Quality Measures - What all PACE Providers Need to Know

Del M. Conyers, MPH
VP of Quality & Compliance, NPA

June 4, 2016
Why Quality

Today’s Objectives

• Define quality measurement and how measures can be implemented to drive quality improvement.

• Describe the current state of healthcare quality in the United States and its relationship to PACE.

• Describe NPA’s quality measurement efforts within the current state of the healthcare quality environment.
Agenda

• Measurement Science
• Quality Landscape
• NPA Performance Measure Development Initiative
• Measure Development Process and Timeline
The use of tools to identify opportunities for quality improvement and to monitor progress over time in healthcare process, outcomes, patient perceptions, and organization structure.
Major Use of Quality Measures

• Internal quality improvement
• Benchmarking
• Accountability applications
  – Certification
  – Accreditation
  – Defining provider networks
  – Public reporting
  – Payment
Where Do Data for Measures Come From?

• Paper medical records
• Electronic health records
• Other electronic clinical data (e.g., pharmacy, labs, imaging)
• Assessment data
• Administrative claims (e.g., insurance claims)
• Patient reports (e.g., surveys)
Use of Quality Measures within PACE

• Build institutional and professional knowledge about best practices and quality standards
• Compare providers’ performance to established standards
• Set quality improvement goals
• Improve care
Use of Quality Measures within PACE, cont.

Data → Information → Knowledge

Behavior → Attitudes → Better Results
## ER Visits Per Member Per Annum

<table>
<thead>
<tr>
<th>ID</th>
<th>Measure</th>
<th>(D) Average (Mean) Peer Group Results</th>
<th>(E) 25th Percentile of Peer Group</th>
<th>Median of Peer Group</th>
<th>(F) 75th Percentile of Peer Group</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>209</td>
<td>ER visits Per Member Per Annum</td>
<td>0.57</td>
<td>0.42</td>
<td>0.60</td>
<td>0.87</td>
<td>Q1 2014</td>
</tr>
<tr>
<td>209</td>
<td>ER visits Per Member Per Annum</td>
<td>0.58</td>
<td>0.42</td>
<td>0.60</td>
<td>0.87</td>
<td>Q2 2014</td>
</tr>
<tr>
<td>209</td>
<td>ER visits Per Member Per Annum</td>
<td>0.64</td>
<td>0.42</td>
<td>0.60</td>
<td>0.91</td>
<td>Q3 2014</td>
</tr>
<tr>
<td>209</td>
<td>ER visits Per Member Per Annum</td>
<td>0.65</td>
<td>0.40</td>
<td>0.60</td>
<td>0.86</td>
<td>Q4 2014</td>
</tr>
</tbody>
</table>

### % Variance

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>(D) Average (Mean) Peer Group Results</td>
<td>0.17%</td>
<td>0.19%</td>
</tr>
<tr>
<td>25th Percentile of Peer Group</td>
<td>0.08%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Median of Peer Group</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>75th Percentile of Peer Group</td>
<td>0.05%</td>
<td>0.08%</td>
</tr>
</tbody>
</table>
## Long-term NF Days Per Member Per Month

<table>
<thead>
<tr>
<th>ID</th>
<th>Measure</th>
<th>(D) Average (Mean) Peer Group Results</th>
<th>(E) 25th Percentile of Peer Group</th>
<th>Reporting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>214</td>
<td>Long-term NF days PMPM</td>
<td>2.05</td>
<td>0.67</td>
<td>Q1 2013</td>
</tr>
<tr>
<td>214</td>
<td>Long-term NF days PMPM</td>
<td>2.34</td>
<td>0.78</td>
<td>Q2 2014</td>
</tr>
<tr>
<td>214</td>
<td>Long-term NF days PMPM</td>
<td>2.86</td>
<td>0.68</td>
<td>Q3 2014</td>
</tr>
<tr>
<td>214</td>
<td>Long-term NF days PMPM</td>
<td>2.34</td>
<td>0.81</td>
<td>Q4 2014</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% Variance</th>
<th>2013 Ave</th>
<th>2014 Ave</th>
<th>2013 Var</th>
<th>2014 Var</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.38%</td>
<td>0.68%</td>
<td>0.19%</td>
<td>1.98%</td>
<td>0.47%</td>
</tr>
</tbody>
</table>

**% Variance & Quartile Average**

<table>
<thead>
<tr>
<th>(D) Average (Mean) Peer Group Results</th>
<th>(E) 25th Percentile of Peer Group</th>
<th>Median of Peer Group</th>
<th>(F) 75th Percentile of Peer Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Ave</td>
<td>2014 Ave</td>
<td>2013 Var</td>
<td>2014 Var</td>
</tr>
</tbody>
</table>
Impact of Good Data

Falls/100 MM 2011-2012

Rate

Month

Jan 13.79 11.64 10.84 10.96 15.20
Feb 11.29 10.82 0.88 0.44 1.76
Mar 10.84 10.80 1.76 2.60 2.60
Apr 10.96 10.29 1.76 2.60 1.72
May 15.20 11.40 9.01 9.01 9.32
June 13.80 12.80 9.01 9.01 7.00
July 10.39 11.40 9.01 9.01 9.32
Aug 15.20 11.30 11.30 11.16
Sept 0.83
Oct 0.83
Nov 0.83
Dec 0.83

Fall Rate 2011
Fall Rate 2012
TR Injury Rate 2011
TR Injury Rate 2012
Rates of ED 2011
Rates of ED 2012
Possibilities of Detailed Data

FALLERS TAKING MEDS THAT MAY INCREASE FALL RISK

FALL RATE/MONTH 2013

GTN with Meds
Wayne with Meds
Key Points

• PACE providers care about participants. To provide the best outcomes, we use healthcare performance measures as a tool to continuously improve the care we deliver.

• There are many forms and functions of measures. What they all have in common is that they seek to improve health processes/outcomes by improving quality of care.

• Ensuring data integrity is critical when evaluating quality measurement results.
Healthcare Quality Environment: Drivers of Change

• Affordable Care Act, 2010
• Driving force behind:
  – Health insurance reform (beneficiary/patient)
    • Providing access to affordable and adequate health insurance.
  • Healthcare payment and delivery system reform (provider/facility)
    – Improving quality and reducing costs in Medicare and Medicaid programs
Healthcare Quality Environment: Drivers of Change, cont.

• CMS Quality Strategy is to optimize health outcomes by leading clinical quality improvement and health system transformation
  – Builds upon the three National Quality Strategy Goals and applies six priorities

• Uses the Triple Aim as a unifying strategy
  – Better Care
  – Healthier People
  – Smarter Spending
Healthcare Quality Environment: Volume-Based to Merit-Based Payment

- **MACRA**—Encourages alternative payment models and establishes merit-based incentive method for paying physicians (MIPS)

- **IMPACT Act**—Aligns measures across post acute and long term care settings—home health, long term care hospitals, skilled nursing facilities, inpatient rehab facilities

- **Medicaid Reforms**—Core measures for adults and children, proposals to establish Medicaid managed care quality rating system, states innovating with delivery system reforms

- **PACE Innovation Act**—Expanded eligible population to anyone older than age 21; pilot programs
Healthcare Quality Environment: Impact on PACE

- **CMS/Econometrica** — Developing and adapting quality measures for PACE.

- **CMS Financial Alignment Initiatives** — State effort to better align the financing of Medicaid and Medicare programs and integrate primary, acute, behavioral health and long-term services and supports for their dually eligible enrollees.

- **State Managed Care** — Increasingly moving toward mandated quality reporting of Medicaid managed care organizations and PACE program.

PACE must take the lead in defining quality measures to assess the quality/value of the PACE model.
Positioning NPA and PACE for the New Environment

- Maintain an evolving and robust data repository that allows data benchmarking and standardization.
- Establish a formal pathway to develop performance measures.
- Conduct an environmental scan and identify potential measures for development to meet current PACE program needs.
- Explore opportunities for future development of outcome and patient-centered performance measures.
- Provide recommendations and/or technical guidance to PACE programs in emerging managed care environments.
- Analyze and provide comments on external quality measures related to PACE.
NPA Measure Development Initiative
Purpose

• To establish a core set of PACE quality measures to:
  – Evaluate quality of care, value, and utilization of services within the PACE model
  – Allow for comparison of PACE programs nationally and to other service delivery models
  – Allow for multi-use reporting (e.g. CMS, State, NPA)
Pathway for Development of Measures

1. Identification of Potential Measures
2. Prioritization & Selection of Measure Domains
3. Development | Adaptation | Revision of Potential Measures
Step 1: Identification of Potential Measures
- Review environmental scan of potentially appropriate measures for PACE, including internal PACE quality measures, NPA-developed measures, and NQF-endorsed measure

Step 2: Prioritization & Selection of Measure Domain
- Categorize measures identified in environmental scan into Domains

Step 3: Development of Potential Measures
- Identify potential performance measure concepts for development within each identified domain based on selection criteria
- Determine measure specifications (numerator, denominator, exclusions, etc.)
- Garner PACE program feedback and consensus
Measure Development Selection

Criteria

• High Impact (i.e., high prevalence, significant burden of illness, high cost, nationally identified high priority area)

• Wide-spread relevance of the measure concept across PACE

• Availability of the data source

• Ease of data collection

• Documented evidence of deviation in care from standards of care (e.g., high rates of complications)

• Usable for purposes of quality improvement and accountability (public reporting and merit-based purchasing)
Measurement Domains: CMS Incident Reporting

- Emergency Department Visits
- Falls
- Pressure Ulcers
- Immunizations
- Grievances
- Appeals

- Medication management
Future PACE Performance Measures

- Preventive care and screening
- Treatments for acute episodes of illness
- Chronic disease care
- Appropriate medication treatment
- Functional status
- Behavioral and mental health
- End of Life Care
- Care coordination
- Participant experience (e.g., utilization, and satisfaction)
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>April – June 2016</td>
<td>Review Group 1</td>
</tr>
<tr>
<td></td>
<td>• Review and identify measures concepts</td>
</tr>
<tr>
<td></td>
<td>• Define measure specifications</td>
</tr>
<tr>
<td>August 2016</td>
<td>Conduct 30-day member comment period</td>
</tr>
<tr>
<td>Fall 2016</td>
<td>Review Group 2</td>
</tr>
<tr>
<td></td>
<td>• Review and identify measures concepts</td>
</tr>
<tr>
<td></td>
<td>• Define measure specifications</td>
</tr>
<tr>
<td>December 2016</td>
<td>Conduct 30-day member comment period</td>
</tr>
</tbody>
</table>
Potential Implementation Challenges

• Varying degree to which PACE programs use and generate data from their electronic health record (EHR) systems to calculate quality measures.

• Lack of EHR vendor incentive to adopt and implement standardized nomenclature across PACE (i.e., NPA Common Data Set).

• Misalignment of external measure development initiatives (e.g., Econometrica, managed care roll-out, etc.).
Plan Ahead

• Continue to engage and monitor external quality activities (Ongoing)
• Develop more robust, comprehensive set of Performance Measures (Summer – Winter 2016)
• Educate members and encourage adoption of Common Data Set (Winter 2016)
• Begin calculating and benchmarking quality measures in DataPACE3 (Spring 2017)
Not all change is improvement, but all improvement requires changes.

- Institute for Healthcare Improvement