Buying Value: Measures That Matter

Bailit Health
July 20, 2022

STATE Health & Value STRATEGIES
Driving Innovation Across States

A grantee of the Robert Wood Johnson Foundation

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About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University’s School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at [www.shvs.org](http://www.shvs.org).

Questions? Email Heather Howard at heatherh@Princeton.edu.

*Support for this webinar was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.*
Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at www.shvs.org.
About Bailit Health: Webinar Presenter

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Working with state agencies and their partners to improve health care system performance for all.

http://www.bailit-health.com/
Agenda

1. Overview of Performance Measures and Use in Value-Based Purchasing
2. The Buying Value Measure Selection Tool
3. The Buying Value Benchmark Repository
4. Discussion
OVERVIEW OF PERFORMANCE MEASURES AND USE IN VALUE-BASED PURCHASING
The Need for Performance Measures in Value-Based Purchasing

Value-based purchasing is a strategic approach focused on improving performance for a set of goals.

Purchasers can use financial incentives and/or penalties to motivate contractors to improve performance on these targeted goals.

To attach financial consequences to performance, purchasers need objective and reliable ways to measure performance.
Focus on Quality in Medicaid Managed Care

Map of Medicaid Managed Care Programs with Any Quality Initiatives (SFY 2019)

- 36 states (90%) had any quality initiative in place
- 34 states (85%) made MCO quality data publicly available for comparison
- 25 states (63%) used quality in pay-for-performance arrangements
- 24 states (60%) used quality in a capitation withhold
- 11 states (28%) used quality for their auto-assignment

Key:
- Yes
- No
- N/A

https://www.kff.org/medicaid/state-indicator/medicaid-managed-care-quality-initiatives/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
Challenges Associated With Quality Measurement

- Providers are subject to a growing number of measures from payers and regulators, which makes it hard to properly invest in quality improvement initiatives.

- States’ priorities may not always align with available measures and few states have the resources to develop and implement “homegrown” measures.
  - Beginning in 2022, NCQA is requiring health plans to stratify select HEDIS measures by race and ethnicity. States are beginning to require similar measure stratification activities in state-payer or payer-provider contracts.
  - However, there are no nationally endorsed measures focused on reducing inequities by subpopulation.
THE BUYING VALUE MEASURE
SELECTION TOOL
What is Buying Value?

- A suite of publicly available resources for purchasers to a) find standard measures, as well as innovative non-HEDIS or homegrown measures and associated benchmarks, and b) develop aligned measure sets.

  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.

A suite of resources 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

- Over **800 measures** that can be filtered by 17 domains, 20 conditions, 7 measure types, 9 populations and 13 data sources.

- A **disparities-sensitive status indicator** that allows users to identify measures with an evidence of inequity in the provision of care captured by the measure.

- Functionality to **crosswalk measures to 20 federal, national and state measures sets** and **systematically score** measures against a state’s overarching goals for the measure set.
New in 2022!

- States, such as Massachusetts and Rhode Island, are beginning to **stratify measures** in their aligned measure sets by **race, ethnicity, language and/or disability status** to first identify and then reduce health inequities.

- Users can find which measures both states are stratifying in the “Measure Crosswalk” tab.

<table>
<thead>
<tr>
<th>Massachusetts</th>
<th>Rhode Island</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Child and Adolescent Well-Care Visits</td>
<td>- Controlling High Blood Pressure</td>
</tr>
<tr>
<td>- Controlling High Blood Pressure</td>
<td>- Developmental Screening in the First Three Years of Life</td>
</tr>
<tr>
<td>- HbA1c Control for Patients with Diabetes: HbA1c Poor Control</td>
<td>- Eye Exams for Patients with Diabetes</td>
</tr>
<tr>
<td>- Screening for Depression and Follow-Up Plan</td>
<td>- HbA1c Control for Patients with Diabetes: HbA1c Control</td>
</tr>
</tbody>
</table>
Examples of States That Have Used the Buying Value Measure Selection Tool

Common set of quality measures to be employed in healthcare purchasing for Medicaid and state employee benefit plans

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

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

Statewide set of access, prevention, acute care and chronic care measures to help inform public and primary healthcare purchasing
### Measure Crosswalk

<table>
<thead>
<tr>
<th>BV Library #</th>
<th>Measure Name</th>
<th>NQF #</th>
<th>NQF Endorsement Status as of February 2022</th>
<th>Steward</th>
<th>CMS Quality ID</th>
<th>CMS eGQM ID as of May 2021</th>
<th>Description</th>
<th>Domain</th>
<th>Condition</th>
<th>Measure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BV-81</td>
<td>Prenatal &amp; Postpartum Care</td>
<td>1517</td>
<td>No Longer Endorsed</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the prevention/early detection is based on pregnancy status.</td>
<td>Prevention/Early Detection</td>
<td>Pregnancy</td>
<td>A</td>
</tr>
<tr>
<td>BV-66</td>
<td>Substance Use Assessment in Primary Care</td>
<td>NA</td>
<td>NA</td>
<td>Intrepid Empire Health Plan</td>
<td></td>
<td></td>
<td>Percentage of members 16 years and older who were screened for substance use during the measurement year.</td>
<td>Prevention/Early Detection</td>
<td>Substance Use Disorder</td>
<td>A</td>
</tr>
<tr>
<td>BV-587</td>
<td>Child and Adolescent Well-Care Visits</td>
<td>NA</td>
<td>NA</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</td>
<td>Prevention/Early Detection</td>
<td>NA</td>
<td>Process</td>
</tr>
<tr>
<td>BV-339</td>
<td>Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing</td>
<td>0057</td>
<td>Endorsed</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.</td>
<td>Chronic Illness Care</td>
<td>Diabetes</td>
<td>A</td>
</tr>
<tr>
<td>BV-822</td>
<td>Well-Child Visits in the First 30 Months of Life</td>
<td>NA</td>
<td>NA</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:</td>
<td>Prevention/Early Detection</td>
<td>NA</td>
<td>Process</td>
</tr>
<tr>
<td>BV-423</td>
<td>Asthma Medication Ratio</td>
<td>1800</td>
<td>Endorsed</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of patients 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of equal or greater than 1.5.</td>
<td>Medication Management</td>
<td>Respiratory</td>
<td>A</td>
</tr>
</tbody>
</table>
THE BUYING VALUE BENCHMARK REPOSITORY
States have had difficulty finding measures that address their program priorities and implementing non-HEDIS measures into value-based arrangements due to the lack of national benchmarks against which to assess performance.

A spreadsheet repository that includes innovative homegrown measures as well as state and regional health improvement collaborative performance on non-HEDIS measures.
The Buying Value Measure Selection Tool

Key Features

- Information on **nearly 60 measures in use by other states and performance data** (when available), including:
  - Innovative homegrown measures
  - Non-HEDIS measures that are *not* homegrown and for which benchmark data are not otherwise available
## Case Example: Reasons to Use the Repository

<table>
<thead>
<tr>
<th>Goal</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Find and implement an innovative measure related to health equity.</td>
<td>Utilize a homegrown measure (e.g., ED Utilization Among Members with Mental Illness) in a Medicaid managed care performance incentive program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem</th>
<th>Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is unclear if there are any measures that are focused on provision of equitable healthcare services.</td>
<td>This is a new measure for the state and there are no external data for the state to consider when setting its MCO performance targets.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Solution</th>
<th>Solution</th>
</tr>
</thead>
</table>
| 1. Visit [www.buyingvalue.org](http://www.buyingvalue.org) and download the Repository  
2. Navigate to either the “High-Level Summary” or “Detailed Responses” tab and key-word search for “Health Equity” to find measures of interest | 1. Visit [www.buyingvalue.org](http://www.buyingvalue.org) and download the Repository  
2. See if other states are utilizing the measure, and if so, utilize the states’ performance to inform setting a benchmark  
3. Once benchmark data are available, submit your state’s performance on that measure to the Repository |
## Buying Value Benchmark Repository - High-Level Summary

<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>
<th>Availability of Performance Data</th>
<th>Performance Period 1 Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Oregon Health Authority Health Analytics</td>
<td>Comprehensive Diabetes Care: HbA1c Poor Control</td>
<td>0019</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 data.)</td>
<td>Medicaid</td>
<td>State</td>
<td>Performance data are available.</td>
<td>01/01/2019</td>
</tr>
<tr>
<td>14</td>
<td>MN Community Measurement</td>
<td>Optimal Asthma Control - Adults</td>
<td>No NQF Number</td>
<td>Respiratory</td>
<td>No deviations from the measure steward (2018 report year (2017 dates of service))</td>
<td>Medicaid, Medicare, Commercial, Dual Medicaid/ Medicare, Other</td>
<td>State</td>
<td>Performance data are available.</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>15</td>
<td>MN Community Measurement</td>
<td>Optimal Asthma Control - Children</td>
<td>No NQF Number</td>
<td>Respiratory</td>
<td>No deviations from the measure steward (2019 report year (2018 dates of service))</td>
<td>Medicaid, Medicare, Commercial, Dual Medicaid/ Medicare, Other</td>
<td>State</td>
<td>Performance data are available.</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>16</td>
<td>Integrated Healthcare Association</td>
<td>Concurrent Use of Opioids and Benzodiazepines</td>
<td>3389</td>
<td>Substance Abuse</td>
<td>Measure does deviate from the steward (Modified PQAs measure so value sets are in alignment with HEDIS digital measure formatting)</td>
<td>Medicaid, Medicare, Commercial</td>
<td>Aggregated rate for providers (e.g., primary care practices, hospitals)</td>
<td>Performance data are available.</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>17</td>
<td>MassHealth Office of Clinical Affairs</td>
<td>Community Tenure</td>
<td>No NQF Number</td>
<td>Mental Health</td>
<td>Not applicable - measure is homegrown</td>
<td>Medicaid</td>
<td>TBD</td>
<td>Data are expected to be available by: TBD - measure results anticipated in late 2021.</td>
<td>01/01/2021</td>
</tr>
<tr>
<td>18</td>
<td>MassHealth Office of Clinical Affairs</td>
<td>Emergency Department Visits for Adults with Mental Illness and/or Substance Abuse</td>
<td>No NQF Number</td>
<td>Mental Health, Substance Abuse</td>
<td>Not applicable - measure is homegrown</td>
<td>Medicaid</td>
<td>TBD</td>
<td>Data are expected to be available by: TBD - measure results anticipated in late 2021.</td>
<td>01/01/2021</td>
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Discussion

The slides and a recording of the webinar will be available at www.shvs.org after the webinar
Thank You

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