

Measure Implementation Strategy Work Group

June 2, 2011

Agenda

- Updates on current activities
- Arriving at Nationally-Consistent Performance Measurement Implementation Methods
 - Review of key areas for recommendations needed to pursue a uniform, distributed approach to calculating performance measurement results
 - MIS input on methodological questions related to validation
- Timeline and next steps

Updates on Current Activities

Current and Upcoming Activities

- Responding to the proposed rule for the Medicare Shared Savings Program for ACOs
- QASC meeting on 6/15, draft agenda:
 1. Performance measure implementation in the Beacon Communities
 2. Advancing nationally consistent measure implementation
 3. Lessons learned from implementing cost of care measures in two AF4Q communities
 4. QASC Workgroup Updates (*with a focus on the Patient Reported Measurement Work Group*)

Advancing Nationally-Consistent Measure Implementation Across Public and Private Sectors

Overview

- Background and context for the work
- Review of key areas of agreement needed to pursue a uniform, distributed approach to calculating performance measurement results
- Input requested from the MIS WG on questions related to validation
- Timeline and next steps

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

Background

- 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

Area	Sample topics	Workgroup responsibility
Data Collection and Measure Calculation	Given emerging national priorities for measurement (e.g. NQF's MAP), ensure consistent data collection; determine data elements included in results transmission	MIS
Data Validation	Ensuring consistent matching of physicians across health plans; data auditing; results validation	MIS
Data Aggregation	Role and oversight of the aggregator; governance and other requirements	MIS/NRI
Communication	Outreach to the provider community; determining how results will be distributed	MIS/NRI
Other	Potential guidance for use of performance information; sustainability	MIS/NRI

Key Areas: Discussion

- Are all relevant areas of agreement captured? What is missing? Not needed?
- Is proposed work group structure to adjudicate areas of agreement appropriate? Who else should be engaged in the discussions?
- Other comments, feedback, or direction?

Validation: Physician Matching

- What methods can be implemented to ensure consistent physician matching across health plans?
 - Ingenix Provider 360
 - Other provider matching utilities?
- Data elements needed to support physician matching

Validation: Audit Methods

- What audit methods will be applied to each health plan?
 - Assess: data quality, consistency, completeness, patient attribution, performance results calculation
- What audit methods will be applied to the aggregator?
 - Assess: plan data submission, provider specialty assignment, data aggregation, provider matching

Validation: Operationalizing an Audit Strategy

- Who will perform this audit? Would entity have to be the same for all pilot sites? How will this be funded?
 - Competitive bidding process during FL/CO pilots, NCQA selected
- What are potential sources for funding audit function?

Next Steps

Month (2011)	Activity
June	<ul style="list-style-type: none">•Synthesize input from MIS WG and QASC, refine strategy as necessary•Work through key areas of agreement in future MIS, NRI, and QASC meetings (ongoing)
July	<ul style="list-style-type: none">•Identify and recruit pilot sites and collaborators to participate in this effort
August	<ul style="list-style-type: none">•Begin piloting methodology in selected communities•Outreach to providers in select communities
September	<ul style="list-style-type: none">•Measure calculation and results aggregation•Data and results validation
October	<ul style="list-style-type: none">•Produce initial draft reports, distribute to providers
November	<ul style="list-style-type: none">•Seek provider feedback
December	<ul style="list-style-type: none">•Evaluate and refine strategy as necessary

Next call

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