Task Force on Health Care Analytics: Process Overview

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Project Director

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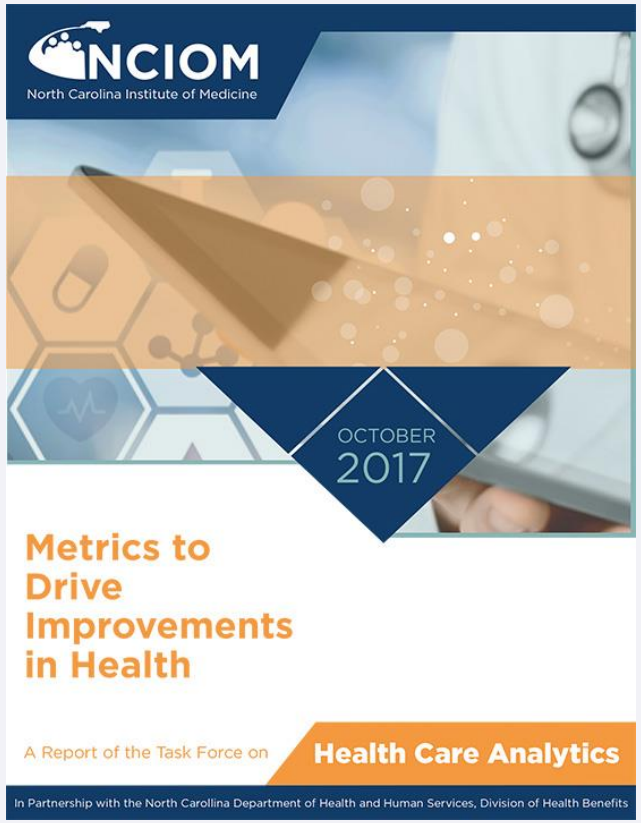

Overview

NCIOM Staff:

- Adam Zolotor, MD, DrPH, President and CEO
- Berkeley Yorkery, MPP, Associate Director
- Michelle Ries, MPH, Project Director
- Mari Moss, Research Assistant
- Chip Haltermann, Graduate Research Assistant

Co-Chairs:

- Annette Dubard, MD, MPH, Director of Clinical Strategy, Aledade, Inc., Former Chief Health Information Officer, CCNC
- James Hunter, MD, CMO, Carolinas Health System
- Warren Newton, MD, MPH, Director, NC AHEC

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Overview

Task Force members include broad cross-section of stakeholders, with focus on diverse geographic and professional representation and high level of engagement

- Medicaid and other DHHS representatives
- Health systems
- Quality improvement experts
- Data/HIT experts
- Providers (incl. pediatrics, OB, oral health, primary care, family medicine, nursing)
- Payers
- AHEC
- Professional organizations
- Beneficiary representatives

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Overview

Charge of the Task Force

To reach stakeholder consensus on a concise set of quality measures to be used by Medicaid to drive population health, under Medicaid transformation

Overview

6 Task Force meetings between December through May

- Focus on sets of measures already vetted at federal level, including whole system measures (DMA starter set, CMS Core Adult and Child, PCMH/ACO, CPC+, IHI 2.0, HEDIS); address how/whether measures meet elements of the Quadruple Aim (improving population health, patient experience of care, cost/utilization, and workforce wellbeing)
- NCIOM, co-chairs, and steering committee presented 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 (from outside speakers/experts)

Overview

- How to sort measures?
  - What populations are we using these for?
  - Commonly used framework: Quadruple Aim

How to evaluate measures? Criteria:

- Harmonization: Consistency with existing measures: measures have been federally endorsed and have existing performance benchmarks; align with measures for other settings and populations, and for other insurers/payers
- Importance/Relevance: Measures drive quality improvement in actual care settings; align with evidence-based or evidence-informed practices; focus on areas in which there is significant variation or less than optimal performance; and will make significant gains in health care quality (burden of suffering: morbidity/mortality/cost)
- Feasibility: Measures support future alignment across payers; will be supported by existing EHR or other reporting systems; data can be captured without undue burden
- Usability: Measure data can be used for accountability and performance improvement to achieve higher quality care

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Overview

- For each set of measures, Task Force members gave an initial non-binding rating, based on the evaluation criteria and additional background, to drive prioritization
- Task Force members voted online via Qualtrics survey using Likert scale
- Following presentations/discussion on methodological and procedural issues and comments from specific constituencies, we discussed in small groups and identified consensus measures to create a working draft set of measures

Evaluation Criteria

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Overview

- Presentations by content experts provided context and background information on quality measurement, use of measures by other states and health systems, demographic information on North Carolina Medicaid beneficiaries, and other topics as needed
- Prioritization of measures by Quadruple Aim, and by Medicaid population category (defined by the Steering Committee, generally, as child, adult, and maternity)
- Small group discussions on gaps in NC, what will drive improvement in population health, which measures best meet goals, followed by identification of consensus measures

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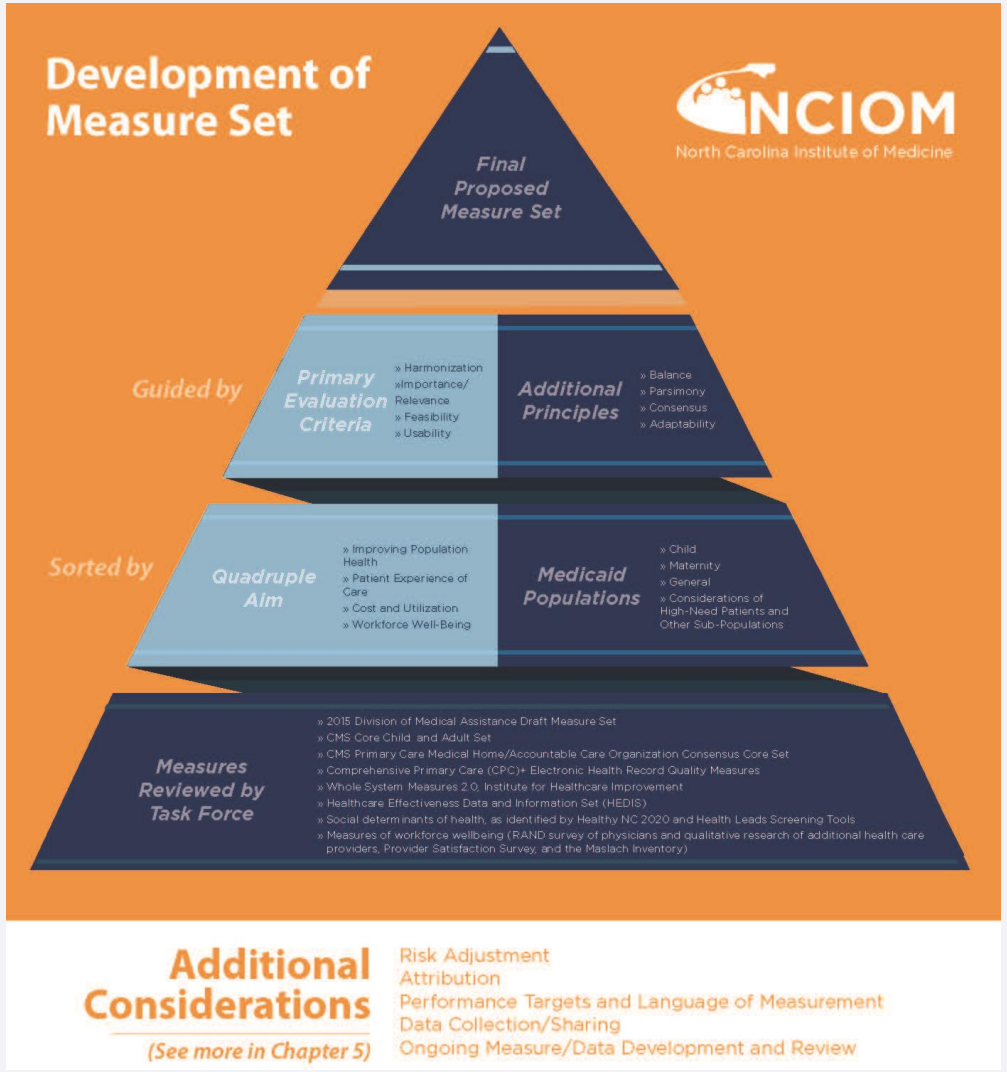
Additional Principles



Additional principles

- Parsimony
- Balance
- Alignment
- Immediate Usefulness
- Consensus
- Adaptability

Final Selected Measures by the Task Force on Health Care Analytics

Improving Population Health

Population Level Measures

- Healthy Days
- Live Births Weighing Less than 2,500 grams
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents
- Body Mass Index Screening and Follow Up (Age 18 and Older)
- Infant Mortality
- Chlamydia Screening in Women
- Social Determinants of Health: Food Insecurity
- Social Determinants of Health: Housing Instability
- Social Determinants of Health: Transportation

Preventive Care

- Childhood Immunization Status
- Immunizations for Adolescents
- Well-Child Visits in First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, Sixth Years of Life
- Adolescent Well Care Visits
- Percentage of Eligibles Who Received Preventive Dental Services
- Tobacco Use: Screening and Cessation Intervention
- Screening for Clinical Depression and Follow Up Plan
- Cervical Cancer Screening
- Contraceptive Care – Postpartum Women Ages 15-44
- Behavioral Health Risk Screening for Pregnant Women
- Prenatal and Postpartum Care

Care of Acute and Chronic Conditions

- Medication Management for People with Asthma
- Comprehensive Diabetes Care: HbA1c poor control
- Controlling High Blood Pressure
- Hospital-Acquired Conditions
- Use of Opioids at High Dosage
- Follow Up After Hospitalization for Mental Illness

Patient Experience of Care

- Getting Timely Care, Appointments, and Information/Getting Care Quickly
- How Well Providers Communicate with Patients
- Access to Specialists

Cost, Utilization, and Low Value Care

- Total Cost of Care Population-based PMPM Index (risk-adjusted Index)
- Inpatient Admission Rate (risk-adjusted index)
- Emergency Department Utilization (risk-adjusted index)
- Use of Imaging for Low Back Pain
- NTSV Cesarean Delivery

Workforce Wellbeing

- Job Satisfaction
- Measurement of Provider Burnout (TBD by DHB - suggested RAND question or Maslach Inventory)
- Overall Satisfaction with the Health Plan

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Additional Considerations and Recommendations

Rec. 5.1: Risk Adjustment

- State stakeholders (including DHHS/DHB, payers, and health systems) should develop/implement standard risk adjustment methodology
- Methodology applied across care settings and locations, pre- and post-Medicaid reform
- Used to address use of both adjusted and non-adjusted data to meet data needs and incorporate socioeconomic factors/other data on social determinants of health

Rec 5.2: Attribution

- DHHS should develop/implement common/universal model of patient attribution across Medicaid managed care organizations
- Model must acknowledge multiple levels of influence on patients' care and outcomes, account for data sharing when possible, and encourage transparency/patient choice

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Additional Considerations and Recommendations (continued)

Rec. 5.3: Performance Targets and Language of Measurement

- North Carolina Medicaid should identify specific performance targets and consistent measurement language/definitions to inform quality improvement at provider, practice, system, and population levels
- Targets may be informed by mean performance on the indicator or by percentiles (the Task Force recommends the 90th percentile) at the local, state, or federal level
- Target setting may be informed by current/recent benchmarks and statewide variation in performance
- Performance targets should align with those of commercial insurers, where possible, to increase sustainability of data collection and long-term improvement in population health

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Additional Considerations and Recommendations (continued)

Data Collection and Data Sharing:

Rec. 5.4: Ongoing investment in the development of NC Health Connex in order to allow state agencies, public and private payers, and health care providers shared access to quality improvement and performance data. The infrastructure should:

- maintain integration and alignment across electronic health record systems
- be aligned as much as possible across payers
- allow for flexibility in reporting methods
- meet federal meaningful use standards for interoperability.

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Additional Considerations and Recommendations (continued)

Data Collection and Data Sharing:

Rec. 5.5: Division of Health Benefits should develop a consistent methodology for identifying appropriate sub-populations and stratifying data on selected measures by one or more of these sub-populations

- All measurement data should be stratified by race and ethnicity, and all measures should be considered for data stratification by one or more of several additional sub-populations
- Sub-populations include (but not limited to):
  - Age
  - Sex
  - Pregnancy status
  - Geographic region
  - Urban/rural classification
  - Prepaid health plan membership
  - Provider
  - Individuals with multiple chronic conditions and/or functional limitations and individuals with chronic mental health conditions
  - Individuals with intellectual/developmental disabilities
  - Individuals dually eligible for Medicaid and Medicare
  - Children in foster care system

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Ongoing Process

Task Force identified several areas for additional research and exploration of measure development (in some cases, measures may be under development or are being used by some health systems or payers)

- Screening for children for trauma and adverse childhood experiences
- Cost of pharmaceuticals
- Screening for severe and persistent mental illness
- Behavioral health and integrated care
- Care coordination
- Pregnancy intendedness
- Family planning
- Care transitions for children with intellectual/developmental disabilities (pediatric care to adult care)
- Individuals with intellectual/developmental disabilities;
- Individuals dually eligible from Medicaid and Medicare;
- Children in foster care system

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Ongoing Process

Rec. 5.6: Division of Health Benefits, as part of its development of a Medicaid quality strategy, should establish and coordinate a statewide coalition to review the measures selected by this Task Force and relevant additional information:

- Coalition should be a multi-stakeholder group, consisting of quality improvement experts, researchers, clinicians and other providers, Medicaid beneficiaries, health professional organizations, and payers

The coalition should be charged with:

- Reviewing all measures selected by the Task Force, through annual in-depth review of measures and data, with quarterly reviews, as needed, of new measures or revisions (by National Quality Forum or other quality agencies) to those included in selected set
- Reviewing data on selected measures collected by Medicaid, identifying progress on benchmarks/performance targets, examining relevance of new technological innovations that may impact data collection and reporting, and reviewing new evidence and federal data on measures and federal performance

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Ongoing Process

- Producing annual report for NC General Assembly, outlining Medicaid performance on all measures, suggestions for revisions to measure set, and recommendations to Medicaid on any changes to use of measures
- Providing guidance for the selection of additional measures, or review and implementation of existing measures, according to changes to the Medicaid program (measures may include those appropriate for measuring improvement within integrated care settings, specialty settings, and/or enhanced care management settings for patients with high needs)
- Serving in an advisory capacity to the North Carolina Department of Health and Human Services Division of Health Benefits and Division of Medical Assistance to support additional recommendations on operationalization of quality measurement and its use to improve population health

Current Status

- Report published in October 2017
- Measure set referenced in DHHS proposed Medicaid managed care plan:

> "Key quality priorities and initiatives will be derived from existing performance on quality measures and outcomes in North Carolina and build on the work of the North Carolina Institute of Medicine (NCIOM)…DHHS will draw upon the work of the NCIOM to identify specific measures; the work conducted by CCNC to measure outcomes, support provider practices, and inform care management efforts; and existing quality reporting priorities and measurement efforts within DHHS."

For More Information

- Websites: www.nciom.org

  www.ncmedicaljournal.com

- Key Contacts:
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