



March 1, 2016

Eric Gilbertson, CMS MACRA Team
Health Services Advisory Group, Inc.
3133 East Camelback Road, Suite 240
Phoenix, AZ 85016-4545

Dear Mr. Gilbertson,

The Obesity Care Advocacy Network (OCAN) is pleased to provide the following comments regarding the Centers for Medicare & Medicaid Services (CMS) Draft Quality Measure Development Plan (MDP): Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs). We appreciate the opportunity to highlight the extreme need for both process and outcome measures in the obesity space.

The Obesity Care Advocacy Network (the “Network”) is a diverse group of organizations that have come together with the purpose of changing how we perceive and approach the problem of obesity in this nation. The founding organizations of OCAN acknowledge obesity is a complex and chronic disease that needs to be treated seriously.

The mission of the Network is to unite and align key obesity stakeholders and the larger obesity community around key obesity-related education, policy and legislative efforts in order to elevate obesity on the national agenda. The primary goals of the Network are to: prevent disease progression; improve access to evidence-based treatments for obesity; improve standards of quality care in obesity management; eliminate weight bias; and foster innovation in future obesity treatments.

For these reasons, we appreciate CMS’s efforts in crafting its draft Quality MDP. The importance of healthcare quality measurement to improve outcomes is clear. However, there are very few quality measures established to drive optimal outcomes for people with obesity. In recognition of these gaps, OCAN joined with Novo Nordisk, Inc. in convening “Obesity: A Quality Roundtable Discussion” – a forum of diverse stakeholders from obesity, diabetes, and primary care organizations on January 19, 2016 to discuss obesity quality measurement.

The roundtable discussion focused on understanding the evolving quality landscape, particularly how quality measures are developed, used and integrated into private and public reporting programs. In addition, participants evaluated what current measures exist surrounding obesity and how they are being used, as well as the main opportunities for adaptation. Finally, the group discussed opportunities around measurement gaps and what efforts related to quality measurement should be prioritized.

OCAN is pleased to address the following sections of the draft QMDP:

Clinical Practice Guidelines (page 27):

The Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA) requires that the Secretary shall . . . take into account how clinical best practices and clinical practice

guidelines should be used in the development of quality measures.” Furthermore, “In selecting measures for development under this subsection, the Secretary shall consider— ... clinical practice guidelines to the extent that such guidelines exist.”

OCAN wholeheartedly supports CMS's approach to collaborate with specialty groups and associations to develop measures including "measures assessing adherence to clinical practice guidelines." We appreciate CMS's efforts to ensure clinical guideline developers address multiple chronic conditions, which are likely to require more complex care decisions than guidelines focused on a single disease or condition. Because so many chronic diseases have associated etiologies and patients have multiple comorbidities, effective care that transcends a single disease state or condition and improves various aspects of a patient's health is uniquely valuable.

Many OCAN member groups have participated in the development of clinical practice guidelines, treatment algorithms and evidence statements regarding appropriate care for individuals affected by overweight or obesity. We encourage CMS to review these resources as the agency works to assemble quality measures for obesity (see appendix).

Quality Domains and Priorities (page 30):

Today, more than one in three U.S. adults have obesity and more than 40 percent of adults between the ages of 65 to 74 have obesity, costing American taxpayers hundreds of billions of dollars every year. These sobering facts and the growing science surrounding obesity underscore the importance of developing quality measures that facilitate patient access to the full continuum of care of evidence-based obesity preventative and treatment modalities including behavioral, pharmaceutical, psychosocial, nutritional, and surgical interventions.

Under MACRA, quality domains must address clinical care, safety, care coordination, patient and caregiver experience, and population health and prevention. We believe that obesity must be at the center of the agency's discussions regarding identification of quality domains. In addressing each of these areas, we are pleased that CMS will collaborate with specialty groups and associations to develop measures where there are important gaps in performance.

Gap Analysis (page 37):

Gap analysis was a critical component in the January 19th Quality Roundtable where participants first reviewed the measures that are in use in quality and value-based programs to identify the strengths and weaknesses of those measures, including how well they address the true quality improvement targets for obesity care. Secondly, participants highlighted opportunities around measurement gaps and what efforts related to quality measurement should be prioritized. For example:

1. Patient care/support should follow screening when a patient qualifies as having obesity (the disease). The group agreed that no useful measure currently exists for what should happen after diagnosis. In most practices, a patient may be diagnosed, the screening measure checked as completed, and no further steps taken.
2. Shared decision-making between the provider(s) and the patient on interventions should occur following initial diagnosis and follow up examinations. The group agreed on the importance of indicating that shared decision-making has occurred.
3. Collection of outcomes for patients. Currently, outcomes are often not recorded at all, or if they are, only weight is recorded. The group agreed that additional outcomes are necessary (e.g., long-term

outcomes as recorded for other chronic conditions) and that weight is for many patients not a reliable outcome by itself.

4. Patient should be advised of what support services are available (i.e., from the practice or in the community) and how to access those services.
5. Referral steps to specialist care should be indicated for patients and path for referrals expressly laid out in a new measure. The group also recommended that certifications as obesity specialist providers should be increased.
6. Counseling for patients should be made available as one of the specialty services available to all patients. Many members of the group suggested that patients should be profiled for motivations for weight loss, and counseling should be directed by such motivations.
7. Patients should be assessed for co-morbidities, complications, and self-reported functioning status as well as their willingness to engage in self-management and treatment regimens and their preferences among interventions.

Engaging Patients in the Measure Development Process (page 49):

Finally, we applaud CMS for highlighting the critical importance of patient involvement during the measure development process. One of the founding members of OCAN is the Obesity Action Coalition (OAC) -- a more than 50,000 member-strong 501(c)(3) national non-profit organization dedicated to giving a voice to the individual affected by the disease of obesity and helping individuals along their journey toward better health through education, advocacy and support.

Throughout the past decade, OAC has consistently provided a patient voice during the development of obesity policy at both the federal and state level. OAC patient advocates have become recognized as critical resources on obesity care issues within the legislative and regulatory arenas. In addition, OAC continues to actively participate in public and private partnership panels and advisory committees such as the Patient-Centered Outcomes Research Institute. For these reasons, we are hopeful that CMS will reach out to the many qualified patient advocates within the Obesity Care Advocacy Network and the Obesity Action Coalition as part of the agency's quality measure development process.

Should you have any questions or need additional information, please feel free to contact OCAN Washington Coordinator Chris Gallagher at 571-235-6475 or via email at chris@potomaccurrents.com. Thank you.

Sincerely,

American Academy of Nutrition and Dietetics
American Association of Clinical Endocrinologists
American Society for Metabolic and Bariatric Surgery
Endocrine Society
Novo Nordisk, Inc.
Obesity Action Coalition
Obesity Medicine Association
The Obesity Society

APPENDIX: Clinical Resources

American Association of Clinical Endocrinologists

American Association of Clinical Endocrinologists and American College of Endocrinology Consensus Conference on Obesity: Building an Evidence Base for Comprehensive Action © 2014

<https://www.aace.com/files/obesity-consensus-statement.pdf>

American Association of Clinical Endocrinologists Position Statement on Obesity and Obesity Medicine © 2012

<https://www.aace.com/files/position-statements/obesity.pdf>

American Society for Metabolic and Bariatric Surgery

Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient

<http://asmbs.org/resources/clinical-practice-guidelines-for-the-perioperative-nutritional-metabolic-and-nonsurgical-support-of-the-bariatric-surgery-patient>

Integrated Health Nutritional Guidelines

<http://asmbs.org/resources/integrated-health-nutritional-guidelines>

Prophylactic Measures to Reduce the Risk of Venous Thromboembolism in Bariatric Surgery Patients

<http://asmbs.org/resources/prophylactic-measures-to-reduce-the-risk-of-venous-thromboembolism-in-bariatric-surgery-patients>

Peri-Operative Management of Obstructive Sleep Apnea

<http://asmbs.org/resources/peri-operative-management-of-obstructive-sleep-apnea>

Preoperative Supervised Weight Loss Requirements

<http://asmbs.org/resources/preoperative-supervised-weight-loss-requirements>

ASMBS Clinical Tool Kits

<https://asmbs.org/tool-kits>

Endocrine Society

Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline

<http://press.endocrine.org/doi/10.1210/jc.2014-3415>

Obesity Medicine Association

Obesity Algorithm

www.obesityalgorithm.org

The Obesity Society

Clinical Resources: Obesity Treatment Guidelines

<http://www.obesity.org/publications/clinical-resources>