
SIM QUALITY COUNCIL MEETING 7/13/2016

Questions and areas for discussion regarding the SIM Quality Council Measure set and the CQMC national measure set

CONTEXT

- Connecticut SIM stakeholders and the SIM Quality Council (QC) appreciate the efforts of the CQMC to recommend core measure sets for purposes of multi-payer measure alignment at the national level.
- As part of SIM, CT has undertaken an extensive effort to recommend core quality measures for voluntary state-level adoption, across Medicaid and commercial payers, in their value-based payment contracts.
- There is substantial alignment between the SIM CT provisional core measure set (“CT set”) and the CQMC set (see crosswalk). However, QC members have raised a variety of concerns and seek further discussion.

QUESTIONS AND CONCERNS REGARDING CQMC SET

1. There is a lack of documentation around justification, criteria used, and process for selecting specific measures. For example, what, if any, role did health equity and population health considerations play in measure selection? How did CQMC consider state-to-state performance variation?
2. There is concern about the lack of transparency, for example, reluctance to disclose participating CQMC members.
3. The CT set excluded some measures due to base-rate insufficiency. It is our understanding that CQMC did not consider base-rates¹. How should we consider these measures in light of the CQMC set?
4. The focus of the CT set is on Medicaid and commercial plans, while the CQMC set is intended to align with commercial and Medicare. How should states think about aligning while also accounting for the unique needs of Medicaid beneficiaries and the pediatric population?
5. How will the CQMC set be promoted and what is the process for engaging payers, states, and others?
6. The CQMC set includes measures that rely on clinical data. CMS acknowledges that the HIT infrastructure for these measures does not currently exist. Is there a national strategy to promote or build this infrastructure? How does this impact the CQMC measure alignment process and timeline? What is the commitment of health plans to implement eQMCs?
7. It is our understanding that commercial plans have committed to align. It is unclear whether and how their value-based contracts will incorporate state-specific recommendations. What is the role of state-recommended quality measure sets?
8. Why is there a lack of care coordination measures (e.g., admissions, re-admissions)? Does CMS intend to steward readmission and admission measures for Medicaid? Can this work be extended to commercial?
9. For CT SIM, we have resolved to go into the field with PCMH CAHPS in January 2017. It appears that CQMC has endorsed the ACO CAHPS, although there has been confusion about this. Does CMMI have any concerns about mis-alignment between the CT SIM process and where things are headed nationally?

¹ sufficient individuals or events in the numerator and denominator to provide a statistically valid representation of trends and performance improvements – or lack thereof – from period to period.

Note: Time will be allotted for QC members to raise other questions