


Measure Applications Partnership

Affordability Task Force

Web Meeting

*February 19, 2014*



NATIONAL QUALITY FORUM

Agenda

- Welcome and Review of Meeting Objectives
- Review Approach to Developing and an Affordability Family of Measures
- Review High Leverage Opportunities for Measurement
- Opportunity for Public Comment
- Next Steps

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## Meeting Objectives

- Review Task Force charge, role within the MAP, and plan to complete the task
- Review MAP affordability definition and key themes from the MAP Coordinating Committee In-Person Meeting
- Identify high leverage opportunities for measurement

## Welcome, Review of Meeting Objectives and Past Work

## Affordability Task Force Membership

**Task Force Chair:** Mark McClellan, MD, PhD

### Organizational Members

AdvaMed	Steven Brotman, MD, JD
Alliance of Dedicated Cancer Centers	Ronald Walters, MD, MBA, MHA, MS
America's Health Insurance Plans	Aparna Higgins, MA
American College of Radiology	David Seidenwurm, MD
American Federation of State, County, and Municipal Employees	Sally Tyler, MPA
American Hospital Association	Richard Umbdenstock, FACHE
American Medical Association	Carl Sirio, MD
American Society of Consultant Pharmacists	Jennifer Thomas, PharmD
Association of American Medical Colleges	Joanne Conroy, MD
Blue Cross Blue Shield of Massachusetts	Wei Ying, MD, MS, MBA
Kindred Healthcare	Sean Muldoon, MD, MPH, FCCP
Mothers Against Medical Error	Helen Haskell, MA
Pacific Business Group on Health	David Hopkins, PhD
Pharmaceutical Research and Manufacturers of America	Christopher Dezii, RN, MBA, CPHQ
Service Employees International Union	Charissa Raynor
Visiting Nurses Association of America	Margaret Terry, PhD, RN

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## Affordability Task Force Membership

### Subject Matter Experts

Care Coordination	Gerri Lamb, PhD
Emergency Medical Services	James Dunford, MD
Measure Methodologist	Dolores Yanagihara, MPH
Palliative Care	Sean Morrison, MD
Population Health	Eugene Nelson, MPH, DSc
State Policy	Dolores Mitchell, MSHA, RN, CCM, FACHE

### Federal Government Members

Centers for Medicare & Medicaid Services (CMS)	Kate Goodrich, MD
Office of the National Coordinator for HIT (ONC)	Representative to be determined

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## MAP Affordability Task Force Charge

- Advise the MAP Coordinating Committee on an Affordability Family of Measures, including:
  - Recommendations for measures to include in the family
  - Identification of gaps and recommendations for filling gaps
  - Analysis of barriers to using the measures within the affordability family
- The task force is time-limited and consists of current MAP members from the MAP Coordinating Committee and all MAP workgroups with relevant interests and expertise

## Review MAP Affordability Definition and Key Themes from the MAP Coordinating Committee

## MAP Definition of Affordability

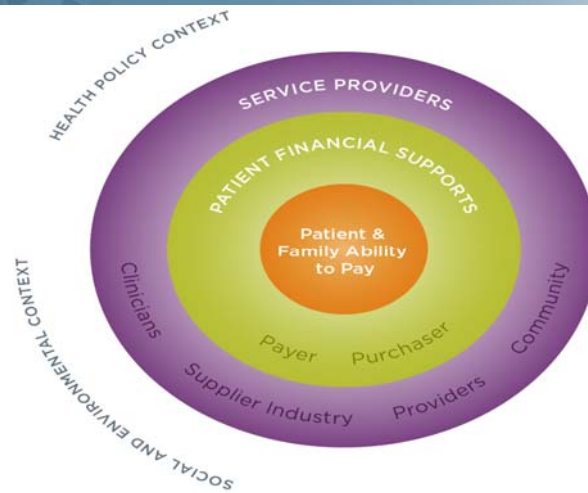
- MAP chose to take a person-centered approach to defining affordability
- MAP defined affordability as an individual's ability to pay for the healthcare services they need

## MAP Definition of Affordability

**All stakeholders have a shared responsibility for making services affordable**

- Affordability can be increased by eliminating waste and excess costs
- Costs have skyrocketed, requiring patients, businesses, and taxpayers to spend more of their resources on health care
- How providers deliver and price healthcare services affects costs, and how individuals manage their health affects the healthcare services they need
- Many factors contribute to an individual's ability to pay besides their out-of-pocket costs, including individuals' choices between health care and other needs

## MAP Definition of Affordability: Conceptual Model



## Review Approach to Developing An Affordability Family of Measures

## Goals for the Affordability Family of Measures

- Promote alignment across settings and sectors
- Create a comprehensive picture of affordability considering all perspectives
- Include measures related to cost drivers and other key components of cost
  - Use to identify high-leverage opportunities and available measures
- Build on existing measures of quality, cost, and efficiency
- Lay out a path forward to build on these initial measures and consider barriers to measurement

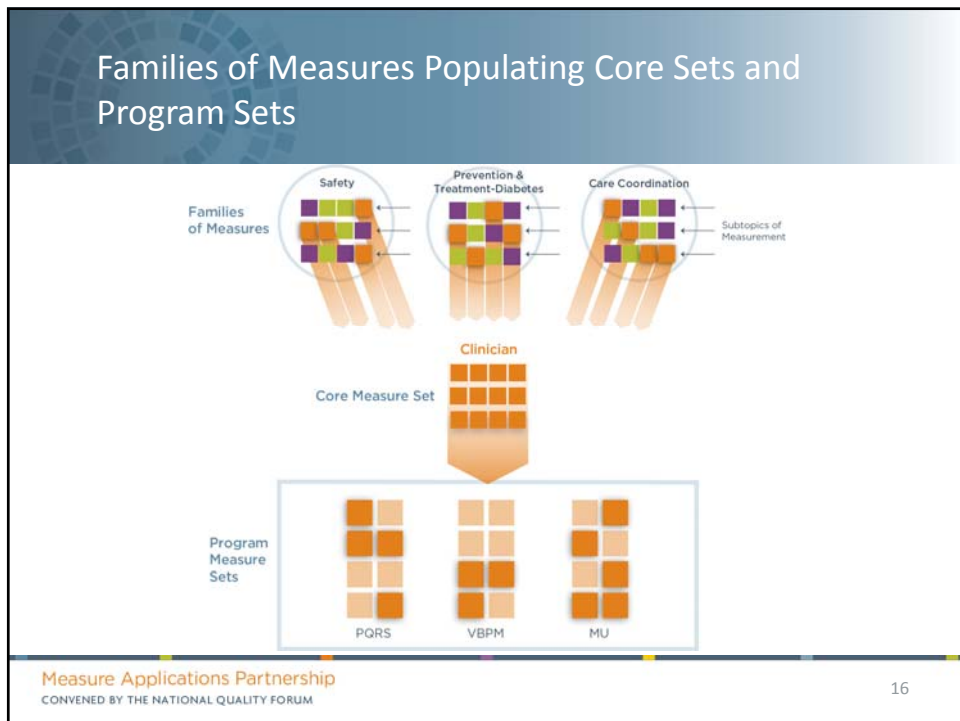
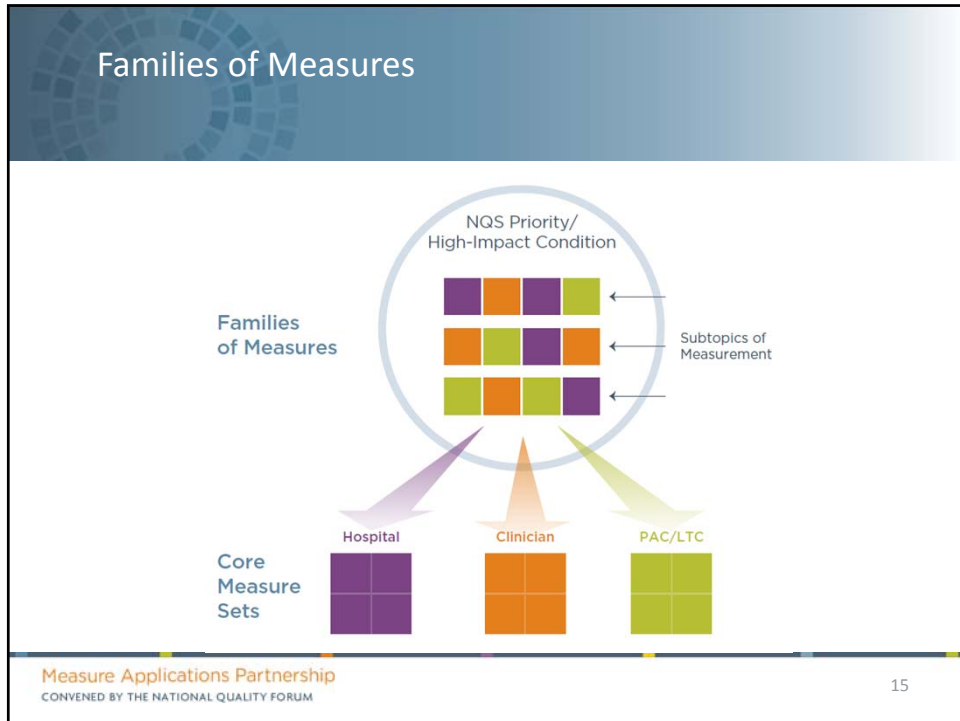
## Families of Measures and Core Measure Sets

### 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)

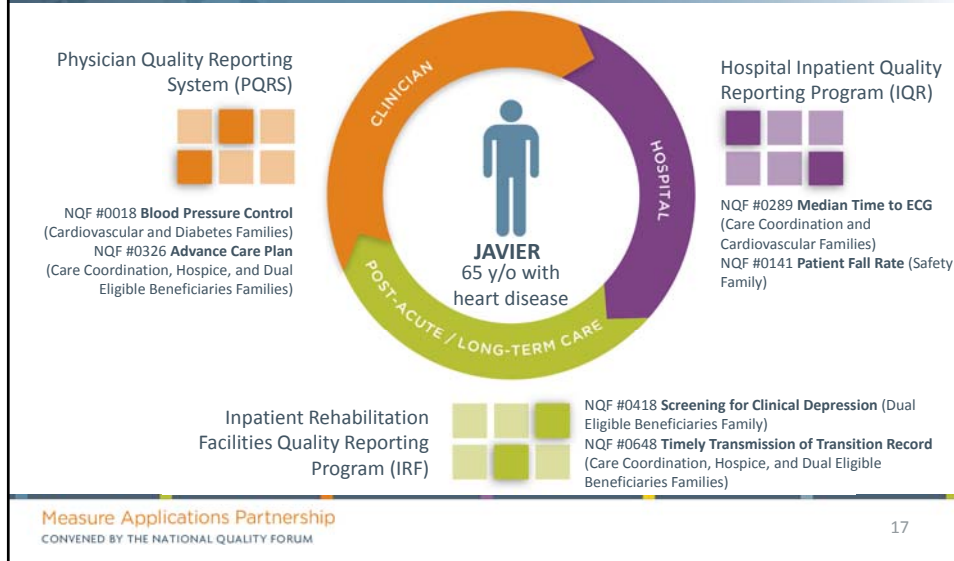
### Core Measure Sets

“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)





## A Patient-Centered Approach to Core Measure Sets



## Approach to Developing an Affordability Family of Measures

### 1. Develop consensus-based definitions of affordability

- Define the parameters of affordability taking into account multiple stakeholders' perspectives
- Conduct stakeholder outreach to understand the range of definitions and perspectives

## Approach to Developing an Affordability Family of Measures

### 2. Identify and Prioritize High-Leverage Opportunities for Measurement

- Identification of high-leverage opportunities
  - Major cost drivers across settings and populations (e.g., vulnerable populations, commercially insured, Medicaid, Medicare)
  - National Quality Strategy
  - IOM's Healthcare Imperative: Lowering Costs and Improving Outcomes report
  - Public-sector efforts
  - Private-sector efforts
- Prioritization of high-leverage opportunities
  - Impact, improvability, inclusiveness
  - Areas of waste, inefficiency, overuse
- Consider how high-leverage opportunities span the patient-focused episode of care
  - Do the high-leverage opportunities span settings, levels of analysis?
  - How should measures addressing the high-leverage opportunities vary across settings?

## Approach to Developing an Affordability Family of Measures

### 3. Scan of Available and Pipeline Measures that Address the High-Leverage Opportunities

- NQF-endorsed portfolio of measures
- Measures in federal and state programs
- Measures in private sector programs

## Approach to Developing an Affordability Family of Measures

### 4. Define the Affordability Family of Measures and Measure Gaps

- Considerations for defining the family
  - Do available measures address relevant care settings, populations, level of analysis?
  - When appropriate are measures harmonized across settings, populations, levels of analysis?
  - What are the types of measures available for each setting, population, level of analysis?
- Consider implementation barriers

## Approach to Developing an Affordability Family of Measures

### 5. Consider the application of principles developed through related NQF work in the context of public and private programs

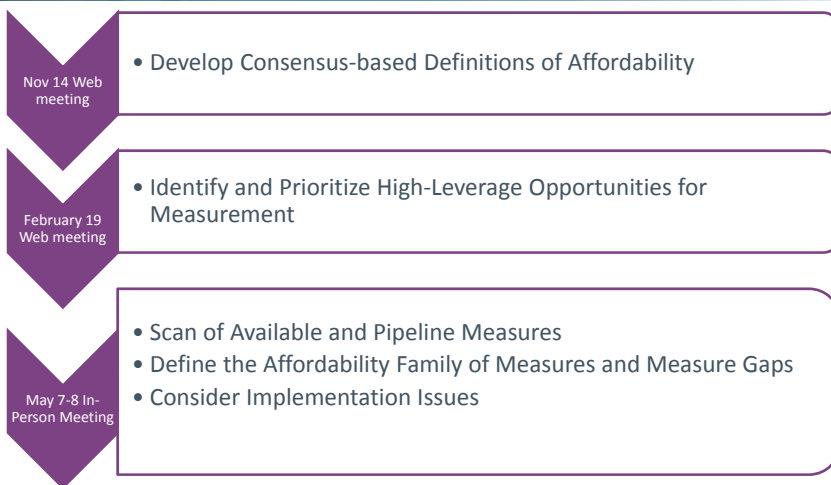
- MAP will provide input on the principles developed by an expert panel convened under a complimentary RWJF-funded project
- These principles will explore:
  - Linking cost and quality
  - Attribution
  - Risk adjustment
  - Exclusions
  - Reliability/small numbers
  - Patient perspectives on affordability

## The “3 I’s”

### IOM overarching criteria for choosing clinical priority areas:

- **Impact**—the extent of the burden—disability, mortality, and economic costs—imposed by a condition, including effects on patients, families, communities, and societies
- **Improvability**— the extent of the gap between current practice and evidence-based best practice and the likelihood that the gap can be closed and conditions improved through change in an area; and the opportunity to achieve dramatic improvements in the six national quality aims identified in the Quality Chasm report
- **Inclusiveness**— the relevance of an area to a broad range of individuals with regard to age, gender, socioeconomic status, and ethnicity/ race (equity); the generalizability of associated quality improvement strategies to many types of conditions and illnesses across the spectrum of health care (representativeness); and the breadth of change effected through such strategies across a range of health care settings and providers (reach)

## MAP Affordability Task Force Timeline



## Timeline for the MAP Affordability Task Force

<b>November 14: Task Force Web Meeting</b>	<ul style="list-style-type: none"> <li>• Develop consensus-based definitions for affordability.</li> </ul>
<b>February 2014: Task Force Web Meeting</b>	<ul style="list-style-type: none"> <li>• Define the highest leverage measurement opportunities.</li> </ul>
<b>May 2014: Task Force In-Person Meeting</b>	<ul style="list-style-type: none"> <li>• Identify measures for inclusion in the family.</li> <li>• Identify measure gaps.</li> <li>• Identify implementation barriers, including linking cost and quality measures.</li> </ul>
<b>June 2014: Public Comment Draft Report</b>	<ul style="list-style-type: none"> <li>• Task force review of draft report via email.</li> <li>• Report posted to NQF website for a two-week public comment period.</li> </ul>
<b>July 2014: MAP Coordinating Committee Meeting</b>	<ul style="list-style-type: none"> <li>• MAP Coordinating Committee review of public comment draft and public comments received.</li> <li>• MAP Affordability Task Force will be asked to join by phone.</li> <li>• Finalize recommendations and report.</li> </ul>
<b>July 2014: Final Report</b>	<ul style="list-style-type: none"> <li>• Submit final report to HHS.</li> </ul>

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## Identify and Prioritize High-Leverage Opportunities for Measurement

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## Identifying High Leverage Opportunities

MAP sought to build on prior work to identify high leverage work to decrease healthcare costs including:

- The National Quality Strategy
- The Institute of Medicine: *Healthcare Imperative*
- NQF's *Measurement Framework: Evaluating Efficiency Across Patient-Focused Episodes of Care, National Voluntary Consensus Standards for Cost and Resource Use, and National Priorities and Goals: Aligning Our Efforts to Transform America's Healthcare*

## National Quality Strategy Priorities

- The NQS priorities present an opportunities to improve care, reduce costs, and increase affordability:
  - Reducing Medical Errors
  - Promoting Person-Centered Care
  - Improving Care Coordination
  - Reducing the Burden of Chronic Illness
  - Addressing Modifiable Risk Factors
  - Eliminating Waste and Inefficiencies

## Drivers of Excess Cost: IOM Healthcare Imperative

### The Healthcare Imperative identified six sources of excess costs:

- Unnecessary Services
  - Overuse—beyond evidence established levels
  - Discretionary use beyond benchmarks
  - Unnecessary choice of higher-cost services
- Inefficiently Delivered Services
  - Mistakes—errors, preventable complications
  - Care fragmentation
  - Unnecessary use of higher-cost providers
  - Operational inefficiencies at care delivery sites
- Missed Prevention Opportunities
  - Primary prevention
  - Secondary prevention
  - Tertiary prevention

## Drivers of Excess Cost: IOM Healthcare Imperative

### The Healthcare Imperative identified six sources of excess costs:

- Prices That Are Too High
  - Service prices beyond competitive benchmarks
  - Product prices beyond competitive
- Excess Administrative Costs
  - Insurance paperwork costs beyond benchmarks
  - Insurers' administrative inefficiencies
  - Inefficiencies due to care documentation requirements
- Fraud
  - All sources—payers, clinicians, patients

## MAP Affordability High Leverage Opportunities

### Questions for Discussion:

- Are there additional high leverage opportunities or measurement areas that should be considered?
- Are there high leverage opportunities or measurement areas that should be removed?

## *Opportunity for Public Comment*



## *Next Steps*

## Affordability Task Force Meeting Dates

- **May 7-8:** MAP Affordability Task Force In-Person Meeting
- **Early June:** Public comment period on draft families of measures report
- **July 1:** Families of Measures Report due to HHS

*Adjourn*