ACO
ACCOUNTABLE CARE ORGANIZATION
LEARNING NETWORK

Fifth Annual National ACO Summit

June 18-20, 2014

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The Engelberg Center for Health Care Reform at Brookings | The Dartmouth Institute

THE FIFTH NATIONAL Accountable Care Organization Summit

The Leading Forum on Accountable Care Organizations and Related Delivery System and Payment Reform

Track One: Performance Measurement for Accountable Care: Challenges and Solutions

Keynote

Thomas Valuck, MD, JD
Partner, Discern Health
(Keynote and Moderator)

DISCERN HEALTH

Performance Measurement for Accountable Care: Challenges and Solutions

ACO Summit

June 19, 2014

Tom Valuck, MD, JD

Moderator

Discern Health
1120 North Charles Street
Suite 200
Baltimore, MD 21201
(410) 542-4470
www.discernhealth.com

Panel Objectives

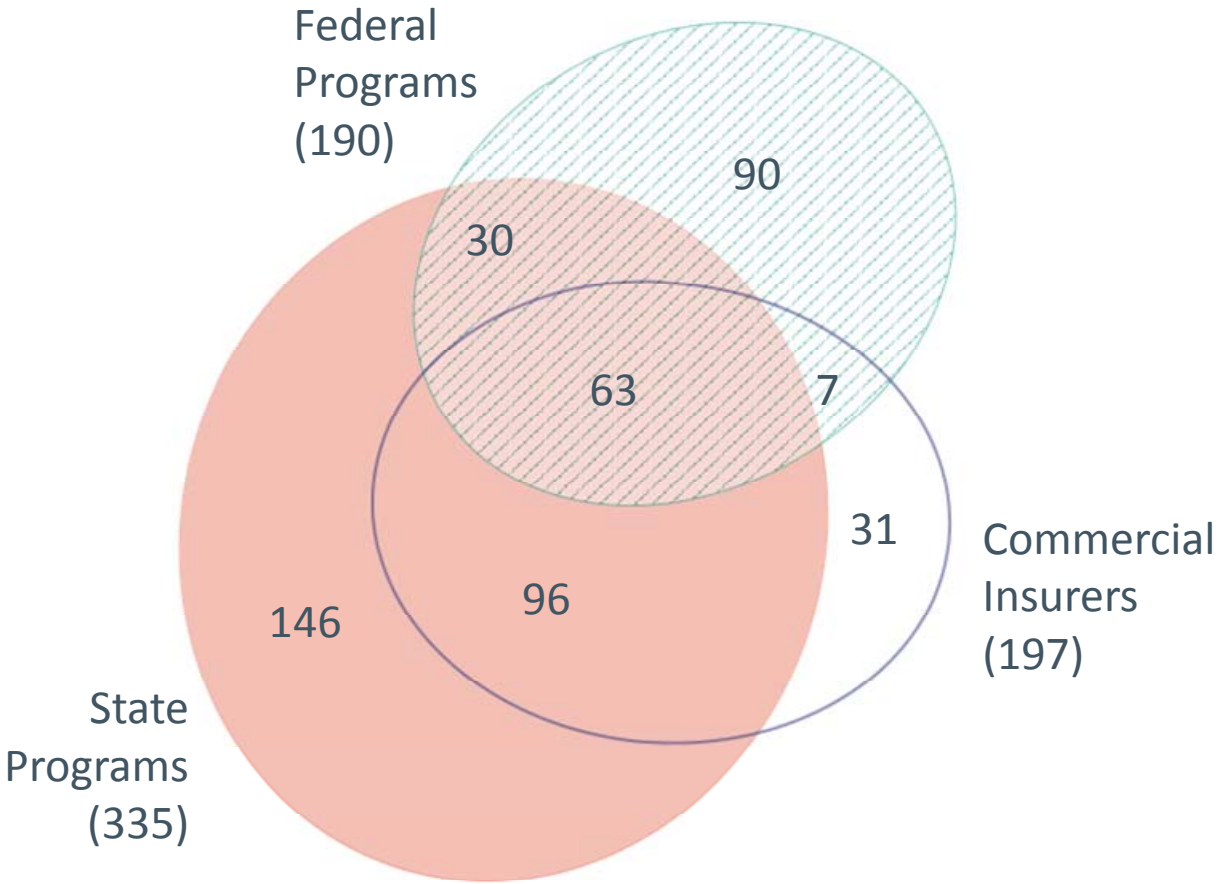
- Discuss the challenges of accountable care measurement (e.g., alignment, meaningfulness, gaps) and data flows (e.g., reporting, timeliness)
- Understand the perspectives of providers, payers, and policymakers
- Explore solutions for improved data flows and more impactful measures

Panelists

- **Hongmai Pham, MD, MPH**
  - Acting Director, Seamless Care Models Group, CMMI, CMS
- **Scott Hines, MD**
  - Co-Chief Clinical Transformation Officer, Crystal Run Healthcare
- **Steve Bernstein, MD, MPH**
  - Associate Dean for Clinical Affairs, University of Michigan
- **Jennifer Clair, MPH**
  - Vice President, Analytics and Research, Wellpoint
- **Mary Barton, MD, MPP**
  - Vice President, Performance Measurement, NCQA

Measure Alignment

Measure Misalignment and Burden



Federal Program for MAP Pre-Rulemaking Input	MAP Workgroup
Physician Feedback/Value-Based Payment Modifier	Clinician Workgroup
Physician Quality Reporting System	
Medicare and Medicaid EHR Incentive Program for Eligible Professionals	
Medicare Shared Savings Program	
Physician Compare	
Hospital Inpatient Quality Reporting	Hospital Workgroup
Hospital Value-Based Purchasing	
Hospital Outpatient Quality Reporting	
Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs	
Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting	
Inpatient Psychiatric Facility Quality Reporting	
Hospital Readmission Reduction Program	
Hospital-Acquired Conditions Payment Reduction	
Medicare Shared Savings Program	
Ambulatory Surgical Center Quality Reporting	
Home Health Quality Reporting	PAC/LTC Workgroup
Nursing Home Quality Initiative and Nursing Home Compare Measures	
Inpatient Rehabilitation Facility Quality Reporting	
Long-Term Care Hospital Quality Reporting	
Hospice Quality Reporting	
End Stage Renal Disease Quality Management	

Aspects of Measure Alignment

- Alignment…
  - …with the National Quality Strategy
  - …across Federal programs
  - …between public and private sector programs
  - …of measure specifications

Why Is Measure Alignment Important?

- Focus on what is most important to improve
- Strengthen quality signal
- Make comparisons across providers
- Reduce data collection burden for providers
- Cut administrative costs for payers, purchasers, and patients

Measure Alignment Initiatives

- CMS
- AHIP Medical Directors
- IOM Core Metrics
- Buying Value
- NRHI Resource Use Reporting
- Measure Applications Partnership
- ACO Learning Network

MAP
Families of Measures and Core Measure Sets

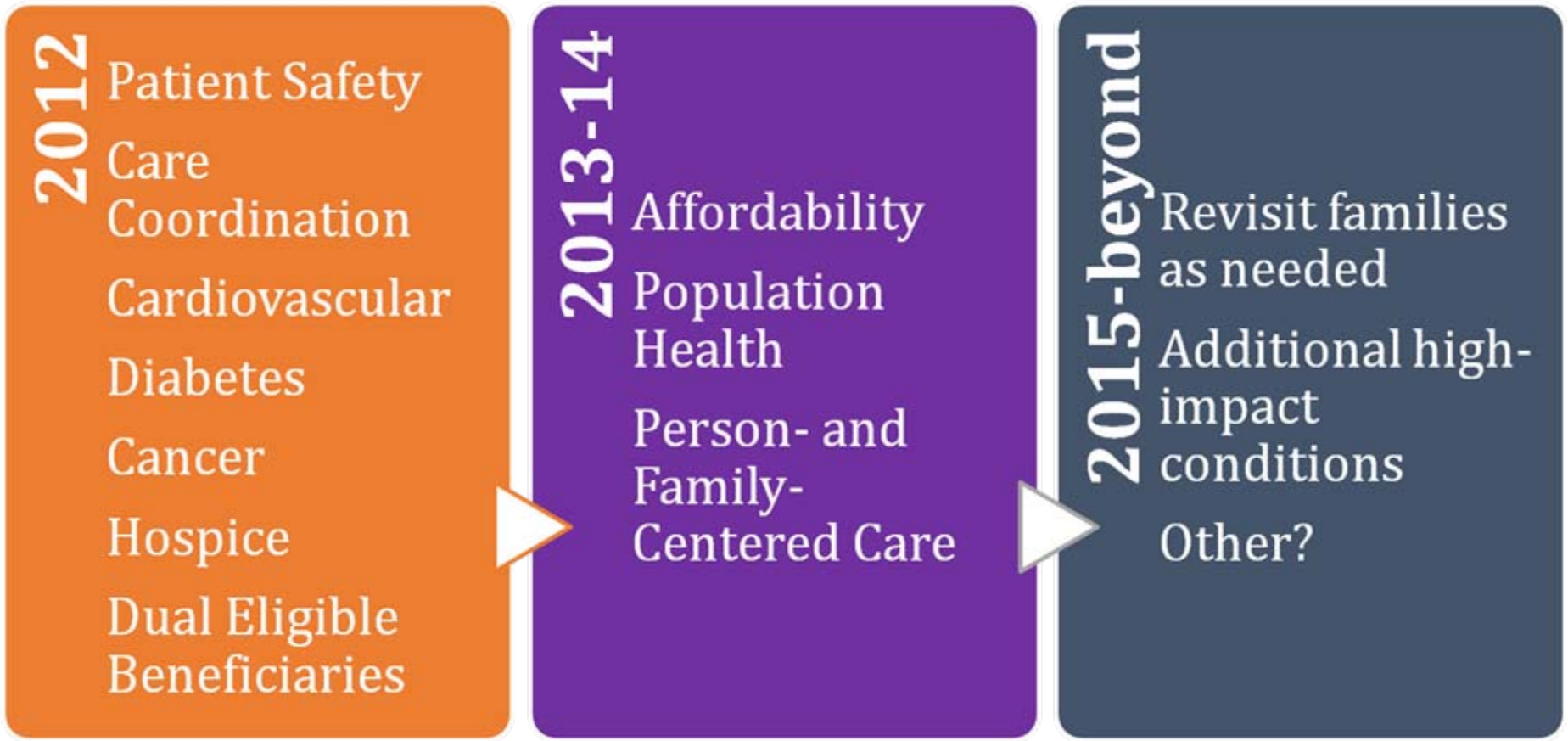
Families of Measures

"Related available measures and measure gaps that span programs, care settings, levels of analysis, and populations for specific topic areas related to the NQS " (e.g., care coordination family of measures, diabetes care family of measures)

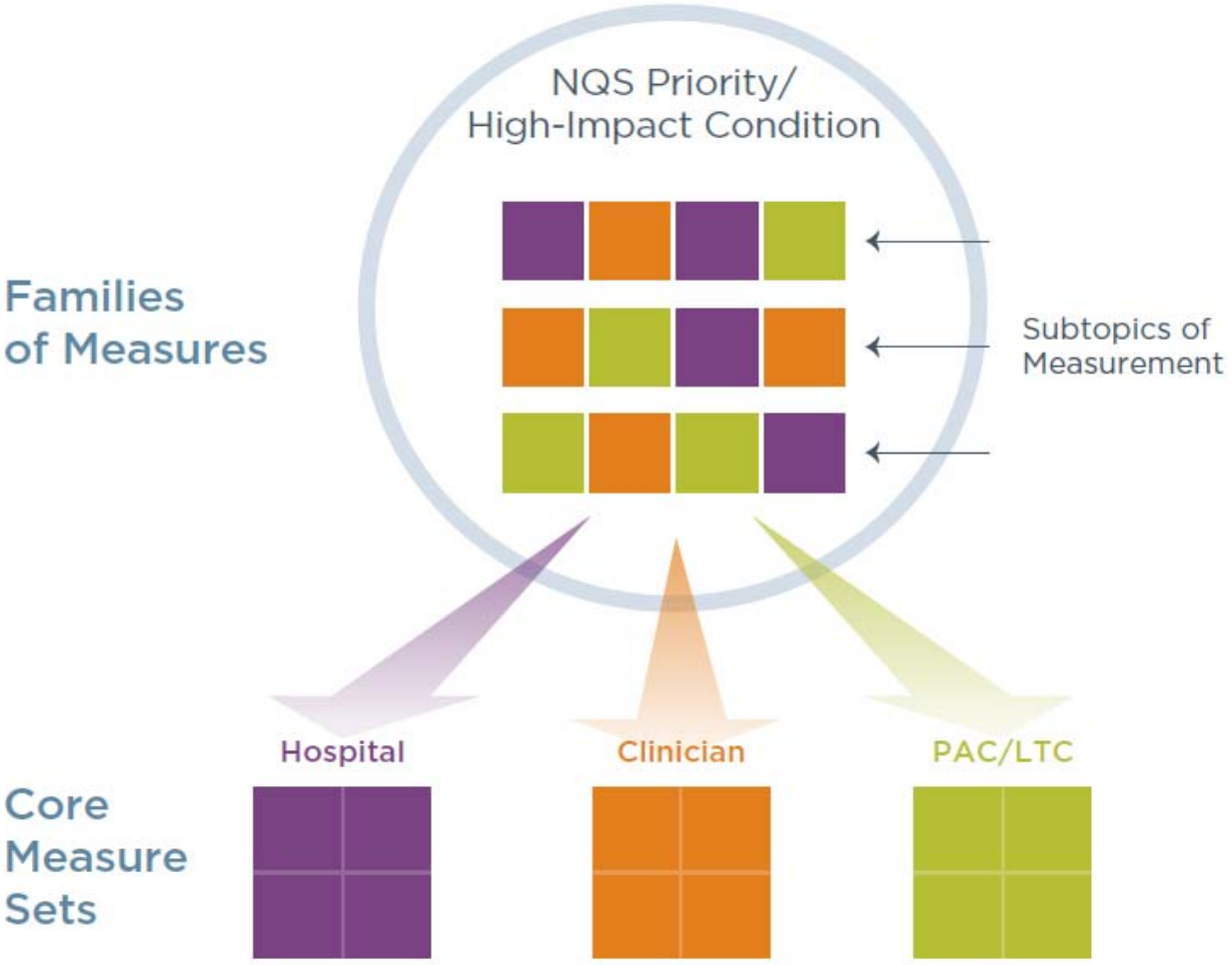
Core Measure Sets

"Available measures and gaps drawn from families of measures that should be applied to specified programs, care settings, levels of analysis, and populations" (e.g., ambulatory clinician measure set, hospital core measure set, dual eligible beneficiaries core measure set)

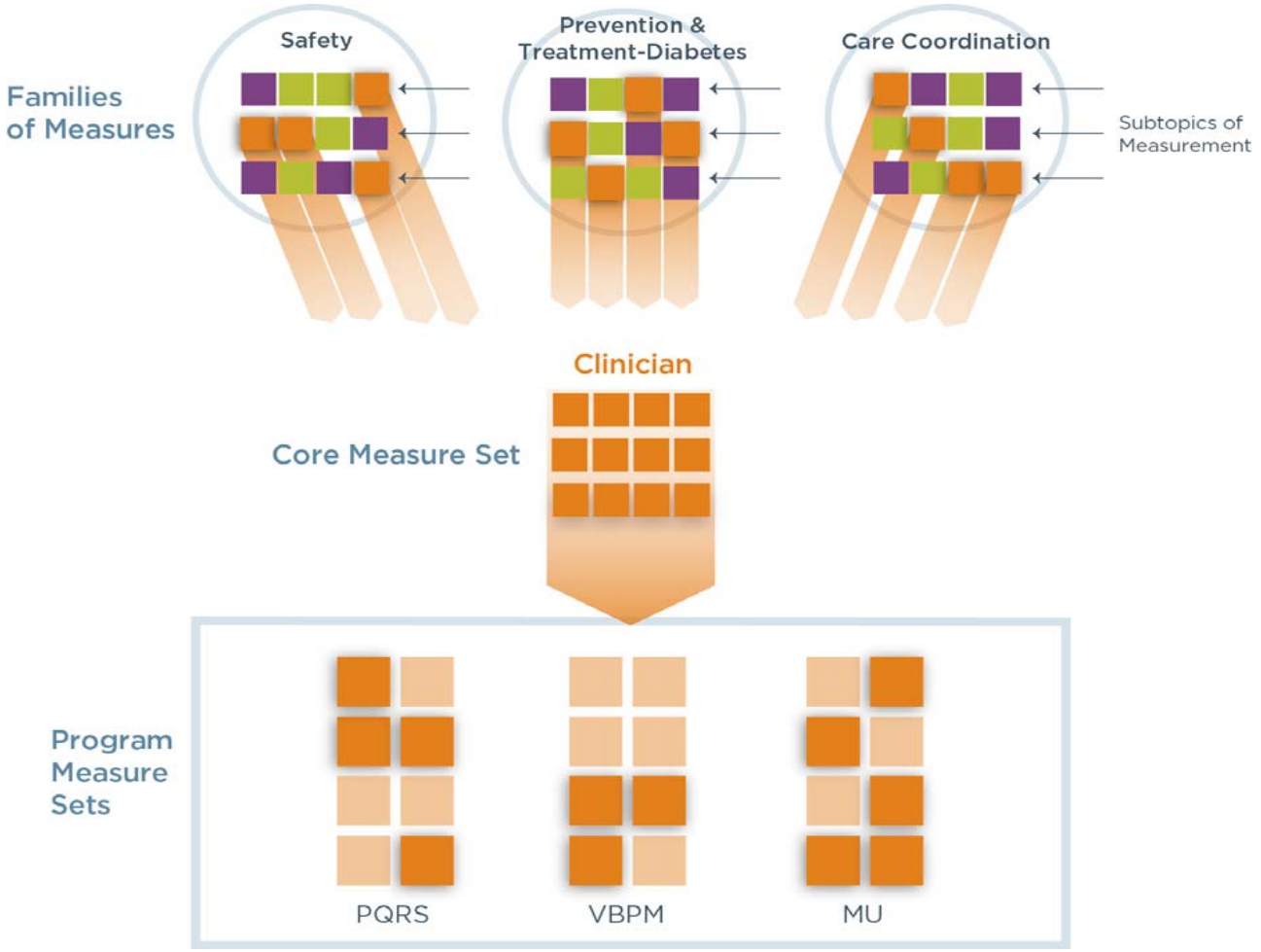
MAP Families of Measures



Families of Measures



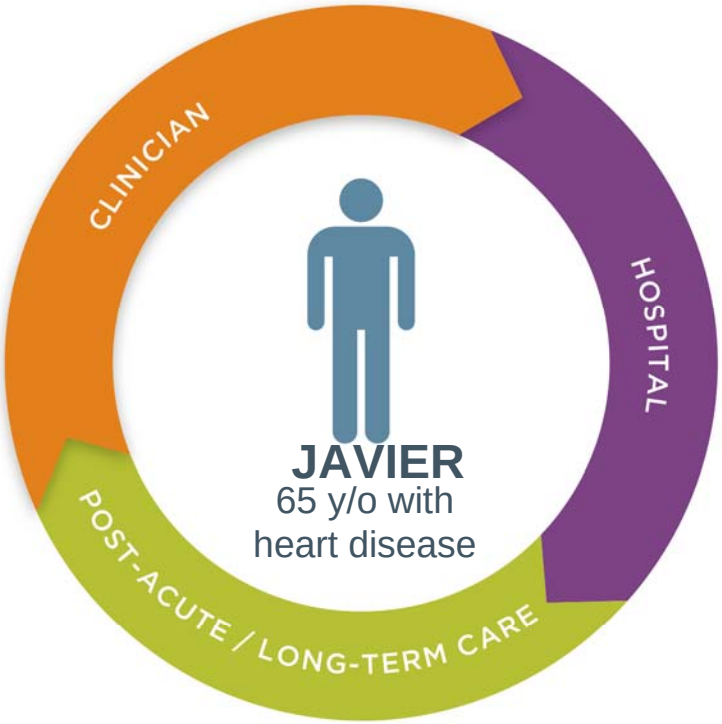
Families of Measures Populating Core Sets and Program Sets



A Patient-Centered Approach to Core Measure Sets

Physician Quality Reporting System (PQRS)

NQF #0018 **Blood Pressure Control** (Cardiovascular and Diabetes Families) NQF #0326 **Advance Care Plan** (Care Coordination, Hospice, and Dual Eligible Beneficiaries Families)



Hospital Inpatient Quality Reporting Program (IQR)

NQF #0289 **Median Time to ECG** (Care Coordination and Cardiovascular Families) NQF #0141 **Patient Fall Rate** (Safety Family)

Inpatient Rehabilitation Facilities Quality Reporting Program (IRF)

NQF #0418 **Screening for Clinical Depression** (Dual Eligible Beneficiaries Family) NQF #0648 **Timely Transmission of Transition Record** (Care Coordination, Hospice, and Dual Eligible Beneficiaries Families)

Commercial ACO Innovation Exchange

- Sponsor: ACO Learning Network
- Participants:
  - Three plans – Cigna, United, WellPoint
  - Three systems – Dartmouth-Hitchcock, New West Physicians, St. Vincent's Health Partners
- Purpose: Define an aligned set of performance measures for commercial ACOs

Commercial ACO Innovation Exchange

- Aligned measure set selection criteria:
  - Importance/meaningfulness
  - Standardization
  - Occurrence in other programs
    - Examined 14 measure sets, including 3 commercial, CMS MSSP/Pioneer, NCQA HEDIS and ACO, CMS Star Ratings and Meaningful Use, Buying Value, Medicaid Adult, CHIP, URAC, MAP Family for Dual Eligible Beneficiaries
  - Feasibility of data collection

Measure Domain	Measure Title	Occurrence Across 14 Measure Sets
Patient Experience	CGCAHPS; HCAHPS	Various
Coordination/Safety •Readmissions	Hospital-Wide All-Cause Unplanned Readmissions	8
Coordination/Safety •Medication Management	Medication Reconciliation	5

Measure Domain	Measure Title	Occurrence Across 14 Measure Sets
Prevention/ Screening	Breast Cancer Screening	9
Prevention/ Screening	Chlamydia Screening	8
Prevention/ Screening	Cervical Cancer Screening	7
Prevention/ Screening	Childhood Immunization Status	7
Prevention/ Screening	Tobacco Use: Screening and Cessation	7
Prevention/ Screening	BMI Screening and Follow-Up	7
Prevention/ Screening	Colorectal Cancer Screening	6
Prevention/ Screening	Depression Screening and Follow-Up	4
Prevention/ Screening	Well Child Visit First 15 Months	4

Measure Domain	Measure Title	Occurrence Across 14 Measure Sets
At-Risk Population •Diabetes	Diabetes Composite	Various
At-Risk Population •Cardiovascular	Blood Pressure Control	7
At-Risk Population •Cardiovascular	Cholesterol Management	6
At-Risk Population •Asthma	Asthma Medication Management	7
At-Risk Population •Rheumatoid Arthritis	Rheumatoid Arthritis Management	5

Measure Domain	Measure Title	Occurrence Across 14 Measure Sets
At-Risk Population •Osteoporosis	Osteoporosis Management in Women Who Have Had a Fracture	4
At-Risk Population •Depression	Antidepressant Medication Management	6
At-Risk Population •Behavioral Health	Mental Illness Hospitalization Follow-Up	5
At-Risk Population •ADHD	Follow-Up for Children Prescribed ADHD Medication	5
At-Risk Population •Various	Proportion of Days Covered for Beta-Blockers, Renin Angiotensin System Antagonists, Calcium-Channel Blockers, Diabetes Medications, and Statins	Various

Measure Gaps

NPC Accountable Care Measures Project Background

- Measures and incentives are two of many approaches being implemented under accountable care to promote system-wide improvement and better quality of care at lower cost.
- Accountable care incentives are geared toward controlling cost.
- Accountable care measure sets typically focus on a limited set of clinical conditions.
- Measurement influences priorities and care delivery, to the potential detriment of patients with conditions that are not measured.
- Measure sets need breadth, depth, and new approaches; otherwise, patients could receive suboptimal care.

NPC Accountable Care Measures Project Overview

- Project objective- To understand the need for quality measures for specialty care and innovative treatment in accountable care systems to balance incentives to control cost.
- Phases:
  - White paper addressing current gaps in measurement for 20 specific clinical areas.
  - Multi-stakeholder roundtable of national thought leaders to explore issues raised in the white paper.
  - Fall public conference to disseminate findings.

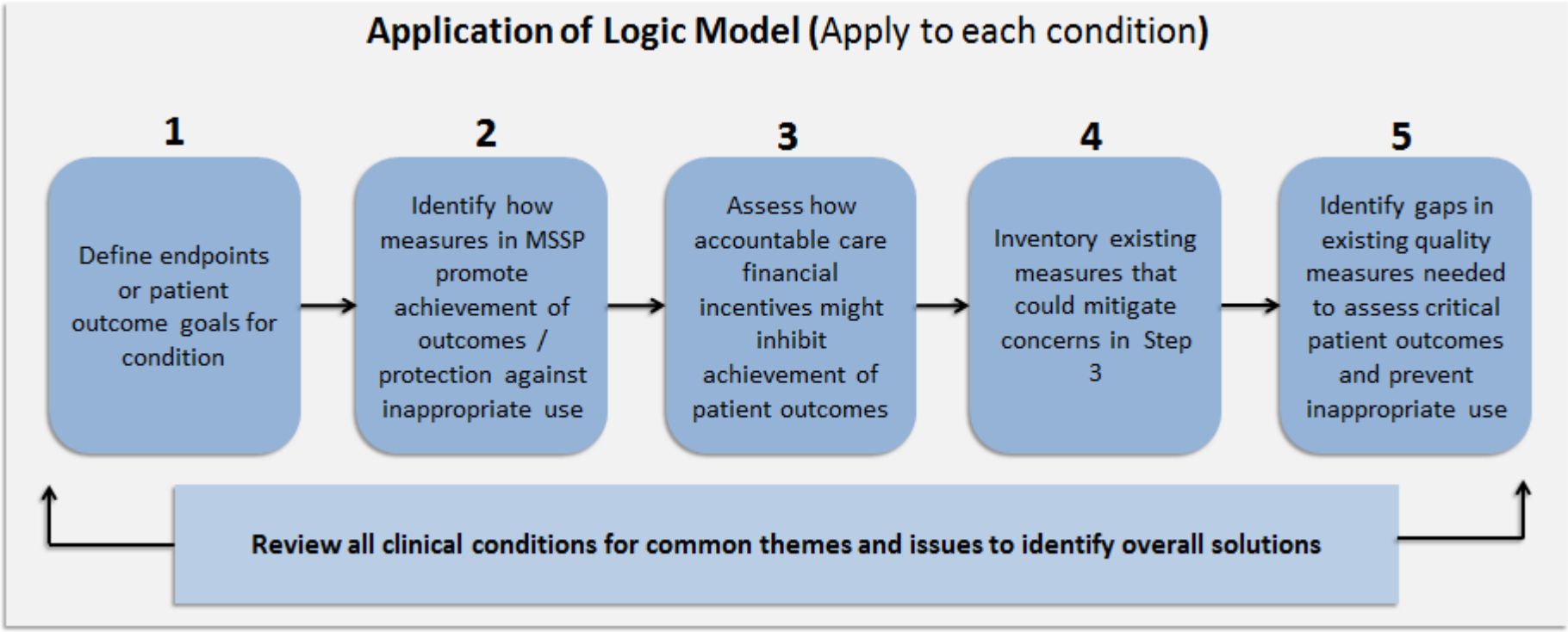
Condition Selection Criteria

- Primary criteria
  - Prevalence
  - Cost
    - Overall
    - Specialty pharmaceutical
    - Imaging
    - Surgical procedures
    - Hospitalization
- Secondary criteria
  - Mix of acute and chronic
  - Applicability to all populations
  - No duplication

Conditions Selected

- ADHD
- Asthma
- Breast Cancer
- Chronic Back Problems
- Chronic Kidney Disease
- COPD
- Diabetes
- Glaucoma
- Hepatitis C
- HIV
- Hypertension
- Influenza
- Ischemic Heart Disease
- Major Depression
- Multiple Sclerosis
- Osteoarthritis
- Osteoporosis
- Prostate Cancer
- Rheumatoid Arthritis
- Stroke

Logic Model


Application of Logic Model (Apply to each condition)
1
Define endpoints or patient outcome goals for condition
2
Identify how measures in MSSP promote achievement of outcomes / protection against inappropriate use
3
Assess how accountable care financial incentives might inhibit achievement of patient outcomes
4
Inventory existing measures that could mitigate concerns in Step 3
5
Identify gaps in existing quality measures needed to assess critical patient outcomes and prevent inappropriate use
Review all clinical conditions for common themes and issues to identify overall solutions

Preliminary Results- Diabetes

- Diabetes is strongly represented in the MSSP ACO measure set with both direct and indirect measures.
- Potential gaps in the ACO set, for which measures are currently available, include screening for complications, weight loss monitoring, and hypoglycemic event control.
- Gaps in currently available measures include appropriate use of referrals, insulin and pump prescriptions, and patient education.

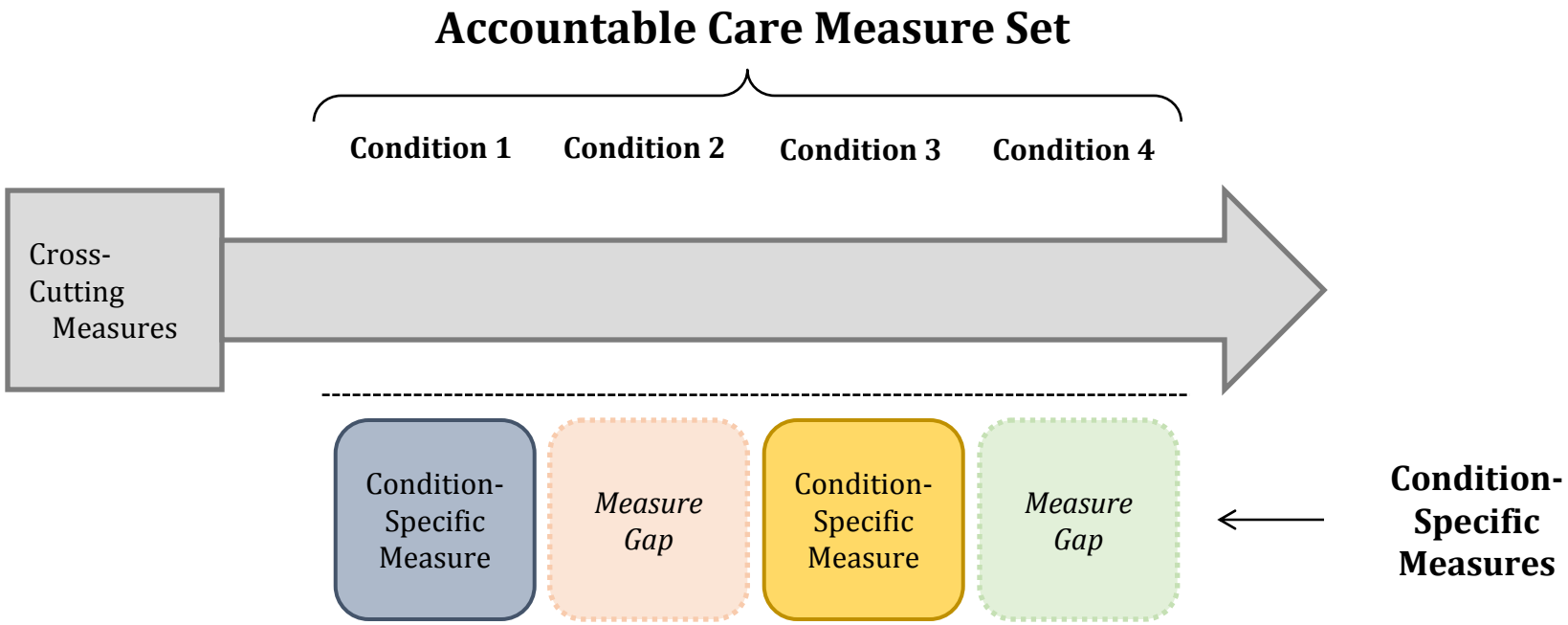
Preliminary Results- Rheumatoid Arthritis

- Rheumatoid arthritis is not directly addressed in the MSSP ACO measure set.
- Potential gaps in the ACO set, for which measures are available, include appropriate use of diagnostics and initiating/monitoring DMARD therapy.
- Gaps in currently available measures include appropriate referral, imaging, drug adherence, and analgesic/NSAID use.

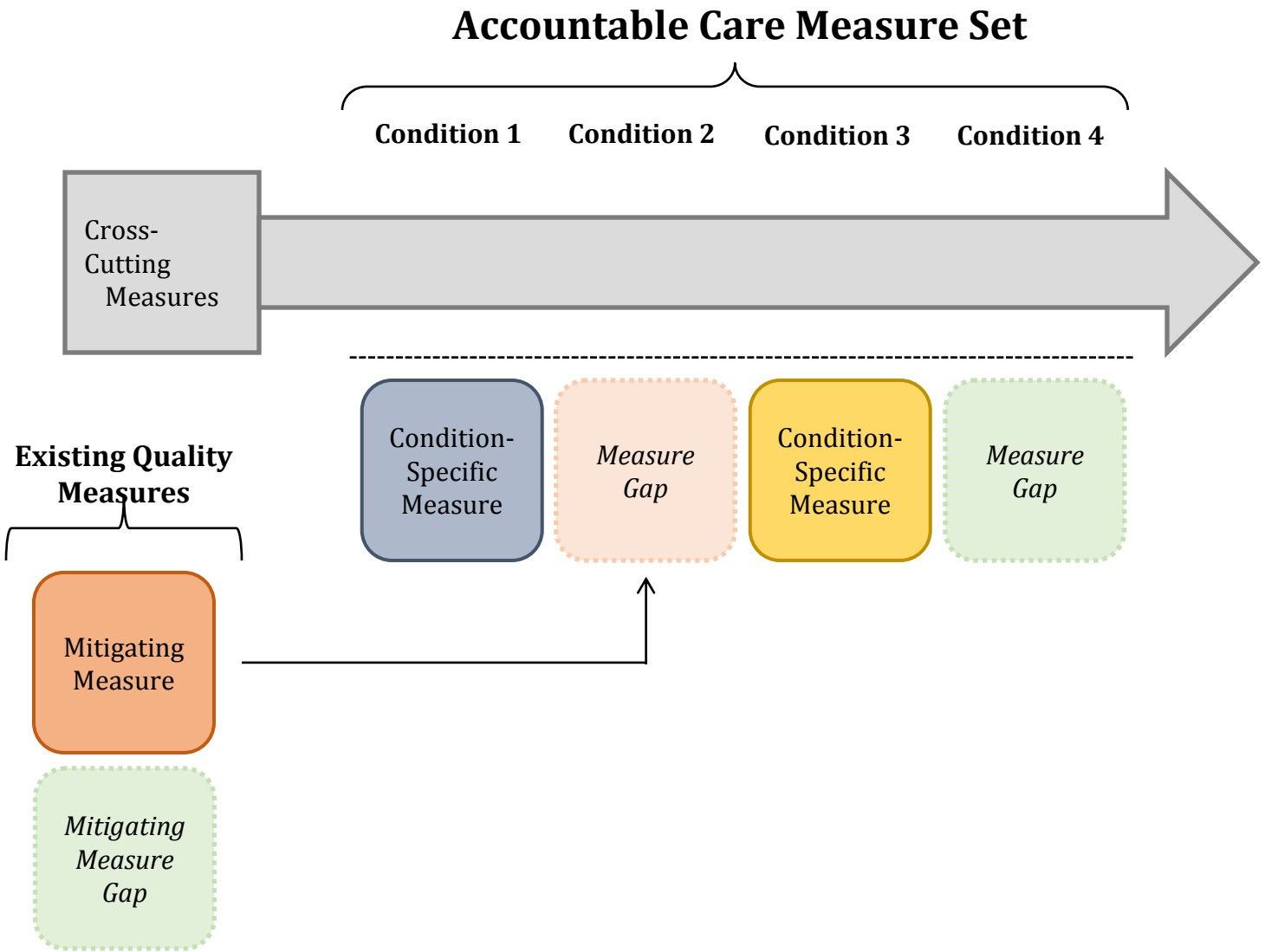
Potential Solutions

- Shared savings model itself may lead to better outcomes, as higher quality has been shown to be associated with lower costs.
- Use available measures to fill gaps in accountable care measure sets.
  - Need evidence to evaluate most important gaps—cannot measure everything.
- Develop measures to fill gaps in available measures needed for accountable care measure sets.

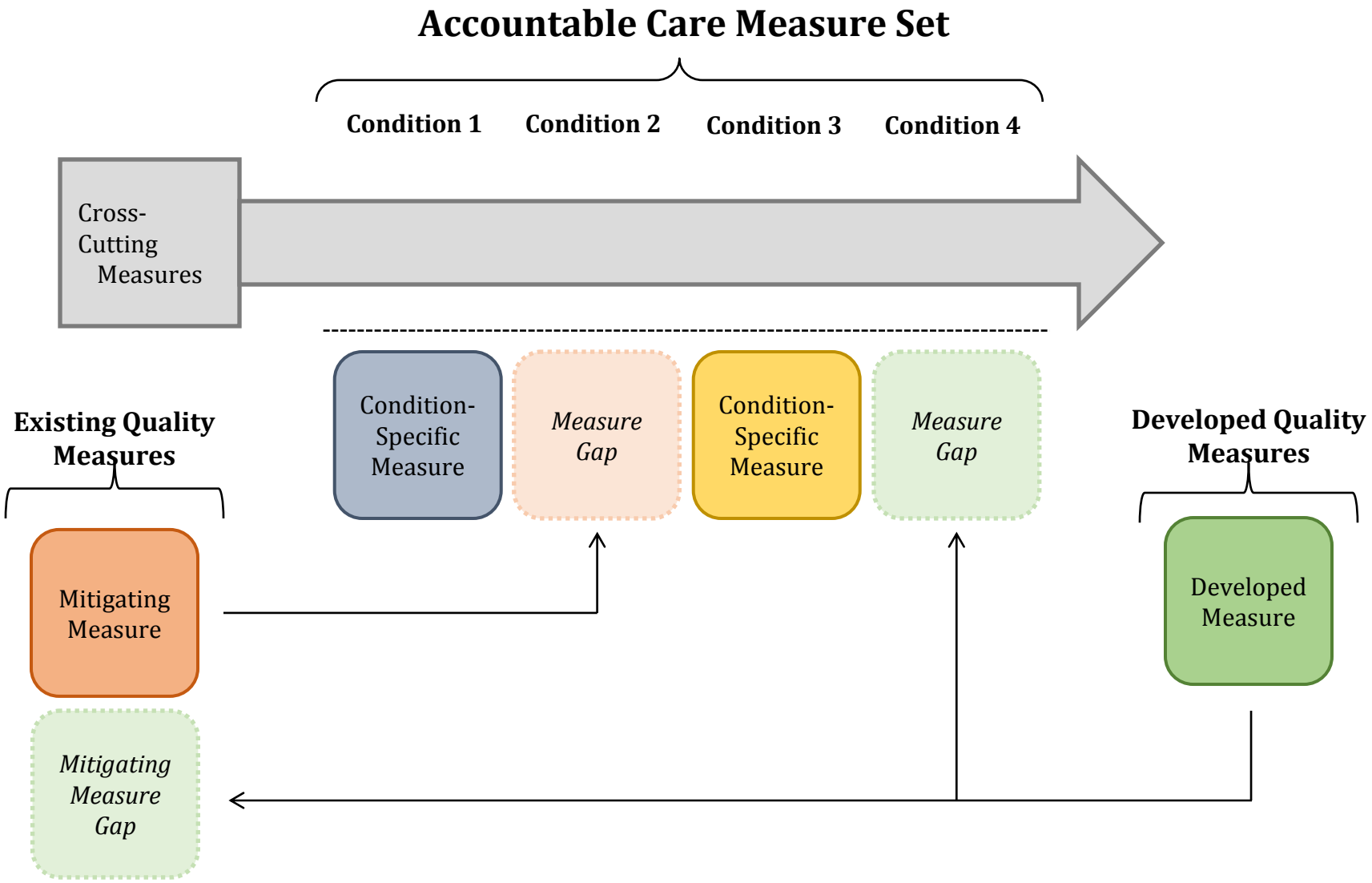
Potential Solutions



Select Available Measures to Fill Gaps in Measure Sets



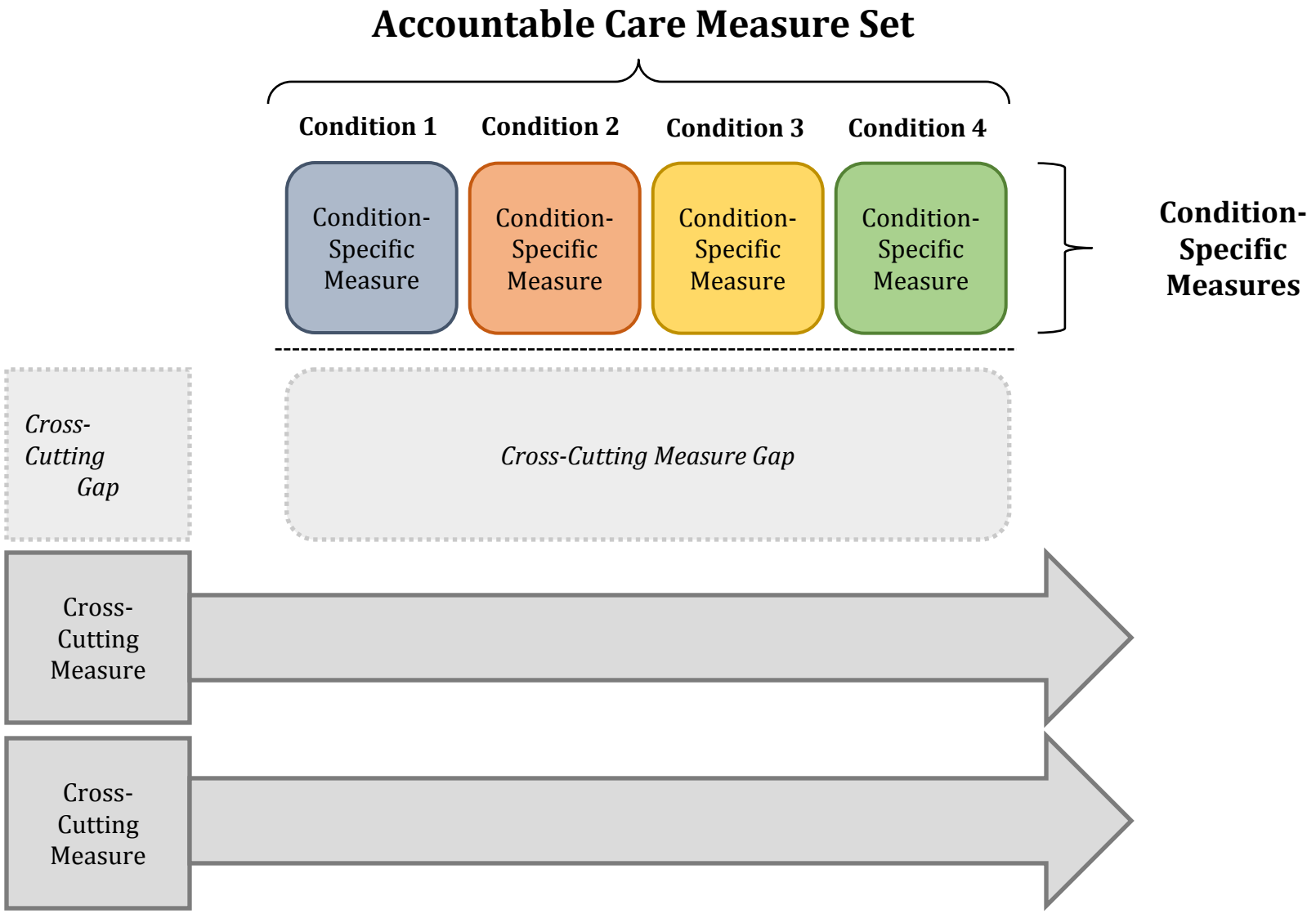
Develop Measures to Fill Gaps in Available Measures



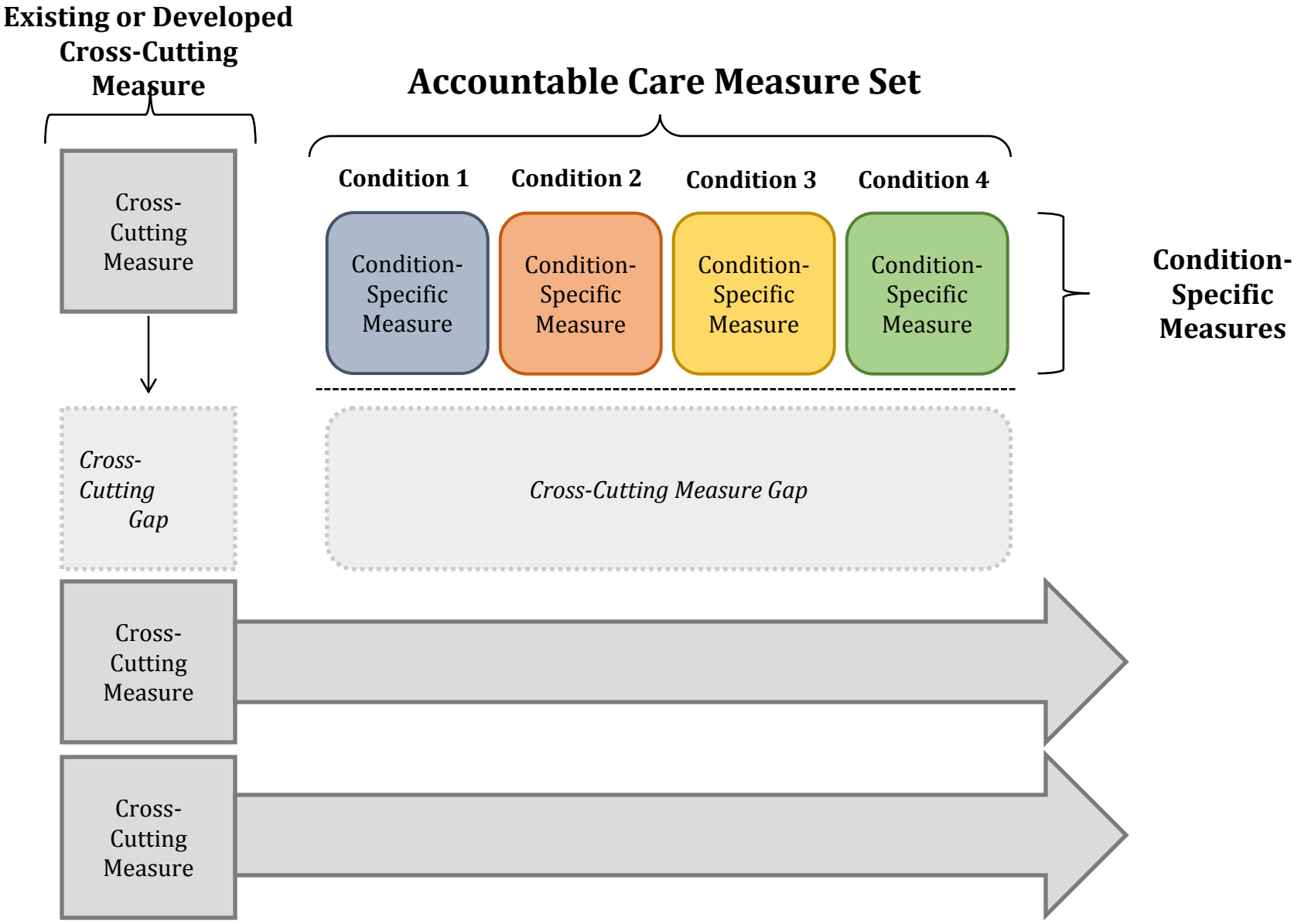
Potential Solutions

- Use cross-cutting measures to broaden impact across conditions
  - Some cross-cutting measures are already in the MSSP ACO measures set
    - CAHPS
    - Readmissions
    - Screening for tobacco use, depression
  - Some measure gaps are cross-cutting
    - Medication adherence
    - Access to specialists and non-physician practitioners

Cross-Cutting Measures



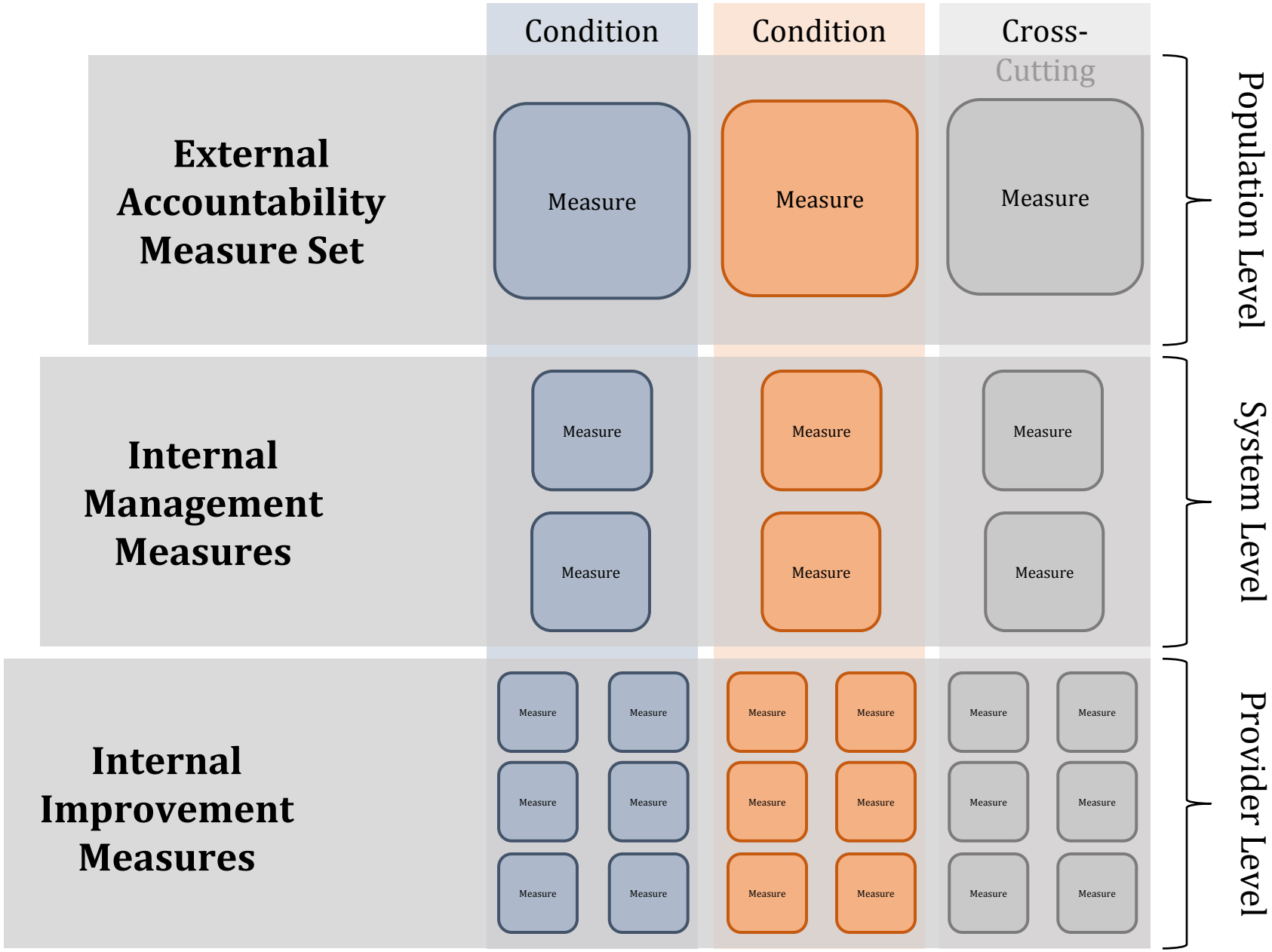
Filling Cross-Cutting Measure Gaps



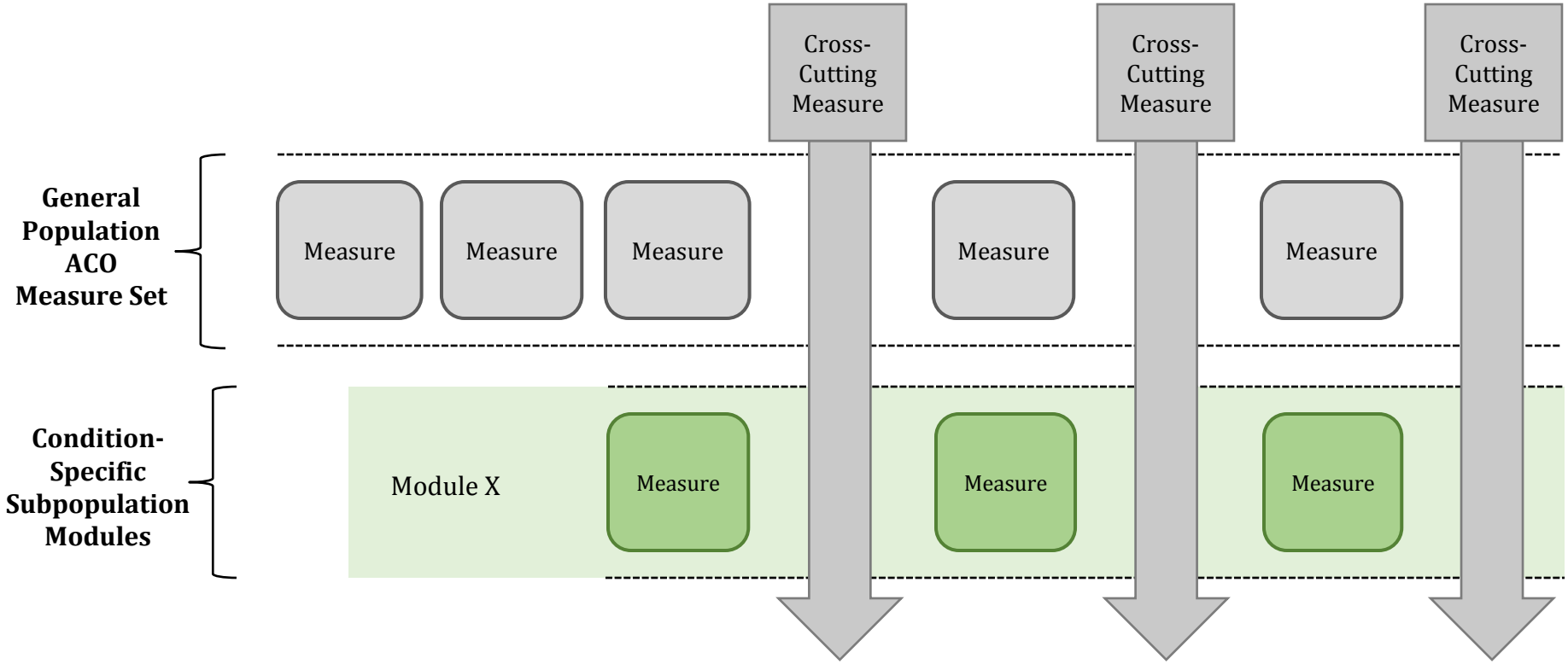
Potential Solutions

- Layered approach to measurement
  - Measures for external accountability flow down to measures for internal accountability and improvement.
- Modular approach to measurement and incentives
  - Certain at-risk populations of interest (e.g., oncology) may be carved out of the broader accountable care program to provide focused incentives and accompanying measures.

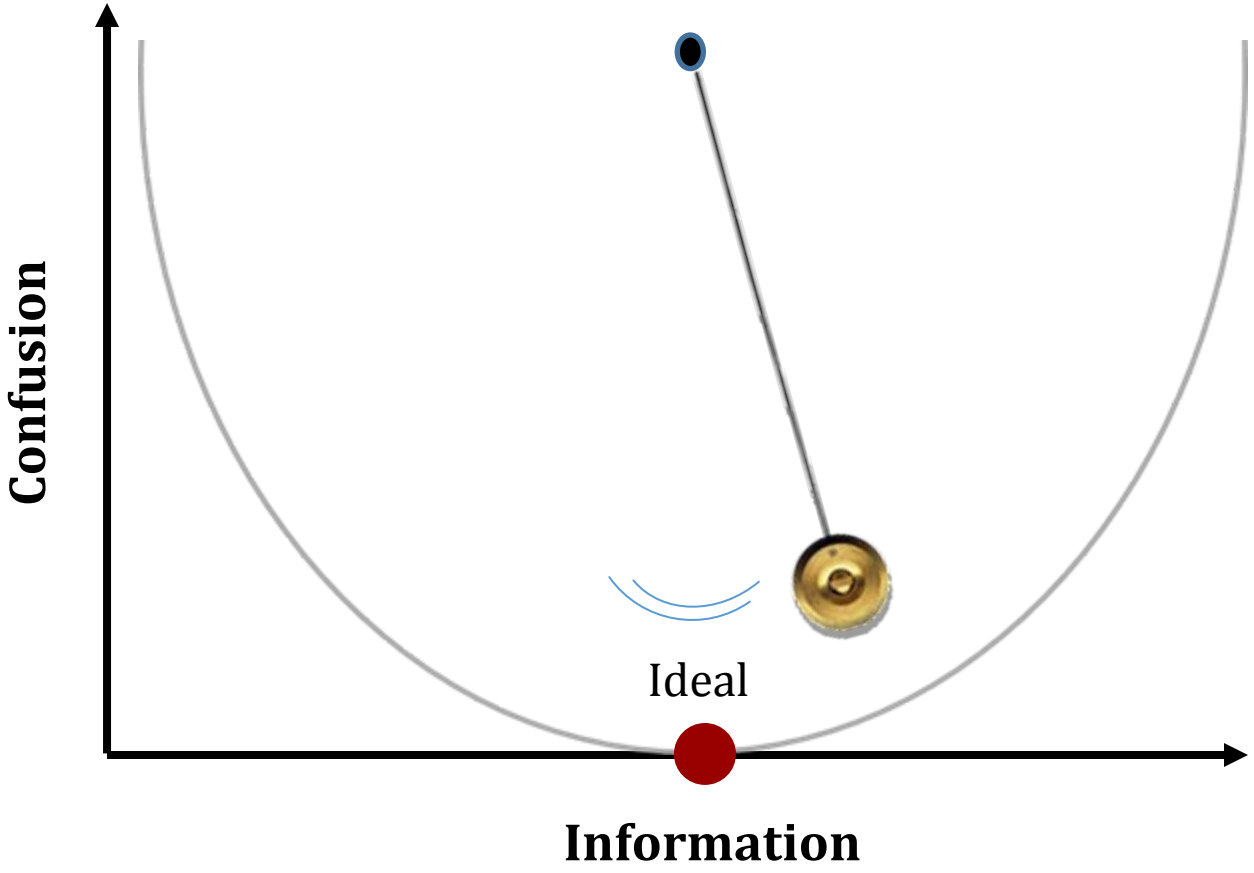
Layered Measurement Approach



Modular Measurement Approach



Our Measurement Challenge



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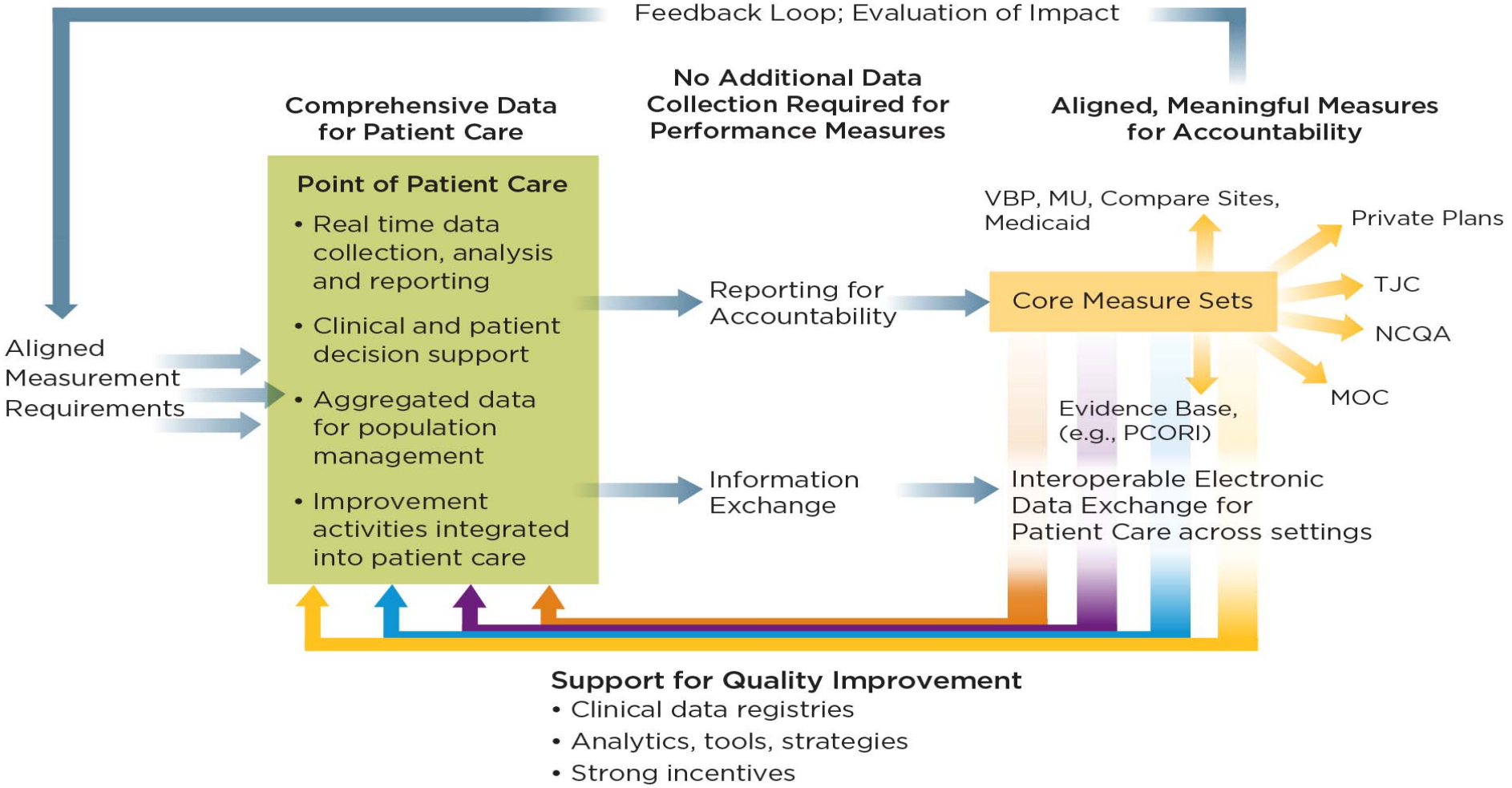
Quality Improvement and Measurement Systems (QIMS)

Future State: Quality Improvement and Measurement Systems (QIMS)



ENGELBERG CENTER for Health Care Reform at BROOKINGS

NATIONAL QUALITY FORUM

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Track One: Performance Measurement for Accountable Care: Challenges and Solutions

PERFORMANCE MEASUREMENT FOR ACCOUNTABLE CARE: CHALLENGES AND SOLUTIONS

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Vice President, Performance Measurement, NCQA

Steven J. Bernstein, MD, MPH
Associate Dean for Clinical Affairs, Professor, Department of Internal Medicine, Research Scientist, Department of Health Management and Policy, Director of Quality, Faculty Group Practice, University of Michigan

Jennifer Clair, MPH
Staff Vice President, Advanced Analytics and Evaluation, Health Care Analytics, WellPoint

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