



Advancing Quality Measurement and Improvement through Core Measure Sets

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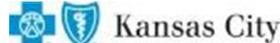
- The Core Quality Measures Collaborative (CQMC or Collaborative) is a broad-based coalition of health care leaders convened by America's Health Insurance Plans (AHIP) starting in 2015.
- Includes the Centers for Medicare and Medicaid Services (CMS), the National Quality Forum (NQF) health insurance providers, medical associations, consumer groups, purchasers (including employer group representatives), and other quality collaboratives.
- CQMC members work to identify *Core Measure Sets* – parsimonious sets of scientifically sound measures that efficiently promote a patient-centered assessment of quality and should be prioritized for adoption in value-based purchasing and alternative payment models.

- Recognize high-value, high-impact, evidence-based measures that promote better patient health outcomes, and provide useful information for decision making, improvement, and outcomes-based payment.
- Align measures across public and private health insurance providers to achieve congruence in the measures being used for quality improvement, transparency, and payment purposes.
- Reduce the burden of measurement by eliminating low-value metrics, redundancies, and inconsistencies in measure specifications and reporting requirements across public and private health insurance providers.

Current Core Measure Sets

- Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care (ACO/PCMH/PC)
- Cardiology
- Gastroenterology
- HIV and Hepatitis C
- Medical Oncology
- Obstetrics and Gynecology (OB/GYN)
- Orthopedics
- Pediatrics

CQMC Member Organizations



Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association



- **Voting members** are able to attend and contribute to CQMC workgroup meetings and development of Core Measure Sets. They are also able to vote on vote on CQMC workgroup and full collaborative recommendations as well as governance issues.
 - Includes public and private health insurance providers, medical associations, purchasers, and consumer groups.
- **Nonvoting members** are able to serve as interested parties and may provide ideas, technical expertise, comments during CQMC workgroup meetings. However, they are not able to vote on CQMC workgroup and full collaborative recommendations or governance issues.
 - Includes measure stewards, measure developers, data solutions providers, hospitals/health systems, and physician group practices.

Transition of the CQMC to NQF

- In October 2018, NQF became the operational home of the Collaborative to:
 - Become more independent,
 - Ensure its long-term sustainability,
 - Bring more subject matter expertise to its deliberations, and
 - Align its work with broader stakeholder efforts to achieve core measure sets.
- The CQMC continues to function as an autonomous body under the governance of its existing Steering Committee.
- AHIP, using participant fees, and CMS separately contract with NQF for portions of this work.

1. Advance health and healthcare improvement goals and align with stakeholder priorities.
2. Are unlikely to promote unintended adverse consequences.
3. Are scientifically sound (e.g., NQF-endorsed or otherwise proven to be evidence-based, reliable, and valid in diverse populations).
4. Represent a meaningful balance between measurement burden and innovation.

Principles for Core Measure Sets

1. Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
2. Provide meaningful and usable information to all stakeholders.
3. Promote parsimony, alignment, and efficiency of measurement (i.e., minimum number of measures and the least burdensome measures).
4. Include an appropriate mix of measure types while emphasizing outcome measures and measures that address cross-cutting domains of quality.
5. Promote the use of innovative measures (e.g., eMeasures, measures intended to address disparities in care, or patient-reported outcome measures).
6. Include measures relevant to the medical condition of focus (i.e., “specialty-specific measures”).

Example of measures in the ACO/PCMH/PC Core Measure Set

- #0018 - Controlling High Blood Pressure
- #0059 - Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)
- N/A - Breast Cancer Screening (NCQA)
- #0032 - Cervical Cancer Screening
- #0034 - Colorectal Cancer Screening
- #1799 – Medication Management for People with Asthma
- #0005 - CG CAHPS (Getting Timely Appointments, Care, and Information; How Well Providers (or Doctors) Communicate with Patients; and Access to Specialists)

ACO/PCMH/PC Set: Overlap with Other Programs

Measure	Medicare Advantage Star Ratings	Exchange Quality Rating System	Quality Payment Program	Medicare Shared Savings Program	CPC+	KHC Core Measure Set
Controlling High Blood Pressure						
Controlling High Blood Pressure (HEDIS 2016)						
Persistence of Beta-Blocker Treatment After a Heart Attack						
Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet						
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)						
Comprehensive Diabetes Care: Eye Exam (retinal) performed						
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing						
Comprehensive Diabetes Care: Foot Exam						
Comprehensive Diabetes Care: Medical Attention for Nephropathy						
Medication Reconciliation Post-Discharge						
Cervical Cancer Screening (CCS)						
Non-recommended cervical cancer screening in adolescent females						
Breast Cancer Screening						
Colorectal Cancer Screening (COL)						
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention						
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan						
Use of Imaging Studies for Low Back Pain						
CAHPS Clinician & Group Surveys (CG-CAHPS)-Adult, Child						
Depression Remission at Twelve Months						
Depression Response at Twelve Months- Progress Towards Remission						
Medication Management for People with Asthma						
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)						

Pediatric Set: Overlap with Other Programs

Measure	Exchange Quality Ratings System	Quality Payment Program	Medicaid Child Core Set	KHC Core Measure Set
Childhood Immunization Status (CIS)				
Immunizations for Adolescents (IMA)				
Developmental Screening in the First Three Years of Life				
Chlamydia Screening for Women				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)				
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)				
Medication Management for People With Asthma (MMA)				
Appropriate Testing for Children With Pharyngitis (CWP)				
Appropriate Treatment for Children With Upper Respiratory Infection (URI)				

- In 2017, AHIP surveyed health insurance providers about their progress toward Core Measure Set adoption.
 - 18 of 20 respondents have taken action toward adoption, including incorporating measures into contracts
 - Most respondents have adopted the ACO/PCMH/PC core measure sets, but OB/GYN and Cardiology also have good uptake
 - Higher uptake of measures based on claims data vs measures that rely on clinical data
 - Higher measure of HEDIS measures have been adopted by plans compared to non-HEDIS measures.

Core Measure Set Implementation

- Survey respondents noted several challenges to Core Measure Set adoption:
 - Lack of **interoperability** between a provider's EHR and a health plan's data infrastructure
 - **Small sample sizes** at the provider level limits plans' use of the measures
 - **Lack of alignment** with state and employer measurement efforts
- Proposed strategies to reduce burden:
 - Standardize measure implementation across payers
 - Align CMS reporting requirements with the core measures
 - Identify high-impact measures with strong relationships to outcomes
 - Increase data capability of EHRs and interoperability between registries

- NQF produce a report examining potential approaches to prioritizing new topics for future core measure sets.
 - Finalized in Spring 2019 after 30-day public comment period.
 - Based on environmental scan of approaches used by other initiatives seeking to develop core sets and identification of conditions that have high incidence or prevalence or high healthcare spending and would benefit from increased measure alignment.
- NQF identified five general approaches to identifying topics for core sets:
 - Stakeholder priorities
 - Cross-cutting topics (e.g., apply to multiple conditions, settings, or models)
 - Payment model specific
 - Setting specific
 - Specialty specific (current CQMC approach)

Potential New Measure Set Topics

- Condition/Specialty Specific Measure Sets
 - Behavioral Health
 - Neurology
 - Pulmonology
 - Endocrine
- Cross-Cutting
 - Care Coordination/Transitions of Care
 - Patient Safety
 - Access to Care
 - Appropriate Use
 - Population Health

How to Become a Member

- Complete the CQMC membership application form, available on the CQMC website here:
http://www.qualityforum.org/CQMC_Join_Now.aspx
- Send your completed form to CQMC@qualityforum.org

Questions and Discussion

- What hurdles have you encountered in measurement and value-based programs?
- Any goals or objectives we are missing?
- What new workgroups would you like to see?
- How can we work together to speed adoption?
- Interested in joining?

