

Accelerating the Impact of Performance Measures: Role of Core Measures

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Efforts toward better performance measures

Basic measures

- Screening and other process of care measures available from claims; patient/caregiver experience of care; potentially preventable admissions and readmissions; and total per-capita expenditures

Clinically enhanced measures

- Drug therapy for lowering LDL cholesterol, LDL control, HgbA1c levels in diabetes, post-procedure complication rates, additional expenditure and resource use measures

Longitudinal outcome measures

- Condition-specific outcome measures; self-reported functional status; status of coronary disease risk factors or other risk factors; and corresponding per capita and episode expenditure/resource use measures

Alignment of accountable care payment reforms

- **Common core performance measures across reforms and a rapid but feasible pathway for improving measures and the underlying outcomes of care**
- **Timely and consistent methods for sharing underlying data with providers, suppliers to improve performance**
- **Evolve and integrate rapid evaluation methods based on common measures**

Medical Homes for Primary Care

- Supports care coord, prevention, chronic disease mgmt, and other key primary-care activities
- Rewards reductions in primary care-related cost trends

Bundled Payments for Specialty/Intensive Care and Post-Acute Care

- Combine payments across providers/ settings for specific episodes for better coord
- Linked to quality measures and resource use measures

Performance-Based Payments for Drugs, Devices

- Supports targeting treatments to patients likely to benefit, not necessarily greater volume
- Likely to succeed with timely performance measures and differences across patients

Accountable Care Organization Payment

- Reimburses population-level improvements in quality and overall per-capita costs
- Encourages coordination across the continuum of care
- Can reinforce/ support “piecewise” accountable-care reforms

Goals for Consistent Core Measure Implementation

- Greater comparability and greater performance improvement
- Lower administrative costs and implementation burdens for providers, plans, and other data contributors
- Easier to share timely, actionable underlying data with providers
- Foundation for effective implementation of more comprehensive measurement and performance improvement using core infrastructure

An Illustrative Set of Measures: Claims-Based

Domain: Patient Safety/Care Coordination					
Measures Title	NQF #	MSSP	Medicare Advantage	Commonly Used in Private Plans	Additional Notes
Plan All Cause Readmission	1768	X	X	X	
ER Visits				X	
Inpatient Readmission Rate				X	
Incidence of potentially preventable thromboembolism	376				Used by: Maine AF4Q; CMS Hospital Inpatient Quality Reporting; CMS Meaningful Use- Medicare and Medicaid EHR for Eligible Professionals.
Post-Operative Infection Rate					

An Illustrative Set of Measures: Clinically Enriched

Domain: Prevention/Population Health

Measures Title	NQF #	MSSP	Medicare Advantage	Commonly Used in Private Plans	Additional Notes
Preventive Care and Screening: Influenza Immunization	41	X	X		Widely Used: Albuquerque AF4Q; CMS Meaningful Use- Medicare and Medicaid EHR for Eligible Professionals; CMS Physician Quality Reporting System; CMS Value-Based Payment Modifier; CMS Shared Savings Program (ACOs).
Preventive Care and Screening: Pneumonia Vaccination for Patients 65 Years and Older	43	X	X		Widely Used: Wisconsin AF4Q; CMS Meaningful Use- Medicare and Medicaid EHR for Eligible Professionals; CMS Physician Quality Reporting System; CMS Value-Based Payment Modifier; CMS Shared Savings Program (ACOs); NCQA HEDIS Health Plan Measures; NCQA HEDIS Physician Measures; ONC Beacon (in use by at least 1 Beacon Community)
Preventing Care and Screening: Body Mass Index (BMI) Screening and Follow-up	421		X		Widely Used: Cincinnati AF4Q; Maine AF4Q; South Central, PAAF4Q; CMS Hospital Inpatient Quality Reporting; CMS Meaningful Use- Medicare and Medicaid EHR for Eligible Professionals; CMS Physician Quality Reporting System; CMS Value-Based Payment Modifier; CMS Shared Savings Program (ACOs).

An Illustrative Set of Measures: Clinically Enriched

Domain: Prevention/Population Health (cont'd)

Measures Title	NQF #	MSSP	Medicare Advantage	Commonly Used in Plans	Additional Notes
Heart Failure: Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction	83	X		X	Widely Used by Physicians
Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control (<100 mg/dL)	75	X		X	Widely Used: Cincinnati AF4Q; Detroit AF4Q; Maine AF4Q; Humboldt County, CA AF4Q; Wisconsin AF4Q; CMS Meaningful Use-Medicare and Medicaid EHR for Eligible Professionals; CMS Physician Quality Reporting System; CMS Value-Based Payment Modifier; CMS Shared Savings Program (ACOs); NCQA HEDIS Health Plan Measures; NCQA HEDIS Physician Measures; ONC Beacon (in use by at least 1 Beacon Community)

An Illustrative Set of Measures: Clinically Enriched

Domain: Diabetes

Measures Title	NQF #	MSSP	Medicare Advantage	Commonly Used in Plans	Additional Notes
Diabetes Composite (All or Nothing Scoring): Diabetes Mellitus: Hemoglobin A1c Control (<8%)	729	X		X	Widely Used: Cincinnati AF4Q; Minnesota AF4Q; CMS Physician Quality Reporting System; CMS Value-Based Payment Modifier; CMS Shared Savings Program (ACOs); ONC Beacon (in use by at least 1 Beacon Community).
Diabetes Composite (All or Nothing Scoring): Diabetes Mellitus: Low Density Lipoprotein (<100 mg/dL)	729	X		X	Widely Used: Cincinnati AF4Q; Minnesota AF4Q; CMS Physician Quality Reporting System; CMS Value-Based Payment Modifier; CMS Shared Savings Program (ACOs); ONC Beacon (in use by at least 1 Beacon Community).
Diabetes Composite (All or Nothing Scoring): Diabetes Mellitus: Blood Pressure (<140/90)	729	X		X	Widely Used: Cincinnati AF4Q; Minnesota AF4Q; CMS Physician Quality Reporting System; CMS Value-Based Payment Modifier; CMS Shared Savings Program (ACOs); ONC Beacon (in use by at least 1 Beacon Community).

An Illustrative Set of Measures: Patient Reported

Domain: Patient Experience					
Measures Title	NQF #	MSSP	Medicare Advantage	Commonly Used in Plans	Additional Notes
Care Coordination (CAHPS Clinician/Group)					
CAHPS: Getting Timely Care, Appointments, and Information	5	X	X	X	Widely Used: Cincinnati AF4Q; Maine AF4Q; Humboldt County, CA AF4Q; CMS Shared Savings Program (ACOs); ONC Beacon (in use by at least 1 Beacon Community).

Challenges to Consistent Measure Implementation

- Implementation of measures varies across payers, regions
- Lack of consistent measures: While common data sources exist, different initiatives have selected different measures for key domains
- Lack of consistent specification in practice: When same measures are selected, programs may differ in item specification (e.g., numerator and denominator exclusions, differences related to benefits and IT systems)
- Support for implementation varies

Governance for Consistent Measures

- Standard-setting entities for electronic systems
 - Office of the National Coordinator specifications for vendors
 - CMS specifications for claims-based measures
 - Electronic Health Record certification standards
- Mechanisms for detection and resolution of data idiosyncrasies in practice
- Independent measure aggregator for “distributed” measure calculations
 - Plan-level aggregation
 - Provider-level aggregation
 - Region-level aggregation
- Auditing

Measure Implementation Methods Should Incorporate A Range of Data Sources

- Claims: Hospital readmission rates, admissions for ambulatory-sensitive conditions, ER use rates, inpatient admission rates, screening for cancer, screening for diabetes complications, resource use and cost measures
- Clinically enhanced data sources: High blood pressure control, HbA1c control, LDL control, eye exam (via HEDIS reporting, electronic record extraction, or registries)
- Patient surveys: CAHPS patient experience measures; patient experience and outcome measures may be collected more extensively from patients in future

Better electronic data for care can also support better measures of value

