



America's Health
Insurance Plans

Core Quality Measures Collaborative

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Why Core Quality Measures?

- Wide variability in use of measures across private payers and between public and private programs *
- Creates fragmentation in provider quality improvement efforts
- Too much focus on processes of care
- Lack of quality measures for specialists
- Improve “signal to noise” ratio

Three Aims of Core Measures Collaborative

Aim 1

- Recognize high-value, high impact, evidence-based measures that promote better patient health outcomes, and provide useful information for improvement, decision-making, and payment

Aim 2

- Reduce the burden of measurement and volume of measures by eliminating low-value metrics, redundancies, and inconsistencies in measure specifications and quality measure reporting requirements across payers.

Aim 3

- Refine, align, and harmonize measures across payers to achieve congruence in the measures being used for payment and other accountability programs

Principles of Core Measure Sets

Measure sets should achieve three part aim of National Quality Strategy

NQF-endorsed measures are preferred or measures tested for validity and reliability

Data collection and reporting burden must be minimized

Overuse and underuse measures should both be included

Measure Sets should be parsimonious in nature

Measures that focus on patient outcomes, currently in use and drive quality improvement are preferred

Measure that cross cut across conditions (e.g. patient experience, safety, etc.) are preferred

Measures should be meaningful and usable by consumers and applicable to different populations

Included measures should allow for prudent physicians to attain success

Measures should focus on clinical quality, patient experience, and cost

Areas of Focus For Core Measures Workgroups

ACO / PMCH

Gastrointestinal

HIV / Hepatitis C

Pediatrics

Medical Oncology

Orthopedics

Cardiology

OB / GYN

Provider Partners



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Stakeholder Groups Involved in Core Quality Measures Collaborative



Path Forward

- Phased-in approach to implementation
- Ability to learn from field and identify which measures help improve quality
- Iterative process that leads to evolution of core measure sets

Open Issues for Discussion

- 1 Benchmarking
- 2 Provider Attribution
- 3 Use of Registry Data
- 4 Ongoing Updates to Measure Sets
- 5 Measure Development

Need more Information?

Additional information can be found by clicking:

<http://www.ahip.org/News/Press-Room/2016/AHIP,-CMS-Collaborative-Announces-Core-Sets-of-Quality-Measures.aspx>

<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2016-Press-releases-items/2016-02-16.html>