

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Quality Council

March 9, 2016

Updates



PCMH CAHPS – new behavioral health items



Core Quality Measures Collaborative – Review of Recommendations

- Alignment process under discussion
- BH items finalized based on results of cognitive testing
- Joint meeting with health plans re: PCMH CAHPS implementation
- Core Quality Measure Collaborative (CQMC) released recommended core measure set for adults week of 2/22; PMO recommends our provisional core measure set be reviewed in light of the CQMC recommendations

PCMH CAHPS BH questions

Personal or Family Counseling

People can get counseling or mental health treatment for many different reasons, such as:

- Feeling depressed, anxious, or stressed
- Personal problems (like when a loved one dies or when there are problems at work)
- Family problems (like marriage problems or when parents and children have trouble getting along)
- Needing help with drug or alcohol use

29. In the last 6 months, did you make any appointments for counseling or mental health treatment for any of these reasons?

¹ Yes → **If Yes, go to #31**

² No

30. In the last 6 months, did you **try to make** any appointments for counseling or mental health treatment?

¹ Yes

² No → **If No, go to #33**

31. Think about the person you saw most often for counseling or mental health treatment. In the last 6 months, how difficult was it to make appointments with this person for counseling or mental health treatment?

- ¹ Very difficult
- ² Somewhat difficult
- ³ Not very difficult
- ⁴ Not difficult at all

32. In the last 6 months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

33. Sometimes counseling or mental health treatment can include taking medicines. In the last 6 months, did you take any medicine because of how you were feeling or for personal problems?

Yes

No → **If No, go to #35**

34. In the last 6 months, how difficult was it for you to get your prescriptions for these medicines as soon as you needed?

¹ Very difficult

² Somewhat difficult

³ Not very difficult

⁴ Not difficult at all

Core Measure Set
Comparison
QC vs CQMC

- The Core Quality Measure Collaborative is led by the America's Health Insurance Plans (AHIP) and its member plans' Chief Medical Officers, leaders from CMS and the National Quality Forum (NQF), as well as national physician organizations, employers and consumers
- **Problem they are addressing:** The difficulty of having actionable and useful information because physicians and other clinicians must currently report multiple quality measures to different entities. Measure requirements are often not aligned among payers, which has resulted in confusion and complexity for reporting.

- The Collaborative has reached consensus on **seven core measure sets** at the national level, as a step forward for alignment of quality measures between public and private payers.
- This effort intends to promote the use of accurate, useful information on health care quality that can inform the decisions of consumers, employers, physicians and other clinicians, and policymakers. Especially in the context of value-based reimbursement models.
- The seven measure sets provide a framework upon which future efforts can be based.

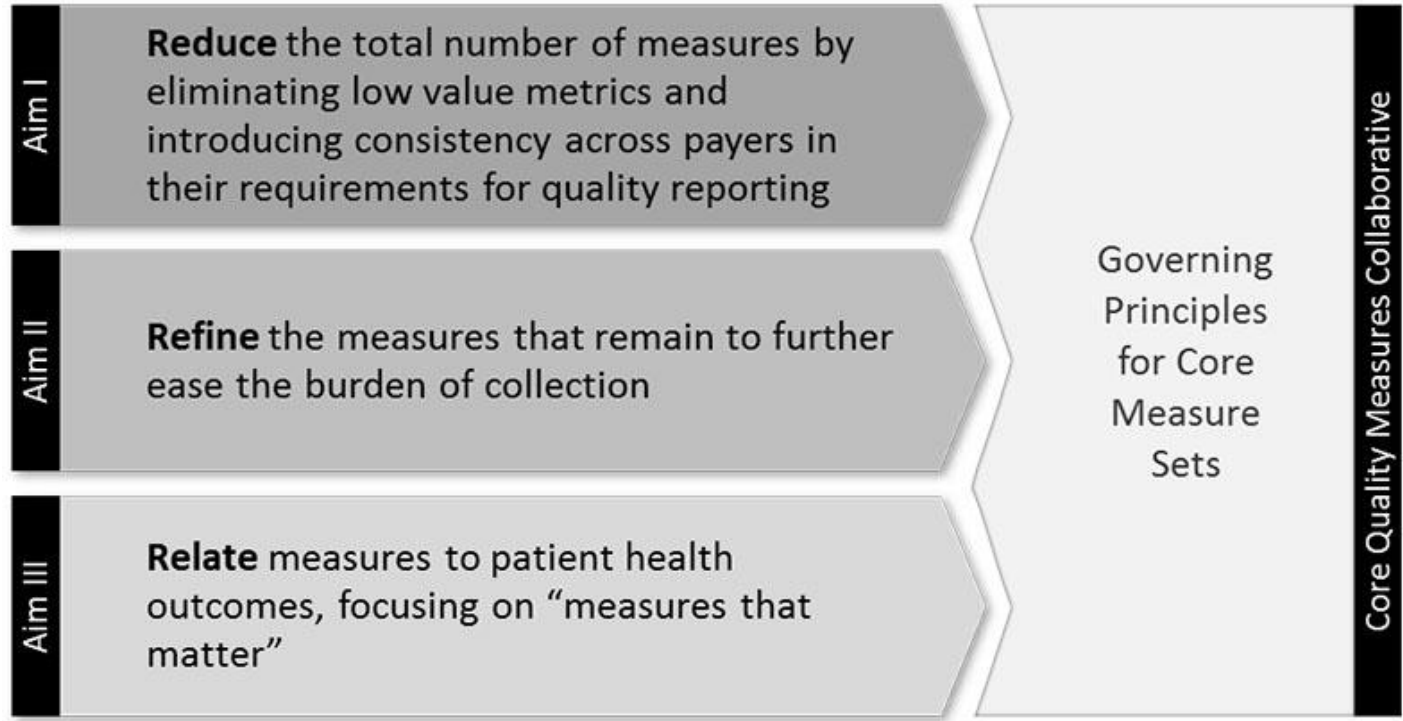
- The core measures are in the following **seven sets**:
 - Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care
 - Cardiology
 - Gastroenterology
 - HIV and Hepatitis C
 - Medical Oncology
 - Obstetrics and Gynecology
 - Orthopedics

- Designed to be meaningful to patients, consumers, and physicians, the alignment of these core measure sets will aid in:
 - promotion of measurement that is evidence-based and generates valuable information for quality improvement,
 - consumer decision-making,
 - value-based payment and purchasing,
 - reduction in the variability in measure selection, and
 - decreased provider's collection burden and cost.
- CMS believes that by reducing burden on providers and focusing quality improvement on key areas across payers, quality of care can be improved for patients more effectively and efficiently.

- To develop the core measure sets the Collaborative split into workgroups and reviewed measures currently in use by CMS and health plans as well as measures endorsed by NQF for the individual measure sets.
- Based on this review and discussion the workgroups identified a consensus core set for the selected clinical areas.
- This consensus core set was further discussed by all Collaborative members before being finalized.
- Additionally, the Collaborative developed a framework of aims and principles that informed the selection of core measure sets. Such as that they have to be meaningful to stakeholders.

How they selected their measures

- “Our goal is to promote a simplified and consistent process across public and private payers by reducing the total number of measures, refining the measures, and relating measures to patient health — known as the 3Rs (reduce, refine, and relate)”



How they selected their measures - Principles

1	Measure sets must be aimed at achieving the three part aim of the National Quality Strategy: better care, healthier people and communities, and more affordable care.
2	NQF-endorsed measures are preferred.* In the absence of NQF endorsement, measures must be tested for validity and reliability in a manner consistent with the NQF process where applicable.
3	Data collection and reporting burden must be minimal.
4	Overuse and underuse measures should both be included.
5	Measure sets for clinicians should be limited to fewer than 15 measures when possible.
6	Measures that are currently in use by physicians, measure patient outcomes, and have the ability to drive improvement are preferred.
7	Measures that are cross-cutting across multiple conditions to reflect a domain of quality (e.g., patient experience with care, patient safety, functional status, managing transitions of care, medication reconciliation) are preferred.
8	Measures should be meaningful to and usable by consumers, and also applicable to different patient populations.
9	Patient outcome measures should allow careful and prudent physicians to attain success.
10	As with all measures, those which reform payment or delivery systems should measure clinical quality, patient experience, and costs.

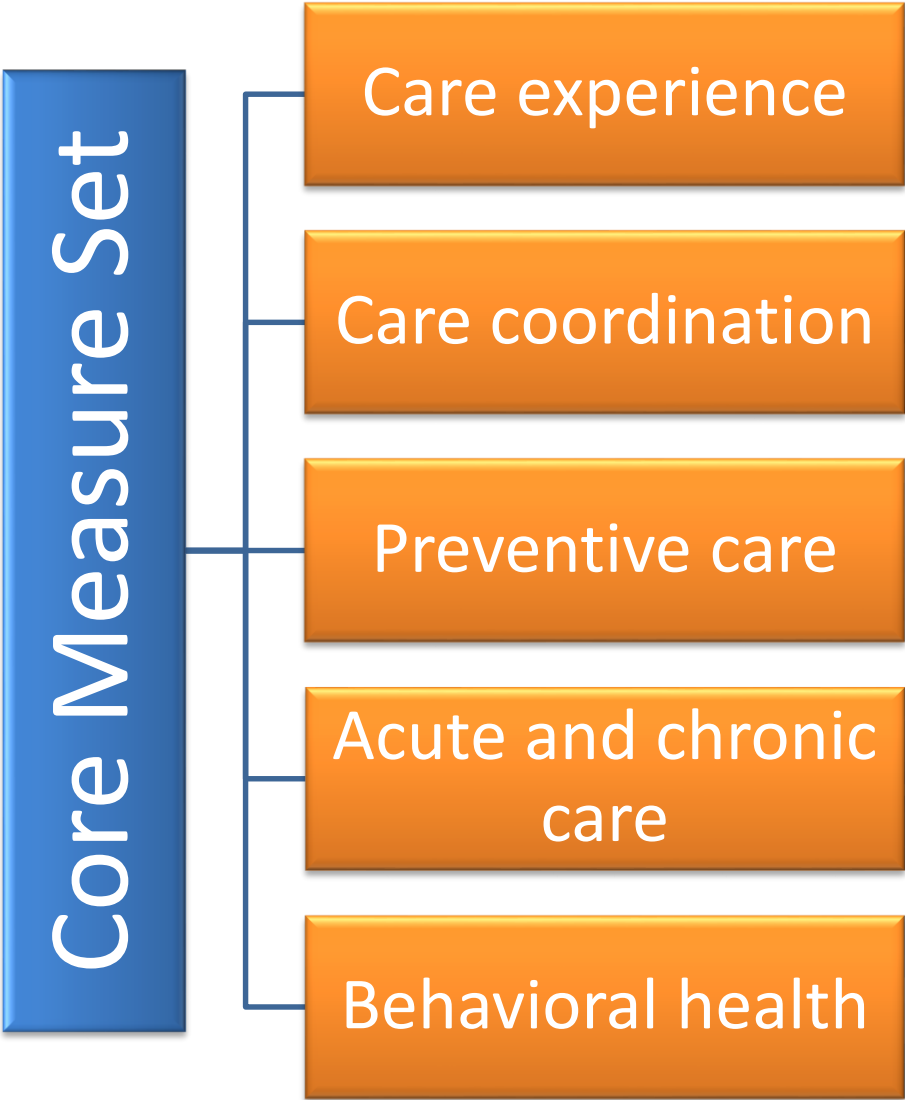
- Note that the CQMC recommend fewer than 15 measures per set, where possible.
- Quality measures attempt to shift focus to outcomes, rather than process (e.g, percentage of people with diabetes who effectively control their disease rather than whether a person with diabetes had their HA1c measured).
- Several of the measures included in the core set require clinical data extracted from electronic health records (EHRs), are self-reported by providers, or rely on registries.
 - CMS: “While some plans and providers may be able to collect certain clinical data, a robust infrastructure to collect data on all the measures in the core set does not exist currently. The implementation of some measures in the core set will depend on availability of such clinical data either from EHRs or registries. Providers and payers will need to work together to create a reporting infrastructure for such measures.”
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-16.html>

- CMS is already using measures from the each of the core sets. Using the notice and public comment rule-making process, CMS also intends to implement new core measures across applicable Medicare quality programs as appropriate, while eliminating redundant measures that are not part of the core set.
- The Health Care Payment Learning and Action Network (HCPLAN), a public-private collaboration established by CMS, will integrate these quality measures into their efforts to align payment model components with public and private sector partners
- Commercial health plans are rolling out the core measures as part of their contract cycle.
- CMS is using new tools from MACRA to support quality improvement and alignment.

- The Collaborative views the upcoming year as a transitional period, as it begins adoption and harmonization of the measures.
- Ongoing monitoring by the Collaborative of the use of these measures will enable modifications of measure sets, as needed.

- CMS:
 - “Given ongoing local and regional efforts at quality improvement, provider performance on some of the measures in the core sets may be topped out in particular areas of the country or within a particular provider's patient population. Private payer -provider collaboration will help determine the appropriate subset of core measures that should be implemented.”
 - “Finally, there are specific markets in the U.S. that have made great progress towards measurement, and in such markets payers will continue to work in collaboration with providers to implement new and innovative measures. Such an approach can help advance quality measurement and improvement.”
 - <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-02-16.html>

- The seven core measure sets:
 - **Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care**
 - Cardiology
 - Gastroenterology
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 - Medical Oncology
 - Obstetrics and Gynecology
 - Orthopedics
- The SIM Quality Council should consider re-examining its proposed Provisional Core Measure Set in light of the ACO/PCMH/Primary Care recommended measures
- The following information describes how our measures align with their ACO/PCMH/Primary Care set



QC Provisional Core Measure Set

Consumer Engagement

PCMH/CG - CAHPS care experience measure

Care Coordination

Plan all-cause readmission

Emergency Department Usage per 1000

Annual monitoring for persistent medications

Prevention

Breast cancer screening

Cervical cancer screening

Chlamydia screening in women

Colorectal cancer screening

Adolescent female immunizations HPV

Weight assessment and counseling for nutrition and physical activity for children/adolescents

BMI screening and follow up

Developmental screening in first 3 years of life

Well-child visits in the first 15 months of life

Adolescent well-care visits

Tobacco use screening and cessation intervention

Prenatal Care & Postpartum care

Screening for clinical depression and follow-up plan

Behavioral health screening (Medicaid only)

Acute & Chronic Care

Medication management for people w/ asthma*

Asthma Medication Ratio*

DM: Hemoglobin A1c Poor Control (>9%)

DM: HbA1c Testing**

DM: Diabetes eye exam

DM: Diabetes: medical attention for nephropathy

HTN: Controlling high blood pressure

Use of imaging studies for low back pain

Avoidance of antibiotic treatment in adults with acute bronchitis

Appropriate treatment for children with upper respiratory infection

Behavioral Health

Follow-up for children prescribed ADHD medication

Metabolic Monitoring for Children and Adolescents on Antipsychotics (Medicaid only, custom measure)

Depression Remission at 12 Twelve Months

Child & Adolescent Major Depressive Disorder: Suicide Risk Assessment

Unhealthy Alcohol Use – Screening

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CQMC Recommended

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*Aligned on CG CAHPS, PCMH supplement and BH not yet endorsed

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Unhealthy Alcohol Use – Screening

Pediatric measures

QC Provisional Core Measure Set

Consumer Engagement	
PCMH/CG - CAHPS care experience measure	
Care Coordination	
Plan all-cause readmission	
Emergency Department Usage per 1000	
Annual monitoring for persistent medications	
Prevention	
Breast cancer screening	
Cervical cancer screening	
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Colorectal cancer screening	
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Screening for clinical depression and follow-up plan	
Behavioral health screening (Medicaid only)	

CQMC Recommended

Acute & Chronic Care	
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Adult measures NR by CQMC

CQMC recommended – QC no recommended

Consumer Engagement

PCMH supplement to be reviewed

Care Coordination

Medication Reconciliation (clinician measure)

Prevention

Non-recommended Cervical Cancer Screening in Adolescent Females

Acute & Chronic Care

Persistent Beta Blocker Treatment after a Heart Attack

Ischemic Vascular Disease: Use of Aspirin or Another Anti-thrombotic

Comprehensive Diabetes Care: Foot Exam

Behavioral Health

Depression Remission at 12 months – Progress Towards Remission

- Connecticut has developed a collaborative, and multi-stakeholder state-level process and infrastructure to review and recommend quality measures
- What is the role of the Quality Council going forward? Should the Quality Council continue state level review to ensure that the quality measure alignment process takes into account Connecticut's goals, opportunities for improvement, and public health priorities?
- Will this national measure set make quality measure alignment occur at a faster rate in Connecticut, especially among the large health plans?

- Review the quality measures recommended by the Collaborative **that are not** on the SIM Quality Council's list. Consider whether any of these should be added to the SIM QC list.
- Review the quality measures recommended by the SIM QC list **that are not** on the Collaborative's list. Consider whether any of these should be removed from the SIM QC list.
- Consider the relevance of the principles identified by the Collaborative.
- Consider their recommended target of 15 measures for clinicians

For more information about the Core Quality Measure Collaborative:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>

<http://www.ahipcoverage.com/2016/02/16/ahip-collaborative-partners-announce-core-set-of-quality-measures/>

Questions