

Alignment and Simplification of Quality Measures Across Markets

Presented by



Richard H. Hughes IV

Attorney, Epstein Becker Green
Strategic Advisor, EBG Advisors

rhughes@ebglaw.com

202.861.1877

Agenda



1. Overview of the current quality measurement landscape.
2. Summary of CMS and industry efforts to align quality measurement sets across programs and markets.
3. Looking ahead: areas of quality measurement emphasis and future developments.

Quality Measurement Impetus



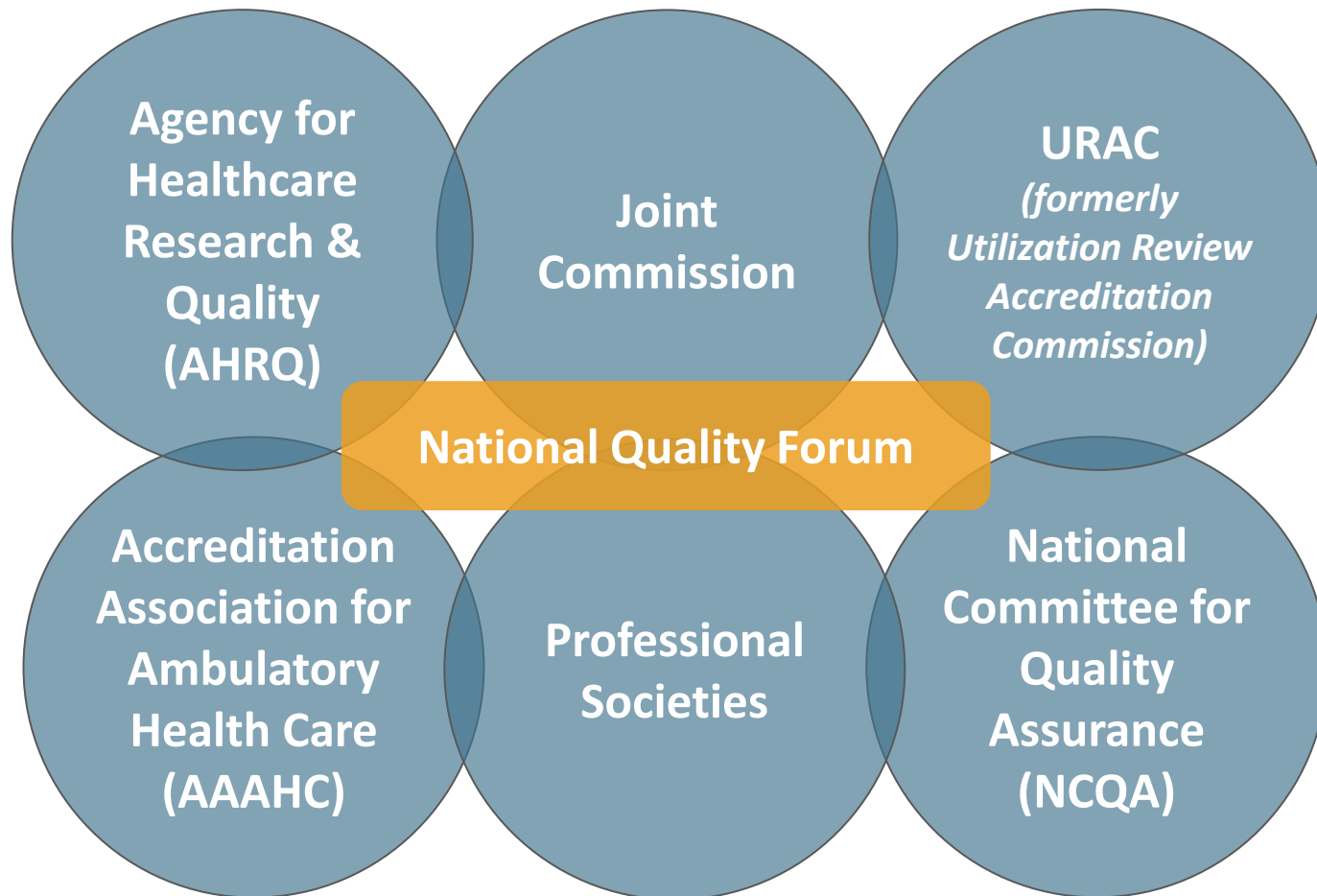
It is not acceptable for patients to be harmed by the health care system that is supposed to offer healing and comfort.

- To Err is Human: Building a Safer Health System (IOM, 1999)

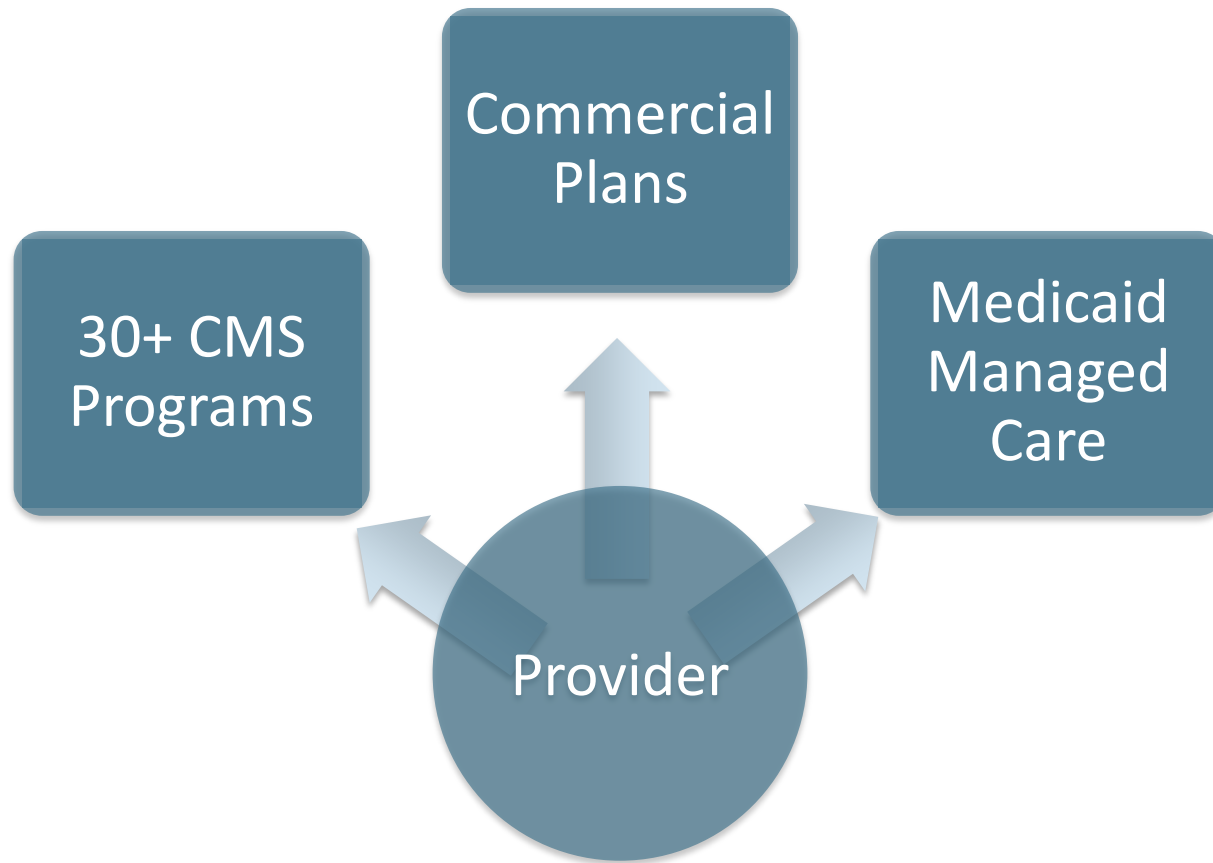
Efforts should include . . . development of measures for assessing quality of care.

- Crossing the Quality Chasm: A New Health System for the 21st Century (IOM, 2001)

Measure Disparity Across Sources



Measure Disparity Across Payers



Measure Alignment Drivers & Initiatives



Drivers

- Concern with volume, variation and utility of measures
- Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA)

Initiatives

- Measure Applications Partnership
- Health Care Payment Learning and Action Networks
- Core Quality Measures Collaborative

The Core Quality Measures Collaborative



Established in 2014 by America's Health Insurance Plans (AHIP)

- CMS
- Aetna
- Humana
- Kaiser Permanente
- Blue Cross Blue Shield of Massachusetts
- HealthPartners
- Highmark
- The AmeriHealth Caritas Family of Companies
- BlueCross BlueShield Association
- Blue Care Network
- Cigna
- Anthem
- Health Care Service Corporation
- Cambia Health Solutions
- UnitedHealth Group
- Harvard Pilgrim Health Care
- Group Health Cooperative
- AHIP

The Core Quality Measures Collaborative Mission



Aim I

Reduce the total number of measures by eliminating low value metrics and introducing consistency across payers in their requirements for quality reporting

Aim II

Refine the measures that remain to further ease the burden of collection

Aim III

Relate measures to patient health outcomes, focusing on “measures that matter”

Governing Principles for Core Measure Sets

Core Quality Measures Collaborative

The Core Quality Measures Collaborative Measure Evaluation Criteria



1	Measure sets must be aimed at achieving the three part aim of the National Quality Strategy: better care, healthier people and communities, and more affordable care.
2	NQF-endorsed measures are preferred.* In the absence of NQF endorsement, measures must be tested for validity and reliability in a manner consistent with the NQF process where applicable.
3	Data collection and reporting burden must be minimal.
4	Overuse and underuse measures should both be included.
5	Measure sets for clinicians should be limited to fewer than 15 measures when possible.
6	Measures that are currently in use by physicians, measure patient outcomes, and have the ability to drive improvement are preferred.
7	Measures that are cross-cutting across multiple conditions to reflect a domain of quality (e.g., patient experience with care, patient safety, functional status, managing transitions of care, medication reconciliation) are preferred.
8	Measures should be meaningful to and usable by consumers, and also applicable to different patient populations.
9	Patient outcome measures should allow careful and prudent physicians to attain success.
10	As with all measures, those which reform payment or delivery systems should measure clinical quality, patient experience, and costs.

The Core Quality Measures Collaborative

Core Measure Sets



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

All measure sets can be found at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>

Looking Ahead



- MACRA measure provisions
- Continued measure and core set development
- Increasing emphasis on outcomes and consumer information
- Successful alignment depends on consistent action by all payers

This presentation has been provided for informational purposes only and is not intended and should not be construed to constitute legal advice. Please consult your attorneys in connection with any fact-specific situation under federal, state, and/or local laws that may impose additional obligations on you and your company.

Cisco WebEx can be used to record webinars/briefings. By participating in this webinar/briefing, you agree that your communications may be monitored or recorded at any time during the webinar/briefing.

Attorney Advertising

Questions?



Richard H. Hughes IV

Attorney, Epstein Becker Green
Strategic Advisor, EBG Advisors

rhughes@ebglaw.com

202.861.1877

Upcoming Webinars

Value Based Payments Crash Course Series



- **Physician Payment Reforms: The Future of MIPS and APMs**
May 17, 2016 at 2:00 – 2:15 p.m. ET
Lesley R. Yeung
- **Value-Based Payments in Managed Care: The Legal Landscape**
May 24, 2016 at 2:00 – 2:15 p.m. ET
Jackie Selby
- **VBP and Managed Care Contracting**
May 31, 2016 at 2:00 – 2:15 p.m. ET
Basil H. Kim

To register, please visit: <http://www.ebglaw.com/events/>

Thank you.