Meeting Summary

Measure Model Alignment Web Meeting 3

The National Quality Forum (NQF) convened a web meeting for the Measure Model Alignment Workgroup on January 13, 2022.

Welcome, Roll Call, and Review of 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. A co-chair provided welcoming remarks. NQF staff reviewed the antitrust statement, as well as acknowledging that the Core Quality Measures Collaborative (CQMC) is member-funded effort with additional support from the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff shared that attendance will be verified after the Workgroup meeting. NQF staff reviewed the meeting objectives:

- Review measurement model presentations from Kentuckiana Health Collaborative (KHC) and Purchaser Business Group on Health (PBGH)
- Discuss the updates to the measure model alignment guide working document

Model Presentations and Measure Model Alignment Guide Discussion

Kentuckiana Health Collaborative Model Presentation

NQF staff introduced guest speaker Stephanie Clouser, Senior Director of Data Management and Innovation at Kentuckiana Health Collaborative (KHC). This is a non-profit coalition of businesses and healthcare stakeholders working to solve the complex health problems in their local communities with the goal of improving patient outcomes using financial incentives. Their overarching goals are to improve the quality and value of care, reduce provider reporting burden, and align various stakeholders around measures that drive improvement.

KHC developed a core set of healthcare measures focused on aligning incentives for consumers, providers, payers, and purchasers, which was recognized as a top priority in 2017 by the KHC Executive Committee. In 2018, KHC co-directors met with the Kentucky Secretary of the Cabinet for Health and Family Services to align Medicaid and Medicare incentives and partnered with the Kentucky Department of Medicaid Services (DMS) to collaborate on measurement alignment and prioritization. These collaborations resulted in the formulation of the Kentucky Core Healthcare Measures Set (KCHMS) which has been updated twice. Measures are updated every other year to conserve resources while assuring relevance with the next update in 2023. KCHMS offers clinicians a wide scope of measures that capture the following patient care areas: primary care including preventative care; behavioral health; chronic and acute care; pediatric care; cost utilization; and the

patient care experience. The priority level of individual measures represents priority care gaps in Kentucky divided into high or standard levels. These levels reflect the ability of a measure to represent quality care which may be affected by data availability or clinician attribution.

The Kentucky "Performance Measures Alignment Committee" (PMAC) includes an oversight committee and five subcommittees for each patient care area. Finalizing the measure set usually requires multiple meetings using crosswalks with national organizations including the following: National Committee for Quality Assurance' (NCQA); Healthcare Effectiveness Data and Information Set (HEDIS); CMS Stars; and Merit-based Incentive Payment System (MIPS). They also use a consensus voting process in which points are assigned based on meeting standard criteria

KHC annually reports aggregate data from their health plan partners. These employer members agree to use KCHMS measures in a value-based contracting arrangement. A co-chair inquired if KHC encountered any high-level barriers among key stakeholders and how these were overcome. Ms. Clouser discussed the provider burden and complexity of reviewing over 40 measures which drives reliance on stakeholder feedback to review the measures. Another workgroup member asked for details on data sources, aggregation, and reporting. Ms. Clouser shared that unlike many states, Kentucky lacks; reporting mandates but HEDIS data is gathered from health partners annually and aggregated at the provider level. Another Workgroup member asked about the responsiveness of measure selection to local healthcare needs. Ms. Clouser emphasized the need to balance regional and national health needs with measures used across programs. A co-chair mentioned the challenge of dividing commercial versus Medicare Advantage contracts from the five health plans aggregated at the provider level by KHC. Ms. Clouser stated that data specifications are sent out each year with specific instructions on attribution to ensure the consistent use of HEDIS software across the health plans. NQF staff asked how KHC engaged potential employer members in their value proposition. Ms. Clouser shared that KHC has a long history of commitment to the community and was originally convened by Ford Motor Company (separated in 2020) because of the impact on the workforce but continues to be driven to improve quality outcomes through the incentivized use of measures.

Purchaser Business Group on Health Model Presentation

NQF staff introduced guest speaker Rachel Brodie, Senior Director of Measurement and Accountability at PBGH (previously known as Pacific Business Group on Health), which has been a leader in performance measurement for the past 20 years. This is a nonprofit coalition representing 40 private employers and public entities across the United States (U.S.) that collectively spends $100 billion annually purchasing healthcare services for more than 15 million Americans. Ms. Brodie shared that PBGH strategies include the following: collaborate with payers, providers, and consumers to advance quality care; support value-based payment; promote transparency, and accountability. PBGH is advancing to a more patient-centric and outcome-based model to improve the quality of care. Ms. Brodie reviewed a study conducted by the University of North Caroline Lineberger Comprehensive Cancer Center that demonstrated significantly improved advanced cancer patient survival rates with the addition of patient-reported symptom reporting compared to routine clinician symptom assessments in the electronic health record. Results supported the importance of patient input in alerting clinicians to changes in health status that were not picked up in routine visits even with

skilled clinicians. Earlier patient symptom reporting enabled nurses to make timely interventions between clinician visits and reduced the risk of missed worsening symptoms impacting overall survival rates. PBGH has initiated several patient-report outcome measure (PROM) initiatives which they hope to integrate into their payment models in the future. In 2010, PBGH onboarded 40 hospitals and their surgeons in the state of California (CA) into the California Joint Replacement Registry (CJRR) system to collect and report comprehensive and valid data on the longitudinal status of hip and knee replacements. They also collected a comprehensive set of patient-reported outcomes that were then risk-adjusted and publicly reported. Using this value-based design, hospitals demonstrated a significant reduction in out-of-pocket costs.

In addition, PBGH is in the process of launching a new Centers of Excellence program called Emsana Health. This was established by employer members to lower healthcare spending while increasing employee access to high-quality healthcare by helping purchasers identify and partner with advanced primary care practices in selected regions. PBGH developed the advanced primary care measure set in partnership with Integrated Health Association (IHA) and the California Quality Collaborative (CQC). Ms. Brodie shared that they have a total of four purchasers and the employers are requiring their health plans to adopt the use of the advanced primary care measure set for the 2022 plan year. She also shared that the PBGH will be using a strategic approach incorporating PROMs through education, stakeholder alignment, and implementation support targeting payers, providers, purchasers, and policymakers.

One of their projects focuses on implementing oncology PROMs, partnering with Michigan Oncology Quality Consortium (MOQC), CMS, and Alliance of Dedicated Cancer Centers (ADCC) for community practices across the state. This project relied on CMS funding to develop patient-reported outcome-based measures (PRO-PMs) on health-related quality of life for patients with breast, lung, or colon cancer. These measures are being tested at eight cancer centers across six different states aligned with national quality and payment strategies. Ms. Brodie detailed that the measure development work has a steering committee including providers, payers, purchasers, policymakers, and patient members as well as a technical expert panel including medical oncologists and data analytics experts which also included a patient and caregiver input to identify outcomes and tools. Barriers to widespread adoption of PROMs included the following: lack of data infrastructure for providers; provider burden (e.g., staff time, upfront investment in IT resources); paucity of supporting studies on the use of PROMs for clinical care; and patient burden. PBGH partnered with the Community Oncology Alliance (COA) to develop an infrastructure to gather, collect, and utilize patient feedback for improved care with an objective to financially support and scale workflow systems for consistent data capture. The co-chair asked how they are collaborating with large national health plans. Ms. Brodie state that measures are collected through their health value index reported by health plans. A Workgroup member commented that two important roles of patients are to provide input on the development of individual measures and the consumer perspective. A Workgroup member asked if there was a process for reviewing and accepting measure sets. Ms. Brodie stated that health plans use their health value index to consistently review measures with their board of directors. NQF staff asked how scoring algorithms to evaluate measures were modified over time. Ms. Brodie shared that they assessed measures using a survey tool that included a number of questions related to mental health, physical health, pain interference, and fatigue. CMS aggregates scores for practices that fall

above or below an average range.

Measure Model Alignment Guide: Section 2 – Promising Practices

NQF shared the updated draft of the Measure Model Alignment Guide working document and requested feedback on Section 2: Promising Practices. This Guide section will focus on practices that may be implemented nationally. NQF focused the discussion on data transmission and asked the following questions:

- 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?

Workgroup members shared that data transmission is resource intensive but necessary to effectively move towards measure alignment. The Workgroup prioritized efficiency and emphasized the need to avoid fragmentation and duplicative data submission processes. The Workgroup reiterated that data transmission is a key competent of measurement models that need to be aligned and suggested determining the effort required and potential benefits of different data transmission strategies. NQF staff asked what the barriers are to data transmission. A Workgroup member commented that the platform to report PROs is important as providers have challenges implementing measurement tools. The Workgroup discussed the need to simply the reporting process. For example, providers have challenges collecting and reporting PROs. The Workgroup agreed it would be important to develop a standardized data collection and submission process.

Next Steps

NQF staff shared that the Workgroup's discussion will be summarized and posted on the CQMC SharePoint page. NQF staff asked the Workgroup members to add their feedback to the Measure Model Alignment Guide working document. NQF shared that the next web meeting is scheduled for January 20 from 3:00 - 4:30 pm ET. NQF staff thanked the presenters, Workgroup members, and co-chairs for their engagement during the meeting.