Task Force on Health Care Analytics: Suggested Timeline

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Overview

- 5-6 Task Force meetings between December through May.

- We will focus on sets of measures already vetted at federal level, including whole system measures, and address how/whether measures meet elements of the quadruple aim

- NCIOM, co-chairs, and steering committee will present for consideration: a list of possible measures, review of evaluation criteria, considerations for prioritization, population-specific considerations, best practices from other states, and other contextual/background information (outside speakers/experts as necessary)

Overview (continued)

- For each set of measures, Task Force members will give an initial non binding vote and prioritization, based on the evaluation criteria outlined today (and with room for flexibility on additional criteria and prioritization). This vote may take place via web between meetings.

- Following presentations/discussion on methodological and procedural issues and comments from specific constituencies, we will vote again in order to create a working draft measures for each population (goal of achieving this by end of March meeting)

Meeting 1: December 7, 2016

- Introductions and Welcome to the Task Force
- Task Force Charge from NC Department of Health and Human Services
- NCIOM Task Force Process, Overview, Rules of Engagement, Transparency, Communication
- Background on NC Medicaid, Served Populations, and Quality Measures
- Discussion of Evaluation Criteria and Framework
- Overview of Medicaid Reform, Task Force Goals, Scope of Work, NC 1115 Waiver Process
- Community Health Priorities
- Suggested Timeline and Organization of Task Force

Meeting 2: January 18, 2017

- Access to Care
- Preventive Care
- Oral Health
- Maternal and Perinatal Health
- Whole System Measures - how to use these with population health as primary driver?
- Potential additional discussion points:
  - Where will the data come from? (EHRs?)
  - Other state actions/processes
  - Parsimony and prioritization
  - What will be in HIE; when, and how many sources?

Meeting 3: February 22, 2017

- Care of Acute and Chronic Conditions
- Behavioral/integrated Health
- Provider Engagement
- Workforce metrics
- Focused discussions may include:
  - Health care workforce data
  - Data sources

Meeting 4: March 15, 2017

GOAL: have draft measure set by end of meeting

- Utilization and Cost
- Care Coordination
- Long Term Supports and Services
- Patient Experience
- Review of all draft measures
  - Discussion on outstanding questions, incl. Moving toward consensus
  - Methodological issues for discussion, with goal of recommendations in April (see April topics)

Meeting 5: April 12, 2017

- Special Populations (have some specialized topics tackled by smaller workgroups between meetings)
  - Can this also include regional priorities?
  - Include limits on scope
- Implementation considerations and recommendations
- Feedback from payers
- Recommendations for ongoing framework for measure vetting, review, possible sunsetting (including lessons learned/best practices from other states)
- Ongoing/remaining methodological issues – incl. attribution, risk adjustment, social determinant adjustment, and others

Next Steps:

- A possible sixth meeting will be devoted to review and revision of the initial set of measures, to create working draft of the whole measure set.
- The working draft of measures, along with explanatory notes and recommendations, will be distributed for Task Force comments, with public meetings for additional input.
- The task force will reconvene to review comments and revise measures as appropriate.
- The final report will be submitted to the Secretary of Health and Human Services in the fall of 2017 and published in the *North Carolina Medical Journal.*

Task Force Input, Voting, Prioritization

- Task force members will be expected to review materials and vote; meeting minutes will be posted online for review
- We will maximize the time for TF member commentary and discussion at meetings and offline.
- We may use subcommittees to address specific methodological issues and bring recommendations back to the large group.
- We will discuss process rules, but we propose a nominal group process with anonymous pre-voting and a decision rule of large majority but not unanimity