic Disease Management

Emergency Medicine

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine

Surgical Joint Repair

Improving Care for Lower Extremity Joint Repair

Previously Finalized MVPs cont.

Anesthesia
Patient Safety and Support of Positive Experiences with Anesthesia

Cancer
Advancing Cancer Care

Kidney Health
Optimal Care for Kidney Health

Episodic Neurological Conditions
Optimal Care for Patients with Episodic Neurological Conditions

Neurodegenerative Conditions
Supportive Care for Neurodegenerative Conditions

Preventive Care and Wellness
Promoting Wellness

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MVP Maintenance Feedback

MVP Maintenance Feedback

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP

Quality Measures

Recommendation	Support for Modification
Add to MVP: **Q065: Appropriate Treatment for Upper Respiratory Infection (URI)** Percentage of episodes for patients 3 months of age and older with a diagnosis for upper respiratory infection (URI) that did not result in an antibiotic order	CMS has determined the recommendation to add Q065 is appropriate as this measure includes the emergency department setting within the denominator eligible coding and the quality action is attributable to this clinician type. Ensuring the MVP represents meaningful measures to the intended clinician's scope of care is important. As a result, CMS will consider including Q065 to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP.

MVP Maintenance Feedback

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP (cont.)

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_BMH_12: Promoting Clinician Wellbeing** Develop and implement programs to support clinician well-being and resilience—for example, through relationship-building opportunities, leadership development plans, or creation of a team within a practice to address clinician well-being—using one of the following approaches: • Completion of clinician survey on clinician well-being with subsequent implementation of an improvement plan based on the results of the survey. • Completion of training regarding clinician well-being with subsequent implementation of a plan for improvement.	CMS has determined the recommendation to add IA_BMH_12 is appropriate as the activity is relevant to clinicians practicing in an emergency medicine setting. As a result, CMS will consider including IA_BMH_12 to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP.

MVPs Maintenance Feedback

Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP (cont.)

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_AHE_8: Create and Implement an Anti-Racism Plan** Create and implement an anti-racism plan using the CMS Disparities Impact Statement or other anti-racism planning tools. The plan should include a clinic-wide review of existing tools and policies, such as value statements or clinical practice guidelines, to ensure that they include and are aligned with a commitment to anti-racism and an understanding of race as a political and social construct, not a physiological one. The plan should also identify ways in which issues and gaps identified in the review can be addressed and should include target goals and milestones for addressing prioritized issues and gaps. This may also include an assessment and drafting of an organization's plan to prevent and address racism and/or improve language access and accessibility to ensure services are accessible and understandable for those seeking care. The MIPS eligible clinician or practice can also consider including in their plan ongoing training on anti-racism and/or other processes to support identifying explicit and implicit biases in patient care and addressing historic health inequities experienced by people of color. More information about elements of the CMS Disparities Impact Statement is detailed in the template and action plan document at https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf.	CMS has determined the recommendation to add IA_AHE_8 is appropriate as the activity is relevant to clinicians practicing in an emergency medicine setting. As a result, CMS will consider including IA_AHE_8 to the Adopting Best Practices and Promoting Patient Safety within Emergency Medicine MVP.

MVP Maintenance Feedback

Advancing Cancer Care MVP

Quality Measures

Recommendation	Support for Modification
Add to MVP: **PRO-PM/Patient Experience measure(s)**	CMS has determined the recommendation to add PRO-PM/Patient Experience measure(s) is appropriate. Ensuring the patient's voice is being captured within each MVP is extremely important. Assessing that care goals and treatment are in alignment with the patient's wishes is vitally important, especially for those patients with chronic conditions such as cancer. As a result, CMS will consider including PRO-PM/Patient Experience measure(s) to the Advancing Cancer Care MVP.

MVP Maintenance Feedback

Advancing Cancer Care MVP (cont.)

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_BMH_12: Promoting Clinician Well-Being** Develop and implement programs to support clinician well-being and resilience—for example, through relationship-building opportunities, leadership development plans, or creation of a team within a practice to address clinician well-being—using one of the following approaches: • Completion of clinician survey on clinician well-being with subsequent implementation of an improvement plan based on the results of the survey. • Completion of training regarding clinician well-being with subsequent implementation of a plan for improvement.	CMS has determined the recommendation to add IA_BMH_12 is appropriate as the activity is relevant to the treatment of cancer. As a result, CMS will consider including IA_BMH_12 to the Advancing Cancer Care MVP.
Add to MVP: **IA_CC_13: Practice improvements to align with OpenNotes principles** Adherence to the principles described in the OpenNotes initiative (https://www.opennotes.org) to ensure that patients have full access to their patient information to guide patient care.	CMS has determined the recommendation to add IA_CC_13 is appropriate as the activity is relevant to the treatment of cancer. As a result, CMS will consider including IA_CC_13 to the Advancing Cancer Care MVP.
Add to MVP: **IA_EPA_2: Use of telehealth services that expand practice access** Create and implement a standardized process for providing telehealth services to expand access to care.	CMS has determined the recommendation to add IA_EPA_2 is appropriate as the activity is relevant to the treatment of cancer. As a result, CMS will consider including IA_EPA_2 to the Advancing Cancer Care MVP.

MVP Maintenance Feedback

Advancing Cancer Care MVP (cont.)

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_ERP_4: Implementation of a Personal Protective Equipment (PPE) Plan** Implement a plan to acquire, store, maintain, and replenish supplies of personal protective equipment (PPE) for all clinicians or other staff who are in physical proximity to patients. In accordance with guidance from the Centers for Disease Control and Prevention (CDC) the PPE plan should address: • Conventional capacity: PPE controls that should be implemented in general infection prevention and control plans in healthcare settings, including training in proper PPE use. • Contingency capacity: actions that may be used temporarily during periods of expected PPE shortages. • Crisis capacity: strategies that may need to be considered during periods of known PPE shortages. The PPE plan should address all of the following types of PPE: • Standard precautions (e.g., hand hygiene, prevention of needle-stick or sharps injuries, safe waste management, cleaning and disinfection of the environment) • Eye protection • Gowns (including coveralls or aprons) • Gloves • Facemasks • Respirators (including N95 respirators)	CMS has determined the recommendation to add IA_ERP_4 is appropriate as the activity is relevant to the treatment of cancer. As a result, CMS will consider including IA_ERP_4 to the Advancing Cancer Care MVP.

MVP Maintenance Feedback

Advancing Cancer Care MVP (cont.)

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_PSPA_13: Participation in Joint Commission Evaluation Initiative** Participation in Joint Commission Ongoing Professional Practice Evaluation initiative.	CMS has determined the recommendation to add IA_PSPA_13 is appropriate as the activity is relevant to the treatment of cancer. As a result, CMS will consider including IA_PSPA_13 to the Advancing Cancer Care MVP.
Add to MVP: **IA_PSPA_28 Completion of an Accredited Safety or Quality Improvement Program** Completion of an accredited performance improvement continuing medical education (CME) program that addresses performance or quality improvement according to the following criteria: • The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity; • The activity must have specific, measurable aim(s) for improvement; • The activity must include interventions intended to result in improvement; • The activity must include data collection and analysis of performance data to assess the impact of the interventions; and • The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information. An example of an activity that could satisfy this improvement activity is completion of an accredited continuing medical education program related to opioid analgesic risk and evaluation strategy (REMS) to address pain control (that is, acute and chronic pain).	CMS has determined the recommendation to add IA_PSPA_28 is appropriate as the activity is relevant to the treatment of cancer. As a result, CMS will consider including IA_PSPA_28 to the Advancing Cancer Care MVP.

MVP Maintenance Feedback

Advancing Care for Heart Disease MVP

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** Collect and follow up on patient experience and satisfaction data. This activity also requires follow-up on findings of assessments, including the development and implementation of improvement plans. To fulfill the requirements of this activity, MIPS eligible clinicians can use surveys (e.g., Consumer Assessment of Healthcare Providers and Systems Survey), advisory councils, or other mechanisms. MIPS eligible clinicians may consider implementing patient surveys in multiple languages, based on the needs of their patient population.	CMS has determined the recommendation to add IA_BE_6 is appropriate as this MVP doesn't currently include a patient experience survey quality measure. This is in alignment with our goal to include the patient voice whenever possible in MVPs. As a result, CMS will consider including IA_BE_6 to the Advancing Care for Heart Disease MVP.

MVP Maintenance Feedback

Advancing Care for Heart Disease MVP (cont.)

Cost Measures

Recommendation	Support for Modification
Replace in MVP: Replace **Total Per Capita Cost (TPCC)** with **Medicare Spending Per Beneficiary (MSPB) Clinician** **MSPB Clinician** The MSPB Clinician measure assesses the risk-adjusted cost to Medicare for services performed as a result of a clinician's care for a patient's inpatient hospital stay during the period 3 days prior to a hospital stay (also known as the "index admission" for the episode) through 30 days after discharge. The measure excludes costs from a defined list of services that are unlikely to be influenced by the clinician's care decisions and are thus considered unrelated to the index admission. In all supplemental documentation, the term "cost" generally means the standardized Medicare allowed amount. **TPCC** The TPCC measure assesses the overall cost of care delivered to a patient with a focus on the primary care they receive from their provider(s). The measure is payment-standardized, risk-adjusted, and specialty-adjusted. In all supplemental documentation, the term "cost" generally means the standardized Medicare allowed amount.	CMS has determined the recommendation to include MSPB Clinician as a cost measure is appropriate. We agree with the feedback that the measure does capture related costs to inpatient cardiac care that is applicable to this MVP and so it could be appropriate to include. However, CMS continues to believe that the TPCC measure is also applicable to this MVP because it is able to assess the total cost of care at the start of a clinician-patient relationship, including cardiologists. It is appropriate to include given its broader focus on the ongoing costs of care, which aligns with preventative care and screening and person-centered primary care quality measures in this MVP. The TPCC measure also helps to create connections between cost measures, quality measures, and activities in MIPS to assess value. As a result, CMS will consider including MSPB Clinician to the Advancing Care for Heart Disease MVP in addition to TPCC.

MVP Maintenance Feedback

Advancing Rheumatology Patient Care MVP

Quality Measures

Recommendation	Support for Modification
Replace in MVP: Replace **Q111: Pneumococcal Vaccination Status for Older Adults** with **Q493: Adult Immunization Status** **Q111** Percentage of patients 66 years of age and older who have received a pneumococcal vaccine. **Q493** Percentage of patients 19 years of age and older who are up-to-date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap); zoster; and pneumococcal.	CMS has determined the recommendation to replace Q111 with Q493 is appropriate as this ensures consistency with CMS' goal of promoting alignment across measure sets, in addition to evidence to support the utility of the zoster and Td/Tdap vaccines for individuals with rheumatic diseases. The comprehensive evaluation of compliance with recommended adult immunizations is clinically relevant to this clinician type. As a result, CMS will consider replacing Q111 with Q493 in the Advancing Rheumatology Patient Care MVP.

MVP Maintenance Feedback

Advancing Rheumatology Patient Care MVP (cont.)

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** Collect and follow up on patient experience and satisfaction data. This activity also requires follow-up on findings of assessments, including the development and implementation of improvement plans. To fulfill the requirements of this activity, MIPS eligible clinicians can use surveys (e.g., Consumer Assessment of Healthcare Providers and Systems Survey), advisory councils, or other mechanisms. MIPS eligible clinicians may consider implementing patient surveys in multiple languages, based on the needs of their patient population.	CMS has determined the recommendation to add IA_BE_6 is appropriate as this MVP doesn't currently include a patient experience survey quality measure. This is in alignment with our goal to include the patient voice whenever possible in MVPs. As a result, CMS will consider including IA_BE_6 to the Advancing Rheumatology Patient Care MVP.

MVPs Maintenance Feedback

Advancing Rheumatology Patient Care MVP (cont.)

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_ BE_ 24: Financial Navigation Program** In order to receive credit for this activity, MIPS eligible clinicians must attest that their practice provides financial counseling to patients or their caregiver about costs of care and an exploration of different payment options. The MIPS eligible clinician may accomplish this by working with other members of their practice (for example, financial counselor or patient navigator) as part of a team-based care approach in which members of the patient care team collaborate to support patient-centered goals. For example, a financial counselor could provide patients with resources with further information or support options, or facilitate a conversation with a patient or caregiver that could address concerns. This activity may occur during diagnosis stage, before treatment, during treatment, and/or during survivorship planning, as appropriate.	CMS has determined the recommendation to add IA_BE_24 is appropriate as much of the rheumatology patient population requires assistance given the associated costs with the medications used to manage their rheumatologic disease. As a result, CMS will consider including IA_BE_24 to the Advancing Rheumatology Patient Care MVP.
Add to MVP: **IA_ BE_ 25: Drug Cost Transparency** Provide counseling to patients and/or their caregivers regarding: costs of medications using a real time benefit tool (RTBT) which provides to the prescriber real-time patient-specific formulary and benefit information for drugs, including cost-sharing for a beneficiary.	CMS has determined the recommendation to add IA_BE_25 is appropriate as much of the rheumatology patient population requires assistance given the associated costs with the medications used to manage their rheumatologic disease. As a result, CMS will consider including IA_BE_25 to the Advancing Rheumatology Patient Care MVP.

MVP Maintenance Feedback

Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** Collect and follow up on patient experience and satisfaction data. This activity also requires follow-up on findings of assessments, including the development and implementation of improvement plans. To fulfill the requirements of this activity, MIPS eligible clinicians can use surveys (e.g., Consumer Assessment of Healthcare Providers and Systems Survey), advisory councils, or other mechanisms. MIPS eligible clinicians may consider implementing patient surveys in multiple languages, based on the needs of their patient population.	CMS has determined the recommendation to add IA_BE_6 is appropriate as this MVP doesn't currently include a patient experience survey quality measure. This is in alignment with our goal to include the patient voice whenever possible in MVPs. As a result, CMS will consider including IA_BE_6 to the Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes MVP.

MVP Maintenance Feedback

Optimal Care for Kidney Health MVP

Quality Measures

Recommendation	Support for Modification
Add to MVP: **Q488: Kidney Health Evaluation** Percentage of patients aged 18-75 years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the measurement period.	CMS has determined the recommendation to add Q488 is appropriate as the quality action is applicable to and can be performed by a nephrologist to monitor patients with chronic kidney disease and diabetes. As a result, CMS will consider including Q488 to the Optimal Care for Kidney Health MVP.
Replace in MVP: Replace **Q110: Preventive Care and Screening: Influenza Immunization and Q111: Pneumococcal Vaccination Status for Older Adults** with **Q493: Adult Immunization Status** **Q110** Percentage of patients aged 6 months and older seen for a visit during the measurement period who received an influenza immunization OR who reported previous receipt of an influenza immunization **Q111** Percentage of patients 66 years of age and older who have received a pneumococcal vaccine. **Q493** Percentage of patients 19 years of age and older who are up-to-date on recommended routine vaccines for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap); zoster; and pneumococcal.	CMS has determined the recommendation to replace Q110 and Q111 with Q493 is appropriate as this ensures consistency with CMS' goal of promoting alignment across measure sets, in addition to evidence to support the utility of the zoster and Td/Tdap vaccines for individuals with kidney disease. The comprehensive evaluation of compliance with recommended adult immunizations is clinically relevant to this clinician type. As a result, CMS will consider replacing Q110 and Q111 with Q493 in the Optimal Care for Kidney Health MVP.

MVP Maintenance Feedback

Optimal Care for Kidney Health MVP (cont.)
Improvement Activities

Recommendation	Support for Modification
Replace in MVP: Replace **IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high-risk patients** with **IA_PM_13: Chronic care and preventative care management for empaneled patients** **IA_PM_13** In order to receive credit for this activity, a MIPS eligible clinician must manage chronic and preventive care for empaneled patients (that is, patients assigned to care teams for the purpose of population health management), which could include one or more of the following actions: • Provide patients annually with an opportunity for development and/or adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age and condition-specific preventive care services; and plan of care for chronic conditions; • Use evidence based, condition-specific pathways for care of chronic conditions (for example, hypertension, diabetes, depression, asthma, and heart failure). These might include, but are not limited to, the NCQA Diabetes Recognition Program (DRP) and the NCQA Heart/Stroke Recognition Program (HSRP); • Use pre-visit planning, that is, preparations for conversations or actions to propose with patient before an in-office visit to optimize preventive care and team management of patients with chronic conditions; • Use panel support tools, (that is, registry functionality) or other technology that can use clinical data to identify trends or data points in patient records to identify services due; • Use predictive analytical models to predict risk, onset and progression of chronic diseases; and/or • Use reminders and outreach (e.g., phone calls, emails, postcards, patient portals, and community health workers where available) to alert and educate patients about services due; and/or routine medication reconciliation.	CMS has determined the recommendation to replace IA_PM_14 with IA_PM_13 is appropriate as IA_PM_13 better targets the MVP population while still advancing care coordination. As a result, CMS will consider replacing IA_PM_14 with IA_PM_13 in the Optimal Care for Kidney Health MVP.

MVP Maintenance Feedback

Optimal Care for Kidney Health MVP (cont.)
Improvement Activities

Recommendation	Support for Modification
Replace in MVP (cont.): Replace **IA_PM_14: Implementation of methodologies for improvements in longitudinal care management for high-risk patients** with **IA_PM_13: Chronic care and preventative care management for empaneled patients** **IA_PM_14** Provide longitudinal care management to patients at high risk for adverse health outcome or harm that could include one or more of the following: • Use a consistent method to assign and adjust global risk status for all empaneled patients to allow risk stratification into actionable risk cohorts. Monitor the risk-stratification method and refine as necessary to improve accuracy of risk status identification; • Use a personalized plan of care for patients at high risk for adverse health outcome or harm, integrating patient goals, values and priorities; and/or • Use on-site practice-based or shared care managers to proactively monitor and coordinate care for the highest risk cohort of patients.	CMS has determined the recommendation to replace IA_PM_14 with IA_PM_13 is appropriate as IA_PM_13 better targets the MVP population while still advancing care coordination. As a result, CMS will consider replacing IA_PM_14 with IA_PM_13 in the Optimal Care for Kidney Health MVP.

MVP Maintenance Feedback

Optimal Care for Patients with Episodic Neurological Conditions MVP

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** Collect and follow up on patient experience and satisfaction data. This activity also requires follow-up on findings of assessments, including the development and implementation of improvement plans. To fulfill the requirements of this activity, MIPS eligible clinicians can use surveys (e.g., Consumer Assessment of Healthcare Providers and Systems Survey), advisory councils, or other mechanisms. MIPS eligible clinicians may consider implementing patient surveys in multiple languages, based on the needs of their patient population.	CMS has determined the recommendation to add IA_BE_6 is appropriate as this MVP doesn't currently include a patient experience survey quality measure. This is in alignment with our goal to include the patient voice whenever possible in MVPs. As a result, CMS will consider including IA_BE_6 to the Optimal Care for Patients with Episodic Neurological Conditions MVP.

MVP Maintenance Feedback

Patient Safety and Support of Positive Experiences with Anesthesia MVP

Quality Measures

Recommendation	Support for Modification
Add to MVP: **EPREOP31: Intraoperative Hypotension among Non-Emergent Noncardiac Surgical Cases** Percentage of general anesthesia cases in which mean arterial pressure (MAP) fell below 65 mmHg for cumulative total of 15 minutes or more	CMS has determined the recommendation to add EPREOP31 is appropriate if the QCDR measure meets all requirements. Managing mean arterial pressure (MAP) during non-cardiac surgery is imperative to ensuring positive outcomes and is attributable to the anesthesiologist. Ensuring the MVP represents meaningful measures to the intended clinician's scope of care is important. As a result, CMS will consider including EPREOP31 to the Patient Safety and Support of Positive Experiences with Anesthesia MVP.

MVP Maintenance Feedback

Patient Safety and Support of Positive Experiences
with Anesthesia MVP (cont.)

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_PSPA_19: Implementation of formal quality improvement methods, practice changes or other practice improvement processes** Adopt a formal model for quality improvement and create a culture in which all staff, including leadership, actively participates in improvement activities that could include one or more of the following, such as: • Participation in multisource feedback; • Train all staff in quality improvement methods; • Integrate practice change/quality improvement into staff duties; • Engage all staff in identifying and testing practices changes; • Designate regular team meetings to review data and plan improvement cycles; • Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff; • Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families, including activities in which clinicians act upon patient experience data; • Participation in Bridges to Excellence; • Participation in American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program.	CMS has determined the recommendation to add IA_PSPA_19 is appropriate. This is a broadly applicable improvement activity and therefore it would fit within the clinical topic covered by the MVP. As a result, CMS will consider including IA_PSPA_19 to the Patient Safety and Support of Positive Experiences with Anesthesia MVP.

MVP Maintenance Feedback

Supportive Care for Neurodegenerative Conditions MVP

Improvement Activities

Recommendation	Support for Modification
Add to MVP: **IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings** Collect and follow up on patient experience and satisfaction data. This activity also requires follow-up on findings of assessments, including the development and implementation of improvement plans. To fulfill the requirements of this activity, MIPS eligible clinicians can use surveys (e.g., Consumer Assessment of Healthcare Providers and Systems Survey), advisory councils, or other mechanisms. MIPS eligible clinicians may consider implementing patient surveys in multiple languages, based on the needs of their patient population.	CMS has determined the recommendation to add IA_BE_6 is appropriate as this MVP doesn't currently include a patient experience survey quality measure. This is in alignment with our goal to include the patient voice whenever possible in MVPs. As a result, CMS will consider including IA_BE_6 to the Supportive Care for Neurodegenerative Conditions MVP.

Help and Support

New MVPs Resources

- For more information on MVPs, please visit the following webpages or download new/helpful Quality Payment Program (QPP) resources:

    - MVP Learning Experience webpage
    - 2023 MVP Implementation Guide
    - Transition from Traditional MIPS to MVPs Graphic
    - MVPs Overview Video

Additional MVPs Resources

We encourage you to review MVPs resources and past webinars for more information:

- Review the [2023 QPP Final Rule Resources](#)

- Review our previous MVP webinar slide deck and recording on the [QPP Webinar Library](#)

- You can find more information available on the QPP website at: https://qpp.cms.gov/mips/mips-value-pathways/submit-candidate

Q&A