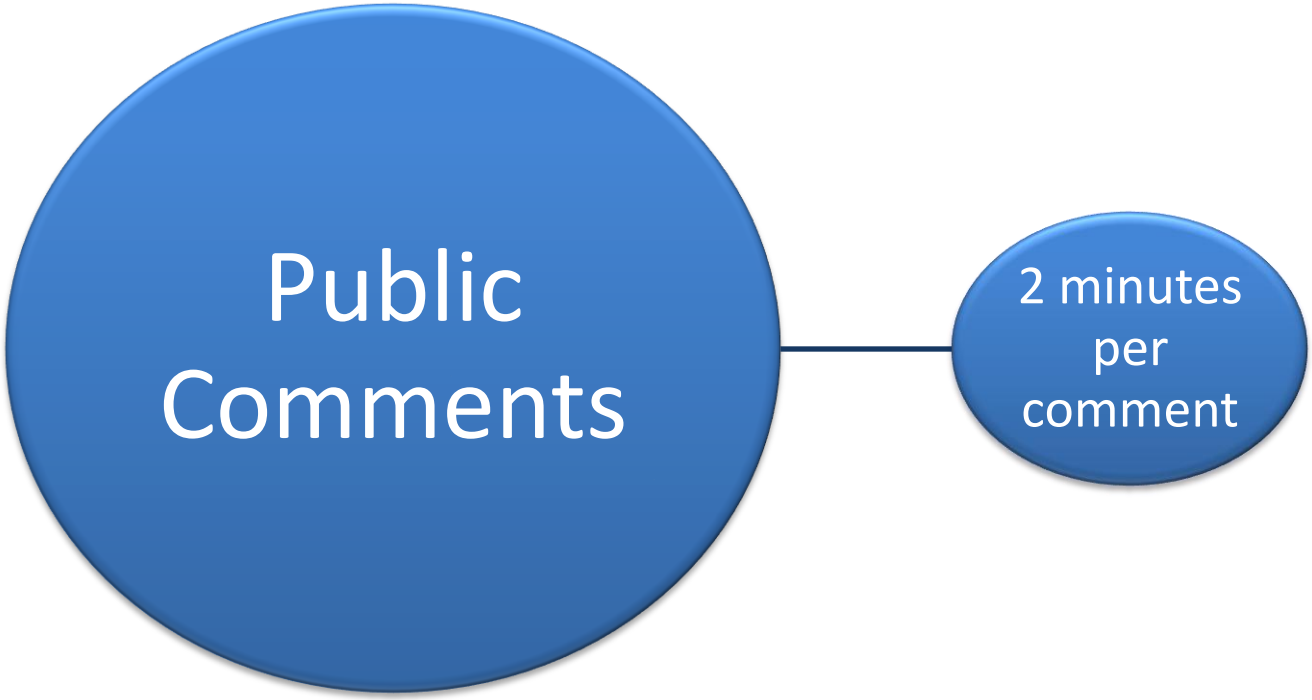
Quality Council

October 21, 2015

Meeting Agenda

Item	Allotted Time
Welcome and public comment	
Minutes	
Recap	
Recommendations from Care Coordination Design Group	
Ranking Survey – Core and Supplemental Measure Sets	
Health equity measures	
Health Plan Interviews	
Quality Measure Alignment Plan	
Meeting schedule/ Next Steps	


Public Comments
2 minutes per comment

Recap

Current Provisional Measure Set – For Payment

Consumer Experience

1	PCMH- CAHPS consumer experience survey	1768

Care Coordination/Patient Safety

2	Plan all-cause readmission	1768
3	Asthma admission rate (child)	0728
4	ED Usage per 1000	
5	Documentation of current medications in medical record	0419
6	Annual monitoring for persistent medications (roll-up)	2371
7	Adult major depressive disorder (MDD): coordination of care of patients with specific co-morbid conditions	

Current Provisional Measure Set – For Payment

Prevention Measures

10	Breast cancer screening	2372
11	Cervical cancer screening	0032
12	Chlamydia screening in women	0033
13	Colorectal cancer screening	0034
14	Adolescent female immunizations HPV	1959
15	Weight assmnt & counseling nutrition and physical activity for children/ adls	0024
16	Preventative care and screening: BMI screening and follow up	0421
17	Developmental screening in the first three years of life	1448
18	Well-child visits in the first 15 months of life	1392
19	Well-child visits in the third, fourth, fifth and sixth years of life	1516
20	Adolescent well-care visits	
21	Tobacco use screening and cessation intervention	0028
22	Prenatal Care & Postpartum care	1517
23	Frequency of Ongoing Prenatal Care (FPC)	1391

Current Provisional Measure Set – For Payment

Prevention Measures (continued)

24	Oral health: Primary Caries Prevention	~~1419~~
25	Screening for clinical depression and follow-up plan	0418
26	Oral Evaluation, Dental Services (Medicaid only)	2517
27	Behavioral health screening (pediatric, Medicaid only, custom measure)	

Current Provisional Measure Set – For Payment

Acute & Chronic Care Measures

28	Medication management for people with asthma	1799
29	Asthma Medication Ratio	1800
30	*DM: Hemoglobin A1c Poor Control (>9%)*	0059
31	DM: HbA1c Screening (interim measure pending NQF 0059)	0057
32	*DM: Diabetes eye exam*	0055
33	*DM: Diabetes foot exam*	0056
34	DM: Diabetes: medical attention for nephropathy	0062
35	*HTN: Controlling high blood pressure*	0018
36	Use of imaging studies for low back pain	0052
37	Avoidance of antibiotic treatment in adults with acute bronchitis	0058
38	Appr. treatment for children with upper respiratory infection	0069

Current Provisional Measure Set – For Payment

Behavioral Health Measures

40	Follow-up care for children prescribed ADHD medication	0108
41	Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)	
42	Depression Remission at 12 Twelve Months	0710
43	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	1365
44	Unhealthy Alcohol Use – Screening	

Current Provisional Measure Set – For Reporting

Reporting Measures		
1	Anti-Depressant Medication Management	0105
2	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004
3	Follow up after hospitalization for mental illness, 7 & 30 days	
4	30 day readmission (MMDLN)	
5	ED Use (observed to expected) – New NCQA	
6	% PCPs that meet Meaningful Use	
7	Cardiac stress img: Testing in asymptomatic low risk patients	0672

Recap of decisions about measures – last two meetings

9/30 meeting:

- The following measures were discussed:

Measure	Decision
Cardiac stress img: Testing in asymptomatic low risk patients (0672)	Moved to **Reporting Measure**
Cardiac stress img: Preoperative eval in low risk surgery patients (0670)	**Removed from "Recommended for payment"**
Annual percentage of asthma patients (2-20) with 1 or more asthma related ED visits	**Moved to "Measures for consideration & development"**
Follow-up care for children prescribed ADHD medication (0108)	**Keep on "Recommended for payment"**
Depression Remission at 12 Twelve Months (0710)	**Keep on "Recommended for payment"**
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (1365)	**Keep on "Recommended for payment"**
Unhealthy Alcohol Use – Screening	**Keep on "Recommended for payment"**
Elective Delivery (0469)	**Move to specialty list**

Recap from previous meetings

9/30 meeting:

- The following category was created: **"measures that are being considered but require significant development work"**
- This category represents those measures that were reviewed and deemed to have high clinical importance, but have technical challenges to implementing them
- A workgroup will be formed to continue to examine implementation challenges and solutions
- These measures will not be part of the "core measure set" in the first phase of alignment, which may begin July 2016

Recap of follow-up from previous meetings

9/30 meeting:

- The following measure was moved under the category **"measures that are being considered but require significant development work"**:
  1. Gap in HIV medical visits (2080)
  2. HIV/AIDS: Screening for Chlamydia, Gonorrhea, and Syphilis (0409)
  3. HIV viral load suppression (2082)
  4. Annual % asthma patients (2-20) with 1 or more asthma-related ED visits
  5. ASC admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults (0275)
  6. ASC: heart failure (HF) (0277)
  7. All-cause unplanned admission for MCC
  8. All-cause unplanned admissions for patients with heart failure
  9. Preventable hospitalization composite (NCQA)/Ambulatory Care Sensitive Condition composite (AHRQ)

Recap of follow-up from previous meetings

9/30 meeting:

- The size of our provisional quality measure set was discussed. Examples of measure sets from other states were reviewed. It was decided that **a survey would be released** to rank our current measures and whether they should be in the **core measure set.**

Recap of follow-up from previous meetings

10/15 meeting on care coordination measures :

- The following measures were proposed for **"measures that are being considered but require significant development work"**:
  1. Gap in HIV medical visits (2080)
  2. HIV/AIDS: Screening for Chlamydia, Gonorrhea, and Syphilis (0409)
  3. HIV viral load suppression (2082)
  4. Annual % asthma patients (2-20) with 1 or more asthma-related ED visits
  5. ASC admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults (0275)
  6. ASC: heart failure (HF) (0277)
  7. All-cause unplanned admission for MCC
  8. All-cause unplanned admissions for patients with heart failure
  9. Preventable hospitalization composite (NCQA)/Ambulatory Care Sensitive Condition composite (AHRQ)
  10. All-cause unplanned admissions for patients with DM
  11. Asthma in younger adults admission rate

Survey:
Measure Rankings

Survey

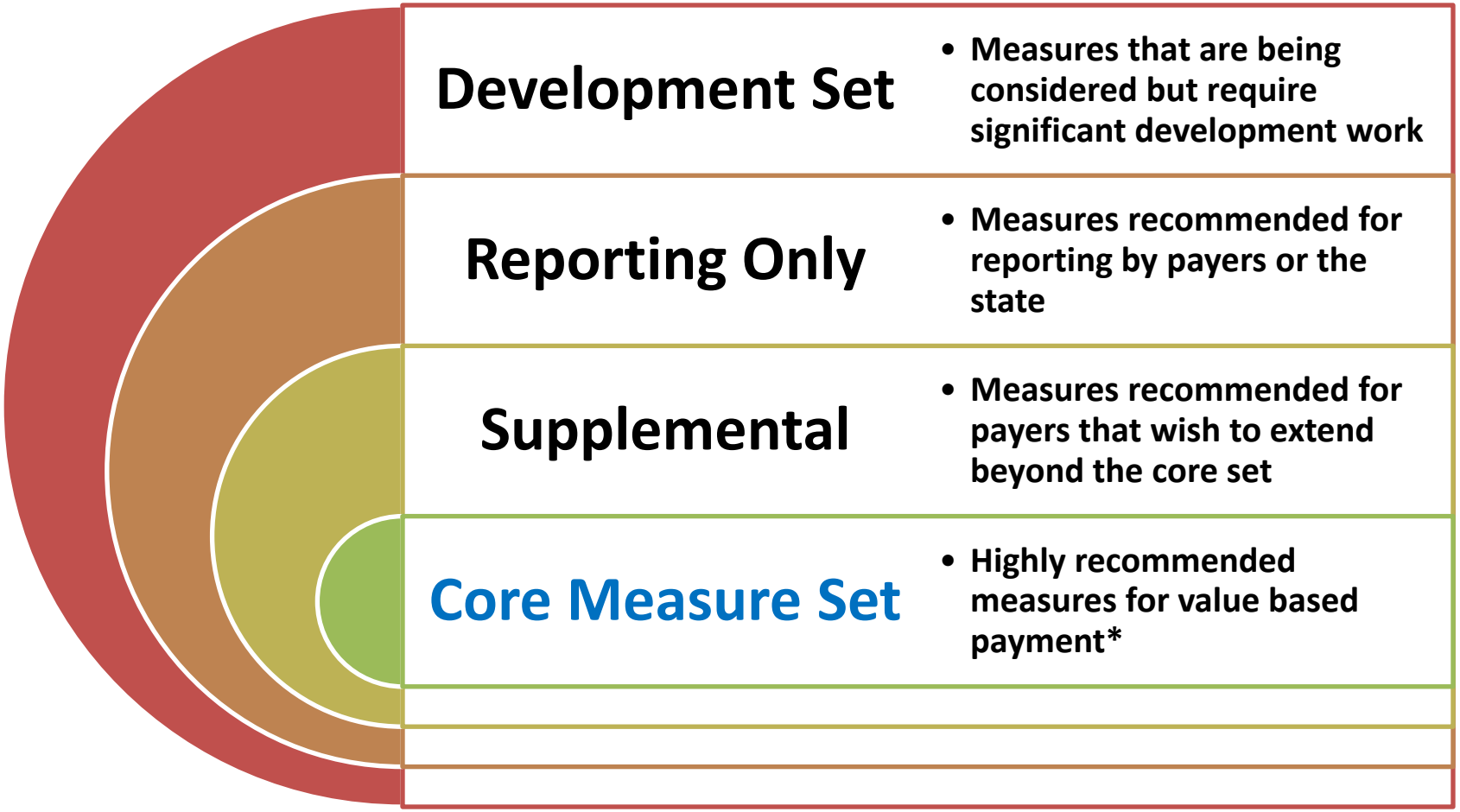
- Members were asked to rank the current list of measures.
  - 1. Strongly recommend for the core measure set
  - 2. Moderately recommend for the core measure set
  - 3. Do not recommend for the core measure set
- Measures were then categorized based on how they ranked. Top 26 measures were put into the Core Measure Set. Measures ranked 27+ were put into the Supplemental Measure Set.

Note 1: We picked an arbitrary measure set size of 26 for the purpose of discussion. The actual size of the Core Measure Set could be bigger or smaller, depending on the outcome of our discussion.

Note 2: We applied the ranking without exception. The highest ranked 26 measures were placed in the Core Set. We do not need to honor this ranking. It is a starting point for discussion. If you are invited to propose moving measures from core to supplemental or the converse when we meet.

Proposed Quality Measure Set

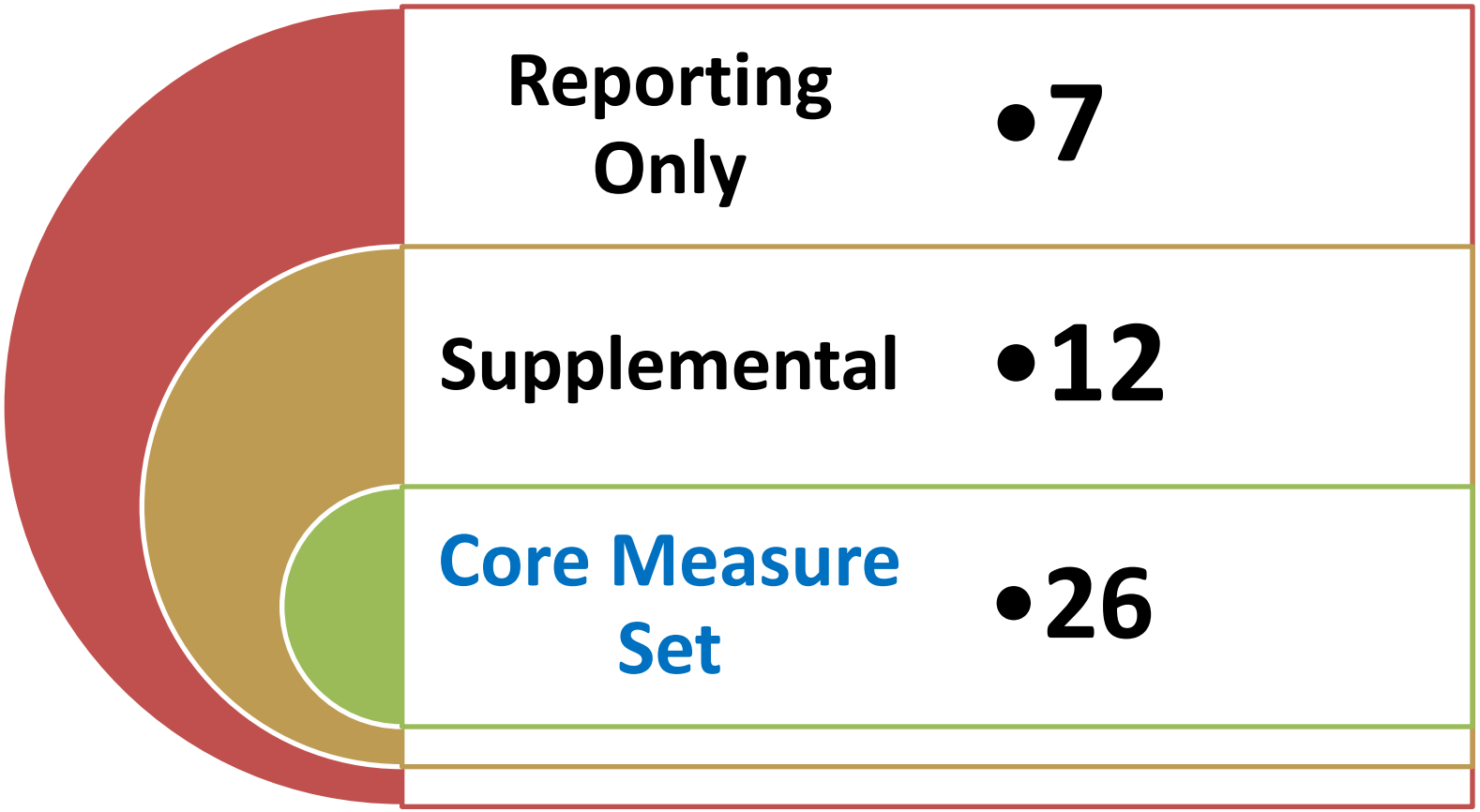
- **Core Measure Set** = Those measures that we would prioritize for alignment beginning in July 2016



*Goal of XX%? alignment among commercial/Medicaid payers by 2017 for payment

Core Measure Set

- Measure rankings from the survey were grouped as following, in order to facilitate discussion:



Health Equity Design Group: Health Equity Measures, Recommendations

Health Equity – Measures: EHR BASED

The following EHR-based measures were recommended by the health equity design group (ordered by priority ranking):

1. Diabetes: A1c poor control (<9%), NQF 0059
2. Hypertension: Controlling high blood pressure, NQF 0018
3. Screening for clinical depression & follow-up plan, NQF 0034
4. Colorectal cancer screening, NQF 0034
5. Tobacco use screening & cessation intervention, NQF 0028
6. BMI screening and follow up, NQF 0421
7. Diabetes: Diabetes eye exam, NQF 0055

Health Equity – Measures: CLAIMS BASED

The following claims-based measures were recommended by the health equity design group

1. Hospital admissions for asthma, adults, NQF 0283
2. Hospital admissions for asthma, pediatric, NQF 0728
3. Pediatric ambulatory sensitive condition composite
4. Adult ambulatory sensitive condition composite
5. Potentially avoidable ER rate
6. Annual dental visit – Medicaid & CHIP
7. All-cause unplanned admissions for diabetes
8. Diabetes medical attention for nephropathy, NQF 0062

Ranked 1

Ranked 2

Health Plan Meetings: Lessons for Alignment Plan

Health Plan Interviews Update

DRAFT

*Based on our discussions with the health plans and other constituents participating with the SIM Quality Council, we will propose **a multi-payer alignment process** for the quality measure set.*

Focus of the health plan meetings:

- Process and requirements for health plans to program, produce, and implement SIM measures for inclusion in value-based payment scorecards and potential risks/challenges;
- Contracting and negotiation processes including the lead time required to write measures into existing and new contracts; contract cycle timing and duration, and
- Level of support health plan support for the production of a common quality scorecard for use statewide in reporting provider performance

Health Plan Interviews Update

DRAFT

Key Figures in Connecticut:

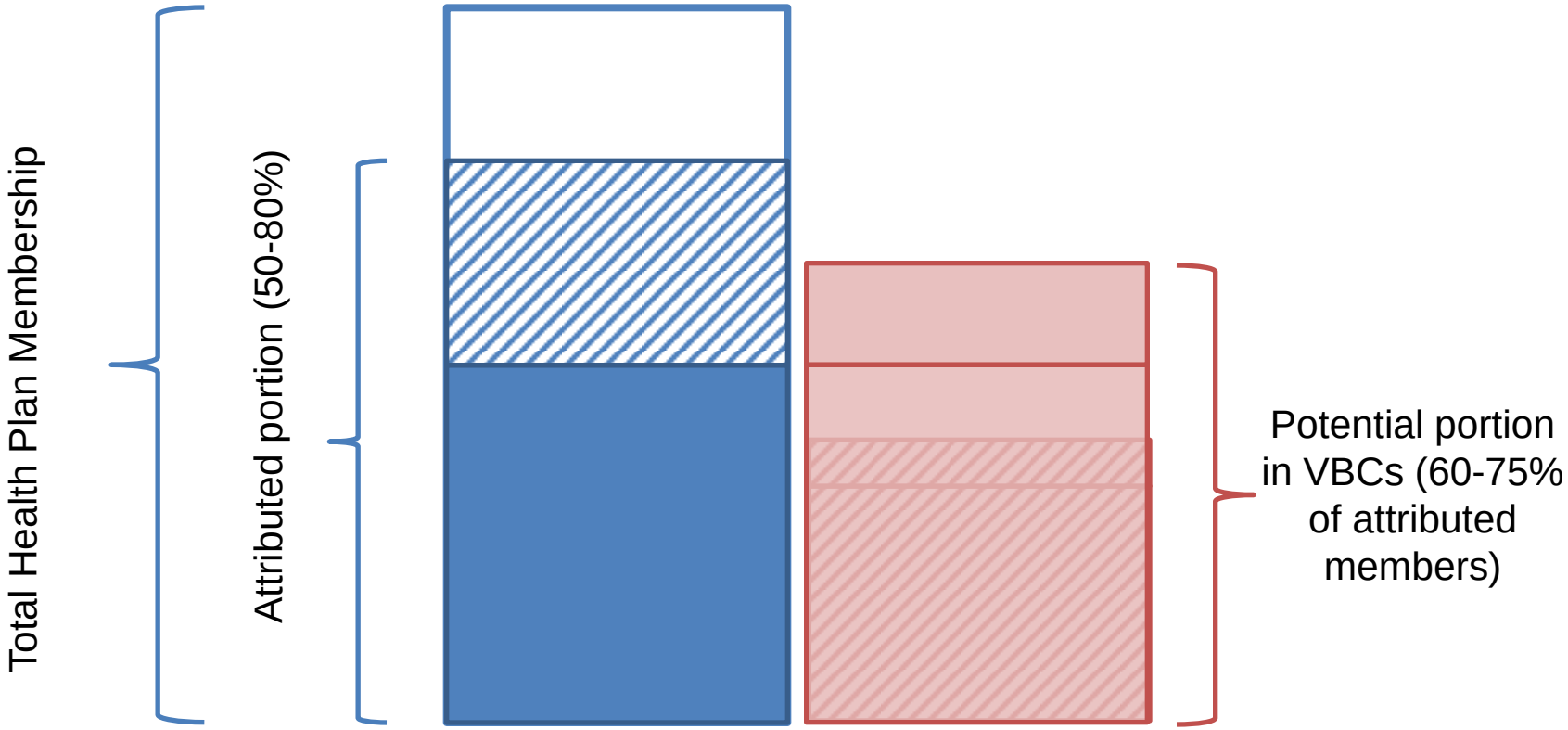
- Number of measures in contracts: ~10-~27 plus utilization measures
- Length of contracts: typically 2-3 years (some reported outlier contracts)
- Time to program new measures: 3/6 months – 1+ year
- Plans reported contracts with ~10-20 provider networks / ACOs with a wide range of reported number of lives
  - Reported minimum number of lives range from 1,000-3,000 under certain conditions (e.g. growth) with uniform preference for 5,000+

Health Plan Interviews Update

DRAFT

Key Figures in Connecticut:

- Significant % of attributed members in CT already in value-based contracts (e.g., **60-75%** of attributed membership with 50-80% of members attributed)



Health Plan Interviews Update

DRAFT

Key themes….considerable variation among the plans:

- Health plans are negotiating contracts now for 2-3 year terms;
- Performance is judged and benchmarks adjusted annually
- Contracts may have different start dates throughout the year (e.g.; some start 1/1, 4/1, 7/1, 10/1)
- Some health plans align around calendar performance year, others rolling annual performance years based on start date of contract
- Too late to include measures for January 1, 2016
- May be able to begin including claims-based measures by July 1, 2016

Health Plan Interviews Update

DRAFT

Key themes:

- With rare exceptions, exclusively claims-based measures in value-based contracts
- One plan has implemented small number of EHR measures by means of provider chart abstraction and data submission
- Some have pursued use of lab data to measure A1C control; however, data is incomplete
- For multi-year contracts that are being negotiated now, would be helpful for plans to signal how many measures and what type of measures they intend to add as a result of SIM
- Request that QC identify set of core measures that are highly recommended (HR) or “Core”, even if not final

Health Plan Interviews Update

DRAFT

Key themes:

- Level of commitment to state alignment varies
- Multi-payer measure alignment offers the opportunity for some plans to introduce more measures that they would otherwise be able to do, because all payers are requesting the same measures
- With one or two exceptions, national payers expressed a commitment to alignment; while they strive for standardization and efficiency nationwide, they are making some provisions to customize for SIM states and special initiatives (e.g., CPCI)

Lessons for Quality Measure Alignment Plan

DRAFT

*In contrast to Medicare/Medicaid, the contracts for commercial plans are **negotiated** with providers*

Implications:

- Providers tend to prefer fewer QMs with longer contracts (3 years) and like to track their progress over time
- Some payers combine measures from a national measure set with customization to account for populations such as pediatric or geriatric
- Once executed, payers only replace measures by mutual agreement; typically when measures are replaced with updated measures or when endorsement is lost
- Wholesale changes to the measure set usually are not done until the end of the contract term

Lessons for Quality Measure Alignment Plan

DRAFT

*In contrast to Medicare/Medicaid, the contracts for commercial plans are **negotiated** with providers*

Implications:

- Other considerations influence negotiations including “cherry picking” and administrative burdens
- During a 3 year contract term, measure set may be updated to make minor adjustments, especially as measures are replaced with new updated measures or endorsement is lost
- Some providers and payers allow variability across all contracts to test new approaches and protect against downside risk
- Negotiation process can be tense and challenging

Lessons for Quality Measure Alignment Plan

DRAFT

Alignment with NCQA/NQF *is important, but* ***adherence to the payers national strategy*** *also facilitates adoption*

Implications:

- Even though some measures are NQF endorsed, plans tend to modify numerator/denominator calculations to suit local needs and/or application to ACO environment, which could complicate full alignment process in Connecticut
- Models of patient attribution are proprietary and often nationwide and are not customized for state initiatives
- Multi-state plans tend to have national strategies that will impact the ability of regional divisions to align with reform initiatives

Lessons for Quality Measure Alignment Plan

DRAFT

Caution around EHR-based and patient experience measures *is uniform across payers and will require additional work*

Implications:

- Health plans generally support care experience measures but caution against patient bias (tends to be overwhelmingly positive) and lack of variation, which limits ability to discriminate providers on this measure of performance
- Clinical measures require paper submission of records or manual extraction from EHRs which is costly and time consuming with no uniformity across providers
- Even if clinical data extraction can be automated, the ability to audit or verify is essential, e.g., by credible 3rd parties

Lessons for Quality Measure Alignment Plan

DRAFT

Full alignment will entail a ***multi-year process due to extended contract terms (2-3 years) and need to coordinate with national corporate headquarters***

In addition:

- Simplicity and flexibility in the alignment process would be valued in early years
- Alignment should not focus on measure weights, benchmarking methods, or application to shared savings distribution

Proposed Quality Measure Alignment Plan

Next Steps

Quality Council Calendar: September - October 2015

Monday	Tuesday	Wednesday	Thursday	Friday
28	29	30 **Quality Council Meeting**	1	2
5	6	7	8	9
12	13	14	15	16
19	20	21 **Health Plan Interviews Complete** **Quality Council Meeting: Core Measure Set**	22	23 **Release draft Quality Council Report???**
26	27	28 **Quality Council Meeting: *Review draft report***	29 **Release draft Quality Council Report???**	30

Quality Council Calendar: November 2015

Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4 **Quality Council Meeting (possible)**	5 **Release Report to Steering Committee**	6
9	10	11	12 **Steering Committee: Present Report**	13
16	17 **Release Report for public comment (due 12/15)**	18	19	20
23	24	25	26	27
30				

Adjourn