AGENDA

1. Data & Measure Strategy

2. Reinventing Accreditation & Certification

3. MACRA
Data & Measure Strategy
Five Components of Data/Measure Strategy

1. To develop/modify and align measures across health plans, clinically integrated networks, and practices.
2. To leverage data generated at the point of care.
3. To reduce the work associated with reporting HEDIS measures.
4. To establish data connections in support of measurement and analysis of the healthcare system.
5. To support NCQA accreditation and recognition programs.
Align Measures Across Health Care System

- Use industry standard specifications as building blocks.
- Define core clinical concepts using same codes and value sets.
- System-specific attribution model (e.g., enrollment criteria at health plan level).
Practice Level Recognition Programs

• Acquire data from various sources including EHR vendors, qualified clinical data registries, health information exchanges.

• Collect electronic clinical quality measures (eCQMs) from measurement set aligned with federal programs.

• Certify data sources through NCQA’s eMeasure Certification Program.
Clinically Integrated Networks (CINs)

- Reinvent approach to evaluating CINs
- Align measurement set with recognition programs and HEDIS plan level measures.
- Use clinical data systems to report clinical quality measures.
Health Plan Accreditation (HPA)

• Complete testing of depression measures reported through clinical data systems.
• Select existing measures for conversion to clinical data system reporting method.
• Develop new HEDIS plan level measures that leverage clinical data systems.
eMeasure Certification Program

- Tests and validates the integrity of software code that produces eCQM results
- Improves accuracy and reliability which facilitates use of data for benchmarks and comparisons
- Will be required of entities submitting eCQMs in our recognition programs by 2019
Relationship Between eMeasure Certification Program and PCMH/HPA Reporting

Entities certified by NCQA
- EHR
- QCDR
- HIE

Validated data sent to NCQA

PCMH Recognition

CIN Evaluation

Health Plan Accreditation

Other Uses of the Validated Measures
- State/Fed Reporting Programs (e.g., CPC+, MIPS, APMs, ACO)

Abbreviations:
- EHR – Electronic Health Record
- QCDR – Qualified Clinical Data Registry
- HIE – Health Information Exchange
- PCMH – Patient Centered Medical Home
- HPA – Health Plan Accreditation
- CPC+ - Comprehensive Primary Care Plus
- MIPS – Merit-Based Incentive Payment System
- APMs – Alternative Payment Models
- ACO – Accountable Care Organization
- CIN – Clinically Integrated Network
Reinventing Accreditation & Recognition
Why Do We Need to Reinvent Accreditation & Recognition?

Siloed Evaluations

- Health Plans
- Clinically Integrated Networks
- Practices

MACRA driving accountability to the provider level
- Practices can be recognized without true transformation
- Reviews are focused on processes rather than on outcomes; burdensome

Perceived value is eroding
- Plans want accreditation to help them differentiate themselves
- Purchasers want requirements and measures that support their initiatives
- Requirements reflect traditional managed care approaches
Reinvention Strategy

Health Plans
- Modularize product; incorporate measures for special pops (2017-2019)

Clinically Integrated Networks
- Broaden target entities; incorporate measures (2016-2018)

Practices
- Redesign process and standards; incorporate data collection (2015-2018)

Break down the silos between plans, CINs and practices
Align requirements to break down silos between plans, CINs and practices

**Health Plan**
- Advanced analytics to identify at risk members
- Population Health

**Clinically Integrated Network**
- Centralized care management resources
- Cost/Utilization

**Practice**
- Care planning for individual patients
- Prudent referral decisions
- Aligned Measures

**Population Health**
- Value-based payment arrangements
- Prudent referral decisions

**Cost/Utilization**
- Variance reporting and physician detailing

**Aligned Measures**
- Continuouslly enrolled members
- Patients in risk-based contracts

**Examples**
- Empaneled patients
Payment Direction is Clear

- Incentives for value
- Discourages fee-for-service
- Puts more teeth into quality, cost and utilization measurement
- Primary care as foundation
Path for Providers Isn’t
Weighting of MIPS Performance Categories

- **CLINICAL PRACTICE IMPROVEMENT ACTIVITIES**
  - 15%

- **ADVANCING CARE INFORMATION**
  - 25%

- **QUALITY**
  - 50% in 2019
  - 45% in 2020
  - 30% in 2021+

- **RESOURCE USE/ COST**
  - 10% in 2019
  - 15% in 2020
  - 30% in 2021+

2017 performance determines 2019 pay

*Recognized PCMHs/PCSPs receive automatic full credit for CPIA category*
Advanced Alternative Payment Model must:

• Provide performance-based payment using measures similar to MIPS

• Demonstrate use of Certified EHRs – 50% of clinicians in first year, 75% after that

AND

• Take “more than nominal” risk

OR

• Be expanded CMMI Medical Home Model demo (none currently exist)
The PCMH/PCSP Value Proposition

• 100% automatic credit for CPIA
  – PCMHs within non-qualified APMs bring auto credit and boost overall scores

• PCMH/PCSP transformation should result in:
  – Higher quality scores
  – Lower resource use
  – Higher ACI scores

• PCMH/PCSP as foundations of effective Advanced APMs