Minutes
Quality-Based Reimbursement initiative
Evaluation Work Group Meeting
July 11, 2008
9:00 AM to 10:30 AM
Room 100, 4160 Patterson Avenue
Baltimore, MD 21215

EWG Members present: Don S. Hillier, Former Chairman, HSCRC (Vice Chair); Beverly Collins, MD, MBA, CareFirst BlueCross BlueShield; Barbara Epke, MPH, MA, LifeBridge Health System; Cynthia Hancock, RN, MS, Fort Washington Hospital; Julianne R. Howell, PhD, Independent Technical Advisor, CMS; Ernest Moy, MD, MPH, AHRQ; Charles Reuland, ScD, Johns Hopkins Health System**;** Robert Murray, Steve Ports, and Dianne Feeney, HSCRC.

EWG Members on conference call: Robert Brooks, MD, PhD, MBA, Delmarva Foundation for Medical Care, Inc.; George Chedraoui, IBM; Donald M. Steinwachs, PhD, Johns Hopkins Bloomberg School of Public Health; Renee B. Webster, DHMH.

Interested parties present: Vahe Kazandjian, PhD, Nikolas Matthes, Center for Performance Sciences; Shreeta Quantano, Johns Hopkins Health System; Carol Christmyer, Theressa Lee, Deme Umo, MHCC; Hal Cohen, Hal Cohen, Inc.; Ing-Jye Cheng, MHA; Kristen Geissler, Navigant.

Interested parties on conference call: Grant Ritter, PhD, Brandeis University; Sylvia Daniels, University of Maryland Medical Center; Gerry Macks, MedStar Health; Rena Litten, Western Maryland Health System; Valerie Summerlin, Kernan Hospital; Greg Vasas, Carefirst BCBS.

- ***Welcome and introduction of EWG members and other participants*** – Steve Ports advised the group that Don Hillier had been asked by Chairwoman Trudy Hall to share in Chair responsibilities and serve as Vice Chair, and he has accepted the invitation. In Dr. Hall's absence, Mr. Hillier called the meeting to order and invited EWG members and interested parties joining the meeting in person and by conference call to introduce themselves. Dianne Feeney noted that Dr. Ernest Moy has replaced Dr. Claudia Steiner as AHRQ's representative on the EWG.

- ***Review and approval of the June 10, 2008 meeting minutes -*** A motion to approve the minutes as submitted was made and seconded with unanimous approval.

- ***New measures discussion (refer to new measures discussion document)*** – Mr. Hillier directed the group's attention to the draft discussion document. Barbara Epke advised that the HSCRC should perhaps first provide its perspective, and the group should then discuss, the overall scope and conceptual framework for bringing on new measures, adding that the Leapfrog survey measures, for example, are structural, self-reported and subjective. Bob Murray responded that review of measures in the potential "pipeline" would help to define the

scope for the new measures effort. Ms. Epke added, and Mr. Murray agreed, as previously discussed by the Initiation Work Group (IWG), that the next phase of measures would likely focus on some process measures and more significantly on outcomes. Dianne Feeney noted that, in her discussion with Pamela Barclay, there was agreement that HSCRC should first consider the appropriateness for use in payment those measures required by MHCC for hospital Performance Guide, and the measures in common need to be aligned. Julie Howell clarified that new measures for the QBR Initiative would first need to be adopted by hospitals and reported for a time period. Charles Reuland advised that, for the initial measure set, the IWG adopted the following parameters:

- Risk adjustment would not be needed.
- Small volume events such as "never events" would not be selected.
- Measures requiring reporting approaches/systems other than those already in place for hospitals would not be selected
- Measures that applied to a subset, but not most or all, hospitals would not be selected.

Dr. Reuland added that he thought that the IWG did also agree that measures eligible for selection would be those already areas of focus and measured by hospitals. Vahe Kazandjian added that care must be taken to maintain fairness and balance across hospitals when measures are selected for subsets of hospitals, and added that risk adjustment is a new area for the next phase measures that may take large amounts of effort. Ernest Moy noted that, in selecting measures for AHRQ's national quality report, balance was considered across types of hospitals/institutions, health conditions, processes and outcomes (ideally linked), etc.. Ms. Epke added that measures must address the needs specific to Maryland, and that measure results need to be auditable. Dr. Howell noted that patient experience measures offer the opportunity to gain different view of quality and adds additional balance to the picture of quality, and suggested this category of measures should not be removed for consideration. Hal Cohen noted that patient populations served by all payers must be addressed and included in the balance discussion. For example, psychiatric, obstetric and pediatric services are not offered at all hospitals but are particularly important for Medicaid. George Chedraoui added that consumers are looking for "value," so that measures need to address cost/efficiency and better outcomes. Dr. Kazandjian added that efficiency is well addressed with process measures and effectiveness with outcomes, and value will follow.

Mr. Hillier asked that Dianne Feeney turn to the new measures draft discussion document and facilitate the group's discussion of, and input on, the specific measures. Ms. Feeney provided a brief overview of Appendices A through D in the draft discussion noting that they provide a context for measures used for public reporting, pay-for reporting, and pay-for-performance in Maryland and nationally by CMS (See *Maryland Hospital Quality-Based Reimbursement Initiative: New Measures Draft Discussion Document, July 11 2008*).

Ms. Feeney next turned to the candidate measures in Figure 3 of draft discussion document presented in groupings by structure, process, outcomes and patient

experience. Robert Brooks noted that many of the measures in the "structure" category were elements required by the Joint Commission standards for accreditation and therefore suggested that these measures be removed from consideration. After discussion, the group agreed that the initial review of the measures would be to remove those that should not be considered at this point. The rationale the group agreed to for removing measures from the table included:

- The measure is currently addressed by the specified, already existing Joint Commission standards.
- For structural measures, there are related process or outcome measures the group would prefer to consider.
- There are other technical concerns or issues regarding the measure (e.g., inadequate risk adjustment).

Ms. Feeney reviewed with the group each of the measures in the structure grouping and a few measures in the process group, noting in writing those removed and the rationale for removal (See Figures 3 and 4 in *Maryland Hospital Quality-Based Reimbursement Initiative: New Measures Draft Discussion Document, July 16, 2008 Revised Draft)*. Related to the breast and colorectal process measures, the group requested that the additional information including the specifications be provided as there was lack of familiarity with these measures. In addition, Beverly Collins noted that cancer care—largely related to the cost of chemotherapy agents —was very costly for payers. She added it is important to consider measures that address cost/value in the nearer term.

- ***Next meeting date and time*** – Mr. Murray noted there was a meeting of the group already scheduled for August 11, 2008, but that in light of the momentum of the group's discussion of the measures, the group should convene another time prior to this. The group agreed to convene on Tuesday, July 22, 2008 from 8:30am to 10:00am. A revised draft of the discussion document reflecting the group's deliberations would be circulated prior to the meeting.

- ***Adjournment*** – Mr. Hillier adjourned the meeting at 10:30am.