Quality Measurement to Enhance Care

National Association of Medicaid Directors Fall Conference

November 12, 2013

Rachel Nuzum, Vice President
Federal & State Policy
The Commonwealth Fund
Good News

• Interest in delivery and payment reform has necessitated an investment in quality measures.

• A robust set of quality measures are being developed to guide and assess clinical care, drive payment reform initiatives and to report on provider performance, enabling patients to make more informed care decisions.

• It works!
The Not So Good News

• Quality measures are too often too numerous, too complex and not aligned.
• Measures that assess patient experience are still in their infancy.
• Very few reliable measures that assess value (quality and cost information).
Measures, Measures and More Measures

• Structural Measures – focus on resources and infrastructure, such as use of EHRs
• Process Measures – looks at whether a recommended service was delivered, often relying on claims data
• Outcome Measures – assess health status using clinical data
• Patient Experience – increasingly prominent use of patient surveys to measure patient perspectives
The Affordable Care Act: A Toolbox

- Reduced Payments for Avoidable Complications
- Medicare Advantage Plan Bonuses
- Bundled Payments
- Physician Quality Reporting System
- Meaningful Use
- Value Based Purchasing
- Accountable Care Organizations
- Hospital Inpatient Quality Reporting
- Medical Homes
National Efforts to Align Measures

• The National Quality Strategy, included in the ACA, calls for “consistent national standards.”
• The National Quality Forum (NQF) is working on aligning quality measure selection across public and private sector.
• Measurement Policy Council at HHS working to harmonize quality measures and meet goals of National Quality Strategy.
• ONC HIT Trailblazers program supporting 8 states to align performance measures across state-level initiatives and move toward HIT-enabled measurement.
Commonwealth Fund Resources

Why Not the Best?

Our Panel

Dr. Robert Saunders, Institute of Medicine, Lead Researcher for Committee on Core Metrics for Better Health at Lower Cost

Dr. Ana Lòpez-De Fede, Research Professor, Institute for Families in Society, USC

John Supra, Deputy Director for Operations and Information Management and Chief Information Officer, South Carolina Department of Health and Human Services
Medicaid Program Considerations Related to Quality

John Supra, Deputy Director
NAMD 2013 Fall Conference
November 12, 2013
Role of Medicaid Programs

• History – Policy and Operations
  • Eligibility policy and operations
  • Claims procedures, payment and operations
  • Data use focused on reporting (after the fact)

• Shift to Improving Health
  • South Carolina Department of Health and Human Services mission
    “To purchase the most health for our citizens in need at the least possible cost to the taxpayer”

• Focus on Population Health
  • Assess the investment in the program to improve population health
  • Understand what policies drive population health outcomes
Role of Medicaid Programs

- **Shift in Payment Methodologies**
  - Move from primarily fee-for-service
  - Use of bundled, episodic payment models
  - Increased and effective use of incentives

- **Determine Role of Plans, Practices and Medicaid**
  - Role in identifying at-risk members
  - Role in reviewing, managing outcomes

- **Considerations for Transparency**
  - Medicaid and state efforts for cost and quality transparency
Medicaid Alone Isn’t Enough
Volume of Data

More Than We Use

Multiple Sources

Need to Access/Share
Time to Make use of Data

Speed
Velocity
Shelf-life
Connections & Correlations

Multiple Data Owners

Disparate Data Sources

Seemingly Unrelated Data
What is Missing?

• **Capacity**
  - Intellectual curiosity, expertise and skills
  - Systems, tools and access/use of data sets

• **Vision and Direction**
  - Understanding of what is/may be possible
  - Leadership prioritization

• **Culture and Mindset**
  - Around data-driven decision making
  - Around risk-taking
  - Around making novel connections
What Cautions may Exist?

• Comfort with “Directional” Data
  • What is the noise and what is the signal (or wheat and chaff)?
  • Isn’t “dirty” always dirty?

• Need to Change Perception of Role
  • Partnering with new and different organizations
  • Shifting external (and internal) perspective of organizations role

•Buying New Systems Isn’t Enough
  • We need to replace our systems, but we can’t RFP our way into a different architecture or culture
What do we Need?

• **Updates to Systems, Tools and Architectures**
  • Mindset for enterprise architecture, integration and data flows
  • Modernization of basic tools (user-focus)
  • South Carolina – Operational Data Store (ODS)

• **Change in Approach**
  • Shift from MMIS (claims payment) as core to data sources and flow
  • Use of data sources not previously considered for Medicaid (social)
  • Focus on near-time data use accepting limitations
  • Explore new analytics approaches
  • Transform daily activities and expertise of staff
Quality Measurements to Enhance Care
Considerations for Plan-Level vs. Practice-Level Incentives and Measurement

Ana Lòpez-DeFede, PhD, Research Professor
University of South Carolina | Institute for Families in Society
Division of Policy and Research on Medicaid and Medicare
Quality of Care
Differing Perspectives and Measurements

Outcomes
Physician
Patient
Hospital
Clinic
Adverse Events
Consumer Satisfaction
Plan Performance (HEDIS)

Outcomes Research
CMS Child and Adult
PCMH
What to Measure and Incentivize

Plan Level

Practice Level
Quality Improvement Levels of Effort

CHIPRA Practices
- Technical Assistance
- Learning Collaborative/ CME
- Feedback Loop on Measurements
- Peer Support
- Medicaid Incentives

Quality Measurement

Comparison Practices
- Learning Collaborative/CME
- Medicaid Incentives
- Plan Report to Practices

Health Plan
- Medicaid Incentives
- Report to Practices
South Carolina’s Medicaid Lessons Learned

DOES TECHNICAL ASSISTANCE IMPACT QUALITY MEASURES?
Children and Adolescents' Access to Primary Care Practitioners
CAP - Rate 12-24 Months

Note: 2012 National Medicaid Benchmark 75th Percentile is 97.9
# Adolescent Well-Care Visits

<table>
<thead>
<tr>
<th>CY</th>
<th>CHIPRA</th>
<th>Comparison</th>
<th>Medicaid Total</th>
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<tbody>
<tr>
<td>CY2010</td>
<td>49.4</td>
<td>50.7</td>
<td>54.9</td>
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<tr>
<td>CY2011</td>
<td>47.8</td>
<td>50.9</td>
<td>55.8</td>
</tr>
<tr>
<td>CY2012</td>
<td>47.8</td>
<td>50.9</td>
<td>56.8</td>
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**Note:** 2012 National Medicaid Benchmark at the 75th percentile is 57.9
Chlamydia Screening in Women (ages 16-24 years) in the 75th percentile is 63.9

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Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life

Note: 2012 National Benchmark at the 75th percentile is 79.3

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HEALTH AND PLACE MATTER:
TARGETED EFFORTS TO ADDRESS GEOGRAPHICAL RATE DIFFERENCES
Counties in which the total poverty rate was 20% or more in 1980, 1990, 2000, and 2010

Source: USDA/ERS

Created by the University of South Carolina, Institute for Families in Society, Division of Policy and Research on Medicaid and Medicare, February 2012
Exploring Geographic Variation In HEDIS Measure Performance At the County Level

Ring Key
Outer Ring  CHIPRA
Comparison  Medicaid Total
Inner Ring

National Percentile
- Insufficient Data
- < 25th Percentile
- 25th to 49th Percentile
- 50th to 74th Percentile
- 75th to 89th Percentile
- > 90th Percentile

CHIPRA > Comparison and CHIPRA > Medicaid Total
CHIPRA > Medicaid Total Only

Statewide
CHIPRA: 50th to 74th Percentile
Comparison: 25th to 49th Percentile
Medicaid Total: < 25th Percentile

Reported Rate Ranges
- < 25th Percentile (< 65.5)
- 25th to 49th Percentile (65.5 to 72.2)
- 50th to 74th Percentile (72.3 to 79.2)
- 75th to 89th Percentile (79.3 to 82.9)
- ≥ 90th Percentile (≥ 83.0)

Created by the University of South Carolina Institute for Families in Society, Division of Policy and Research on Medicaid and Medicare, November 2013
Greenville County, SC
Exploring Geographic Variation In HEDIS Measure Performance At the ZIP Code Tabulation Area
Challenges and Opportunities: Quality Measurement at the Practice Level

- Too many measures with requirement for two-year cycles to impact quality improvement

- Measurement at practice level is a challenge:
  - Enrollment Patterns of Recipients and Providers
  - Providers with Multiple Affiliations
  - Medical Home versus Urgent Care
  - Bundled Services versus FFS
Program and Policy Implications:
Multifactorial Approach Is Essential

• Shifting the paradigm from exclusively Health Plan-Level to Practice-Level measurement and reporting.

• Continuous feedback loop with targeted efforts with poor performing practices.

• Multi-stakeholder efforts required to address disparities.

• Measurement and reporting linkages to health and place an essential missing component at the plan and practice level.
Contact

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Core measurement needs for better care, better health, and lower cost

Robert Saunders, IOM
This talk builds on an IOM workshop, which sought to:

- Examine a vision for core health metrics
- Draw on lessons from existing efforts
- Identify metrics that reliably measure care, health, and cost outcomes
- Describe implementation strategies for these measures
Counting What Counts

MEASURING PROGRESS TOWARD BETTER HEALTH AT LOWER COST

What matters most for improving the health of Americans and the affordability of our health care? Because what gets measured gets done, progress in health and health care depends on the measures used to guide our efforts, and our focus can be blurred without a sense of what’s most important among the thousands of measures in use across the nation. Our challenge is to identify a small, practical set of key indicators of our progress—how we are doing in achieving better health, better care, lower costs, and in involving people more in their own health and care. We need core metrics for continuously learning health and health care in America.

TODAY’S CHALLENGES
- Too many measures
- Uneven relevance
- Little sense of priority
- Uncoordinated efforts
- Limited multi-level comparability

A PATH TO IMPROVEMENT
- Specify a core set of measures
- Align measures to focus on the most important priorities
- Assess progress across the system, from the organizational, community, regional, state to national levels

INFRASTRUCTURE FOR MEASURES
- Build data systems that capture and exchange key data elements
- Integrate measures into processes for reporting, regulation, and payment
- Develop approach to continuously update measures and adapt to new technologies

ANTICIPATED BENEFITS
- Reduce the measurement burden on clinicians and organizations
- Allow for comparisons and identification of best practices
- Promote collaborations and coalitions
- Ensure data systems capture the most important information

BUILDING ON CURRENT INITIATIVES
- Leading Health Indicators for Healthy People
- AHRQ’s National Healthcare Quality Report
- CMS’s ACO Measures
- ONS’s Meaningful Use
- NQF’s Buying Value and MAP
- NCQA’s Quality Measurement Programs

This graphic summarizes themes that emerged from a workshop. For more information, please visit www.iom.edu/countingwhatcounts.

NOTES: ACO = accountable care organization; AHRQ = Agency for Healthcare Research and Quality; CMS = Centers for Medicare & Medicaid Services; MAP = Measure Applications Partnership; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum; ONC = Office of the National Coordinator for Health Information Technology.
What are current challenges in measurement?

• Many uncoordinated efforts

• Usefulness of metrics: number, relevance, workflow

• Limited ability to connect measures from local level to the state and national level
Many organizations are involved in measurement.
How could this situation be improved?

• Align measures to focus on the most important priorities

• Specify a core set of measures
  • Several groups have proposed core sets, including the Medicaid Adult Health core set and Children’s Health Care Quality Measures set
One example framework for a core set would capture multiple important areas.

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<tr>
<th>Metric Domain</th>
<th>Potential Metric Categories</th>
<th>Cross-Cutting</th>
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<tbody>
<tr>
<td>Population Health</td>
<td>- Current health</td>
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<td></td>
<td>- Contributors and risks to future health</td>
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<td>Health Care</td>
<td>- Patient-centered</td>
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<td></td>
<td>- Effective</td>
<td>Equity and Variation</td>
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<td></td>
<td>- Safe</td>
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<tr>
<td></td>
<td>- Value and efficiency</td>
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<td></td>
<td>- Coordination and communication</td>
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<tr>
<td>Cost</td>
<td>- Resource use and expenditures</td>
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<td></td>
<td>- Utilization</td>
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<td>- Affordability</td>
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</tbody>
</table>
How could this situation be improved?

• Promote collaborations and coalitions

• Help identify what works under what circumstances

• Ensure data systems capture the most important information

• Reduce the measurement burden on clinicians and health care organizations
How could implementation be improved?

• Ensure the specific measures are meaningful, actionable, and accurate

• Build data systems that capture and exchange the key data

• Develop method for continuously updating measures

• Getting support from leaders and stakeholders
Learn more about workshop at...

http://www.iom.edu/countingwhatcounts