CONNECTICUT
HEALTHCARE
INNOVATION PLAN

Quality Council

July 15, 2015

Meeting Agenda

Item	Allotted Time
1. Call to order/Public comment/Minutes	15 min
2. Robert Wood Johnson Foundation Buying Value Tool (BVT)	15 min
3. Application of Level 3 Selection Criteria through the BVT	45 min
4. Guiding Principles	20 min
5. Cardiac Measures (tentative)	15 min
6. Meeting schedule/ Next Steps	5 min

Public Comments

2 minutes per comment

Robert Wood Johnson Foundation Buying Value Tool

Measure Selection Tool

Instructions:
- Enter Measures for Consideration in Columns A through J.
- Begin with entering known NQF number in Column C (note: you must enter a 4-digit number (e.g., 0002 not 2 or 02)).
- 'Measure Name', 'Steward', 'CMS Number', 'Description, and 'Data Source' will auto-populate for measures currently included in the Measure Crosswalk tab.
- Enter all remaining information manually.

#	Measure Name	NQF Number	Steward	CMS Number	Description	Domain	Process/ Outcome	Population	Data Source	Measure Origin
31	Screening for high blood pressure and follow-up	N/A	Quality Insights of PA Centers	CMS22	Percentage pf patients aged 18 years and older seen during the reporting period who were screened for high blood	Prevention	Process		#N/A	
32	Prenatal & Postpartum Care	1517	NCQA		The percentage of deliveries of live births between November 6 of the year prior to the measurement year and	Prevention	Process	Women's Health	Claims and Clinical Data	
33	Frequency of Ongoing Prenatal Care	1391	NCQA		Measure examines the percentage of Medicaid deliveries that received various numbers of expected prenatal visits	Prevention	Process	Women's Health	Claims and Clinical Data	
34	Primary Caries Prevention Intervention as Part of Well/Ill Child	1419	University of Minnesota		The measure will a) track the extent to which the PCMP or clinic (determined by the provider number used for billing)	Prevention	Process	Pediatric	Claims	
35	Screening for Clinical Depression and Follow-Up Plan	0418	CMS	CMS2	Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an	Prevention	Process	Adult & Pediatric 12 & older	Claims and Clinical Data	
36	Maternal Depression Screening	1401	NCQA	CMS82	The percentage of children 6 months of age who had documentation of a maternal depression screening for the	Prevention	Process	Women's Health	0	
37	Pediatric behavioral health screening	0722	Mass General	#N/A	#N/A	Prevention	Outcome	Pediatric 4-16	Claims	
	Medication Management					Acute &		Adult &		

RWJF: Buying Value Tool

Purpose: Developed by RWJF to facilitate quality measure selection and alignment.

What is it: An interactive spreadsheet (attached) into which users enter data and review in one document a variety of important decision inputs for consideration. In addition, users receive an alignment score for the measure set under consideration.

The tool emphasizes local needs and decision-making for quality measurement while maximizing opportunities for alignment with federal, state and commercial measure sets.

Allows for the consideration of multiple criteria simultaneously.

Proposing its use for SIM Quality Council Level 3 Review

1. Input Measures

#	Measure Name	NQF Number	Steward	CMS Number	Description
18	Breast Cancer Screening	2372	NCQA		Percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.
19	Cervical Cancer Screening	0032	NCQA	CMS124	Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.
20	Chlamydia Screening	0033	NCQA	CMS153	Percentage of women ages 16 to 24 that were identified as sexually active and had at least one test for Chlamydia

2. Input whether CT commercial & Medicaid currently use measure

Commercial and State Measure Sets						
Commercial Measures					State Measures	
1	2	3	4	5	Medicaid	Set B
Yes	Yes	Yes	Yes	Yes		
Yes	Yes	Yes	Yes	Yes		
		Yes	Yes			

3. It automatically checks national & other state alignment

Federal Measure Sets				
(version date: 03/2015)	(version date: 04/2015)	(version date: 03/2014)	(version date: 04/2015)	(version date:
Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)	**CMMI Priority Measures for Monitoring and Evaluation**	**CMS Health Home Measure Set**	**Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set)**	**CMS Medica Savings Prog (MSSP) ACO**
			Yes	
			Yes	
Yes			Yes	

National measure sets tool checks against:

Federal Measure Sets Primarily Focused on Ambulatory Care

- CMMI Priority Measures for Monitoring and Evaluation
- CMS Health Home Measure Set
- Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set)
- CMS Medicare Shared Savings Program (MSSP) ACO for 2015
- Comprehensive Primary Care Initiative
- Meaningful Use Clinical Quality Measures (CQMs) for 2014
- Medicare-Medicaid Plans (MMPs) Capitated Financial Alignment Model (Duals Demonstrations)
- PQRS EP EHR Incentive Clinical Quality Measures (eCQMs) Cross-Cutting Measures
- CCMI SIM Recommended Model Performance Metrics
- CMS Medicare Part C & D Star Ratings Measures

National Hospital Measure Sets

- Joint Commission
- Medicare Hospital Value-Based Purchasing
- (FY's 2015 &2016)
- Medicare Hospital Compare

Other state measure sets tool checks against:

Select State Measure Sets

- Oregon CCO Incentive Measures- Year Two, July 2014
- Oregon CCO State Performance “Test” Measures- Year Two, July 2014
- VT ACO Pilot Core Performance Measures for Payment and Reporting in Year One (January 16, 2014)
- Washington State Performance Measures Version date: 12/17/2014
- Maine ACO Payment Measures Version date: 1/7/2015"

4. Tool Calculates a Measure Alignment Score

Calculation				
Aligned with Other Measure Sets?	Aligned with Commercial and State Measure Sets	Aligned with Federal Measure Sets Focused on Ambulatory Care	Aligned with National Hospital Measure Sets	Aligned with Select State Measure Sets
7	5	2	0	0
8	5	2	0	1
8	2	4	0	2

5. Choose Criteria to be Scored

Criterion A		Criterion B		Criterion C		Crit
Sufficient denominator size (i.e., base rate)		NQF Endorsed		Has a relevant benchmark		Present an oppo improvement (> <75 = 2
Criterion A	Measure-specific comments for Criterion A	Criterion B	Measure-specific comments for Criterion B	Criterion C	Measure-specific comments for Criterion C	Criterion D
Yes		Yes		Yes		Yes
yes		yes		Yes		No
yes		yes		Yes		Yes

6. Tool Automatically Calculates Criteria Score

			Criterion A		Criterion B	
			Sufficient denominator size (i.e., base rate)		NQF Endorsed	
Measure Name	NQF Number	Total Selection Criteria Points	Criterion A	Measure-specific comments for Criterion A	Criterion B	Measure-specific comments for Criterion B
Breast Cancer Screening	2372	10	Yes		Yes	

Adds up responses for each criteria question

Yes = 2 points
Somewhat = 1 point
No = 0 points

Format for using information from tool

- See document

Level 3 Criteria

Full Set of Level 3 Criteria

Level 3 (for all measures that pass level 2)

- Culling
  - Is the measure a process measure for which an available outcome measure would better serve?
  - Is there an opportunity for improvement or does the measure represent an area where the state is already performing well (consider for significant sub-populations if known)
  - Is there likely to be sufficient variation among provider organizations?
  - Does measure meet feasibility, usability, accuracy and reliability standards (e.g., can the measure be reliably produced with available or SIM proposed technology?, is the data sufficiently complete and accurate to be tied to payment?, will the measure be useful for quality improvement?, are base rates likely to be sufficient?
  - Is there a national benchmark?
  - Is risk standardization needed? Is appropriate risk standardization available?
  - If the number of performance areas or measures (e.g., diabetes care, epilepsy care) is too high, such that organizational focus and improvement would be compromised, Council will rank and retain the highest ranked areas.
- Check for conflicts w guiding principles
- Reconsider previously rejected measures if necessary
- Check whether there is benchmark data available.

Action: Accept those that remain.

Using the Buying Value Tool to Apply Level 3 Criteria

2 = Yes
1 = Somewhat
0 = No

- Sufficient denominator size (i.e., base rate)
- NQF Endorsed
- Has a relevant benchmark
- Presents an opportunity for quality improvement
  - **(>90 = 0, 75-90 = 1, <75 = 2)**
- Presents an opportunity for quality improvement
  - **(50-75= 0, 25-50=1, <25 = 2)**
- Is the measure a process measure for which an available <u>outcome</u> measure would better serve?
- Health Equity Design Group: most important to measure and reward from a health equity perspective

*Propose use of the scoring from the BVT <u>only</u> as a **point of reference** for the Council's evaluation of measures*

Measures w/Insufficient base rates will *be shown in a separate table*

Guiding Principles

TBD

Cardiac Measures Revisited

TBD

Meeting Schedule

Meeting Schedule/Next Steps

- Meeting schedule
  - August X?
  - August 12th
  - September 2nd , 16th
  - Longer sessions?
- Presentation to HISC – September 17

Adjourn