Quality Council

November 8, 2017

STOP OVEREATING, STOP DRINKING, STOP STAYING OUT LATE, STOP FIGHTING, STOP WORRYING, STOP EATING SWEETS, STOP GAMBLING...
CHRIS BROWNE 4-6
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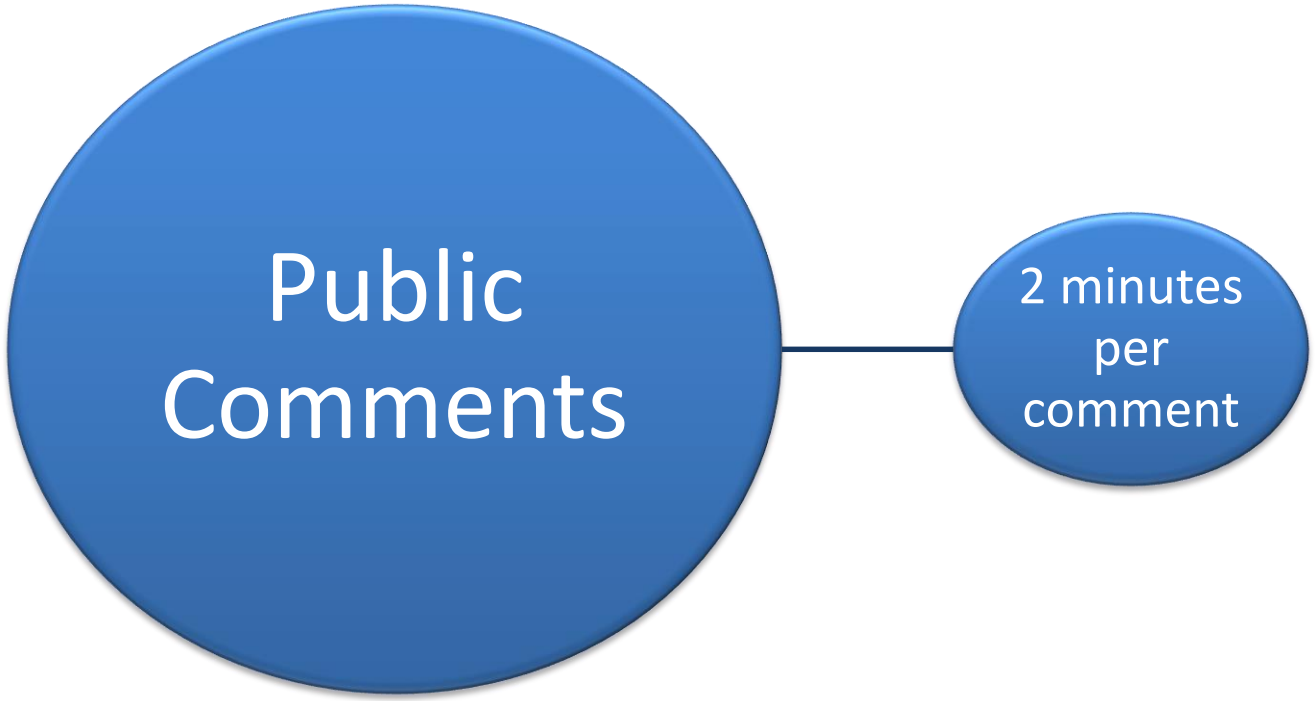
WHAT DID THE DOCTOR SAY?
I DON'T KNOW...
I STOPPED LISTENING

Meeting Agenda

Item	Allotted Time
1. Introductions/Call to order	5 min
2. Public comment	5 min
3. Approval of the Minutes	5 min
4. Purpose of Today's Meeting	10 min
5. Quality Council Procedure for Review and Calendar	20 min
6. Review Core Measure Alignment	30 min
7. Review Measure Endorsement Status	40 min
8. Next Steps and Adjournment	5 min


Public Comments
2 minutes per comment

Approval of the Minutes

Purpose of Today's Meeting

Framework

	Goal	Strategy	Questions/Activities
	Optimal Core Set of Quality Measures	**Quality Measure Maintenance**	- QM's still relevant/endorsed/stewarded? - Are there new measures to be considered? - Do we continue to be aligned with other programs that have QMs?
	Increase Payer Alignment on Core Set and ensure work is coordinated with other reforms in the state	**Quality Alignment Implementation**	a. <u>Measure Alignment</u> - How are we progressing on alignment? - Set goals for alignment - What are barriers and opportunities for alignment? - Examine payer survey baseline and set goals for increased future alignment a. <u>Engagement and Coordination</u> - How do we refresh commitments of payers? - How do we engage providers? - How can we ensure recommendations are known and embedded in other efforts? a. <u>Promote and support strategies for external entities to incorporate</u> - How can we ensure Health Equity QMs methodology incorporated into scorecards? - How can we ensure eCQMs are deployed across the state?
	Performance of Advanced Networks on core set is transparent	**Public Scorecard**	- Monitor progress - Identify barriers and opportunities - Planning and implementation work

Calendar of Activities

Reconciling Measure Set & Implementation Timeline

	2016	2017	2018	2019
Cons. Exp.	First annual survey to establish 2016 baseline		First performance survey tied to payment	Second performance survey tied to payment
Claims	Finalization of measure set after public comment	Programming and production of measures to include in VBP contracts	Core claims measures tied to payment; continued adoption in VBP contracts	Core claims measures tied to payment; continued adoption in VBP contracts

SIM QC updates core measure set on an annual basis

	2016	2017	2018	2019	2020
Cons. Exp		First annual survey to establish baseline		First performance survey tied to payment	
Claims/eCQMs			Programming and production of measures to include in VBP contracts	Calculate baseline performance; negotiate VBP contract targets	Shared savings tied to eCQM performance

Quality Council Procedure for Review

- Review and Update NQF Endorsement Status
  - Provide status and background information to QC
  - Quarterly to ensure capture of the latest information
- Annually conduct environmental scan of emerging issues for discussion
  - For example: measures related to opioid epidemic
- Annually discuss measure performance
- Are measures topped out?
  - Are base rates sufficient?
  - Are there measures to move from development/reporting to core to propose for alignment?
- Annually review payer alignment
- Regularly advise UConn Evaluation team regarding Public Scorecard
- Annually publish brief from quality council that includes:
  - Updates, Progress, Opportunities, Successes

Proposed Quality Council Calendar of Activities

January

- Review Measure Endorsement Status
- Review Entire Reporting Set (Core+Reporting)
- Advise on Public Scorecard

February

Comment, Provide Feedback, Ad-Hoc Interaction with PMO, Other supporting activities

March

April

- Review Measure Endorsement Status
- Advise on Public Scorecard

May

Comment, Provide Feedback, Ad-Hoc Interaction with PMO, Other supporting activities

June

July

- Review Measure Endorsement Status
- Environmental Scan/Survey of Emerging issues
- Advise on Public Scorecard

August

Comment, Provide Feedback, Ad-Hoc Interaction with PMO, Other supporting activities

September

October

- Review Measure Endorsement Status
- Review Payer Alignment
- Advise on Public Scorecard

November

Comment, Provide Feedback, Ad-Hoc Interaction with PMO, Other supporting activities

December

- Publish Annual Update

Core Measure Alignment with National Programs

QPP-MIPS

Quality Payment PROGRAM

Overall MIPS Alignment:

- 20/31 Core Measures
- 65% Alignment

When removing custom measures (2):

- 20/29 Core Measures
- 69% Alignment

#	Core Measure Set	QPP-MIPS
	Consumer Engagement	
1	PCMH – CAHPS measure	✓
	Care Coordination	
2	Plan all-cause readmission	
3	Annual monitoring for persistent medications (roll-up)	
	Prevention	
4	Breast cancer screening	✓
5	Cervical cancer screening	✓
6	Chlamydia screening in women	✓
7	Colorectal cancer screening	✓
8	Adolescent female immunizations HPV	
9	Weight assessment and counseling for nutrition and physical activity for children/adolescents	✓
10	Preventative care and screening: BMI screening and follow up	✓
11	Developmental screening in the first three years of life	
12	Well-child visits in the first 15 months of life	
13	Adolescent well-care visits	
14	Tobacco use screening and cessation intervention	✓
15	Prenatal Care & Postpartum care***	
16	Screening for clinical depression and follow-up plan	✓
17	Behavioral health screening (pediatric, Medicaid only, custom measure)	
	Acute & Chronic Care	
18	Medication management for people w/ asthma	✓
19	DM: Hemoglobin A1c Poor Control (>9%)	✓
20	DM: HbA1c Testing**	
21	DM: Diabetes eye exam	✓
22	DM: Diabetes: medical attention for nephropathy	✓
23	HTN: Controlling high blood pressure	✓
24	Use of imaging studies for low back pain	✓
25	Avoidance of antibiotic treatment in adults with acute bronchitis	✓
26	Appr. treatment for children with upper respiratory infection	✓
	Behavioral Health	
27	Follow-up care for children prescribed ADHD medication	✓
28	Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)	
29	Depression Remission at 12 Twelve Months	✓
30	Depression Remission at 12 months – Progress Towards Remission	
31	Child & Adlscnt MDD: Suicide Risk Assessment	✓

Core Quality Measure Collaborative – PEDS

Core Measure Set	CQMC Pediatric Measures
Prevention	
Chlamydia screening in women	✓
Adolescent female immunizations HPV	
Weight assessment and counseling for nutrition and physical activity for children/adolescents	✓
Developmental screening in the first three years of life	✓
Well-child visits in the first 15 months of life	
Adolescent well-care visits	
Behavioral health screening (pediatric, Medicaid only, custom measure)	
Acute & Chronic Care	
Medication management for people w/ asthma	✓
Appr. treatment for children with upper respiratory infection	✓
Behavioral Health	
Follow-up care for children prescribed ADHD medication	
Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)	
Child & Adlscnt MDD: Suicide Risk Assessment	

- 9 CQMC Peds measures
- 5 SIM Core measures aligned

Not included In Core Measure Set From CQMC:

- Childhood Immunization Status
- Immunizations for Adolescents
- Well Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- Appropriate Testing for Children with Pharyngitis

Core Quality Measure Collaborative – ACO/PC

- 22 CQMC ACO/PC measures
- 16 SIM Core measures aligned

#	Core Measure Set	CQMC ACO/PC Measures
	Consumer Engagement	
1	PCMH – CAHPS measure	✓
	Care Coordination	
2	Plan all-cause readmission	
3	Annual monitoring for persistent medications (roll-up)	
	Prevention	
4	Breast cancer screening	✓
5	Cervical cancer screening	✓
6	Chlamydia screening in women	
7	Colorectal Cancer Screening	✓
8	Adolescent female immunizations HPV	
9	Weight assessment and counseling for nutrition and physical activity for children/adolescents	
10	Preventative care and screening: BMI screening and follow up	✓
11	Developmental screening in the first three years of life	
12	Well-child visits in the first 15 months of life	
13	Adolescent well-care visits	
14	Tobacco use screening and cessation intervention	✓
15	Prenatal Care & Postpartum care***	
16	Screening for clinical depression and follow-up plan	
17	Behavioral health screening (pediatric, Medicaid only, custom measure)	
	Acute & Chronic Care	
18	Medication management for people w/ asthma	✓
19	DM: Hemoglobin A1c Poor Control (>9%)	✓
20	DM: HbA1c Testing**	✓
21	DM: Diabetes eye exam	✓
22	DM: Diabetes: medical attention for nephropathy	✓
23	HTN: Controlling high blood pressure	✓
24	Use of imaging studies for low back pain	✓
25	Avoidance of antibiotic treatment in adults with acute bronchitis	✓
26	Appr. treatment for children with upper respiratory infection	
	Behavioral Health	
27	Follow-up care for children prescribed ADHD medication	
28	Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)	
29	Depression Remission at 12 Twelve Months	✓
30	Depression Remission at 12 months – Progress Towards Remission	✓
31	Child & Adlscnt MDD: Suicide Risk Assessment	

NQF Endorsement Status

NQF Refresher

Conditions for Consideration:

- **A.** The measure is in the public domain or a measure steward agreement is signed.
- **B.** The measure owner/steward verifies that there is an identified responsible entity and a process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.
- **C.** The intended use of the measure includes both accountability applications[1] (including public reporting) and performance improvement to achieve high-quality, efficient healthcare.
- **D.** The measure is fully specified and tested for reliability and validity.
- **E.** The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- **F.** The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

NQF Refresher

Criteria for Evaluation

- 1. Importance to Measure and Report
  - *Evidence to Support Measure Focus, Performance Gap (variation, opportunity for improvement, disparities)*
- 2. Scientific Acceptability of Measure Properties
  - *Reliability and Validity*
- *3*. Feasibility
  - *Data routinely generated, available in EMR, other electronic method, path to collection specified*
- 4. Usability and Use
  - *Accountability and transparency, feedback given, benefits outweigh negative unintended consequences*
- 5. Related and Competing Measures
  - *Harmonized with related measures, superior to competing measures (more valid or efficient)*

Endorsement Status

#	Core Measure Set	NQF	NQF Endorsement Status	Date of Update
	Consumer Engagement			
1	PCMH – CAHPS measure	0005	✓	1/7/15
	Care Coordination			
2	Plan all-cause readmission	1768	✓	12/23/14
3	Annual monitoring for persistent medications (roll-up)	2371	✓	3/9/17
	Prevention			
4	Breast cancer screening	2372	✓	6/10/16
5	Cervical cancer screening	0032	✓	1/17/17
6	Chlamydia screening in women	0033	✓	10/25/16
7	Colorectal Cancer Screening	0034	✓	12/23/14
8	Adolescent female immunizations HPV	1959	✓	12/23/14
9	Weight assessment and counseling for nutrition and physical activity for children/adolescents	0024	✓	12/23/14
10	Preventative care and screening: BMI screening and follow up	0421	✓	3/12/14
12	Well-child visits in the first 15 months of life	1392	✓	9/2/15
14	Tobacco use screening and cessation intervention	0028	✓	4/4/16
16	Screening for clinical depression and follow-up plan	418	✓	2/28/14
	Acute & Chronic Care			
19	DM: Hemoglobin A1c Poor Control (>9%)	0059	✓	3/28/17
20	DM: HbA1c Testing**	0057	✓	3/28/17
21	DM: Diabetes eye exam	0055	✓	6/10/16
22	DM: Diabetes: medical attention for nephropathy	0062	✓	4/4/16
23	HTN: Controlling high blood pressure	0018	✓	4/3/13
25	Avoidance of antibiotic treatment in adults with acute bronchitis	0058	✓	4/4/16
26	Appr. treatment for children with upper respiratory infection	0069	✓	3/3/16
	Behavioral Health			
27	Follow-up care for children prescribed ADHD medication	0108	✓	6/28/17
28	Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)	2800	✓	5/4/16
29	Depression Remission at 12 Twelve Months	0710	✓	3/16/15
30	Depression Remission at 12 months – Progress Towards Remission	1885	✓	10/26/16
31	Child & Adlscnt MDD: Suicide Risk Assessment	1365	✓	8/24/17

Endorsement Status

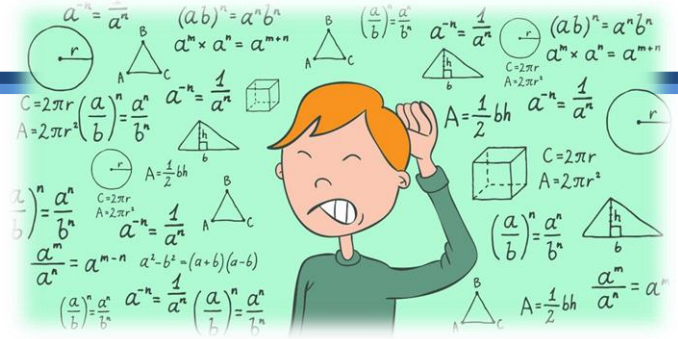
#	Core Measure Set	NQF	NQF Endorsement Status	Date of Update
	Prevention			
11	Developmental screening in the first three years of life	1448	☒	5/31/17
13	Adolescent well-care visits		○	
15	Prenatal Care & Postpartum care***	1517	☒	10/25/16
17	Behavioral health screening (pediatric, Medicaid only, custom measure)		○	
	Acute & Chronic Care			
18	Medication management for people w/ asthma	1799	☒	8/3/16
24	Use of imaging studies for low back pain	0052	☒	5/1/17

☒ = No Longer Endorsed

○ = Non-NQF Measure

NATIONAL QUALITY FORUM

Process for Measure Maintenance



NQF + QPP + CQMC + MSSP = ????

QPP + MSSP + CQMC – NQF = ????

QPP + NQF + MSSP – CQMC = ????

CQMC + NQF – MSSP – QPP = ????

How many measures???

What's best for CT?

#	Core Measure Set	NQF	Steward	QPP-MIPS	NQF Endorsement Status	CQMC ACO/PC Measures	CQMC OB/GYN Measures	CQMC Pediatric Measures
	Consumer Engagement							
1	PCMH – CAHPS measure	0005	NCQA	✓	✓	✓		
	Care Coordination							
2	Plan all-cause readmission	1768	NCQA		✓			
3	Annual monitoring for persistent medications (roll-up)	2371	NCQA		✓			
	Prevention							
4	Breast cancer screening	2372	NCQA	✓	✓	✓	✓	
5	Cervical cancer screening	0032	NCQA	✓	✓	✓	✓	
6	Chlamydia screening in women	0033	NCQA	✓	✓		✓	✓
7	Colorectal Cancer Screening	0034	NCQA	✓	✓	✓		
8	Adolescent female immunizations HPV	1959	NCQA		✓			
9	Weight assessment and counseling for nutrition and physical activity for children/adolescents	0024	NCQA	✓	✓			✓
10	Preventative care and screening: BMI screening and follow up	0421	CMMC	✓	✓	✓		
11	Developmental screening in the first three years of life *	1448	OHSU		☒			✓
12	Well-child visits in the first 15 months of life	1392	NCQA		✓			
13	Adolescent well-care visits		NCQA					
14	Tobacco use screening and cessation intervention	0028	AMA/ PCPI	✓	✓	✓		
15	Prenatal Care & Postpartum care*** *	1517	NCQA		☒			
16	Screening for clinical depression and follow-up plan	418	CMS	✓	✓			
17	Behavioral health screening (pediatric, Medicaid only, custom measure)		Custom					

QPP • CQMC • NQF

3 Programs
2 Programs
1 Program or less

#	Core Measure Set	NQF	Steward	QPP-MIPS	NQF Endorsement Status	CQMC ACO/PC Measures	CQMC OB/GYN Measures	CQMC Pediatric Measures
	Acute & Chronic Care							
18	Medication management for people w/ asthma *	1799	NCQA	✓	☒	✓		✓
19	DM: Hemoglobin A1c Poor Control (>9%)	0059	NCQA	✓	✓	✓		
20	DM: HbA1c Testing**	0057	NCQA		✓	✓		
21	DM: Diabetes eye exam	0055	NCQA	✓	✓	✓		
22	DM: Diabetes: medical attention for nephropathy	0062	NCQA	✓	✓	✓		
23	HTN: Controlling high blood pressure	0018	NCQA	✓	✓	✓		
24	Use of imaging studies for low back pain *	0052	NCQA	✓	☒	✓		
25	Avoidance of antibiotic treatment in adults with acute bronchitis	0058	NCQA	✓	✓	✓		
26	Appr. treatment for children with upper respiratory infection	0069	NCQA	✓	✓			✓
	Behavioral Health							
27	Follow-up care for children prescribed ADHD medication	0108	NCQA	✓	✓			
28	Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only, custom measure)	2800			✓			
29	Depression Remission at 12 Twelve Months	0710	MNCM	✓	✓	✓		
30	Depression Remission at 12 months – Progress Towards Remission	1885	MNCM		✓	✓		
31	Child & Adlscnt MDD: Suicide Risk Assessment	1365	AMA/ PCPI	✓	✓			

QPP • CQMC • NQF

3 Programs
2 Programs
1 Program or less

Endorsement Status

Please Refer to Quality Council Notes and NQF Commentary Document

Quality Measure Review Process

Level 1

- Is the measure part of the Medicare ACO SSP set?
- Does the measure address a significant population health concern based on prevalence?
- Does the measure address a health disparity concern?
- Is there another compelling reason that the measure should be used for SSP, e.g., the measure represents a known patient safety, quality, or resource efficiency/cost concern?

Action: Provisionally accept if [one, two three???] of the above is true.

Level 2 (review all measures that pass level 1)

- Is the measure appropriate for VBP for Advanced network, FQHC, and/or ACO (e.g., eliminate measures recommended for individual clinicians, home health agencies, hospitals, etc.)
- Does measure meet feasibility, usability, accuracy and reliability standards?
- Is the measure easily tied to QI efforts at the level of the Advanced Network/FQHC/ACO?

Action: Provisionally accept if one of the above is true.

Level 3 (for all measures that pass level 2)

- De-duplication
  - Is the measure the same or similar to another measure (e.g., "hospital admissions for asthma among older adults" is subsumed within "hospital admissions for COPD or asthma among older adults")
- Culling
  - E.g,. Is the measure a process measure for which an available outcome measure will suffice?
  - Does the measure represent an area where the state is already performing well, including for significant sub-populations (if known)
  - If the measures within a performance domain or sub-domain (e.g., diabetes care) are in excess of what is necessary to demonstrate improved performance, retain those measures which serve as the best indicators of improvement.
  - If the number of performance areas (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

Action: Accept those that remain.

Guiding Principles

In support of the task of establishing a multi-payer quality measurement set for use in the administration of Shared Savings Programs, the Quality Council shall seek to:

1. Maximize alignment with the Medicare Shared Savings Program ACO measure set.
2. Recommend additional measure elements that address the most significant health needs of Connecticut residents,
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.
4. Balance comprehensiveness and breadth with the need to prioritize and focus for the purpose of enabling effective and continuous quality improvement.
5. Promote measures and methods with the aim of maximizing impact, accuracy, validity, fairness and data integrity.
6. Promote credibility and transparency in order to maximize patient, employer, payer, and provider engagement.
7. Assess the impact of race, ethnicity, language, economic status, and other important socio-demographic and cultural factors important to health equity.
8. Recommend measures that are accessible with minimal burden to the clinical mission and are efficient and practicable with respect to what is required of payers, providers, and consumers.
9. Maximize the use of clinical outcome measures and patient reported outcomes, over process measures, and measure quality at the level of the organization.
10. Use measurement to promote the concept of the Rapidly Learning Health System.

Developmental Screening in the First Three Years of Life (NQF #1448)

- The percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life.
- **Steward:** Oregon Health & Science University
- **QC Comments**: Pediatricians deemed necessary & important, Likely not billable, council discussed as reporting only for first year, custom measure
- NQF Endorsement Removed 5/31/17:

  SIM PMO Reached out to NQF and they responded as follows:

  – "During the time for maintenance review, the developer informed NQF that they can no longer maintain endorsement and as a result lost its endorsement." 10/17/17

Prenatal and Postpartum Care (NQF #1517)

- The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year.
- **Steward:** NCQA
- **QC Comments:** Concern being a retrospective measure, difficulty taking prenatal into account; Important due to increasing maternal mortality rates; At deliberation time performance rate was between 50-70%, therefore opportunity for improvement Important from health disparity perspective; Concern regarding ACO's, attribution
- NQF Endorsement Removed, 10/25/16:
  - while data shows that patients who have no prenatal care have worse outcomes, there is no evidence for the timing of visits
  - Committee expressed concerns about the validity of the measure, noting the limited number of codes and the fact that the measure is not addressing the content of the visits. The Committee also identified concerns with the Usability and Use criteria because the measure potentially discourages earlier postpartum care and it is unclear whether quality is improving
  - Despite significant concerns, several Committee members were reluctant to remove endorsement until better measures for prenatal care are available

Medication Management for People with Asthma (NQF #1799)

- The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period
- **Steward:** NCQA
- **QC Comments**: discussion around medication management and medication ratio and that they give different and complementary information; ACP not in favor of medication ration measure
- NQF Endorsement Removed 8/3/16:
  - concern over the lack of evidence related to the thresholds (50% and 75%) specified for compliance with the measure, overall evidence, and about this new study, in particular, and did not reach consensus on Evidence,
  - did meet the Performance Gap sub-criterion, as well as the Reliability, Validity, Feasibility criteria, Committee
  - raised concern about the potential for an unintended consequence of increasing costs and medication use without improving patient outcomes

Use of Imaging Studies for Low Back Pain (NQF #52)

- The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.
- **Steward:** NCQA
- **QC Comments**: NONE
- NQF Endorsement Removed 5/1/2017:
  - When last evaluated in 2014, the Musculoskeletal Committee did not recommend continued endorsement, due to a lack of "red flag" exclusions for conditions that potentially indicate a serious health condition. However, the CSAC noted that the frequency of occurrence of the exclusions suggested by the Committee was very low and likely would not impact the measure results. The CSAC deferred a final endorsement decision, giving the developer be given time to address the Committee's concerns.
  - Developer revised specifications, shortened look-back, expanded exclusions
  - Unable to provide updated testing
  - did not pass the measure on reliability or validity and did not recommend the measure for endorsement.

Next Steps
Adjourn

- Summary
  - Established process/procedure for review and essential functions of Quality Council
  - Reviewed endorsement status for core measures
    - What are next steps with new information?

- Next Steps
  - Next meeting (December 13th)
    - Consider Long Acting Reproductive Contraception and alcohol/substance use
    - Review Payer Alignment, and discussion on goal setting
    - Public Scorecard Progress Update
    - Complete discussion/decisions from 11/8 meeting if necessary
  - January - Begin review endorsement/alignment for remainder of reporting set