



NATIONAL
QUALITY FORUM

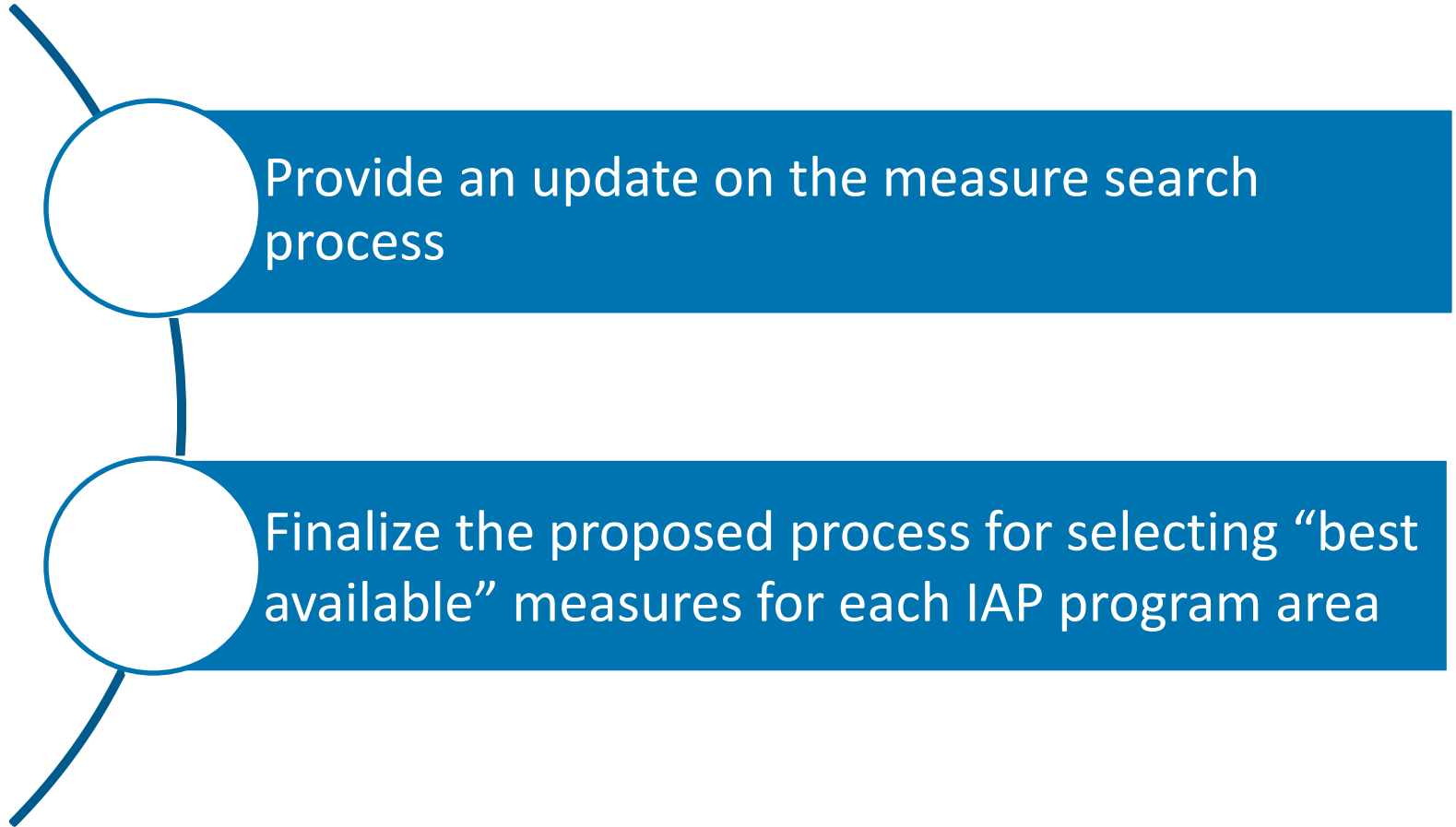
Medicaid Innovation Accelerator Project 2016-2017

Coordinating Committee Web Meeting

February 23, 2017

Welcome and Review of Meeting Objectives

Meeting Objectives



Coordinating Committee

Coordinating Committee Chairs

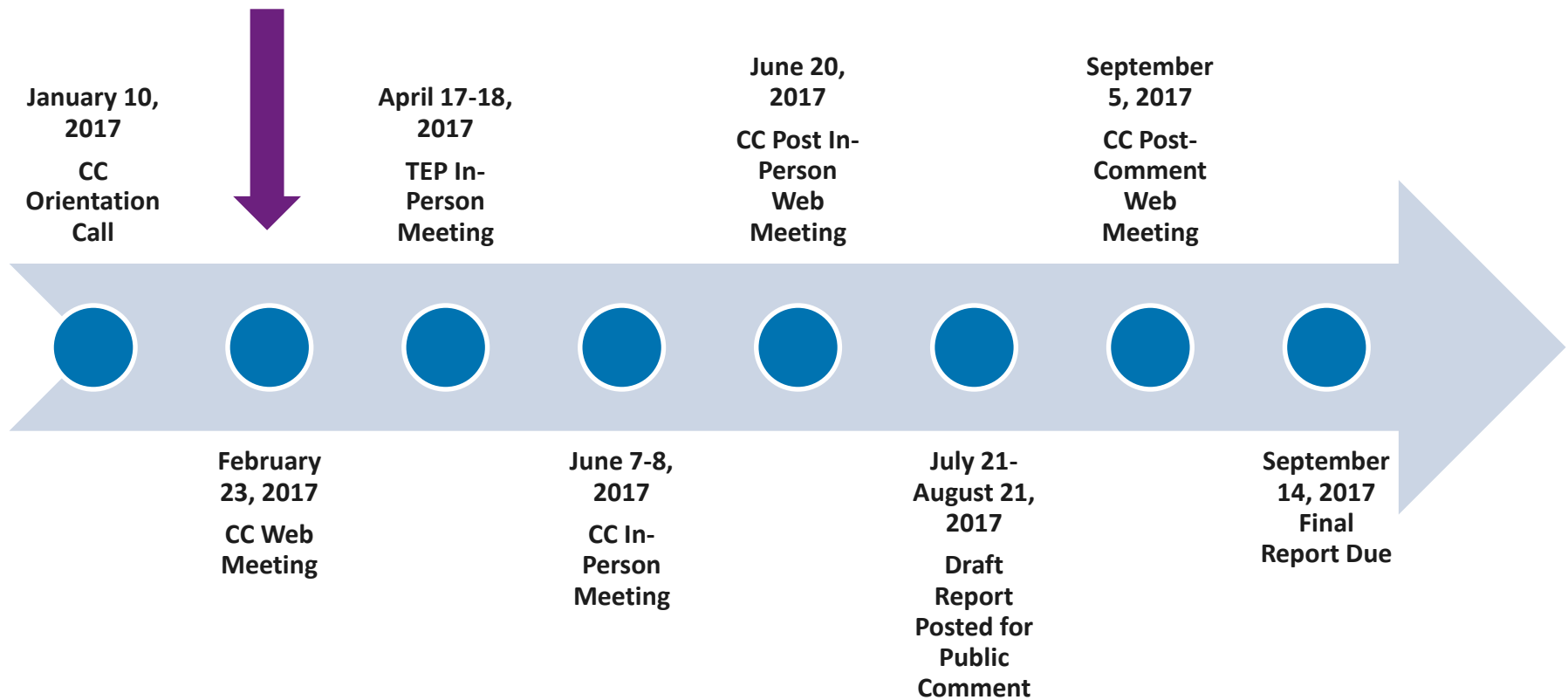
William Golden, MD, Arkansas Medicaid and University of Arkansas

Jennifer Moore, PhD, RN, Institute for Medicaid Innovation

Coordinating Committee Members

- Karen Amstutz, MD, MBA, FAAP, Magellan Health, Inc.
- Sandra Finestone, AA, BA, MA, PsyD, Association of Cancer Patient Educators
- Andrea Gelzer, MD, MS, FACP, AmeriHealth Caritas Family of Companies
- Allison Hamblin, MSPH, Center for Health Care Strategies, Inc.
- Christine Hawkins, RN, MBA, MSML, Centene Corporation
- Maureen Hennessey, PhD, CPCC, Precision Advisors
- David Kelley, MD, MPA, Pennsylvania Dept. of Human Services
- Deborah Kilstein, RN, MBA, JD, Association for Community Affiliated Plans
- SreyRam Kuy, MD, MHS, FACS, Louisiana Dept. of Health
- Barbara McCann, BSW, MA, Interim HealthCare Inc.
- Sarita Mohanty, MD, MPH, MBA, Kaiser Permanente
- MaryBeth Musumeci, JD, Kaiser Family Foundation
- Michael Phelan, MD, JD, FACEP, RDMS, CQM, Cleveland Clinic
- Cheryl Powell, MPP, Truven Health Analytics
- Sheryl Ryan, MD, FAAP, Yale School of Medicine
- Jeff Schiff, MD, MBA, Dept. of Human Services Minnesota
- John Shaw, MEng, Next Wave
- Alvia Siddiqi, MD, FAAFP, Advocate Physician Partners
- Susan Wallace, MSW, LSW, LeadingAge Ohio
- Judy Zerzan, MD, MPH, Colorado Dept. of Health Care Policy and Financing

Timeline and Deliverables



Review of IAP Program Areas

NQF-Medicaid IAP Quality Measures

Project Goals

- Identify and recommend measure sets related to the four program areas of CMS's Medicaid Innovation Accelerator Program (IAP)
 - *Reducing Substance Use Disorders (SUD)*
 - *Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs (BCN)*
 - *Promoting Community Integration – Community-Based Long-Term Services and Supports (CI-LTSS)*
 - *Supporting Physical and Mental Health Integration (PMH)*
- Measure sets will support states' ongoing efforts related to Medicaid delivery system reform.
- Measure sets should include measures that can be implemented immediately and represent the full continuum of care.
- All state Medicaid agencies, regardless of whether they participate in CMS' IAP, will have access to the measure sets.

Reducing Substance Use Disorders (SUD)

- This program area focuses on working with states to design and implement Medicaid delivery reforms that improve the health and healthcare for Medicaid beneficiaries with substance use disorders (i.e., alcohol and/or drugs)
- Measure sets should focus on:
 - *Access*
 - *Clinical care*
 - *Care coordination*
 - *Safety*
 - *Patient and caregiver experience*
 - *Population health and prevention*
- Examples of a theme or issue raised during project deliberations to-date:
 - *Identification of people with substance use disorders or co-occurring conditions*

Improving Care for Medicaid Beneficiaries with Complex Care Needs and High Costs

- This program area focuses on supporting states' efforts to design and implement Medicaid delivery reforms for Medicaid beneficiaries who, because of their health and/or social conditions, are likely to experience high levels of costly but preventable service utilization and whose care patterns and costs are potentially "impactable."
- Measure sets should focus on:
 - *Access*
 - *Clinical care*
 - *Care coordination*
 - *Safety*
 - *Patient and caregiver experience*
 - *Population health and prevention*
- Examples of themes and issues raised during project deliberations to-date:
 - *Identifying people with complex care needs*
 - *Promoting coordination of care*
 - *Identifying types of services or social supports appropriate for this population*

Promoting Community Integration through Community-Based Long-Term Services and Supports

- This program area focuses on supporting states' efforts to design and implement Medicaid delivery system reform for Medicaid beneficiaries living in the community and using home and community-based services and social supports. It does not focus on institutional care.
- Measure sets should focus on:
 - *Access*
 - *Clinical care*
 - *Care coordination*
 - *Safety*
 - *Patient and caregiver experience*
 - *Population health and prevention*
- Examples of themes and issues raised during project deliberations to-date:
 - *Having the right measures to address this changing and growing service area*
 - *Examining ways to align measures in use across multiple states and programs*

Supporting Physical and Mental Health Integration

- This program area focuses on supporting states' efforts to design and implement Medicaid delivery system reform efforts around the integration of care and services for Medicaid beneficiaries with mental and physical health conditions.
- Measure sets should focus on:
 - *Access*
 - *Clinical care*
 - *Care coordination*
 - *Safety*
 - *Patient and caregiver experience*
 - *Population health and prevention*
- Examples of themes and issues raised during project deliberations to-date:
 - *Knowledge of integration occurring*
 - *Enhanced coordination*
 - *Enhanced collaboration*
 - *Is care occurring at primary care physician's office or remotely?*
 - *Is care coordination the same as integration?*

Questions?

Update on Measure Search Process

Committee/TEP members input on measure sources

- During the orientation calls in January 2017, NQF staff requested Committee/TEP members share measures/measure sets that states are using to support their delivery system reform efforts in the four program areas.
- Twenty-three Committee/TEP members submitted sources for measures and/or contacts for 17 states:

- ▣ *CA*
- ▣ *CO*
- ▣ *CT*
- ▣ *GA*
- ▣ *KS*
- ▣ *KY*

- ▣ *MA*
- ▣ *MD*
- ▣ *MN*
- ▣ *NY*
- ▣ *OH*
- ▣ *OR*

- ▣ *PA*
- ▣ *TX*
- ▣ *VT*
- ▣ *WA*
- ▣ *WY*

Next steps for the Measure Summary Sheet

- Measures collected based on feedback from CMS colleagues and multi-stakeholder experts will be sent to TEP members for initial review.
- TEP members will complete a survey to provide initial feedback on the measures captured to date.
- Staff will update the sheets based on feedback received and send the final Measure Summary Sheets to the TEPs in advance of the TEP in-person meeting on April 18-19, 2017.

Questions?

Measure Selection Process

Overview of the Measure Selection Process

- The measure selection process is a standardized approach for selecting “best-available” measures for each IAP program area measure set.
- During the in-person meeting, TEP members will use this standardized approach to build consensus and vote on measures to include in their measure set recommendations to the CC.
- Using a similar standardized approach, the CC will discuss the recommendations made by each TEP and finalize recommendations for measure sets in each IAP program area during an in-person meeting on June 7-8, 2017.

Process for Identifying Measure Sets

Step 1. Scan Universe of Measures

Step 2. Capture Measures for Potential Inclusion in the Measure Sets

Step 3. Assign Rankings to Specific Measure Criteria

Step 4. Assign Overall Score to Each Measure

Step 5. Conduct Initial Review

Step 6. Vote to Remove Measures by Measure Score

Step 7. Analyze Measures to Recommend to the Coordinating Committee

Step 1: Scan Universe of Measures

- NQF staff performed a comprehensive search for measures using relevant measure sources.
- NQF staff identified measures based on feedback from CMS and multi-stakeholder experts regarding the goals of each program area and the current measurement activities of states' delivery system reform efforts.

Step 2: Capture Measures for Potential Inclusion in the Measure Sets

- NQF staff captured measure details on each IAP program area Measure Summary Sheet.
- Measures have been grouped by CMS quality measurement domain (e.g. access, clinical care, care coordination, safety, patient and caregiver experience, population health and prevention).
- Measures are organized by type of measures (e.g., process, outcome).

Step 3: Assign Rankings to Specific Measure Criteria

Measure scores are based on four measure components

- **Feasibility** - the extent to which the specifications require data that are readily available or could be captured without undue burden
 - *High (3): Administrative/Claims/Registry data*
 - *Medium (2): Paper Record/Medical record/EHR*
 - *Low (1): PRO-PM*
 - *Unsure (0)*
- **Usability** - the extent that potential audiences are using or could use performance results for both accountability and quality improvement
 - *High (3): Use in federal program or use in multiple states for accountability/quality improvement*
 - *Medium (2): Use by state/local/health plan for accountability/quality improvement or planned use in state Medicaid programs*
 - *Low (1): No indication of use in field or any programs*
 - *Unsure (0)*

Step 3: Assign Rankings to Specific Measure Criteria (cont.)

- **Scientific Acceptability** - the extent to which a measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care
 - *High (3): Currently NQF endorsed OR evidence of reliability/validity testing in the Medicaid population*
 - *Medium (2): Any evidence of reliability/validity testing OR testing in Medicaid project is underway*
 - *Low (1): No evidence of testing*
 - *Unsure (0)*

- **Evidence** - the extent to which the specific measure focus is evidence-based and important to making significant gains in healthcare quality where there is variation in or overall less-than-optimal performance
 - *Yes (1): There is evidence of data or information resulting from studies and analyses of the data elements and/or scores for a measure as specified, unpublished, published, or NQF endorsed without exception to evidence*
 - *No (0): There is no evidence of importance to measure*
 - *Unsure (0)*

Step 4: Assign Overall Score to Each Measure

- NQF staff will use the criteria to assign an *overall measure score* to each measure in order to rank and organize measures within the measure summary sheets.
- The following details the weight of each of the four criteria in the overall measure score calculation:
 - *Feasibility* - 30%
 - *Usability* - 30 %
 - *Scientific Acceptability* - 25%
 - *Evidence* - 15%

Step 5: Conduct Initial Review

- Prior to the April 18-19, 2017 TEP in-person meeting, TEP members will review measure suggestions, the criteria to rank measures, and the total overall score assigned to each measure.
- TEP members will complete a survey to give initial feedback on the measures captured to date:
 - *Do these measures capture the most important issues in the program area? If not, are there other measures you think should be added to this list? Please identify.*
 - *Are there measures that you think should NOT be on this list? Please identify.*
 - *Did you identify any measures that would be best placed in a different program area?*

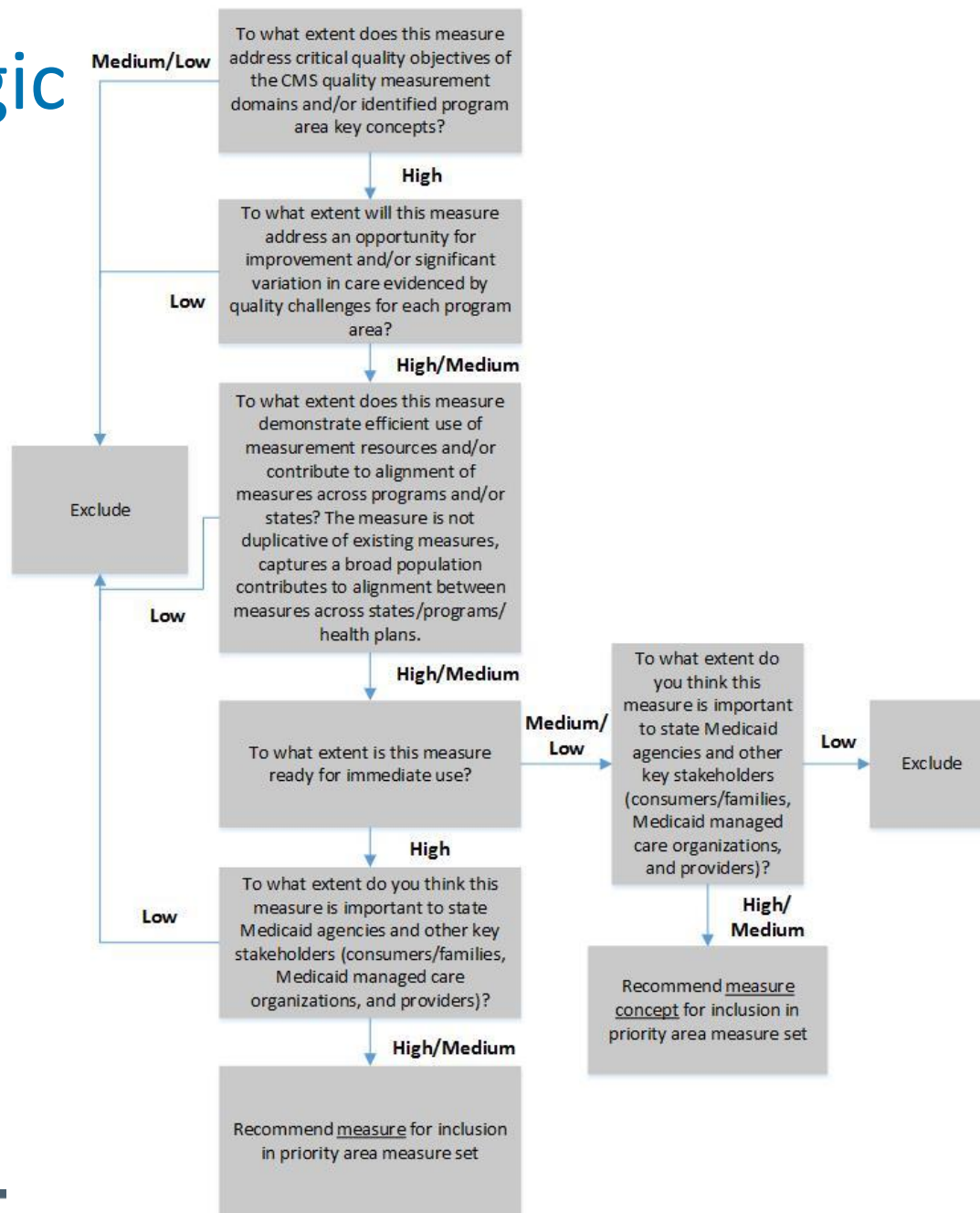
Step 6: Vote to Remove Measures by Measure Score

- During their in-person meeting, the TEPs will vote on measures for inclusion in the measure sets for the four program areas.
- The TEPs will make preliminary recommendations for the removal of measures en bloc based on overall measure score within each CMS quality measurement domain.
 - *The TEP members will be asked to vote on whether some measures should be removed en bloc based on the overall measure scoring system*
 - *The TEPS will be asked if there are any measures/concepts that should be retained in this bloc of measures ready for removal*
 - *The TEPs will focus on whether the measures address the Medicaid population and the designated program area, vary in type, align with other programs, and are ready for immediate implementation*

Step 7: Analyze Measures to Recommend to the Coordinating Committee (CC)

- TEPs will evaluate the remaining measures using a decision logic.
- Each measure will be considered against specific criteria using the following indicators: High (H); Medium (M); Low (L); and Unsure.
- The indicators describe the degree to which the measure fits each criterion. Unsure is suggested if there is insufficient information to categorize the measure.

Decision Logic



Step 7: Analyze Measures to Recommend to the CC – Decision Logic

- To what extent does this measure address critical quality objectives of the CMS quality measurement domains and/or identified program area key concepts?
 - *High: Measure addresses a CMS quality measurement domain(s) and program area key concepts*
 - *Medium: Measure addresses CMS quality measurement domains but does not address program area key concepts*
 - *Low: Measure does not clearly address CMS quality measurement domains or program area key concepts*
- To what extent will this measure address an opportunity for improvement and/or significant variation in care evidenced by quality challenges (e.g. readmissions, access to care) for each program area?
 - *High: Addresses multiple quality challenges and opportunities for improvement within a program area*
 - *Medium: Measure has the potential to address variation in care and quality challenges*
 - *Low: Measure does not address quality challenges or opportunities for improvement within a program area*
 - *Unsure: Cannot be determined*

Step 7: Analyze Measures to Recommend to the CC – Decision Logic (cont.)

- To what extent does this measure demonstrate efficient use of measurement resources and/or contribute to alignment of measures across programs and/or states? This measure is not duplicative of existing measures, captures a broad (e.g. age, multiple conditions) population, contributes to alignment between measures across states/programs/health plans.
 - *High: Measure demonstrates efficient use of measurement resources, addresses broad populations, is not duplicative of existing measures and contributes to alignment across states/programs and health plans*
 - *Medium: Measure is not duplicative of other measures and does address some areas of alignment but does not encompass broad populations*
 - *Low: No evidence that the measure demonstrates/addresses any of the above criteria (e.g., does not demonstrate efficient use of measurement resources, address a broad population, nor contribute to alignment. There are other measures similar to this one already in use*
 - *Unsure: Cannot be determined*

Step 7: Analyze Measures to Recommend to the CC – Decision Logic (cont.)

- To what extent is this measure ready for immediate use?
 - *High: Already in use in the Medicaid populations*
 - *Medium: Measure has a specified numerator and denominator and has reported testing*
 - *Low: Measure has a numerator and denominator but there is no evidence of testing*
 - *Unsure: Cannot be determined*

- To what extent do you think this measure is important to state Medicaid agencies and other key stakeholders (consumers/families, Medicaid managed care organizations, and providers)?
 - *High: Important to state Medicaid agencies and consumers/families*
 - *Medium: Important to two stakeholders including state Medicaid agencies*
 - *Low: Important to one stakeholder*
 - *Unsure: Cannot be determined*

TEP Voting

- Based on the decisions made in the previous steps, the TEPs will vote to support or not support a measure for inclusion in the measure set.
- Each decision to support or not support will be accompanied by one or more statements of rationale as to how and why each decision was reached.
- Once approved by the TEP, the measure will be recommended to the Coordinating Committee for consideration.

Discussion of Measure Selection Process

Is the overall proposed measure selection process clear and succinct?

Are the tools used to select measures adequate (e.g. measure ranking, measure scoring and decision logic)?

Are there components of the selection process you would like to refine?

Opportunity for Public Comment

Next Steps

- Upcoming Meetings

- *June 7-8, 2017 – CC in-person meeting*
- *June 20, 2017 – CC post in-person web meeting 1 – 3pm ET*
- *September 5, 2017 – CC post comment web meeting 12 – 2pm ET*

Contact Information

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 - *Margaret (Peg) Terry, Senior Director*
 - *Shaonna Gorham, Senior Project Manager*
 - *Kate Buchanan, Project Manager*
 - *Tara Rose Murphy, Project Manager*
 - *Miranda Kuwahara, Project Analyst*
- Committee SharePoint Site:
<http://share.qualityforum.org/Projects/Medicaid%20Innovation%20Accelerator%20Programs/SitePages/Home.aspx>
- Project Webpage:
http://www.qualityforum.org/Medicaid_Innovation_Accelerator_Project_2016-2017.aspx

Thank you for participating!