

*Aligning for Action*

# LAN SUMMIT

Health Care Payment Learning & Action Network

## Advancing Performance Measurement for Population Based Payment Models

# Welcome



## Dana Safran, MD

Work Group co-chair  
PBP work group

Chief Performance  
Measurement &  
Improvement Officer and  
Senior Vice President,  
Enterprise Analytics

*Blue Cross Blue Shield of  
Massachusetts*

# Performance Measurement Panelists



Susannah Bernheim,  
MD, MHS

Director of Quality Measurement at the Yale/Yale-New Haven Hospital Centers for Outcomes Research and Evaluation (CORE)

Clinical Instructor in the Section of General Internal Medicine at the Yale University School of Medicine



Jean D. Moody-  
Williams, RN, MPP

Deputy Director of the Center for Clinical Standards and Quality, Center for Medicare & Medicaid Services (CMS)



Jennifer Sweeney

Vice President at the National Partnership for Women & Families



Frank Opelka, MD,  
FACS

Executive VP LouState University Systemisiana

Medical Director, Quality and Health Policy, American College of Surgeons

# LAN Recommendations on Performance Measurement for PBP Models (1 of 4)

1. To support the long-term success and sustainability of population-based payment models, future state measures must be based, as much as possible, on results that matter to patients (e.g., functional status) or the best available intermediate outcomes known to produce these results.
2. Because fragmentation across population-based payment models can undercut success, reliance on core measure sets is valuable. However, the inadequacy, volume, and process orientation of existing measures necessitates ongoing innovation.

# LAN Recommendations on Performance Measurement for PBP Models (2 of 4)

3. A governance process is needed to oversee and accelerate the development, testing, and use of new, high priority measures for population-based payment models.
4. In service of a future state that employs measures that are outcomes-oriented, the infrastructure nationally must be addressed to systematically capture, use, and report clinically rich and patient-reported data.
5. Providers in population-based payment models should have meaningful incentives to deliver high-quality care, achieve favorable outcomes, and manage the total cost of care.

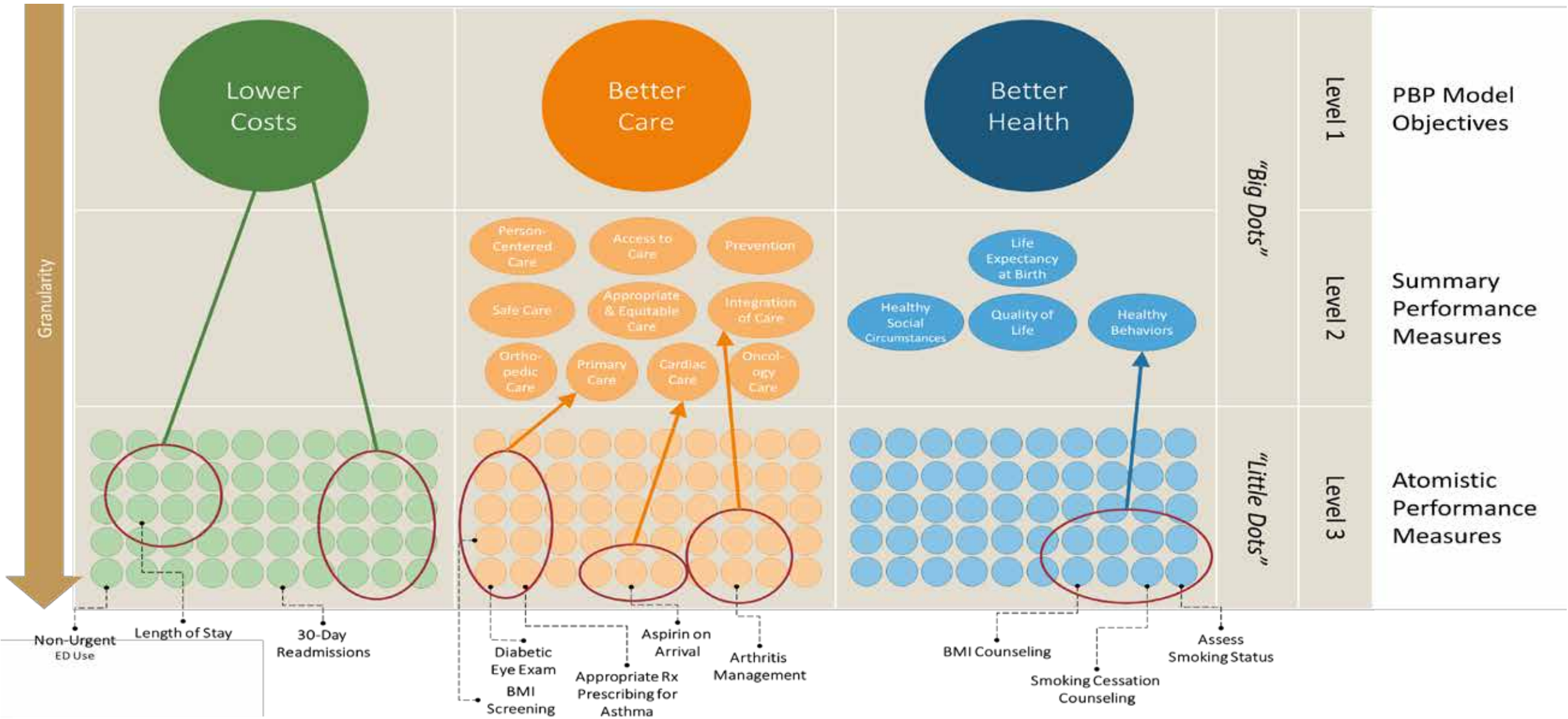
# LAN Recommendations on Performance Measurement for PBP Models (3 of 4)

6. Measurement systems should define performance targets in a way that motivates ongoing improvement across the performance continuum, promotes best practices sharing, avoids a forced curve that mandates winners and losers, and enables long-term planning and commitment to improvement.
  - Measure targets should be set in absolute (not relative) terms, established prior to the measurement period and fixed for a minimum of one year, although ideally for the full contract term.
  - Measure targets should include a range of scores on each measure to enable the incentive system to reward both performance and improvement.

# LAN Recommendations on Performance Measurement for PBP Models (4 of 4)

7. Adherence to good measurement science and implementation (e.g., sample size requirements, demonstrated reliability and validity, nationally accepted, clinically important, provider opportunity to improve before accountability starts) is critical to achieving the desired results from performance measurements in population-based payment models.







# Yale CORE's Experience Advancing Measures for Use in Population-Based Payment Models

Health Care Payment Learning and Action Network  
Fall Summit  
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**Susannah M. Bernheim, MD, MHS**  
Center for Outcomes Research and Evaluation, Yale-New Haven Hospital  
Section of General Internal Medicine, School of Medicine  
Robert Wood Johnson Clinical Scholars Program



# CORE's Experience...

1. Advancing EHR measures
2. Bringing PROM-PM's into implementation
3. Engaging people and families

# Critical Steps to Advance EHR-based Measures

## 1. Identify important and *feasible* data elements

- Core Clinical Data Element (CCDE)
  - Structured, feasible to extract, no new workflow
- Used in “Hybrid” measures
- Identified with Clinical / EHR expert input

## 2. Engage stakeholders on novel, meaningful data and outcomes

- Examples: Patient-reported outcomes, End-of-life preferences
- Patient and provider input critical

## 3. Align Measurement

- Ensuring standard data elements and harmonized measures across programs and settings
- Facilitated by engagement among developers, payers, specialty societies



# PROM-PM Measure Development & Implementation

## Data Sources

### Registry or Trial Data

- Limited number of entities
- Data elements not standard
- Incomplete data

### CMMI Voluntary Collection of PROM & Risk Variables

- Limited number of entities
- Standard data elements
- Complete data

### Mandatory Submission

- All eligible entities
- Standard data elements
- Complete parsimonious data elements

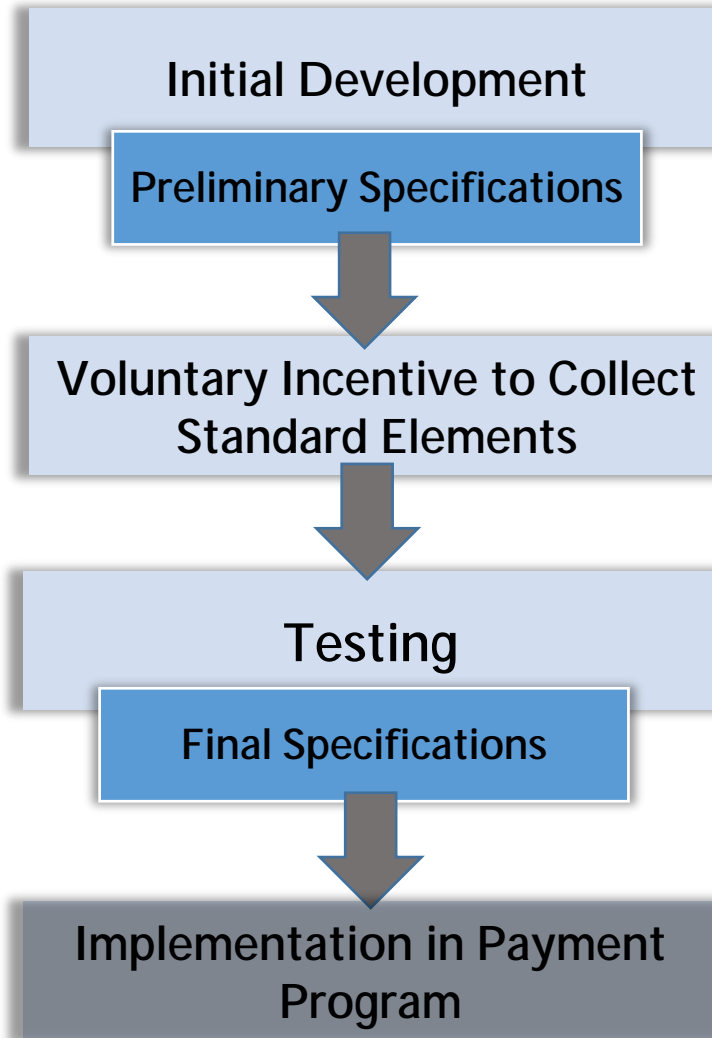
## Stakeholders

Clinical & Technical Experts

Specialty Societies

Person & Family Engagement

Payers



# What is needed to advance and accelerate measure development?

- Building incentives for data collection for measures within programs
- Creating infrastructure to support:
  - Engagement from people, providers, specialty societies, and payers in development process
  - Alignment across measures, developers, settings and payers
- Supporting development of measures uniquely designed for population-based payment models





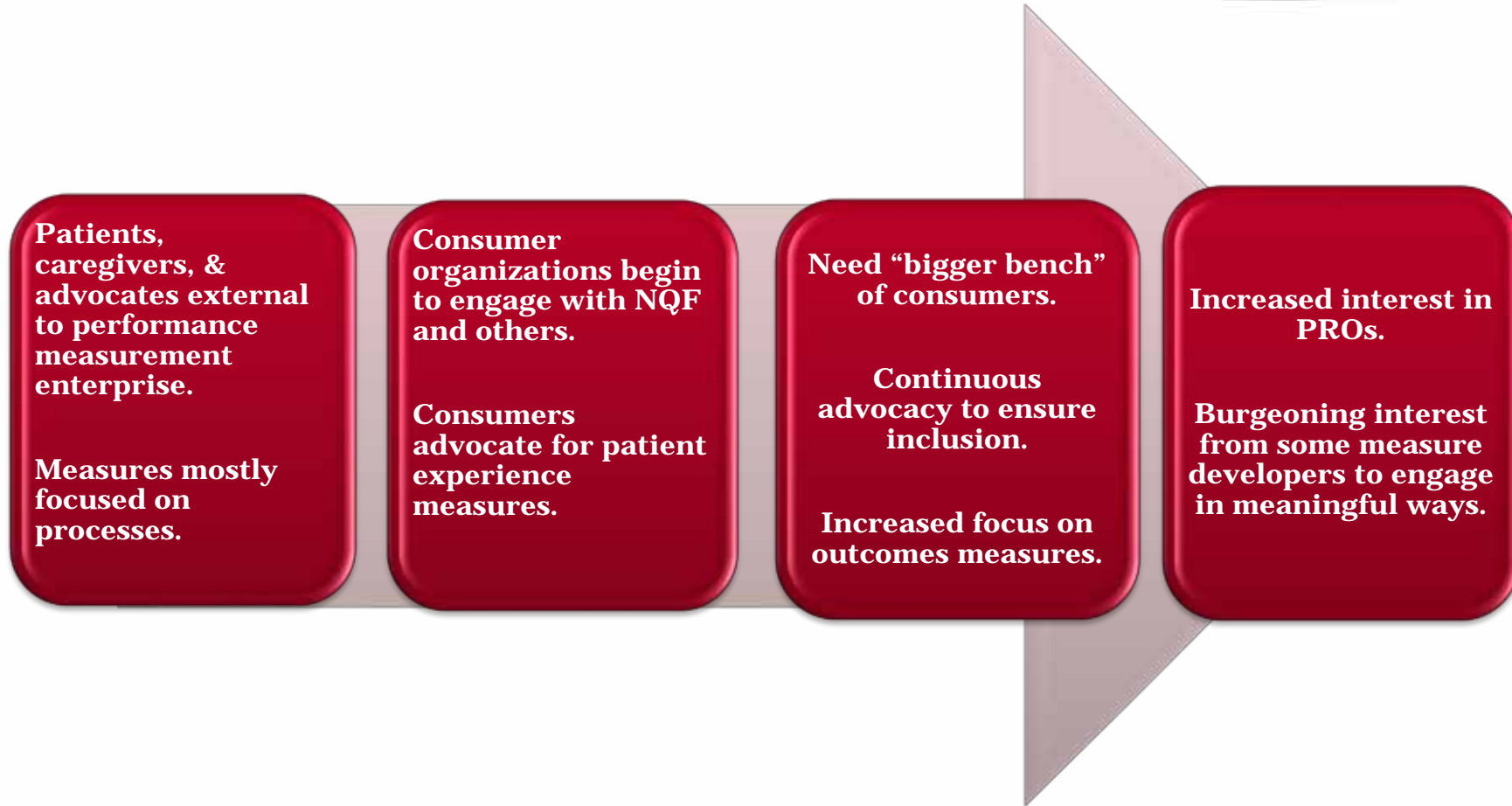
# Partnering with Patients and Advocates In Performance Measurement

**Jennifer Sweeney**  
Vice President

**Advancing Performance  
Measurement for  
Population Based  
Payment Models**



# Timeline: Consumer Engagement in Performance Measurement



# Consumer Perspectives



- **Opportunities**
  - Need new and different measures to assess whether new delivery models work for patients and family caregivers.
  - Measures must assess the kinds of things patients value and use patient-generated data.
  - Patients, family caregivers, and advocates must be “at the table” and engaged in meaningful ways.

# Consumer Perspectives



- **Challenges**
  - Prevailing sense that engaging patients and caregivers is too difficult.
  - Lack of understanding of patients' stake in the evolution of performance measurement...and interest in engaging.
  - Little to no funding to engage patients, family caregivers and advocates using "best practices."

# Case Study: CORE Person and Family Engagement Network



- Goals
- Process
- Projects
- Impact