

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

Meeting #28
September 23, 2019



Agenda



- **Welcome**
- **Taskforce Scope and Proposed Charter**
- **Centralized Process to Collect Clinical Data – Explore Objectives and Activity in Other States**
- **Developmental Measures Updates**
- **Next Steps**

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT



Returning Members



Members Representing Stakeholder Organizations

- **Rich Antonelli**, Boston Children's Hospital
- **Arlene Ash**, UMass Medical School
- **Dennis Heaphy**, Disability Policy Consortium
- **Lisa Iezzoni**, Massachusetts General Hospital/Harvard Medical School
- **Tom Isaac**, Atrius Health
- **Renee Altman Nefussy**, Tuft Health Plan
- **Dan Olshansky**, Behavioral Health Network
- **Michael Sherman**, Harvard Pilgrim Health Plan
- **Barbra Rabson**, Massachusetts Health Quality Partners
- **Jackie Spain**, Health New England
- **Aswita Tan-McGrory**, The Disparities Solutions Center at MGH
- **Christian Dankers**, Partners HealthCare



Returning Members



Members Representing Stakeholder Organizations (Continued)

- **Elisabeth Okrant**, Mass. Behavioral Health Partners/Beacon Health Options
- **Wei Ying**, Blue Cross Blue Shield of Massachusetts

Members Representing State Agencies

- **Lauren Peters**, Taskforce Chair, Executive Office of Health and Human Services
- **Kevin Beagan**, Division of Insurance
- **Katherine Fillo**, Department of Public Health
- **Kelly Hall***, Health Policy Commission
- **Rachelle Mercier**, Group Insurance Commission
- **Linda Shaughnessy**, MassHealth
- **David Tringali**, Department of Mental Health
- **Michael Wagner****, MassHealth
- **David Whitham**, Executive Office of Health and Human Services, MassHIway

*while Vivian Haime on leave

**replacing Clara Filice



New Members



- **Benjamin Asfaw**, South Shore Health
- **Jatin K. Dave**, New England Quality Care Alliance
- **Joseph Finn**, Massachusetts Housing and Shelter Alliance
- **Ann Healey**, Community Care Cooperative
- **Mark Mandell**, Steward Health Care Network
- **Patricia Noga**, Massachusetts Health and Hospital Association
- **Leslie Sebba**, Beth Israel Lahey Clinical Performance Network
- **Daniel Weiswasser**, Trinity Health of New England Medical Group
- **Chloe Zera**, Beth Israel Deaconess Medical Center



Work Plan for the Next Six Months



Meeting	Meeting Goals
September 23, 2019	<ul style="list-style-type: none">• Review the revised Taskforce scope• Discuss proposed Taskforce charter• Centralized clinical data collection - draft business case, activity in other states and planned future work• Developmental measure activity updates
October 16, 2019	<ul style="list-style-type: none">• Presentation from RI about its aligned measure set work• Complete discussion of 2019 developmental measure work• Discuss the process for considering homegrown measures• Discuss transparency and use of the aligned measure set for public reporting

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Work Plan for the Next Six Months



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Meeting	Meeting Goals
November 2019	<ul style="list-style-type: none">• Reflect on 2019 activity and progress towards goals• Discuss Taskforce goals for 2020, including 2020 developmental measure activity• Begin annual review of the Aligned Measure Set• Review Quality Catalogue survey results• Discuss proposal to reduce depression measure options• Whether to pursue the addition of hospital measures for the 2021 set
December 2019	<ul style="list-style-type: none">• Continue annual review of the Aligned Measure Set <p><i>Discuss the following topic should time permit:</i></p> <ul style="list-style-type: none">• The Taskforce’s role and capacity to consider adequate denominator sizes
January 2020	<ul style="list-style-type: none">• Continue annual review of the Aligned Measure Set
February 2020	<ul style="list-style-type: none">• Continue annual review of the Aligned Measure Set, if necessary• Discuss which stakeholder recommendations should be incorporated into the functionality of the centralized clinical data collection process
March 2020	<ul style="list-style-type: none">• Finalize the 2021 Aligned Measure Set• Discuss progress towards 2020 goals• Developmental measure activities updates



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Taskforce Scope of Work - Expectations



- **Expectations of Taskforce Members:** All Taskforce and Subcommittee members are expected to:
 - participate in initial onboarding activities and trainings;
 - be available to devote the time needed to perform the roles and responsibilities of the Taskforce and/or Subcommittee;
 - review all meeting materials in advance of meetings;
 - attend 90% of meetings;
 - participate in the development of work plan deliverables, and
 - provide advice and guidance to EOHHS.

- Taskforce members may send a representative to a meeting with prior approval from EOHHS, provided, however, that the member is expected to attend at least half of the meetings.



Taskforce Scope of Work - Goals



1. Reach consensus on an aligned quality measure sets that may be used in alternative payment model (APM) set for payers and providers to implement in global budget-based risk contracts;
2. Identify strategic priority areas for quality measure development where measure gaps exist;
3. Advise EOHHS on the quality measures and methodology that may be used as part of its ACO, CP, and Delivery System Reform Incentive Payment (DSRIP) programs, and
4. **Advise EOHHS on other topics related to quality measurement, as requested by EOHHS.**

Bold indicates that the goal was added in the 2019 re-opened notice of opportunity.



Taskforce Scope of Work - Considerations



- The Taskforce considers the relevance and applicability of the quality of care priorities to state agencies (e.g., EOHHS, the Health Policy Commission (HPC), the Department of Public Health (DPH), Center for Health Information and Analysis (CHIA)), and stakeholders (e.g., payers, purchasers, providers, patients, and families) for a range of purposes. Such purposes may include, but are not limited to, helping to identify:
 - quality improvement priorities for the Commonwealth;
 - **quality measures for the Commonwealth to report publicly;**
 - a set of quality measures, measure definitions (e.g., numerator, denominator, exclusion criteria, reporting time frame), and possible benchmarks, and
 - priority areas for quality measurement innovation.

Bold indicates that the goal was added in the 2019 re-opened notice of opportunity.



A Note on Membership



- Unless told otherwise by EOHHS, Taskforce members represent their organization.
- As such, members are expected to coordinate with their organizational colleagues so that they speak for their organization when engaging in Taskforce discussion.



Proposed Taskforce Charter



- Prior to today's meeting, we shared with you a draft Massachusetts Quality Measure Alignment Taskforce Charter for your review.
- The charter outlines:
 - Vision and Mission
 - Quality Measure Alignment Taskforce Charge
 - Taskforce Membership
 - Term
 - Taskforce Member Responsibilities
 - Operating Procedures
 - Amendment of Operating Procedures
- **Does the Taskforce have any recommended changes to the charter?**



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Centralized Process to Collect Clinical Data



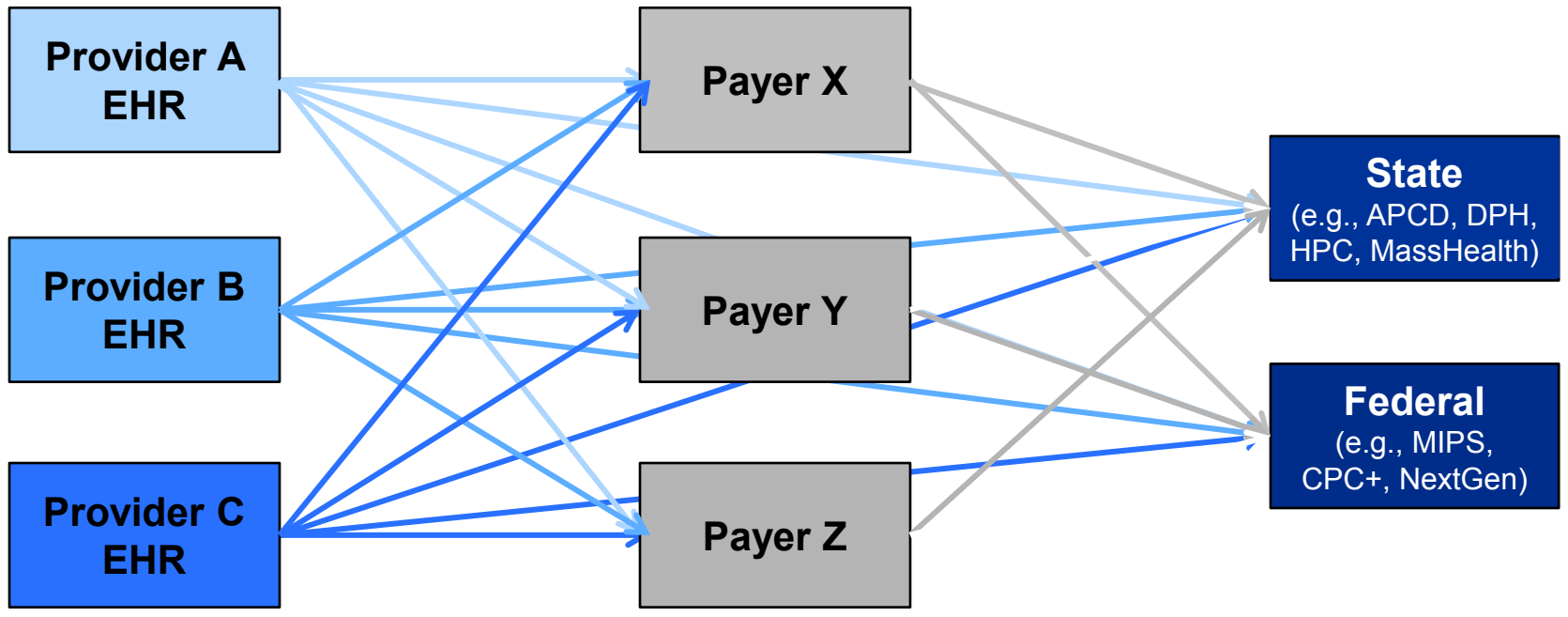
- At outset of the Taskforce's very first meeting on 5/30/17, there was discussion of the need for electronic data infrastructure to support use of outcome measures requiring clinical data. The Taskforce then agreed to bring attention here after the initial measure set was developed.
- Undersecretary Peters has brought the Taskforce periodic updates on State e-health work over the past year. This summer, under Undersecretary Peters' direction, centralized clinical data collection process planning efforts have begun in earnest. Specifically:
 1. Taskforce staff drafted centralized clinical data collection process goal, vision and objectives.
 - We solicited input from interested Taskforce members on these objectives during a 7/29 call.
 2. Taskforce staff then conducted interviews with several states and private organizations that have operationalized centralized clinical data collection for quality measurement.
- Today, we seek your input on the objectives and will share with you results of our interviews.



Current Clinical Data Reporting



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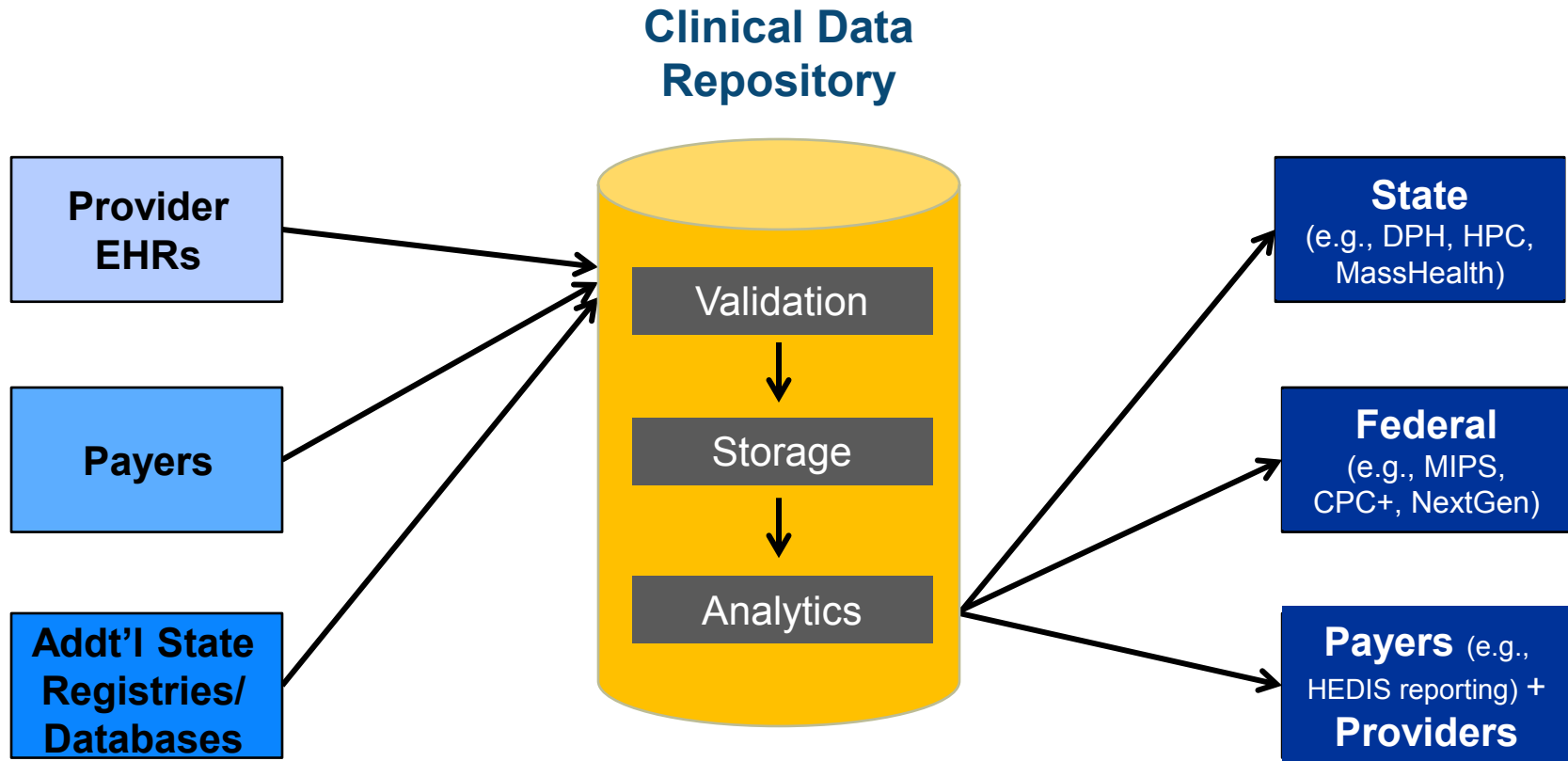




One Possible Future of Clinical Data Reporting for Quality Measurement



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Draft Centralized Clinical Data Collection Objectives Goal and Vision



- **Goal:** To build a centralized electronic clinical data collection process in the Commonwealth for the purpose of generating standardized performance measures.
- **Vision:** To improve measurement of the performance of the health care system, create efficiencies for providers and payers, improve quality of patient care, and support continued transformation of care delivery through better access to data and comparable outcome-based quality measures.



Draft Centralized Clinical Data Collection Objectives



- 1. Administrative simplification:** As quality performance measurement transitions to the use of data extracted from electronic health records, providers are being asked to send clinical data files to each payer with which they contract, or in the case of Medicare, to calculate the measures themselves. Reporting simplification should be achieved through:
 - the development of centralized clinical data collection that takes in patient-level data from providers and sends it to the payers on a monthly basis;
 - offering providers *one interface* as opposed to needing to manage multiple and varying interfaces with different insurers, and thereby reducing a potential practice administrative burden, and
 - standard input and output processes.



Draft Centralized Clinical Data Collection Objectives



2. Performance calculations and transparency of performance:

The centralized clinical data collection process should maintain capacity for routine calculation of provider performance on key quality measures, including those measures in the Massachusetts Aligned Measure Set and the full HEDIS measure set.

- The centralized clinical data collection process should be able to calculate performance on measures using clinical and/or administrative data.
- Performance should be calculated on both a single and multi-payer basis, by line of business.
- Information should be made available to providers, payers and the public through a public-facing website.

Consistency with MassHealth reporting requirements: Depending on the timing of development, the centralized clinical data collection process should 1) meet MassHealth's obligations to CMS to triennially report data on its full ACO measure set and annually publish performance on a subset of quality measures and 2) produce performance measures in a manner that is consistent with MassHealth's existing reports.



Draft Centralized Clinical Data Collection Objectives



- 3. Incentivization for adoption of the Massachusetts Aligned Measure Set:** Payer and provider dyads using the Massachusetts Aligned Measure Set should be able to use the centralized clinical data collection for quality reporting purposes in their contracts.
- 4. Leverage existing state resources and clinical data efforts:** The centralized clinical data collection should leverage existing State databases and concurrent clinical data efforts to create a common platform for quality measurement, reporting and improvement.



Draft Centralized Clinical Data Collection – Other Considerations



- **As the State moves from consideration of objectives to determining specific functionalities, the following issues should be considered:**
 - the willingness of payers to cede quality calculations to a central entity;
 - interoperability and data sharing;
 - the scope of the data collection, including 1) whether raw data are collected or only components necessary for calculation of quality measures and 2) inclusion of all lines of business, and
 - processes for data validation and vetting data with payers and providers.



Feedback on Draft Objectives










- What thoughts have you in reaction to these draft objectives?
- Are there any other objectives you recommend we consider as we continue exploration of centralized clinical data collection?



Environmental Scan of Centralized Clinical Data Collection in Other States



- In July and August 2019, Taskforce staff met with individuals from seven states to learn about their efforts to centralize clinical data collection.
- A semi-structured interview guide was used.

						
CO eCQM Solution	MiHIN Clinical Quality Measure Reporting + Repository	MNCM Clinical Data Systems	NY HIE Integration Framework	OR Clinical Quality Metrics Registry	RI Quality Reporting System	WI Repository Based Submission Tool



Use Cases for Centralized Clinical Data Collection in Other States



- Reporting to payers on behalf of providers for risk contract purposes and for HEDIS reporting
- Reporting to state and federal agencies to fulfill regulatory reporting requirements, to promote transparency, and for Medicaid payment purposes
- Reporting to providers for quality improvement purposes (i.e., gaps in care, performance on quality measures across payers)
- Administrative simplification (e.g., single submission/EHR connection leveraged for multiple purposes)



Background on Centralized Clinical Data Collection in Other States



- **States varied with respect to how these initiatives started**
 - Legislative requirement for providers to report clinical data
 - State-initiated effort (e.g., SIM funding, other impetus)
 - Private multi-stakeholder organization initiation
- **States also varied in the infrastructure they implemented or leveraged for this purpose**
 1. Clinical data repository: clinical data are transmitted to a common location for storage, calculation and reporting
 2. Health information exchange (HIE) network: existing HIEs serve as the data source, and a mechanism pulls data from HIEs to calculate and report measures (e.g., via block chain technology); data used for calculation are not stored
 3. Direct extraction for measure calculation: data are transmitted manually or automatically from EHRs and possibly other electronic data sources for measure calculation and reporting, but can also be pulled from HIEs; data used for calculation are not stored



Centralized Clinical Data Collection in Other States



	Colorado	Michigan	Minnesota	New York	Oregon	Rhode Island	Wisconsin
Governing body	State	Independent organization	Independent organization	State	State	State	Independent Organization
Infrastructure	HIE Network	Direct extraction for measure calculation	Direct extraction for measure calculation	HIE Network	Direct extraction for measure calculation	Clinical Data Repository	Clinical Data Repository
Data collection mechanism	Automated	Manual via web portal; some direct feeds from payers	Manual via web portal; Option of extraction via EHR account	Automated	Mostly manual via web portal	Automated	Manual via web portal
Data collection timing	Quarterly	Annual	Annual	Real-time	Annual	Real-time	Monthly/Quarterly
Patient-level data	No	Somewhat; mostly aggregated	Yes (de-identified)	Yes (identifiable)	No	Yes (identifiable)	Yes (de-identified, but with MRN)
Analytic Capabilities	No	No	Yes	Varies by HIE	No	Yes	Yes
Report Generation	Provider reports; CMS submission (eCQM measure)	Provider reports; payer reports in uniform format; state + CMS submission	Provider reports; State and Medicaid	Provider reports; payer reports	Provider reports; Medicaid reports	Users with login can generate reports based on account permissions	Provider reports; payer reports
Penetration	90% hospitals; 60% primary care practices; some specialty	NA	90% of providers	All hospitals; 60-70% of ambulatory practices; 80-90% of patients	110 providers orgs; 70% CCO members	5% of providers	65% of providers in the state (including dental); >50% patients)



Centralized Clinical Data Collection in Other States: Cost and Funding Sources



■ Cost

- Initial: for most states this was unknown; range reported between \$1.75 and \$4M
- Maintenance: range reported between \$200,000 and \$3M

■ Funding sources

- State dollars
- Federal funding (e.g., HITECH, SIM)
- Grants (e.g., RWJF)
- Payer/provider contribution (e.g., membership dues)



Centralized Clinical Data Collection in Other States: Barriers



- Data collection challenges based on variation among EHRs and ability to pull patient-level files (e.g., QRDA I)
- Data privacy concerns
- Lack of provider resources to support EHR connectivity and maintenance as well as to support funding model (e.g., membership dues)
- Provider and payer attribution
- Ensuring that stakeholder needs were met



Centralized Clinical Data Collection in Other States: Lessons Learned



1

Consider if **functionality** should focus on **collection** and/or **analytics**

3

Evaluate available **funding** and associated **sustainability**

5

Examine **governance** options and leverage any **neutral entities**

2

Allot time for **automatic, real-time** collection of **patient-level, data**

4

Focus initially on **building trust** around **data security** and **privacy**

6

Dedicate time to a **multi-stakeholder process** to ensure success

Every state approach to clinical data collection varies dramatically and depends on **existing infrastructure** and **stakeholder needs**



Meetings with State Agencies



- **Taskforce staff also has met with a number of Massachusetts agencies to learn about their current clinical data collection efforts and future use cases for a centralized clinical data collection process, and will continue to do so**
- **State agencies include:**
 - Center for Health Analysis (CHIA)
 - Department of Public Health (DPH)
 - Health Policy Commission (HPC)
 - MassHealth
 - Department of Mental Health (DMH)
 - Division of Insurance (DOI)
 - Massachusetts HIway



Centralized Clinical Data Collection – Next Steps



■ Fall 2019: Explore the Business Case

- Meetings with state agencies
- Massachusetts stakeholder interviews
- Finalize objectives

■ Fall 2019-Summer 2020: Explore Functionality

- Develop a list of functionalities needed to meet the objectives
- Public listening sessions to gather feedback
- Finalize functionalities



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Upcoming Meetings



■ October 16, 2019

- Presentation from RI about its aligned measure set work
- Complete discussion of 2019 developmental measure work
- Discuss the process for considering homegrown measures
- Discuss transparency and use of the aligned measure set for public reporting