Partnering for the Future

LAN SUMMIT
Health Care Payment Learning & Action Network

OCTOBER 22, 2018 | SHERATON TYSONS HOTEL | TYSONS, VA

Welcome

Aparna Higgins

President and CEO,
Ananya Health Solutions LLC

Panel Speakers

Shantanu Agrawal

President & CEO, National Quality Forum

Amy Berman

Senior Program Officer, The John. A Hartford Foundation

Jean Moody-Williams

Deputy Director, Center for Clinical Standards and Quality, CMS

Dana Safran

Chief Performance Measurement & Improvement Officer, Blue Cross and Blue Shield of Massachusetts

Welcome

Jean Moody-Williams

Deputy Director,
Center for Clinical Standards and
Quality, CMS

Meaningful Measures

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Affordable
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-associated Infections
- Preventable Healthcare Harm

Strengthen Person & Family Engagement as Partners in their Care
Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes

Prevention and Treatment of Chronic Disease

Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Meaningful Measure Areas

Measures

Influenza Immunization Received for Current Flu Season
HH QRP

Timeliness of Prenatal Care (PPC)
Medicaid & CHIP

Well-Child Visits in the First 15 Months of Life (6 or More Visits)
Medicaid & CHIP

Osteoporosis Management in Women Who Had a Fracture
QPP

Hemoglobin A1c Test for Pediatric Patients (eCQM)
Medicaid & CHIP

Follow-up after Hospitalization for Mental Illness
IPFQR

Alcohol Use Screening
IPFQR

Use of Opioids at High Dosage
Medicaid & CHIP

Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization
HVBP

Programs Using Illustrative Measures
Quality Payment Program (QPP)
Home Health Quality Reporting Program (HH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Hospital Value-Based Purchasing (HVBP) Program

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Meaningful Measures: Progress to Date

CMS is implementing the Meaningful Measures framework through the following:

- Pre-Rulemaking: Measures Under Consideration(MUC) List for Medicare quality reporting and value-based purchasing programs

- Rulemaking

- Data Exchange and Transparency

- Emphasizing Priority Areas

Next steps

- Creating the Value Proposition: quality, cost, experience
  - Evolution of the Quality Payment Program
  - Alternative Payment Models
  - Innovative Data Collection
  - Next Generation of Measures
  - Feedback, feedback, feedback

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Amy Berman

Senior Program Officer, The John. A Hartford Foundation

New Imperative: The Patient Defines Value

- Demographic shift toward Aging and Multi-Morbidity
- Limitations of disease-specific measures
- Healthcare happens beyond clinical encounter
- True north – ask the patient

New Ways to Measure (NCQA)

- Patient Reported Outcomes Measures (PROMs)

- Goal Attainment Scaling

- Pilot Phase complete – feasibility shown

- Demonstration Phase –testing validity & reliability

Implications (NCQA)

- National Quality Forum endorsement
- NCQA products and programs (HEDIS, PCMH, LTSS products)
- MACRA – quality improvement activity in MIPS
  - quality measurement for alternative payment models
- Special Needs Plans

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Patient Priorities Care (Mary Tinetti, Yale)

- Goal elicitation

- Translation into goal-concordant care (ACP, ACC)

- Demonstration in Pioneer ACO across Connecticut - Feasible

- OpenNotes – embedding into "OurNotes"

Age-Friendly Health Systems (IHI, AHA, CHA)

- Essential elements of care
- High reliability across continuum

The "4 Ms"
- What Matters
- Medications
- Mentation
- Mobility

Streamlining Measures

- Focus on measures being used

- Co-design with health systems

- Link to health system's strategy

- Link to CMS HIIN measures

For more information email AFHS@ihi.org

Outcome Measures

Stratify <65, 65-74, 75-84, 85+:

- 30-day readmissions, segmented by race/ethnicity
- Emergency department visits
  - Hospitals, emergency departments: Measure volume
  - Health system, primary care practices: Measure rate
- Delirium (hospital)
- H/CG – CAHPS
  - Focus on summary measures of experience, rating, and willingness to recommend
- Goal-concordant care/older adults experience
  - collaboRATE survey
  - Older adult and caregiver interviews or focus groups (option if can't survey)

Process Measures

Percent of people 65-74, 75-84, 85+:

- What Matters:
  - ➤ Advance care plan documentation (NQF 326)
  - ➤ Documentation of What Matters in patient record

- Medications:
  - ➤ On one or more of the following classes of medications:
    - ➤ Benzodiazepines
    - ➤ Opioids
    - ➤ Highly-anticholinergic medications especially diphenhydramine
    - ➤ All prescription and over-the-counter sedatives and sleep medications
    - ➤ Muscle relaxants
    - ➤ Tricyclic antidepressants
    - ➤ Antipsychotics
  - ➤ Emerging idea: Medication risk score

- Mentation: Screened for
  - ➤ Depression
  - ➤ Dementia
  - ➤ Delirium (hospital only)

- Mobility: Screened for mobility

Welcome

Dana Gelb Safran, ScD

Sr. VP, Chief Performance & Improvement Officer
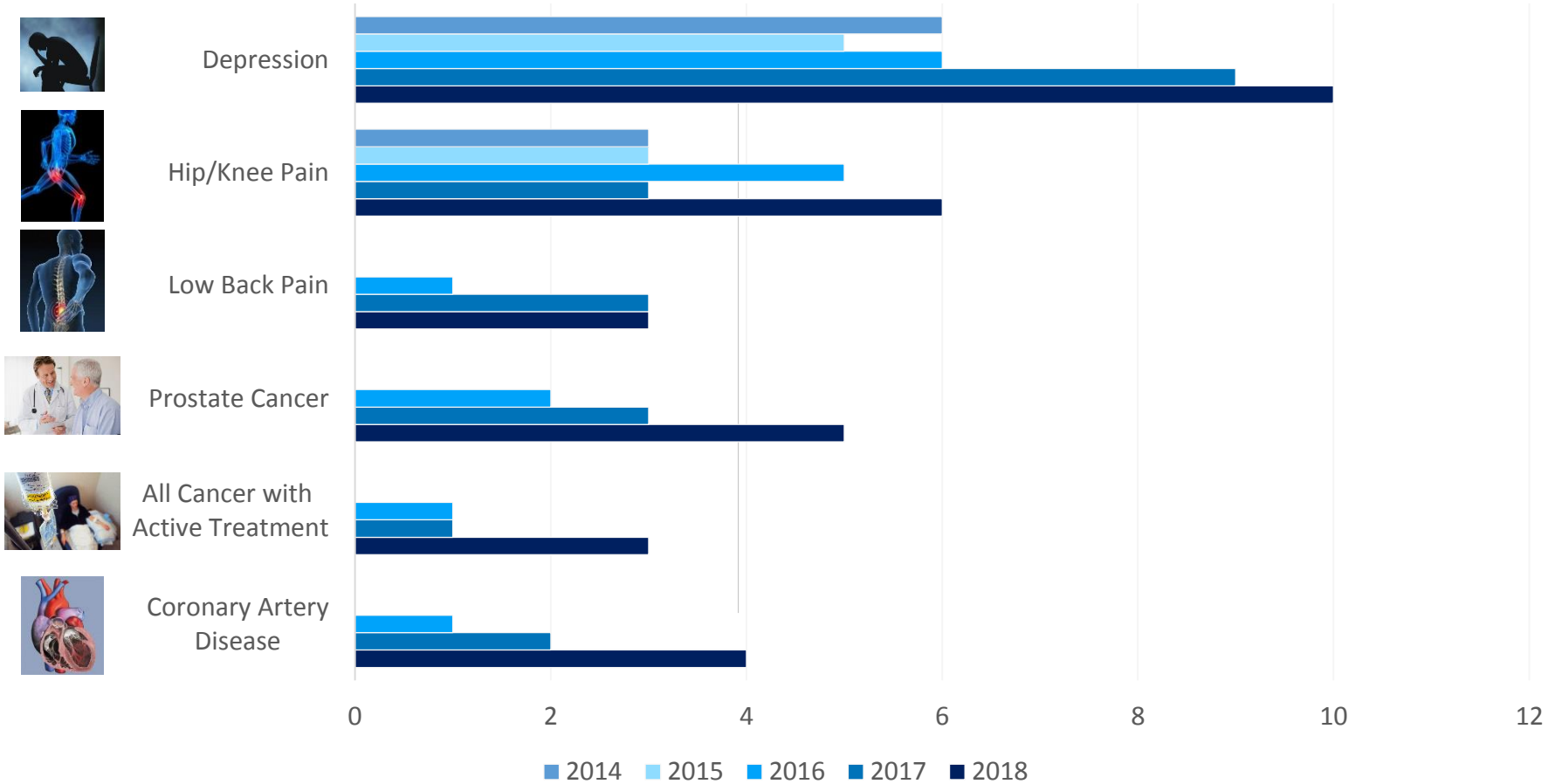
Blue Cross Blue Shield of MA

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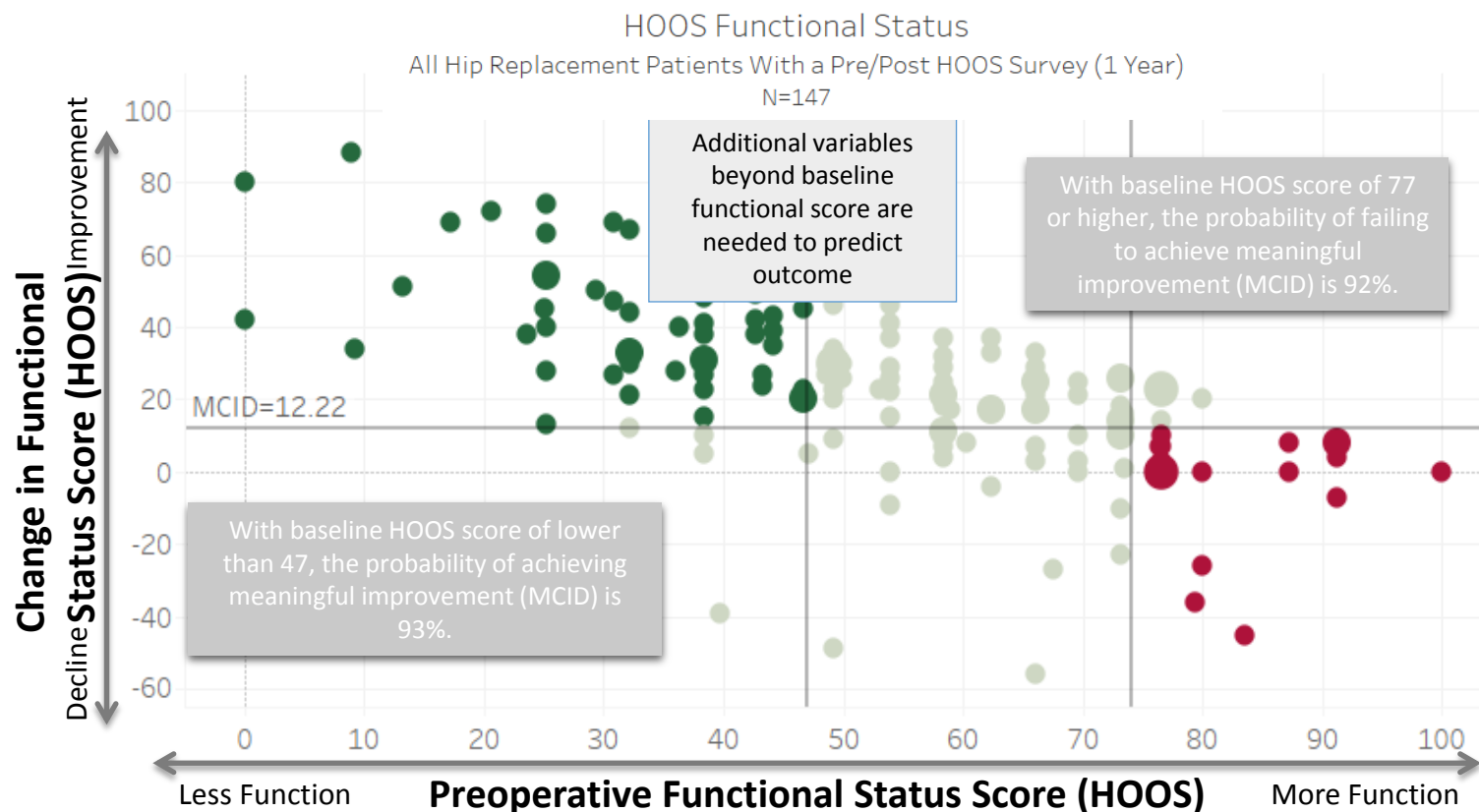
Expanded Quality Measure Set

Adoption of Patient Reported Outcome Measures, 2014-Present

Number of Delivery Systems Participating in PROMs

Use of PROMs to Guide Clinical Decisions
Hip Replacement Outcomes Over 1 Year (2014-2017)

HOOS Functional Status
All Hip Replacement Patients With a Pre/Post HOOS Survey (1 Year)
N=147

Change in Functional Status Score (HOOS) — Improvement / Decline

Additional variables beyond baseline functional score are needed to predict outcome

With baseline HOOS score of 77 or higher, the probability of failing to achieve meaningful improvement (MCID) is 92%.

MCID=12.22

With baseline HOOS score of lower than 47, the probability of achieving meaningful improvement (MCID) is 93%.

Less Function — **Preoperative Functional Status Score (HOOS)** — More Function

MCID=Minimum Clinically Important Difference. Computed based off of the average MCID from 1000 bootstrapped samples of 100 patients, with MCID calculated as 0.5* SD. Source: Norman GR, Sloan JA, Wyrwich KW. Interpretation of changes in health-related quality of life. The remarkable universality of half a standard deviation. Med Care 2003;41:582–92. Copay AG, Subach BR, Glassman SD, Polly DWJ, Schuler TC. Understanding clinically important difference: A review of concepts and methods. The Spine Journal. 2007; 7:541–546. [PubMed: 17448732]
Data Sources: BCBSMA 2014-2017, use of HOOS/KOOS with patients before and after hip replacement surgery

PHQ-9 Average Improvement Over 3-12 Months
All Patients with Baseline PHQ-9 10-14 (2014-2017)
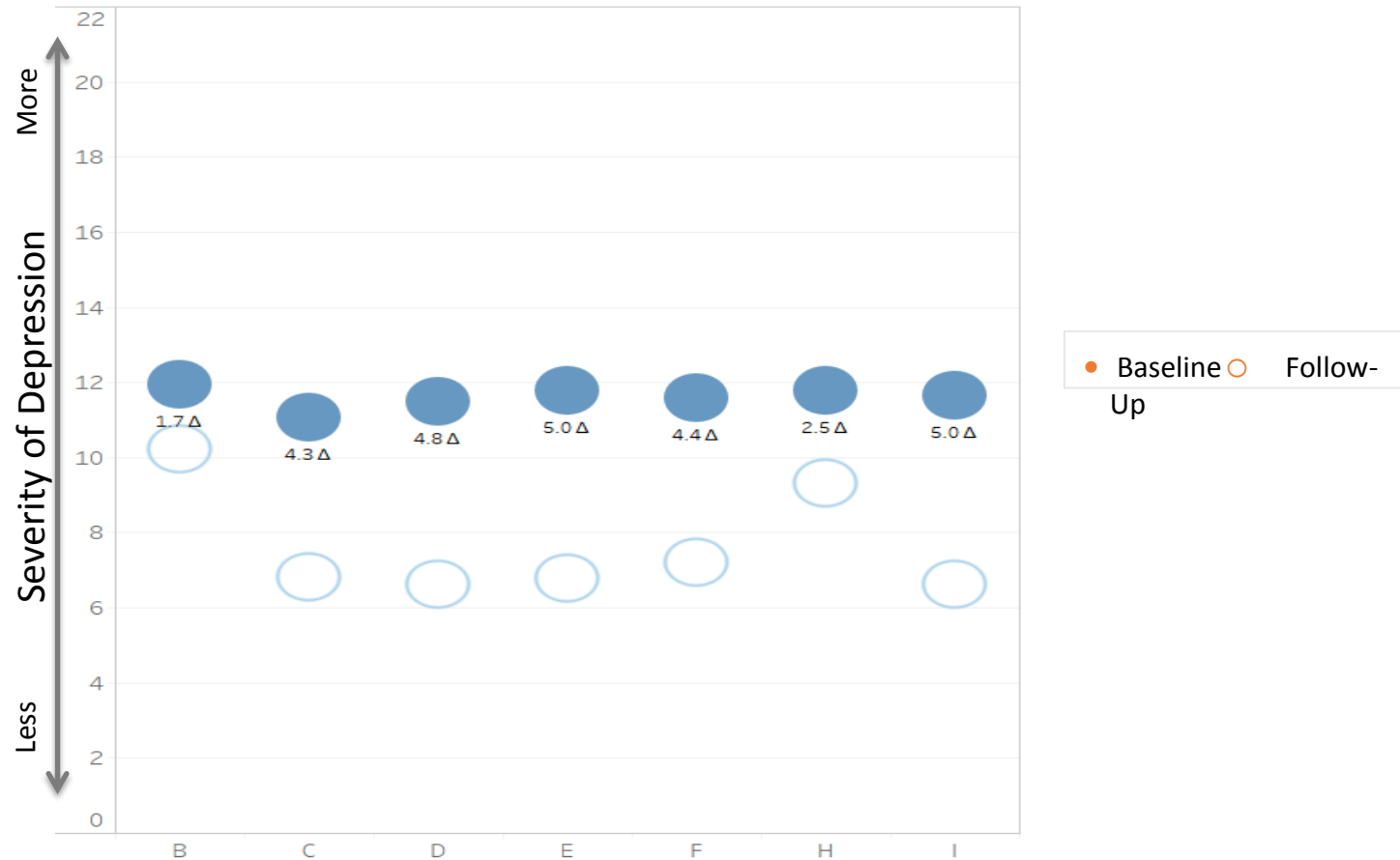
Note: All groups have at least 25 patients with both a baseline and follow-up visit.
A successful follow-up is defined as a visit within 90 – 365 days after the first visit.
To be counted in each year, a person must have at least 1 follow-up visit within the year submitted [baseline may be in previous year].

Shantanu Agrawal, MD, Mphil

President and CEO, National Quality Forum

NQF Evolving Measurement

Emerging Quality Areas → **Quality Gaps** → **Measure Development** → **Best Scientific Measures**

- Strategic Blueprints

- Measure Incubator

- Endorsement
- Prioritization
- Feedback

Emerging Quality Areas

Diagnostic quality and safety

Telehealth

Interoperability

Trauma Outcomes

Ambulatory care

Chief-Complaint

Healthcare System Readiness
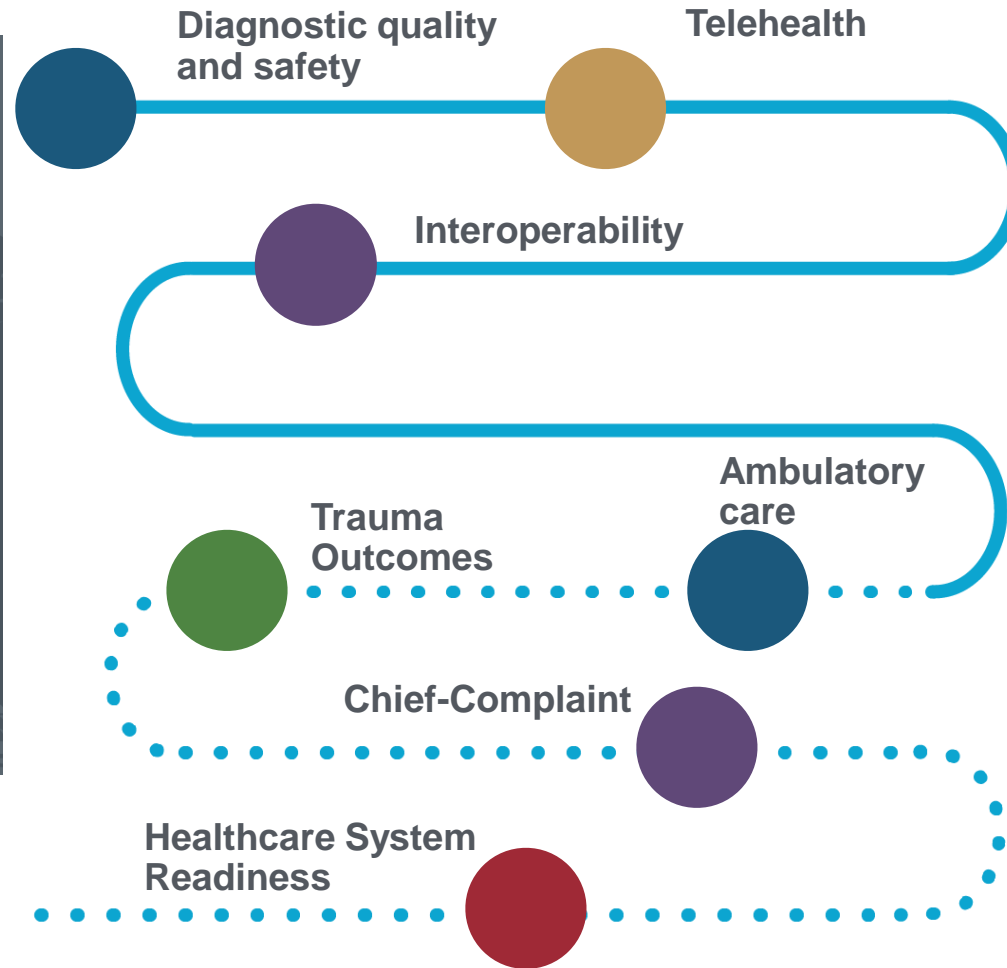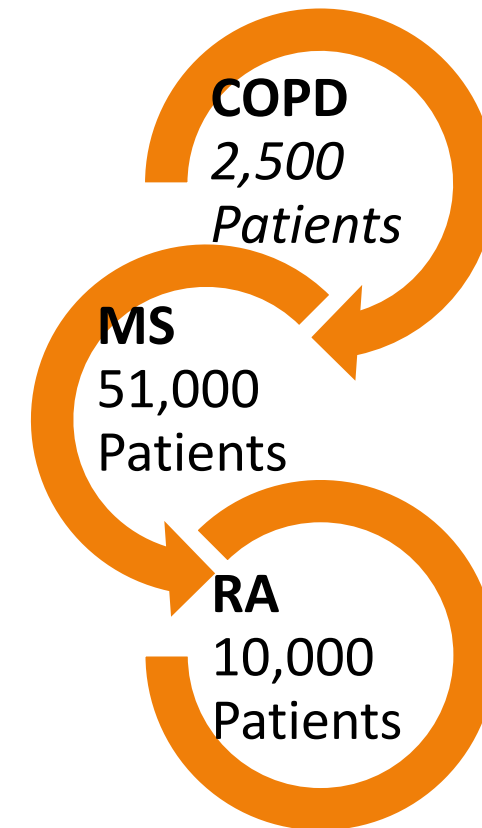
NQF Measure Incubator®

- **8** Measure Incubation projects in progress
- **5** Patient-Reported Outcomes Projects
  - Chronic Obstructive Pulmonary Disease
  - Multiple Sclerosis
  - Lung Cancer
  - Rheumatoid Arthritis
  - PatientsLikeMe®

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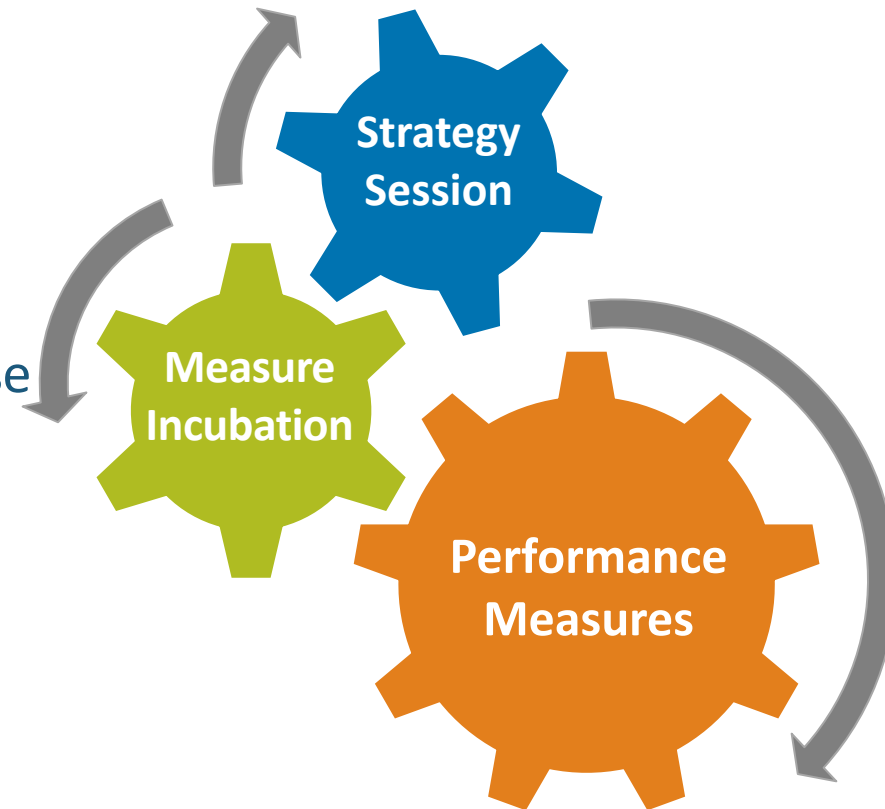
Amplifying the Patient's Voice in Measurement

- Partnership with NQF and Patients Like Me

- Measures that focus on common symptoms may be more valuable than ones that focus on specific diagnoses

- Online patient community offered real-world solutions
  - Improved data quality
  - Representative patient experience
  - Illuminated patient concerns
  - Prioritized symptoms

PLM Communities

COPD
2,500 Patients

MS
51,000 Patients

RA
10,000 Patients

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Guiding Principles for Developing Performance Measure Benchmarks in Commercial ACOs

- The Integrated Healthcare Association and the NQF Measure Incubator® convened an Expert Panel to:

  - Facilitate development of a benchmarking framework for commercial ACOs.

- Benchmarking Challenges

  - Limited access to timely, robust performance data

  - Attribution of services/costs outside the ACO's control

  - Measurement/reporting burden and administrative costs

  - Identifying appropriate comparison group

Executive Summary
*Overview of Proposed Principles**

Principle 1 **Meet Multiple Stakeholder Needs**	Approach should meet the needs of all stakeholders.
Principle 2 **Enable Meaningful Comparisons and Allow for Program Evolution**	Approach should support actionable, meaningful, and useful comparisons and be flexibility to accommodate the evolution of ACOs and measure sets.
Principle 3 **Provide Critical Context for Accurate Interpretation of Results**	Approach should present performance data with contextual information, including stratification for ACO characteristics, to support appropriate interpretations and comparisons.
Principle 4 **Incorporate Appropriate Performance Targets and Improvement Goals**	Approach should be a blend of target scores and improvement goals to support meaningful performance improvement efforts.
Principle 5 **Be Simple to Implement and Stable Over Time**	Approach should be simple to implement and remain consistent to facilitate improvement activities and limit administrative costs.

*Note: These principles should be collectively considered when assessing a benchmarking method.

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Measurement Infrastructure

- Individual measure
  - Way to calculate whether and how often the healthcare system does what it should.
  - Current infrastructure is focused on development, endorsement, and selection of individual performance measures

- Measure Sets
  - First step in aggregation
  - Groups of individual measures form sets, often created based on intent
  - No standard process to evaluate; stakeholders have developed to meet specific objectives

- Measurement Systems
  - Refer to how measures are used to achieve a goal (i.e. a "program")
  - Measurement systems vary by context, setting, and intended use

What is a Measurement System?

- There are several key elements of a measurement system

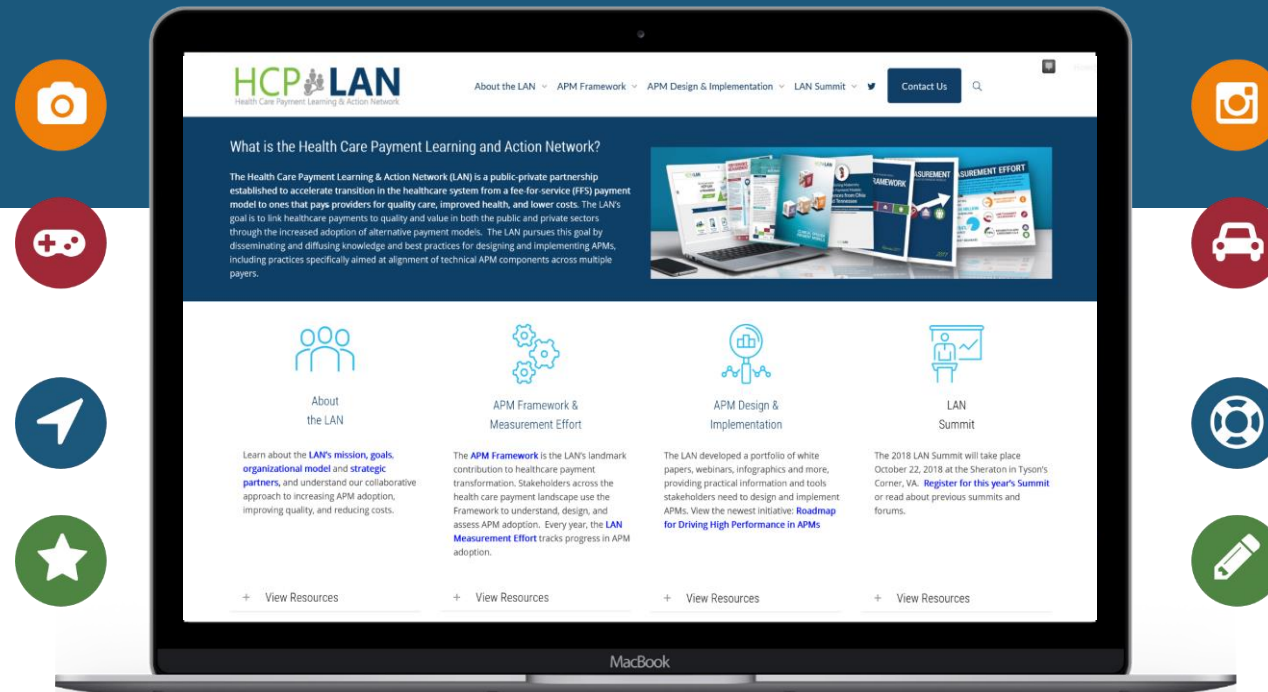|	
Intended health system change	The method of individual performance measure aggregation
Incentive mechanism in the program	Approach to risk-adjustment

- Measurement systems combine these aspects to make inferences about the performance of an accountable unit.

Visit the LAN Website for our Resources

https://hcp-lan.org/

Exit Survey

We want to know what you think!

Please take a moment to complete the exit survey so we can continue to improve and enrich the LAN. Use the link in *Guidebook* for this session to provide us your feedback.

Contact Us

We want to hear from you!

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