Health IT Policy Committee

A Public Advisory Body on Health Information Technology to the National Coordinator for Health IT

Quality Measure Workgroup Meaningful Use Stage 3 Deeming Update

November 6, 2013

ACO QM Subgroup

- Originally asked to develop recommendations for measures that would be applicable at the Accountable Care Organization (ACO) level
  - Patient-centered, longitudinal, cross settings of care where appropriate and address efficiency of care delivery.
  - Focus on the domains, concepts, and infrastructure that can be applied to Accountable Care Organizations (ACOs).
- Was asked to first focus efforts on deeming

Deeming Charge by HITPC

Overarching Charge to QM WG and ACQM Subgroup:

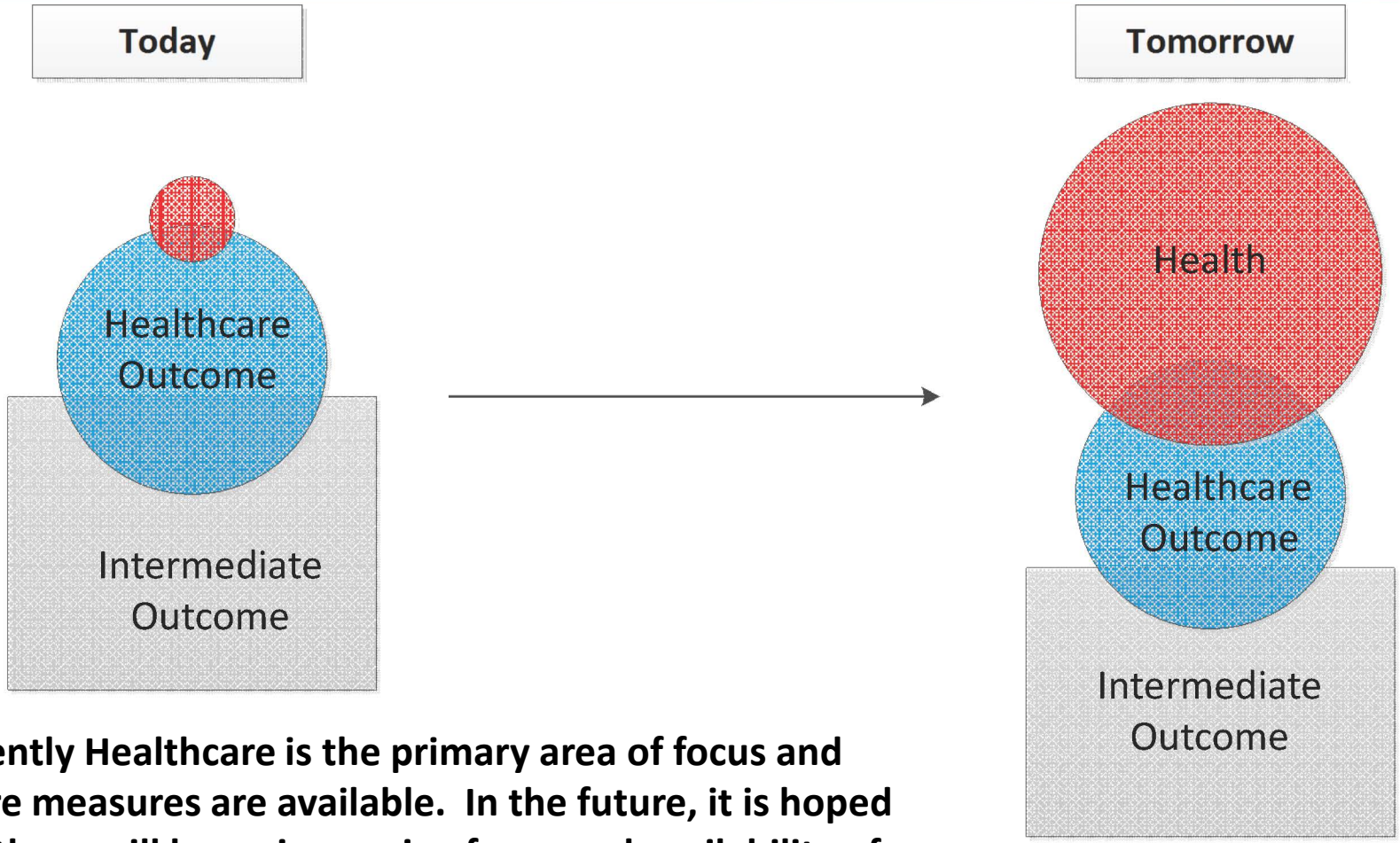
- Develop recommendations for how electronic clinical quality measure concepts and specific measures could be used in place of MU objective measures to "deem" eligible providers (EPs) and eligible hospitals (EHs) as meaningful users through their ability to perform on quality outcomes.

- HIT-sensitive outcome measures for EPs and EHs
  - What are the criteria and the potential framework for deeming?
  - Which measures that currently exist in CMS programs are appropriate to use for deeming?
- What parameters could be used for a group reporting option for MU overall (including deeming)?
  - If there is a group reporting option, how do you attribute a provider's membership in a group and his/her ability to receive incentives (or avoid penalties)?

Framework for the workgroup

- Health is the primary outcome
- Populations-based
- Patient-centered, longitudinal
- Would support
  - High or improved performance
  - Reduction in disparities
  - Encompass the aspects of the MU Stage 2 objectives but does not need to map one-to-one
  - Patient-reported outcome measures

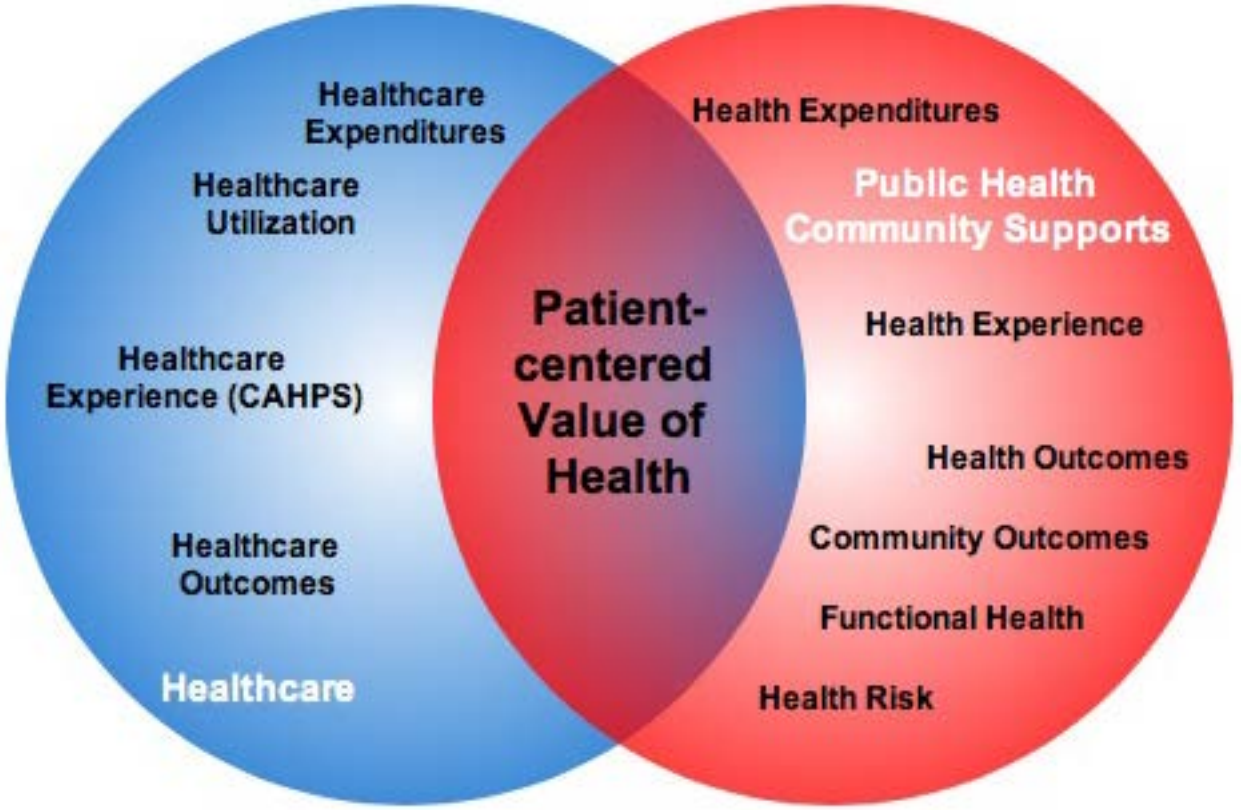
Future direction for Framework



Currently Healthcare is the primary area of focus and where measures are available. In the future, it is hoped that there will be an increasing focus and availability of measures on Health.

Recommended Deeming Framework

OVERALL MEASURES



	Expenditures	Experience	Outcomes
Intermediate Outcomes	Healthcare Expenditures Public Health Expenditures Patient Expenditures Enabling Service Expenditures	Patient Activation Access to Care and Information Communication with Healthcare Shared Decision-making Access to Enabling Services	Functional Health Health Risk Disease/condition Site of Care

Assumptions for Deeming Criteria

- Criteria are for measure set, not for individual measures
- The criteria are intended to be applicable for:
  - Individual EP or EH reporting
  - Population or group reporting
    - Reporting may be through “self-defined” group

Population- level Reporting

- Should only be reported at the group level
- Groups may be defined more loosely, including but not limited to how they are defined in an ACO
- Goal is to promote shared responsibility across settings and providers (e.g., hospital and provider total knee and hip PRO)

Draft Criteria

Applies across EP, EH, and Populations

1. Preference for eCQMs or measures that leverage data from HIT systems (e.g., clinical decision support)
2. Enables patient-focused view of longitudinal care
3. Supports health risk status assessment and outcomes

More applicable at the population or group reporting

4. Preference for reporting once across programs that aggregate data reporting
5. Applicable to populations
6. **Benefit Outweighs Burden**
7. **Promotes shared responsibility**

Recommended Criteria for Deeming

Applies across EP, EH, and Populations:

- **Preference for eCQMs or measures that leverage data from HIT systems (e.g., clinical decision support)**
- **Enables patient-focused view of longitudinal care:** enables assessment of care over time from the patient's perspective
  - Across EPs or EHs
  - Across groups of providers
  - With non-eligible providers (e.g. behavioral health)
- **Supports health risk status assessment and outcomes:** supports assessment of patient health risks that can be used for risk adjusting other measures and assessing change in outcomes to drive improvement

Recommended Criteria for Deeming

More applicable at the population or group reporting:

- **Preference for reporting once across programs that aggregate data reporting** (e.g., PCMH, MSSP, HRRP, CAHPS)
- **Applicable to populations:** broadest possible experience of the patient/population is reflected in measurement (e.g. require interoperable systems)
- **Benefit Outweighs Burden:** benefits of measuring & improving population health outweighs the burden of organizational data collection and implementation
- **Promotes shared responsibility:** measure as designed requires collaboration and/or interoperability across settings and providers

Exemplars Discussed

- Frail Elderly
- Million Hearts (Adults with cardiovascular risk)
- Disabled and Under Age 65
- Primary Care with Mental Health Diagnosis

Frail Elderly Exemplar with a Population Focus (ACO)

Measure	Prefer eCQM/Leverages HIT	Patient-focused View of Longitudinal Care	Health Risk/Outcomes & Improvement	Prefer Report Once	Applicable to Populations	Benefit Outweighs Burden	Promotes Shared Responsibility
PRO on Coordi-nation by System	High	High	High	Low	High	Medium	High
Re-admission	High	High	High	Medium	High	High	High
Falls Rate	Medium	Medium	Medium	High	Medium	High	Low
Pressure Ulcer Rate	Medium	High	Medium	High	High	High	Medium
# Days Living in Com-munity	Medium	High	Medium	Low	High	Medium	High
Total Cost of Care	High	High	High	Medium	High	High	High

Exemplar – application of the proposed criteria to existing quality measures

Frail Elderly Exemplar with an EP Focus

Measure	Prefer eCQM/Leverages HIT	Patient-focused View of Longitudinal Care	Health Risk/Outcomes & Improvement	Prefer Report Once	Applicable to Populations	Benefit Outweighs Burden	Promotes Shared Responsibility
Screening for Future Fall Risk	High	High	Medium	High	Medium	High	Low
Use of High-risk Meds in the Elderly	High	High	High	High	Low	High	Medium
CG-CAHPS	Medium	High	Medium	Medium	High	High	Medium
Closing the referral loop	High	High	Medium	Medium	High	Medium	Medium
Re-admissions	Low	High	High	Low	High	High	High
Total Cost of Care	High	High	Medium	Medium	High	High	High

Implications of Draft Criteria to MU3

- Promote interoperability and access/reliance on data outside of the EHRs
- Population or group reporting more broadly defined (i.e., not limited to one provider group)
- Reporting on measures by a "self-defined" group (e.g., ACO) on behalf of EHs and EPs
- Include broader set of providers, including non-eligible providers (long-term care, behavioral health)
- Continue to prioritize building capabilities of HIT and national infrastructures for new measure types

Questions

- Are these the right criteria?
- Higher value - capability for new measures types or for alignment with existing programs?
- Are there times when deeming will be insufficient?

Recommendations for Future Work

- EH/EP measuring together for mutual benefit
- Group reporting option
- Population health aligned with new business models
- Interoperability that matters
  - Measures that depend on data from outside the current provider/organization
- Measurement coordination with non-eligible providers (e.g. behavioral health, long term care)
- Infrastructure and architecture for ACO measurement