

**Commonwealth of
Massachusetts**
Executive Office of Health and
Human Services



**EOHHS QUALITY
MEASUREMENT
ALIGNMENT TASKFORCE**

Meeting #2
July 18, 2017



Agenda



- **Welcome**
- **Relationship between Taskforce and DSRIP Subcommittee**
- **Timing and Process for “Gap Filling”**
- **Key Measure Selection Process Steps**
- **Next Steps**



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Taskforce and Subcommittee: Respective Roles



The focus of these two bodies will change over time. Their initial focus, however, is well defined.

Quality Measurement Alignment Taskforce:

- *Develop* a **multi-payer** aligned measure set for use in ACO contracts
- *Identify* where current measure gaps exist and *develop* a strategy to address them

DSRIP Subcommittee:

- *Advise* **MassHealth** on measures and targets utilized in the DSRIP, ACO and CP measure sets
- *Advise* **MassHealth** on developmental measures, including those that CMS is requiring under the terms of the 1115 waiver and DSRIP



What is the Role of Taskforce and Subcommittee to One Another?



Initially the two bodies have somewhat independent workstreams.

However...as the Taskforce identifies measure gaps and gap-filling strategies, it will consider the DSRIP developmental measures and whether they might fill any of the identified measure gaps.

Also, the DSRIP Subcommittee will present its MassHealth-specific recommendations to the Taskforce as time allows.



How Might the Roles Evolve?



The two bodies will increasingly focus on measure “gap filling” over time after a) developing the initial aligned measure set and b) meeting CMS DSRIP measure set submission requirements.

In addition, both bodies will focus on the operations of collecting and reporting outcomes measures, potentially making a recommendation around the role of a statewide clinical data repository to enhance measurement and support performance improvement.



Will the Aligned Measure Set Be Dynamic?



Yes! It will change for two reasons

- Mandatory reason: Clinical guidelines and national measure specifications are constantly in flux.
- Voluntary reason: We will want to introduce some new measures to fill current gaps.

We anticipate an annual aligned measure set review process after the set is initially established.

How much voluntary change occurs, and how often, will be a subject of discussion during future meetings of the Taskforce.



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Timing and Process for “Gap Filling”



**July - August
2017**

- Identify **measure gaps** at the domain-level while reviewing candidate measures

**September -
November
2017**

- Taskforce members and other interested parties invited to **identify measures**, including those in development, **to fill gaps**

**November 2017 -
February 2018**

- Staff **synthesize information** and present findings to Taskforce

2018

- **Begin gap filling**/new measure development work in earnest



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Recap: 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 Discuss whether payer-specific or all-payer data should be used to generate measures



1) Confirm Guiding Principles



Purpose: The overarching aim of the measure set is to promote multi-payer alignment in global budget alternative payment model (APM) contracts in Massachusetts. Measures do not need to satisfy all of the guiding principles in order to be selected.

Principles to be Applied to Individual Measures

1. Evidence-based, scientifically acceptable, nationally-endorsed and valid at the level at which it is being used (ACO).
2. Required data should be either readily available, not overly burdensome to collect, or, if burdensome, of demonstrable value for improving patient care.
3. Represents an opportunity for improvement
4. Is important to consumers and supports the triple aim of better care, better health and lower cost.



1) Confirm Guiding Principles (Cont'd)



Purpose: The overarching aim of the measure set is to promote multi-payer alignment in global budget alternative payment model (APM) contracts in Massachusetts. Measures do not need to satisfy all of the guiding principles in order to be selected.

Principles to be Applied to the Measure Set

1. Prioritize health outcomes, including measures sourced from clinical and patient-reported data.
2. Provide a largely complete and holistic view of the ACO being evaluated and the services for which it is accountable.
3. Strive for parsimony.
4. Significantly advance the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care.
5. Promote value for consumers, purchasers, and providers.



2) Confirm Core/Menu/Developmental Approach



The following are definitions of “core”, “menu” and “developmental” measures:

- Core: measures which all payers will implement in their contracts with ACOs
- Menu: measures which payers may choose to implement in contracts with ACOs
- Developmental: measures that are in development, or in need of testing and validation

Note: There are likely to be some measures that are specific to Medicaid due to the service and/or population focus of the measures.

For discussion:
Does the group agree with these concepts of “core”, “menu” and “developmental”?



3) Identify Performance Domains and Populations



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

Some common performance domains used in other states include:

1. Preventive Care
2. Acute Illness Care
3. Chronic Illness Care
4. Behavioral Health Care
5. Overuse/Avoidable Utilization
6. Cost/Efficiency
7. Patient Experience

The following domains were suggested in feedback received from Taskforce members and staff:

1. Disparities (e.g., disability status, race, language, gender)
2. Care Coordination
3. Integration
4. Patient/Provider Communication
5. Team-based Care
6. LTSS

For discussion:

Are these the right domains? Any others to adopt?



3) Identify Performance Domains and Populations (Cont'd)



Proposed populations which may require different measures:

<p>Adults Including those with special health needs</p>	<p>Children Including those with special health needs</p>
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Additional subpopulations (e.g., race/ethnicity, disability status, etc.) can be addressed by stratifying measures.

For discussion:
1. Is the Taskforce comfortable organizing measures within each domain by adult and child population to ensure representativeness?



4) Identify Candidate Measure Sources



With which measure sets do we want to foster alignment?

Options may include:

- Measures currently in use by contracted providers and payers
- Measures found in national and regional measure sets
- Measures that address a priority opportunity for performance improvement





4) Identify Candidate Measure Sources: Examples



- **Measures currently in use in APM contracts by providers and payers:**
 - Harvard Pilgrim Health Care (2017)
 - Blue Cross Blue Shield of MA (2016)
 - Tufts Health Plan (2017)
- **Measures found in local and state measure sets:**
 - Boston Public Health Commission (2016)
 - Group Insurance Collaborative: Clinical Performance Improvement Initiative
 - MassHealth ACO (DSRIP)
 - MassHealth MCO (Payment and Reporting)
 - Standard Quality Measure Set
- **Measures found in national measure sets:**
 - CMS Core Quality Measures Collaborative (ACO/PCMH)
 - CMS Medicaid Child Core Set
 - CMS Medicaid Adult Core Set
 - CMS Medicare Part C & D Star Ratings Measures
 - CMS Merit-based Incentive Payment System (MIPS)
 - NCQA Health Plan Ranking

For discussion:
What additional measure sets would the group like to consider?



5) Identify Potential Data Sources and Operational Means for Acquisition



- Data availability is often a significant constraint on measure options.
- Timeliness is often a consideration, as there is often a significant time lag to obtaining claims-based measures and to obtaining data from public data sets.

Data source options include:

- Clinical data – from EHRs and/or HIE (if available)
- Claim data
- Survey data – patient and/or provider





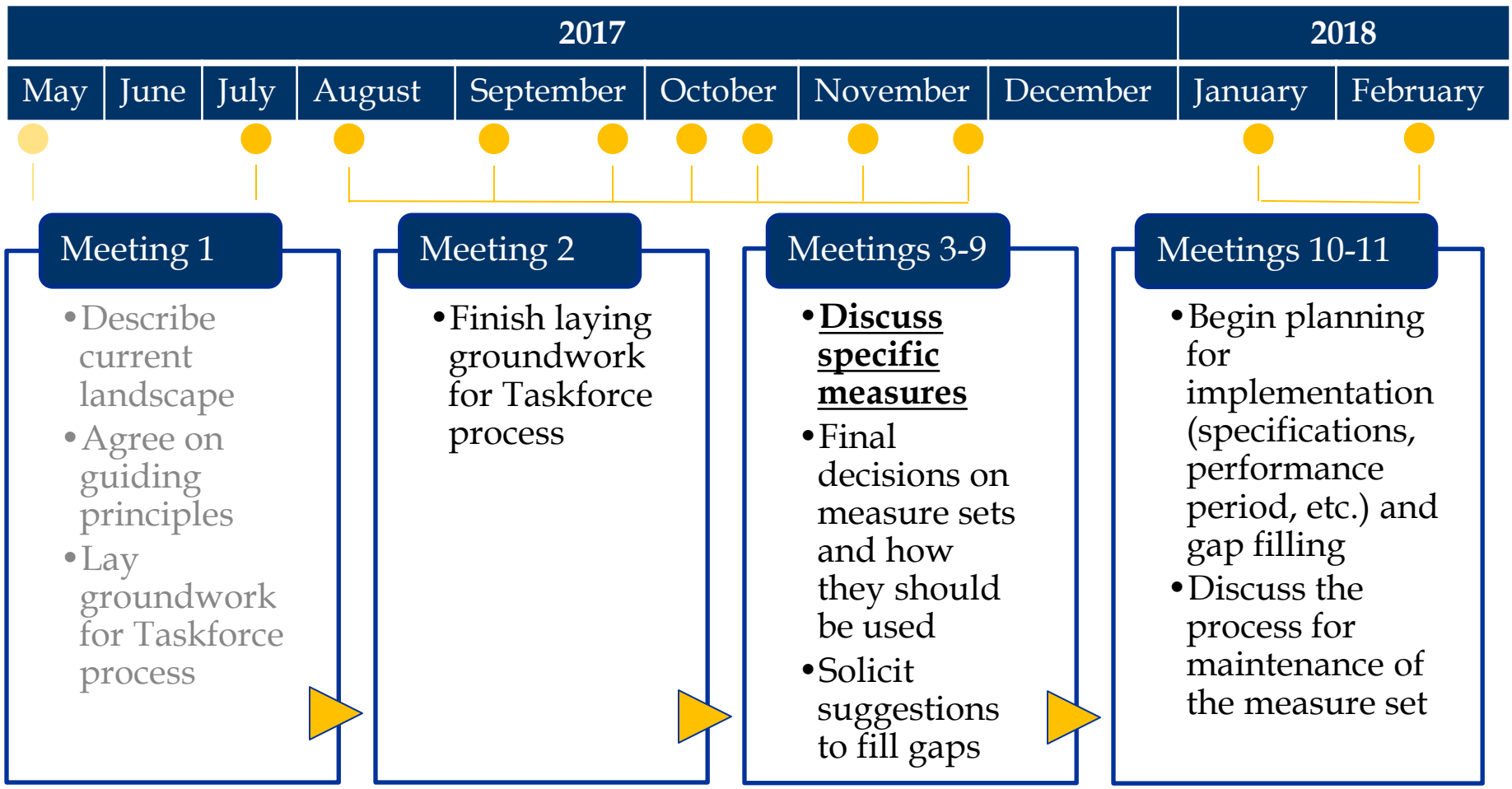
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Next Steps: Meeting Schedule and High Level Topics for Each Meeting





Reference Slides



The following slides may be helpful to have available for reference during today's meeting.



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).



How to Create an Aligned Measure Set (Cont'd)



The Buying Value Measure Selection Tool

Helping Purchasers Define Aligned Measure Sets

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The Buying Value Measure Selection Tool

How to Build a Measure Set

Links to specific steps:

- Step 1: Define Goals & Audiences for the Measure Set
- Step 2: Decide on Criteria for Choosing Measures
- Step 3: Pick Existing Measure Sets as Reference Points
- Step 4: Create a List of Candidate Measures to Consider

How To Build A Measure Set is a suite of tools intended to assist state agencies, private purchasers and other stakeholders in creating health care quality measure sets. The tools are centered around an interactive spreadsheet 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.



How to Create an Aligned Measure Set (Cont'd)



The Buying Value Measure x

www.buyingvalue.org/resources/toolkit/

How to Build a Measure Set

Links to specific steps:

- Step 1: [Define Goals & Audiences for the Measure Set](#)
- Step 2: [Decide on Criteria for Choosing Measures](#)
- Step 3: [Pick Existing Measure Sets as Reference Points](#)
- Step 4: [Create a List of Candidate Measures to Consider](#)
- Step 5: [Add Candidate Measures to the Measure Selection Tool Spreadsheet](#)
- Step 6: [Review Results from Comparison & Finalize the Measure Set](#)
- [Download the Complete Suite](#)

How To Build A Measure Set is a suite of tools intended to assist state agencies, private purchasers and other stakeholders in creating health care quality measure sets. The tools are centered around an interactive spreadsheet 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.

Users can now filter through the 600+ measures included in the "Measure Crosswalk" tab of the *Buying Value Measure Selection Tool* by each measure's Domain (e.g., Acute Illness Care, Prevention), Condition (e.g., Cardiovascular, Diabetes), Measure Type (e.g., Outcome, Process), Population (e.g., Adult, Pediatric), and Data Source (e.g., Claims, Clinical Data). For a complete list of the criteria used, please refer to the [Measure Categorization Schematic](#).



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 (6)

- 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