



**SIM Steering Committee**  
**Thursday, June 18, 2015 5:30 pm**  
**Hewlett Packard Conference Room 203**  
**301 Metro Center Blvd, Warwick, RI 02886**

**SIM Steering Committee Attendees:**

- Blue Cross Blue Shield of Rhode Island: Michele Lederberg , Esq.
- Neighborhood Health Plan of Rhode Island:
- Tufts Health Plan:
- United Healthcare of New England: Neil Galinko, MD
- Lifespan: Mark Adelman
- Care New England: Dale Klatzker, PhD
- South County Hospital: Lou Giancola
- CharterCARE:
- Coastal Medical: Al Kurose, MD
- RI Health Center Association:
- Rhode Island Medical Society: Steve DeToy
- RI Council of Community Mental Health Organizations:
- Drug and Alcohol Treatment Association of Rhode Island: Susan Storti, PhD, RN
- RI Kids Count: Jim Beasley
- Rhode Island Foundation:
- YMCA of Greater Providence: Jim Berson
- Executive Office of Health and Human Services: Elizabeth Roberts
- Department of Health: Nicole Alexander-Scott, MD/MPH
- Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH): Maria Montanaro
- Office of Health Insurance Commissioner (OHIC):
- HealthSourceRI (HSRI):
- Office of the Governor:
- Rhode Island Primary Care Physicians Corporation: Andrea Galgay
- Carelink: Joan Kwiatkowski
- Rhode Island Business Group on Health: Al Charbonneau

**State Agency Staff:**

- Executive Office of Health and Human Services:** Tom Martin; Jennifer Wood, Esq.; Cheryl Wojciechowski; Hannah Hakim; Elizabeth Shelov; Deborah Morales
- Department of Children Youth and Families:**
- Department of Health:** Michael Dexter; Samara Viner-Brown; Theodore Long, MD/MMS
- BHDDH:** Michelle Brophy
- Office of the Health Insurance Commissioner:** Cory King, Sarah Nguyen
- HealthSourceRI:**

**Other Attendees:** Michael Bailit (Bailit Health); Tina Spears (RIPIN); Therese Rochon (Coalition for End-of-Life Care/VNA of Care New England, Rele Abide (Senator Sheldon Whitehouse's Office), Alok Gupta and Laura Adams (Rhode Island Quality Institute), Marti Rosenberg (The Providence Plan), Kara Butler (Healthcentric Advisors); William Hollinshead, MD/MPH; Alan Krinsky (East Bay CAP); Debra Hurwitz (CTC-RI); Pano Yeracaris, MD/MPH; Catherine Taylor (URI); Reginald Tucker-Seeley, ScD (Harvard School of Public Health); Elizabeth Lange, MD; Marcus Mitchell (RI CHAE); Peter Hollmann (University Medicine).



## Introductions & Overview

The meeting was convened at 5:40 p.m. by Chairman Lou Giancola, President/CEO of South County Hospital in Wakefield, Rhode Island.

There was consensus that the minutes from the May 14, 2015 meeting were accurate as written and there were no additions, corrections, or deletions.

Chairman Giancola reviewed progress on the initiatives previously approved:

- Hiring of a project manager
  - 48 resumes were received
  - Mark Adelman and Lou Giancola will represent the Steering Committee on the interview committee
- Procurement of a Statewide Common Provider Directory
  - Single source procurement document is being prepared
- Procurement related to the All-Payer Claims Database (APCD)
  - Request-for-proposals (RFP) has been posted on the RI Purchasing website
- One RFP for project management, measures harmonization, and a population/behavioral health plan is being prepared
- The remaining five project positions will be posted by each state agency soon.

## Measure Alignment Presentation

Deputy Secretary Wood introduced the guest speaker for the meeting: Michael Bailit, of Bailit Health, who lead a presentation entitled, “The Lack of Alignment across State and Regional Health Measure Sets and Possible Steps for Rhode Island to Develop an Aligned Measure Set.” Mr. Bailit has consulted on measure alignment work in Vermont, Maine, Oregon, Pennsylvania, and Alabama, among other states.

Mr. Bailit reviewed the findings of a 2013 Robert Wood Johnson (RWJ) “buying value” study that analyzed 48 measure sets from 25 states. Among the findings: only 20% of such measures were used by more than one program. Breast cancer screening was the most frequently used measure in the study; utilized by 30 programs. Mr. Bailit emphasized that there is no “one way” to approach this work.

Among the other key RWJ findings:

- State and regional measure sets are not aligned;
- Non-alignment persists despite the tendency to use standard measures, such as HEDIS;
- “Homegrown” measures are not uncommon;
- Measures are needed in areas of self-management, cost, care management, and coordination;
- **Bottom line:** Measure sets are developed independently without an eye to aligning with other sets;
- “Measure chaos” may result for providers who are subject to multiple measure sets (accountability and performance incentives).

Mr. Bailit indicated that the number of measures selected for alignment will vary depending upon the purpose(s) for the measure. Measure sets are highly dynamic because clinical knowledge is in constant flux. Mr. Bailit reviewed the 17 steps to developing an aligned measures set that include the following five highlights:



1. Define the purpose of the measure set
2. Create a “First Round” measure set based upon measure sets already in use in the state
3. Process with a multi-stakeholder work group
4. Score selected measures against defined criteria; revise; and finalize
5. Implement the aligned measure set.

**Tips:**

- Consider measure selection tools such as: [www.buyingvalue.org/resource/toolkit](http://www.buyingvalue.org/resource/toolkit)
- Develop criteria for measure selection
- Identify “performance domains” (e.g., behavioral health, utilization, cost, consumer experiences, medication management)
- Consider the recommended use for each adopted measure
- Invite proposals for additional measures to consider
- Consider the data that support the measure and how these data are obtained
- Develop a time line for implementing the measure set, including an annual review of the measure set.

There has been a huge proliferation of measures in the last few years. Performance measures were the focus at the health plan level, but now the focus is shifting to healthcare providers.

*Common pitfall?* Not being clear on the purpose and intended use(s) for the measure set.

When accessing information from an electronic health record, measures have to be defined in the same way in order to ensure reliability. Most states do not have a health information exchange, where clinical measures can be obtained. The U.S. is in a “very immature phase” of measures development, although many states are engaged in this work. Oregon is the only state that has identified health disparity measures in their measure set.

Mr. Bailit concluded his presentation at 6:35 p.m.

Deputy Secretary Wood then asked the Steering Committee for direction as to how to proceed. A problem statement (appears below) was drafted after a meeting of the SIM state staff group and local measure alignment experts on June 10, 2015.

Objective: Authorization of Problem Statement and Workgroup

- Asked local measure alignment experts to a meeting on June 10, 2015
- Quality measure alignment problem statement developed after feedback from stakeholders

**Steering Committee Comments**

Other measure alignment experts should be recruited from the community in the following fields: behavioral health, children/pediatrics, long-term care, health economists, health population specialists, information technology experts, consumers/patients, health equity advocates.

We have to be careful of unintended consequences, such as pulling resources away from existing measures that are “tried and true” (e.g., immunization rates).



Can we deliver this work in a reasonable time frame?

Consensus was achieved as follows: The measures alignment work should begin in advance of a project manager being hired. (A project management RFP is expected to have a successful vendor onboard by October 2015). A work group should be convened to address the first five steps of this work (as noted above).

**Public Comment**

Will there still be a July 9<sup>th</sup> meeting? After a show of hands wherein a majority of the SIM Steering Committee indicated that attendance on July 9<sup>th</sup> would be possible, the Committee agreed to convene again in three weeks on July 9<sup>th</sup> at 5:30 p.m.

**Next Meetings**

The next meeting date/time will be announced.

The table below presents the topics scheduled for future meetings, as currently configured:

Month	Tasks
To Be Announced July 2015	<ul style="list-style-type: none"> <li>▪ Updates on approved projects.</li> <li>▪ Develop consensus on SIM-funded initiatives and budget:</li> <li>▪ SIM-proposed HIT infrastructure for quality measurement and patient engagement initiatives and</li> <li>▪ Data and analytics capacity, collection platforms, and evaluation (data systems modernization, analytic capacity building).</li> </ul>
August 2015	<ul style="list-style-type: none"> <li>▪ No meeting</li> </ul>
September 2015	<ul style="list-style-type: none"> <li>▪ Updates on approved projects.</li> <li>▪ Introduce Project Management/Planning vendor.</li> <li>▪ Discuss approach to the population health (including behavioral health component) planning process.</li> </ul>
October 2015	<ul style="list-style-type: none"> <li>▪ Initiate population health (including behavioral health component) and quality measure harmonization planning processes.</li> </ul>
November 2015	<ul style="list-style-type: none"> <li>▪ Review and provide early feedback on development of the population health planning process to date.</li> <li>▪ Updates on approved projects.</li> </ul>
December 2015	<ul style="list-style-type: none"> <li>▪ Present Population Health Plan (with behavioral health component) for approval.</li> <li>▪ Happy holidays!</li> </ul>
January 2016	<ul style="list-style-type: none"> <li>▪ Begin development of the operational plan including driver diagram development of grant metrics (for quarterly reporting to CMS)</li> <li>▪ Preliminary discussion of "Transformation Network" investments based upon the results of the "gap analysis" completed as part of the population health planning process.</li> <li>▪ Updates on approved projects.</li> <li>▪ Happy New Year!</li> </ul>
February 2016	<ul style="list-style-type: none"> <li>▪ Present operational plan for feedback.</li> </ul>
March 2016	<ul style="list-style-type: none"> <li>▪ Finalize operational plan for submission.</li> <li>▪ Updates on approved projects.</li> </ul>

With no further business or discussion, the meeting adjourned at 7:05 p.m.

Notes prepared and respectfully submitted by:

Elizabeth Shelov, MPH/MSSW  
 Chief, Family Health Systems  
 Executive Office of Health & Human Services  
 June 30, 2015



Draft – 6/16/15  
-Amended 6/19/15-  
Quality Measure Alignment Problem Statement

**Problem Statement:**

The measurement of indicators of health care quality is essential to advance “value-based” payment and achieve the goals of the Triple Aim.<sup>1</sup> However, historically, both public and private payers, as well as other quality initiatives, have established their own independent measure sets which often are measuring the same outcome but in differing ways. This has resulted in not having a consistent and coordinated measure set across a population, and has significantly increased the number of measures for which providers are required to accept accountability. Consequently, this measure proliferation leads to increased administrative burden on providers and may obscure areas of medical care delivery that deserve greater focus. Given this, The Center for Medicare and Medicaid Innovation, which administers the SIM grant, not only is part of a wider effort to align measures across HHS (known as the HHS Measurement Policy Council), but also requires SIM Model Test states to develop a state-wide plan to align quality measures across all payers in the state by the end of the 12 month pre-implementation period (i.e., by March 2016) and encourages States to leverage the work to date of the HHS Measurement Policy Council.

**Recommendation:**

To meet this requirement, the state Working Group is seeking the endorsement of the SIM Steering Committee to create a Measure Alignment Workgroup which would include providers, payers, and consumers.<sup>2</sup> The Measurement Alignment Workgroup will be facilitated by and supported with subject matter expertise provided by the SIM project management vendor. Given limited time upon which to complete this work, State staff will initiate and staff the workgroup until the project management vendor is on Board. The proposed Measure Alignment Workgroup will be involved in the development of its scope of work, subject to the requirements of the federal grant.

A successful SIM quality measure alignment work stream will require committed stakeholder engagement to pursue measure alignment across all payers in the state. The measure alignment work is not to be viewed as a singular exercise in administrative simplification, but rather an ongoing collaborative between the state and private sector partners. To ensure minimal administrative burden for providers in quality measurement and reporting, and to improve our ability to track system-wide performance overtime, there will be a clear focus on both clinical and population-health goals. Additionally quality measurement alignment is considered to be an ongoing process (as new measures evolve) which will require periodic review of core quality measures to ensure consistency with emerging clinical guidelines.

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<sup>1</sup> “Triple Aim” is a term that encompasses: 1. improving population health; 2. reducing the per capita cost of care; and 3. improving the patient’s experience with care (both clinical outcomes and patient satisfaction). This is a term coined by the Institute for Healthcare Improvement. See: <http://www.ihl.org/Engage/Initiatives/TripleAim/pages/default.aspx>

<sup>2</sup> On Wednesday June 10<sup>th</sup>, the SIM state Working Group met with a group of stakeholders, largely representative of the SIM Steering Committee, to discuss quality measure alignment in the Rhode Island context. This initial meeting provided information used to draft this problem statement. The organizations represented in this meeting are listed in Table 1. It is expected that the SIM Steering Committee will ensure robust representation of stakeholders on the proposed Measure Alignment Workgroup by recommending organizations or individuals who will add significant value to this work.



**Table 1**

Organization
University Medicine <sup>3</sup>
Care New England
Coastal Medical
Blackstone Valley Community Health Center
Rhode Island Quality Institute
Care Transformation Collaborative of RI
Blue Cross Blue Shield Rhode Island
United Healthcare
Tufts Health Plan
Neighborhood Health Plan of Rhode Island
Healthcentric Advisors
Rhode Island Primary Care Physicians Corporation
SIM State Working Group

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<sup>3</sup> Lifespan originally appeared in the 6/16/2015 draft circulated to the Steering Committee. The entry in Table 1 should have read “University Medicine.” This change was made at the request of Lifespan.