



**Merit-based Incentive Payment System (MIPS)
Value Pathways (MVP) Candidate for
Consideration for the 2024 Performance Year
Musculoskeletal Care and Rehabilitative Support**



MVP Candidate Feedback Process

The MVP Candidate Feedback Process is an opportunity for the general public to participate in the MVP development process and provide feedback on MVP candidates before they're potentially proposed in rulemaking. Learn more about the [MVP Public Candidate Feedback Process](#) on the QPP website.

The 2024 MVP Candidate Feedback Period ended on February 8, 2023. Review the feedback received from the general public below, following the MVP candidate details.

Note: This document is for the 2024 MVP Candidate Feedback only and shouldn't be used as a reference for reporting MVPs in the 2023 performance year.

TABLE 1: Musculoskeletal Care and Rehabilitative Support MVP

Quality	Improvement Activities	Cost
<p>Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan (Collection Type: Medicare Part B Claims, MIPS CQM, eCQM)</p> <p>Q155: Falls: Plan of Care (Collection Type: Medicare Part B Claims, MIPS CQM)</p> <p>Q217: Functional Status Change for Patients with Knee Impairments (Collection Type: MIPS CQM) High Priority, Outcome</p> <p>Q218: Functional Status Change for Patients with Hip Impairments (Collection Type: MIPS CQM) High Priority, Outcome</p> <p>Q219: Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments (Collection Type: MIPS CQM) High Priority, Outcome</p> <p>Q220: Functional Status Change for Patients with Low Back Impairments (Collection Type: MIPS CQM) High Priority, Outcome</p> <p>Q221: Functional Status Change for Patients with Shoulder Impairments (Collection Type: MIPS CQM) High Priority, Outcome</p> <p>Q222: Functional Status Change for Patients with Elbow, Wrist or Hand Impairments (Collection Type: MIPS CQM) High Priority, Outcome</p> <p>Q478: Functional Status Change for Patients with Neck Impairments (Collection Type: MIPS CQM) High Priority, Outcome</p> <p>IROMS12: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with knee injury pain. (Collection Type: QCDR) High Priority, Outcome</p>	<p>IA_AHE_3: Promote Use of Patient-Reported Outcome Tools (High)</p> <p>IA_AHE_6: Provide Education Opportunities for New Clinicians (High)</p> <p>IA_AHE_12: Practice Improvements that Engage Community Resources to Address Drivers of Health. (High)</p> <p>IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings (High)</p> <p>IA_CC_8: Implementation of documentation improvements for practice/process improvements (Medium)</p> <p>IA_CC_12: Care coordination agreements that promote improvements in patient tracking across settings (Medium)</p> <p>IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (High)</p> <p>IA_EPA_2: Use of telehealth services that expand practice access (Medium)</p> <p>IA_PCMH: Electronic submission of Patient Centered Medical Home accreditation</p> <p>IA_PM_13: Chronic Care and Preventative Care Management for Empaneled Patients (Medium)</p> <p>IA_PSPA_16: Use of decision support and standardized treatment protocols (Medium)</p>	<p>Low Back Pain¹</p>

¹ The Low Back Pain episode-based cost measure received conditional support for rulemaking from the 2022-2023 Measure Applications Partnership (MAP) Coordinating Committee. The Low Back Pain episode-based cost measure will only be considered for use in this MVP if it's proposed and finalized for use in MIPS via rulemaking.

TABLE 1: Musculoskeletal Care and Rehabilitative Support MVP

Quality	Improvement Activities	Cost
<p>IROMS14: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with hip, leg or ankle (lower extremity except knee) injury. (Collection Type: QCDR) High Priority, Outcome</p> <p>IROMS16: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with neck pain/injury. (Collection Type: QCDR) High Priority, Outcome</p> <p>IROMS18: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with low back pain (Collection Type: QCDR) High Priority, Outcome</p> <p>IROMS20: Failure to Progress (FTP): Proportion of patients failing to achieve a Minimal Clinically Important Difference (MCID) in improvement in pain score, measured via the Numeric Pain Rating Scale (NPRS), in rehabilitation patients with arm, shoulder, or hand injury. (Collection Type: QCDR) High Priority, Outcome</p>		

TABLE: Foundational Layer

The Foundational Layer is the same for every MVP.

Foundational Layer	
Population Health Measures	Promoting Interoperability
<p>Q479: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Systems (MIPS) Eligible Clinician Groups (Collection Type: Administrative Claims)</p> <p>Q484: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (Collection Type: Administrative Claims)</p>	<ul style="list-style-type: none">• Security Risk Analysis• Safety Assurance Factors for EHR Resilience Guide (SAFER Guide)• e-Prescribing• Query of the Prescription Drug Monitoring Program (PDMP)• Provide Patients Electronic Access to Their Health Information• Support Electronic Referral Loops By Sending Health Information <p>AND</p> <ul style="list-style-type: none">• Support Electronic Referral Loops By Receiving and Reconciling Health Information <p>OR</p> <ul style="list-style-type: none">• Health Information Exchange (HIE) Bi-Directional Exchange <p>OR</p> <ul style="list-style-type: none">• Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)• Immunization Registry Reporting• Syndromic Surveillance Reporting (Optional)• Electronic Case Reporting• Public Health Registry Reporting (Optional)• Clinical Data Registry Reporting (Optional)• Actions to Limit or Restrict Compatibility or Interoperability of CEHRT• ONC Direct Review

Musculoskeletal Care and Rehabilitative Support MVP

Feedback

Below is the feedback we received during the 30-day MVP Candidate Feedback Period for the Musculoskeletal Care and Rehabilitative Support MVP. We didn't include feedback considered out of scope to the draft 2024 MVP candidate.

Feedback: One commenter expressed support for the MVP as they feel it would be relevant to a subgroup of physicians that are unable to participate in the Improving Care for Lower Extremity Joint Repair MVP.

Feedback: A couple commenters supported the IROMS QCDR measures included in the MVP.

Feedback: Many commenters requested the Keet Outcome IROMS functional measures as another option for selection within the MVP in addition to the FOTO functional measures. The commenters shared that the IROMS measures support the most commonly used measures within the rehab industry, have been utilized by the vast majority of health systems for over two decades, and are recommended by almost every orthopedic specialty society. In addition, they feel the IROMS measures are widely available, can be administered simply with relatively little cost, and are non-proprietary.

Feedback: One commenter supported the improvement activities included in the MVP. The commenter also recommended the use of previously approved by CMS legacy outcome measures via QCDR measure sets currently available. These may include the complete IROMS pain and function measure set (IROMS11 thru IROMS14, KEET01, and IROMS15 thru IROMS20). This could also include an equivalent set using the same legacy measure set of body part specific Numeric Pain Rating Scale (NPRS) for pain; and for function: Lower Extremity Functional Scale (LEFS), Quick Disabilities of the Arm, Shoulder, and Hand (QuickDASH), Neck Disability Index (NDI), and Modified Disability Questionnaire (MDQ).

Feedback: One commenter recommended additional functional status measurement tools be included in the MVP.

Feedback: A couple of commenters recommended additional measures and improvement activities be included in this MVP.

Quality measures:

- Q130: Documentation of Current Medications in the Medical Record
- Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- Q182: Functional Outcome Assessment
- Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Q318: Falls: Screening for Future Fall Risk
- Q402: Tobacco Use and Help with Quitting Among Adolescents
- Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- Q459: Back Pain after Lumbar Discectomy/Laminectomy
- Q460: Back Pain After Lumbar Fusion
- Q469: Functional Status After Lumbar Fusion

- Q487: Screening for Social Drivers of Health
- IROMS 17: Low Back Pain Functional Improvement
- LMBR1: Patients Suffering From a Knee Injury who Improve Physical Function
- LMBR2: Patients Suffering From a Lumbar Spine (Low Back) Injury who Improve Physical Function
- LMBR3: Patients Suffering From a Cervical Spine (Neck) Injury who Improve Physical Function
- LMBR4: Patients Suffering From a Lower Extremity Injury who Improve Physical Function
- LMBR5: Patients Suffering From an Upper Extremity Injury who Improve Physical Function
- LMBR6: Patients Suffering From a Knee Injury who Demonstrate Improved Pain
- LMBR7: Patients Suffering From a Lumbar Spine (Low Back) Injury who Demonstrate Improved Pain
- LMBR8: Patients Suffering From a Cervical Spine (Neck) Injury who Demonstrate Improved Pain
- LMBR9: Patients Suffering From a Lower Extremity Injury who Demonstrate Improved Pain
- LMBR10: Patients Suffering From an Upper Extremity Injury who Demonstrate Improved Pain

Improvement activities:


- IA_BMH_12: Promoting Clinician Well-Being
- IA_CC_1: Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop
- IA_EPA_3: Collection and use of patient experience and satisfaction data on access
- IA_PSPA_21: Implementation of fall screening and assessment programs

Feedback: One commenter recommended additional measures be considered in this MVP:

- Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- Q182: Functional Outcome Assessment
- Q226: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- Q318: Falls: Screening for Future Fall Risk
- Q402: Tobacco Use and Help with Quitting Among Adolescents
- Q431: Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
- Q487: Screening for Social Drivers of Health

The commenter also recommended inclusion of aligned eCQMs for each of the listed process measures, including Q155: Falls: Plan of Care. In addition, they feel it is important for CMS to work toward developing and including a more diverse set of measures available for physical therapists, both in this MVP and in the QPP in general.

Feedback: One commenter requested the use of PROMIS via validated crosswalks in the pain & physical function quality measures in addition to or in lieu of the existing measures. The existing measures included in the MVP limit the Patient Reported Outcome Measures (PROM) Collection to certain tools: FOTO surveys for Physical Function and NPRS Pain Scale for pain. If



the inclusion of cross walking to other tools is not permitted under the current measures, they would request that the inclusion of the IROMS measures be delayed.

Feedback: One commenter recommended the inclusion of additional measures in the MVP:

- Q178: Rheumatoid Arthritis (RA): Functional Status Assessment
- Q182: Functional Outcome Assessment

The commenter also encouraged CMS to continue to examine opportunities for development of additional rehabilitation related MVPs, for conditions other than musculoskeletal care, that can capture quality care in occupational therapy. The commenter felt the MVP does not allow for diverse occupational therapy services to be reported and therefore, occupational therapists still lack the opportunity to participate in the MIPS program.

Feedback: One commenter suggested that anesthesiologists and pain medicine physicians be considered for inclusion in this MVP. They suggested anesthesia quality measures could be added to address a multispecialty procedural approach. They recommended the following measures be added:

- Q424: Perioperative Temperature Management
- Q430: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy
- Q468: Continuity of Pharmacotherapy for Opioid Use Disorder (OUD)
- Q477: Multimodal Pain Management. In addition, there are several Qualified Clinical Data Registry (QCDR) measures that would fit within an expanded MVP that takes into consideration the perioperative episode.

Feedback: One commenter recommended the inclusion of the following eCQM measures:


- Q318: Falls: Screening for Future Fall Risk
- Q238: Use of High-Risk Medication in Older Adults
- Q376: Functional Status Assessment for Total Hip Replacement

Feedback: A couple commenters recommended the removal of the following 2 process measures:

- Q155: Falls: Plan of Care
- Q128: Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan

Feedback: One commenter recommended the inclusion of the following measures:

- Q048: Urinary Incontinence: Assessment of Presence or Absence of Urinary Incontinence in Women Aged 65 Years and Older
- Q134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan.
- Q181: Elder Maltreatment Screen and Follow-Up Plan
- Q402: Tobacco Use and Help with Quitting Among Adolescents
- LMBR1 (Patients Suffering From a Knee Injury who Improve Physical Function)
- LMBR2 (Patients Suffering From a Lumbar Spine (Low Back) Injury who Improve Physical Function)
- LMBR3 (Patients Suffering From a Cervical Spine (Neck) Injury who Improve Physical Function)
- LMBR4 (Patients Suffering From a Lower Extremity Injury who Improve Physical Function)

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- LMBR5 (Patients Suffering From an Upper Extremity Injury who Improve Physical Function)
 - LMBR6 (Patients Suffering From a Knee Injury who Demonstrate Improved Pain)
 - LMBR7 (Patients Suffering From a Lumbar Spine (Low Back) Injury who Demonstrate Improved Pain)
 - LMBR8 (Patients Suffering From a Cervical Spine (Neck) Injury who Demonstrate Improved Pain)
 - LMBR9 (Patients Suffering From a Lower Extremity Injury who Demonstrate Improved Pain)
 - LMBR10 (Patients Suffering From an Upper Extremity Injury who Demonstrate Improved Pain)

Feedback: One commenter recommended the addition of IA_PSPA_21: Implementation of fall screening and assessment programs in the MVP.

Feedback: One commenter recommended the addition of IA_AHE_9 within the MVP. They suggested that malnutrition can be a significant barrier to physical rehabilitation because good nutrition is key in providing the building blocks for the body's musculoskeletal system.

Feedback: One commenter requested inclusion of Population Health Measures within the Foundational Layer that provides clinically meaningful information for outpatient occupational and physical therapists. The commenter suggested examples for consideration include population health measures that evaluate the avoidance of unnecessary surgeries, limit the performance of unnecessary diagnostic imaging procedures, and avoid unnecessary prescription medications (including unnecessary prescription opioids).

Feedback: One commenter noted that while the MVP framework is intended to result in more clinically coherent participation pathways, they do not feel it break downs the silos between performance categories or provides an accurate assessment of value. The commenter also expressed concern with the inclusion of the Low Back Pain (LBP) cost measure in this MVP. They feel this measure focuses on cost without consideration for the impact on patient outcomes or other measures of quality. The commenter is concerned that the measure only uses claims data, which they feel limits the accuracy of risk stratification and subgrouping.



Version History

Date	Description
02/22/2023	Original posting.