

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

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graph LR; A((Public Comments)) --- B((2 minutes per comment))
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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 of 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/III Child Screening for Clinical Depression and Follow-Up In Plan	4419	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	Maternal Depression Screening	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	Pediatric behavioral health screening	4401	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	Medication Management	0722	Mass General	#N/A	#N/A	Prevention	Outcome	Pediatric 4-16	Claims	
						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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: 04/2015)
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 Medicaid Savings Program (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		Criterion D
Sufficient denominator size (i.e., base rate)		NQF Endorsed		Has a relevant benchmark		Present an opportunity for improvement (≥ 75 = 2, <75 = 1)
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

Measure Name		NQF Number	Total Selection Criteria Points	Criterion A		Criterion B	
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 Presentation Format”

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 => specifically health equity
- Reconsider previously rejected measures if necessary

Action: Accept those that remain.

Using the Buying Value Tool to Apply Level 3 Criteria

- 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 outcome measure would better serve?
- Health Equity Design Group: most important to measure and reward from a health equity perspective

2 = Yes
1 = Somewhat
0 = No

*Propose use of the scoring from the BVT only 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

Current

1. Maximize alignment with the Medicare Shared Savings Program ACO measure set

Recommended

1. Maximize alignment with the Medicare Shared Savings Program ACO measure set
(no change)

Current

2. Recommend additional measure elements that address the most significant health needs of Connecticut residents, the needs of non-Medicare populations (e.g., pediatrics, reproductive health), and areas of special emphasis such as behavioral health, health equity, patient safety, and care experience

Recommended

2. Address the most significant health needs of Connecticut residents; **subpopulation needs such as pediatrics and women's health**; and areas of special emphasis such as behavioral health, health equity, patient safety, and care experience.

Current

3. Wherever possible, draw from established measures such as those already established by the National Quality Forum and those that comprise the Medicaid Adult and Child Health Care Quality Measures, the Physician Quality Reporting System, CMS Meaningful Use Clinical Quality Measures, NCQA measures, and the CMMI Core Measure Set

Recommended

3. Wherever possible, draw from established measures such as those **endorsed** by the National Quality Forum; those that comprise the Medicaid Adult and Child Health Care Quality Measures, the Physician Quality Reporting System, CMS Meaningful Use Clinical Quality Measures, NCQA measures, and CMMI Core Measure Set; **and those otherwise in widespread use by other payers and states.**

Current

4. Balance comprehensiveness and breadth with the need to prioritize and focus for the purpose of enabling effective and continuous quality improvement.

Recommended

4. Balance comprehensiveness and breadth with the need to prioritize and focus for the purpose of enabling effective and continuous quality improvement.
(no change)

Current

5. Promote measures and methods with the aim of maximizing impact, accuracy, validity, fairness and data integrity

Recommended

5. Promote measures and methods that are **scientifically sound** with the aim of maximizing impact, accuracy, **reliability**, validity, **durability**, fairness and data integrity

Current

6. Promote credibility and transparency in order to maximize patient, employer, payer, and provider engagement

Recommended

6. Promote measures that have available state, regional, and/or national benchmarks; credibility and transparency; and utility and relevance for quality improvement and decision-making with the aim of maximizing patient, employer, payer, and provider engagement.

Current

7. Assess the impact of race, ethnicity, language, economic status, and other important demographic and cultural characteristics important to health equity. Leverage the output of this analysis to identify potential reportable metrics for inclusion in the scorecard.
(Draft...referred to Health Equity Design Group)

Recommended

7. TBD

Current

8. Recommend measures that are accessible with minimal burden to the clinical mission; should draw upon established data acquisition and analysis systems; should be both efficient and practicable with respect to what is required of payers, providers, and consumers; and should make use of improvements in data access and quality as technology evolves and become more refined and varied over time.

Recommended

8. Recommend measures that are accessible with minimal burden to the clinical mission; **[should]** draw upon established data acquisition and analysis systems; **[should be]** are both efficient and practicable with respect to what is required of payers, providers, and consumers; and **[should]** make use of improvements in data access and quality as technology evolves and become more refined and varied over time

Current

9. Maximize the use of clinical outcome measures and patient reported outcomes, over process measures, and measure quality at the level of the organization

Recommended

9. Maximize the use of clinical outcome measures and patient reported outcomes, over process measures, and measure quality at the level of the organization
(no change)

Current

10. Use measurement to promote the concept of the Rapidly Learning Health System

Recommended

10. Use measurement to promote the concept of the Rapidly Learning Health System
(no change)

Cardiac Measures Revisited

Cardiac Measures on Our Current Provisional Set

Domain: care coordination/patient safety				NQF	Steward
			Annual monitoring for persistent medications (roll-up)	2371	NCQA

Domain: Acute & Chronic Care				NQF	Steward
	Base rate?	ACO - 31	CHF: beta-blocker therapy for left ventricular systolic dysfunction	0083	AMA-PCPI
	Base rate?		Use of spirometry testing in assessment and diagnosis of COPD	0577	NCQA
			CAD: Persistence of Beta blocker therapy after a heart attack	0071	NCQA
	Loss of endorsement		CAD: Medication adherence	0543- no longer NQF	CMS
		ACO - 30	Ischemic vascular disease: use of aspirin or another antithrombotic	0068	NCQA

Cardiac Measures Recently Endorsed by NQF

Domain: Acute & Chronic Care		NQF	Steward
Important clinical practice	Assessment of Thromboembolic Risk Factors (CHADS2)	1524	American College of Cardiology
Literature suggests anticoagulation is underused	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy	1525	American College of Cardiology
Unnecessary imaging; check base rate	Cardiac stress imaging not meeting appropriate use criteria: Preoperative evaluation in low risk surgery patients	0670	American College of Cardiology
Unnecessary imaging; check base rate	Cardiac stress imaging not meeting appropriate use criteria: Testing in asymptomatic low risk patients	0672	American College of Cardiology

Cardiac Measures Recently Endorsed by NQF

Domain: Acute & Chronic Care			NQF	Steward
	Base rate insufficient	Beta-Blocker Therapy (i.e., Bisoprolol, Carvedilol, or Sustained-Release Metoprolol Succinate) for LVSD Prescribed at Discharge	2438	Joint Commission
	Base rate insufficient	Post-Discharge Appointment for Heart Failure Patients	2439	Joint Commission
	Base rate insufficient	Care Transition Record Transmitted	2440	Joint Commission
	Base rate insufficient	Discussion of Advance Directives/Advance Care Planning	2441	Joint Commission
	Base rate insufficient	Advance Directive Executed	2442	Joint Commission
	Base rate insufficient	Post-Discharge Evaluation for Heart Failure Patients	2443	Joint Commission

Cardiac Measures Recently Endorsed by NQF

Domain: Acute & Chronic Care			NQF	Steward
Not recommended	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	0671	American College of Cardiology	
Not recommended	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	2474	Heart Rhythm Society	
Not recommended	Emergency Medicine: 12-Lead Electrocardiogram (ECG) Performed for Non-Traumatic Chest Pain	0090	AMA-PCPI	
Not recommended	In-Person Evaluation Following Implantation of a Cardiovascular Implantable Electronic Device (CIED)	2461	Heart Rhythm Society	
Not recommended	Standardized adverse event ratio for children < 18 years of age undergoing cardiac catheterization	0715	Boston Children's Hospital	

Meeting Schedule

Meeting Schedule/Next Steps

- Meeting schedule
 - August 3rd (quorum?)
 - August 12th (quorum?)
 - September 2nd , 16th , 30th
 - Longer sessions?
- Presentation to HISC – September 17

Adjourn