

Measure Implementation Strategy Work Group

March 31, 2011

Agenda

- QASC Update
- National Performance Measurement Strategy
 - Background, goals, and next steps
- Brookings-Dartmouth ACO Pilot
 - Review of Clinically-Enriched Measurement Survey

QASC Update

QASC Update – 3/15 mtg.

- Role of QASC and its Mission
- Use of community-level performance measurement and reporting to support quality improvement, payment reform, and consumer engagement
 - Presentations from:
 - Marc Bennett (HealthInsight)
 - Jim Chase (MN Community Measurement)
 - Harold Miller (NRHI)
 - Chris Queram (WI Collaborative for Healthcare Quality)

National Performance Measurement Strategy

National Performance Measurement Strategy

- Background
 - AHIPF's Data Aggregation effort demonstrated ability of private payers to aggregate data for quality improvement
 - ACA calls for data collection and aggregation approaches through public-private partnerships
 - Ultimate aim is to make performance information more widely available nationally to support quality improvement

National Performance Measurement Strategy

- Goals of Strategy
 - To build on AHIPF's distributed data collection and aggregation approach
 - To begin establishing an infrastructure for wide-scale data collection and aggregation approaches through public-private partnerships to support quality improvement
 - To make important data about physician practices, medical groups, and other providers widely available
 - To have performance information that can support improvement, consumer engagement, and payment reform efforts prioritized through ACA

Next Steps

- Align efforts across the public and private health care sectors to make comprehensive performance information available
 - Involve multiple payers in Beacon communities and CMS
- Identify operational considerations for developing a strategy to integrate data from public and private payers (e.g., measure calculation, data aggregation, data distribution)
- Identify relevant performance measures (e.g., all cause readmission) and link with available indicators to characterize health/performance for hospital referral regions

**Brookings-Dartmouth ACO Pilot
Project: Review of Clinically-
Enriched Measurement Survey**

Brookings-Dartmouth ACO Initiative and Pilot Project

- Overview
 - Provide Background on Brookings-Dartmouth ACO pilot project
 - Summarize findings from the Brookings-Dartmouth ACO pilot project survey on clinically-enriched measurement
 - Discuss ACO related questions for MIS Workgroup

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 for January 2012.

Patient reported measures
Focus on patient experience (e.g., care coordination, organizational access) across the ACO. Data collection targeted to for June 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 for 2015.

Clinically-Enriched Measurement

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

Findings from Survey: Use of Electronic and Non-Electronic Sources to Collect Clinical Data

Measure Group	Measure Title	HCP/ Anthem	Monarch /Anthem	SAACO/ UHC	Norton/ Humana	Carilion/ TBD
Coronary Artery Disease	Cholesterol management for patients with cardiovascular conditions	E	B	E	E	E
	ACE inhibitor or ARB therapy	E	B	E	E	E
Diabetes	LDL-C Control	B	B	E	E	E
	HbA1c Poor Control	B	B	E	E	E
	HbA1c Control (<8.0%)	B	B	E	E	E
	High Blood Pressure Control	E	B	E	N	E
	Kidney Disease Screen	B	B	E	E	E
Hypertension	Blood Pressure Control	E	B	E	N	E
Pediatrics	Childhood Immunization Status	B	B	E	B	E
	Immunization for adolescents	E	B	E	B	E
Preventive Care	Colorectal Cancer Screening	B	B	E	B	E



= Electronic sources

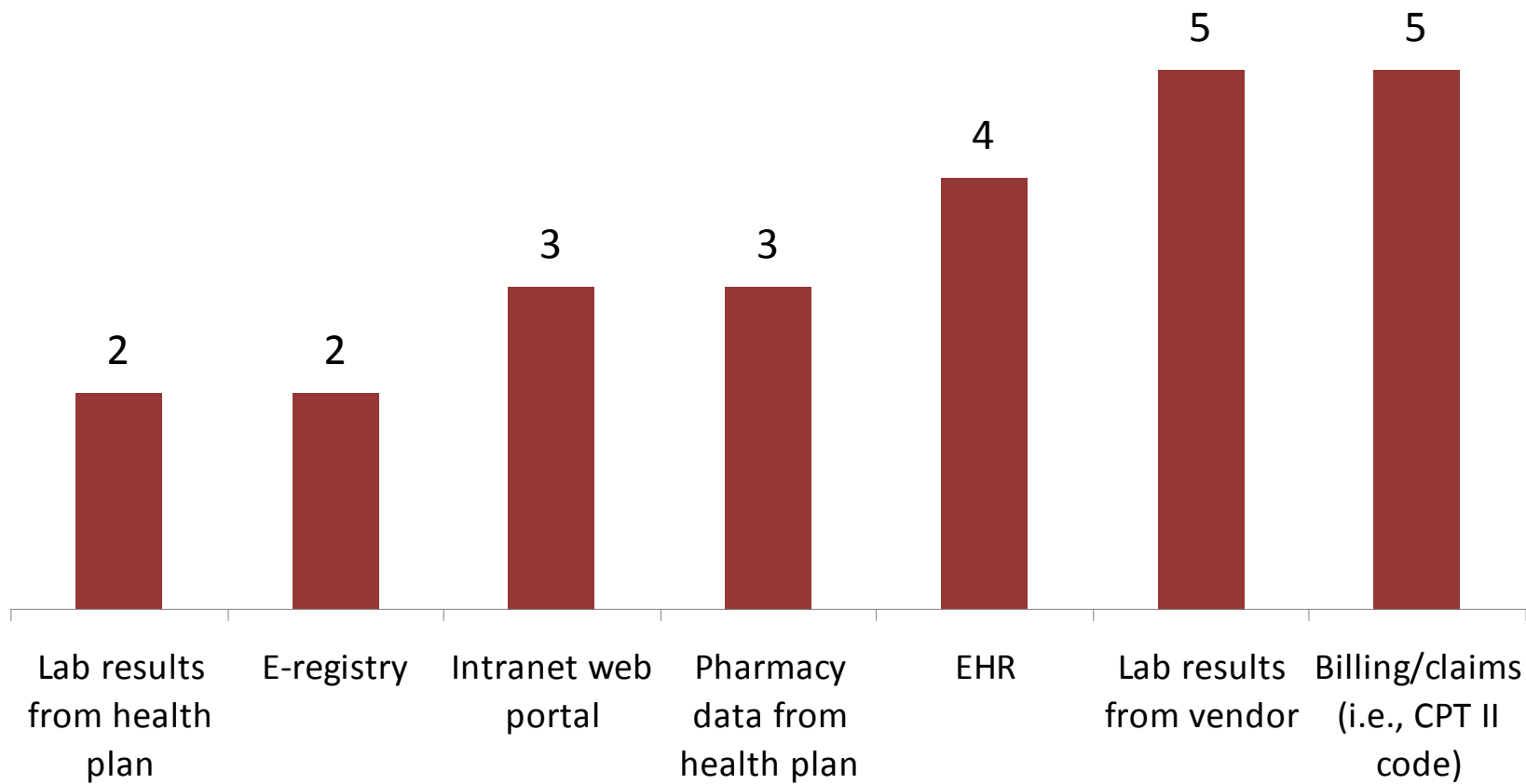


= Non-electronic sources

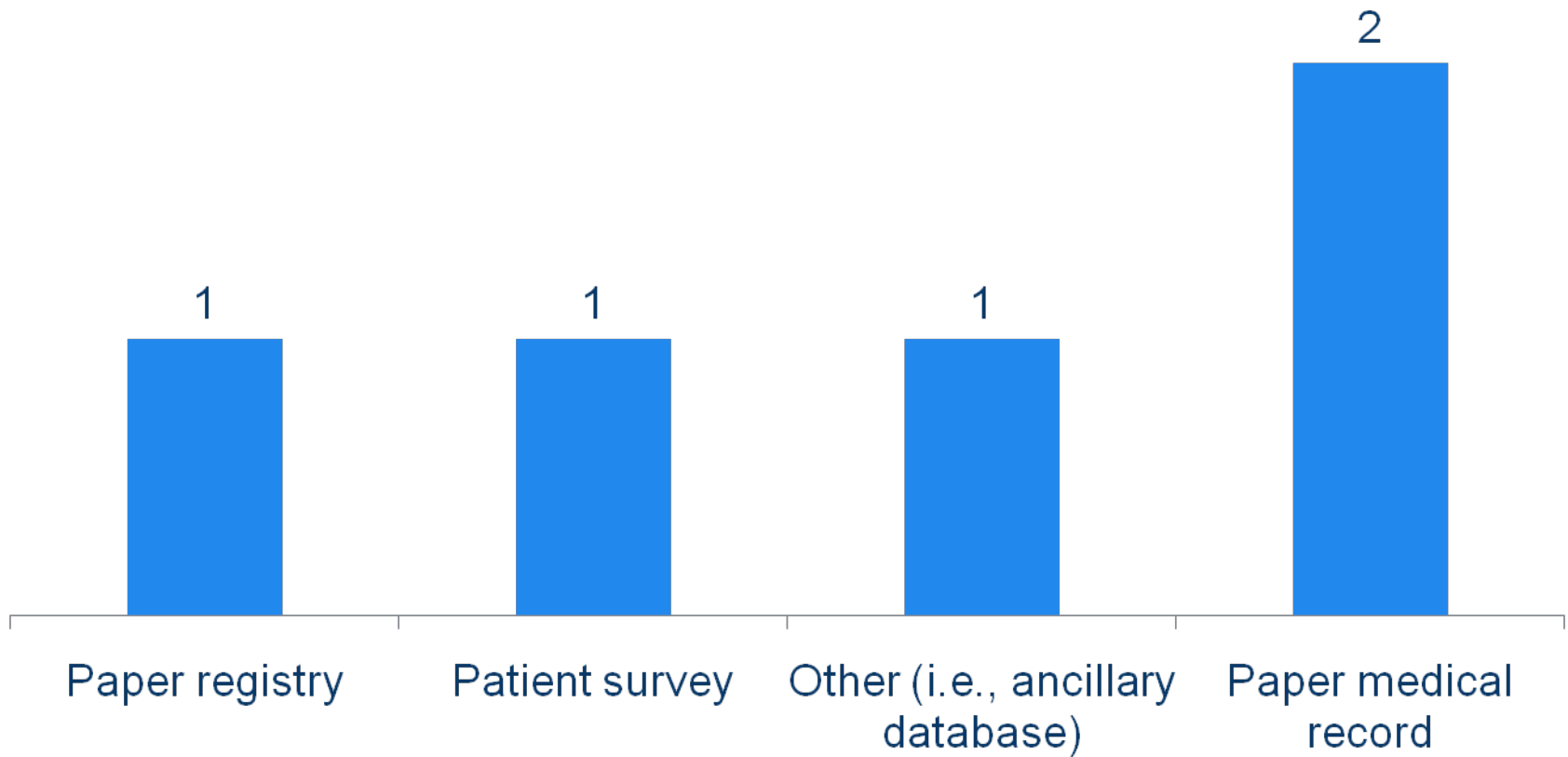


= Both electronic and non-electronic sources

Findings from Survey: Electronic Sources Used by ACOs and Payer Partners (N=5)



Findings from Survey: Non-Electronic Sources Used by ACOs and Payer Partners



Summary of Findings from Clinically-Enriched Measurement Survey

- Variation exists among ACOs and payer partners for collecting and calculating clinically-enriched measures
 - Data sources
 - Processes used to collect clinical data
 - Measure calculation processes
- Comparability is a key goal for implementing ACOs
- Comparability can be ensured by identifying and applying key principles to data collection and measure calculation processes

Suggested Key Principles for Data Collection and Measure Calculation Processes

- Timely
 - How often are data obtained by the ACO and measures calculated?
- Reliable
 - Are the data consistent?
- Valid
 - Are we measuring what we want to measure?
- **Auditable**
 - **What data or measure checks are needed?**
- **Representative (for sample-based measures)**
 - **Are data obtained using a sample-based approach representative of the eligible population?**

Examples of Audit Processes

- Monarch's 3-pronged approach
 - Perform audit on overall data collection and management process by auditing body
 - Verify concordance of electronic data with data in patient records determined by an audit of a sample of patient records pulled by the auditing body
 - Perform internal chart audit (in Monarch's Standard Operating Procedures), based on sample that is separate from those pulled by the auditing body to confirm data validity

Examples of Audit Processes (cont.)

- NCQA
 - Audit of information systems capability
 - Audit of compliance with HEDIS specification standards
- IHA
 - Manual source code review
 - Supplemental data verification
 - Audit of organizations systems and processes
 - Audit of compliance with measure specifications

Examples of Audit Processes (cont.)

- CMS Hospital Outpatient Quality Data Reporting Program
 - Randomly selected sample of patient episodes of care per year for validation

ACO Related Questions for MIS Work Group: Audit Processes

- What other audit processes should we look at to determine an appropriate strategy for the pilot sites?
- What processes could be put in place by pilot sites that are low cost and not time intensive?
 - If plans are going through NCQA audit process, is it necessary to audit health plan data or should the focus be on what an ACO does to obtain clinical data?

Considerations for Ensuring Representativeness of Sample-based Measures

- Sampling of appropriate population for each measure (e.g., sampling only pediatric clinics for pediatric vaccination measures)
- Sample size for each measure
- Sampling strategy to ease burden of data collection

ACO Related Questions for MIS Work Group: Representativeness

- What additional options should be considered to ensure the representativeness of measure results?
- How best can we operationalize these options for representativeness?
 - How do we determine optimal sample size for each measure?

Examples of Sample Sizes for Select Measures at the Practice Site and Provider Level

Measure	Minimum Sample Size for 0.70 reliability at <i>Practice Site Level</i>	Minimum Sample Size for 0.70 reliability at <i>Provider Level</i>
Colorectal cancer screening	55	81
Poor HbA1c control (diabetes)	45	44
LDL cholesterol control (diabetes)	26	127
Controlling high blood pressure	22	97
Cholesterol management (cardiac)	31	102

ACO Pilot: Next Steps

- Present and discuss options for audit processes and representativeness of sample-based measures to ACOs and payer partners
 - Webinar with ACOs and payer partners to take place in April/May
- Present discussion and approaches selected by ACOs and payer partners at the June 2 MIS Work Group call

Next call

The next MIS Work Group call is scheduled
for June 2 from 3-4pm EDT