

Arkansas Quality Overview

Plan Management Advisory Committee

November 8, 2013



Agenda and goals

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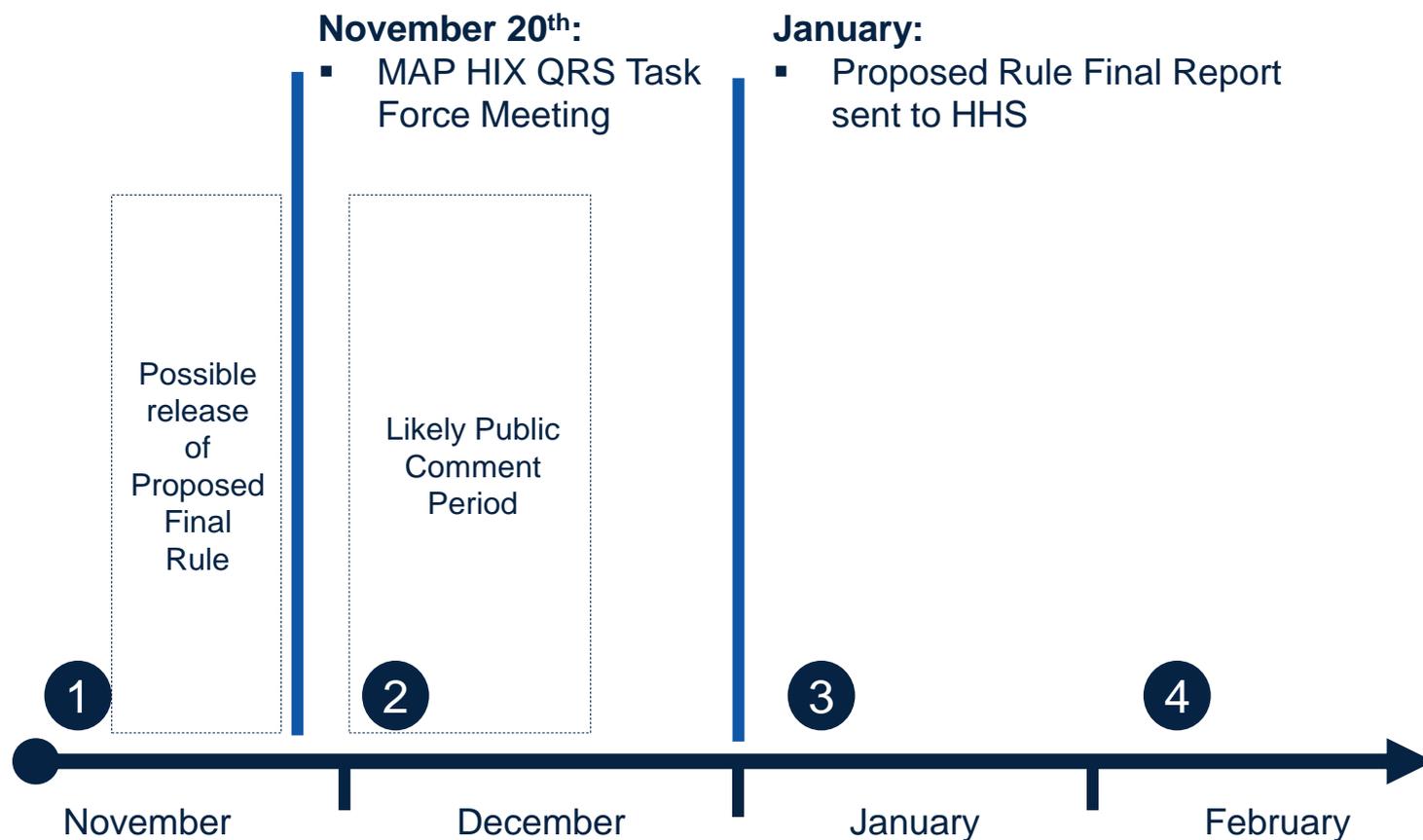
Current Workgroup Proposed Members

Count	Name	Organizations	Category
1	Austin Gaines	Sisters of Mercy	Provider
2	Dr. Andrew G Kumpuris	AR Cardiology Ctr	Provider
3	Edward Anderson	Johnson Regional Medical Center	Provider
4	B Darlene Byrd	APN Healthcare	Provider
5	Dr. William Golden	Arkansas Division of Medical Services	Provider
6	Kevin Moran	Health Management Physician Network	Provider
7	Pam Christie	Mental Health Council of Arkansas	Provider
8	John R. Ryan	Arkansas Health and Wellness Solutions	Provider
9	Dr. Stephen Sorsby	QualChoice	Payer
10	Dr. Randal Hundley	ABCBS	Payer
11	Mike Castleberry	HomeSCOPE Benefits	Payer
12	TBD	Celtic	Payer
13	TBD	Delta Dental	Payer
14	Suzanne Bierman	Arkansas Division of Medical Services	Govt
15	John Carter	Arkansas Division of Medical Services	Govt
16	Bashorat Ibragimova	Arkansas Division of Medical Services	Govt
17	Craig Wilson	ACHI	Academic
17	Jennifer Holder	ACHI	Academic
18	Pam Brown	Arkansas Hospital Association	Provider

— Members —

Category	Count
Providers	8
Payers	5
Govn't	3
Academics	2

Timeline for QHP Quality Rating System (QRS) Proposed Final Rule



Key: # = PMAC Quality Subgroup Working Session

Updated Quality Subgroup Meeting Agenda Items (Nov- Jan)

November Meeting

Defining overall goals of reporting metrics

1. Whether the state will go above and beyond what is included in the Federal Proposed Rule,
2. Discuss what quality reporting areas (not specific metrics) should be collected and which should be shared publicly

Dec. Mtg

Review of the proposed rule and possible comments to be recommended to the PMAC for submission to the Federal Government on the proposed rule (likely a 60 or 90 day comment period)

Jan. Mtg

Focus on what parts / priorities of the state's quality improvement initiative should be included, if they are to be included as above and beyond metrics to be collected / shared publicly

Quality Subgroup

11 / 8 Meeting Materials

PMAC Quality Subgroup Meeting Agenda

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Goals of the Connector in promoting quality

The first step in defining the Connector's role in quality determination is to highlight what goals are desired through quality measurement.

Short Term Goals:

- Inform consumers to make better choices
- Focus the state's quality improvement priorities
- Develop baselines for future progress charting

... and Long Term Goals:

- Increase focus on outcomes measurement
- Drive quality as a competitive factor between issuers
- Eliminate wasteful spending

National Quality Strategy Overview

AIMS:

Better Care:

Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.

Affordable Care:

Reduce the cost of quality health care for individuals, families, employers, and government.

Healthy People/Healthy Communities:

Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.

Goals:

- Making care safer by reducing harm caused in the delivery of care.
- Ensuring that each person and family are engaged as partners in their care.
- Promoting effective communication and coordination of care.
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote wide use of best practices to enable healthy living.
- Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

URAC Accreditation (Required for QHPs)

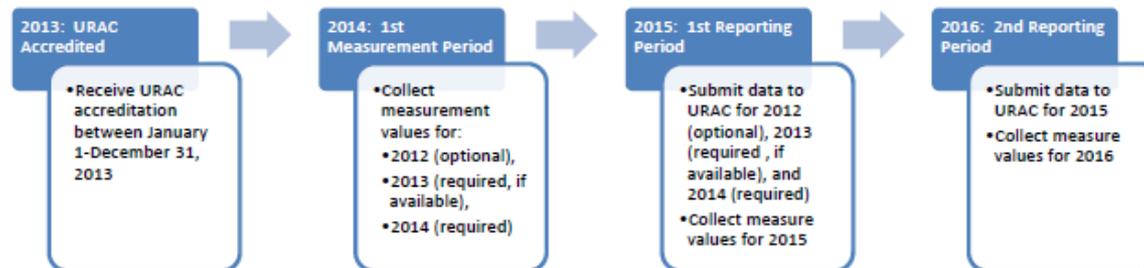
The ACA requires that all QHPs be accredited by either NCQA or URAC currently in order to offer plans on Exchanges a component of that certification is reporting on quality

- One of two current accreditation agencies with
 - Eight mandatory measures that all QHPs must submit
 - 24 mandatory / equivalent metrics
 - Seven exploratory metrics

Domain	Example
Effectiveness of Care	(HP-3) Patients receiving 12 week Lipid Test
Patient Safety	(HP-4) Drug-Drug interaction
Patient Centeredness	(HP-11) Provider Network Adequacy
Preventable Admissions / Efficiency	(HP-5) Number of short term diabetes complication events
Delivery Management/ Operations	(HP-13) 30 Second call rate and call abandonment rate

HP and HP/HIX Measure submission timeline

Applicable to the following products: HP and HP/HIX



Medicare Advantage and eValu8

Two measurements systems that the Federal Government has hinted at including in their quality standards to be released in 2014

STARS Program

What it is

Composite of measurements taken to determine a “STAR” rating for each Part C plan offered

Domains

HEDIS, CAHPS, CMS, HOS, IRE

Implications

Higher STAR ratings result in bonus payments

eValu8

What it is

Set of measures developed by business groups designed to measure how quality is promoted while controlling costs

Domains

Mostly survey information

Implications

Purchasers use eValu8 for choice / negotiating purposes

Current Quality Data Collected by Commercial Payers in Arkansas

HEDIS Measures:

- Comprehensive Diabetes Care LDL screening
- Comprehensive Diabetes Care Eye Exam
- Breast Cancer Screening
- Cervical Cancer Screening
- Prenatal/Post-Partum Care
- Adolescent Well Care ages 19-21
- Management for Persistent Beta Blockers
- Pharm. Management of COPD
- Use of Spirometry for COPD
- Appropriate treatment for Upper Respiratory Infection

Utilization

- Readmissions within 30 days
- ED visits
- Wellness
- Flu Prevention/Annual flu shots
- % of population with a Health Risk Assessment

Access and Availability

- GeoAccess
- Provider Appointment Availability

Satisfaction Surveys

- Member Satisfaction Survey (CAHPS)
- Provider Satisfaction Survey

Likely Proposed Rule Measures

Early assumptions indicate that the proposed federal rule will include:

- 1 Few measures overall (probably fewer than 15)**
- 2 Primarily patient – centered measures**
- 3 Will likely rely on patient survey data**
- 3 No guidance on how each state should “compute” their composite quality scores**

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Next Steps

- Comments to be drafted and circulated to this group before next meeting (will be held following the proposed rules release)
- Determine timing for December meeting (if possible)
- Any other topics to be covered next time?