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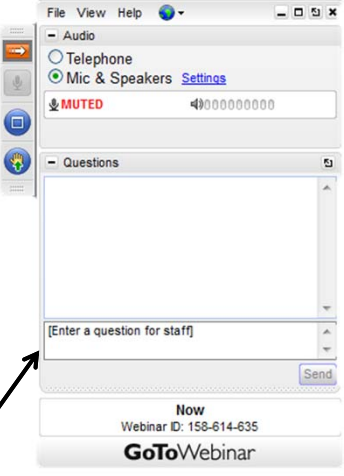
The Science of Quality Measurement Evaluation and Improving Health Care Performance

August 10, 2016




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The Science of Quality Measurement Evaluation and Improving Health Care Performance



Today's Speakers



Reva Winkler, MD, MPH

Senior Director, Quality Measurement
National Quality Forum

- **Dr. Winkler oversees consensus development projects that endorse performance measures widely used by federal government and in the private sector in the areas of prevention, including immunization, child health, reproductive health, and cardiopulmonary conditions**
- **Previously, practiced obstetrics and gynecology with Kaiser Permanente in Los Angeles**
- **UCLA School of Medicine and the George Washington University School of Public Health and Health Services**

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NQF and the Health Care Performance Measurement Ecosystem

Reva Winkler, MD, MPH,
Senior Director, Quality Measurement, NQF

August 10, 2016

NQF Mission

The National Quality Forum leads national collaboration to improve health and healthcare quality through measurement.

NQF: What We Do

NQF is a non-profit, nonpartisan, membership-based, multistakeholder organization that works to catalyze improvements in healthcare through measurement

- Gold standard for quality measures – consensus-based standard setting organization
- An essential forum - >420 organizational members and >800 volunteer leaders
- Quality leadership – convenes private and public sectors to reach consensus on complex and controversial issues

- Founded in 1999
- 501(c)(3) membership organization
- Annual revenues of approx. \$22 million

NQF Governance

- Board of Directors: 22 voting members, including four federal agency members; 2 non-voting members; consumer/purchaser majority
- Advisory Committees:
 - Measures Application Partnership (MAP)
 - » Recommends measures for federal payment and public reporting programs
 - Consensus Standards Approval Committee (CSAC)
 - » Consumer/purchaser majority
 - » Final review and approval of measures
 - » NQF evaluation criteria

NQF's Federal Work

- Relationship established under MIPPA; extended by ACA
- “Consensus-based entity” per statute
- Funded from the Medicare Trust Fund
- Administered by CMS, but open to all agencies
- Domains of current federal work:
 - Convene stakeholders to recommend a national strategy and national priorities for measurement
 - Conduct consensus-based endorsement of healthcare performance measures
 - Convene stakeholders for input on national priorities/selection of quality measures for federal programs
 - Convene stakeholders for ad hoc reports/ frameworks related to performance measurement

Voluntary Consensus Standards

- National Technology and Transfer Advancement of Act of 1995 (NTTAA)
- Defines the five key attributes of a “voluntary consensus standards-setting body”
 - *Openness*
 - *Balance of interest*
 - *Due process*
 - *Consensus*
 - *Appeals process*
- Obligates federal government to adopt voluntary consensus standards (when the government is adopting standards)
- Encourages federal government to participate in setting voluntary consensus standards

Definition of Consensus

The OMB Circular A-119 defines consensus as:

General agreement, but not necessarily unanimity, and includes a process for attempting to resolve objections by interested parties, as long as all comments have been fairly considered, each objector is advised of the disposition of his or her objection(s) and the reasons why, and the consensus body members are given an opportunity to change their votes after reviewing the comments.

Standing Committees and Expert Panels

■ Standing Committees

- Act as proxy for NQF multi-stakeholder membership in specific areas
- Appointed for 2-3 year terms with renewal option
- Evaluate submitted measures against NQF evaluation criteria, respond to comments, and make recommendations for endorsement
 - » Examples: Cardiovascular, Safety, Cost & Resource Use

■ Expert Panels

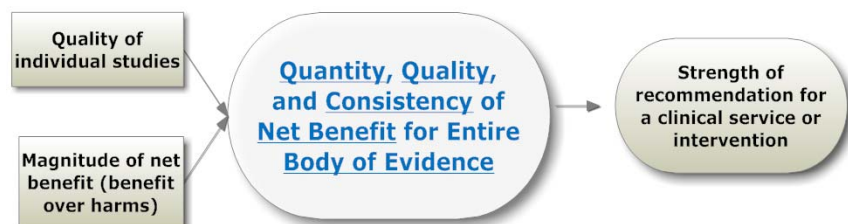
- Convened as needed to address methodologic issues
- No requirement for multi-stakeholder involvement
 - » Examples: Evidence Task Force, SES & Risk Adjustment, Variation, Intended Use, Attribution

NQF Evaluation Criteria

- Importance to measure and report
 - What is the level of evidence for the measures?
 - Is there an opportunity for improvement?
- Scientific acceptability of the measurement properties
 - What is the reliability and validity of the measure?
- Usability and Use
 - Can potential audiences use performance results for both accountability and performance improvement?
 - New criterion related to end-user input
- Feasibility
 - Can the measure be implemented without undue burden, capture with electronic data/EHRs?
- Assess related and competing measures

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NQF: Determining Strength of Evidence



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Measure Testing

Reliability testing

- Demonstrates the measure data elements are repeatable, producing the same results a high proportion of the time when assessed in the same population in the same time period and/or that the measure score is precise.

Validity testing

- Demonstrates that the measure data elements are correct and/or the measure score correctly reflects the quality of care provided, adequately identifying differences in quality.

eMeasure Feasibility Assessment

- Data Availability -
 - *Is the data readily available in structured format?*
- Data Accuracy
 - *Is the information contained in the data element correct? Are the data source and the recorder specified?*
- Data Standards
 - *Is the data element coded using a nationally accepted terminology standard?*
- Workflow
 - *To what degree is the data element captured during the course of care? How does it impact the typical workflow for that user?*

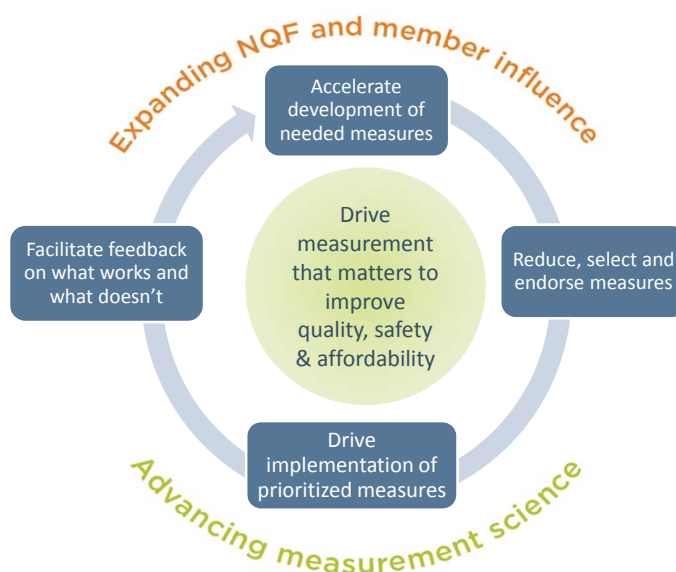
Assess Related and Competing Measures

	Same measure focus— target process, condition, event, outcome (numerator)	Different measure focus— target process, condition, event, outcome (numerator)
Same target population (denominator)	Competing measures— Select best measure from competing measures or justify endorsement of additional measure(s).	Related measures— Harmonize on target population or justify differences.
Different target population (denominator)	Related measures— Harmonize on measure focus or justify differences; or possibly combine into one measure with expanded target population.	Neither harmonization nor competing measure issue

NQF's Role in Measurement Science

- Advancing measurement science essential to get to measures that matter.
 - Foundational work to drive toward new areas of measurement (e.g., transition PROs to PRO-PMs, costs)
 - Examine methodologic issues that limit the use of advanced measures:
 - *Evolution of NQF evaluation criteria (e.g. intended use)*
 - *Risk adjustment & SES*
 - *Linking cost and quality*
 - *Low volume providers*
 - *Attribution*
 - *Variation*

NQF: Lead. Prioritize. Collaborate.



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Today's Speakers

Alexandra Tungol Lin, PharmD
 Clinical Manager, Health Outcomes &
 Pharmacy Care Management
 Blue Cross Blue Shield of Michigan


- Clinical Lead for Development and implementation of BCBSM's Health Care Reform offerings including Marketplace formulary, utilization management programs, and preventative drug coverage
- Clinical Lead for Quality Rating System (QRS) measures
- Residency coordinator for BCBSM's PGY-1 Managed Care Pharmacy Residency Program



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Improving Health Care Performance through Integration of Pharmacists in the Patient-Centered Medical Home

Alexandra Tungol Lin, PharmD
Clinical Manager, Health Outcomes & Pharmacy Care Management
Blue Cross Blue Shield of Michigan

August 10, 2016

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Objectives

- Define the impact of the Quality Rating System (QRS) on payers
- Describe the Michigan Pharmacists Transforming Care and Quality (MPTCQ) collaborative process initiative
- Discuss the various quality measures that pharmacists in the patient-centered medical home (PCMH) can influence

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What is the Quality Rating System (QRS)?


A system that rates Qualified Health Plans (QHPs) based on relative quality and price

★ Think the Commercial version of Medicare Star Ratings



Centers for Medicare & Medicaid Services. Health Insurance Marketplace Quality Initiatives. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>. Accessed August 7, 2016.

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Purpose of QRS

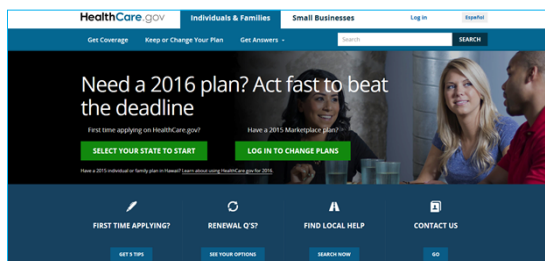
- Inform consumers regarding the quality of healthcare services and enrollee experience with useful and comparable information
- Facilitate regulatory oversight of QHPs offered
- Allow issuers to improve performance through self evaluation

Centers for Medicare & Medicaid Services. Overview of 2015 QRS Requirements for QHP Issuers. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/Issue-Brief-4-QRS-Requirements-for-Issuers.pdf>. Accessed August 7, 2016.

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QRS Scores on HealthCare.gov

- 2015 was the beta test year for QRS
- Ratings information will be publically displayed beginning fall 2016 in pilot states (MI, OH, OR, PA, VA, WI)



•Health Insurance Marketplace. Available at: <https://www.healthcare.gov/>. Accessed January 4, 2016.
 •Centers for Medicare & Medicaid Services. Notification – Upcoming QRS Ratings Preview & Necessary HIOS Access. August 5, 2016.

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QRS Measure Set

- Evidence based recommendations supported by NQF, NCQA, PQA and AHRQ
- Consists of 43 measures, 12 of which are survey measures collected as part of the QHP Enrollee Survey

NQF=National Quality Forum; NCQA=National Committee for Quality Assurance;
 PQA=Pharmacy Quality Alliance; AHRQ=Agency for Healthcare Research and Quality

Centers for Medicare & Medicaid Services. Quality Rating System Measure Technical Specifications. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2016-QRS-Measure-Technical-Specifications.pdf>. Accessed August 7, 2016.

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QRS Clinical Measures


Measure Title	Measure Steward	NQF ID	Measure Title	Measure Steward	NQF ID
Adult BMI Assessment	NCQA	Not Endorsed	Childhood Immunization Status (Combination 3)	NCQA	0038
Annual Dental Visit	NCQA	Not Endorsed	Chlamydia Screening in Women	NCQA	0033
Annual Monitoring for Patients on Persistent Medications	NCQA	2371	Colorectal Cancer Screening	NCQA	0034
Antidepressant Medication Management	NCQA	0105	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	NCQA	0055
Appropriate Testing for Children With Pharyngitis	NCQA	0002	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	NCQA	0575
Appropriate Treatment for Children With Upper Respiratory Infection	NCQA	0069	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	NCQA	0057
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA	0058	Comprehensive Diabetes Care: Medical Attention for Nephropathy	NCQA	0062
Breast Cancer Screening	NCQA	2372	Controlling High Blood Pressure	NCQA	0018
Cervical Cancer Screening	NCQA	0032	Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up)	NCQA	0576

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QRS Clinical Measures (cont'd)

Measure Title	Measure Steward	NQF ID	Measure Title	Measure Steward	NQF ID
Follow-Up Care for Children Prescribed ADHD Medication	NCQA	0108	Proportion of Days Covered	PQA	0541
Human Papillomavirus Vaccination for Female Adolescents	NCQA	1959	Relative Resource Use for People with Diabetes (Inpatient Facility Index)	NCQA	1557
Immunizations for Adolescents (Combination 1)	NCQA	1407	Use of Imaging Studies for Low Back Pain	NCQA	0052
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NCQA	0004	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NCQA	0024
Medication Management for People With Asthma (75% of Treatment Period)	NCQA	1799	Well-Child Visits in the First 15 Months of Life (6 or More Visits)	NCQA	1392
Plan All-Cause Readmissions	NCQA	1768	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	NCQA	1516
Prenatal and Postpartum Care	NCQA	1517			

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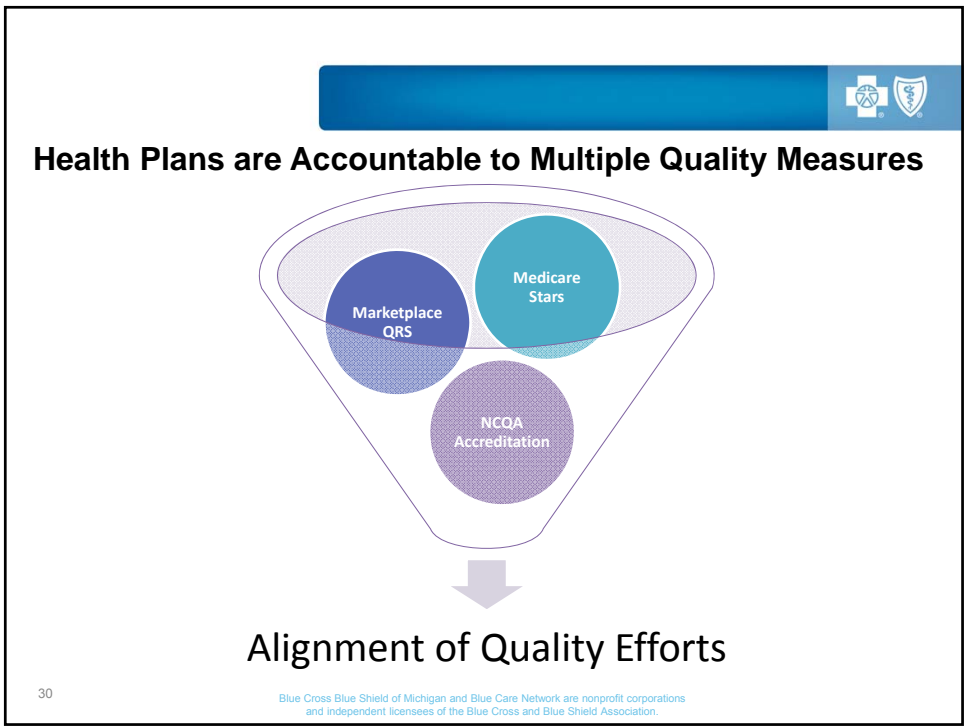


QRS Survey Measures

Measure Title	Measure Steward	NQF ID	Measure Title	Measure Steward	NQF ID
Access to Care	AHRQ, CMS	Not Endorsed	Medical Assistance With Smoking and Tobacco Use Cessation	NCQA	0027
Access to Information	AHRQ, CMS	Not Endorsed	Plan Administration	AHRQ, CMS	Not Endorsed
Aspirin Use and Discussion	NCQA	Not Endorsed	Rating of All Health Care	AHRQ	00068
Care Coordination	AHRQ, CMS	Not Endorsed	Rating of Health Plan	AHRQ	00068
Cultural Competence	AHRQ, CMS	Not Endorsed	Rating of Personal Doctor	AHRQ	00068
Flu Vaccinations for Adults Ages 18-64	NCQA	0039	Rating of Specialist	AHRQ	00068

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Michigan Pharmacists Transforming Care and Quality (MPTCQ)

- **Purpose:** To improve patient care and outcomes through the integration of clinical pharmacists into direct patient care
- With the integration of pharmacists into the Patient-Centered Medical Home (PCMH) model, we expect to improve performance on several quality and process related measures including, but not limited to Healthcare Effectiveness Data and Information Set® (**HEDIS**) and Quality Rating System (**QRS**)

MPTCQ 2016 Fact Sheet. Available at: <http://www.valuepartnerships.com/wp-content/uploads/2016/01/2016-MPTQC-Fact-Sheet.pdf>. Accessed August 7, 2016.

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2016 PGP Clinical Quality Initiative Measures

HEDIS® Clinical Measures	QRS Measures for Commercial Members	MA Stars Measures for MA Members
Adult BMI Assessment	✓	✓
Appropriate Testing for Children with Pharyngitis	✓	
Appropriate Treatment for Children with Upper Respiratory Infection	✓	
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	✓	
Breast Cancer Screening	✓	✓
Cervical Cancer Screening	✓	
Chlamydia Screening in Women	✓	
Colorectal Cancer Screening	✓	✓
Controlling High Blood Pressure	✓	✓
Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0%	✓	
Diabetes Care: Hemoglobin A1c (HbA1c) Control ≤9.0%		✓
Diabetes Care: Hemoglobin A1c (HbA1c) Testing	✓	
Diabetes Care: Medical Attention for Nephropathy	✓	✓
Diabetes Care: Retinal Eye Exam	✓	✓
Statin Use in Persons with Diabetes		✓
Proportion of Days Covered (Statins)	✓	✓
Proportion of Days Covered (Diabetes All Class)	✓	✓
Proportion of Days Covered (RAS Antagonist)	✓	✓
Use of Imaging Studies for Low Back Pain	✓	

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MPTCQ Disease Management Services

Disease State	Clinical Measure	CLQI	HEDIS	QRS	Stars
Diabetes	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0%	✓	✓	✓	
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control ≤9.0%	✓	✓		✓
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	✓	✓	✓	
	Comprehensive Diabetes Care: Medical Attention for Nephropathy	✓	✓	✓	✓
	Comprehensive Diabetes Care: Retinal Eye Exam	✓	✓	✓	✓
	Statin Use in Persons with Diabetes	✓	PQA		✓
	Proportion of Days Covered (Diabetes All Class)	✓	PQA	✓	✓
Hypertension	Controlling High Blood Pressure	✓	✓	✓	✓
	Proportion of Days Covered (RAS Antagonist)	✓	PQA	✓	✓
Hyperlipidemia	Proportion of Days Covered (Statins)	✓	PQA	✓	✓

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Diabetes Measures

1. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control <8.0%
2. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control ≤9.0%
3. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
4. Comprehensive Diabetes Care: Medical Attention for Nephropathy
5. Comprehensive Diabetes Care: Retinal Eye Exam
6. Statin Use in Persons with Diabetes
7. Proportion of Days Covered (Diabetes All Class)

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Comprehensive Diabetes Care

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:


- Hemoglobin A1c (HbA1c) testing
- HbA1c control (<8.0%)
- HbA1c poor control (>9.0%)
- Eye exam (retinal) performed
- Medical attention for nephropathy

•Centers for Medicare & Medicaid Services. Quality Rating System Measure Technical Specifications. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2016-QRS-Measure-Technical-Specifications.pdf>. Accessed August 7, 2016.

•Centers for Medicare & Medicaid Services. Medicare 2016 Part C & D Star Rating Technical Notes.

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Statin Use in Persons with Diabetes

The percentage of patients between 40 and 75 years old who received at least two diabetes medication fills and also received a statin medication during the measurement period

•Pharmacy Quality Alliance. Performance Measures. Available at: http://pqaalliance.org/images/uploads/files/POA%20measures_July2015.pdf. Accessed August 7, 2016.
 •Centers for Medicare & Medicaid Services. Announcement of Calendar Year (CY) 2017 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. Available at: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvqtgSpecRateStats/Downloads/Announcement2017.pdf>. Accessed August 7, 2016.

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Proportion of Days Covered (Diabetes All Class)

- Medication adherence to non-insulin diabetes medications
- Adherence defined as Proportion of Days Covered (PDC) $\geq 80\%$
- If a patient has a claim for insulin, he/she is excluded from this measure

•Centers for Medicare & Medicaid Services. Quality Rating System Measure Technical Specifications. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2016-QRS-Measure-Technical-Specifications.pdf> Accessed August 7, 2016.
 •Centers for Medicare & Medicaid Services. Medicare 2016 Part C & D Star Rating Technical Notes.

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Hypertension Measures

1. Controlling High Blood Pressure
2. Proportion of Days Covered (RAS Antagonist)

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Controlling High Blood Pressure

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled during the measurement year based on the following criteria:


- Members 18–59 years of age whose BP was <140/90 mm Hg
- Members 60–85 years of age with a diagnosis of diabetes whose BP was <140/90 mm Hg
- Members 60–85 years of age without a diagnosis of diabetes whose BP was <150/90 mm Hg

•Centers for Medicare & Medicaid Services. Quality Rating System Measure Technical Specifications. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2016-QRS-Measure-Technical-Specifications.pdf>. Accessed August 7, 2016.

•Centers for Medicare & Medicaid Services. Medicare 2016 Part C & D Star Rating Technical Notes.

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Proportion of Days Covered (RAS Antagonist)

- Medication adherence to RAS Antagonists: ACE inhibitors, ARBs, direct renin inhibitor
- Adherence defined as Proportion of Days Covered (PDC) \geq 80%

•Centers for Medicare & Medicaid Services. Quality Rating System Measure Technical Specifications. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2016-QRS-Measure-Technical-Specifications.pdf>. Accessed August 7, 2016.

•Centers for Medicare & Medicaid Services. Medicare 2016 Part C & D Star Rating Technical Notes.


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Hyperlipidemia Measure

1. Proportion of Days Covered (Statins)

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Proportion of Days Covered (Statins)

- Medication adherence to statins
- Adherence defined as Proportion of Days Covered (PDC) \geq 80%

•Centers for Medicare & Medicaid Services. Quality Rating System Measure Technical Specifications. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2016-QRS-Measure-Technical-Specifications.pdf>. Accessed August 7, 2016.

•Centers for Medicare & Medicaid Services. Medicare 2016 Part C & D Star Rating Technical Notes.


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Helpful Resources for PCMH Pharmacists

- Checklist
- Summary of reports provided by health plan
- Links to formulary and utilization management criteria
- Technical specifications

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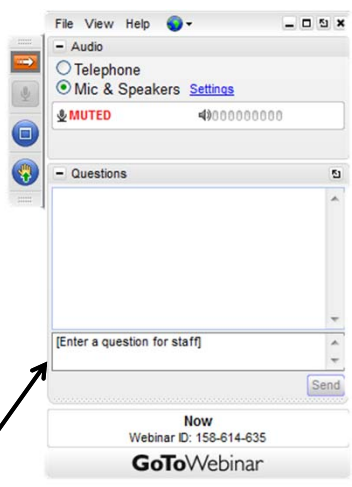
Conclusions

- QRS evaluates Marketplace plans similar to how the Star Ratings evaluate Medicare plans
- Pharmacists have a major role in improving quality measures for QRS, Stars and HEDIS

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