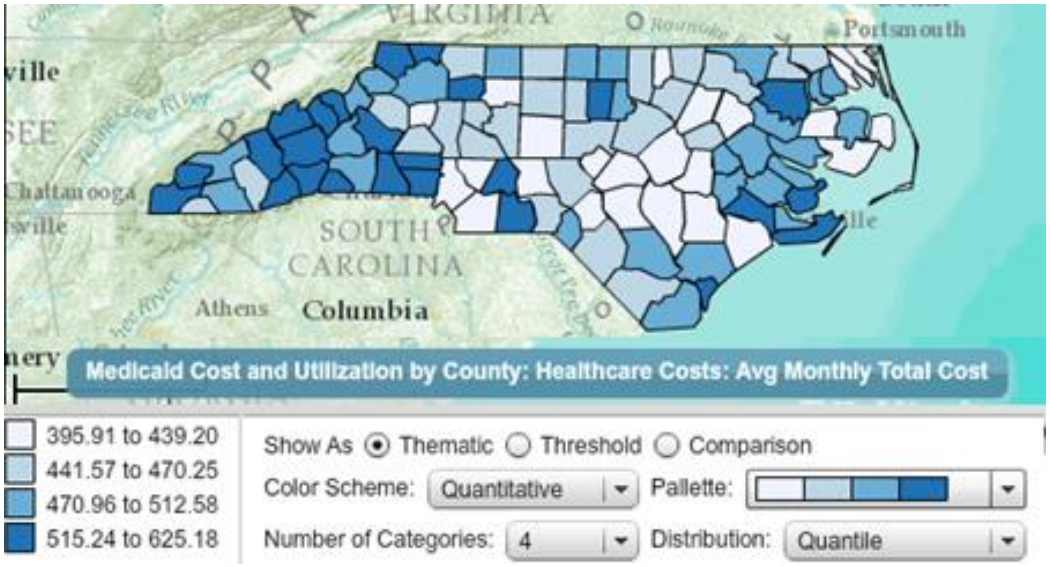
NCIOM Task Force on Health Care Analytics
"Meta-considerations"

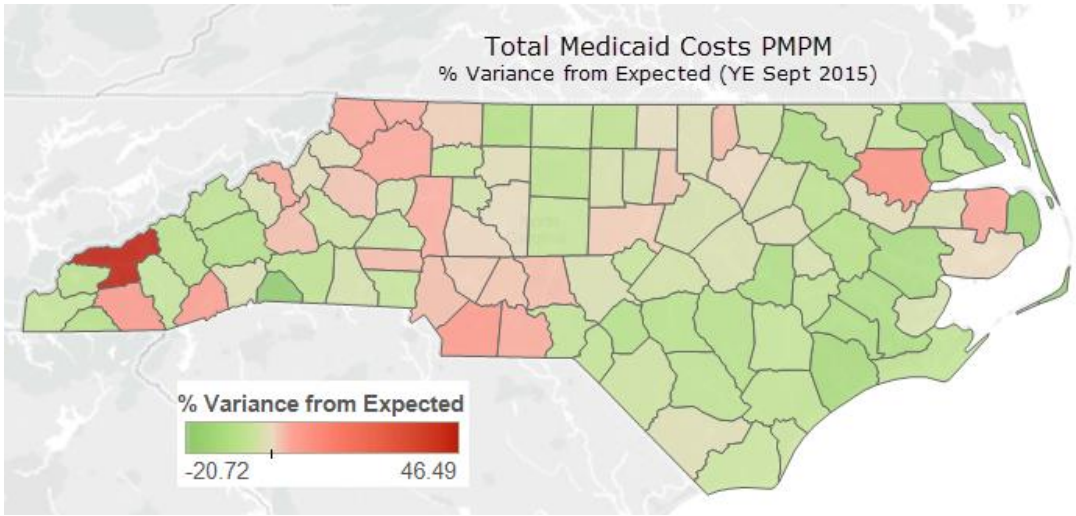
- Risk adjustment
- Attribution
- Performance Targets/Defining success
- Data requirements
- Other?

Risk-adjustment
Illustration of impact on perceived performance

Unadjusted



Risk-Adjusted



Risk Adjustment Considerations

- Risk adjustment most commonly seen for cost and utilization measures (adjustments accounting for differences in demographic characteristics and disease burden)
- Comparisons across health plans, providers, geographies, and populations--and over time (including pre- and post- reform)-- will require state to endorse a standard methodology
- Incorporation of social determinant data into risk-adjustment is a ‘hot topic’

Attribution
Illustration of impact on perceived performance

NC's Medicare Health Care Quality Demonstration Year 3 Evaluation: Estimated Savings

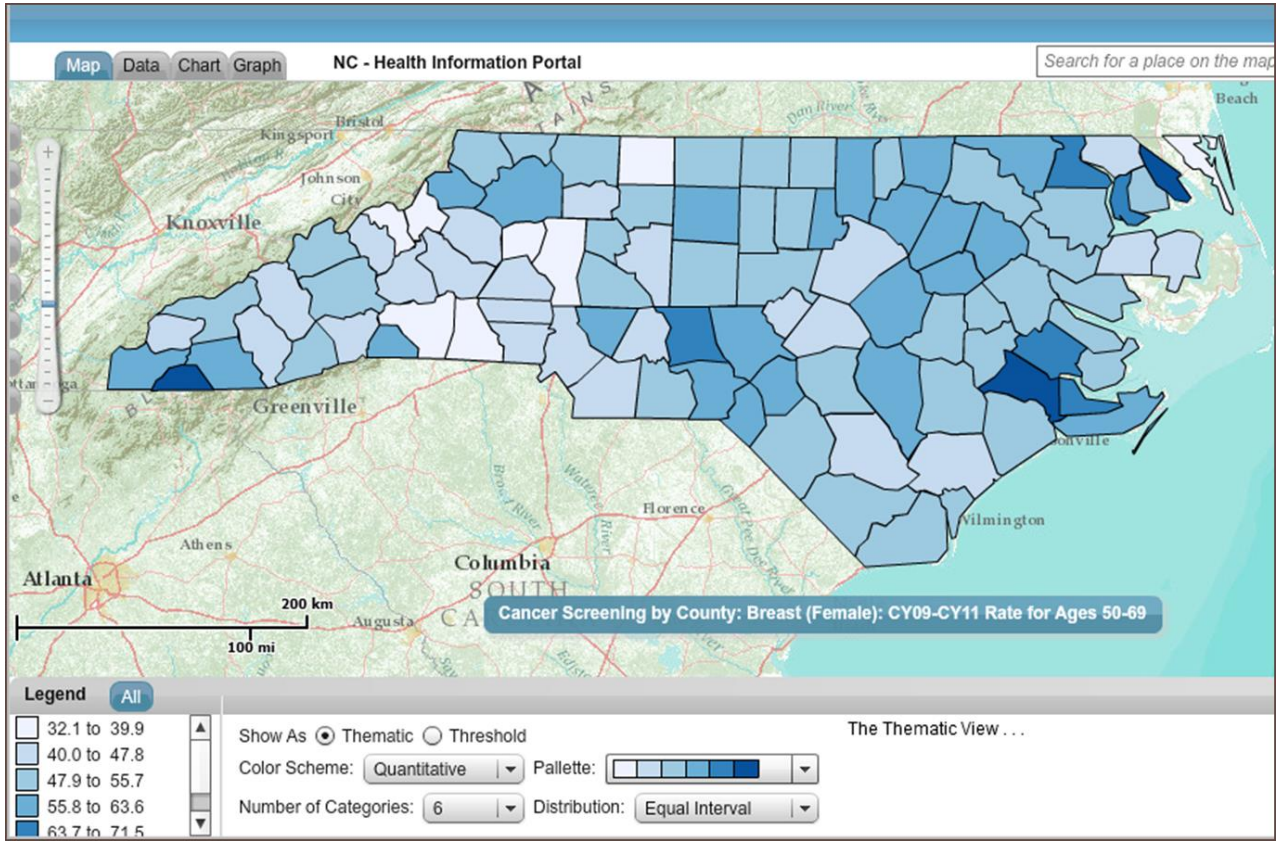
Attribution Method	N	Annualized per capita savings
One-touch	723,716	$189
Plurality touch	643,110	$251
Active patient enrollment/ assignment to medical home	519,285	$568

RTI International. Medicare Health Care Quality (MHCQ) Demonstration Evaluation: North Carolina Community Care Networks Evaluation Year 3 Report, available at http://innovation.cms.gov/Files/reports/MHCQ-NCCCN-PY3-Eval.pdf

Attribution Considerations

- Recognition that everything we are measuring has multiple levels of influence; accountabilities are shared and populations for which various entities have performance responsibility overlap (federal, state, and local government; health plan; healthcare system; PCP/medical home; specialty and ancillary service providers; social services, BH-MCO, state and local public health; communities; employers; patients and families).
- Enrollment (patient choice) vs. retrospective attribution vs. prospective attribution
- Community accountability: Idea that component of provider performance risk/reward should relate to broader population-based community/geographic outcomes

Performance Targets
Illustration of considerations for 'defining success'



National Medicaid Hedis benchmarks: mean 52%, 90th percentile 64%

NC Medicaid Breast Cancer Screening Rates 2011

- Statewide rate 50.5%
- >63.7% in 8 counties
- <47.9% in 31 counties……*tremendous opportunity*

Performance Target Considerations

- Risk/reward based on improvement toward goal vs. attainment of target threshold
  - E.g. MSSP scoring system takes into account percentile benchmark achieved as well as improvement from prior year
- Internal vs. External benchmarks
- Handling of ‘small numbers’, random variation (low volume threshold)

Performance Target Considerations, cont.

- Vermont found it useful to differentiate 3 measurement domains
  - *Population-level Health Outcomes Measures and Targets:* Statewide measures and targets related to the health of the population consistent with the priority areas, regardless of whether the population seeks care at the providers in the ACO.
  - *Health Care Delivery System Measures and Target:* Measures and targets primarily related to the performance of care delivered by the ACO.
  - *Process Milestones:* Milestones measurable during the early years of the Model that would support achievement on the population-level and health care delivery system measures and targets.
- Language of measurement, e.g.
  - "Population outcomes" to reference population-level quality of life conditions
  - "Population indicators" to reference the class of measures that tell if those population level conditions are getting better or worse
  - "Performance measures" to separately reference the class of measures that tell if programs, agencies, and services systems are working

Considerations related to Data Requirements

- Data Collection
  - Administrative/Cost burden of data acquisition and reporting; including implications for smaller providers and critical access
  - Opportunities for standardized approaches (e.g. survey instruments, pregnancy risk assessment tool)
  - Opportunities for centralized functions and economies of scale
- Data Sharing
  - “Total person/total picture”– data sharing requirements among payers (incl. BH-MCOs), state agencies, providers
  - Data-sharing infrastructure