

Quality Alliance Steering Committee, Measure Implementation Strategy Workgroup February 11, 2011 – Conference Call Notes

The following is a high-level review of the discussion points that were touched upon during the MIS workgroup's conference call on Friday, February 11.

Kerri Petrin and Ayodola Anise of Brookings and workgroup co-chair Lew Sandy welcomed participants to the call and walked through the call's agenda, starting with an update on QASC activities since the workgroup last met. The workgroup also reviewed the MIS Workgroup Charter and Work Plan for 2011 and heard an overview of two of the three projects that will comprise their work this year. Kerri Petrin provided an overview of the Beacon Community Project, while Ayodola Anise discussed the Brookings-Dartmouth ACO Initiative and Pilot Project.

Participants: Lew Sandy, Paul Tang, Gerry Shea, Marc Overhage, Jennifer Shevchek, Aparna Higgins, Lea Anne Gardner, Sharon Sprenger (for Jerod Loeb)

QASC Update

- The QASC met virtually in December and discussed their accomplishments in 2010 and the work ahead for 2011. The QASC's vision is that it will actively support the implementation and use of standard health care performance information for:
 - Performance improvement directly by providers;
 - Public reporting and more informed consumer decision-making; and
 - Effective public policies, payment policies, and consumer incentives that reward or foster better provider performance.
- Thus, in 2011, the QASC will focus its attention in three main areas: developing a nationally-consistent approach for data aggregation and collection to produce and report measure results; testing and implementing advanced best practices in data collection and aggregation; and promoting the use of standardized, consistent, reliable quality and cost data
- The QASC will accomplish much of its work through its four workgroups: Measure Implementation Strategy, National-Regional Implementation (which will advise mainly on technical and operational elements to support and implement nationally-consistent performance measurement strategy), Cost of Care (which will be focused on providing technical expertise for efforts related to developing, testing, and implementing cost-of-care measures); and Patient Reported Measurement (the QASC's newest workgroup, which will focus on identifying best practices and current demonstrations to acquire, analyze, and use patient-reported information across all care sectors).
- The next meeting of the QASC will be in person and will take place on March 15, 2011.

MIS Workgroup Charter and Work Plan for 2011

- Dr. Sandy provided an overview of the MIS Workgroup charter and main areas of work for 2011. Briefly, the purpose of the MIS Workgroup is to provide strategic guidance on:
 - Identifying advanced methods of data aggregation and integration;
 - Identifying best practices from the public and private sector; and
 - Selecting measurement strategies that could align across different reform priorities.
- In 2011, the Workgroup will focus mainly on technical and operational issues related to performance measurement, based on administrative and clinically-enriched data, in the context of three projects: the Brookings-Dartmouth Accountable Care Organization (ACO) pilots; the Beacon Community Program, and the National Performance Measurement Initiative.

- One workgroup member asked whether the group would continue to build on the High-Value Health Care pilot work that explored data aggregation. This work will be part of the National Performance Measurement Initiative.

Overview and Discussion of the Beacon Community Project

- Kerri Petrin presented an overview of the Beacon Community Project. The Beacon Communities are 17 communities across the United States who have collectively been awarded a total of \$250 million. These communities were selected because of their relatively high rates of health information technology (HIT) adoption, including EHRs and health information exchange. The Beacon Program will support these communities to build and strengthen their HIT infrastructure and exchange capabilities to: improve care coordination; increase the quality of care; and slow the growth of health care spending.
- Brookings is leading technical assistance in two areas/domains, data and performance measurement and sustainability. This technical assistance is being provided as mix of domain-specific workgroups, sub-groups, and individual community engagements
- Potential areas of engagement for the MIS Workgroup include: advising on best practices in combining data from a variety of sources (including EHRs, HIEs, patient/disease registries, hospital discharge database, administrative claims) for performance measurement; and providing input related to common technical challenges faced by communities.
- One Workgroup member noted that the Workgroup would be able to provide more concrete feedback and assistance if they understood the specific challenges that each community faces and where the communities are in terms of data and performance measurement.
- Another Workgroup member noted the inclusion of sustainability as an area of technical assistance, and asked what specifically communities were being asked to sustain. Ms. Petrin responded that this varies across communities; some are solely focused on sustaining a health information exchange, while others are interested in perpetuating the broader enterprise around care coordination and clinical transformation.
- A Workgroup member also asked about the opportunity to gather learnings from these communities, given that they are at the vanguard of HIT adoption and health information exchange. Ms. Petrin responded that while we may certainly take learnings from those communities that are far along in their performance measurement efforts, others still have considerable opportunity to benefit from technical assistance in this area.

Overview and Discussion of Brookings-Dartmouth ACO Initiative and Pilot Project

- Ayodola Anise provided an overview of the Brookings-Dartmouth ACO Initiative, which includes a Learning Network with over 100 members, as well as a pilot site project. The goals of the ACO pilot site project are to:
 - Create consistent, actionable information on quality and utilization for providers to make improvements within the ACO;
 - Provide an assurance to patients and payers that any shared savings accumulated by the ACO was not gained at the expense of patient care;
 - Create a template for performance measurement that is nationally replicable and available for use by private payers and the Medicare program; and
 - Engage five provider groups implementing shared savings programs with commercial payers.
 - Carillion Clinic/TBD; Norton Healthcare/Humana; Tucson Medical Center/UnitedHealthcare; Monarch HealthCare/Anthem; HealthCare Partners/Anthem.

- Ms. Anise described the performance measurement implementation trajectory of the pilot project, which takes place in three phases. Over time, the measures become progressively more comprehensive to address critical areas and priorities including clinical effectiveness, health outcomes, care coordination, and patient experience.
 - Phase I begins with administrative-only measurement which includes ambulatory care quality, readmissions, and utilizations measures. The selected measures are to be calculated by first quarter 2011.
 - Ambulatory care quality measures: Use of imaging studies for low back pain, Appropriate testing for children with pharyngitis; Avoidance of antibiotic treatment for adults with acute bronchitis; Appropriate treatment for children with upper respiratory infection (URI); Breast cancer screening; Cervical cancer screening; Diabetes: HbA1c management (testing); Diabetes: cholesterol management (testing); Cholesterol management for patients with cardiovascular conditions (testing); Use of appropriate medications for people with asthma; Persistence of Beta-Blocker treatment after a heart attack; and Annual monitoring for patients on persistent medications;
 - Readmission measure: All-Cause 30-Day Readmission Measure (NCQA); and
 - Utilization measures: Hospital days (per 1,000); Hospital admissions (per 1,000); Hospital admissions for ambulatory sensitive conditions (per 1,000); Emergency room visits (per 1,000); Emergency room to inpatient admission rates; Use of generics drugs; Doctor visit within 7 days of patient discharge; and Imaging rates (per 1,000)
 - Phase II includes clinically enriched measurement. Sites are in the process of developing ACO specific implementation plans. Measures listed below will be calculated by January 2012.
 - Coronary artery disease: Cholesterol Management for Patients with Cardiovascular Disease, ACE Inhibitor or ARB Therapy;
 - Diabetes: LDL Control, HbA1c Poor Control, HbA1c Control (<8.0), High Blood Pressure Control, Kidney Disease Screen;
 - Hypertension: Blood Pressure Control;
 - Pediatrics: Childhood Immunizations, Immunization for Adolescents; and
 - Preventive care: Colorectal Cancer Screening.
 - Phase II also includes patient reported measurement, which includes patient experience. Measures are currently being finalized and data collection is targeted for the second half of 2012.
 - Measures Phase III includes patient reported outcomes. Data collection is targeted to begin in 2015.

The selected measures for administrative-only and clinically-enriched were identified through a collaborative effort with pilot sites and are aligned with current quality improvement projects and national priorities.

- Ms. Anise stated that each ACO will develop implementation plans for clinically-enriched measurement. To develop these plans, the ACOs and payer partners will be completing surveys that assess the data sources used to obtain clinical data, processes used to obtain clinical data, and processes used for calculating measures and data management. Survey results will be shared with the MIS Workgroup at the next meeting.

- One Workgroup member asked about the calculation of administrative-only measures for commercial and Medicare populations. Ms. Anise responded that only some ACO payer partners have calculated the administrative-only measures and one payer partner is starting with their Medicare population before moving to include their commercial population.
- Two Workgroup members suggested that additional measures capturing follow-up care after a hospital discharge should be added to the measure set. Specifically, measures about discharge instructions and care transition should be considered. Participants suggested that three NQF-endorsed care coordination measures developed by the PCPI may be appropriate.
- One Workgroup member indicated that they would like to learn more about the patient-based and episode-based attribution methodology that is being used for the project. This information will assist the Workgroup in better understanding the shared savings aspect of the project.
- One Workgroup member stated that it is important that the measures align with physician reporting programs such as Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) and Physician Quality Reporting Initiative (PQRI).
- One Workgroup member suggested that we also consider including measures of hospital-acquired conditions, which will soon be reported on CMS' Hospital Compare. Ms. Petrin discussed the approach to inpatient measurement generally, which is challenged by ACOs that do not have close relationships with the hospitals in their areas and a small sample size from which to draw data. Thus, the inpatient measurement strategy will rely on publicly-available data sources. Brookings-Dartmouth will provide a compendium of publicly-available inpatient measure results, their sources (e.g., Hospital Compare, The Leapfrog Group), and benchmarks.
- Dr. Sandy indicated that given there is more variation on clinically-enriched measurement, it is good that we have more time to promote consistency and increase the reliability of clinically-enriched information. The process of ACO development and clinically-enriched measurement is closely tied.
- One Workgroup member pointed out the importance of not overwhelming sites with too many new measures to calculate. Ms. Anise assured the Workgroup that the ACO pilot sites and payer partners are involved in decision making around performance measurement at all levels including measure selection.

Next Steps

- The next MIS Workgroup call is scheduled for 3/31 from 3-4pm EDT.