The Significant Lack of Alignment Across State and Regional Health Measure Sets:

An Analysis of 48 State and Regional Measure Sets, Presentation

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Purpose

- **Goal:** Paint a picture of the measures landscape across states and regions to inform development of the emerging Buying Value measure set.

- **Process:** Identify and collect 48 measure sets used by 25 states for a range of purposes *and* conduct a multi-pronged analysis:

  – Provide basic summary information to describe the 48 measure sets

  – Provide an overview of the measures included in the 48 measure sets

  – Analyze the non-NQF endorsed measures

  – Analyze the measures by measure set type

  – Analyze the measures by measure set purpose

  – Analyze the measures by domain/ clinical areas

  – Assess the extent of alignment within the states of CA and MA

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Methodology

- We used a convenience sample of measure sets from states, by requesting assistance from our contacts in states and by:
  - Obtaining sets through state websites:
    - Patient-Centered Medical Home (PCMH) projects
    - Accountable Care Organization (ACO) projects
    - CMS' Comprehensive Primary Care Initiative
  - Soliciting sets from the Buying Value measures work group
- We also included measure sets from specific regional collaboratives.
- We have not surveyed every state, nor have we captured all of the sets used by the studied states.
- We did not include any hospital measures sets in our analysis.
  - Excluded 53 hospital measures from the analysis

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Agenda/ Findings:

1. Many measures in use today

2. Little alignment across measure sets

3. Non-alignment persists despite preference for standard measures

4. Regardless of how we cut the data, the programs were not aligned

5. Most programs modify measures
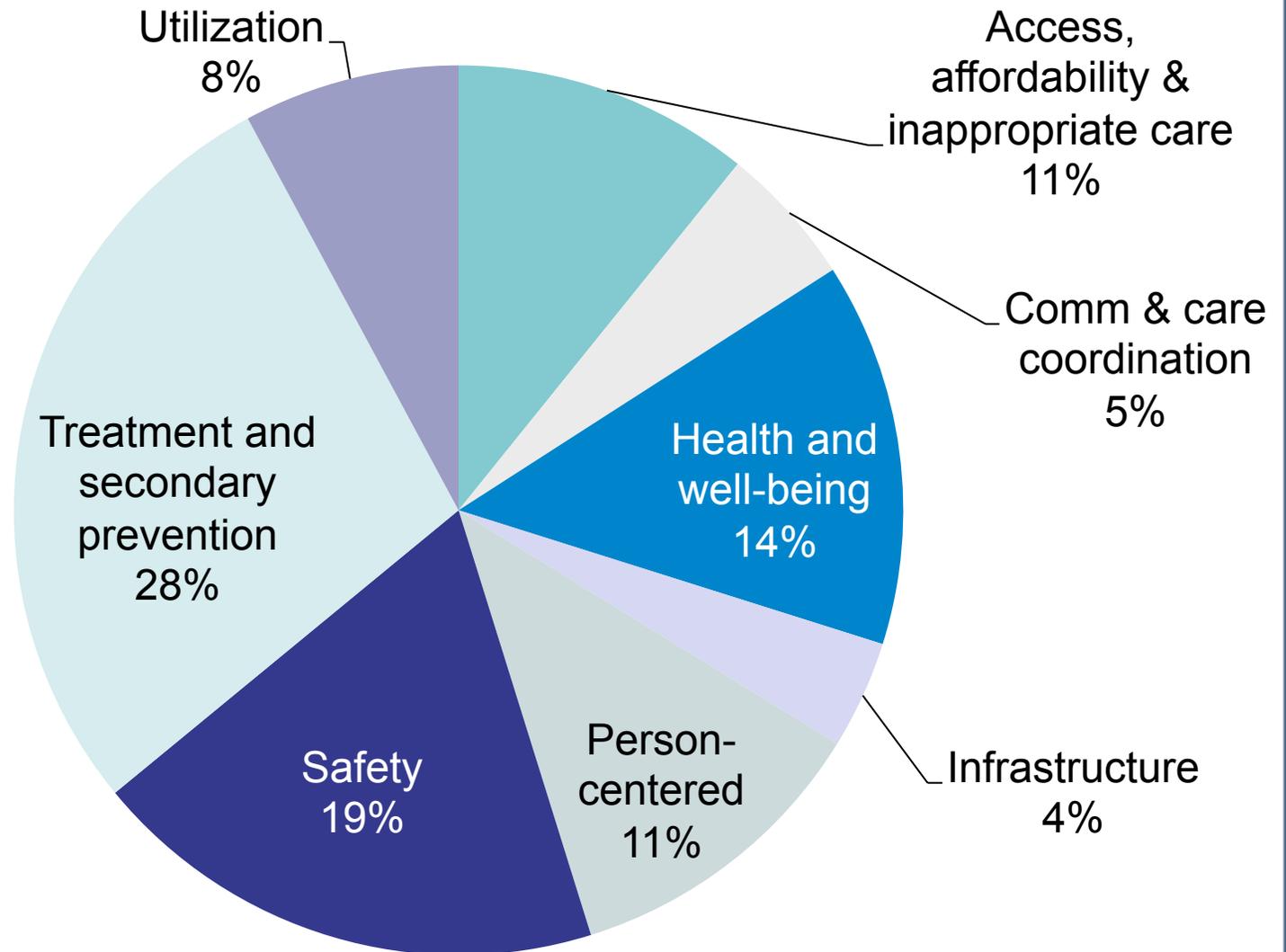
6. Many programs create homegrown measures

7. Most homegrown measures are not innovative

8. Conclusions and recommendations

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Finding #1: Many state/regional performance measures for providers are in use today

- In total, we identified **1367** measures across the 48 measure sets
    - This is counting the measures as NQF counts them, or if the measure was not NQF-endorsed, as the program counts them

- We identified **509** distinct measures
    - If a measure showed up in multiple measure sets, we only counted it once
    - If a program used a measure multiple times (i.e., variations on a theme) we also only counted it once

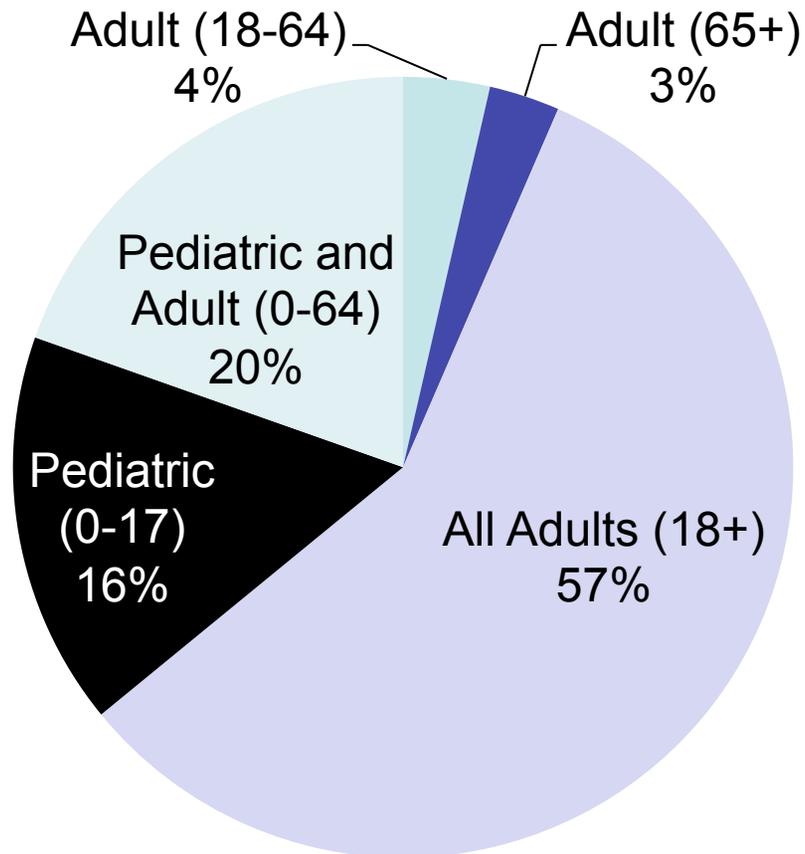- We excluded 53 additional hospital measures from the analysis.

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Programs use measures across all of the domains

Distinct measures by domain
n = 509

6

Most implemented measures are for adults

Adult (18-64)
4%

Adult (65+)
3%

Pediatric and
Adult (0-64)
20%

Pediatric
(0-17)
16%

All Adults (18+)
57%

- But there does not appear to be a deficiency in the number of measures that could be used in the pediatric or the 65+ population.

Measures by age group
n = 1367

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Finding #2: Little alignment across the measure sets

Shared*
20%

Not shared
80%
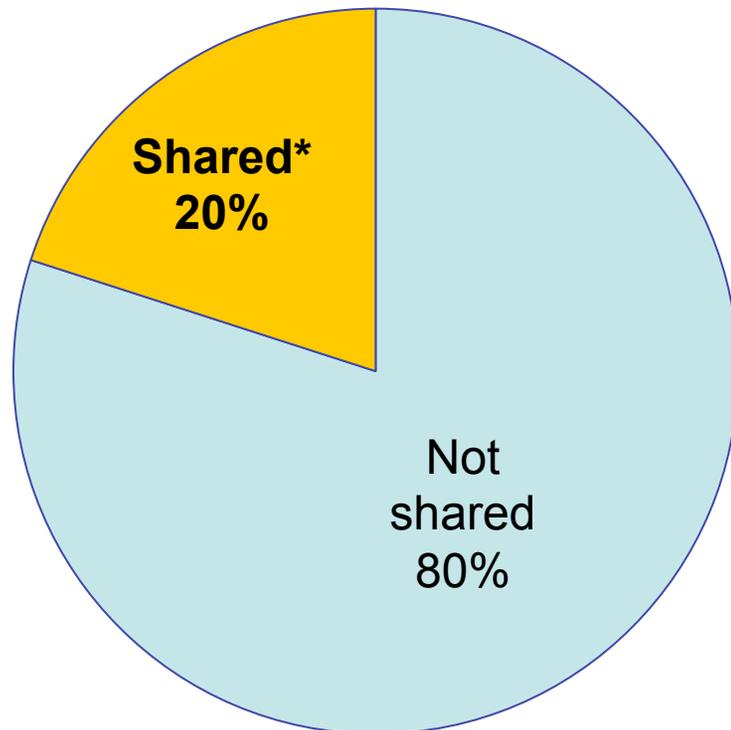
Number of distinct measures shared by multiple measure sets
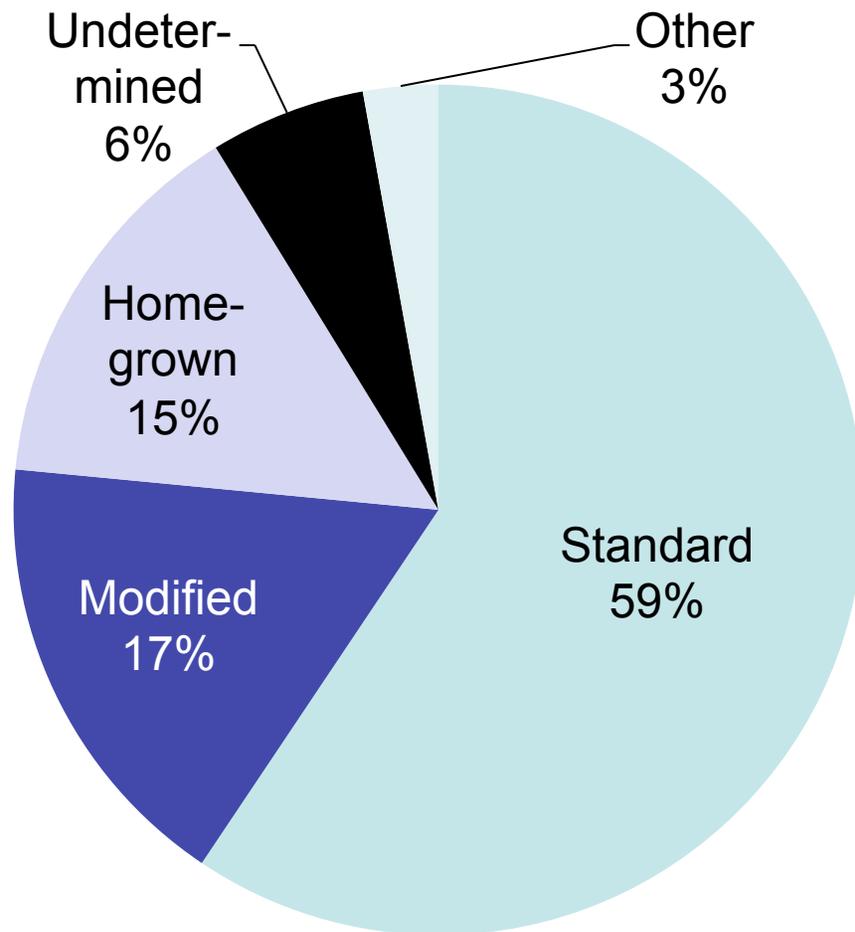*n = 509*

- Programs have very few measures in common or "sharing" across the measure sets

- Of the 1367 measures, 509 were "distinct" measures

- Only 20% of these distinct measures were used by more than one program

* By "shared," we mean that the programs have measures in common with one another, and not that programs are working together.

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How often are the "shared measures" shared?

Not that often…

11-15 sets, 3% (14 measures)

Measures not shared 80%

Shared measures 20%

3-5 sets, 4% (20 measures)

16-30 sets, 4% (19 measures)

2 sets, 5% (28 measures)

Most measures are not shared

Only 19 measures were shared by at least 1/3 (16+) of the measure sets

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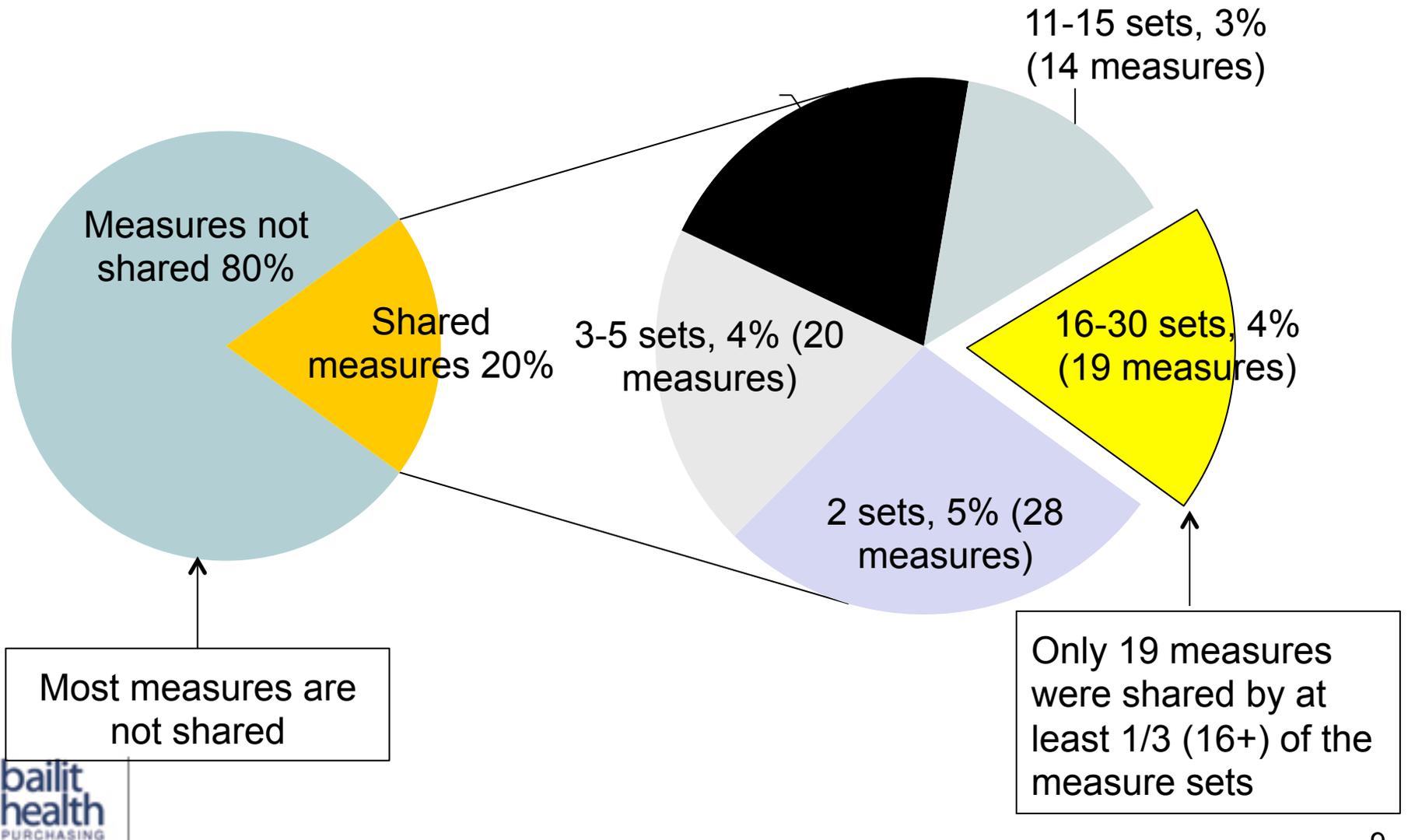
Finding #3: Non-alignment persists despite preference for standard measures

Measures by measure type
n = 1367

Defining Terms

Standard: measures from a known source (e.g., NCQA, AHRQ)
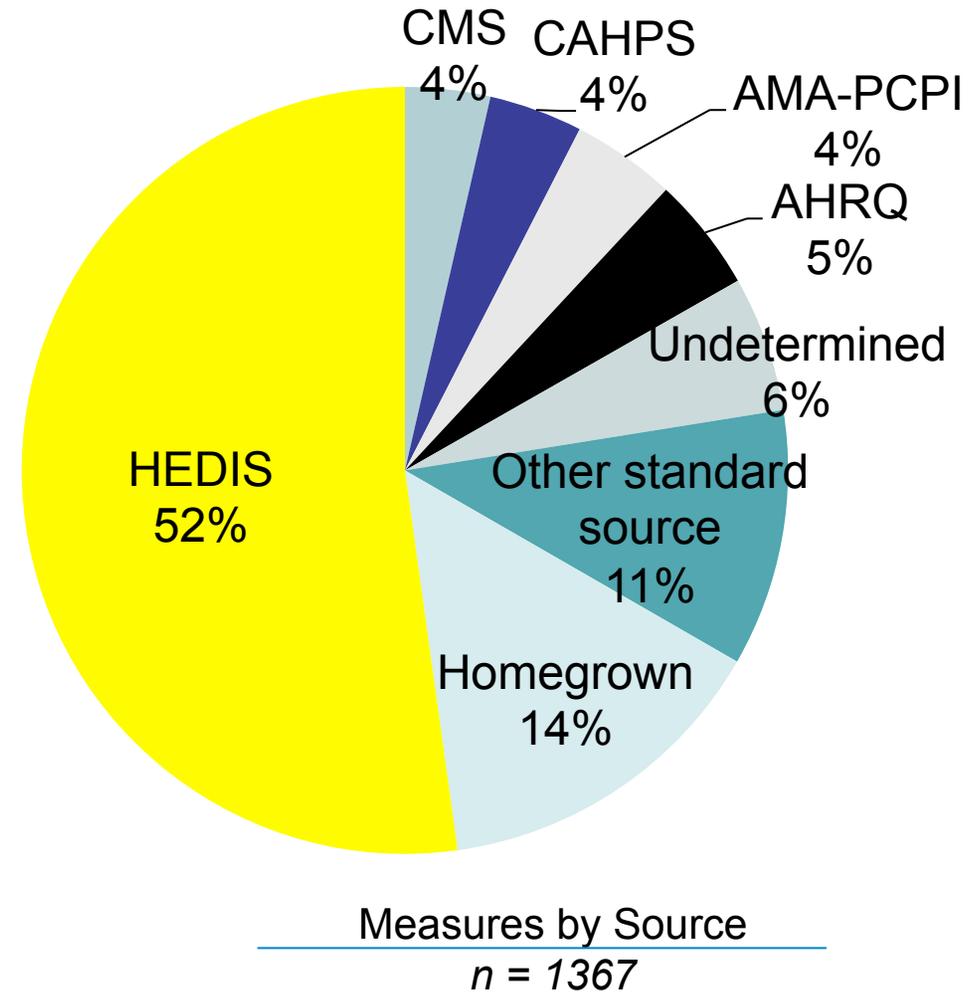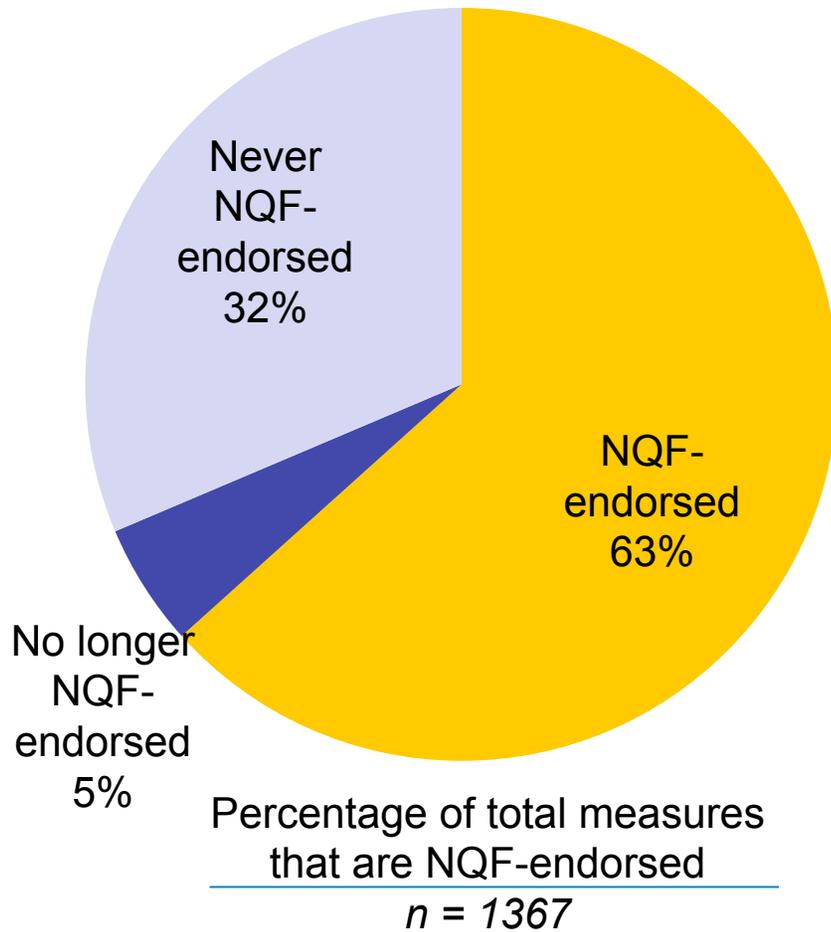
Modified: standard measures with a change to the traditional specifications

Homegrown: measures that were indicated on the source document as having been created by the developer of the measure set

Undetermined: measures that were not indicated as "homegrown", but for which the source could not be identified

Other: a measure bundle or composite

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Most measures used are standard NQF-endorsed measures and/or from HEDIS

Never NQF-endorsed
32%

NQF-endorsed
63%

No longer NQF-endorsed
5%

Percentage of total measures that are NQF-endorsed
n = 1367

CMS 4%
CAHPS 4%
AMA-PCPI 4%
AHRQ 5%
Undetermined 6%
Other standard source 11%
HEDIS 52%
Homegrown 14%

Measures by Source
n = 1367

Note: the standard measures described here include those standard measures that have been modified.

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But a much smaller percentage of the distinct measures are NQF-endorsed and/or from HEDIS

Never NQF-endorsed 64%

NQF-endorsed 32%

No longer NQF-endorsed 4%
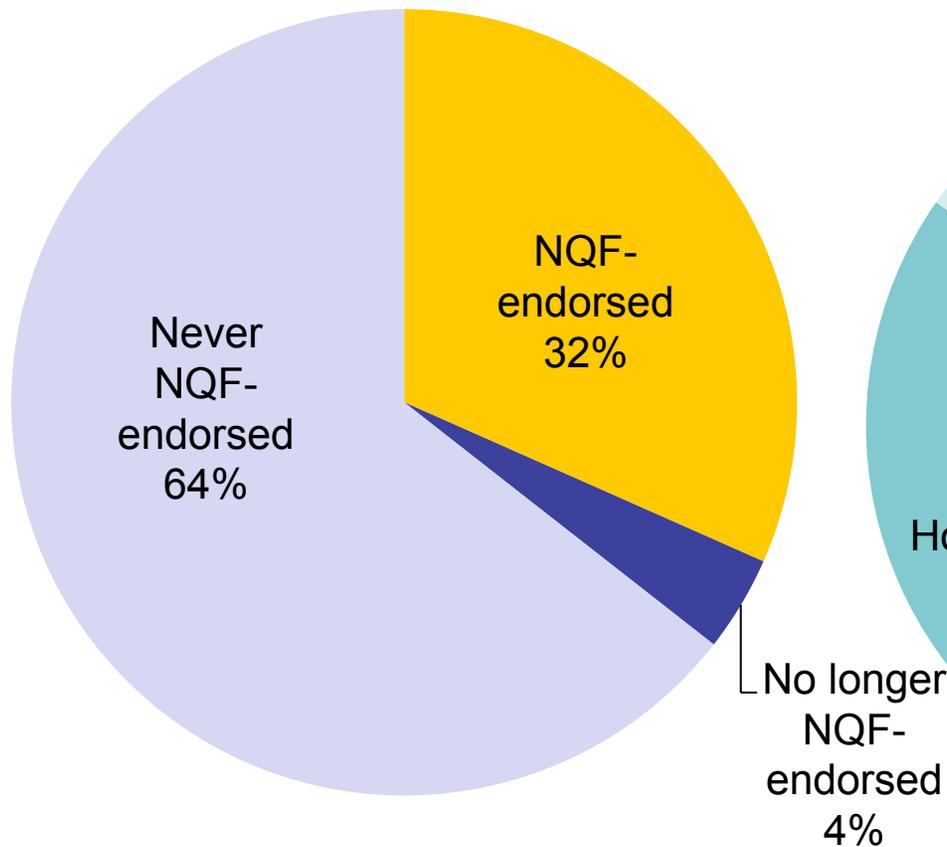
Percentage of distinct measures that are NQF-endorsed
n = 509

Undetermined 15%

HEDIS 16%

AHRQ 4%

CMS 4%

AMA-PCPI 4%

Other standard source 18%

Homegrown 39%
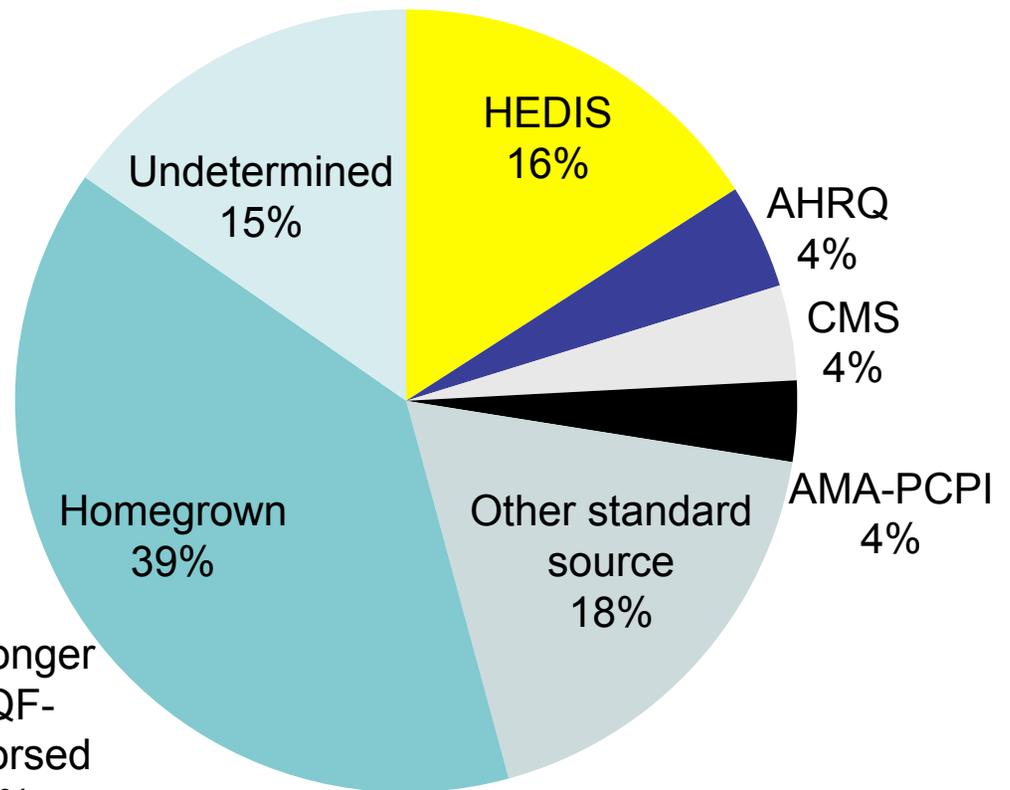
Distinct measures by source
n = 509

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Programs are selecting different subsets of standard measures

- While the programs may be primarily using standard, NQF-endorsed measures, they are **not selecting the same** standard measures

- Not one measure was used by every program
  - Breast Cancer Screening is the most frequently used measure and it is used by only 30 of the programs (63%)

Program A

Program B

Program C
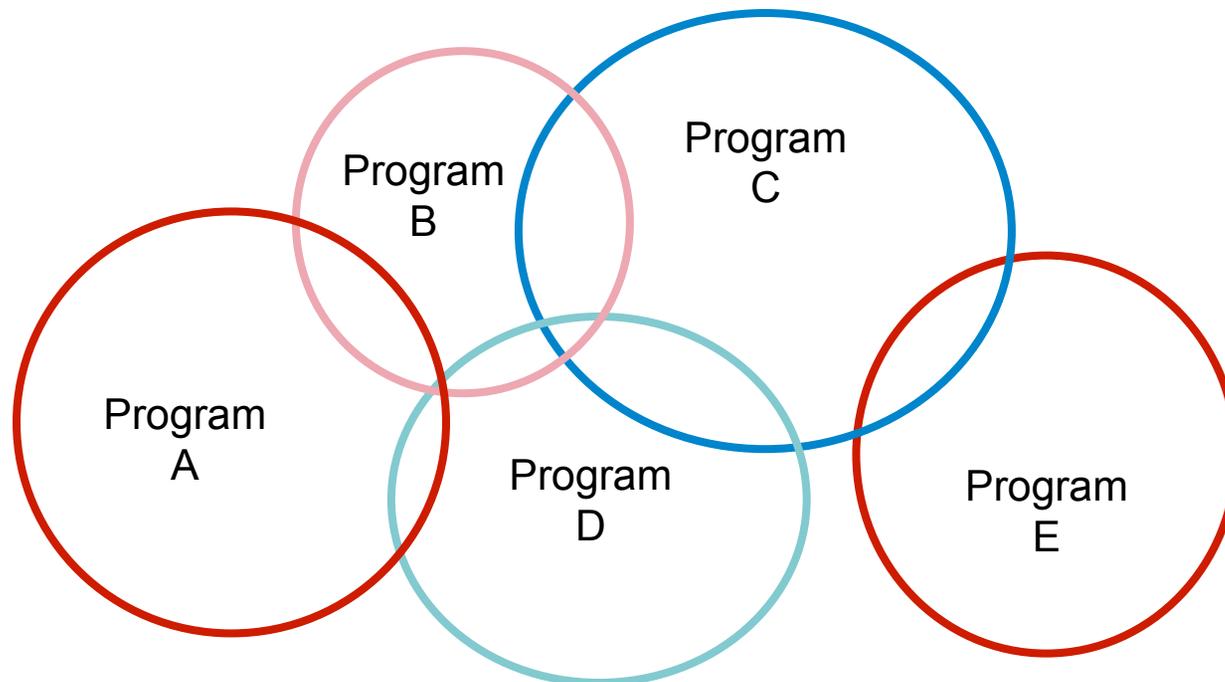
Program D

Program E

Finding #4: Regardless of how we cut the data, the programs were not aligned

- We conducted multiple analyses and found non-alignment persisted across:
  - Program types
  - Program purposes
  - Domains, and
  - A review of sets within CA and MA

- The only program type that showed alignment was the Medicaid MCOs
  - 62% of their measures were shared
  - Only 3 measures out of 42 measures were not HEDIS measures

- California also showed more alignment than usual
  - This may be due to state efforts or to the fact that three of the seven CA measure sets were created by the same entity.

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Finding #5: Even shared measures aren't always the same - the problem of modification!

- Most state programs modify measures
- 23% of the identifiable standardized measures were modified (237/1051)
- 40 of the 48 measure sets modified at least one measure
- Two programs modified *every* single measure
  1. RI PCMH
  2. UT Department of Health
- Six programs modified at least 50% of their measures
  1. CA Medi-Cal Managed Care Specialty Plans (67%)
  2. WA PCMH (67%)
  3. MA PCMH (56%)
  4. PA Chronic Care Initiative (56%)
  5. OR Coordinated Care Organizations (53%)
  6. WI Regional Collaborative (51%)

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Why do organizations modify measures?

- ## To tailor the measure to a specific program
  - If a program is focused on a subpopulation, then the program may alter the measure to apply it to the population of interest

- ## To facilitate implementation
  - Due to limitations in data capabilities, programs may choose to modify the source of measures so they can collect them without changing IT systems

- ## To obtain buy-in and consensus on a measure
  - Sometimes providers have strong opinions about the particular CPT codes that should be included in a measure in order to make it more consistent with their experiences. In order to get consensus on the measure, the organization may agree to modify the specifications.
  - Sometimes providers are anxious about being evaluated on particular measures and request changes that they believe reflect best practice

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Finding #6: Many programs create homegrown measures

Undetermined 14%

Standard 46%

Homegrown 36%

Other 4%
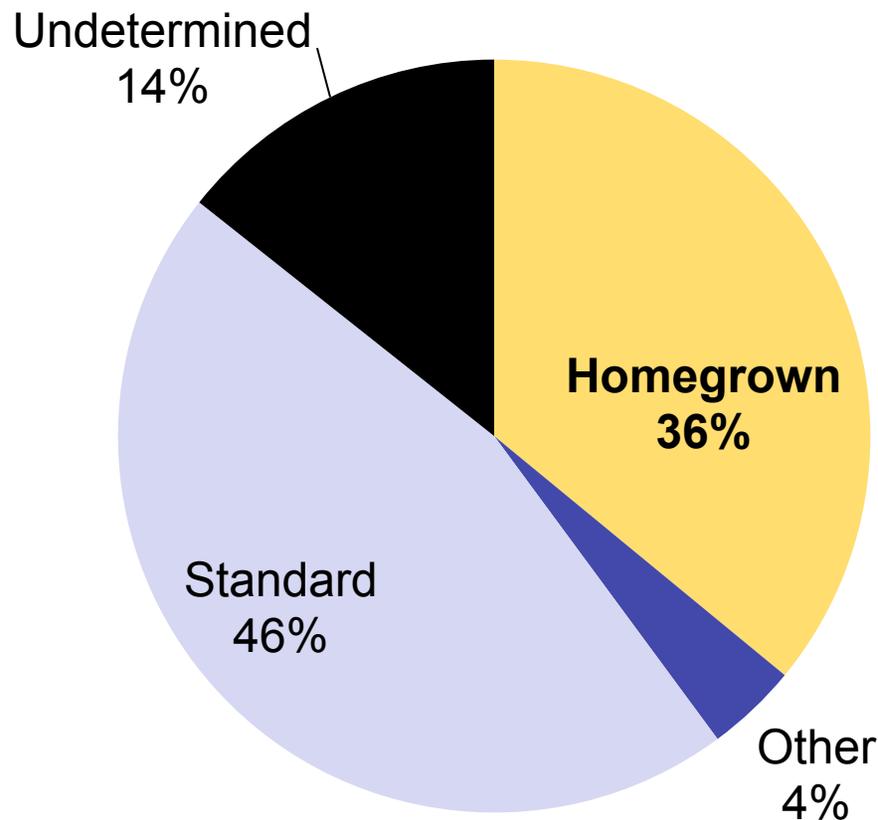
Distinct measures by type
n =509

What are "homegrown" measures?

Homegrown measures are measures that were indicated on the source document as having been created by the developer of the measure set.

If a measure was not clearly attributed to the developer, the source was considered to be "undetermined" rather than "homegrown."

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40% of the programs created at least one homegrown measure

Provider choice measures
10%

Unclear as to why the program used a homegrown measure
14%

Measures that are specific to one program
41%

Measures that attempt to fill a measurement gap
35%
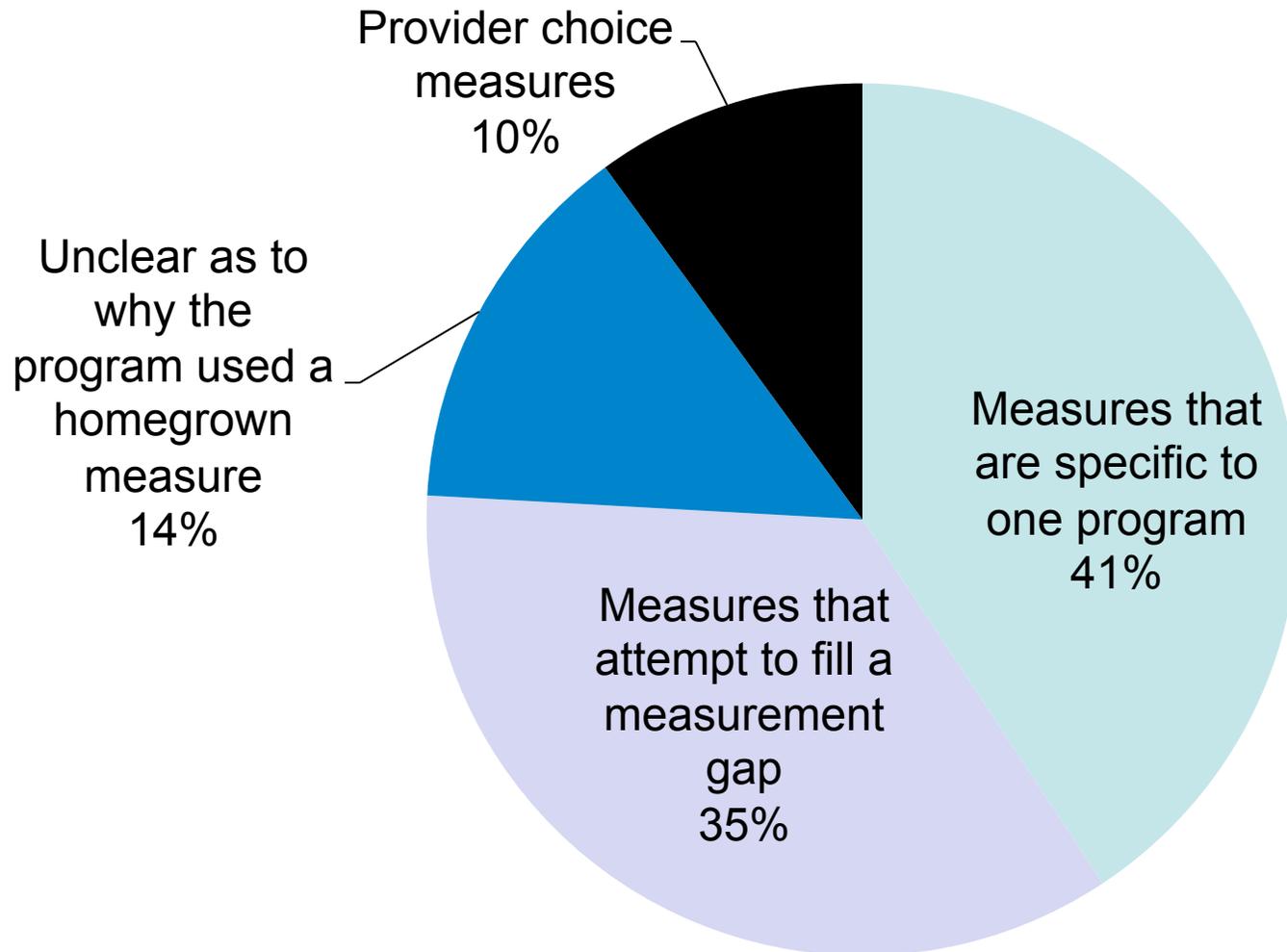
Homegrown measures by type
n =198

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Do homegrown measures represent innovation?

- "Innovative" measures are measures that are not NQF-endorsed and:

  a. address an important health care concern that is not addressed in most state measure sets, e.g.:

    - Care coordination
    - Care management/ transitions
    - Cost
    - End-of-life care/ hospice/ palliative care
    - Patient self-management
    - Procedure-specific quality concerns
    - Social determinants of health

  b. address an issue/condition for which few measures are commonly employed, e.g.:

    - Dementia
    - Dental care
    - Depression
    - Maternal health
    - Mental health
    - Pain
    - Quality of life
    - Substance abuse

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Innovative measures

- We identified 76 innovative measures across 50 measure sets:
  - 48 measures sets from the state measure set analysis
  - 2 additional regional collaborative measure sets
    - Minnesota AF4Q
    - Oregon AF4Q

- 20 of the measure sets included at least one innovative measure:
  - 35% of MA PCMH measures were innovative (17)
  - 31% of MN SQRMS measures were innovative (4)
  - 25% of MA MBHP measures were innovative (2)
  - 16% of TX Delivery System Reform Incentive Program measures were innovative (17)

- Some of the innovative measures may simply be "measure concepts" that are not ready for implementation.

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Finding #7: Most homegrown measures are not innovative

Non-innovative homegrown measures
149

Innovative homegrown measures
53

Innovative measures that are not homegrown
23
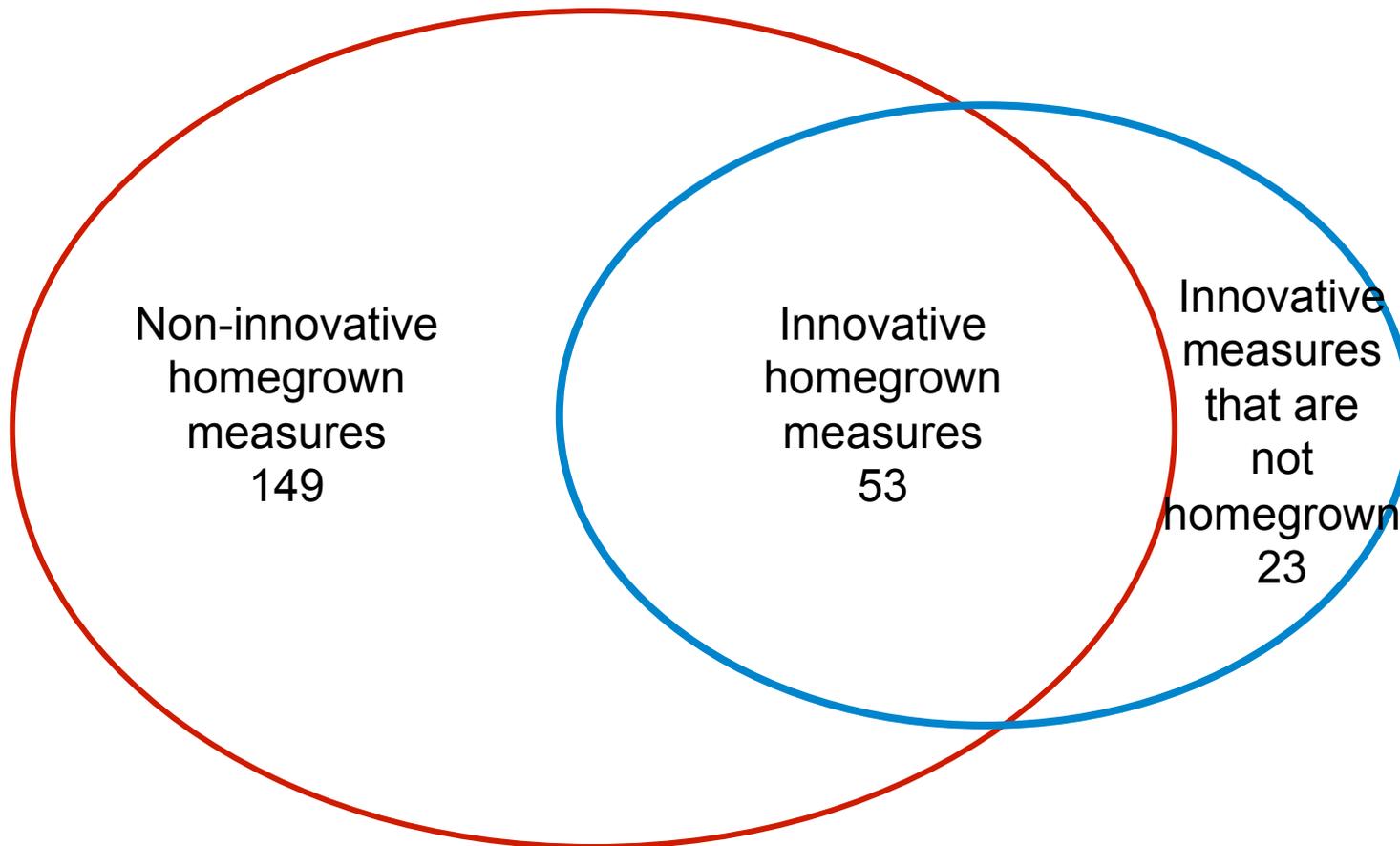
But most innovative measures are homegrown

Note: The numbers on this slide vary slightly from the others since we have added four additional homegrown innovative measures from MN AF4Q.

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Examples of innovative measures

- Percent of hospitalized patients who have clinical, telephonic or face-to-face follow-up interaction with the care team within 2 days of discharge during the measurement month (MA PCMH)

- Patient visits that occur with the selected provider/care team (ID PCMH)

- Cost savings from improved chronic care coordination and management (IA dually eligible program)

- Decrease in mental health admissions and readmissions to criminal justice settings such as jails or prisons (TX DSRIP)

- Mental and physical health assessment within 60 days for children in DHS custody (OR CCO)

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There appears to be a need for new standard measures in certain areas

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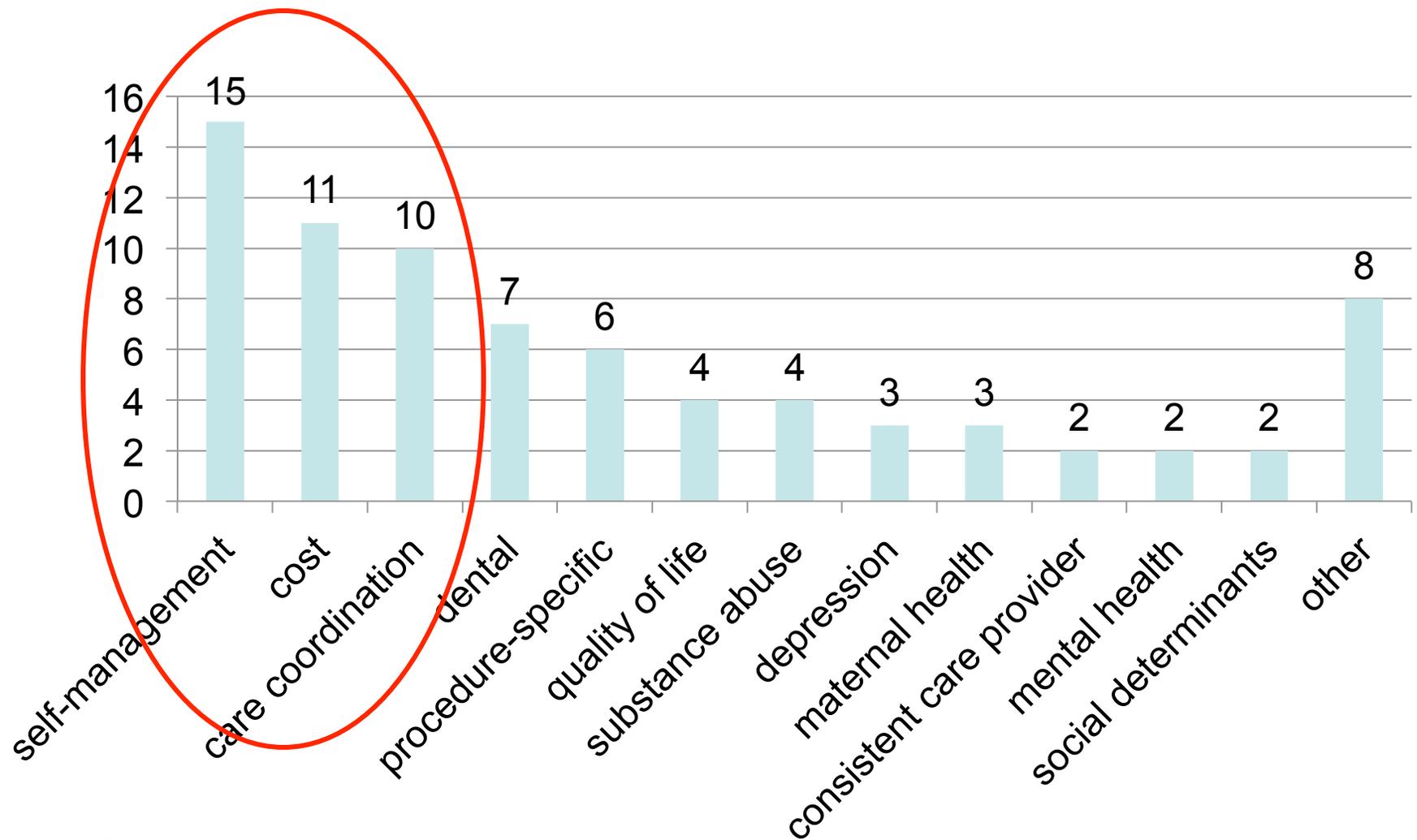
Summary of findings

- There are many, many measures in use today.

- Current state and regional measure sets are not aligned.

- Non-alignment persists despite the tendency to use standard, NQF-endorsed and/or HEDIS measures.

- With few exceptions, regardless of how we analyzed the data, the programs' measures were not aligned.
  - With the exception of the Medicaid MCO programs, we found this lack of alignment existed across domains, and programs of the same type or for the same purpose.
  - We also found that California has more alignment. This may be due to our sample or the work the state has done to align measures.

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Summary of findings (cont'd)

- While many programs use measures from the same domains, they are not selecting the same measures within these domains.

  - This suggests that simply specifying the domains from which programs should select measures will not facilitate measure set alignment.

- Even when the measures are "the same," the programs often modify the traditional specifications for the standard measures.

Summary of findings (cont'd)

- Many programs create their own "homegrown" measures.
  - Some of these may be measure concepts, rather than measures that are ready to be implemented

- Unfortunately most of these homegrown measures do not represent true innovation in the measures space.

- There appears to be a need for new standardized measures in the areas of self-management, cost, and care management and coordination.

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Conclusions

- **<u>Bottom line:</u>** Measures sets appear to be developed independently without an eye towards alignment with other sets.

- The diversity in measures allows states and regions interested in creating measure sets to select measures that they believe best meet their local needs. Even the few who seek to create alignment struggle due to a paucity of tools to facilitate such alignment.

- The result is "measure chaos" for providers subject to multiple measure sets and related accountability expectations and performance incentives. Mixed signals make it difficult for providers to focus their quality improvement efforts.

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This is only the beginning…

- We anticipate that as states and health systems become more sophisticated in their use of electronic health records and health information exchanges, there will be more opportunities to easily collect clinical data-based measures and thus increase selection of those types of measures over the traditional claims-based measures.

- Combining this shifting landscape with the national movement to increase the number of providers that are paid for value rather than volume suggests that the proliferation of new measures and new measure sets is only in its infancy.

A call to action

- In the absence of a fundamental shift in the way in which new measure sets are created, we should prepare to see the problem of unaligned measure sets grow significantly.

Recommendations

1. Launch a campaign to raise awareness about the current lack of alignment across measure sets and the need for a national measures framework.

   – help states and regions interested in creating measure sets understand why lack of alignment is problematic

2. Communicate with measure stewards to indicate to them when their measures have been frequently modified and why this is problematic.

   – in particular in the cases in which additional detail has been added, removed or changed

3. Develop an interactive database of recommended measures to establish a national measures framework.

   – consisting primarily of the standardized measures that are used most frequently for each population and domain

   – selecting and/or defining measures for the areas in which there is currently a paucity of standardized measures

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Recommendations (cont'd)

4. Provide technical assistance to states to help them select high-quality measures that both meet their needs and encourage alignment across programs in their region and market. This assistance could include:

   - a measures hotline
   - learning collaboratives and online question boards, blogs and/or listservs
   - benchmarking resources for the recommended measures selected for inclusion in the interactive measures tool.

5. Acknowledge the areas where measure alignment is potentially not feasible or desirable.

   - different populations of focus
   - program-specific measures

Contact information

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Appendix

Measure sets by state

- Reviewed 48 measure sets used by 25 states.
- Intentionally gave a closer look at two states: CA and MA.

1. AR
2. CA (7)
3. CO
4. FL
5. IA (2)
6. ID
7. IL
8. LA
9. MA (8)
10. MD
11. ME (2)
12. MI
13. MN (2)
14. MO (3)
15. MT
16. NY
17. OH
18. OK
19. OR
20. PA (4)
21. RI
22. TX
23. UT (2)
24. WA
25. WI

Note: If we reviewed more than one measure set from a state, the number of sets included in the analysis is noted above.
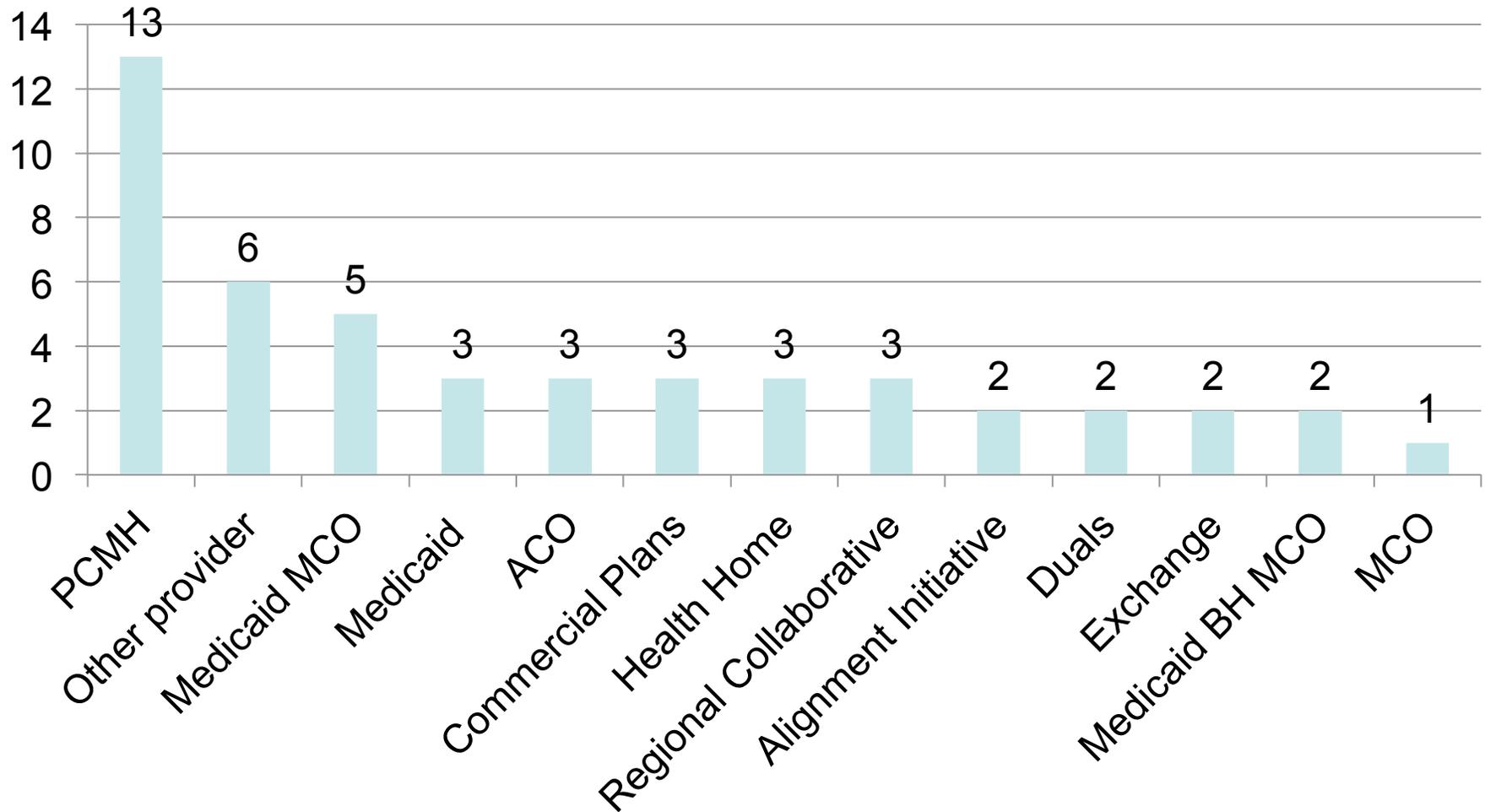
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Program types

- **Note: these categories are meant to be mutually exclusive. Each measure set was only included in one category.**

- **ACO:** Measure sets used by states to evaluate Accountable Care Organizations (organizations of providers that agree to be accountable for clinical care and cost for a specific attributed population.)

- **Alignment Initiative:** Measure sets created by statewide initiatives in an attempt to align the various measures being used throughout the state by various payers or entities.

- **Commercial Plans:** Measure sets used by states to evaluate insurers serving commercial members.

- **Duals:** Measure sets used by state Medicaid agencies in programs serving beneficiaries who are dually eligible for Medicare and Medicaid.

- **Exchange:** Measure sets used to assess plan performance in a state-operated marketplace for individuals buying health insurance coverage.

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Program types (cont'd)

- **Medicaid:** Measure sets used by states to evaluate Medicaid agency performance.

- **Medicaid MCO:** Measure sets used by state Medicaid agencies to assess performance of their contracted managed care organizations.

- **Medicaid BH MCO:** Measure sets used by state Medicaid agencies to assess performance of their contracted behavioral health managed care organizations.

- **PCMH:** Measure sets used by patient-centered medical home initiatives.

- **Other Provider:** Measure sets used by states to assess performance at the provider level, but not for assessing ACO, PCMH or Health Home initiatives.

- **Regional Collaborative**: A coalition of organizations coordinating measurement efforts at a regional level, often with the purpose of supporting health and health care improvement in the geographic area.

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Measure sets by program type

Measure sets by purpose

25
22
20 — 19
15
10
5 — 5
0 — 2

Reporting | Payment | Reporting and other | Alignment
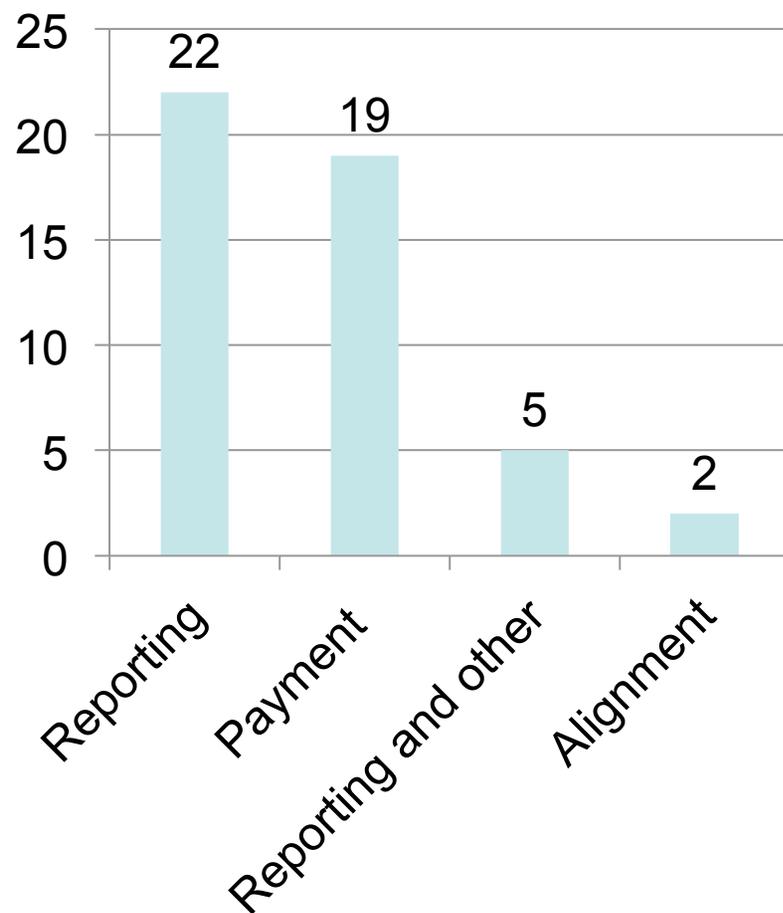
Defining Terms

Reporting: measure sets used for performance reporting, this reporting may be public or may be for internal use only

Payment: measure sets used to distribute payments of some kind (e.g., pay-for-performance, shared savings, etc.)

Reporting and Other: measure sets used for reporting and an additional non-payment purpose, such as tiering providers or contract management

Alignment: measure sets that are the result of state initiatives to establish a core measure set for the state

Measure sets ranged significantly in size

[max] ◆ *108 measures*

[avg] ● *29 measures*

[min] ◆ *3 measures*
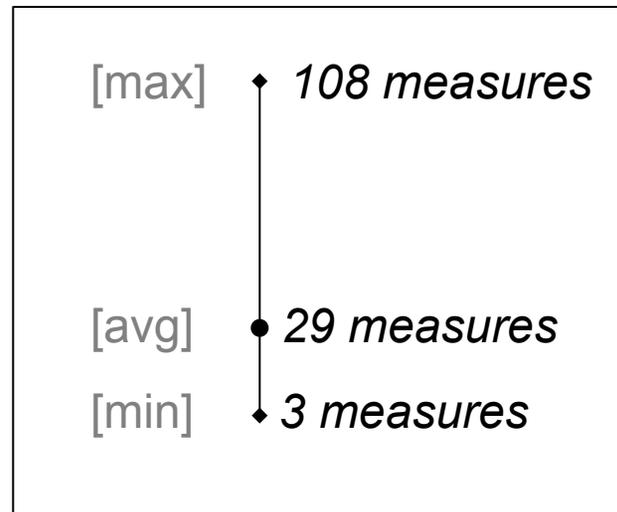
Note: This is counting the measures as NQF counts them (or if the measure was not NQF-endorsed, as the program counted them).

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Categories of 19 most frequently used measures

7 Diabetes Care

- Comprehensive Diabetes Care (CDC): LDL-C Control <100 mg/dL
- CDC: Hemoglobin A1c (HbA1c) Control (<8.0%)
- CDC: Medical Attention for Nephropathy
- CDC: HbA1c Testing
- CDC: HbA1c Poor Control (>9.0%)
- CDC: LDL-C Screening
- CDC: Eye Exam

6 Preventative Care

- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status
- Colorectal Cancer Screening
- Weight Assessment and Counseling for Children and Adolescents
- Tobacco Use: Screening & Cessation Intervention

4 Other Chronic Conditions

- Controlling High Blood Pressure
- Use of Appropriate Medications for People with Asthma
- Cardiovascular Disease: Blood Pressure Management <140/90 mmHg
- Cholesterol Management for Patients with Cardiovascular Conditions

1 Mental Health/Sub-stance Abuse

- Follow-up after Hospitalization for Mental Illness

1 Patient Experience

- CAHPS Surveys (various versions)

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Overview of measure sets included in analysis

State	Name	Type	# of measures	NQF-endorsed	Modified	Homegrown
AR	Arkansas Medicaid	Medicaid	14	79%	None	None
CA	CA Medi-Cal Managed Care Division	Medicaid	22	82%	45%	5%
CA	CA Medi-Cal Managed Care Division: Specialty Plans	Medicaid	6	50%	67%	33%
CA	Office of the Patient Advocate (HMO)	Commercial Plans	50	74%	18%	None
CA	Office of the Patient Advocate (Medical Group)	Commercial Plans	25	68%	4%	None
CA	Office of the Patient Advocate (PPO)	Other Provider	44	73%	14%	None

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Overview of measure sets included in analysis (cont'd)

State	Name	Type	# of measures	NQF-endorsed	Modified	Homegrown
CA	CALPERS	Commercial Plans for Public Employees	33	85%	6%	None
CA	Quality and Network Management – Quality Reporting System (QRS)	Exchange	51	84%	6%	None
CO	Medicaid's Accountable Care Collaborative	ACO with Primary Care Medical Provider	3	None	33%	None
FL	Medicaid MCO Procurement Measures	Medicaid MCO	8	75%	None	None
IA	IA Duals	Duals	31	65%	10%	10%
IA	IA Health Homes	Health Home	12	92%	None	None

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Overview of measure sets included in analysis (cont'd)

State	Name	Type	# of measures	NQF-endorsed	Modified	Homegrown
ID	Idaho Medical Home Collaborative	PCMH	17	59%	12%	None
IL	IL Medicaid MCO	Medicaid MCO	42	88%	12%	None
LA	Coordinated Care Networks	Medicaid	35	71%	6%	9%
MA	MA Connector	Exchange	9	67%	None	None
MA	MA Duals Project	Duals	42	86%	None	5%
MA	MA GIC	Other Provider	99	60%	16%	None

Overview of measure sets included in analysis (cont'd)

State	Name	Type	# of measures	NQF-endorsed	Modified	Homegrown
MA	MA MBHP	Behavioral Health MCO P4P	8	38%	13%	38%
MA	MA MMCO	Medicaid	19	79%	11%	None
MA	MA PCPRI	Other Provider	26	96%	4%	None
MA	PCMH	PCMH	48	52%	56%	44%
MA	Statewide Quality Advisory Committee (SQAC)	Alignment Initiative	83	78%	7%	1%
MD	Maryland Multi-Payer Pilot Program (MMPP)	PCMH	20	90%	5%	None

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Overview of measure sets included in analysis (cont'd)

State	Name	Type	# of measures	NQF-endorsed	Modified	Homegrown
ME	Maine Health Management Coalition	Regional Collaborative	28	100%	43%	None
ME	Maine's PCMH Project	PCMH	29	79%	24%	7%
MI	The Michigan Primary Care Transformation Project (MiPCT)	PCMH	36	61%	19%	17%
MN	MN AF4Q	Innovative measures only	NA	NA	NA	NA
MN	MN Dept Health (Medicaid) Health Care Home	PCMH	7	86%	None	None
MN	MN SQRMS: MN Statewide Quality Reporting and Measurement System (SQRMS)	Alignment Initiative	13	46%	15%	8%

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Overview of measure sets included in analysis (cont'd)

State	Name	Type	# of measures	NQF-endorsed	Modified	Homegrown
MO	MO BHMCO measures	Medicaid BH MCO	69	3%	4%	94%
MO	MO Medicaid Health Home	Health Home	41	41%	17%	51%
MO	Missouri Medical Home Collaborative (MMHC)	PCMH	9	89%	33%	11%
MT	Montana Medical Home Advisory Council	PCMH	13	92%	8%	None
NY	Medicaid Redesign Initiative	Medicaid	38	55%	24%	24%
OH	SW OH CPCI	PCMH	21	86%	5%	None

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Overview of measure sets included in analysis (cont'd)

State	Name	Type	# of measures	NQF-endorsed	Modified	Homegrown
OK	OK Medicaid Soonercare	PCMH	17	65%	18%	None
OR	CCO's Incentive Measures Set	ACO	17	65%	53%	24%
PA	Chronic Care Initiative	PCMH	34	47%	56%	15%
PA	Health Home Care set	Health Home	8	75%	None	None
PA	MCO/Vendor P4P	MCO P4P	14	64%	29%	None
PA	Provider P4P	Other Provider	13	62%	31%	None

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Overview of measure sets included in analysis (cont'd)

State	Name	Type	# of measures	NQF-endorsed	Modified	Homegrown
RI	RI PCMH (CSI)	PCMH	10	80%	100%	None
TX	TX Delivery System Reform Incentive Program	Other Provider	108	35%	2%	30%
UT	UT Dept. of Health	Other Provider	5	60%	100%	None
UT	Health Insight Utah	Regional Collaborative	10	100%	None	None
VT	VT ACO Measures Work Group	ACO	37	54%	11%	None
WA	Multi-payer PCMH	PCMH	6	67%	67%	None
WI	WI Regional Collaborative	Regional Collaborative	10	80%	100%	None

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