



# Progress Towards the Adoption of the CQMC Core Measure Sets

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# The Core Quality Measures Collaborative

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- Goal: More value-based incentives for better health outcomes, greater efficiency, and coordinated care
- But ...
  - Too many measures
  - Measures lack consistency with each other
  - Some are not clinically useful

# The Core Quality Measures Collaborative

- The Core Quality Measures Collaborative (CQMC) was created to establish core measure sets
  - Align and harmonize across public and private payers
  - Reduce reporting burden
  - Focus on improvement methods
  
- Multi-stakeholder voluntary effort
  - AHIP - CMS - Physician Specialty Societies - Employer and Consumer Groups
  
- Feb 2016, CQMC released seven measure sets

# Health Plan Survey Results

- 18 of 20 respondents have taken action toward adoption, including incorporating measures into contracts
- Most respondents have adopted the ACO/PCMH/ PC core measure sets
  - OB/GYN and Cardiology have good uptake
- Higher uptake of measures based on claims data vs measures that rely on clinical data
- Higher measure of HEDIS measures have been adopted by plans compared to non-HEDIS measures

# Health Plan Challenges to Adoption

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- Lack of **interoperability** between a provider's EHR and a health plan's data infrastructure
- Small **sample sizes** at the provider level limits plans' use of the measures
- **Lack of alignment** with state and employer measurement efforts

# Provider Interview Results

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- Supported the Collaborative's multi-stakeholder, consensus-driven approach
- Supported aligned, actionable and parsimonious measures
- Eager for plans to adopt core measures, but no formal process for plan engagement
- Expressed concern with specific measures and lack of measure applicability to some provider types

# Employer and Consumer Interviews

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- Considered core quality measures as being a “first step” but were less interested in core measures specifically
- Need measures to help with differentiating providers and decision-making, especially patient-reported outcomes
- Want involvement in conceptual development of the initiative

# Proposed Strategies to Reduce Burden

- Standardize measure implementation across payers
- Align CMS reporting requirements with the core measures
- Identify high-impact measures with strong relationships to outcomes
- Increase data capability of EHRs and interoperability between registries



# Coordinating the Coordinators

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- Centers for Medicare & Medicaid Services Meaningful Measures
- National Academy of Medicine Vital Signs Core Metrics
- Healthcare Payment Learning and Action Network
- National Quality Forum High-Impact Outcomes
- Core Quality Measures Collaborative

# Questions and Discussion

