

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.¹ 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.² 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.

¹ “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>

² On Wednesday June 10th, 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 ³
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

³ 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.