CQMC Core Quality Measures Collaborative

Meeting Summary

Measure Model Alignment Web Meeting 5

The National Quality Forum (NQF) convened a web meeting for the Measure Model Alignment Workgroup on January 27, 2022.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff welcomed participants to the meeting, as well as introducing the co-chairs of the Measure Model Alignment Workgroup (provider co-chair Dr. Jamie Reedy and payer co-chair Dr. Ranyan Lu). 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 shared that attendance will be verified after the Workgroup meeting. NQF staff reviewed the meeting objectives:

- Discuss and refine the identified promising practices
- Discuss barriers and next steps towards greater measure model alignment

Measure Model Alignment Guide Discussion

NQF staff shared the promising practice recommendations for each of the elements in section 2 of the draft measure model alignment guide. The elements include measure selection and adoption; data transmission; aggregation, stratification, and risk-adjustment; attribution; scoring; data reporting; and collaboration. Related to measure selection and adoption, Workgroup member previously discussed four recommendations: transparent measure selection criteria; comprehensive goals; scalable approach; and presence of an action plan for measure gaps. The Workgroup also suggested including alignment of measures used within models with national measure sets, inclusion of a measure update and removal strategy, and ongoing monitoring of gaps in care to allow measure adjustments. Another member added the need for a consistent review of the set of measures.

Recommendations for data transmission include the need to be responsive to technology advancement to reduce measurement burden and engaging vendors to support the alignment of measures within models. Members had several suggestions including the need for interoperability across different environments (e.g., regional health information exchange), need for data standards, consistent measure specifications, efficiencies with data exchange, and using incentives as a lever to advance data aggregation and transmission efforts. A member encouraged the Workgroup to think about the infrastructure needed to aggregate data from all payers and/or providers in a timely manner. A member asked about how to incentivize some of the needed infrastructure support between provider organizations and health plans and role of a data aggregator. Another member

raised the potential role of health information exchanges (HIEs) and dashboards. For example, Arizona and Nebraska have a shared regional HIE that can collect social determinants of health (SDOH) data.

Recommendations for data aggregation, stratification, and risk-adjustment within measure models include the following: improved transparency of actionable trended data results for providers and payers, allowance for both risk adjusting and stratification depending on the measurement purpose, and balancing practice sensitivities of clinicians who are publicly reporting data. This last issue was identified as critical to incentivizing and continuing the participation of clinicians in measure models. Some clinicians may be uncomfortable with the sharing of non-adjusted data as differences in performance may be related to patient mix. A member suggested that publicly reported stratified results may be more appropriate as an aggregate rather than at the provider level.

A recommendation for attribution was to develop a standardized hierarchy using provider input. A member raised a question about potential challenges for providers when payers use different attribution methods. A member responded that in recent years, payers seem to be using more simliar attribution models. The workgroup discussed that technology organizations are becoming more involved in attribution (e.g., attribution methodology embedded in HIEs). The workgroup noted that attribution impacts a wide scope of clinicians and should continue to advance to consider multiple clinicians that interact with patients (as opposed to physicians only).

Recommendations for scoring and reporting include striving for consensus, prioritizing transparency during methodology development, exploring public reporting as a motivator, and considering modifications based on stakeholder needs. Workgroup members discussed the need to test measures based on their intended use and align around the same measures. As an example of the need to carefully modify measure specifications, Integrated Health Association (IHA) tests their modified measures for at least a year before deciding whether to publicly report data.

Recommendations on collaboration include the following: ensuring all stakeholders are represented; creating a process that is meaningful and valuable to participants; and fostering trust among members, partners, and stakeholders. Other suggestions included the use of subject matter experts, improving transparency between stakeholders, and integrating health equity considerations into measurement models.

Barriers

NQF staff shared barriers and challenges from the measure model alignment guide working document for additional feedback. Those barriers included:

- Physician/practice priority differences
- Variation in regional, state, and local community populations
- Provider reporting burden
- Gaps in aligning the measurement process rather than measures
- Lack of consistency in measure adoption standards impacting the quality of transmitted data

A member noted that inconsistencies in data standards is a barrier and also suggested adding a barrier related to the accuracy of the data that is transmitted and used to calculate measures.

Priorities for a Path Forward

NQF staff reviewed draft measure model alignment priorities that should be addressed in the future. These recommendations included:

- Measure set selection and development around aligned priorities and goals
- Strategies for voluntary or mandatory adoption of alignment methodologies
- Sharing lessons learned between states to increase quality measurement alignment
- Strategies to identify and address barriers to the consistent use of core measure sets

Other ideas included the following: standardizing the governance and maintenance process for measure adoption; using policy as a lever to encourage aligning national priorities; and increasing coordination with national organizations addressing healthcare quality including CMS, National Committee for Quality Assurance (NCQA), and large payers.

Next Steps

NQF staff shared that the Workgroup's discussion will be summarized and posted on the CQMC SharePoint page. NQF staff stated that the draft guide will be sent to the Workgroup members via email for review and feedback. NQF staff thanked Workgroup members and the co-chairs for their engagement during the meeting.