Measure Selection, Alignment and Performance Benchmarking: A New Resource for States

Bailit Health
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STATE Health & Value STRATEGIES
Driving Innovation Across States

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Webinar Presenter:
State Health and Value Strategies

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The Robert Wood Johnson Foundation’s State Health and Value Strategies Program

• Supports state efforts to **enhance the quality and value** of health care by improving population health and reforming health care delivery

• **Works directly with states**—including Medicaid agencies, governors’ offices, and more—to promote peer-to-peer learning

• **Connects states with technical assistance experts** to develop tools for new quality improvement and cost management initiatives

• **Collaborates with other funders and stakeholders** to produce issue briefs and host convenings, focusing on best practices for states
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Dedicated to working to working with public agencies and private purchasers to improve health care system performance.
http://www.bailit-health.com/
Logistics

• This webinar is being recorded.
  – The recording and slides will be available following the webinar.

• Telephone lines will be muted.

• Questions can be submitted electronically at any time.
Asking Questions Electronically

- Right click on the Chat button on the bottom panel in the WebEx program.

- Type your question in the chat box. Select “All Panelists” and click “Send.”

- The “Q&A” function can also be used in a similar way.
Presentation Overview

1. Overview of Performance Measures and Use in Value-based Purchasing
2. What is Buying Value?
3. The Buying Value Measure Selection Tool
4. Examples of States That Have Used the Buying Value Measure Selection Tool
5. The Buying Value Benchmark Repository!
6. State Experiences with the Buying Value Benchmark Repository
Overview of Performance Measures and Use in Value-based Purchasing

Use in Value-based Purchasing
- Part of a focused strategy to drive improvement on targeted goals
- Financial incentives and/or penalties can motivate changes in performance

Lack of Measure Alignment
- 2013 study found that 509 of 1,367 measure in use across 48 measure sets were distinct, non-duplicated measures
- Only 20% of the 509 measures were used in 2+ sets

Need to Focus on Alignment
- Helps to convey statewide priorities
- Providers and plans can better focus on which measures to improve
- Potential to reduce physician burnout
It’s Not Just Focusing on Fewer Measures, but on the *Right* Measures

• Reporting on performance measures is burdensome and expensive!
  – Each year, US physician practices in four common specialties spend, on average, **785 hours per physician** and **more than $15.4 billion** reporting quality measures.

• An emphasis should be placed on not only reporting fewer measures, but also measures that advance the right quality goals.

What is Buying Value?

- Suite of publicly available resources for state purchasers to develop aligned measure sets and identify benchmarks for non-HEDIS or modified HEDIS measures
  1. Groundbreaking research on the lack of quality measure alignment (2013)
  2. The Buying Value Measure Selection Tool (2015)
  3. The Buying Value Benchmark Repository (2018)

- Visit: [www.buyingvalue.org](http://www.buyingvalue.org)
The Buying Value Measure Selection Tool

Developed in response to **provider complaints** about being increasingly subject to **growing numbers of measures** from payers and regulators.

Contains multiple resources, the central one being an **interactive spreadsheet** that enables state agencies, private purchasers, and other stakeholders to **select measures and develop aligned measure sets**.
The Buying Value Measure Selection Tool

Key Features

- Nearly **700 measures** that can be filtered by domain, condition, measure type, population and data source
- Crosswalk of measures to **15 federal or national** measure sets and **seven state** measure sets
- Functionality to evaluate measures against **measure selection criteria** and calculate an **alignment score** with measure sets of interest
Examples of States That Have Used the Buying Value Measure Selection Tool

- **OR**
  Common set of quality measures to be employed in health care purchasing for Medicaid and state employee benefit plans

- **RI**
  Multi-payer, statewide aligned measure sets for ACOs, hospitals, primary care, behavioral health, and maternity care required by the Health Insurance Commissioner

- **MA**
  Voluntary, statewide, multi-payer measure set for use in global budget-based ACO contracts

- **WA**
  Statewide set of access, prevention, acute care and chronic care measures to help inform public and primary health care purchasing
### The Buying Value Measure Selection Tool

#### Measure Crosswalk

<table>
<thead>
<tr>
<th>BV Library #</th>
<th>Measure Name</th>
<th>NQF #</th>
<th>NQF Endorsement Status as of December 2017</th>
<th>Steward</th>
<th>Description</th>
<th>Domain</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>BV-116</td>
<td>BMI Screening and Follow-Up</td>
<td>0421</td>
<td>Endorsed</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
<td>Percentage of patients aged 16 years and older with a documented BMI during the current encounter or during the previous six months AND when the BMI is outside of</td>
<td>Prevention/Early Detection</td>
<td>Obesity</td>
</tr>
<tr>
<td>BV-134</td>
<td>Exclusive Breast Milk Feeding (PC-05)</td>
<td>0480</td>
<td>Endorsed</td>
<td>The Joint Commission</td>
<td>PC-05 assesses the number of newborns exclusively fed breast milk during the newborn’s entire hospitalization and a second rate, PC-05e which is a subset of</td>
<td>Hospital</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>BV-14</td>
<td>Tobacco Use: Screening and Cessation Intervention</td>
<td>0028</td>
<td>Endorsed</td>
<td>ANA-PCPI (American Medical Association)</td>
<td>Percentage of patients aged 16 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling</td>
<td>Prevention/Early Detection</td>
<td>Respiratory</td>
</tr>
<tr>
<td>BV-157</td>
<td>Comprehensive Diabetes Care: HbA1c Control (&lt;8.0%)</td>
<td>0575</td>
<td>Endorsed</td>
<td>National Committee for Quality Assurance</td>
<td>Percentage of members 16 - 75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is &lt;8.0% during the measurement year.</td>
<td>Chronic Illness Care</td>
<td>Diabetes</td>
</tr>
<tr>
<td>BV-187</td>
<td>Developmental Screening in the First Three Years of Life</td>
<td>1448</td>
<td>No Longer Endorsed</td>
<td>Oregon Health &amp; Science University</td>
<td>Percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a National</td>
<td>Preventive/Early Detection</td>
<td>NA</td>
</tr>
</tbody>
</table>
States have had difficulty implementing non-HEDIS and modified HEDIS measures into value-based arrangements due to the lack of national benchmarks against which to assess performance.

We have developed a spreadsheet repository with state and regional health improvement collaborative performance on non-HEDIS and modified HEDIS measures.
The Buying Value Benchmark Repository

Key Features

• Information on **measures in use by other states and performance data** (if available), including:
  – Homegrown measures,
  – Non-HEDIS measures that are *not* homegrown and for which benchmark data are not available, and
  – Modified HEDIS measures.

• **Online forum** to engage with states on how measures are developed and implemented
The Buying Value Benchmark Repository

<table>
<thead>
<tr>
<th>#</th>
<th>Submitting Organization</th>
<th>Measure Name</th>
<th>NQF Number</th>
<th>Condition</th>
<th>Deviations from Measure Steward</th>
<th>Coverage Type</th>
<th>Performance Level Reported to the Repository</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Oregon Health Authority Health Analytics</td>
<td>Controlling High Blood Pressure</td>
<td>0018</td>
<td>Cardiovascular</td>
<td>Measure does deviate from the steward (eCQM specs call for all-payer data; OHA prefers, but does not require, filtering to Medicaid only)</td>
<td>Medicaid, State</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Oregon Health Authority Health Analytics</td>
<td>Dental Sealants on Permanent Molars for Children</td>
<td>2508</td>
<td>Dental</td>
<td>Measure does deviate from the steward (Oregon combines Dental Sealant measures for age 6-9 (NQF-2508) and age 10-14 (NQF-2509))</td>
<td>Medicaid, State</td>
<td></td>
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<tr>
<td>28</td>
<td>Oregon Health Authority Health Analytics</td>
<td>Comprehensive Diabetes Care; HbA1c Poor Control</td>
<td>0059</td>
<td>Diabetes</td>
<td>Measure does deviate from the steward (eCQM specs call for all-payer data; OHA prefers, but doesn't require, Medicaid only)</td>
<td>Medicaid, State</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Oregon Health Authority Health Analytics</td>
<td>Childhood Immunization Status - Combo 2</td>
<td>0038</td>
<td>Infectious Disease</td>
<td>Measure does deviate from the steward (Oregon uses additional CVX codes that are invalid but still in use, omits the rule not to count</td>
<td>Medicaid, State</td>
<td></td>
</tr>
</tbody>
</table>
State Experiences with the Buying Value Benchmark Repository

- Jon Collins, Director, Health Analytics
  Oregon Health Authority
Questions and Discussion