

Meeting Summary

Measure Model Alignment Web Meeting 2

The National Quality Forum (NQF) convened a web meeting for the Measure Model Alignment Workgroup on January 6, 2022.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff welcomed participants and co-chairs (provider co-chair Dr. Jamie Reedy and payer co-chair Dr. Ranyan Lu) to the Measure Model Alignment Workgroup meeting. The co-chairs provided welcoming remarks. NQF staff reviewed the antitrust statement, as well as acknowledging that the Core Quality Measures Collaborative (CQMC) is a member-funded effort with additional support from the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff facilitated roll call and reminded the group that the roster includes both voting and non-voting members. NQF staff reviewed the meeting objectives:

- Provide a brief recap of measure model alignment meeting 1 and review the Workgroup charge
- Review model presentations from Minnesota Community Measurement (MNCM) and Integrated Health Association (IHA)
- Discuss the Measure Model Alignment Guide

Measure Model Alignment Workgroup Charge

NQF staff shared that goals of the Workgroup which are to develop best practices and policy recommendations addressing governance, structural, and operational models for payer and purchaser alignment including the collection, transmission, standardization, aggregation, and dissemination of data to support a scaled core set adoption and implementation with minimal provider burden. NQF staff shared the Measure Model Alignment Workgroup approach which is to:

- Conduct an environmental scan of publicly available collaborative models impacting payers, purchasers, providers, and others stakeholders;
- Utilize existing models as guides;
- Compare and contrast models to identify opportunities and tactics that can be highlighted in the Measure Model Alignment reports including dashboards and a combination of models to increase transparency;
- Address the scalability of regional and state models; and
- Identify policy issues that could be used as levers to advance Measure Model Alignment efforts.

NQF staff noted the timeline to complete the measure model alignment work is by the end of January 2022. During January, the Workgroup will meet every Thursday from 3:00 – 4:30 pm ET to gather

feedback from the Workgroup members to support development of the guide. Each meeting two to three presenters will discuss their model. The next Workgroup meeting on January 13 will feature presenters from Kentuckiana Health Collaborative and Purchaser Business Group on Health (PBGH). NQF staff will collect information on previously identified key attributes to support the development of the draft working guide that would be shared with the Workgroup members via Google Docs.

Measure Model Alignment Guide

Minnesota Community Measurement Model Presentation

NQF staff introduced guest speaker Julia Sonier, President and CEO, MNMCM. Ms. Sonier shared that MNMCM is an independent multistakeholder nonprofit organization that works to advance healthcare quality, equity, and affordability throughout Minnesota through the collection and use of data elements between healthcare providers and systems. MNMCM developed a shared repository of electronic health information to increase the transparency of patient and population data that could inform clinicians supporting best patient outcomes and stakeholders on gaps in population health. Ms. Sonier noted that MNMCM has been a leader in the use of outcome and patient-reported outcome performance measures (PRO-PMs) that include a wide range of topics including preventive care (e.g., cancer screenings, immunizations), chronic disease management (e.g., diabetes, heart disease, asthma, depression), specialty care (e.g., orthopedic surgery, cancer care), and cost (e.g., total cost, prices, utilization) that are available on the MNMCM website at [2021 Slate of Measures](#). This link also includes information on their steward, NQF endorsement status, CQMC inclusion, and use by health plans. Ms. Sonier explained that the MNMCM measure selection criteria mirror the NQF measure endorsement criteria. Prioritization for measures includes those that have the following characteristics: meaningful, reflective of important gaps in population health, evidence-based, feasible, and actionable. Ms. Sonier shared that MNMCM is unique among other states or regional collaboratives in the scope of aggregated data reflecting quality, cost, and health equity utilizing claims and clinical data. Minnesota state law creates requirements for providers to report clinical data for certain quality measures which is essential for transparency. She also shared the importance of ensuring the use of best practices in collecting data on race, ethnicity, language, and country of origin (RELC).

The risk adjustment process used by MNMCM compares the provider's actual performance to an aggregated expected statewide performance average. The variables used for risk adjustment vary by measure but include factors such as age, insurance type, illness severity, and an area deprivation index based on Census data. In addition, MNMCM also stratifies measures in their public reporting based on RELC and payer type (e.g., Medicaid vs other payers). The future evolution of MNMCM is to revise their measure selection and prioritization process and plan for the addition of data elements for social risk factors by 2022 and to complete the transition to a modernized clinical data submission platform by the end of 2023.

A Workgroup member asked how the stratified measures are shared with health plans, providers, or the public. Ms. Sonier stated they have the capability for all and are able to drive patient outcomes using performance-based contracts that reward providers for reducing disparities. The co-chair asked how much of the clinical data collection process is manual, and the response was that past performance measures were reported manually on a yearly basis. She explained that there is a potential to use

automatic software in the future, but it will require resources for implementation. Another Workgroup member asked about which additional data elements MNMCM uses related to social risk factors. Ms. Sonier stated they asked their participating medical groups what they are currently collecting including standard survey tools like the CMS Accountable Health Communities Tool as well as standardized questionnaires that assess social determinants including food, housing, transportation, and interpersonal violence. A member asked if there was any work on data related to equity. Ms. Sonier shared that there is a report from the U.S. Department of Health & Human Services (HHS) that identified the different models for measuring health equity and the one that MNMCM used was comprehensive and driven by a central repository of data sharing. In addition, they work in conjunction with the Medicaid agency in Minnesota in their value-based payment programs so there is data sharing on a federal level.

Integrated Health Association Model Presentation

NQF staff introduced the next quest speaker Thien Nguyen, Director of Information Strategy, Integrated Health Association (IHA). Ms. Nguyen described IHA as a nonprofit industry association using data, collective experience, and expertise to maximize the functionality of healthcare systems using a value-based measurement called, Align Measure Perform (AMP). The program operates on core principles that include collaboration, measurement, reward, accountability. They use a common measure set, incentives, and public reporting, and also benchmark health plans' performance. Ms. Nguyen shared that there are currently 15 health plans that participate in the AMP program which encompasses over 200 provider organizations. The program is voluntary in California (CA) for plans and providers organizations. The committees are comprised of leaders across the healthcare industry that meet throughout the year to discuss concerns and make strategic decisions.

Their measure selection and adoption process focuses on identifying gap areas that can be achieved within three to five years to advance measure sets within their population. Ms. Nguyen stated that measure selection and adoption is performed on an annual basis to identify potential new measures and assess whether current measures adhere to the measure selection criteria. IHA's selection criteria align with NQF's measure selection criteria which focus on importance, scientific acceptability, feasibility, usability, and alignment with other measurement initiatives. She mentioned that the adoption process takes about three years for a measure to be recommended for payment and public reporting. For data collection, stratification, risk adjustment, and scoring, IHA does have audited clinical quality measures and collects member-level claims data for the participating health plan. Ms. Nguyen mentioned that the data collection is a standardized process which relies on clinical quality measures from electronic data sources. These include the following: automated claims; encounter data; and auditor-approved supplemental administrative database measures certified through an audit review with support from the National Committee for Quality Assurance (NCQA). Ms. Nguyen shared that IHA will stratify a subset of measures on the attributes of race and ethnicity next year.

A Workgroup member asked about the methodologies to help providers understand the quality of their data on patient encounters. Ms. Nguyen discussed the idea of leveraging the Department of Health Care Services (DHCS) Quality Measurement of Encountered (QMED) metrics to help provider organizations and health plans understand the quality of their claims and encounter data. Ms. Nguyen shared the overarching goal is to bring everyone in the industry (e.g., private payers, public payers, provider

organizations) together to serve a common purpose using standardized formats to improve the quality of care.

Measure Model Alignment Guide: Section 2 – Promising Practices

NQF staff shared the draft version of the Measure Model Alignment Guide working document. The document will be shared during each Workgroup meeting to gather feedback from the members. NQF shared that the guide starts with an overview of the measure model alignment, including goals of work, approach, the scope of the problem, and business case for aligning measurement models. NQF staff reviewed Section 2: Promising Practices with the Workgroup members.

Measure Selection and Adoption

- Are there promising practices for measure selection and adoption that could play a role in national alignment efforts?

Data Transmission

- How does data transmission support alignment?
- What role does data transmission play in the models we have reviewed today?
- Are there promising practices identified today that could play a role in national alignment efforts?

Aggregation

- What role does data aggregation play in measure model alignment?
- Does stratification or risk adjustment play a role in model alignment promising practices?
- Are there promising practices that could be adopted by other models attempting to align measures?

Attribution

- What role does attribution play in a measurement model?
- Is attribution an important part of alignment?
- Are there promising practices for addressing attribution in a measurement model that is focused on aligning measures?

Reporting

- How can reporting support alignment?
- Are there promising practices for reporting that contribute to successful measure model alignment?

Scoring

- Is scoring an important part of alignment?
- Are there promising practices for scoring methods that support measure model alignment?

Collaboration

- Does collaboration contribute to alignment success?
- Are there stakeholders that should always be a part of measure model alignment efforts?
- Are there promising practices for how stakeholders should collaborate in developing and implementing measurement models?

The co-chair explained to the Workgroup that the goal is to identify promising practices for measure selection and adoption that could play a role in the national alignment efforts. NQF staff asked if measure selection/measure development is an element that should be aligned across models. A Workgroup member commented that not everything is equally important between regions. For example, there are measures in the CQMC core sets that are not collected in their state because they are considered topped out, yet these same measures could be useful to regions in which there were gaps. The member suggested including a common list of measures but being mindful of the deviations in both directions. Another Workgroup member emphasized the importance of alignment but also recognized the need to consider advancing measures that may not exist in other national measure sets.

Next Steps

NQF staff shared that the Workgroup's discussion will be summarized and posted on the CQMC SharePoint page. NQF staff shared that the Measure Model Alignment Guide working document will be sent to the Workgroup members via Google Docs. Feedback provided by Workgroup members will be shared during the next meeting scheduled January 13 from 3:00 – 4:30 pm ET. NQF staff thanked Workgroup members and the co-chairs for their engagement during the meeting.