Commonwealth of Massachusetts
Executive Office of Health and Human Services

EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #1
May 30, 2017

Agenda

- **Welcome and introductions**
- **Background and rationale for alignment**
- **Process and lessons from other states**
- **Next steps**

Taskforce Participants: Stakeholders

Name (*Subcommittee)	Title	Organization
Mark Alexakos, MD, MPP*	Chief Behavioral Health Officer	Lynn Community Health Center
Renee Altman Nefussy	Senior Manager of Quality Performance and Informatics	Tufts Health Plan
Richard Antonelli, MD, MS*	Medical Director, Integrated Care	Boston Children's Hospital
Arlene Ash, PhD*	Professor and Chief, Division of Biostatistics and Health Services Research	University of Massachusetts Medical School
Barrie Baker, MD, MBA	Chief Medical Officer	Tufts Health Public Plans
Dennis Heaphy, MEd, MPH*	Healthcare Advocate	Disability Policy Consortium
Lisa Iezzoni, MD, MSc*	Professor of Medicine	Massachusetts General Hospital / Harvard Medical School
Thomas Isaac, MD, MBA, MPH	Medical Director, Quality	Atrius Health
Melinda Karp, MBA*	Vice President, Consumer Centered Quality	Commonwealth Care Alliance
Holly Oh, MD*	Chief Medical Officer; Chair, Quality Committee	The Dimmock Center; Community Care Cooperative
Elisabeth Okrant, MPH*	Vice President, Quality Management	Massachusetts Behavioral Health Partnership / Beacon Health Options
Dan Olshansky, LICSW*	Vice President of Clinical Quality	Behavioral Health Network
Claire Cecile Pierre, MD*	Chief of Quality and Medical Informatics / Faculty Director of Systems Transformation	South End Community Health Center / Harvard Medical School
Michael Sherman, MD, MBA, MS	Chief Medical Officer and Senior Vice President	Harvard Pilgrim Health Care
Barbra Rabson, MPH*	President and CEO	Massachusetts Health Quality Partners
Dana Gelb Safran, ScD	Chief Performance Measurement and Improvement Officer and Senior VP, Enterprise Analytics	Blue Cross Blue Shield of Massachusetts
Robert Schreiber, MD*	Medical Director of Evidence Based Programs	Hebrew SeniorLife
Jacqueline Spain, MD	Medical Director	Health New England
Aswita Tan-McGrory, MBA, MS	Deputy Director	The Disparities Solutions Center at Massachusetts General Hospital
Neil Wagle, MD, MBA	Medical Director, Partners HealthCare: Quality, Safety, and Value (PROMs)	Partners HealthCare

Taskforce Participants: State Agencies

Name (*Subcommittee)	Title	Agency
Alice Moore	Undersecretary of Health	Executive Office of Health and Human Services
David Whitham	Assistant Chief Information Officer	Executive Office of Health and Human Services
Kate Fillo, PhD*	Director of Clinical Quality Improvement	Massachusetts Department of Public Health
David Tringali, MA*	Director of Quality Improvement	Massachusetts Department of Mental Health
Cristi Carman, MPH	Quality Reporting Manager	Center for Health Information and Analysis
Katie Shea Barrett, MPH	Policy Director, Accountable Care	Health Policy Commission
Linda Shaughnessy, MBA	Director, MassHealth Quality Office	MassHealth
Randi Berkowitz, MD*	Medical Director for Accountable Communities of Care	MassHealth
Gail Grossman*	Assistant Commissioner for Quality Management	Massachusetts Department of Developmental Services
Roberta Herman, MD	Executive Director	Group Insurance Commission
Kevin Beagan, MPH, MPP	Deputy Commissioner, Health Care Access Bureau	Division of Insurance

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The case for advancing a coordinated quality strategy

- Quality measurement is fragmented across private and public programs with few similar measures used to assess healthcare performance across all programs.
- Providers do not receive a unified message on quality measurement, diluting the impact of improvement initiatives and contributing to administrative burden that is both time consuming and costly.
- Policymakers in the Commonwealth currently rely on a set of mostly process measures (through the Statewide Quality Measure Set) to assess the quality of non-hospital based healthcare in the Commonwealth.
- There is a growing interest in using outcome measures to more meaningfully evaluate quality. At present, outcome measures are burdensome to report for providers and payers alike in the absence of a centralized method for data collection and abstraction.
- More payers and healthcare organizations are entering into Alternative Payment Models (APMs), which tie financial rewards to performance on quality measures.

Vision:

A coordinated quality strategy that focuses the improvement of healthcare quality and health outcomes for all residents of the Commonwealth and reduces the administrative burden on provider and payer organizations.

Quality measurement and reporting places a resource burden on providers

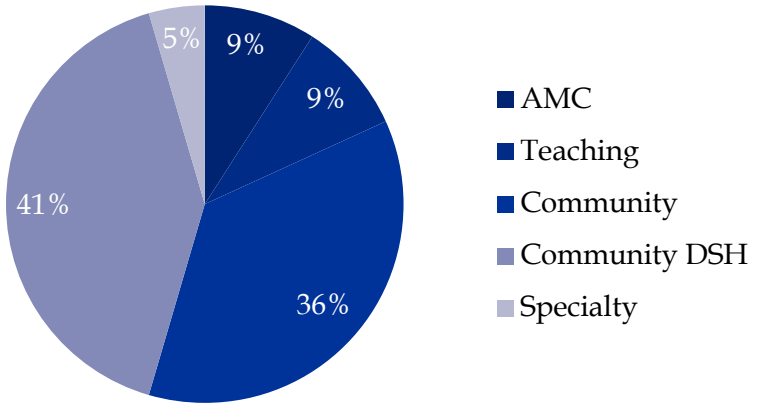
In December 2016, Massachusetts Health & Hospital Association (MHA) conducted a Quality Measurement and Reporting Resources Survey. 27 hospitals responded to the survey, and 22 of those provided financial estimates.

$19 million spent in quality reporting among the 22 survey respondents

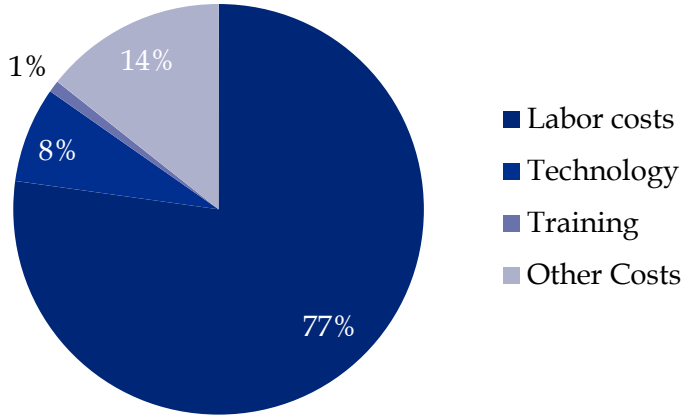
All respondents reported a combined **167 FTEs**

MHA estimates that **over $67 million statewide** is spent by provider organizations on quality measurement and reporting

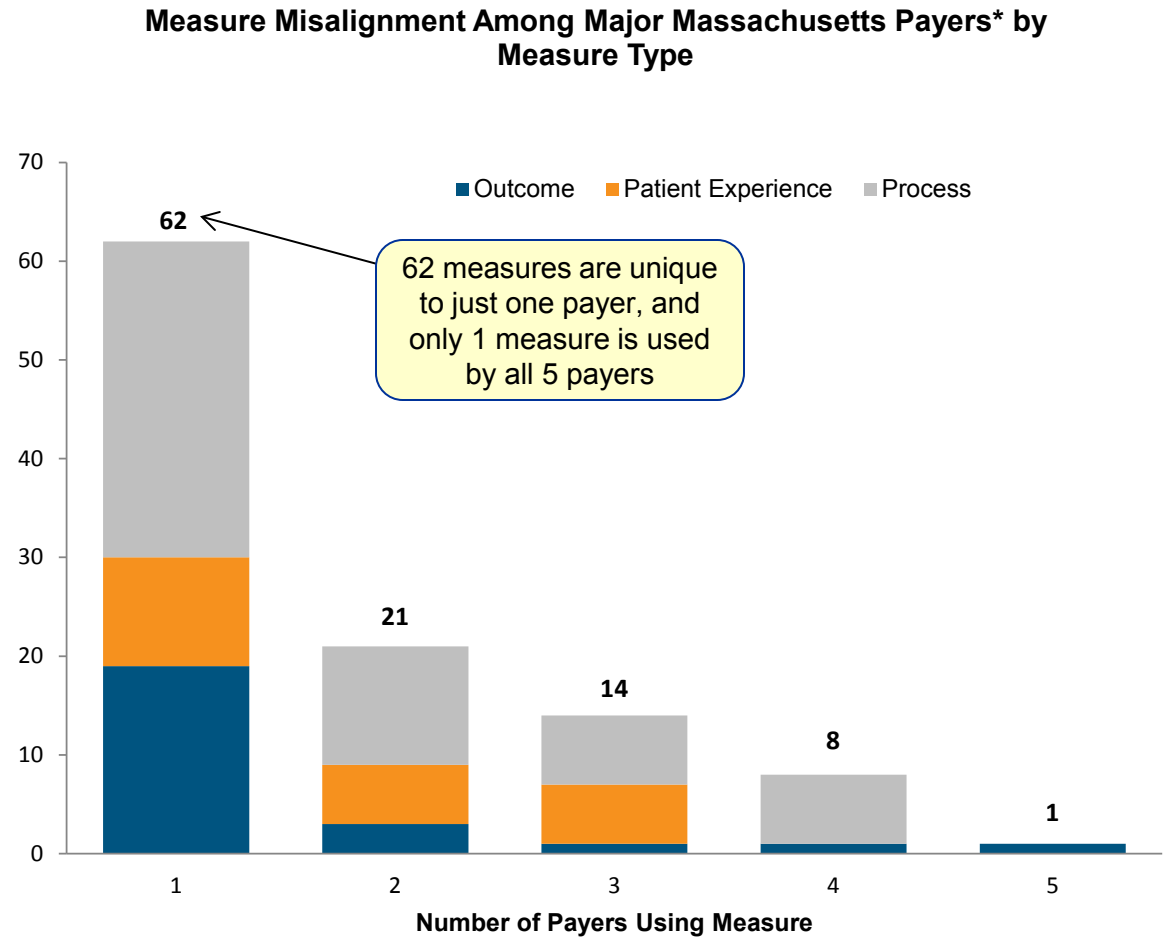
Survey Respondents



Quality Reporting Expenses



Many different measures in use by Massachusetts payers in APMs



- A total of 106 measures were included in this comparison.
- Measures were included if they were identified as in use by at least one of the 5 payers/measure sets, on at least 10 APM contracts.

*The measure sets used in this analysis are MassHealth ACO, CMS AHIP ACO/PCMH Core Set, Harvard Pilgrim Health Care, Blue Cross Blue Shield of Massachusetts, and Tufts Health Plan.

Quality Measurement Taskforce and DSRIP Subcommittee Overview

The Executive Office of Health and Human Services (EOHHS) issued a Notice of Opportunity on March 17, 2017 seeking individuals with expertise in healthcare quality measurement to serve on the Taskforce and Subcommittee from the following constituencies:

- Representatives from provider organizations, including medical, behavioral health, and long-term services and supports, with experience in and responsibility for quality improvement and reporting;
- Representatives from commercial and Medicaid managed care health plans with experience in and responsibility for performance measurement activities related to alternative payment models;
- Consumer and family/caregiver advocates; and
- Representatives from academia and/or the research community with expertise in quality measurement methods and best practices.

Quality Measurement Taskforce Goals

1. Gain consensus on a quality measure set to be used going forward in alternative payment model (i.e. global budget) contracts with providers in MA
2. Identify strategic priority areas for measure development in the Commonwealth (e.g. patient reported outcomes, substance use disorder care)

DSRIP Subcommittee Goals

3. Advise MassHealth on quality measures and methodology for its Accountable Care Organizations (ACOs), Community Partners (CPs) and other DSRIP programs

Proposed framework

Core Measures

- Small number of measures
- To be adopted by all

+

Limited Menu

- Larger collection of measures
- Can be selected from to meet program needs

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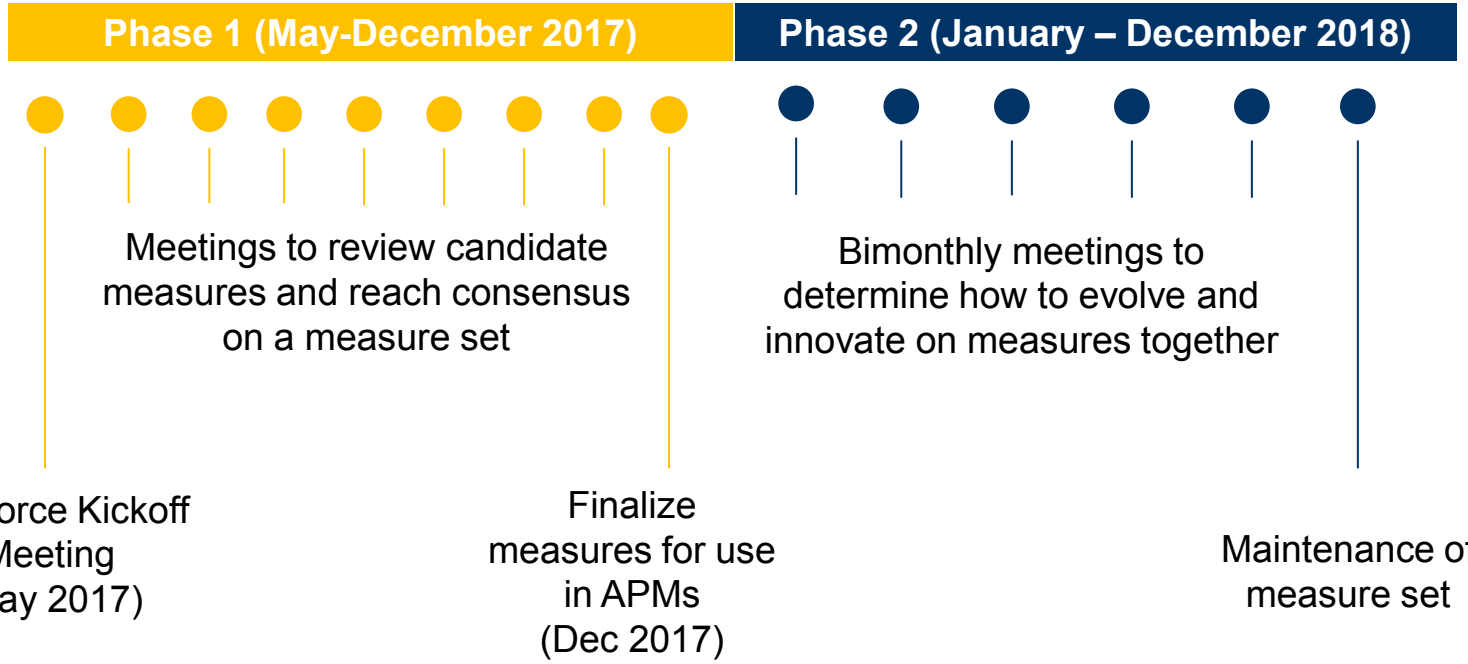
Measures in Development

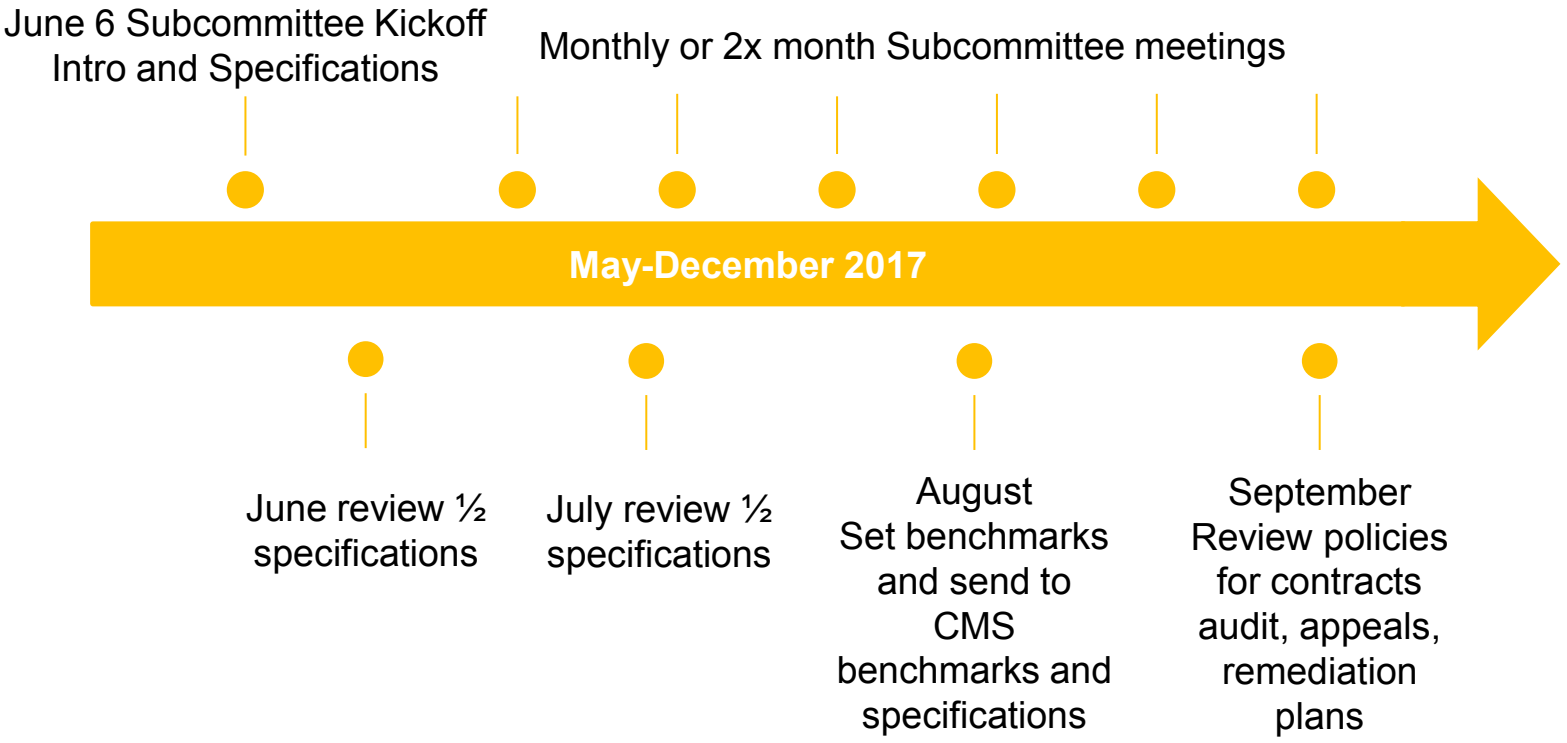
- Small collection of measures
- Aligned with common priorities
- Measures of clinical importance which require development or modification prior to inclusion in core or menu sets

Proposed phased timeline for Taskforce



Plan for the collection of clinical/patient reported outcomes data to support measurement

DSRIP Subcommittee and CMS Requirements Timeline



The DSRIP Subcommittee will be primarily responsible for advising MassHealth on quality measures and methodology for its ACO, CP and other DSRIP programs. The Subcommittee will report decisions reached to the Taskforce. Taskforce members can weigh in on but not overrule the DSRIP Subcommittee's decisions.

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Process overview

1. Set guiding principles for measure selection
2. Define the selection decision process
3. Identify performance domains and populations
4. Identify candidate measure sources
5. Identify potential data sources and operational means for acquisition
6. Select the measures
7. Estimate desired measure set size
8. Determine whether payer-specific or all-payer data should be used

1) Set Guiding Principles for measure selection

Purpose: Collectively establish principles to guide measure selection for the measure set and to strategically focus efforts on priority areas for the state.

- Guiding principles are explicitly stated goals for the measure set that are agreed upon before measure selection.
- These guiding principles will be used to inform measure selection, acting as 'criteria', during the shortlisting process.
- Principles can relate to a range of topics, from clinical utility to technical specifications.
- These principles provide an opportunity to give consideration to state priorities and strategically focus attention on them.

When considering guiding principles for measure selection, bear in mind that the intended use of this measure set is for APM contracts (i.e. global budgets) in Massachusetts, and not for public reporting or other uses.

Example: Rhode Island Aligned Measure Set Work Group: Measure Selection Criteria

Criteria Applied to Individual Measures

1. Evidence-based and scientifically acceptable
2. Has a relevant benchmark
3. Not greatly influenced by patient case mix
4. Consistent with the goals of the program
5. Useable and relevant
6. Feasible to collect
7. Aligned with other measure sets
8. Promotes increased value
9. Presents an opportunity for performance improvement
10. Transformative potential
11. Sufficient denominator size

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Example: Rhode Island Aligned Measure Set Work Group: Measure Selection Criteria (Cont'd)

Criteria Applied to the Measure Set

1. Representative of the array of services provided by the program
2. Representative of the diversity of patients served by the program
3. Not unreasonably burdensome to payers or providers
4. Parsimonious (set is limited in number of measures)

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Example: Washington Performance Measurement Committee

Criteria Applied to Individual Measures

1. Measures are based on **readily available** health care insurance claims and/or clinical data.
2. Preference should be given to **nationally vetted** measures (e.g., NQF-endorsed) and other measures **currently us**ed by state agencies.
3. Measures assess **overall system performance**, including outcomes and cost.
4. Measures should capture significant **potential to improve** health system performance in a way that will positively impact outcomes and reduce costs.
5. Measures should be amendable to the **influence of health care providers**.
6. Measures selected offer **sufficient numerator and denominator** size to ensure valid and reliable results.

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Proposed Guiding Principles for our work

The aligned measure set…

1. Promotes alignment among payers, including Medicaid, Medicare, and private payers
2. Includes NQF-endorsed measures; in the absence of NQF endorsement, measures must have been tested for validity and reliability in a manner consistent with the NQF process, where applicable
3. Emphasizes outcomes whenever possible
4. Assesses health care disparities and cultural competency
5. Measures patient experience, person- and family-centeredness, and patient-reported outcomes as ends in themselves

For discussion:
1. Reactions to proposed guiding principles?
2. Any guiding principles that should be added?

2) Define the selection decision process

Proposal:

1. **Group consensus or majority, if needed**
2. **Two rounds of review**
3. **Explicit (e.g., with scoring) use of selection criteria**

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3) Identify Performance Domains and Populations

A "domain" is a category of like measures representing an aspect of performance.

Some options for performance domains include:

- Preventive Care
- Acute Care
- Chronic Illness Care
- Behavioral Health Care
- Overuse/Waste
- Patient Experience
- Cost/Efficiency
- LTSS

Proposed populations which may require different measures

Adults	Children
Inc. those with special health needs	Inc. those with special health needs

For discussion:
1. Thoughts on approaching candidate measures by domain? Then by population within each domain?
2. Are these the right domains?
3. Are there any additional subpopulations (e.g. equity) we should consider?

How to create an aligned measure set

- The RWJF-supported Buying Value Project developed a suite of tools in 2014, titled "*How to Build A Measure Set*," to assist state agencies, private purchasers, and other stakeholders in creating aligned performance measure sets.

- The full suite of resources is available on the Buying Value website (*www.buyingvalue.org*).

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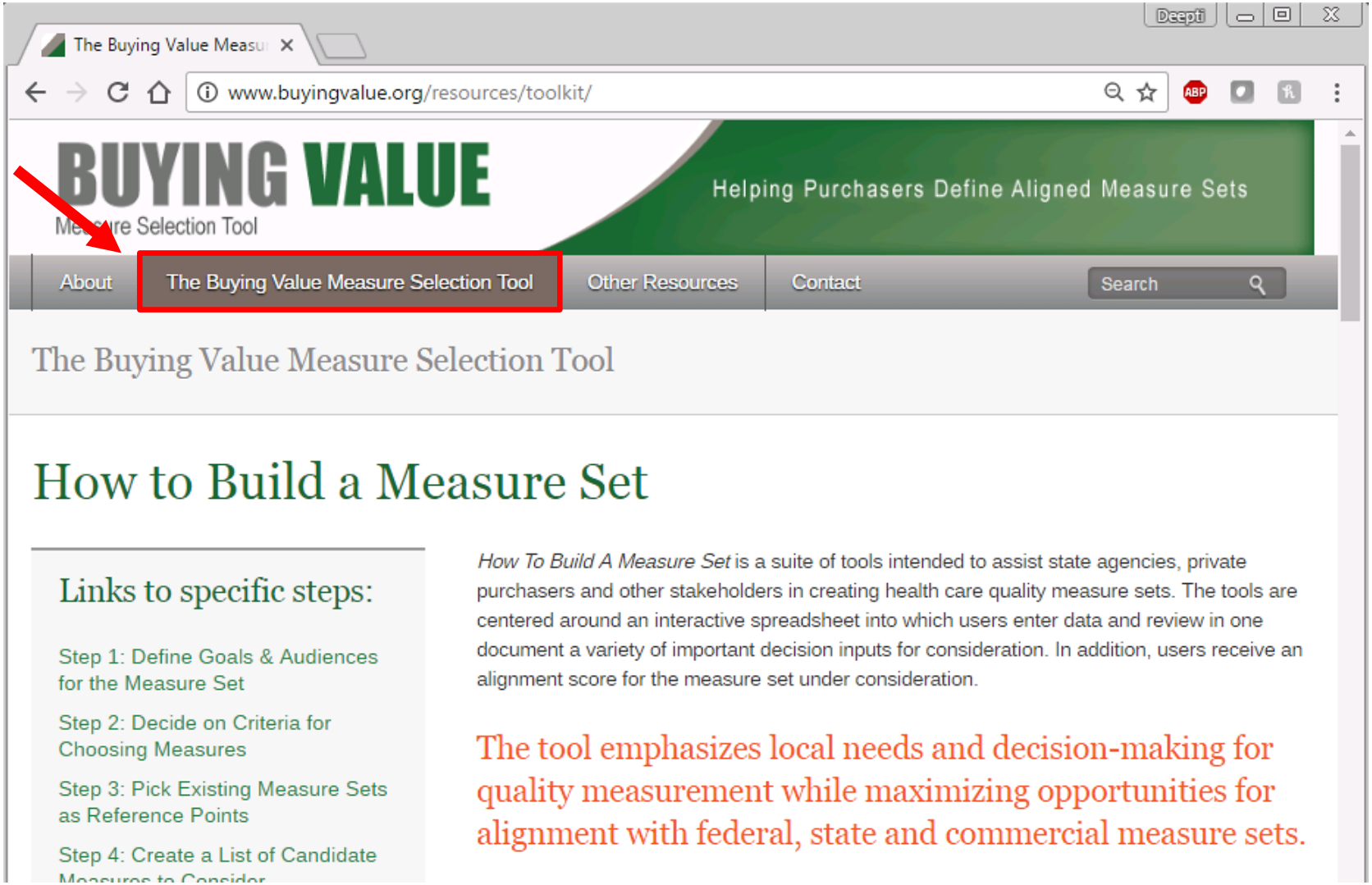
How to create an aligned measure set (Cont'd)



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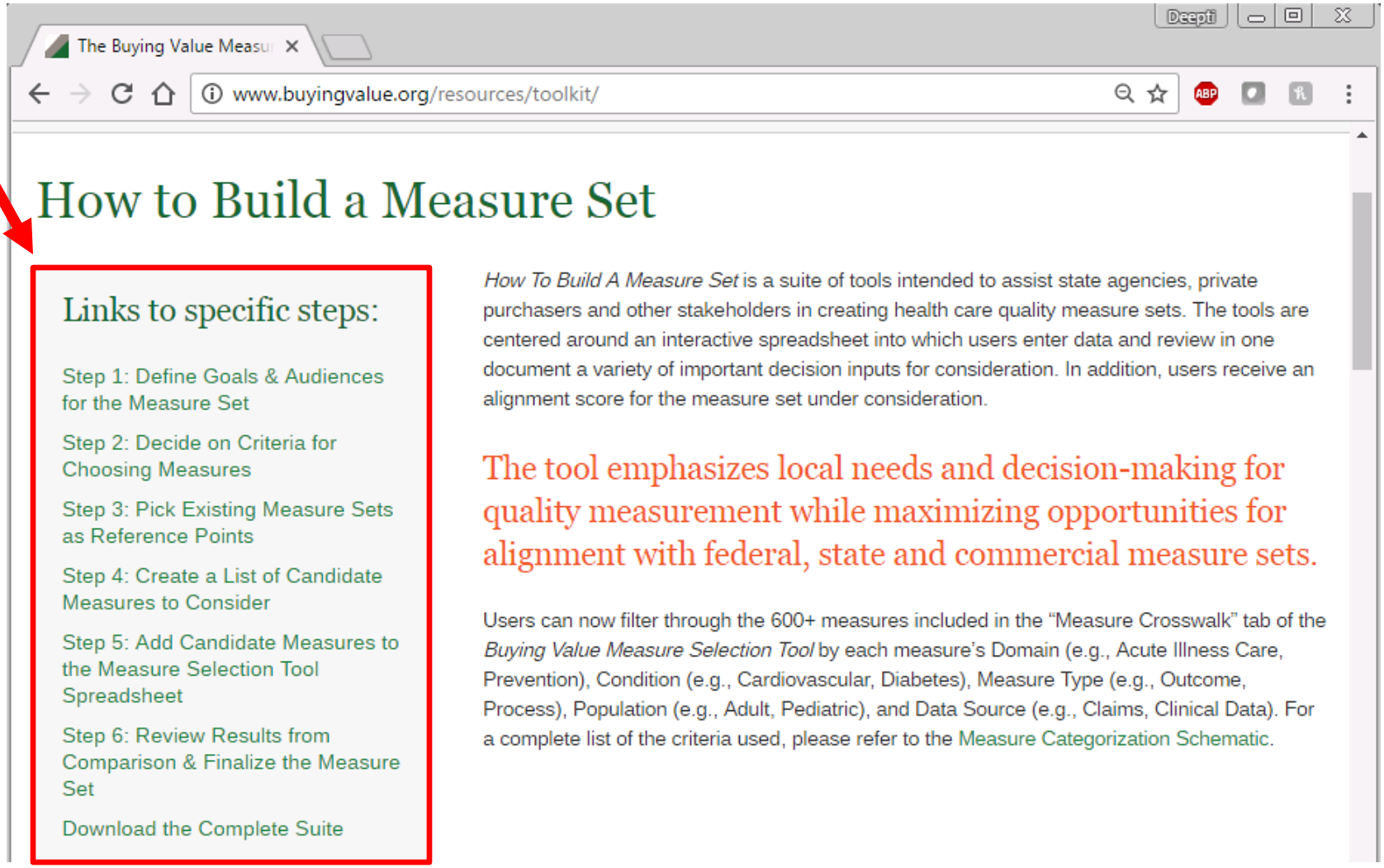
How to create an aligned measure set (Cont'd)



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Measure sets included in the tool

Federal and National Measure Sets Included in the Tool (15)

- Catalyst for Payment Reform Employer-Purchaser Measure Set
- CMMI Comprehensive Primary Care Plus (CPC+)
- CMMI SIM Recommended Model Performance Metrics
- CMS Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
- CMS Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set)
- CMS Core Quality Measures Collaborative
- CMS Health Home Measure Set
- CMS Hospital Value-Based Purchasing
- CMS Medicare Hospital Care
- CMS Medicare-Medicaid Plans (MMPs) Capitated Financial Alignment Model (Duals Demonstrations)
- CMS Medicare Part C & D Star Ratings Measures
- CMS Medicare Shared Savings Program (MSSP) ACO
- CMS Merit-based Incentive Payment System (MIPS)
- CMS Physician Quality Reporting System (PQRS); CMS EP EHR Incentive Clinical Quality Measures (eCQMs); and CMS Cross Cutting Measures (CCMs)
- Joint Commission Accountability Measures List

Measure sets included in the tool (Cont'd)

State Measure Sets Included in the Tool

- Medi-Cal P4P Measure Set
- Oregon CCO Incentive Measures
- Oregon CCO State Performance "Test" Measures
- Rhode Island SIM Aligned Measure Set for ACOs
- Vermont ACO Pilot Core Performance Measures for Payment and Reporting
- Washington State Common Measure Set for Health Care Quality and Cost

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Next meeting schedule and high level topics for each meeting

Meeting 1

- Describe current landscape
- Agree on guiding principles
- Lay groundwork for Taskforce process

Meetings 2-5

- Finish laying groundwork for Taskforce process
- Discuss specific measures

Meeting 6-10

- Final decisions on measure sets and how they should be used
- Begin planning for implementation, including collection of clinical data to support outcome measures
- Begin planning for priority setting around measure gaps

Appendix

Among the three largest commercial health plans, about half the measures used in APMs are different.

All Measures, Including Those Used In Fewer Than 10 APM Contracts

	MassHealth ACO	CMS AHIP ACO/PCMH Core Set	Harvard Pilgrim Health Care	Blue Cross Blue Shield of Massachusetts	Tufts Health Plan
MassHealth ACO	39	4	10	7	12
CMS AHIP ACO/ PCMH Core Set		28	11	10	12
HPHC			50	29	38
BCBSMA				46	29
THP					53

Commercial Insurers

Measures Used In At Least 10 APM Contracts

	MassHealth ACO	CMS AHIP ACO/PCMH Core Set	Harvard Pilgrim Health Care	Blue Cross Blue Shield of Massachusetts	Tufts Health Plan
MassHealth ACO	39 / 39	4	10	7	4
CMS AHIP ACO/ PCMH Core Set		28 / 28	10	10	7
HPHC			48 / 50	27	24
BCBSMA				42 / 46	18
THP					26 / 53

Commercial Insurers

Only 17 measures are utilized by all 3 commercial payers for at least 10 contracts:

2 Outcome, 6 Patient Experience, and 9 Process measures