

Measure Implementation Strategy Workgroup

February 11, 2011

Agenda

- Introductions
- QASC Update
- Review of MIS Workgroup Charter and Work Plan for 2011
- Overview and discussion of Beacon Communities Project
- Overview and discussion of Brookings-Dartmouth ACO Initiative and Pilot Project

QASC Update

QASC Update

- Virtual meeting in December
- Scope of activities for 2011:
 - Develop a nationally-consistent approach for data aggregation and collection to produce and report measure results
 - Test and implement advanced best practices in data collection and aggregation
 - Promote use of standardized, consistent, reliable quality and cost data

QASC Work Groups

- Measure Implementation Strategy
- National-Regional Implementation
- Cost of Care
- Patient Reported Measurement (**new**)

Review of MIS Workgroup Charter and Work Plan for 2011

MIS Workgroup Charter and Work Plan for 2011

- Workgroup purpose is to provide strategic guidance on:
 - Identifying advanced methods of data aggregation and integration
 - Best practices from the public and private sector
 - Selecting measurement strategies that could align across different reform priorities

MIS Workgroup Charter and Work Plan for 2011

- Areas of focus for 2011:
 - Brookings-Dartmouth Accountable Care Organization (ACO) pilots
 - Administrative and clinically-enriched performance measurement
 - Beacon Community Program
 - Data and performance measurement
 - National Performance Measurement Initiative
 - Methodological and technical issues

Overview and Discussion of Beacon Community Project

Beacon Community Program

- 17 communities awarded a total of \$250 million.
- Communities selected because of 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

Beacon Communities: Technical Assistance

- Brookings is leading technical assistance in two areas/domains, data and performance measurement and sustainability
 - Other key areas of TA include HIT, clinical transformation, leadership, and communications
- TA provided as mix of domain-specific workgroups, sub-groups, and individual community engagements

Beacon Communities: Data and Performance Measurement

- Common data sources:
 - EHRs, HIEs, patient/disease registries, hospital discharge database, administrative claims
- Common measurement areas:
 - Utilization (e.g. ambulatory-care sensitive admissions, readmissions, and ED visits), prevention, diabetes care, and other chronic diseases

Beacon: Potential Areas of Engagement for the MIS WG

- Advise on best practices in combining data from a variety of sources for performance measurement to support:
 - Clinical transformation
 - Evaluation
 - Payment reform
- Provide input related to common technical challenges faced by communities

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

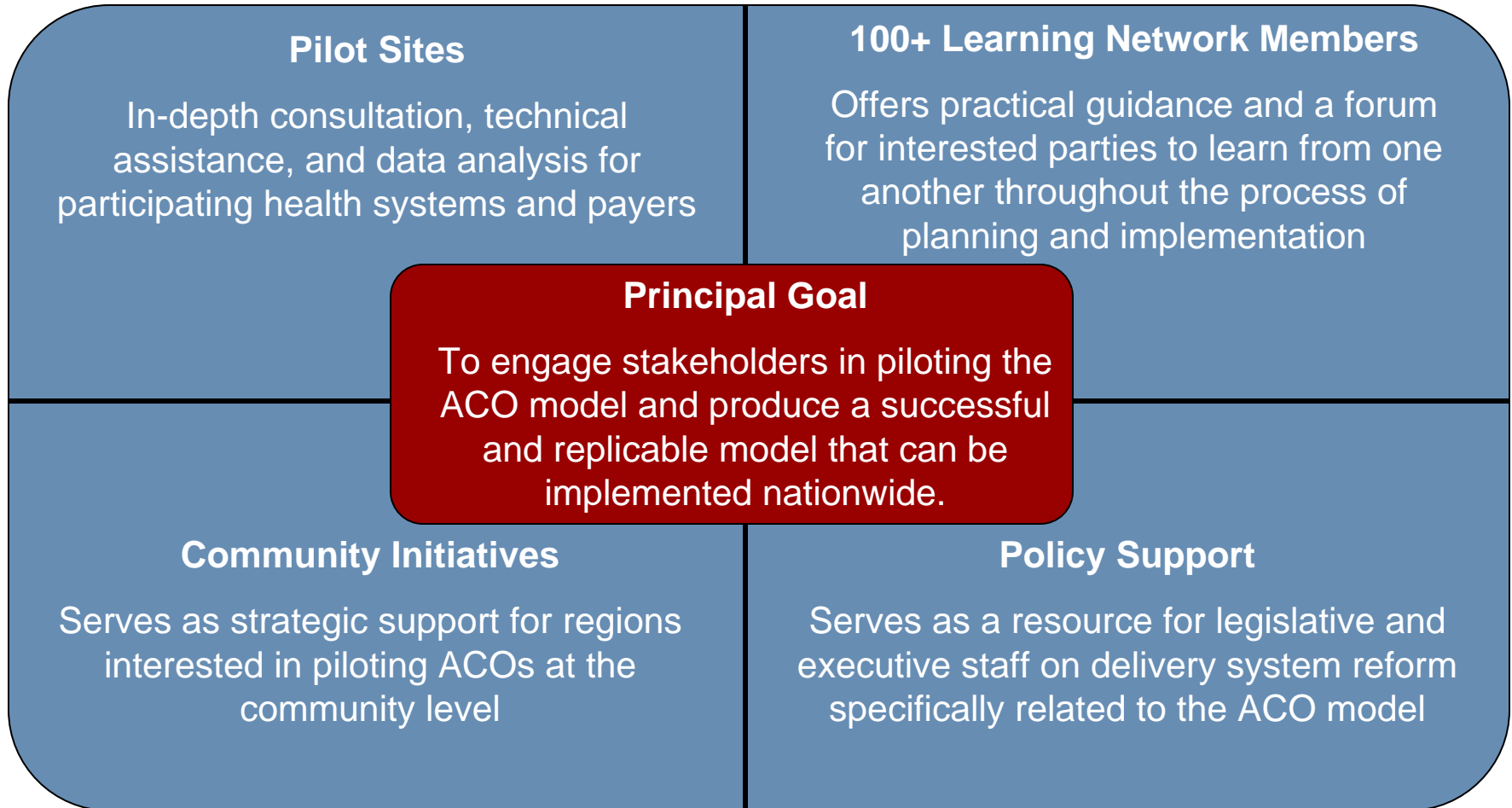
Brookings-Dartmouth ACO Initiative and Pilot Project

- Overview
 - Provide background on Brookings-Dartmouth ACO initiative and pilot project
 - Review ACO performance measurement activities
 - Administrative-only measurement
 - Clinically-enriched measurement
 - Discuss ACO related questions for MIS Workgroup

Background on ACOs

- ACOs are a promising payment reform model
- Regulations for the Medicare Shared Savings ACO program expected in February 2011
- Center for Medicare and Medicaid Innovation (CMI) will play a role in evaluating a broad range of payment and delivery reforms

Brookings-Dartmouth ACO Initiative



**For more information on the Learning Network visit
www.acolearningnetwork.org**

Goals of Brookings-Dartmouth ACO Pilot Project

- 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
- Engage five provider groups implementing shared savings programs with commercial payers
 - Carilion Clinic/TBD; Norton Healthcare/Humana; Tucson Medical Center/UnitedHealthcare; Monarch HealthCare/Anthem; HealthCare Partners/Anthem

Implementation Trajectory: Quality and Patient Reported Measurement

Phase I

Administrative only measurement

Currently being calculated

Ambulatory care quality
12 measures of overuse, population health, and safety. Conditions include diabetes, cancer, respiratory illness, and cardiovascular disease.

Readmissions
All-cause 30-day.

Utilization
Imaging rates, use of generic drugs, ER visits, etc.

Phase II

Clinically enriched & patient reported measurement

In process of finalizing measures and data collection processes

Clinically enriched measures
11 measures on CAD, diabetes, hypertension, pediatrics, and preventive care. Data collection targeted to begin in January 2012.

Patient reported measures
Focus on care coordination, organizational access, and communication across the ACO. Data collection targeted to begin second half of 2012.

Phase III

Patient reported outcomes

Plans for future

Patient reported outcomes
Focus on patients self-reported functional status, disease status, and risk status. Data collection targeted to begin 2015.

Administrative-Only Measurement

- Process for identifying measures
 - Alignment with current quality improvement projects
 - Alignment with national priorities
 - Input from Performance Measurement Technical Workgroup (PMTW)
- Payers calculate measures
- Timeline for calculating measures
 - First quarter 2011

Administrative-Only Measurement (cont.)

Priority Areas	Initial Measures
Overuse	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)
Population Health	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
Safety	Annual monitoring for patients on persistent medications

Administrative-Only Measurement (cont.)

- All-Cause 30-Day Readmission Measure (NCQA)
 - Adjusted based on past co-morbidities, primary discharge conditions, age and gender
- 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
 - Imaging rates (per 1,000)

Clinically-Enriched Measurement

- Process for identifying measures
 - Alignment with current quality improvement projects
 - Alignment with national priorities
 - Identified measures of clinically importance and importance to payers, providers, quality and cost
 - Input from PMTW
- Timeline for calculating measures
 - First quarter 2012

Clinically-Enriched Measurement (cont.)

Areas	Clinically-Enriched Measures
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
Preventive Care	Colorectal Cancer Screening

ACO Specific Clinically-Enriched Measurement Implementation Plans

- Administered measurement survey to assess
 - Data sources used obtaining clinical data
 - Electronic (e.g., EHR, web portal) versus non-electronic sources (e.g., paper medical record, paper registry)
 - Processes used to obtain clinical data
 - Where data are captured
 - How data are obtained from ACO
 - How complete and accurate data collection and abstraction will be ensured
 - How reliability of data collection and transfer processes will be ensured
 - Processes used for calculating measures and data management
 - Population-based, sample-based, or combination

ACO Related Questions for MIS Workgroup

- What feedback can you provide on the administrative-only and clinically-enriched measures?
- Are there other measures that we should seek to include in ACO performance measurement activities in the near future?
- What feedback can you provided on the process we are using to implement the clinically-enriched measures for ACOs?
- Are there additional questions we should consider asking ACOs about how they plan to collect clinical data and calculate the clinically-enriched measures?

Next call

- The next MIS Work Group call is scheduled for 3/31 from 3-4pm EDT