

HSCRC
Performance Measurement and Improvement New Strategic Areas
Call for Papers
June 13, 2016, July 29, 2016 revision

As the lead agency for the State of Maryland, the Health Services Cost Review Commission (HSCRC) has implemented the initial phase of an all-payer model since January 1, 2014 through an agreement with the Center for Medicare & Medicaid Services. Under the model, the system has shifted to one that endeavors to control cost on a per capita basis for both inpatient and outpatient hospital costs— through the implementation of hospital global budgets—while requiring important care and health improvements; the focus of this next phase of the model is to broaden system transformation thereby placing continued and increasing emphasis on controlling the total cost of care while achieving better care, health, and patient experience. Through these efforts of payment reform and delivery system redesign, Maryland’s system continues to have great potential to serve as a national model.

The HSCRC had made significant changes to the hospital performance-based payment programs since the beginning of the all payer model to achieve the improvement goals required by the federal government. Through the annual program update process, stakeholders expressed interest in making further modifications to move the programs towards more outcome-based, patient-centric measurement approaches and at the same time evaluate opportunities for further simplification.

The HSCRC is seeking input from experts to guide the strategic development of its future performance measurement activities and how such measures/measurement can be incorporated into broader delivery-system and payment arrangements. In order to achieve the goals of a transformed broader health system that controls TCOC and improves population health, there will need to be substantial changes in performance measurement and related payment policies and methodologies; the implementation of the next phases of Maryland's modernized all-payer system will raise a number of technical and methodological issues in improved measures of health status, outcomes, and care/service delivery. The HSCRC’s strategy to engage the public in its performance measurement work will continue to include convening its ongoing Performance Measurement Work Group to provide input on technical implementation issues. All papers received in response to this call for papers will be shared with the HSCRC, and its various work groups. In addition, the HSCRC may post some or all of the papers on its website.

Call for Papers and Related Analyses

The HSCRC is requesting assistance from interested parties to prepare papers on several different topics. The purpose of the papers is to provide background information, data analyses, and policy analyses, along with implications for implementation, to inform options for updating the performance measurement program. The call for papers is for interested stakeholders and members of the research community who want to voluntarily contribute to the performance measurement program strategic and implementation planning. Interested parties may respond to

one or more of the topics below. The papers must be provided with external support; the HSCRC will not provide compensation for the papers.

The Performance Measurement Work Group has been working toward developing a future measurement strategy for the State, using the existing HSCRC Hospital value-based purchasing programs as a starting point as well as recent Federal and State reports on new measure sets to improve clinical care and population health. Interested parties should be familiar with the State's existing performance measurement infrastructure.

HSCRC requests consideration of, and input on, cross-cutting issues that may have relevance to many specific programmatic options/topics that hold potential promise for refining our performance based payment programs to better support and measure the success Maryland's system transformation. The cross-cutting issues are listed directly below, and the specific topics follow.

Cross-Cutting Issues

- **Measures and Domains.** This would address the number of measures used for the hospital performance-based payment programs as they currently exist and also may evolve, including implications for expansion in particular areas and contraction in others, as well as important domains for inclusion.
- **Measurement Approach/Simplification Options.** This includes such issues as options for harmonizing measures used across providers (payer and healthcare), increasing the "quality" and not necessarily the "quantity" of measures used, options for simplifying how relative performance is measured and applied to payment, and options for the use of administrative measures, clinically abstracted measures, measures captured electronically such as the CMS eCQM measures, etc.
- **Patient-centered Measurement.** This includes evolving the measurement system toward increasing patient centricity, and would entail, for example, measurement of such issues as patient reported outcomes, expansion of patient experience, etc.
- **Measurement alignment across providers.** There is an increasing awareness of a need to align performance measurement across multiple payer as well as care providers to focus the system towards similar goals.
- **Incremental Modification to Performance Based Payment.** This includes how quality measurement may evolve beyond the current structure and approach over time with respect to payment, including level and distribution of payments across settings of care, and how to build new or modify existing incentives into the payment system.
- **Proposed Staging, including Timelines for Measurement Testing and Implementation.** Related to the last cross-cutting issue, this entails a proposal for prioritizing measures and measure sets for development, testing, refinement and implementation. For example, papers may propose testing and refinement of a particular set during CY 2017, and implementation consideration for CY 2018 measurement year. HSCRC is particularly soliciting input for feasibility of making major changes for CY 2017 measurement period or phasing in approach to implement proposed changes.

Below is an initial set of specific topics for which the HSCRC is requesting technical papers, with the first three topics of highest priority for the CY 2017 measurement period. The cross cutting issues listed above as well as the specific topics outlined below were selected because HSCRC continues to view broad stakeholder input as essential to success of a performance measurement approach commensurate with the system transformation work we are collectively undertaking. The HSCRC recognizes that there is overlap among the issues identified. To the extent that stakeholders are responding to multiple topics as well as addressing the cross-cutting issues, they may choose to address some of these topics collectively. The HSCRC will update this call for papers over time as additional input is received and as issues are identified.

Topics of Highest Priority for CY 2017 Measurement Period

1. Updates to Payment Incentives for Value Based Purchasing Measures Currently Used for Quality-Based Reimbursement in Maryland, that Cross Service/Product Lines.

This paper should offer recommendations on how to include measurement and reward improved quality and better health for hospital-level measures that are not attributable at the patient level to service line groups or patients with specific conditions. For example, HCAHPS measures are risk adjusted for medical, surgical and obstetric patient groups, but not to subgroups within these larger groups.

2. Incorporating New measures, Including Emergency Department (ED), Outpatient, Imaging Measures.

These measures would include such measures as the ED wait time measures reported on *Hospital Compare*, complications requiring acute hospital care following colonoscopies and outpatient surgery, and CMS duplicate imaging measures.

3. Additional Measures of Potentially Avoidable Utilization.

This entails a discussion and data analysis of different methodological approaches for measuring utilization of services that could otherwise be avoided.

The HSCRC currently includes 30 day readmissions, and preventable admissions for ambulatory sensitive conditions that are factored into the hospital global budget market share adjustment methodology. The HSCRC seeks input on additional types of services that could be considered potentially avoidable, and potential adjustments that may be implemented. Specifically, input is sought on appropriate methodologies for identifying, measuring and encouraging reductions in potentially avoidable hospital utilization. For example, Maryland has among the highest percentages of Medicare patients admitted to the hospital and readmitted within 30 days on “high risk medications” as defined by Medicare.

Additional Potential Topics For Measurement Period CY 2017 and Beyond

4. Service Line/Care Bundle Value Measurement.

This paper should offer recommendations for defining care bundles that are focused on episodes or conditions, and on related measures of cost/efficiency combined with health and service delivery quality. This measurement relates to the policy objectives

of establishing payment levels that are reasonably related to the cost of providing services on an efficient, high quality basis and in accordance with the value concepts embodied in Maryland's all payer mode.

This topic should consider how "value" should be measured on a per-episode or per-condition basis. A per-episode value bundle should define episodes, and consider pre- and post-acute care before and after a hospital stay. The paper should address how performance measures and domains might be measured and or developed. For example, CMS has defined Total Hip and Knee Arthroplasty safety measures included in the Medicare Star Ratings. The white paper could also address how to consider efficiency and value in the payment systems, both in the aggregate on a state-wide basis as well as hospital specific.

5. Approach (es) Similar to CMS Star Rating.

For the April 2016 refresh of *Hospital Compare*, there will be 62 Hospital Inpatient/Outpatient measures included in 7 measure groups for which hospital will receive star ratings.¹ The paper would propose approach(es) similar to that used by CMS for implementing star ratings in Maryland. In addition, the paper should consider not only those conditions relevant for the Medicare population, but also those conditions relevant for patients covered by all-payers.

6. High-Need Patients/Chronic Conditions/Care Coordination Measures.

This measure set would include such measures as those determined to be indicative of appropriate care coordination, or the result of appropriate care coordination activities and interventions.

7. Population Health.

This would entail presenting options for expanding and improving measurement of population health beyond the current use of Prevention Quality Indicators (PQI). These options may include measurement priorities (e.g., smoking rates, diabetes incidence, etc.), potential data sources, and/or specifications of proposed measures. All options presented should be applicable to a variety of populations.

8. Other Topics.

These include other issues that are salient to the performance measurement system supporting successful achievement of the goals of the Model Demonstration.

¹ The seven measure groups include: Outcomes- Mortality Group (7 measures); Outcomes- Safety of Care Group (8 measures); Outcomes-,Readmission Group (8 measures); Process- Timeliness of Care Group (7 measures); Process- Effectiveness of Care Group (16 measures); Efficiency- Imaging Group (5 measures); Patient Experience Group (11 measures).

White Paper Submissions

In response to the initial call issued, HSCRC received a comment letter from Consumer Health First that we believe provides important input from the consumer perspective; the letter is contained in Attachment A of this document.

We are asking that interested parties let the HSCRC know of their intent to respond to this call for papers to help plan for volume of papers that may be received. Please forward correspondences to hscrc.quality@maryland.gov and include “PM Strategy White Paper Submit Intent”. The email should include the organization name or individual who will be responding, the cross-cutting issues and topics that will be addressed, and relevant contact information.

We ask that responders send final papers by Friday, September 9, 2016 to hscrc.quality@maryland.gov and include in the subject line “PM Strategy White Paper Submission”. We ask that all papers include a one page abstract, and that supporting data analyses and workbooks accompany the papers and be provided in MS Excel or a compatible format.

All papers received in response to this call will be shared publically and posted to the HSCRC website.²

Questions related to this Call for Papers should be directed to hscrc.quality@maryland.gov and include in the subject line “PM Strategy White Paper Question”, or by telephone to Dianne Feeney (410-764-2582) or Alyson Schuster (410-764-2673).

² Responders should identify any portions of their submission that they deem to be confidential, proprietary commercial information or trade secrets as well as rationale for non-disclosure by the State under the Public Information Act, General Provisions Article, Title 4, Md. Code Ann.. HSCRC does advise that, upon request for this information from a third party, the appropriate HSCRC staff is required to make an independent determination whether the information must be disclosed.

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Health Services Cost Review Commission Performance Measures Comments Submitted 20 July 2016

Introduction

Consumer Health First (CHF) appreciates the opportunity to submit its perspective on the Health Services Cost Review Commission's (HSCRC) "strategic development of its future performance measurement activities." CHF¹ is a statewide nonprofit whose mission is to advance health equity through access to high-quality, comprehensive and affordable health care for all Marylanders. Our focus in this work is to ensure that the voices of consumers are raised and their needs met as Maryland implements its health care reform initiatives, including the All-Payer Model.

The following recommendations reflect the input of a number of our colleagues, who have served in various capacities with the design and implementation of the All-Payer Model. That includes our President, who currently serves on the HSCRC Advisory Council and former chair of the Consumer Engagement Task Force, Vice-President, Madeleine Shea, who served on the first performance measures workgroup, and Ben Turner, Program Director at our member organization, Primary Care Coalition of Montgomery County, who also serves on the current performance measures workgroup. The majority of these recommendations are general in nature rather than specific to the categories identified in the call for white papers. However, we hope that they will prove useful to HSCRC continues to refine the process of gathering data to inform its work.

Recommendations

At the outset we would note our **emphasis on the core principle of health equity**. We believe this should define the All-Payer Model's patient-centered care approach. In that regard, we would underscore that there is a true value to the collection of data that reveals health disparities and that effective analysis and transparency in

¹ Formerly the Maryland Women's Coalition for Health Care Reform

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reporting can and should inform policies that promote health equity. This is an area that has historically not been within the purview of hospitals. However, with the transformation of the delivery system this becomes an imperative that must be addressed across all stakeholder groups.

Therefore, we believe that **performance measures, including those for clinical quality, must:**

- be stratified based, as appropriate, upon the following factors: race, ethnicity, preferred language, disability status, sexual orientation, gender identity, income, wealth, years of education, other socioeconomic status and social, psychological and behavioral health factors. And, that not only should the quality of care for those served by the system be examined, but data should be collected for those who are not being served.
- be stratified based on proxy indicators until all of the data elements listed above are consistently collected. This may include Area Deprivation Index, payer category, or other methods to capture socioeconomic and social disparities.
- incorporate measures that can promote an understanding of any under-utilization of services in hospital settings.
- consider tracking outcomes "upstream" in areas such as school-days missed, patient experiences with the system (not solely patient satisfaction); and outcomes for specific health issues.

Current quality measures should be analyzed to determine their **sufficiency with particular attention paid to the most common conditions and those related to behavioral health** (mental health and substance use disorder). This is a challenging area due to the history of previous carve outs for these services. However, we commend the strategy of creating the new HSCRC Behavioral Health Sub-Group. This is an important step in addressing the lack of national and state metrics.

The following includes measures that could address **patient-centered and/or population health measures** goals:

- measurements for end/quality of life conversations that could include billing rates.

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- the length of time between a request for services and an actual appointment with a provider.
- measures that illustrate the retention of health care-related information retained by consumers from PSAs, print and/or web-based materials, etc.
- the percent of residents within a community who are satisfied with the health care system.
- the availability of both health and social service support systems within communities.
- the percent of individuals with a consistent source of care.
- for population health specifically, we would suggest that the State Health Improvement Process (SHIP) measures should be considered. The measures were developed through a thoughtful process and, while some areas such as Behavioral Health are slim, they can provide a substantive starting point. And, the creation of the Local Health Improvement Coalitions to establish County-specific priorities should also be considered.
- when considering population health measures we suggest that Turning Point's [Guidebook for Performance Measurement](#) could be a useful resource. Another useful resource is the Commonwealth Fund's [Data Brief](#) on core PCMH measures.

Given the importance of addressing the **opioid epidemic** we would anticipate that prescribing practices for chronic pain will be a priority in 2017. The CDC has released new guidelines for this. HSCRC should consider new measures that will show compliance with CDC guidelines and ensure that these are stratified - particularly for minorities and persons with disabilities, who are more likely to be under prescribed for pain than whites.

One **litmus test for the inclusion of specific measures**, which would be consistent with MIPS, is the response to the question - will this measure help to improve practice? To be effective the periodicity of feedback will be important. We would suggest that a quarterly timeframe would be a good goal so that clinicians can actually use the feedback to improve care.

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We recognize that some of our recommendations may go beyond what the HSCRC has projected particularly as regards the social determinants of health. However, we would suggest that, with the All-Payer Model and the movement to phase two, there is a unique opportunity and an obligation to be pro-active in the design of performance measures. This would be consistent with the path that HSCRC has taken in the design and implementation to date and we would encourage its continued efforts in this regard.

We welcome the opportunity to provide these comments and look forward to continuing to work with the HSCRC as it determines the appropriate performance measures to ensure the success of the All-Payer Model and its goal of addressing the Triple Aim. In that regard, we have included below several resources that we have found helpful in preparing these comments.

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