

Arkansas Quality Overview

Plan Management Advisory Commission

October 11, 2013



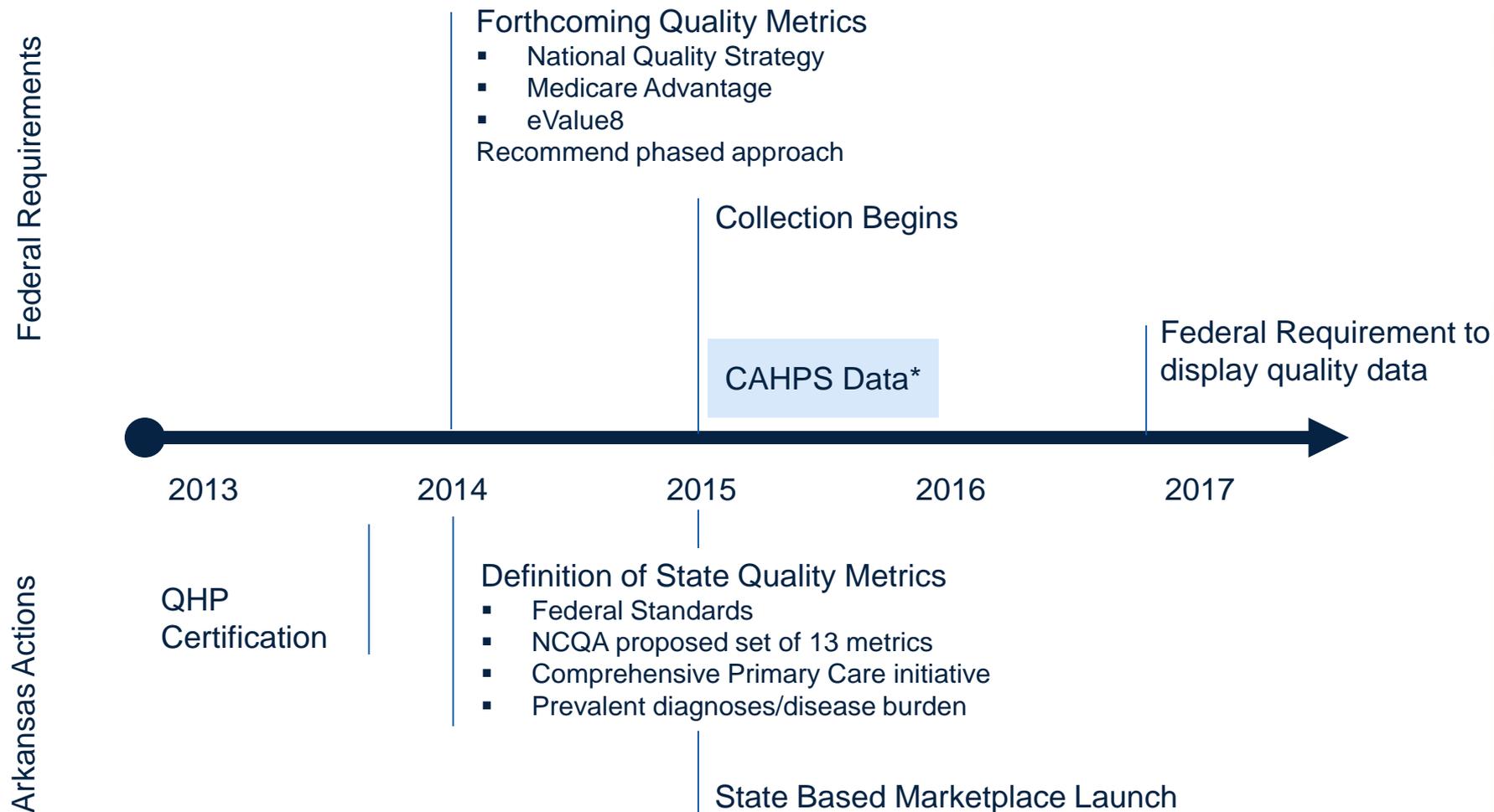
Agenda and goals

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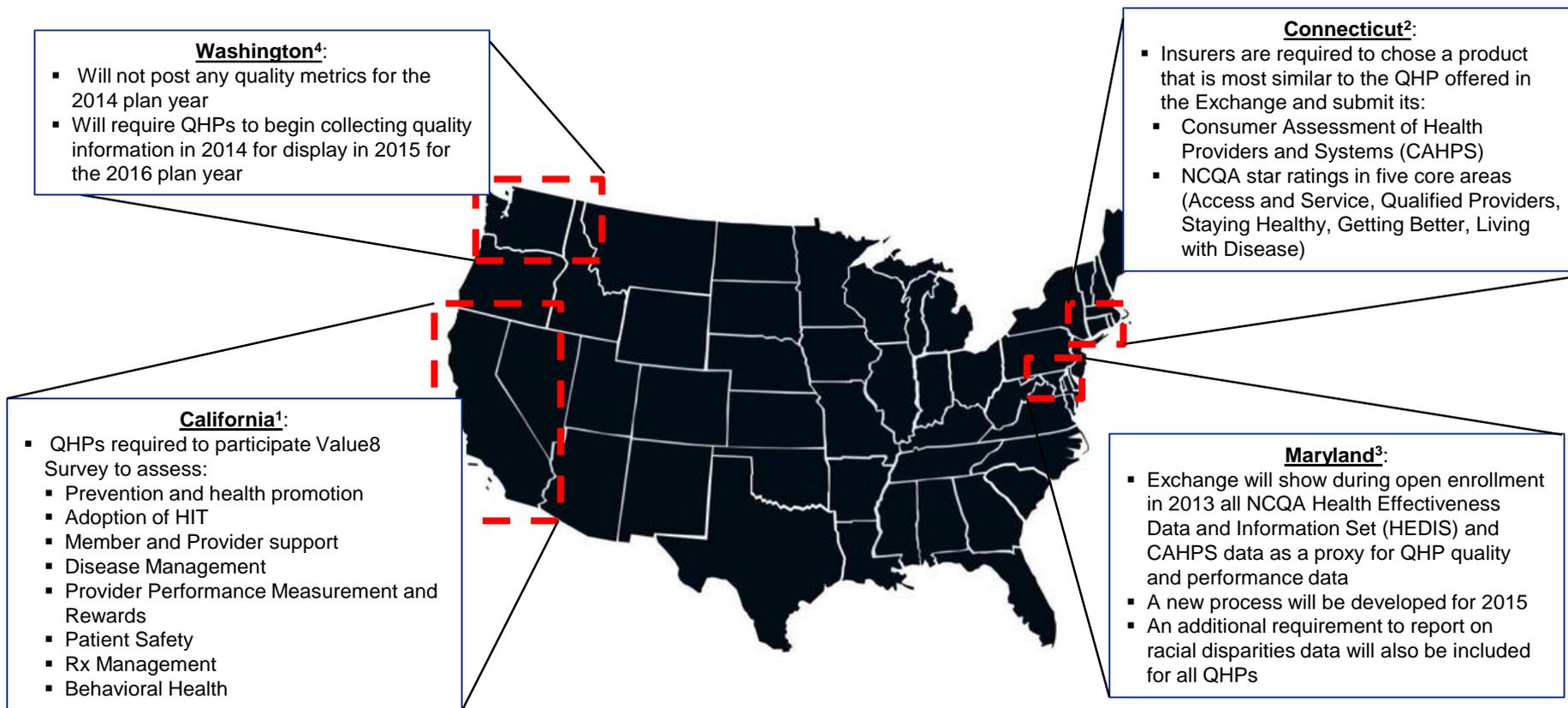
Primary Goals

- Conduct a high level quality measurement review
- Discuss the 'goals' of the Connector and quality improvement
- Determine next steps on finalizing QHP metric requirements for 2015

Review from September PMAC Meeting



Quality Reporting Examples



Nine States are currently planning on displaying quality information on their Exchanges in 2014:
California, Colorado, Connecticut, Maryland, Massachusetts, Minnesota, New York, Oregon, and Rhode Island

1. National Business Coalition on Health, *eValue8 for Health Plans*, available online at <http://www.nbch.org/Value8-for-Health-Plans>, accessed on December 13, 2012; California Health Benefit Exchange, op. cit.
2. Connecticut Health Insurance Exchange, *Initial Solicitation to Health Plan Issuers for Participation in the Individual and Small Business Health Options Program (SHOP) Exchanges*, op. cit.
3. Maryland Health Connection, Carrier Reference Manual (Annapolis: Maryland Health Benefit Exchange, October 2012), available online at http://marylandhbe.com/wp-content/uploads/2012/12/Carrier-Reference-Manual_Rel1_0_Oct2012.pdf.
4. Washington Health Benefit Exchange, *Guidance for Participation in the Washington Health Benefit Exchange*, op. cit.

Quick overview of quality metrics

Classes of Quality measurement

The types of data used for measuring quality varies across programs, this data drives what can be measured and what cannot be.

Quality Measure Class	What it measures	Example	How it is measured
Structural	Look at how a health care system is organized and the conditions under which care is delivered	How many of your patients were scheduled using a CPOE?	Claims and administrative data are the most common data source used to construct measures, followed by patient survey, self-reported data, and medical records use
Procedural	Look at activities of frontline persons (physicians, nurses, etc.) to determine if guidelines are followed	Were ace inhibitors used for patients with depressed left ventricular systolic functions?	
Outcomes	Look at the end result of health care and also incorporate environmental, behavioral and genetic factors	How many of your patients maintained an HBA1C level below 7% for the past 120 days?	

These domains of metrics all play an important part in measuring the successful execution of various aspects of clinical practice and population health management

Major Quality Improvement Programs

- Qualified Health Plan URAC Certification Requirements for Health Exchanges
- Medicare STARS and eValu8 Programs
- Arkansas Medicaid Quality Measurement Programs
- PCMH / CPCI Program
- Arkansas Private Payer Programs

Federal Requirements

The ACA requires that all QHPs be accredited by either NCQA or URAC in order to participate, federal quality reporting recommendations are also forthcoming...

— **Example: URAC:** _____

- One of two accreditation agencies with
 - Eight mandatory measures that all QHPs must submit
 - 24 mandatory / equivalent metrics
 - Seven exploratory metrics
- A significant number of these measures are structural or procedural in nature and can be extracted from claims or other basic attestation means

— **Measures Application Partnership (MAP)** _____

- Public-private partnership convened by National Quality Forum to provide input to HHS
- Arkansas will, without intervention, adopt these standards to be used for quality information gathering during plan year 2014 for display during open enrollment 2015



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

Arkansas Medicaid Quality Overview

Arkansas Medicaid currently measures quality through numerous systems of metrics through some national priorities have been set

Quality Initiatives

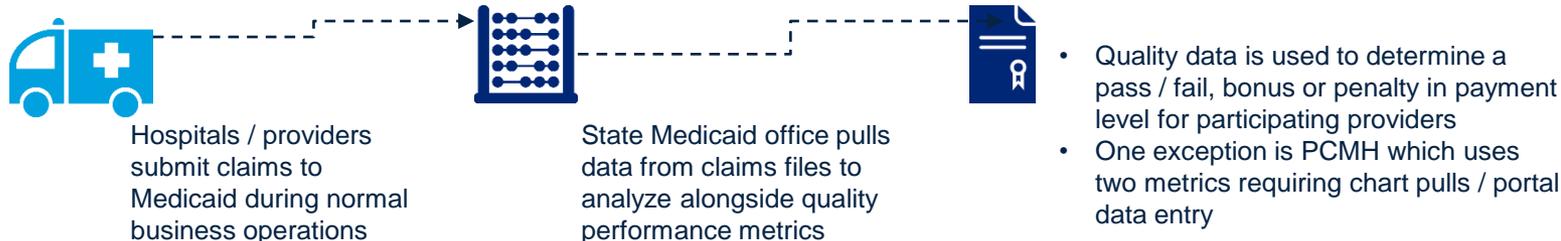
Some Current Measures

Programs	Metrics Used
CHIPRA Quality Metrics	NCQA, CMQC, PCPI
Episode of Care Quality Metrics	NQF, PCPI
Patient Centered Medical Home	HEDIS, NQF, PCPI activity metrics
Inpatient Quality Incentive Program (IQI)	NQF, JCAHO

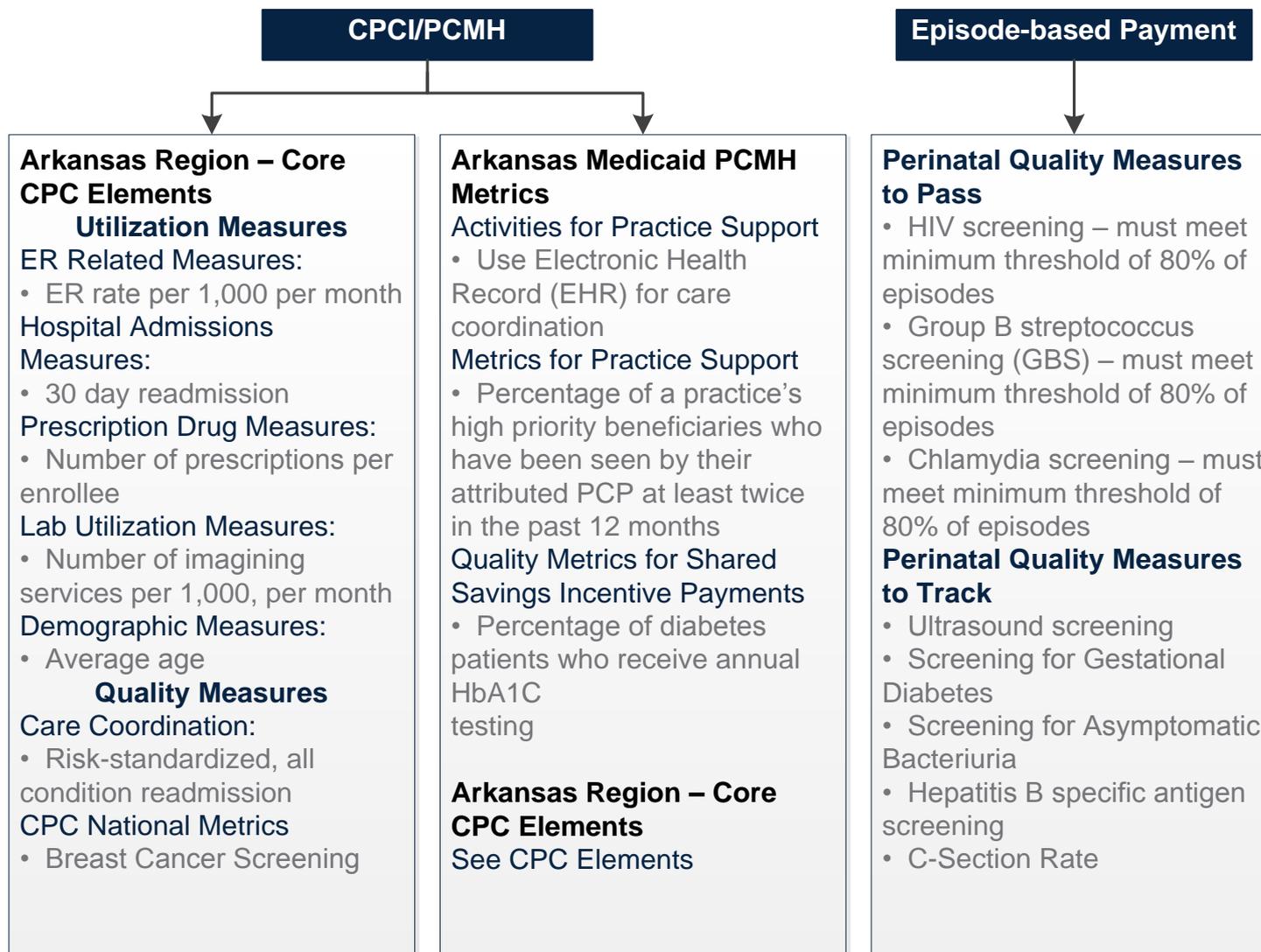
National Medicaid Quality Standards

Program	Purpose
Voluntary quality reporting system developed under the ACA designed to standardize Medicaid eligible adults quality Measures	Core measures developed and are being phased in by CMS over the next year to assist in identifying gaps in quality measurement

Collection



Arkansas Payment Improvement Initiative



* This graphic lists examples of quality and utilization metrics used to track APII efforts (not an exhaustive list of metrics).

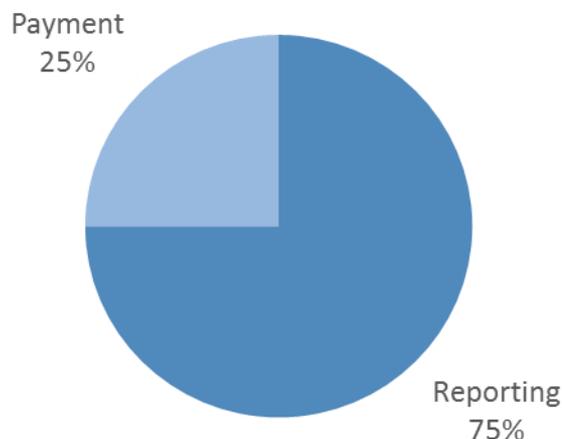
Other Commercial Insurance Initiatives

Some commercial insurers have been measuring quality outcomes in the state for over ten years

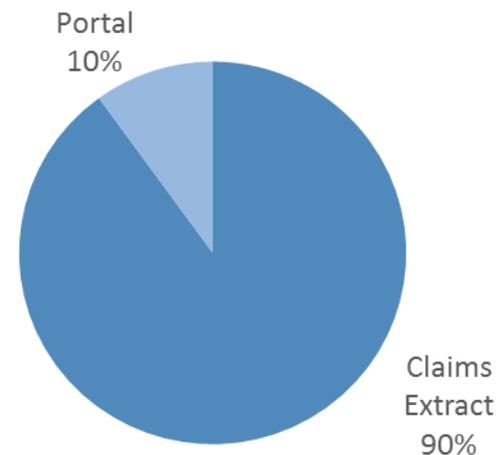
Key Points

- Most commercial payers use a combination of established metrics (HEDIS, etc) and homegrown
- Some plans use survey data (i.e. CAHPS) while others do not
- Many payers follow APII strategy for future quality improvement priorities

Quality Data Use



Collection Methods



Some quality metrics such as eValu8 would not represent a significant administrative burden for commercial payers, though additional clinical level measures would require significant infrastructural developments

Some Additional Thoughts

SPEED:

Plan accreditation has never been required in Arkansas, so publically reporting quality metrics is brand new

MEANS:

The balance of reporting requirements may be swung by the limitations in technology available

INEVITABILITY:

No matter what this group does, the federal minimum reporting requirements will be implemented

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

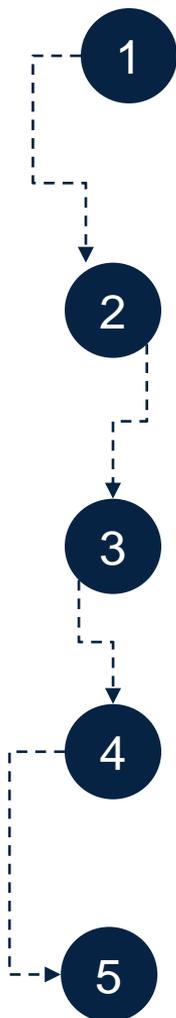
... and Long Term Goals:

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

Process for Quality Metrics Recommendation to PMAC

PROCESS

PRODUCT



10/11 PMAC Meting

- Presentation of primary statewide quality improvement initiatives
 - Distillation of quality metrics and quality improvement strategies

Week of 10/18

- Develop Connector Quality Improvement workgroup membership list and circulate to PMAC for approval

Week of 10/21

- Convene first quality Improvement workgroup meeting

Month of November

- Development of quality metric measurement for recommendation

Month of December

- Development of quality metric measurement for recommendation

- Quality Improvement efforts across the state documentation
- Proposal for Quality Metrics recommendation process

- High level metric list with high level qualitative feedback on applicability to state priorities and administrative simplicity

- Review of quality list and initial feedback from members
- Assignments for further development of various metrics and investigation into improvement strategies / vehicles

- Initial proposal for metrics
- Initial proposal for quality improvement strategy / vehicles for QHPs

- Refined proposals based on PMAC feedback

Next Steps

- Determine whether PMAC would like to approve the creation / identification of a quality metrics workgroup that is charged with:
 - Identifying the key quality improvement priorities of the state currently
 - Developing a first level of recommendation and present findings at later PMAC meetings
 - Develop final recommendations for PMAC to approve
- Identify any additional areas of information or knowledge that this group would like to see before the next meeting
 - Set up any individual follow up conversations

