ATTRIBUTION OF CHRONIC CONDITION EPISODE-BASED COST MEASURES
Appropriately Capturing Clinicians who are Responsible for the Chronic Care Provided

BACKGROUND

Chronic condition episode-based cost measures assess the cost of outpatient care and ongoing management of chronic conditions. To date, CMS has worked with a measure development contractor to develop 10 chronic condition episode-based cost measures. These measures were developed with extensive clinician input to ensure that they were appropriately capturing clinicians who are responsible for the care provided.

These measures expand on the previously established framework for episode-based cost measures to address unique factors inherent to the continuous nature of chronic disease care management. One such factor is how to attribute clinician groups and clinicians that provide ongoing care for their patients' chronic diseases. This document summarizes the attribution methodology used for chronic condition cost measures.

IDENTIFY RELATIONSHIP

Clinician-patient care relationship is identified by looking at service and diagnosis information from administrative claims data. The trigger uses 2 services indicating care for the condition within a certain number of days (e.g., 180 days), where both claims must have the relevant condition diagnosis (see Figure 1). The window can be extended, if there's evidence of a continuing care relationship (see Figure 2).

Figure 1. Identify the beginning of the clinician-patient care relationship
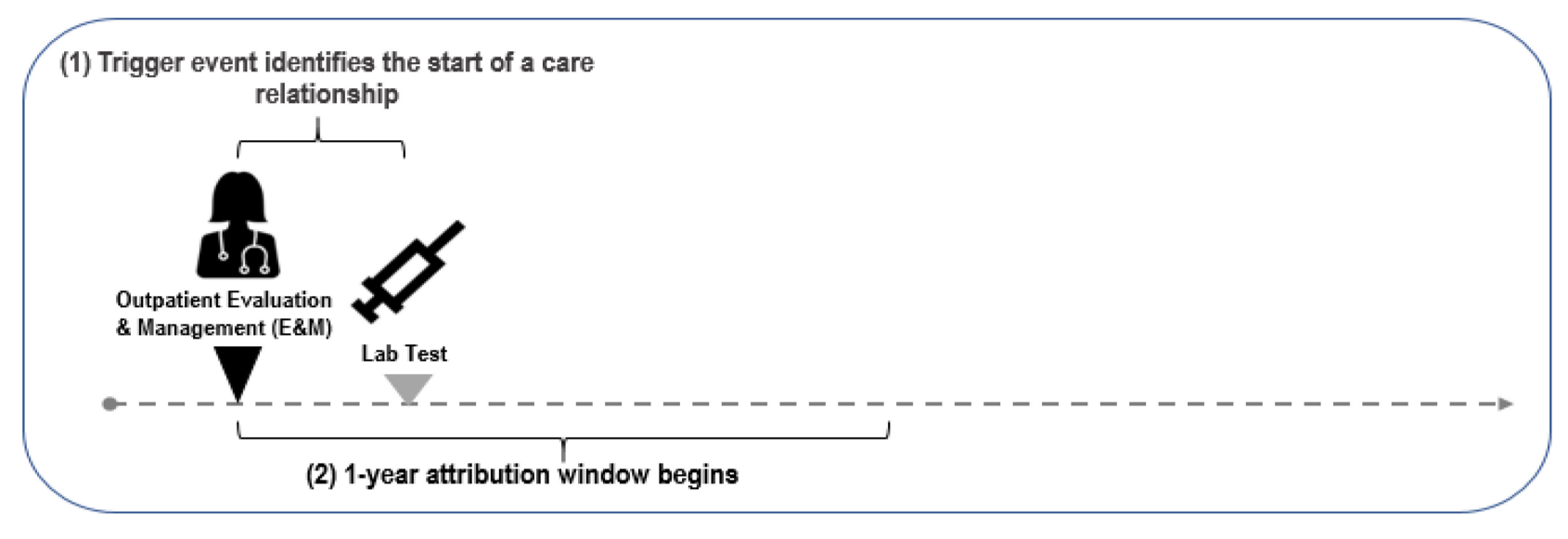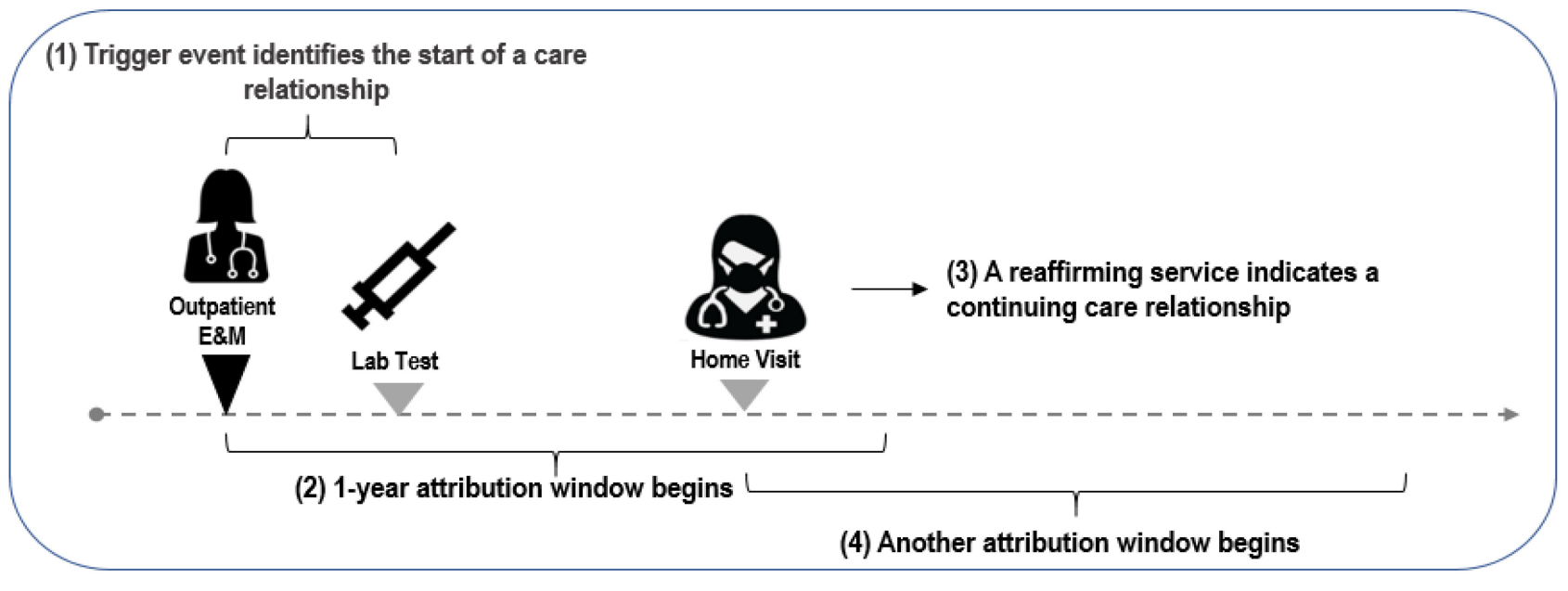

Figure 2. Find evidence indicating a continuing care relationship

The total relationship is then divided into episodes, which are segments of at least one year (this might vary, depending on the measure), to allow a clinician to be assessed in a performance period (i.e., the calendar year).
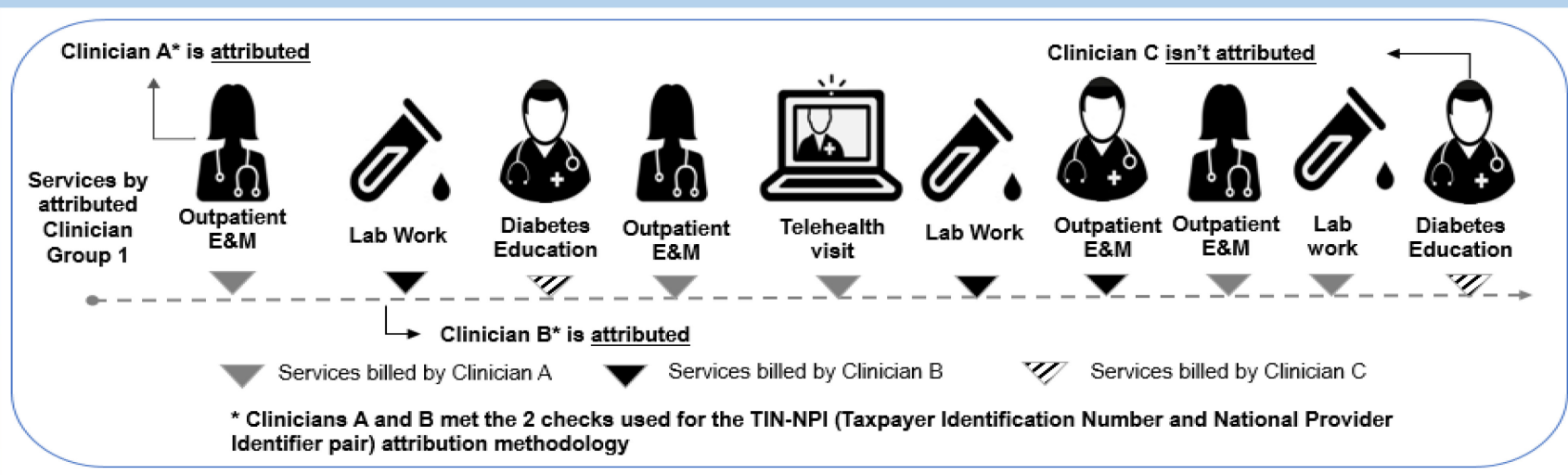
ATTRIBUTE CLINICIANS

Clinicians can choose how they want to participate in MIPS: either as individual clinicians or as part of a clinician group. Therefore, each measure can be attributed at both levels.

Clinician Group Level: A clinician group is attributed if it billed 2 services indicating care for a particular condition within a certain number of days (e.g., 180 days). Both claims must have a diagnosis code for the relevant chronic condition. Additionally, for some measures, the clinician group must have met the 2 checks used to attribute individual clinicians (i.e., must have a clinician that provided care prior to or on the episode start date, and a same/different clinician that prescribed at least 2 prescriptions related to the management of the condition to 2 different patients on different days during the previous year).

Individual Clinician Level: Each clinician (within the group) that rendered at least 30% of the qualifying services during the episode is considered for attribution. The clinician(s) must also have:
- Provided condition-related care to this patient prior to or on the episode start date, and
- For some measures, prescribed at least 2 prescriptions related to the management of the condition to 2 different patients on different days during the previous year.

Figure 3. Example of Attribution Methodology, at the clinician group and individual clinician levels

In the example above (see Figure 3):
- The clinician group (Clinician Group 1) is attributed because it billed the initial 2 claims (i.e., the trigger event) indicating a care relationship and met the 2 checks
- Clinicians A and B are also attributed the episode, as they both met the 30% threshold of the qualifying services and the 2 checks
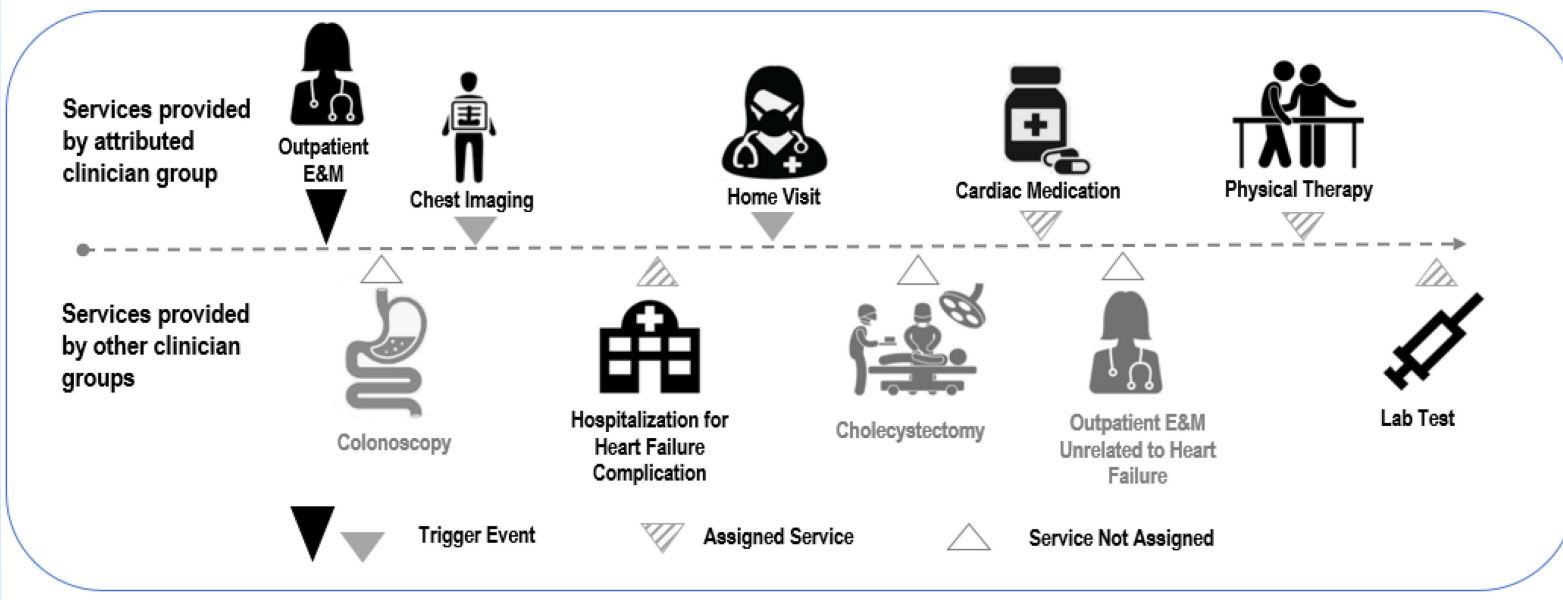- Clinician C isn't attributed, as she didn't meet the 30% threshold of the qualifying services.

ACCOUNT FOR PATIENT CASE-MIX

After we attribute episodes, there are 5 ways we use to account for differences in the patient case-mix, to ensure that clinicians aren't penalized for treating sicker patients. These include service assignment, sub-grouping, exclusions, risk adjustment, and specialty adjustment.

1. Assigning costs of clinically related services to the episode
- Clinicians are only attributed the costs related to the condition under evaluation to ensure that the measure focuses on resource use related to the treatment of the specific condition. For example, for the Heart Failure measure, cardiopulmonary procedure and intervention services are included, while a colonoscopy isn't included (see Figure 4).

Figure 4. Service Assignment Example for Heart Failure Cost Measure

2. Dividing Episodes into Sub-Groups
- Episode groups divide the patients into mutually exclusive stratifications. Sub-groups help ensure that the measure fairly compares clinicians with a similar patient case-mix. For example, the Diabetes cost measure divides patients into 2 sub-groups: Type 1 Diabetes and Type 2 Diabetes.

3. Excluding Episodes
- Episodes for certain populations are excluded, as their clinical characteristics affect a relatively small sub-population that's very different from the rest of the population in terms of clinical characteristics and cost, and that can't be accounted for through other means. For example, the Diabetes cost measure excludes patients with prior hospice.

4. Risk-Adjusting for Factors Outside of the Clinician Control
- Risk adjustment recognizes the varying levels of care patients may require and predicts the expected cost of an episode by adjusting for factors outside of the clinician's control. They include comorbidities, age brackets, disability status, End-Stage Renal Disease (ESRD) status, and factors specific to the condition, among others.

5. Applying Specialty Adjustment
- Each measure risk adjusts for the number and types of specialties that provide care to a patient. This accounts for complexity at the patient-level, rather than just adjusting based on the specialty of the attributed clinician.

SPECIALTY COVERAGE

Table 1 lists the top 5 attributed specialties for the 2 chronic condition episode-based cost measures in use in MIPS, for the 3 chronic condition episode-based cost measures that completed development in 2022, and for the 5 chronic condition episode-based cost measures that completed development in 2023.

Table 1. Specialty coverage for Chronic Condition Episode-Based Cost Measures

Measure Name	Top 5 Attributed Specialties
Measures in Use in MIPS for 2022	
Asthma/Chronic Obstructive Pulmonary Disease	Family Practice, Internal Medicine, Nurse Practitioner, Physician Assistant, Pulmonary Disease
Diabetes	Family Practice, Internal Medicine, Nurse Practitioner, Cardiology, Physician Assistant
Measures Finished Development in 2022	
Depression	Family Practice, Internal Medicine, Nurse Practitioner, Licensed Clinical Social Worker, Clinical Psychologist
Heart Failure	Internal Medicine, Family Practice, Nurse Practitioner, Cardiology, Physician Assistant
Low Back Pain	Physical Therapist in Private Practice, Family Practice, Chiropractic, Internal Medicine, Nurse Practitioner
Measures Finished Development in 2023	
Chronic Kidney Disease	Nephrology, Internal Medicine, Nurse Practitioner, Family Practice, Physician Assistant
ESRD	Nephrology, Internal Medicine, Nurse Practitioner, Vascular Surgery, Neurology
Kidney Transplant Management	Nephrology, Nurse Practitioner, Internal Medicine, Physician Assistant, General Surgery
Prostate Cancer	Urology, Radiation Oncology, Hematology/Oncology, Internal Medicine, Medical Oncology
Rheumatoid Arthritis	Rheumatology, Internal Medicine, Nurse Practitioner, Physician Assistant, Family Practice