Maternity Multi-Stakeholder Action Collaborative

Track 2: Quality Measurement
March 3, 2017
1:00 – 2:30 pm ET

For technical issues, please contact Kristian Motta at: kmotta@rippleffect.com
## Agenda

<table>
<thead>
<tr>
<th>Timeframe (ET)</th>
<th>Topic</th>
<th>Facilitators/Presenters</th>
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<tr>
<td>1 1:00 - 1:05 pm</td>
<td>Welcome and Meeting Overview</td>
<td>Elliot Main</td>
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<tr>
<td>2 1:05 – 1:25 pm</td>
<td>Measure Selection Process Overview</td>
<td>Michael Bailit</td>
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<td>3 1:25 – 2:00 pm</td>
<td>Expert Interviews and Participant Discussion</td>
<td>Lili Brillstein</td>
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<td>4 2:00 – 2:20 pm</td>
<td>Demonstration of the “Buying Value” Tool</td>
<td>Michael Bailit</td>
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<td>5 2:20 – 2:30 pm</td>
<td>Wrap Up</td>
<td>Michael Bailit</td>
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Antitrust Statement

MAC Participants agree that all activities are in compliance with federal and state antitrust laws. In the course of discussion, **no financial information from participants will be shared with others or with the general public.**

During meetings and other activities, including all formal and informal discussions, each participant will refrain from discussing or exchanging information regarding any competitively sensitive topics. Such information includes, but is not limited to:

- ✓ PMPM
- ✓ Shared savings or incentive payments
- ✓ Information about market share, profits, margins, costs, reimbursement levels or methodologies for reimbursing providers, or terms of coverage
Meeting Objectives

• Review and discuss the steps involved in selecting individual quality measures for a maternity alternative payment model, including:
  1. Engaging stakeholders in the selection process
  2. Determining the process by which selection decisions will be made
  3. Determining criteria for selecting individual measures and composing measure sets
  4. Understanding existing measure sets and where/how they are used
  5. Addressing data availability, collection, and infrastructure challenges

• Ask questions of and interact with each other and expert discussants representing organizations that have gone through a measure selection process for payment and/or quality improvement

• Harvest and gather leading and promising practices for further action

• Review action steps specific to this topic

• Solicit participant feedback and any specific requests for future meetings
## Selected Steps to Performance Measures Selection

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<th>Step</th>
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<tr>
<td>1. Determine who should be participating in the measure selection process.</td>
<td>• Just those party to the contract(s), or other interested parties (e.g., consumers)</td>
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<td>• Large or small group</td>
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<td>• Clinical expertise, measurement expertise, or both</td>
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<td>2. Identify the process by which measure selection decisions will be made.</td>
<td>• Payer stipulation, negotiated agreement, group consensus or voting</td>
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<td>• One or more rounds of review</td>
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<td>• Explicit (e.g., with scoring) or implicit use of selection criteria</td>
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### 3. Identify Criteria for Measure Selection

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| **Sample Criteria for individual measures** | - Evidence-based and scientifically acceptable  
- Has a relevant benchmark  
- Not greatly influenced by patient case mix  
- Fosters accountability for outcomes, using woman-reported data whenever feasible  
- Consistent with the goals of the program  
- Feasible to collect  
- Aligned with other measure sets  
- Promotes increased value  
- Addresses an opportunity for maternity care quality improvement  
- Potential to transform maternity care quality, outcomes, and value  
- Sufficient denominator size |
| **Sample Criteria for the measure set as a whole** | - Representative of the array of services provided, including prenatal, intrapartum, and postpartum/newborn phases of care  
- Representative of the diversity of patients served  
- Not unreasonably burdensome to payers or providers  
- Measures multiple levels of care, including facility and clinician/group  
- Includes – whenever feasible – woman-reported outcome and experience of care measures |
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| 4. Identify candidate measures | • Measures currently in use by participating providers and payers  
• Measures found in national measure sets  
• Measures that address a priority opportunity for performance improvement  
• Topics evaluated in research studies that can fill crucial measure gaps, such as woman-reported outcome and experience of care measures |
| 5. Identify potential data sources and operational means for obtaining data, including timeliness | • Clinical data – from EHRs and/or HIE (if available)  
• Claim data  
• Survey data – provider and/or patient |
Approaches from the Field

*Live interview with colleagues in NJ and California*

Lili Brillstein  
Director  
Episodes of Care, Market Innovations  
Horizon BCBS of NJ

Lance Lang, MD  
Chief Medical Officer  
Covered California

Elliott Main, MD  
MAC Co-Chair  
Medical Director  
California Maternal Quality Care Collaborative (CMQCC)
MATERNITY VALUE BASED PAYMENTS IN CALIFORNIA: SUPPORTING PROJECTS

California Maternal Quality Care Collaborative
Multiple stakeholders: Professional organizations (OB, FP, RN, Midwifery), Hospital Assoc, Health Plans (Commercial and Medicaid), State departments of Public Health and Health Care Services, Public members

Developed Set of OB Measures for Public Release (transparency)

- NTSV Cesarean Delivery
- Episiotomy
- VBAC
- Breast Feeding

Criteria:
- Nationally endorsed
- Impact on health
- Collectable

CAL-SIM Application
1. All-payer approach
2. Major focus on maternity care with combined VBP and quality improvement efforts
3. Added “Balancing Metrics” Baby outcomes
   (UNC) Perineal Trauma

Annual Public Release
1. CHART Website
2. CA Secretary of Health and Human Services – Awards

Pilot VBP Maternity Projects
1. Pacific Business Group on Health
2. Blended Payments: both hospitals and medical groups
3. Comprehensive QI efforts

Smart Care California
State Orgs: Covered California (ACA), Medi-Cal (Medicaid), CalPERS (state employee)
Health Plans: Blue Shield, Anthem Blue Cross, Managed Medicaid Plans, others
Goal: All-payer efforts to coordinate VBP activities, including measures, for 3 areas — Cesarean birth, Back pain, Opioid use. Cesarean birth (NTSV) is most advanced project

Covered California
Contract 1) holds health plans accountable for variation & 2) requires payment reform that removes incentive for operative delivery

State-wide CMQCC QI Collaborative
“Supporting Vaginal Birth/Reducing Primary Cesareans”
>90 hospitals engaged, metrics include NTSV Cesarean and balancing metrics as described above
SUCCESSFUL MODEL FOR STATE-WIDE CHANGE IN CALIFORNIA

- Purchaser Requirements
- Data/Transparency
- Payment
- Quality Improvement
- Public Policy
- Patient Engagement
- Lower C-Section
The Buying Value Measure Selection Tool

- The Robert Wood Johnson Foundation-supported *Buying Value Project* developed a suite of tools in 2014, titled “*How to Build A Measure Set*,” to assist state agencies, private purchasers, and other stakeholders in creating aligned performance measure sets.

- The Measure Selection Tool allows for assessing of measure set alignment with other sets. It also has a function that allows users to search through 600+ measures by domain, condition, measure type, population, and data source. The tool is flexible, allowing users to input any measure sets they wish.

- While not created specifically for development of maternity measure sets, it can be used for that function. The Excel document distributed prior to today’s meeting is a simplified and customized version of the Buying Value Measure Selection Tool.

- The full suite of resources is available on the Buying Value website ([www.buyingvalue.org](http://www.buyingvalue.org)).
The Buying Value Measure Selection Tool

How to Build a Measure Set

Links to specific steps:

- Step 1: Define Goals & Audiences for the Measure Set
- Step 2: Decide on Criteria for Choosing Measures
- Step 3: Pick Existing Measure Sets as Reference Points
- Step 4: Create a List of Candidate Measures to Consider
- Step 5: Add Candidate Measures to the Measure Selection Tool Spreadsheet
- Step 6: Review Results from Comparison & Finalize the Measure Set
- Download the Complete Suite

The tool emphasizes local needs and decision-making for quality measurement while maximizing opportunities for alignment with federal, state and commercial measure sets.
Measure Sets Included in the Buying Value Tool

Federal and National Measure Sets Included in the Tool (15)

- Catalyst for Payment Reform Employer-Purchaser Measure Set*
- CMMI Comprehensive Primary Care Plus (CPC+)#
- CMMI SIM Recommended Model Performance Metrics
- CMS Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set)
- CMS Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set)
- CMS Core Quality Measures Collaborative*
- CMS Health Home Measure Set
- CMS Hospital Value-Based Purchasing
- CMS Medicare Hospital Care
- CMS Medicare-Medicaid Plans (MMPs) Capitated Financial Alignment Model (Duals Demonstrations)
- CMS Medicare Part C & D Star Ratings Measures
- CMS Medicare Shared Savings Program (MSSP) ACO
- CMS Merit-based Incentive Payment System (MIPS)*
- CMS Physician Quality Reporting System (PQRS); CMS EP EHR Incentive Clinical Quality Measures (eCQMs); and CMS Cross Cutting Measures (CCMs)
- Joint Commission Accountability Measures List

*This measure set was added to the tool for 2017
#This measure set replaced an existing measure set for 2017
State Measure Sets Included in the Tool (6)

Medi-Cal P4P Measure Set*
Oregon CCO Incentive Measures
Oregon CCO State Performance “Test” Measures
Rhode Island SIM Aligned Measure Set for ACOs*
Vermont ACO Pilot Core Performance Measures for Payment and Reporting
Washington State Common Measure Set for Health Care Quality and Cost

*This measure set was added to the tool for 2017.
Meeting Follow-Up Activities & Feedback

1. The LAN will:
   ✓ Distribute a summary of this meeting.
   ✓ Integrate questions from this session into the next Quality Measurement session, scheduled for March 20.
   ✓ Reach out to MAC participants to seek input on 1) the extent to which this session and associated materials were helpful; and 2) what can be improved for future sessions.

2. We encourage participants to:
   ✓ Provide the LAN with feedback on their activity related to the issues discussed today.
   ✓ Develop plans and take action toward beginning or improving on the process of measure selection to support a maternity APM.
   ✓ Learn from each other by engaging and conversing on the MAC communication/collaboration portal.
## Looking Ahead

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<tr>
<th>Qtr</th>
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<th>Track</th>
<th>Session Name</th>
<th>Date</th>
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<tr>
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<td>Making the Business Case</td>
<td>2/8</td>
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<td>2</td>
<td>Quality Measurement Part 1</td>
<td>3/3</td>
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<td>1 &amp; 2</td>
<td>Innovative Models of Maternity Care Delivery &amp; Determining Services</td>
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<td>Contracting with Providers</td>
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<td>9</td>
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<td>State Payers and MCOs</td>
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Communication Resources Update

- The public [MAC Webpage](#) includes:
  - **General Information** about the MAC
  - A **Resource Center** with helpful documents and websites which provide additional information about the topics within each track
  - A **Members** tab showing all current MAC participants
  - An **Events** tab where participants can find convening session registration links, session goals, agendas, and session materials.
  - A link to the [CPAG Principles](#)
- A semi-private **MAC forum** is now “live” and will allow you to communicate with each other, ask questions that were not raised during virtual meetings, and connect with each other offline.
**MAC Team**

*Primary Points of Contact*

<table>
<thead>
<tr>
<th>Tanya Alteras</th>
<th>Leah Allen</th>
<th>Michael Bailit</th>
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<tbody>
<tr>
<td><a href="mailto:talteras@mitre.org">talteras@mitre.org</a></td>
<td><a href="mailto:lallen@mitre.org">lallen@mitre.org</a></td>
<td><a href="mailto:mbailit@bailit-health.com">mbailit@bailit-health.com</a></td>
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Maternity Multi-Stakeholder Action Collaborative (MAC) Guiding Principles

• The LAN sees opportunities in bringing together private and public sector payers, providers, employers, and patients and consumers, to learn from each others’ experiences in their respective journeys to adopt maternity care episode payments.

• The MAC is a wholly voluntary collaborative, designed to support stakeholders that are seeking to improve maternity care and outcomes, using alternative payment as a lever.

• The LAN recognizes that
  • all participating organizations are at different points in this journey and have varying “glide paths” to adopting episode payment
  • Medicaid participants may also have different provider licensing requirements and varying waiver authority needs.

• With episode payment for all maternal care as the aspirational goal, the [LAN’s Clinical Episode Payment Recommendations on Maternity Care](#) will serve as core guidance to the work of the MAC.