Measure Applications Partnership

Health Insurance Exchange Quality Rating System Task Force

In-Person Meeting

November 20-21, 2013

Welcome and Review of Meeting Objectives

Health Insurance Exchange (HIX) Quality Rating System (QRS) Task Force Membership

Workgroup Chair: Elizabeth Mitchell

Organizational Members

Organization	Member
Academy of Managed Care Pharmacy	Marissa Schlaifer, RPh, MS
The Advanced Medical Technology Association	Steve Brotman, MD, JD
Aetna	Andrew Baskin, MD
America's Essential Hospitals	David Engler, PhD
America's Health Insurance Plans	Aparna Higgins, MA
American Association of Retired Persons	Joyce Dubow, MUP
American Board of Medical Specialties	Lois Nora, MD, JD, MBA
American Medical Group Association	Samuel Lin, MD, PhD, MBA, MPA, MS
Center for Patient Partnerships	Rachel Grob, PhD
CIGNA	David Ferriss, MD, MPH
Consumers' CHECKBOOK	Robert Krughoff, JD
Humana, Inc.	George Andrews, MD, MBA, CPE
Iowa Healthcare Collaborative	Lance Roberts, PhD
March of Dimes	Cynthia Pellegrini
Memphis Business Group on Health	Christie Upshaw Travis, MHSA
National Business Coalition on Health	Colleen Bruce, JD
National Partnership for Women and Families	Emma Kopleff, MPH
SNP Alliance	Chandra Torgerson, MS, RN, BSN
The Brookings Institute	Mark McClellan, MD, PhD

Health Insurance Exchange (HIX) Quality Rating System (QRS) Task Force Membership

Subject Matter Experts

Child Health	Richard Antonelli, MD, MS
Health IT	Thomas von Sternberg, MD
Measure Methodologist	Debra Saliba, MD, MPH
Medicaid ACO	Ruth Perry, MD
Nursing	Gail Stuart, PhD, RN

Federal Government Members

Centers for Medicare and Medicaid Services (CMS)	Deborah Green
Health Resources and Services Administration (HRSA)	Terry Adirim, MD, MPH

Timeline for HIX QRS Task Force Activities

Date / Meeting	Activities
September 26: Task Force Web Meeting	• Review task force charge, background of the QRS, and relevant populations • Consider health plan information available to consumers and define scope of MAP's input
October 18: Task Force Web Meeting	• Review the MAP Measure Selection Criteria and establish the task force's decision-making framework • Define the highest-leverage measurement opportunities for the Marketplaces • Consider the ideal organization of measures to best support consumer decision-making
November 20-21: Task Force In-Person Meeting	• Develop recommendations and rationale regarding measures for the QRS • Develop recommendations and rationale regarding organization of the QRS • Identify gaps in measures needed to support consumer decision-making
December: Public Comment Draft Report	• Task force review of draft report via email • Report posted to NQF website for a two-week public comment period
January 7-8: MAP Coordinating Committee In-Person Meeting	• MAP Coordinating Committee review of the public comment draft and public comments received • HIX QRS Task Force members will join by phone • Finalize recommendations and rationale for measures for inclusion and organization of the QRS
January: Final Report	• Submit final report to HHS

Meeting Objectives

- Finalize task force's decision-making framework for the Health Insurance Exchange Quality Rating System (QRS)
- Provide input on the proposed measures for the family and child QRS
- Provide input on the proposed domains, hierarchical structure, and organization of measures for the QRS
- Define MAP's vision for the QRS and a pathway for achieving MAP's vision

HIX QRS Task Force Charge

- Advise the MAP Coordinating Committee on recommendations for the child and family core measure sets of the QRS
  - Best available measures
  - Organization of measures to support consumer decision-making
- MAP is not providing recommendations on the marketplace websites, materials, displays, or minimum benefits
- 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

MAP Input on the Marketplaces Quality Rating System

Final Report Outline

- Introduction
- Enabling consumer choice in healthcare marketplaces–the ideal state
  - Presenting information to consumers (structure, domains)
  - Providing meaningful information to consumers (high-leverage opportunities for measurement)
- Input on Marketplaces QRS
  - Input on QRS structure (structure, hierarchy, domains)
  - Input on proposed core child and family measures for the QRS
  - Identified measure gaps
- Path Forward
  - Addressing measure gaps
  - Changes to structure and hierarchy over time
  - Innovative directions
- Conclusion

Agenda

Day 1

- Welcome and Review of Meeting Objectives
- Health Insurance Exchange QRS Task Force Decision-Making Framework
- Define Ideal Organization of the QRS: Literature Review and Focus Group Experience
- Define Ideal Organization of the QRS: Breakouts, Report-Outs, and Finalize
- Opportunity for Public Comment
- Input on Proposed QRS Measures
- Opportunity for Public Comment
- Summary of Day 1

Day 2

- Review Previous Day Themes
- Measure Aggregation
- Input on Proposed QRS Structure
- QRS Path Forward: Functionality to Enhance Consumer Decision-Making
- QRS Path Forward: Additional Information to Enhance Consumer Decision-Making
- Revisit and Revise Task Force Decision-Making Framework
- Opportunity for Public Comment
- Wrap Up/Next Steps

Health Insurance Exchange QRS Task Force Decision-Making Framework

Session Objectives

- Review the MAP Measure Selection Criteria and discuss approach for MAP's input on the QRS
- Finalize task force guiding principles
- Finalize high-leverage opportunities for measurement

What Information Is Needed to Support Consumer Decision-Making?

Revised MAP Measure Selection Criteria

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Task Force Decision-Making Framework

Defining Meaningful to Consumers

- MAP MSC Sub-Criterion 3.2: Measure sets for public reporting programs should be meaningful for consumers and purchasers
- MAP Clinician and Hospital Workgroup Guiding Principles established measures that are most meaningful to consumers should:
  - Focus on patient experience, patient-reported outcomes (e.g., functional status), care coordination, population health (e.g., risk assessment, prevention), and appropriate care measures
  - Be aggregated (e.g., composite measures), with drill-down capability for specific measure results to generate a comprehensive picture of quality
  - Monitor for unintended consequences to vulnerable populations
  - Be stratified by factors such as race, gender, and socioeconomic status to enable fair comparisons

What Information Is Needed to Support Consumer Decision-Making?

Health Plan Functions

- Network Management
  - Contract with providers and facilities
  - Maintain adequate services and access
- Benefit Design
  - Services for members
  - Incentives for members
- Care Management
  - Prevention, treatment, and disease management programs
  - Care coordination across multiple clinicians and facilities
- Provider Payment
  - Claims adjudication
  - Incentives for providers
- Customer Service
  - Member information
  - Complaints
  - Education

Task Force Guiding Principles

Principles to Guide Input on QRS Measures and Organization

- QRS structure should focus on consumer needs by providing information that is:
  - Usable and of interest to consumers in comparing plan performance
  - Accessible and can be easily and quickly interpreted by consumers
  - Interactive and customizable, allowing consumers to emphasize their values

Task Force Guiding Principles

Principles to Guide Input on QRS Measures and Organization

- Measures within the QRS should:
  - Focus on cost, experience, clinical quality outcomes, and patient-reported outcomes
  - Address core plan functions, including quality of providers, managing costs, additional benefits
  - Drive plan and provider improvement
  - Be NQF-endorsed, or build on existing structural information
  - Be aligned and parsimonious, taking into consideration existing plan reporting requirements

Task Force Guiding Principles

Principles to Guide Input on QRS Measures and Organization

- A phased approach to implementation is needed:
  - Initially limited to existing information
    - Time is needed for meaningful comparisons as new plans entering market will require time to become established
    - Begin with few categories of measures (e.g., roll-ups aligned with triple aim)
  - Over time, expand beyond existing health plan-level quality measures

Task Force Guiding Principles

Discussion

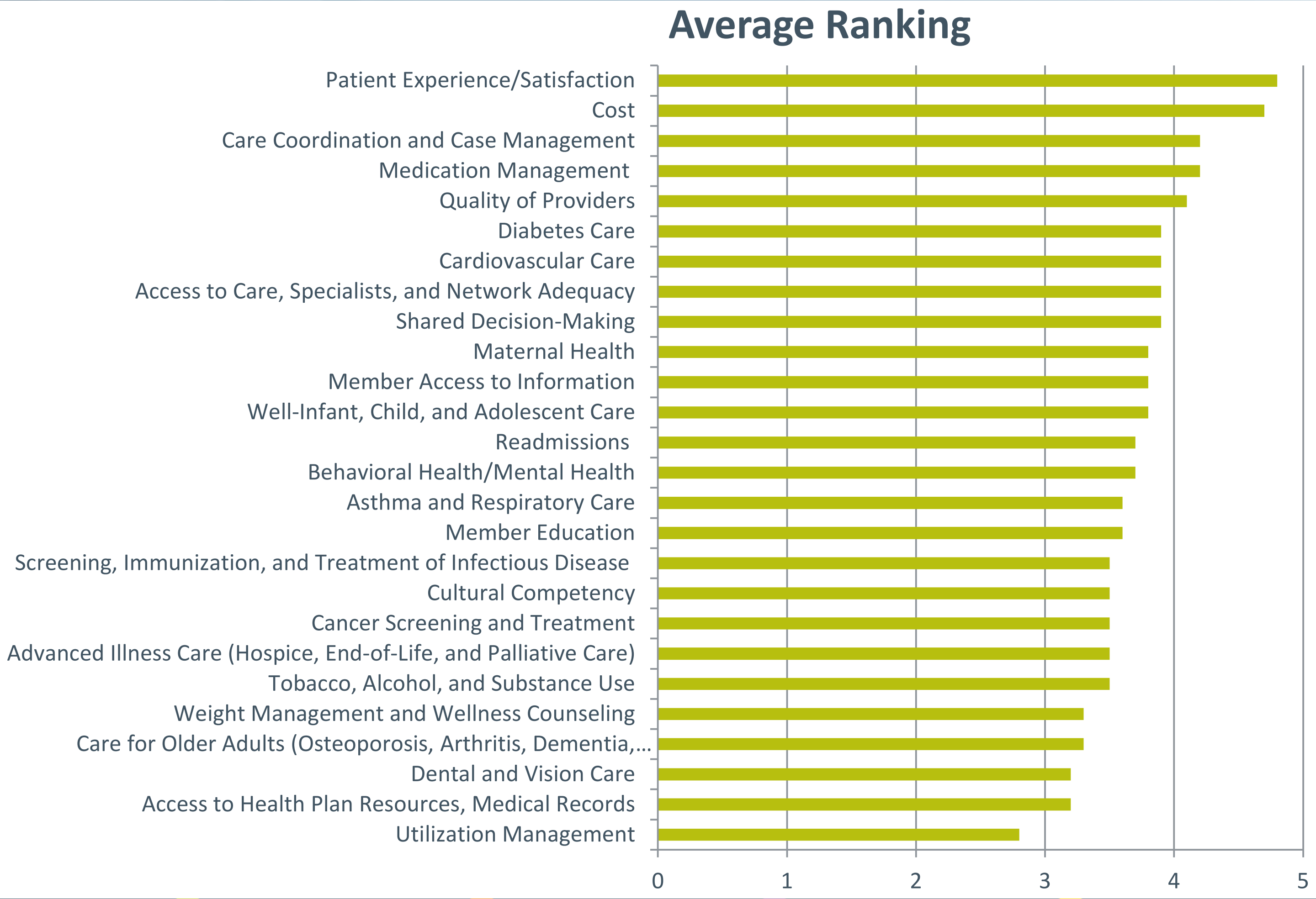
- Additional guidance needed for providing input on proposed QRS measures and organization?
- Modifications or additions to guiding principles?

High-Leverage Opportunities for Measurement

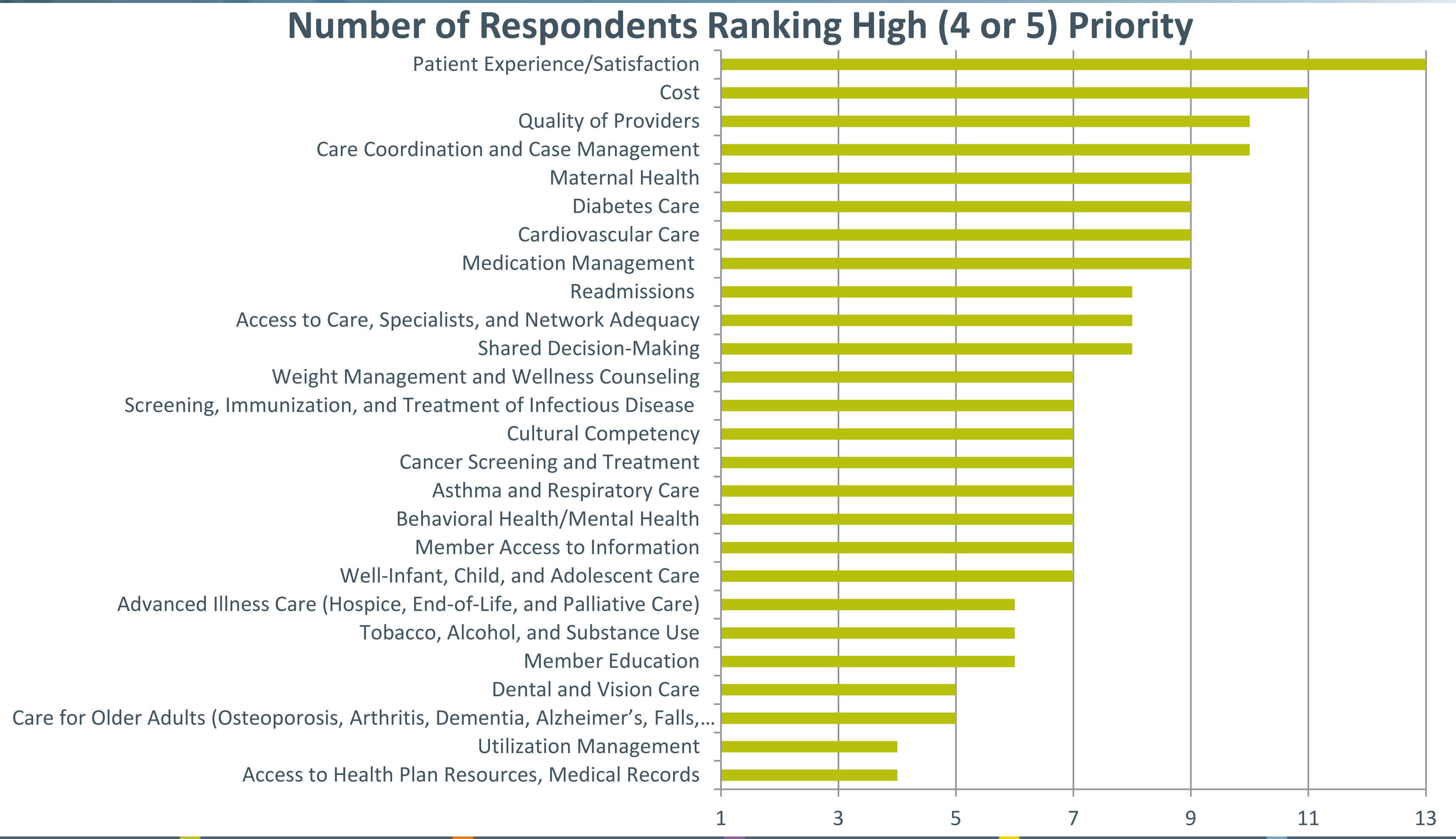
Process

- At our October 18 web meeting, the task force reviewed and discussed a preliminary list of high-leverage opportunities for measurement
- The task force was given a pre-meeting exercise to rank each high leverage opportunity
  - Scale of 1 (low priority) to 5 (high priority)
  - 13 task force members completed the exercise

High Leverage Opportunity Prioritization Exercise Results



High Leverage Opportunity Prioritization Exercise Results



High Leverage Opportunity Prioritization Exercise Results

Additional High-Leverage Opportunities

- Burden of illness (e.g., missed work dates/school days) due to illness
- Compensation practices affiliated with quality metrics
- Consumer incentives
- Family experience/satisfaction
- Family planning
- Self-care education
- Internal and external benchmarks of care and process
- Member complaints and grievances
- Narrative comments
- Quality strategy
- Quality activities
- Organized system of coordinated care
- Provider shared financial responsibility and accountability
- Use of interoperable HIT and evidence-based medicine

High-Leverage Opportunities

Discussion Questions

- Will these priorities best enable consumers to making informed choices about QHPs in the Marketplaces?
- Are there high-leverage opportunities for measurement that are not a priority and should be removed?
- Should any of the additional high-leverage opportunities for measurement suggested by task force members be added?

Define Ideal Organization of the QRS: Literature Review and Focus Group Experience

Session Objectives

- Review literature on organizing information to support consumer decision-making
- Discussion on the use of health care quality information for consumer decision-making
  - Input to our later discussions on organizing information in the QRS

Consumer Decision-Making: *"Why Not Give Consumers a Framework for Understanding Quality?"*

Judith Hibbard, DrPH and L. Gregory Pawlson, MD, MPH (2004)

- Recommend use of IOM Framework for public reporting to include effectiveness, safety, and patient centeredness
- Necessary precautions identified:
  - Performance indicators should be tagged to IOM categories and made available from hospitals, health plans, physician groups, and other settings of care
  - Standard approach essential for public reporting

Consumer Decision-Making: *"How Report Cards on Physicians, Physicians Groups, and Hospitals Can Have A Greater Impact on Consumer Choices"*

Anna D Sinaiko, Diana Eastman, and Meredith B Rosenthal (2012)

- Interviews conducted to understand why quality and cost report cards in health care have little impact on consumers choices of providers, and what improvements to report cards could be made.
- Identified priorities for improvement in public reporting:
  - Presentation of quality information
  - Timing and mode of delivery
  - Consumer awareness of quality variation and interest in performance results
  - Credibility of reports and underlying data

Consumer Decision-Making: *"Consumer and Quality-Driven Health Care: A Call to Action"*

Dale Shaller, Shoshanna Sofaer, Steven D Findlay, Judith B Hibbard, David H Lansky, and Suzanne Delbanco (2003)

- Principles were identified to improve the effectiveness and impact of public reporting at implementation.
- Driving improvement in healthcare through providing comparative quality information to consumers will not work or could be counterproductive unless the following 5 principles are implemented.
  1. Consumers believe that quality issues are real, have consequences, and can be improved
  2. Purchasers and policy makers ensure reporting is both standardized and universal
  3. Consumers should be equipped with quality information that is both relevant and easy to use and understand
  4. The distribution of quality reporting is improved
  5. Improvements in quality are rewarded and providers create the infrastructure to achieve those quality improvements

Consumer Decision-Making: *"A Framework for Evaluating Quality Transparency Initiatives in Health Care"*

Ha T Tu and Johanna R Lauer (2008)

- A conceptual framework for evaluating the impact of health care quality transparency initiatives was developed. One approach identified environmental factors effect on quality transparency programs. A few contributing factors are listed below:
  - For services characterized by medical urgency, consumers have no time or ability to comparison shop.
  - Consumers may trust word-of-mouth recommendations from their family/friends more than quality ratings.
  - Consumers are not likely to use quality transparency program unless in imminent need for the types of providers and/or services rated.
  - Consumers' inclination to shop for high-quality providers varies depending on their age, education, general attitudes toward health care and other personal characteristics.

Consumer Decision-Making: *"A Best practices in public reporting no. 1: How to Effectively Present Health Care Performance Data to Consumers"*

J Hibbard and S Sofaer (2010)

- The first of three reports on providing practical approaches to creating public reports that effectively convey performance data and offers practical design solutions:
  - Make data relevant to important information consumers care about
  - Make comparative resources user-friendly
  - Test reports with actual consumers during development stages
- The article also included results of a recent experiment reported what helped consumers the most:
  - Rank ordering by performance as opposed to alphabetical ordering
  - Using symbols (such as the ones shown in Figure 3) instead of numbers
  - Providing an overall summary measure
  - Including fewer reporting categories (5 vs. 9)

Consumer Decision-Making: *"A Best practices in public reporting no. 1: How to Effectively Present Health Care Performance Data to Consumers"*

J Hibbard and S Sofaer (2010)

- The report also included information on cost and efficiency
- Cost:
  - Information regarding cost adds complexity to choices
  - Americans are of the belief that high-price indicates high-quality
  - Reports can cross reference cost and quality to show consumers that high-quality does not always come with a high price tag
  - Misinterpretations are not avoidable when quality information is not understood
- Efficiency:
  - Consumers are not familiar with efficiency as it relates to health care
  - No clear cut way to effectively communicate efficiency in health care to consumers

Ideal Organization of the QRS

Presentations

- Lance Roberts, Iowa Healthcare Collaborative
- Nancy Morris, Maine Health Management Coalition
- Marissa Schlaifer, CVS Caremark

The Health Insurance Marketplace in Iowa: The Consumer Perspective

Focus Group Survey Results

The University of Iowa Public Policy Center
Pete Damiano
Suzanne Bentler
Dan Shane

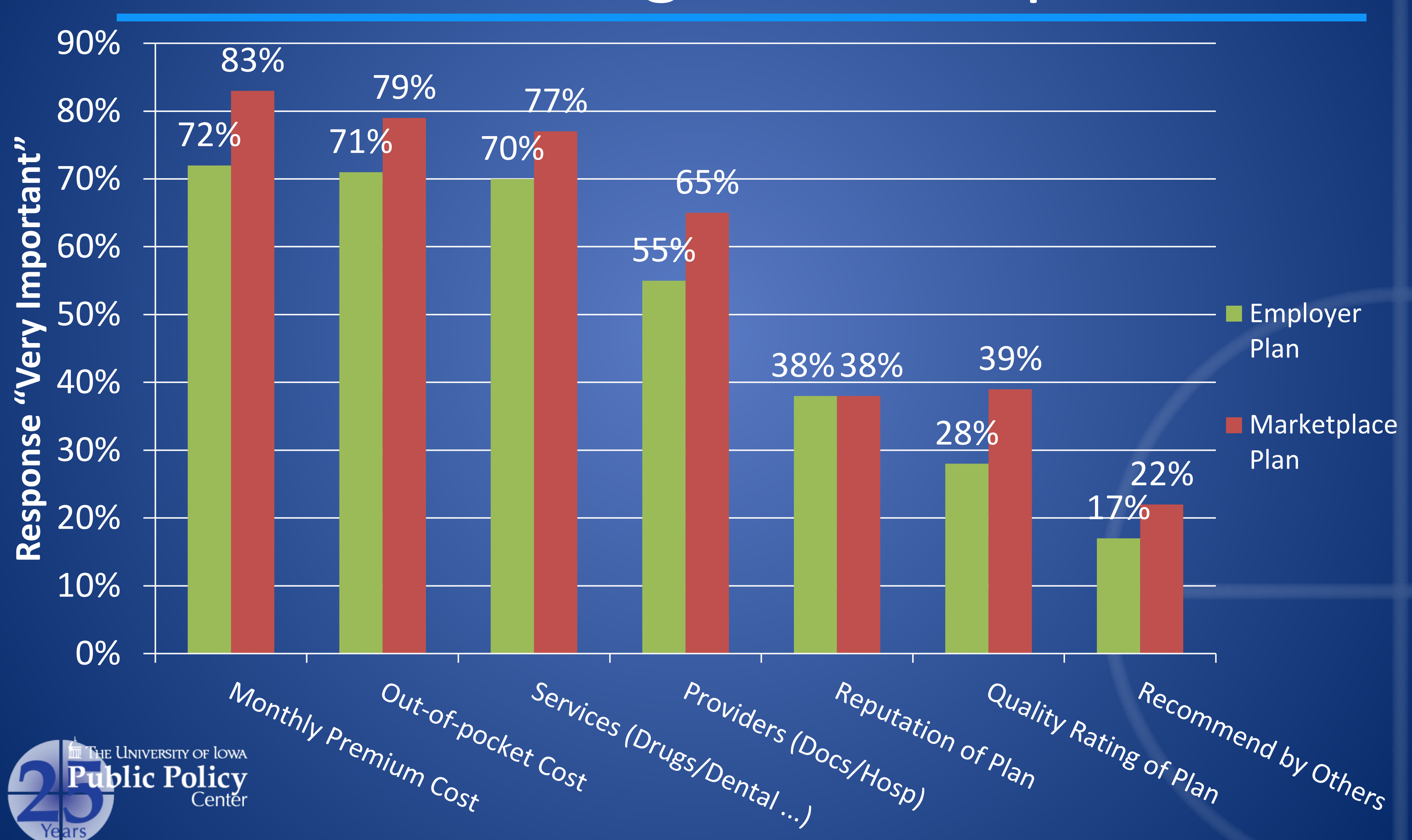
Presented November 20, 2013 to NQF HIX/QRS Task Force – Lance Roberts

Methods

- Survey of individual Iowa consumers of health insurance
  - Conducted spring/early summer 2013
  - Convenience sample
  - Results stratified by two consumer groups
    - "Employer Plan" – those with a current employer-sponsored health plan
    - "Marketplace Plan" - likely "new" consumers of the Marketplace (HIX) plans

- 498 responses so far
  - "Employer Plan" group - (n=396)
  - "Marketplace Plan" group - (n=102)
    - Uninsured now or in last 12 months (5%; n=24)
    - Self insured (5%; n=25)
    - Public (10%; n=53)
      - Medicaid
      - IowaCare
      - CHAMPUS
      - VA
      - Military

Consumer Perspective – Factors affecting choice of plan



Business Perspective (Prelim Results) - Factors affecting choice of plan

	> 50 employees	< 50 employees
Network docs/hospitals	79%	47%
Services covered	93%	53%
Premium cost	89%	53%
Out-of-pocket costs	86%	47%
Plan reputation	61%	31%
Recommendations	39%	19%
Quality rating	64%	31%

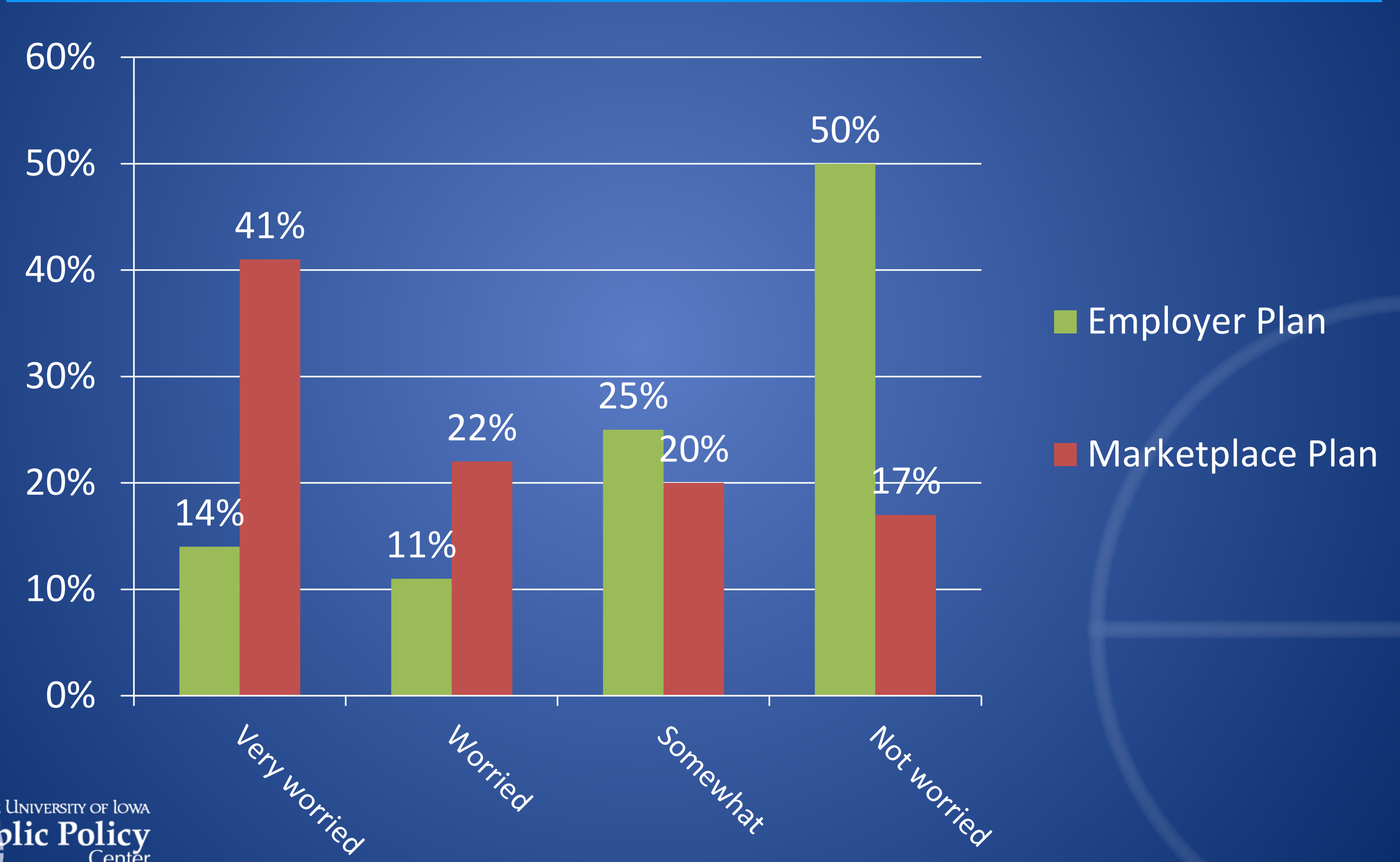
FACTORS RELATED TO –

Price

Affordability

What Is This Going to Cost Me?

Current costs: Worry about pay for self



The University of Iowa Public Policy Center
25 Years

Delayed care in past year due to cost

	Employer Plan	Marketplace Plan
Yes	30%	70%

Out of pocket costs and worry about costs much greater for non-employer group

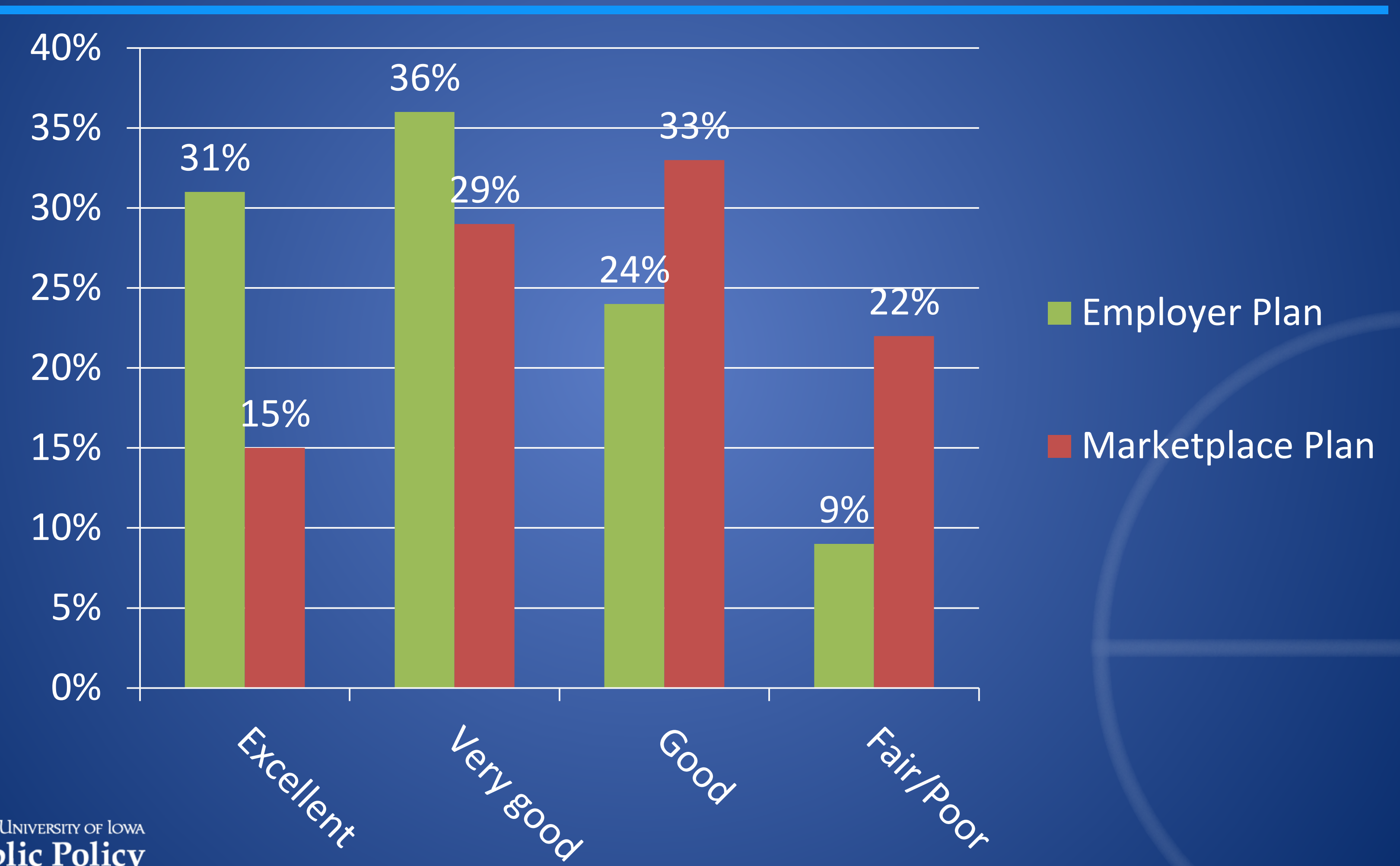
FACTORS RELATED TO –

Quality

Better Care/Healthy People and Communities

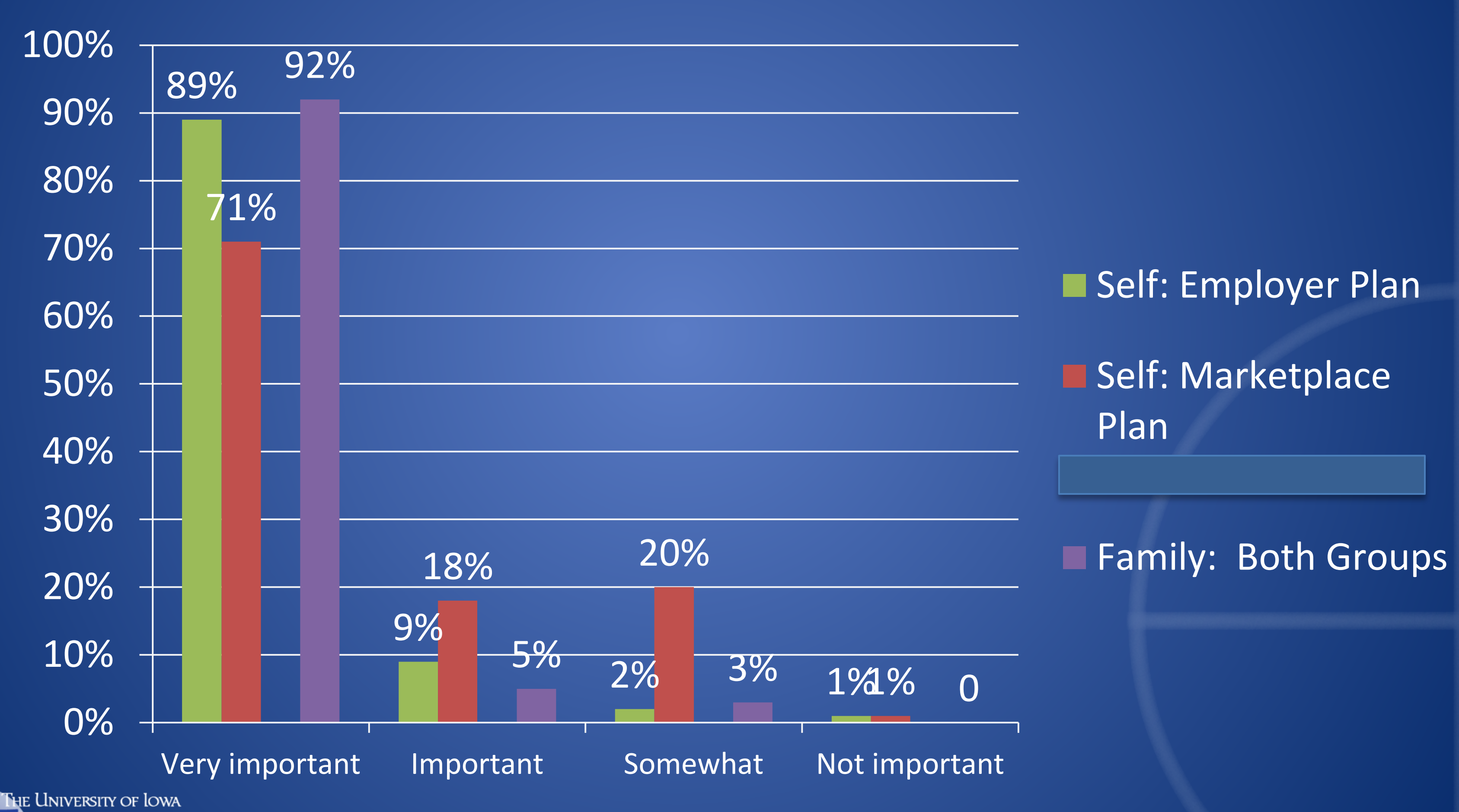
What Am I Buying?

Current coverage meets needs



The University of Iowa Public Policy Center
25 Years

Importance of coverage: self/family



Conclusions and Framing

- Price – Affordability - What is This Plan Going to Cost Me?

  Top two factors for choice of health plan

  1. Premium cost
  2. Out-of-Pocket (deductibles, prescription costs, copays)

  Folks coming into Marketplace

  - 63% Worried or Very Worried about how to pay
  - 70% Delayed care due to concern about costs

- Quality - Better Care/Healthy People/Comm - What Am I Buying?

  3. Services (Benefits I/family could receive - prescription, dental coverage)
  4. Providers (doctors and hospitals I/family could see)
  5. Quality Rating of the Health Plan
  6. Reputation of the Health Plan

- Enrollee Satisfaction – All 3 Aims? - What Do Others Think About This Plan?

  7. Recommendation by Others – (Enrollee Satisfaction)

Alternative Discussion Slides

Other Notable Results/Conclusions

For those coming into Marketplace

- Likely to be
  - uninsured
  - newly eligible due to reform efforts
    - incoming from previous public program being closed
    - “churn” from previous employer-sponsored insurance
- Overall reasonably healthy
  - From IowaCare, have multiple chronic illnesses
- Are least knowledgeable about ACA
- Need most assistance selecting plans and post selection
- Health care providers have vested interest in assisting new Marketplace participants

Other Notable Results/Conclusions

For those most likely to use Marketplace

- Current insurance situation worse
- Much less aware and knowledgeable about change
- Similarly supportive
- Need help with choice
  - Not as comfortable with on-line system
  - Want one on one help

Implications for Iowa

- Health homes, community care teams and others outside of hospitals/doctors/NPs/PAs/nurses are essential to improve health status
  - Need behavior change
    - Care coordinators, navigators
    - Nutritionists
    - Exercise/wellness
  - How system connects with these community providers important

Implications for Iowa

- ACOs may facilitate or interfere with engagement of community providers
  - Developing own network of care navigators, coordinators, community care teams
    - Behavior change and better use of system
  - Hyper competitive environment makes sharing of resources more difficult
    - Likely to be more competitive in urban areas
    - Will rural areas have enough critical mass to develop community-based supports
      - Shared or otherwise

IowaCare chronic physical health conditions: 89% had at least one*

89% had at least one
60% had 3 or more

*Self-report, 2013 survey
UIPPC Study

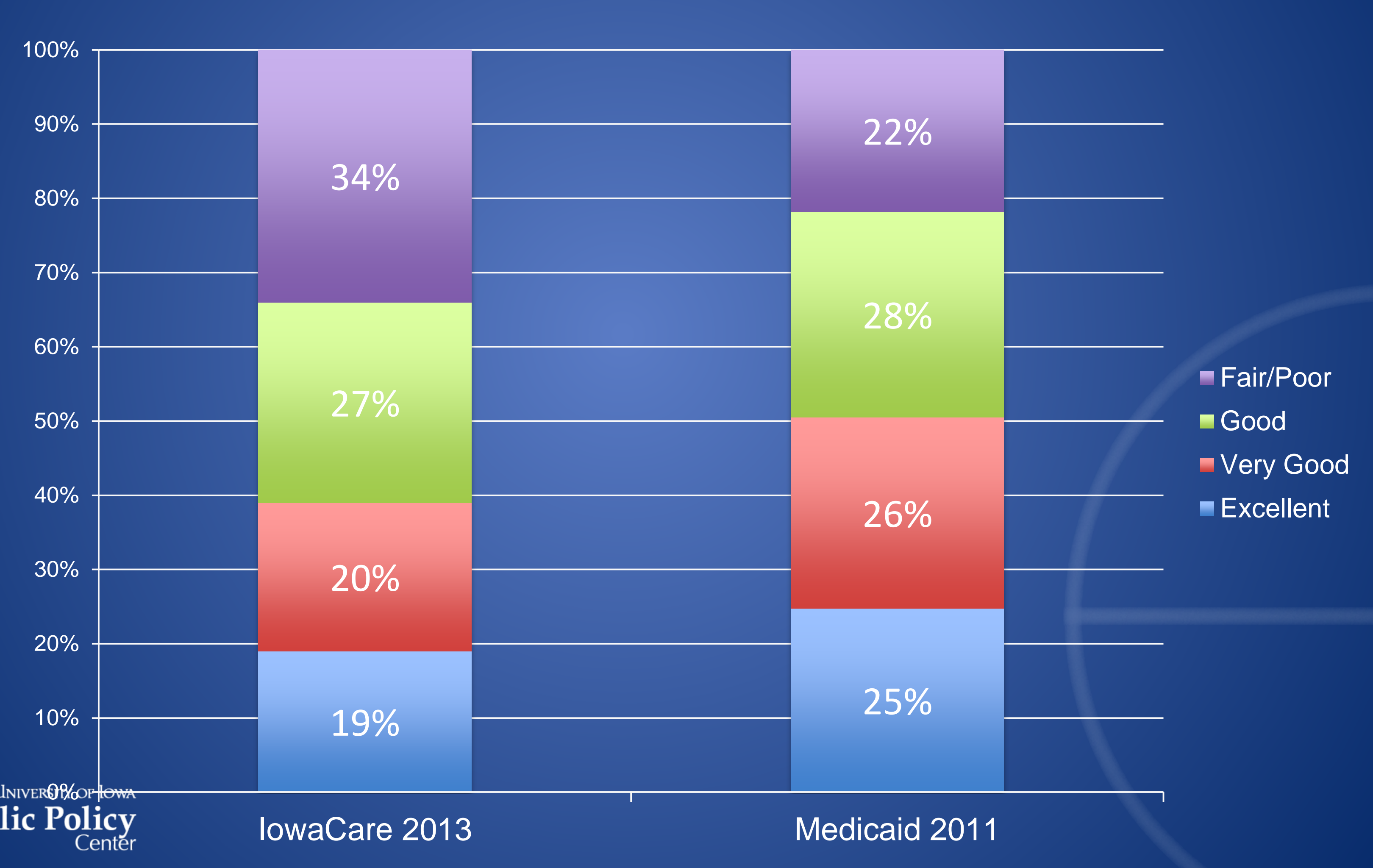
Chronic Health conditions	% reporting
Dental, Tooth or Mouth Problems	**39%**
Back or Neck Problems	37%
Arthritis, Bone or Joint Problems	36%
Hypertension	34%
Overweight/Obesity	31%
Allergies or Sinus Problems	29%
Recurrent Indigestion, Heartburn or Ulcers	27%
Migraine Headaches	16%
Bladder or Bowel Problems	15%
Diabetes	15%
Bronchitis, Emphysema, Lung Problems	14%
Heart Problems	11%
Asthma	11%

IowaCare: Top 10 diagnoses

- Diabetes
- Essential Hypertension
- Disorder of the back
- Pain in joint
- Other abdominal symptoms
- Chest pain
- Other physical therapy
- Pain in limb
- Abscess/cellulitis

*UI PPC study: Diagnoses are for medical home primary care claims for 3rd quarter 2012

Mental health status



The University of Iowa Public Policy Center 25 Years

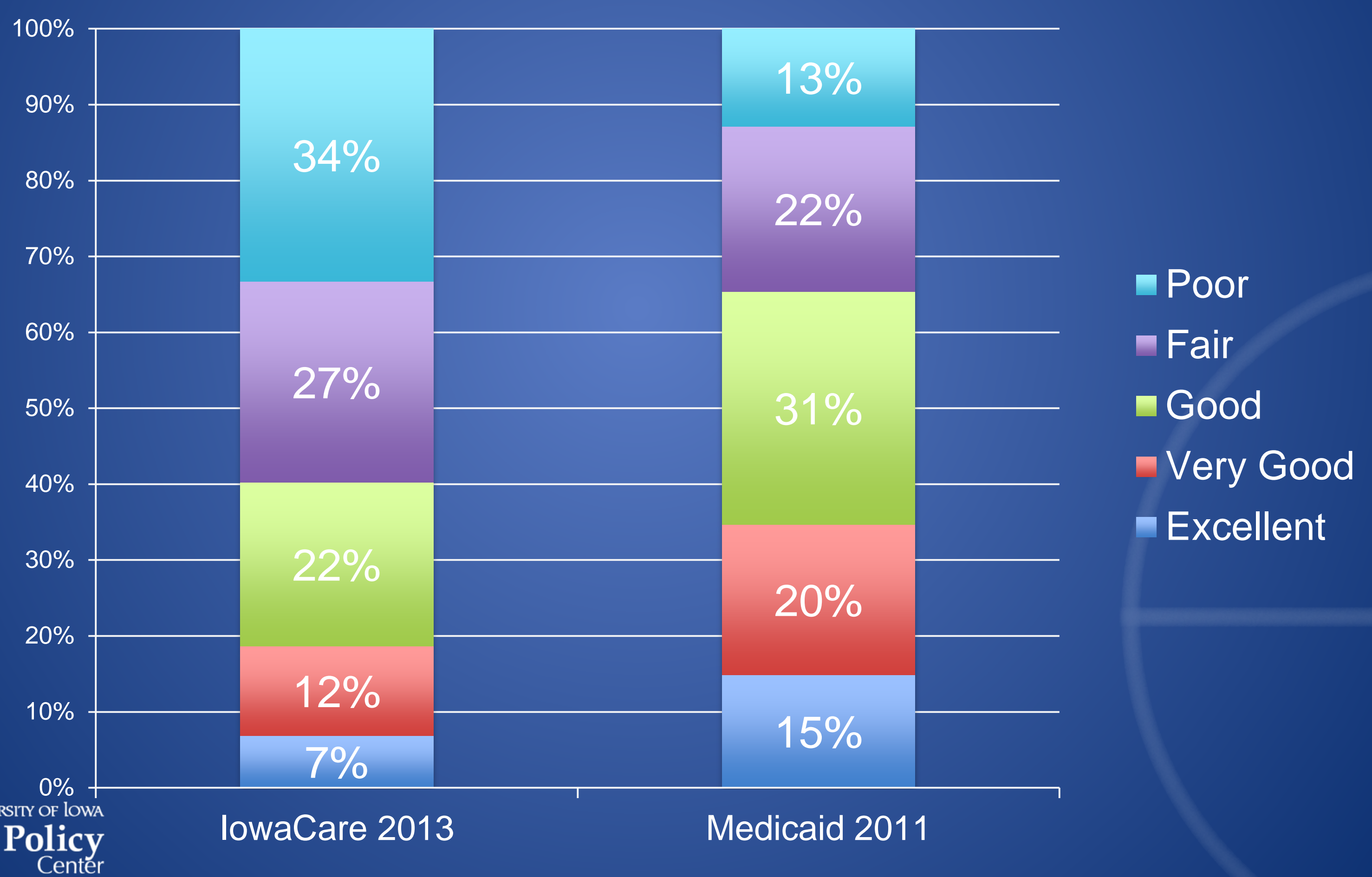
Mental health chronic conditions*

52% had at least one

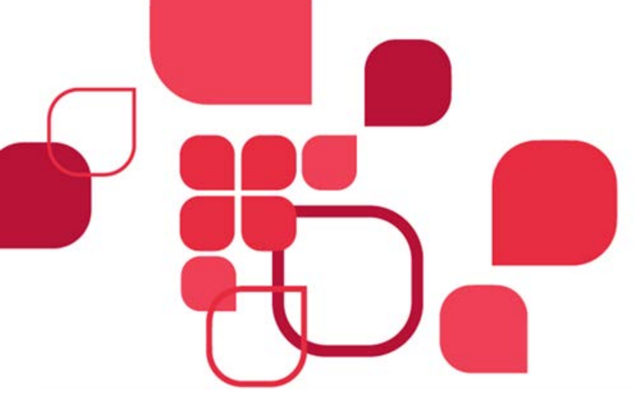
*Self-report, 2013 survey
UIPPC Study

Chronic Mental Health Condition	% Reporting 2013*
Depression	38%
Anxiety	32%
Other Mental Health Condition	11%
Other Emotional Problem than Depression or Anxiety	11%
Attention Problems	10%
A Learning Disability	5%
Drug or Alcohol-Related Problem	5%

Oral health status



The University of Iowa Public Policy Center 25 Years



CVS Caremark
Health Insurance Exchange Research

Shared with NQF Measure Application Partnership
Health Insurance Exchange
Quality Rating System (QRS)
Task Group
November 20, 2013

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Methodology

- Online
  - N=981
  - Sample balanced on gender, geography, race/ethnicity, household income and age
  - Screened on insurance (currently uninsured, expect to be uninsured next 12 months), age, income, pharmacy visit past 12 months, near CVS location and health insurance decision maker.
  - Survey administered online in English or Spanish

- Mall Intercept
  - N=97
  - UnAcculturated Hispanics were intercepted in malls located in Miami, San Antonio, San Diego, Los Angeles, Tucson and Phoenix
  - Screened on same criteria as online plus Spanish language proficiency, primary language, Spanish language radio habits
  - Survey administered online (at intercept location, immediately after recruitment) in Spanish

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Demographic breakdown of the sample.

N=1078	Total	<133%	133-200%	200-300%	300-400%	>400%
Uninsured	72.4%	74.7%	71.8%	71.4%	71.6%	72.7%
Believe Uninsured in N12m	27.6%	25.3%	28.2%	28.6%	28.4%	27.3%

N=1078	Total	18-25	26-34	35-44	45-64
Uninsured	72.4%	63.2%	74.8%	71.6%	77.9%
Believe Uninsured in N12m	27.6%	36.8%	25.2%	28.4%	22.1%

- <133%, 133%-200%, 200%-300%, and 300%-400% of FPL are all eligible for government subsidy are varying levels of support.

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Need for Information

Closing knowledge gaps opens the demand for navigation services

- Of those aware of the ACA (74%), half currently indicate support for it as opposed to a third of unaware.
- Fewer than half of consumers intend to enroll in Health Insurance via Exchanges. Possible lack of ACA awareness and misinformation on subsidy qualification inhibits higher intent to adopt HIX enrollment intention rates.
- Those who incorrectly believe they are not eligible for subsidies have lower ACA Awareness and lower likelihood to take advantage of CVS HIX resources.
- Among HIX intenders, a third anticipate needing help learning. About 4 in 10 are neutral at this time.

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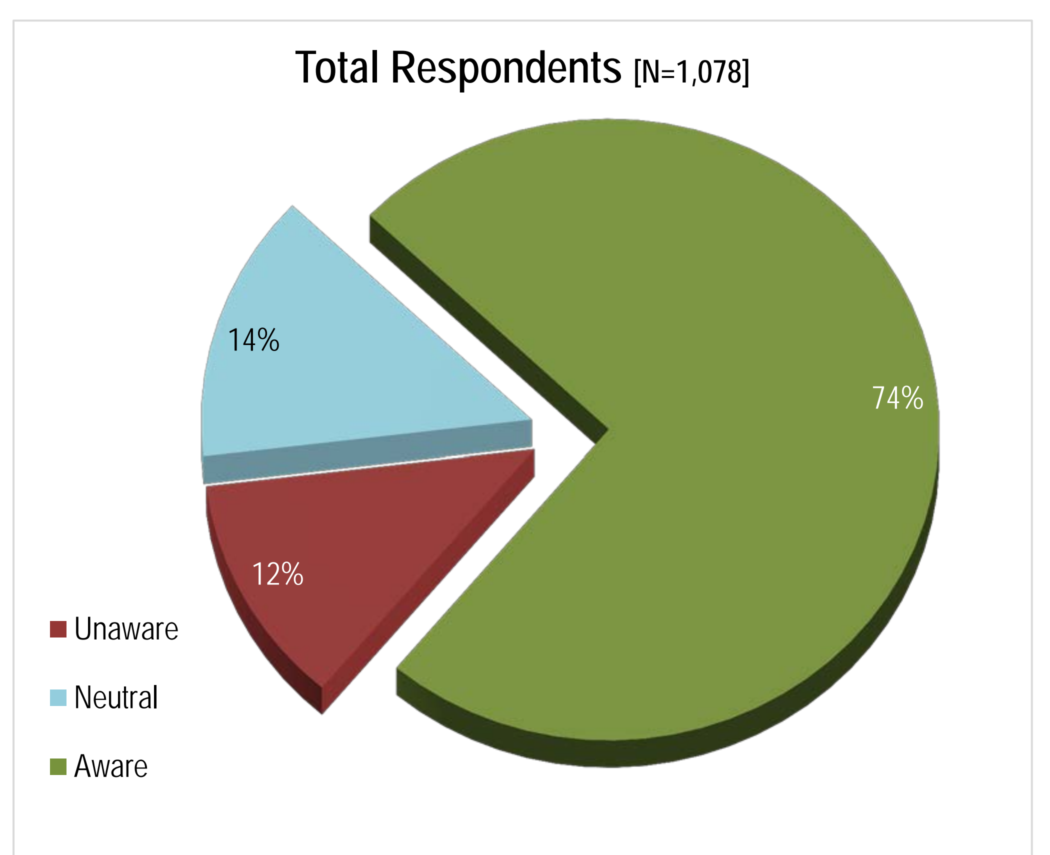
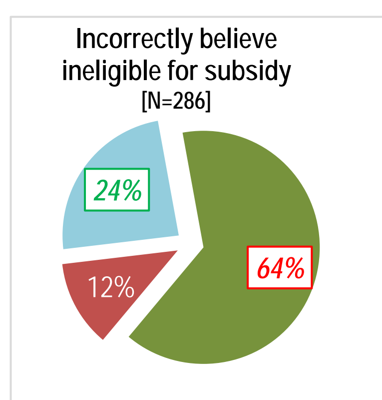
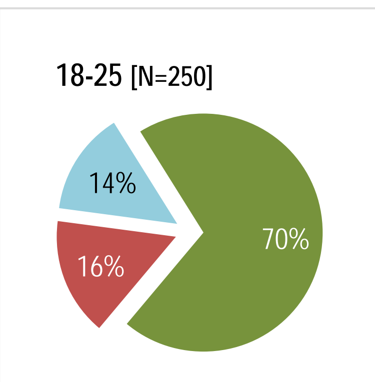
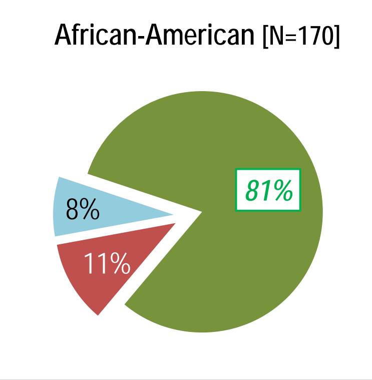
Affordable Care Act Awareness

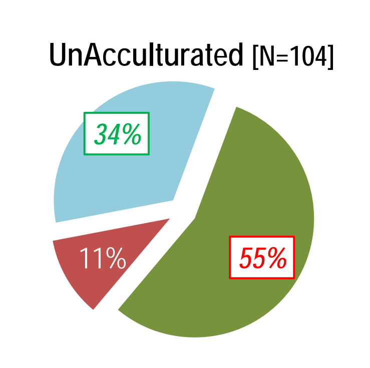
- Overall awareness of the Affordable Care Act (ACA) is fairly high at 74%.
- UnAcculturated Hispanics are significantly less aware of the Affordable Care Act.











Q15. In March 2010, a new Healthcare Reform bill called the Patient Protection and Affordable Care Act was signed into law. You might have heard of this law simply described as the Healthcare Reform bill or even as "Obamacare". How aware are you of this new law?

Statistically significant differences at 95% confidence are shown in ***bold/italics***. *Green* indicates significantly higher proportions/means, and *red* indicates significantly lower proportions/means.

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What is the consumer likelihood or intent to enroll in health insurance by January 2014?

74% are aware of the Affordable Care Act (ACA)

- **64% are likely to enroll in Health Insurance (includes via the Health Insurance Exchanges, direct from Insurer and other unspecified means.)**
- **46% are likely to enroll in Health Insurance via the Health Insurance Exchanges**
- 52% support the law
    - 29% oppose the law
- 65% indicate that they know where to get information on Health Insurance
- 54% are familiar with the Health Insurance Exchanges
- 48% of those who are eligible for a subsidy believe they are eligible
- 36% of those currently indicating that they will enroll in insurance via the Health Insurance Exchanges **believe they will need help learning about the Exchanges**
    - 42% of those currently indicating that they will enroll in insurance via the Health Insurance Exchanges **are currently neutral on whether they will need help learning about the Exchanges**

12% are unaware of the Affordable Care Act (ACA)

- **46% are likely to enroll in Health Insurance (includes via the Health Insurance Exchanges, direct from Insurer and other unspecified means.)**
- **38% are likely to enroll in Health Insurance via the Health Insurance Exchanges**
- 30% support the law
    - 20% oppose the law
- 39% indicate that they know where to get information on Health Insurance
- 26% are familiar with the Health Insurance Exchanges
- 40% of those who are eligible for a subsidy believe they are eligible
- 33% of those currently indicating that they will enroll in insurance via the Health Insurance Exchanges **believe they will need help learning about the Exchanges**
    - 49% of those currently indicating that they will enroll in insurance via the Health Insurance Exchanges **are currently neutral on whether they will need help learning about the Exchanges**

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Overall Health Assessment

- UnAcculturated Hispanics are significantly less likely to indicate that they feel healthy
- Unsurprisingly, younger respondents are significantly more likely to feel healthy.

	Total	CVS Preferred	UnAcculturated Hispanics	African-American	18-25
Feel Healthy	65%	68%	***48%***	68%	***73%***
Feel Unhealthy	20%	19%	20%	21%	***15%***
Neutral	15%	13%	32%	11%	12%
	N=1078	N=209	N=104	N=170	N=250

Q9. Which statement below describes how you currently feel about your overall health?

Statistically significant differences at 95% confidence are shown in ***bold/italics***. *Green* indicates significantly higher proportions/means, and *red* indicates significantly lower proportions/means.

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Self-Assessment of Risk for Needing a Doctor

- UnAcculturated Hispanics feel they are more at risk for needing a doctor.
- Unsurprisingly, younger respondents feel they are less at risk.

	Total (N=1078)	CVS Preferred (N=209)	UnAcculturated Hispanics (N=104)	African American (N=170)	18-25 (N=250)
Low Risk	47%	45%	41%	49%	***57%***
High Risk	27%	26%	***41%***	25%	***19%***
Neutral	26%	29%	18%	26%	24%

Q10. On a 5 point scale where 1 is completely disagree and 5 is completely agree, tell us how much you agree with each of the: (My risk is very low for needing a doctor in the next year.
Statistically significant differences at 95% confidence are shown in ***bold/italics***. *Green* indicates significantly higher proportions/means, and *red* indicates significantly lower proportions/means.

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Self-Assessment of Risk for Needing an Rx

- **Unsurprisingly, younger respondents feel they are less at risk for needing a prescription.**

	Total	CVS Preferred	UnAcculturated Hispanics	African-American	18-25
Low Risk	43%	39%	46%	50%	***57%***
High Risk	36%	39%	40%	35%	***24%***
Neutral	21%	22%	14%	15%	19%
	N=1078	N=209	N=104	N=170	N=250

Q10. On a 5 point scale where 1 is completely disagree and 5 is completely agree, tell us how much you agree with each of the: My risk is very low for needing a prescription medication in the next year
Statistically significant differences at 95% confidence are shown in ***bold/italics***. *Green* indicates significantly higher proportions/means, and *red* indicates significantly lower proportions/means.

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P12m Conditions

- UnAcculturated Hispanics had a significantly higher incidence of Allergies, Fever and High Cholesterol.
- Caucasians had a significantly higher incidence of Depression / Anxiety and Arthritis.

	Total	CVS	Caucasian	UnAcculturated
Allergies	38%	42%	37%	56%
Arthritis	11%	13%	15%	8%
Asthma	10%	12%	8%	23%
Cancer	1%	1%	2%	3%
Depression / anxiety	17%	19%	23%	1%
Diabetes	8%	6%	10%	5%
Fever	11%	15%	9%	23%
Flu / feeling ill	19%	21%	20%	22%
Headache	37%	41%	39%	38%
Heart disease	1%	1%	2%	1%
High cholesterol	15%	12%	17%	24%
Hypertension / High Blood pressure	15%	12%	19%	14%
Inability to sleep well	21%	18%	25%	7%
Muscle pain	25%	25%	26%	32%
Physical injury (scrape, cut, bruise, broken bone, etc.)	12%	12%	15%	7%
Pregnancy	2%	2%	2%	1%
Rash / skin problem	10%	11%	10%	8%
Stomach pain / digestive problem	20%	24%	20%	24%
None of the above	7%	8%	10%	2%
Other	18%	14%	15%	10%

N=1078

Q11. Which of the following conditions do you currently have or have had in the past 12 months?

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Snapshot of Current CVS Customer Perspectives

Advanced knowledge, expect to enroll

- More aware of ACA and more familiar with the Health Insurance Exchanges
- Most (and ***significantly more***) ***likely*** to enroll in Health Insurance Exchange
- Feel more educated about healthcare insurance
- Most (and ***significantly more***) ***likely*** to expect health insurance to include a prescription drug benefit
- ***Significantly more likely*** to believe HIX resources are important to them
- ***Significantly more likely*** to recommend these resources to a friend or family member

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Snapshots:

- UnAcculturated Hispanic customers: Less informed, desire personal help
- There is currently an unmet need and great potential reward for filling this unmet need
- *Significantly less aware* of ACA, but most (and *significantly more*) *supportive*
- *Significantly more likely* to want help learning and least (and *significantly less*) *likely* to know where to get information
- Most likely to believe that it is important for them to learn as much as possible about health insurance options.
- *Significantly more likely* to feel health insurance is affordable, but still less than half believe

- Snapshot of African-American customers: More informed, higher support, largely in-line with national rep responses
- *Significantly more likely* to be Aware of and to Support the Affordable Care Act
- *Significantly more likely* than total respondents to enroll in health insurance
- Snapshot of African-American customers
- More informed, higher support, largely in-line with national rep responses

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Snapshot of Young Invincible customers

Aware, prepared to learn and act, less about the details

Young Invincibles are:

- Equally aware of the ACA [73% to 74% for overall]
- ***Significantly more likely*** to support the ACA [56% to 47%]
- ***Significantly more likely*** to enroll in Health Insurance [71% to 60%]
- Equally likely to enroll via the Health Insurance Exchanges [43% to 41% for overall]
- ***Significantly more likely*** to know where to get more information on Health Insurance [69% to 58%]
- Directionally more familiar with the concept of Health Insurance Exchanges [51% to 46%]
- ***Significantly more likely*** to need help learning what they need to enroll [36% to 25%]
- Directionally more likely to incorrectly believe that they are ineligible for a subsidy [27% to 21%]
- ***Significantly less likely*** to be interested in what:
  - Health Insurance would cover [66% to 77%]
  - Health insurance would cost [74% to 81%]
  - Subsidies are available [47% to 63%]
  - Doctors are covered [50% to 65%]
- Equally likely to believe health insurance should include a prescription drug benefit [76% to 78%]

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Ideal Organization of the QRS

Discussion Questions

- How should QRS measures be organized to facilitate consumer decision making?
- What categories of information are needed?
- Should the categories be organized into multiple tiers?

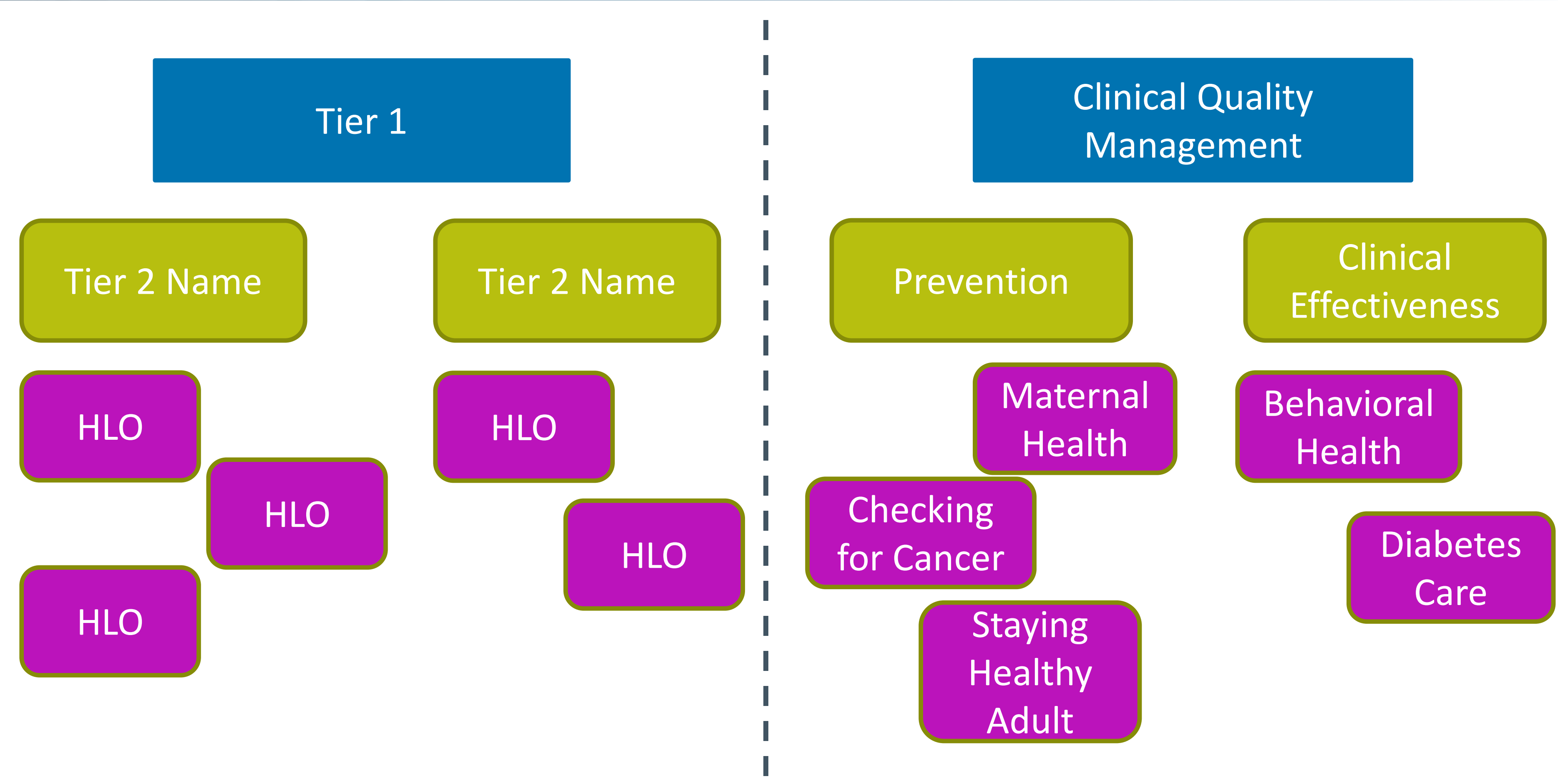
Define Ideal Organization of the QRS: Breakouts

Breakout Group Task

Instructions:

1. Consult Background Documents
   - Organization of Measurement Information
   - Organization Options (3 options presented by staff)
2. In groups, construct your ideal organization
   - Organize high-leverage opportunities (pink post-its) into groups
   - Name the groups and create tiers as needed
     - Blue post-it notes represent Tier 1
     - Green post-it notes represent Tier 2
     - Purple post-it notes represent Tier 3
3. As you create the ideal organization, please capture the following
   - Rationale for HLO clusters
   - Rationale for groups/ group names
   - Rationale for tiers

Example



Breakout Groups

Group 1	Group 2	Group 3	Group 4
Dubow	Krughoff	Roberts	Grob
Schlaifer	Pellegrini	Kopleff	Adirim
Baskin	Nora	Lin	Granatir
Upshaw Travis	Ferriss	Andrews	Higgins
Brotman	Torgerson	Perry	von Sternberg
Antonelli	Saliba	Stuart	

Breakout: Report Outs

Opportunity for Public Comment

Review of Proposed QRS Structure and Measures

Quality Rating System (QRS)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Deborah Greene

November 20, 2013

Overview of the Presentation

- Background and Timeline
- QRS Goals and Principles
- QRS Framework
- Performance Information Component
  - Measure Selection Process
  - Proposed Measure Sets
  - Organization and Hierarchical Structure
- Future Considerations
- Questions

Background: Affordable Care Act

- The Patient Protection and Affordable Care Act (ACA) calls for the first national infrastructure to offer citizens health insurance through Affordable Insurance Exchanges ("Marketplaces")
- Only Qualified Health Plans (QHPs) can be offered in the Marketplaces

Background: ACA Reporting Requirements

- Section 1311(c)(3) directs the Secretary to develop a **Quality Rating System** which is based on quality and cost, and will publicly report information to consumers
- Section 1311(c)(4) directs the Secretary to develop an **Enrollee Satisfaction Survey** and to publicly report information to consumers

Background: QRS and ESS

Quality Rating System

- Quality Rating System (Individual and Family Plans)
- Child-Only Quality Rating System

Enrollee Satisfaction Survey*

- Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)

* *The Marketplace survey is under different authority and pursuant to sections 1313 and 1321(A) of the Affordable Care Act.*

Background: QRS

- Publically displayed during 2016 open enrollment for the 2017 coverage period
- Based on health care quality, health outcomes, consumer experience, and cost of care
- Reported at the product level* for the initial years of QRS implementation

* Product level examples – Health Maintenance Organization level (HMO), Preferred Provider Organization level PPO

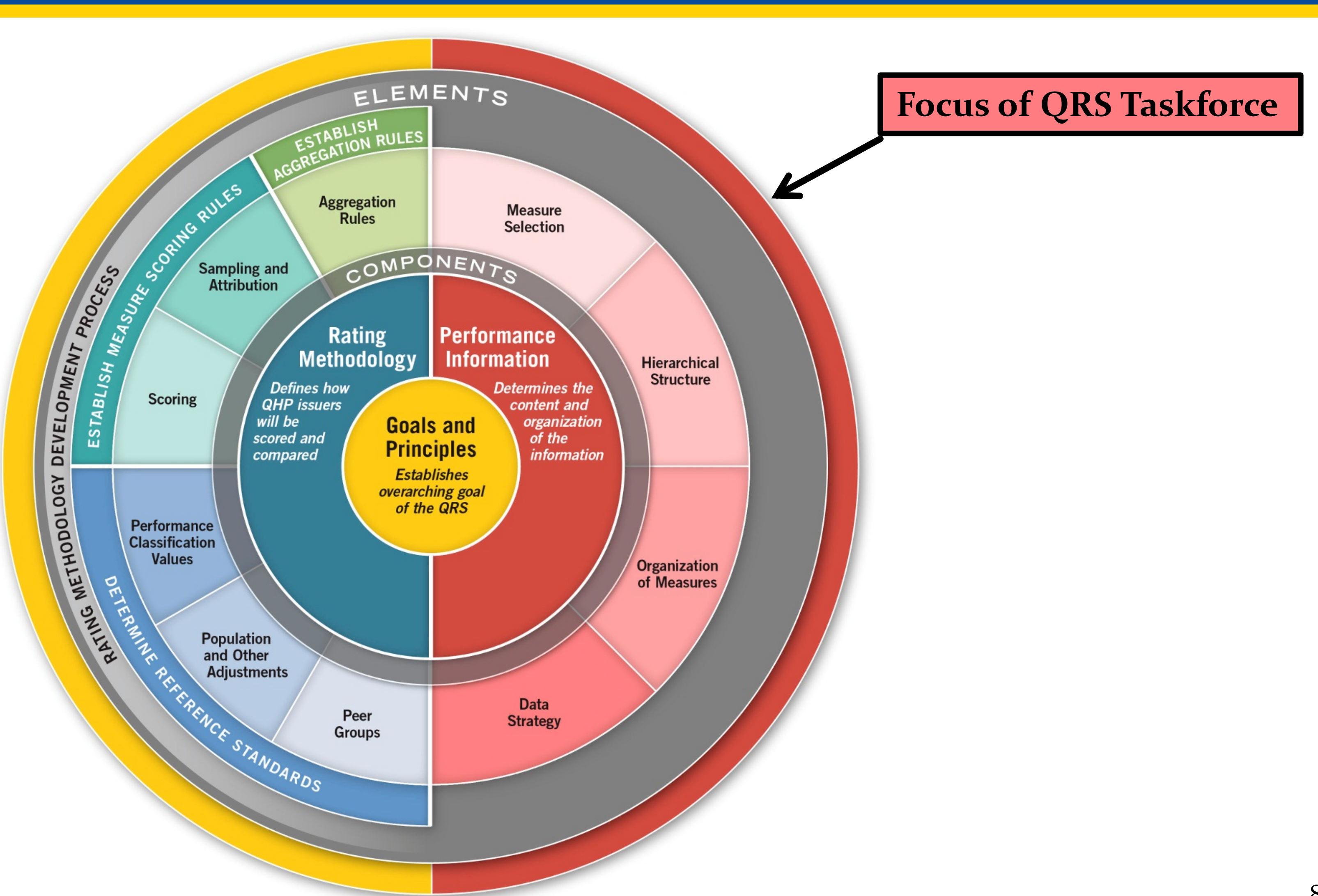
QRS Timeline

- **QRS FRN (November 19, 2013)**
- **NQF Multi-Stakeholder Group Review (November 2013)**
- 2014- QRS Methodology Technical Guidance and QRS rule Making
- 2015- Full Scale Beta Test
- 2016- QRS Public Reporting

QRS Goals and Principles

- Based on two fundamental tenets—informing consumer and employer choice and facilitating regulatory oversight of QHPs

QRS Framework



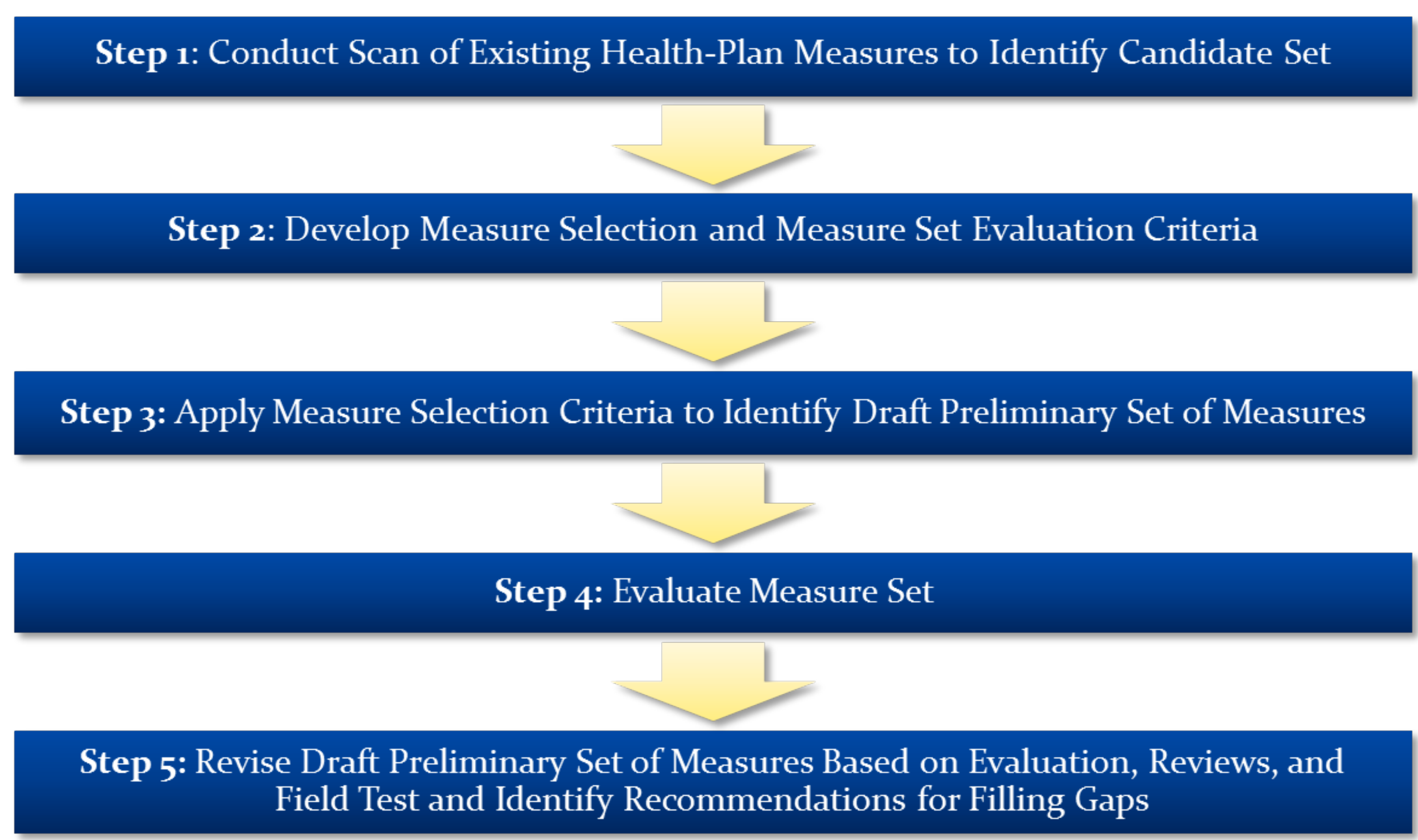
Performance Information Component

Performance Information Component

Elements

- Measures Selection
- Hierarchical Structure
- Organization of Measures
- Data Strategy

Performance Information Component QRS Measure Selection Process



Performance Information Component QRS Measure Selection Process

Step 1: Conduct Scan

- Measures specified at the health plan level
- Measure sets used in public and private programs
- Measure sets whose use is aligned with the QRS

Performance Information Component QRS Measure Selection Process

Step 2: Develop Measure Evaluation Criteria

NQF Measure Evaluation Criteria

- Importance
- Performance Gap
- Reliability and Validity
- Feasibility
- Alignment

Performance Information Component QRS Measure Selection Process

Measures Application Partnership (MAP) Measure-Selection Criteria

- NQF endorsement
- NQS priorities
- Relevance
- Alignment
- Comprehensiveness
- Sensitivity to health care disparities
- Parsimony
- Usability

Performance Information Component QRS Measure Selection Process

Step 3: Apply Measure Selection Criteria

- Apply criteria to each measure
- Result – Draft Preliminary Measure Set

Performance Information Component QRS Measure Selection Process

Step 4: Evaluate Draft Preliminary Measure Set

- CMS Internal review
- External reviews
- Testing of psychometric properties
- Listening sessions

Performance Information Component QRS Measure Selection Process

Step 5: Revise Draft Preliminary Set

- Redundancy
- Weaker psychometric properties
- Smaller opportunity for improvement
- Less clinically relevant
- Lack of alignment with CMS programs
- Low prevalence of the measured condition or topic in the general population

Performance Information Component Proposed Measure Sets

QRS Measure Set

- 70% clinical, efficiency, and access measures
- 30% CAHPS measures

Child-Only QRS Measure Set

- 60% clinical, efficiency, and access measures
- 40% CAHPS measures

** Percentages provided are approximate*

Performance Information Component Proposed Measure Sets (QRS and Child-Only QRS)

Key Attribute	QRS Set	Child-Only QRS Set
Address all six **National Quality Strategy** priorities	Yes	Yes
Include a majority of measures that are **National Quality Form (NQF)-endorsed**	76% are NQF-endorsed	84% are NQF-endorsed
Include a combination of **process and outcome measures**	60% address process 36% address outcome*	40% address process 60% address outcome

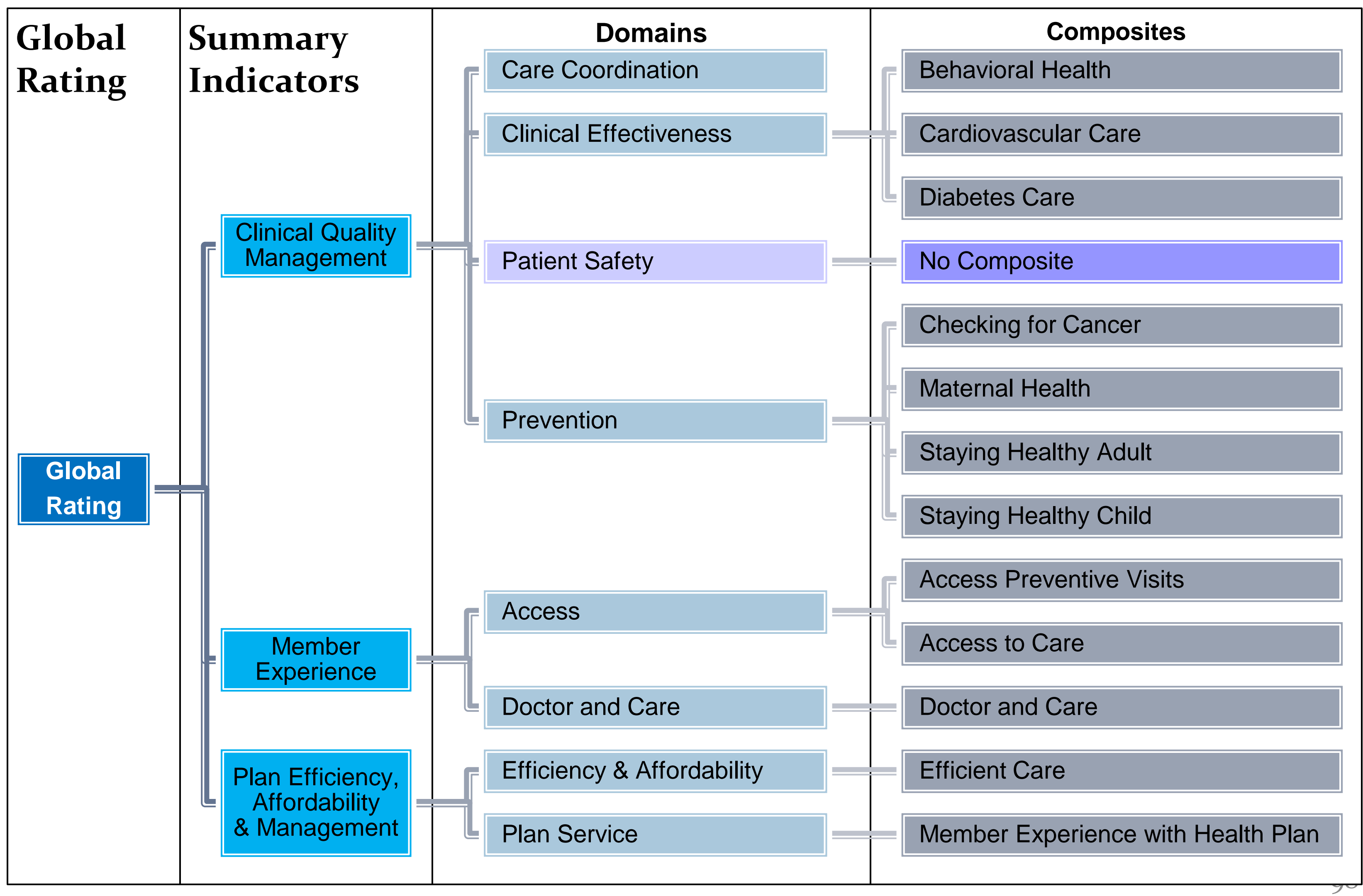
Performance Information Component Proposed Measure Sets (QRS and Child-Only QRS)

Key Attribute	QRS Set	Child-Only QRS Set
Alignment: Align with other priority, industry-required measure sets, including OPM's FEHB measure set , Medicare Stars, Adult Medicaid Core, and Initial Children's Core measure sets	83% align to at least one of the priority sets (OPM FEHB, CMS Medicare Stars, CMS Adult Medicaid Core, CMS Initial Children's Core Set)	80% align to at least the OPM FEHB Set or CMS Initial Children's Core Set

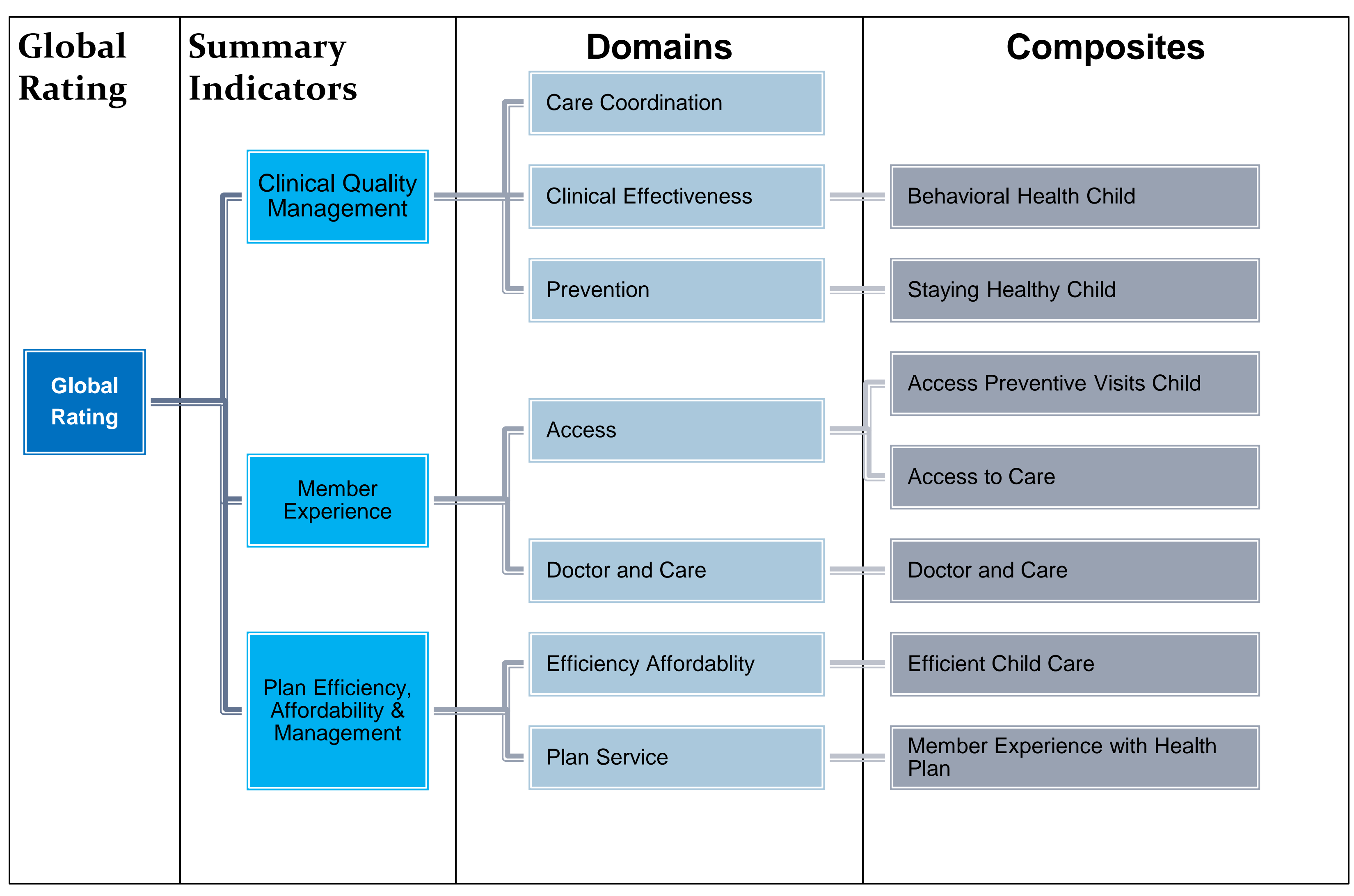
Performance Information Component
Organization and Hierarchical Structure of the QRS

Goal: Maximize the approachability and understandability of the information

Performance Information Component
Organization and Hierarchical Structure the QRS



Performance Information Component Organization and Hierarchical Structure Child-Only



Future Considerations

Questions

Multi-stakeholder Input Requested

Recommendations on the following aspects of the QRS:

- QRS quality measurement domains and classification of the measures of the initial core measure set within the proposed domains
- Additional measures within the specified domains for the measures under consideration for the initial core set
- Proposed composites based within the measures under consideration for the initial core set and/or rationale for additional or alternate composites within the specified domains

Multi-stakeholder Input Requested

- Overall assessment of the proposed hierarchical structure and organization of the measures in the QRS, which extends to the proposed indicator summaries for the QRS
- Assessment of the hierarchical structure and organization of the measures as it relates to the intended purpose of the QRS

Input on Proposed QRS Measures

See Discussion Guide

Process for providing input on Proposed QRS Measures

1. Evaluate proposed measure sets using MSC and Guiding Principles

MAP Measure Selection Criteria:

1. NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective
2. Program measure set adequately addresses each of the National Quality Strategy's three aims
3. Program measure set is responsive to specific program goals and requirements
4. Program measure set includes an appropriate mix of measure types
5. Program measure set enables measurement of person- and family-centered care and services
6. Program measure set includes considerations for healthcare disparities and cultural competency
7. Program measure set promotes parsimony and alignment

Process for providing input on Proposed QRS Measures

2. Evaluate proposed measures and determine decision and rationale:

MAP Decision Category	Decision Description	Rationale (Example)
Support	**Indicates measures under consideration that should be added to the program measure set during the current rulemaking cycle.**	• NQF-endorsed measure • Addresses National Quality Strategy aim or priority not adequately addressed in program measure set • Addresses program goals/requirements • Addresses a measure type not adequately represented in the program measure set • Promotes person- and family-centered care • Provides considerations for healthcare disparities and cultural competency • Promotes parsimony • Promotes alignment across programs, settings, and public and private sector efforts • Addresses a high-leverage opportunity for improving care for dual eligible beneficiaries • Included in a MAP family of measures

Process for providing input on Proposed QRS Measures

2. Evaluate proposed measures and determine decision and rationale:

MAP Decision Category	Decision Description	Rationale (Example)
Do Not Support	**Indicates measures that are not recommended for inclusion in the program measure set.**	• Measure does not adequately address any current needs of the program • A finalized measure addresses a similar topic and better addresses the needs of the program • A 'Supported' measure under consideration addresses as similar topic and better addresses the needs of the program • NQF endorsement removed (the measure no longer meets the NQF endorsement criteria) • NQF endorsement retired (the measure is no longer maintained by the steward) • NQF endorsement placed in reserve status (performance on this measure is topped out) • Measure previously submitted for endorsement and was not endorsed
Conditionally Support	**Indicates measures, measure concepts, or measure ideas that should be phased into program measure sets over time, subject to contingent factor(s).**	• Not ready for implementation; measure concept is promising but requires modification or further development • Not ready for implementation; should be submitted for and receive NQF endorsement • Not ready for implementation; data sources do not align with program's data sources • Not ready for implementation; measure needs further experience or testing before being used in the program

Process for providing input on Proposed QRS Measures

3. Identify and Fill Gaps

A. Discuss gaps in measure set
B. Identify gap-filling measures
   - See table of All NQF-endorsed health plan measures and available Accreditation measures for gap-filling opportunities

Opportunity for Public Comment

Summary of Day 1

Day 2

Review Day 1 Themes

Agenda

Day 1

- Welcome and Review of Meeting Objectives
- Health Insurance Exchange QRS Task Force Decision-Making Framework
- Define Ideal Organization of the QRS: Literature Review and Focus Group Experience
- Define Ideal Organization of the QRS: Breakouts, Report-Outs, and Finalize
- Opportunity for Public Comment
- Input on Proposed QRS Measures
- Opportunity for Public Comment
- Summary of Day 1

Day 2

- Review Previous Day Themes
- Measure Aggregation
- Input on Proposed QRS Structure
- QRS Path Forward: Functionality to Enhance Consumer Decision-Making
- QRS Path Forward: Additional Information to Enhance Consumer Decision-Making
- Revisit and Revise Task Force Decision-Making Framework
- Opportunity for Public Comment
- Wrap Up/Next Steps

Day 1 Themes

Measure Aggregation

Input on Proposed QRS Structure

Materials Comparing Ideal Structure and Proposed Structured will be distributed at start of Day 2

Input on Proposed QRS Structure

Discussion Questions

- How does the proposed structure differ from the ideal structure?
- Will the proposed structure enable consumer decision-making?
- How should the structure be organized differently in the current state?

QRS Path Forward

Session Objectives

- Reflect on the QRS vision set forth by the task force
- Consider implementation challenges relevant to the QRS vision and methods for overcoming anticipated barriers
- Define opportunities for CMS and states to work towards the ideal state

- Exchange Reactors:
  - *Jeff Rideout, Covered California*
  - *Jay Himmelstein, Massachusetts Health Connector*

Areas for Discussion

- Functionality to Enhance Consumer Decision-Making
  - Patient Experience and Direct Consumer Commenting
  - Customizing Information for Consumers
  - Presenters:
    - *Rachel Grob,* Center for Patient Partnerships (CPP), University of Wisconsin-Madison
    - *Robert Krughoff,* Center for the Study of Services/Consumers' CHECKBOOK
- Additional Information to Enhance Consumer Decision-Making
  - Cost Information for Consumers
  - Structural Information in the QRS
  - Provider-Level Quality Information in the QRS
- Other?

Functionality to Enhance Consumer Decision-Making

Discussion Questions

- What additional patient experience information would enhance the QRS?
- Should direct consumer commenting be integrated to enhance experience information in the QRS?
- What information do consumers want to customize? What can be done immediately and what steps can be taken to achieve the ideal state?

Additional Information to Enhance Consumer Decision-Making

Discussion Questions

- What cost information could be made available to consumers in the Marketplaces?
  - In the short-term are measures of relative resource use sufficient?
  - What information should be provided to consumers over time?
- Should structural information (e.g., accreditation standards, eValu8) be incorporated into the QRS?
  - What structural information should be included?
  - How can this information be incorporated into the QRS (structural information is collected outside of measure reporting)?
- Will provider-level quality information enhance consumer decision-making ability in the QRS?
  - What are the highest leverage measurement opportunities for QHPs at the provider level?
  - What are the potential unintended consequences to including this information in the QRS and how can they be minimized?

Revisit and Revise Task Force Decision-Making Framework

Revised Guiding Principles will be distributed at start of Day 2

Opportunity for Public Comment

MAP HIX QRS Task Force Next Steps

November 20-21: Task Force In-Person Meeting

- Develop recommendations and rationale regarding measures for the QRS
- Develop recommendations and rationale regarding organization of the QRS
- Identify gaps in measures needed to support consumer decision-making

December: Public Comment Draft Report

- Task force review of draft report via email
- Report posted to NQF website for a two-week public comment period

January 7-8: MAP Coordinating Committee In-Person Meeting

- MAP Coordinating Committee review of the public comment draft and public comments received
- HIX QRS Task Force members will join by phone
- Finalize recommendations and rationale for measures for inclusion and organization of the QRS

January: Final Report

- Submit final report to HHS

Adjourn