DRAFT

Quality Council

May 11, 2016

Agenda

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- Core Quality Measure Collaborative (CQMC) Recap
- Summary of meetings with CQMC leads at CMS and AHIP
- Should we add any CQMC measures to the SIM Quality Council list that are not already there?
- Should we remove any measures from the SIM Quality Council list that are not on the CQMC set?
- Pediatric measures

Core Quality Measure Collaborative Recap

Core Quality Measure Collaborative - Recap

- 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 often not aligned among payers, resulting in confusion and complexity for reporting.
- Core Quality Measure Collaborative (CQMC) released recommended core measure set for adults week of 2/22/16; PMO recommended our provisional core measure set be reviewed in light of the CQMC recommendations

Core Quality Measures Collaborative

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- 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.

Core Measure Sets

- 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

Meetings with CQMC leads – CMS and AHIP

Discussions with CMS and AHIP

SIM PMO spoke with CQMC leads from CMS and AHIP. Topics covered:

- Process
  - ongoing, iterative
  - There will be no formal public comment, however, accepting informal comments. This is not an official CMS document or proposed rule.
- Deliberations
  - No record of deliberations
  - No disclosure of meeting participants
  - Did not look at base rates
- Measures intended for aligning commercial, Medicare, and Medicaid managed care
  - CMS intends to keep measures that are not relevant to the commercial population but are important for 65+, such as falls prevention and pneumonia vaccination
  - Did have some health plans with Medicaid managed care participate, but recognize that state Medicaid programs may need to use additional measures
  - Even if get to 50-60% alignment, that would be a great achievement

AHIP and CMS discussions continued

- Implementation
  - Commercial health plans and CMS (perhaps only for Medicare) committed to adopt measures. Commercial will include in contracts when they come up for renewal, or mid-stream if it is a multi-year contract
  - Expect strict adherence to the proposed measures except…
    - regional adjustments to measure set based on local performance (e.g., topped-out, other improvement opportunities)
    - allow for payer/provider communities that are far ahead and innovating
    - Additional Medicare measures for older adults
  - Strong recognition among CMS and AHIP to move towards eCQMs
- Number of measures
  - Not recommending a particular number. Focused on recommending the most parsimonious set of the right measures. That said, suggested that 40+ measures would be too much. ACOs that are larger groups and have pediatric, OB/GYN, etc. might have a larger set and that is fine.
- Pediatric measures under review – release in a couple of months
- Other topics discussed will be covered in later slides

QC Provisional Core Measure Set

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Consumer Engagement
PCMH CAHPS (CG 3.0) adlt/peds 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)
CQMC Recommended / Peds – Not considered

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
CQMC Not Recommended / Subst Use - Not considered

CQMC recommended QC not recommended

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Consumer Engagement

ACO CAHPS???

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

Measures on the Core Quality Measure Collaborative list that are NOT on the SIM Quality Council list

Not on SIM Quality Council List

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Question: To promote alignment, should any of the below national CQMC measures be added to the SIM Quality Council recommended measure list?

Quality Measure	Domain
Medication Reconciliation (clinician measure)	Care Coordination
Non-recommended Cervical Cancer Screening in Adolescent Female	Prevention
Persistent Beta Blocker Treatment after a Heart Attack	Chronic care
Ischemic Vascular Disease: Use of Aspirin or Another Anti-thrombotic	Chronic care
Comprehensive Diabetes Care: Foot Exam	Chronic care
Depression Remission at 12 months – Progress Towards Remission	Behavioral Health

Not on SIM Quality Council List (1 of 6)

Quality Measure	Domain	NQF	CQMC Notes
Medication Reconciliation (clinician measure)	Care Coordination	0097	Consensus to include in core set for ACOs only if data needed for this measure is available through EHR or provider self-report with audit

- CQMC interviews: Concerns about “check box” measure. No one has developed a way to accurately capture whether this is really happening.

Medication Reconciliation

- MSSP replaced **NQF 0097 Medication Reconciliation** with **NQF 0419 Documentation of Current Medications in the Medical Record**

- The following captures documentation from CMS about the decision:

  Documentation of Current Medications in the Medical Record (NQF #0419). *This new measure would replace ACO #12 (NQF #0097) Medication Reconciliation measure. The current measure is designed to determine whether medication reconciliation was done immediately following a hospital discharge whereas the medical community has indicated to us that it is better clinical practice to perform medication reconciliation at every office visit, which NQF #0419 is designed to measure. In addition, this new replacement measure aligns with both PQRS and the EHR Incentive Program.*

- The council then considered NQF 0419 and chose to not recommend it on 10/21/15 based on Survey results of membership (survey results attached)

Not on SIM Quality Council List (2 of 6)

Quality Measure	Domain	NQF	CQMC Notes
Non-recommended Cervical Cancer Screening in Adolescent Female	Prevention	N/A	**Description:** The percentage of women under the age of 21 who were screened unnecessarily for cervical cancer. Consensus to include in core set. *Note:* Please refer to NCQA HEDIS measure specifications

NCQA Website:

- Cervical cancer screening can result in more harm than benefits for adolescent females. Adolescent females tend to have high rates of transient HPV infection and regressive cervical abnormalities, which may produce false-positive results and lead to unnecessary and potentially detrimental follow-up tests and treatment.
- Fewer than 25 percent of clinicians provide care consistent with cervical cancer screening guidelines, including those for screening women younger than 21.
- Approximately 4.7 million women under 21 receive a Pap test annually, equating to a cost of about $500 million per year in the United States. This estimated cost does not include downstream costs for monitoring and/or treating irregular screening results.[5]

Not on SIM Quality Council List (3 of 6)

Quality Measure	Domain	NQF	CQMC Notes
Persistent Beta Blocker Treatment after a Heart Attack	Chronic care	0071	**Description:** The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Not on SIM Quality Council List (4 of 6)

Quality Measure	Domain	NQF	CQMC Notes
Ischemic Vascular Disease: Use of Aspirin or Another Anti-thrombotic	Chronic care	0068	**Description:** The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI),coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) during the 12 months prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had the following during the measurement year. **Notes**: Measure is to be applied only at the group level. Programs utilizing this measure are not looking for 100% performance due to concerns with patients at risk for bleeding. Used in Million Hearts Campaign.

Cardiac Measures

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0068 Use of Aspirin

July 15 meeting minutes:

- "Ms. Murphy asked whether ACO 30 (ischemic vascular disease: use of aspirin or another antithrombotic 0068) would have sufficient prevalence. There are concerns about the measure as it is self-reported and cannot be verified. Dr. Wolfson said that its use is almost universal and that there is little to no room for improvement."
- **Quality Compass** data not available for this measure 0068.
- But is available for measure "Aspirin Use and Discussion": % members taking aspirin, women 56-79 with at least 2 risk factors, men 46-65 with at least 1 risk factor, and men 66-79.
- New England ranks at the **50th percentile** for this measure.

0071 Beta blocker

- **Quality Compass** data shows New England performs at the **50th percentile**

Not on SIM Quality Council List (5 of 6)

Quality Measure	Domain	NQF	CQMC Notes
Comprehensive Diabetes Care: Foot Exam	Chronic care	0056	**Description:** The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a foot exam (visual inspection and sensory exam with mono filament and a pulse exam) during the measurement year Consensus to include in core set if data needed for this measure is available through EHR or provider self-report with audit.

- Concerns about “check box” measure. Easily topped out.
- Had strong support from the clinical community (CQMC).

10/21/2015 meeting:

Dr. Nardino said he would like to talk about measure #33 ranked at 25, NQF0056, the diabetes foot exam. He noted the American College of Physicians (ACP) recommends against including this measure because of the way it is written. There is no good evidence that outcomes are affected by regularly performed pulse exams in asymptomatic patients. Members discussed whether the measure was necessary or should they consider dropping it. Dr. Dalal volunteered to look at the evidence and to do a detailed review to see whether there is a benefit on the health equity gap. Dr. Wolfson suggested dropping the measure unless there is contravening evidence to keep it. The group agreed to remove the measure from the list entirely unless there is new data or a fundamental problem with the evidence it is based on. There will be more discussion on this at the next Quality Council meeting.

10/28/2015 meeting:

Diabetes Foot Exam - #0056

Dr. Dalal reviewed additional research done on the measure. There was discussion as to what level of amputation is described in the measure and it was noted that there are other foot issues to be mindful of besides amputation. There are racial and ethnic disparities in this area. The Council also discussed the source of the measure. The payer representatives said the measure could not be sourced from claims and there remain concerns about the use of measures sourced from electronic health records. It was suggested that focusing on A1C Poor Control could have the biggest impact.

Final decision: include in development set

Diabetes Foot Exam - 0056

Research and commentary provided by Dr. Dalal

Age-Adjusted Hospital Discharge Rate for Diabetes-related non-traumatic amputations in CT (2012), per 100,00 population

Overall: 21.8

White: 16.5

Black: 65.6

Hispanic: 30.6

The amputation rate is 4 times higher in Blacks and about 2 times more likely in Hispanics

Percent of CT adults with diabetes who had an annual foot exam by a doctor in the past year (BRFSS telephone survey data 2011-2013)

Overall: 75.3%

White: 75%

Black: 78.9%

Hispanic: 76.3%

There are no major differences by race/ethnicity in adults reporting annual foot exams

Diabetes Foot Exam - 0056

Appears to be no apparent disparity in the processes of care, yet a major outcome disparity.

The ACP does recognize the value of two important components of the measure: visual inspection and sensory exam.

The questions are:

- How harmful and prevalent is unnecessary ABI testing (maybe payers can weigh in) and does that outweigh the benefits of the visual inspection and sensory exam?
- Can the measure drive improvements in overall amputation rate (open question, but seems plausible enough that it could)
- Can the measure close equity gaps (likely not, as it appears something else besides foot exams is driving the outcome disparity)

Not on SIM Quality Council List (6 of 6)

Quality Measure	Domain	NQF	CQMC Notes
Depression Remission at 12 months – Progress Towards Remission	BH	1885	Steward: MN Comm. Meas. **Description:** Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate a response to treatment at twelve months defined as a PHQ-9 score that is reduced by 50% or greater from the initial PHQ-9 score. This measure applies to patients with newly diagnosed and existing depression identified during measurement period whose PHQ-9 indicates a need for treatment. Consensus to include in core set if data needed for this measure is available through EHR or provider self-report with audit. *Note:* ***Consensus to include along with #0710***

- CQMC set has both Depression Remission at 12 Months (0710, EHR), and Depression Response at Twelve Months – Progress Towards Remission (1885, EHR). Wanted to measure remission, but also progress towards remission.
- Focus on outcomes

Consumer Experience Measure

- **CQMC measure:** Materials indicate a recommendation for CG-CAHPS 3.0 (Getting Timely Appointments, Care and Information; How Well Providers Communicate with Patients; and Access to Specialists)
  - Description: The Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey (CG-CAHPS) is a standardized survey instrument that asks patients to report on their experiences with primary or specialty care received from providers and their staff in ambulatory care settings over the preceding 12 months. The survey includes standardized questionnaires for adults and children. All questionnaires can be used in both primary care and specialty care settings. The adult survey is administered to patients aged 18 and over. The child survey is administered to the parents or guardians of pediatric patients under the age of 18. Patients who have had at least one visit during the past 12-months are eligible to be surveyed. The Adult CG-CAHPS Survey includes one global rating item and 39 items in which 13 items can be organized into three composite measures and one global item. The Child CG-CAHPS Survey includes one global rating item and 54 items in which 24 items can be organized into five composite measures and one global item

- **Subsequent discussion with CMS and AHIP suggests that CQMC intent was to use the same measure that CMS is using for other programs (e.g., MSSP/PQRS/MIPS), which is the ACO CAHPS**

- **Quality Council measure:** CG-CAHPS 3.0 with PCMH supplement and additional behavioral health questions – we refer to this as PCMH CAHPS

- Council's rationale for recommending PCMH CAHPS can be found on next slide

- Further information forthcoming

Under Review – Consumer Experience

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	ACO CAHPS	PCMH CAHPS
Pros	• Medicare SSP aligned	• National benchmark data is being developed by NCQA • Aligned with CT Medicaid • CMMI is seeking to use PCMH CAHPS across their innovation programs; working with senior research leadership to develop the most appropriate version etc.
Cons	• No national benchmark data for commercial and Medicaid populations	• Not aligned w/Medicare • Focus on practice team rather than neighborhood team • Does not assess specialty access, shared decision making, health promotion

April 15, 2015 slides

Measures on the SIM Quality Council List that are NOT on the Core Quality Measure Collaborative

Adult measures on QC set, not on national CQMC 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
BMI screening and follow up
Tobacco use screening and cessation intervention
Prenatal Care & Postpartum care
Screening for clinical depression and follow-up plan
Behavioral health screening (Medicaid only)

CQMC Recommended

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
Behavioral Health
Depression Remission at 12 Twelve Months
Unhealthy Alcohol Use – Screening

Not on national CQMC set

Question: To promote alignment, should any of the below SIM Quality Council measures be removed from the recommended list?

Quality Measure	Domain
Plan all-cause readmission	Care Coordination
Emergency Department Usage per 1000	Care Coordination
Annual monitoring for persistent medications	Care Coordination
Chlamydia screening in women	Prevention
Prenatal Care & Postpartum care	Prevention
Screening for clinical depression and follow-up plan	Prevention
Behavioral health screening (Medicaid only)	Prevention
Asthma Medication Ratio	Chronic Care
Unhealthy Alcohol Use – Screening	Behavioral Health

Not on national CQMC set

Quality Measure	Domain
Plan all-cause readmission	Care Coordination
Emergency Department Usage per 1000	Care Coordination

Discussions with CQMC:

- Focused on ambulatory care measures, and physician groups, rather than on hospital ACOs and hospital measures (which they will look at later)
- Data source for these measures major challenge for private health plans. Some felt there needed to be additional testing for these measures on the commercial population in order to implement the measures
  - Measures CMS uses for ACOs for ambulatory care requires SAS Packs that are not compatible with the commercial data sets
  - So the lack of tools was a major consideration, and the interviews suggested that, NCQA's readmission measure was not considered
- CMS has no plans of abandoning care coordination measures

Not on national CQMC set

Quality Measure	Domain
Annual monitoring for persistent medications	Care Coordination

- Top ranking in Quality Council's Buying Value Tool

Not on national CQMC set

Quality Measure	Domain
Chlamydia screening in women	Prevention

- Chlamydia Screening and Follow Up (1393) is on the CQMC's "Consensus OB/GYN Measure Set"
- **Performance:** Connecticut Commercial is in the 75th percentile. New England Medicaid performance is in the 75th percentile.

Discussions with CQMC:

- If it is on one of the other lists it means members felt it was important
- "Wouldn't feel wrong to put it in the ACO set if it is relevant for that ACO"

Not on national CQMC set

Quality Measure	Domain
Prenatal Care & Postpartum care (timeliness of prenatal care and postpartum care)	Prevention

- Frequency of Ongoing Prenatal Care is on the CQMC's "Consensus OB/GYN Measure Set"
- Both Frequency and Timeliness measures rated high on Buying Value Tool
- Quality Compass (commercial only): CT is in the 75th percentile for Timeliness of Prenatal care at 95%, and in the 50th percentile for Postpartum Care at 84%.
- Frequency of Prenatal Care for commercial unavailable. New England performance for Medicaid is in the 50th percentile.
- Previous data from "Benchmark Analysis – Opportunity for Improvement" suggested substantial opportunity for Medicaid in Timeliness" – discussing with DSS…update pending

OB GYN Measures

10/28/15 Meeting

Mark DeFrancesco and Amy Gagliardi requested the Council discuss prenatal and postnatal care. After further review, the prenatal performance rate is between 50 and 70 per cent so there is an improvement opportunity. It was also noted that there are racial and ethnic disparities as African Americans tend to have higher levels of pre-term births. It was suggested that the postpartum measure might be more appropriate for commercial as there was a higher potential for opportunity. There were concerns holding primary care providers accountable for postpartum care. While OB/GYNs may serve as primary care providers, not every payer attributes them to primary care, particularly if there is a PCP listed. Some payers also have OB/GYN payment models so there is a risk of duplication. It was asked whether Dr. DeFrancesco would have an opportunity to weigh in. Dr. Schaefer said he would follow up with him.
Final Decision: maintain on reporting list.

11/4/15 Meeting

Pre-natal and post-partum timeliness (NCQA 1517) and frequency of ongoing prenatal care (NQF 1391)	There was concern about moving forward without any prenatal measures. There were also concerns about how to measure for care if an ACO has no influence on who a woman chooses for her OB/GYN. In addition, not all ACOs have OB/GYNs. The measure attributes to a PCP first and an OB/GYN second if there is no PCP. Todd Varricchio noted that all payers would need to regard OB/GYNs as primary care in order to attribute to an ACO. He suggested looking at an alternative payment model. The payer representatives expressed concern about including the measures in a contract. The Council decided to seek public comment and further consideration on the measure before adding it to the core set.

Prenatal and Postpartum Care

Disagreement with the removal of pre-natal and post-partum timeliness (NCQA 1517) and frequency of ongoing prenatal care (NQF 1391)

Comment Notes

- During last meeting these measures were designated as Medicaid only with commercial health plans utilizing them as "reporting only"
- Both measures nationally recognized, NQF endorsed, and well-established
- There is the belief that there is opportunity for improvement and that the measures should be included even if some shared savings contracts do not include obstetrical care
- The Obstetrical Design Group supports the inclusion of these measures

Suggestion

Consumer Representatives recommend that prenatal care measures (NQF 1392, NCQA 1517) be included for all payers in the Quality Council Core Measure Set.

Not on national CQMC set

Quality Measure	Domain
Screening for clinical depression and follow-up plan	Prevention
Behavioral health screening (pediatric, Medicaid only)	Prevention

- CQMC set has both Depression Remission at 12 Months (0710, EHR), and Depression Response at Twelve Months – Progress Towards Remission (1885, EHR).

Discussions with CQMC:

- Focus on outcomes

Not on national CQMC set

Quality Measure	Domain
Asthma Medication Ratio (NQF 1800)	Chronic Care

- Has been removed from the CT Medicaid Quality Improvement & Shared Savings (MQISSP) list
- CQMC and Quality Council measure set includes 1799: Medication Management for People with Asthma. Quality Council said will include *either* 1799 or 1800

Not on national CQMC set

Quality Measure	Domain
Unhealthy Alcohol Use – Screening	Behavioral Health

Pediatric Measures

Pediatric Measures

- The Core Quality Measure Collaborative set only focuses on **adult measures**
- A **pediatric measure set** is currently being developed and will be released in the near future (within a few months)

Quality Council Set: Pediatric Measures

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Consumer Engagement
PCMH/CG - CAHPS care experience measure
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Asthma Medication Ratio*
DM: Hemoglobin A1c Poor Control (>9%)
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DM: Diabetes: medical attention for nephropathy
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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

Pediatric measures

Not on National CQMC List: Pediatric

Quality Measure	Domain
Adolescent female immunizations HPV	Prevention
Weight assessment and counseling for nutrition and physical activity for children/adolescents	Prevention
Developmental screening in first 3 years of life	Prevention
Well-child visits in the first 15 months of life	Prevention
Adolescent well-care visits	Prevention
Appropriate treatment for children with upper respiratory infection	Chronic Care
Follow-up for children prescribed ADHD medication	BH
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Medicaid only, custom measure)	BH
Child & Adolescent Major Depressive Disorder: Suicide Risk Assessment	BH

Pediatric Measures: Options

Option 1: Hold release of pediatric measures until CQMC releases their set

- Allows time and opportunity to align with national set
- Delays state-level alignment work around pediatric measures

Option 2: Release pediatric measures for public comment and consider issuing a revision once CQMC set is released

- Enables Council to have public comment in put in hand when considering CQMC recommendations
- Allows alignment process for pediatric measures to begin at the same time as for adult measures
- Mid-stream revision may be frustrating and impractical for payers and providers