

Quality Alliance Steering Committee, Measure Implementation Strategy Work Group June 2, 2011 – Conference Call Notes

The following is a high-level review of the discussion points that were touched upon during the MIS Work Group's conference call on Thursday, June 2.

Kerri Petrin and Joachim Roski of Brookings and Work Group co-chair Lew Sandy welcomed participants to the call and walked through the call's agenda, starting with an update on staff activities since the Work Group last met. The Work Group discussed key areas for recommendations needed to pursue a uniform, distributed approach to calculating performance measurement results, presented by Kerri Petrin, and provided input on methodological questions related to validation.

Participants: Lew Sandy, Aparna Higgins, Chris Queram, Jennifer Faerberg, Jennifer Eames Huff, Jennifer Shevchek, Samantha Burch, Tanya Alteras, Gerry Shea, Vernice Anthony

Updates on Current Activities

- The Engelberg staff has been working on a response to the proposed rule for the Medicare Shared Savings Program for ACOs
- The QASC will be meeting on 6/15, with the following draft agenda:
 - Performance measure implementation in the Beacon Communities
 - Advancing nationally consistent measure implementation
 - Lessons learned from implementing cost of care measures in two AF4Q communities
 - QASC Work Group Updates (*with a focus on the Patient Reported Measurement Work Group*)

Arriving at Nationally-Consistent Performance Measurement Implementation Methods

Presentation Summary

- Background
 - PPACA support for the role of public-private partnerships in generating consistent performance information
 - Wide availability of comparable, accurate performance information is essential to:
 - Support physicians in improving the care they provide
 - Help consumers and employers make better health care choices
 - Enable payers to reward high quality care
 - Over the past few years, we have been involved with a number of pilot activities that could inform this work:
 - AHIPF pilots working with multiple health plans in Colorado and Florida
 - Pilot with ACC and STS combining claims and registry data for patient-focused outcomes measurement
 - The current initiative will be focused on developing recommendations and guidance for how a consistent data collection and aggregation strategy could be more widely adopted across the country
- Key Areas for Recommendations:

- In the area of *data collection and measure implementation*, sample topics include: Ensuring consistent data collection; Determine data elements to be included in results transmission
- In the area of *data validation*, sample topics include: Ensuring consistent matching of physicians across health plans; data auditing; results validation
- In the area of *data aggregation*, sample topics include: Role and oversight of the aggregator; governance and other requirements
- In the area of *communications*, sample topics include: Outreach to the provider community; determining how results will be distributed
- Additional topics include: Potential guidance for use of performance information and sustainability of a governance entity that would be set up to facilitate the work
- In addition, the Work Group reviewed a variety of issues related to validation, including:
 - Physician Matching - What methods can be implemented to ensure consistent physician matching across health plans? Which data elements needed to support physician matching?
 - Audit Methods - What audit methods will be applied to each health plan? (Key areas of assessment include: data quality, consistency, completeness, patient attribution, performance results calculation) What audit methods will be applied to the aggregator? (Key areas of assessment include: plan data submission, provider specialty assignment, data aggregation, provider matching)
 - Operationalizing an Audit Strategy - Who will perform the audit(s)? Would entity have to be the same for all pilot sites? What are potential sources for funding audit function?
- Next Steps
 - Upcoming steps include synthesizing input from the MIS Work Group and QASC to refine the strategy as necessary and working through key areas of agreement in future MIS, NRI, and QASC meetings

Discussion related to key areas for recommendations

- Members agreed that a key challenge for this work would be to move from a pilot phase to more broad adoption nationally, and that an implementation guide or other guidance document would be useful in promoting consistent adoption of methods.
- One member asked whether recommendations would draw upon best practices. Dr. Roski indicated that this would be the case whenever possible, and that recommendations would be comprehensive and practical.

Discussion related to Validation

- Aparna Higgins of AHIP noted that AHIP went through a vendor selection process to support their entire grant. While solutions varied, vendors generally employed a probabilistic matching process to link physicians across health plans.
- In reviewing and making recommendations in this area, it was recommended that Brookings staff undertake a critical appraisal of the state of the art.
- In considering audit methods, Work Group members suggested that staff pursue a number of approaches to gather additional information:
 - Review the Better Quality Information (BQI) to Improve Care for Medicare Beneficiaries Project final report, particularly the chapter that examines validation through the lens of attribution

- Query NRI Work Group members, who could speak to how regional collaboratives handle auditing
- Ask those who work with health information exchanges (HIEs), who may have some insights about data reliability and auditing
- A combination of methods may be used, and the approach should be to lay out requirements or criteria for an auditing entity, rather than to recommend a specific auditor.

Next Call

The next MIS Work Group call is scheduled for August 4 from 3-4pm EDT.