



Meeting Summary

Measure Model Alignment Web Meeting 1

The National Quality Forum (NQF) convened a web meeting for the Measure Model Alignment Workgroup on December 21, 2021.

Welcome, Roll Call, and Review of Web Meeting Objectives

NQF staff welcomed participants to the meeting, as well as introducing the co-chairs of the Measure Model Alignment Workgroup (provider co-chair Dr. Jamie Reedy and payer co-chair Dr. Ranyan Lu). The co-chairs provided welcoming remarks. NQF staff reviewed the antitrust statement, as well as acknowledging that the Core Quality Measures Collaborative (CQMC) is a member-funded effort with additional support from the Centers for Medicare & Medicaid Services (CMS) and America's Health Insurance Plans (AHIP).

NQF staff facilitated roll call and reminded the group that the roster includes both voting and non-voting members. While both types of members can participate in discussion, only voting members will be asked to cast votes on any changes to the core set. NQF staff reviewed the meeting objectives:

- Summarize the objectives of the Measure Model Alignment Workgroup and project approach
- Begin to identify elements of measurement models and common challenges related to these elements

Measure Model Alignment Workgroup Overview

NQF staff shared an overview of the background leading to the formation of the Workgroup. Measure model alignment is an important topic that helps identify how measures are implemented, aggregated, and reported which can result in increased clinician burden when these are misaligned. There are opportunities for measurement improvement in the identification of best practices for data collection and transmission, attribution methodology, how measures are aggregated into ratings, how results are presented to consumers to inform decision making, and how information is shared with providers. NQF staff shared the following goals with the Workgroup:

- Advance adoption of the core measures;
- Address implementation challenges that reduce the value of alignment around the measures themselves;
- Reduce burden that comes from how measures are used;
- Set a foundation for future Collaborative work; and
- Develop best practices and policy recommendations that address governance, structural, and operational models for payer and purchaser alignment around the collection, transmission, standardization, aggregation, and dissemination of data to support scaled core set adoption and implementation while reducing provider burden.



NQF also noted that the measure model alignment is time limited, and the Workgroup will meet through January 2022 to develop recommendations.

NQF staff shared that the CQMC has the input of many stakeholders. CQMC has a total of 10 core set workgroups that are specialty specific (e.g., ACO/PCMH/Primary Care, Pediatrics). The objectives are to maintain core measure sets while promoting advanced adoption and alignment of measures across public and private payers. Additionally, the CQMC addresses other high-priority areas related to quality measurement (e.g., Implementation, Digital Measurement, Cross-Cutting). The CQMC is also convening a new workgroup focused on health equity and a call for nominations has been initiated. NQF shared that measure model alignment extends beyond individual measures to align around the elements of measurement models to support core set adoption and reduced clinician burden. These topics were of interest for both the CQMC membership and the field.

NQF convened the extended virtual full Collaborative meeting in April which focused on topics including the path towards greater adoption; moving toward higher bar measures; digital measures; and, strategies for the future direction of CQMC. During the meeting, NQF shared potential goals and approaches for the measure model alignment work. The full Collaborative meeting had representatives from Integrated Health Association (IHA), Kentucky Health Collaboratives (KHC), and Wisconsin Consolidated Healthcare Quality (WCHQ). These groups provided their specific regional measurement models including how data was gathered, how results were measured, and sharing summary data around current performance measures. The full Collaborative also considered some examples of data dashboards from three different regional models (IHA's AMP Report Cards, KHC's Consolidated Measurement Reports, and WCHQ's Performance and Progress Reports). NQF noted there were key points that were raised by full Collaborative members related to measure model alignment. Feedback identified that one of the major contributors to clinician burden is that stakeholders report slightly different versions of measures to multiple entities. There was also recognition that alignment could be encouraged by adopting a common taxonomy on goals or priorities (e.g., promoting patient-centered care, improving health equity, progressing towards evidence-based clinical goals). Also, the full Collaborative suggested measurement should focus on high impact areas, using shared measure sets with consistent specifications. These specifications should align within and across programs in which they are being used. The Workgroup members also recognized a need for standardization and greater transparency around certain elements of measurement models such as attribution, weighting, risk adjustment, and aggregation.

Proposed Approach

NQF staff shared that the proposed approach for Measure Model Alignment which is to first conduct an environmental scan of publicly available collaborative models. The Workgroup members will meet several times to discuss barriers and solutions towards greater standardization of measure data which would recognize the strengths and challenges of existing models. Lastly, policy issues should be considered as potential drivers to advance Measure Model Alignment efforts.

Proposed Measure Model Elements

NQF staff shared several examples of potential regional and public/private payer models that could be reviewed (Figure 1)

Figure 1. Potential Models

Regional Models	Public and Private Payer Models
<ul style="list-style-type: none"> • Integrated Health Association (IHA) • Purchaser Business Group on Health (PBGH) • <u>Kentuckiana Health Collaborative (KHC)</u> • Rhode Island State Model • Civitas Networks for Health 	<ul style="list-style-type: none"> • CMS models, including CMMI models

NQF asked the Workgroup which models should be considered for this review. Both the Minnesota Community Measurement model and WCHQ model were suggested. A co-chair shared that several states use provider reporting to inform consumers of the utility between models. A member shared that the list of regional models included some payers that are mutually exclusive. Another member shared that Washington state has a primary care payment initiative that includes payment plus measurement.

NQF staff shared that Workgroup members should consider best practices between model elements and attributes to gain a clear understanding of how these could inform an ideal model using the expertise of workgroup members. The overarching goal is to assess a variety of successful models and discuss the context and the role in model success and their measure selection process.

NQF staff outlined a preliminary list of measure model elements.

- Goal – the objective that the system is assessing
- Entities Involved – stakeholders responsible for governance, decision-making, and operations, as well as those held accountable
- Context – background details such as accountable entity, intended use, incentive structure, measurement periodicity, and attribution method
- Measure Selection – the process of choosing and retiring measures, the measures themselves, and how they reflect the goal
- Data- the information sources and collection methods; also includes transmission, standardization, aggregation, dissemination
- Measure Grouping – how measures are aggregated or assigned to domains
- Scoring Approaches – the methods by which overall performance is determined
- Risk Adjustment – the approach to isolate quality differences by accounting for differences in

- patient mix across entities
- Usability— how the methods and performance results are communicated

NQF inquired if there were elements that were missing from the list or if any were some that were no longer meaningful. A co-chair emphasized that the model itself determines which provider groups or provider types are participating and the type of data transmission reporting. A member suggested evaluating models for their health equity approach which is a priority for stakeholders. The co-chair clarified the importance of measure stratification to support this objective. Another member shared that some of the models addressed integrated care or team-based care rather than individual physician practices. Another member identified the potential value of models that combined these data elements for multispecialty practices especially at the beginning of team care. NQF staff asked what the major pain points might be related to specific elements within the models and components that could or could not be aligned based on the various industry challenges. A co-chair shared that one of the pain points is attribution of a patient to a care model when comparing provider groups between states. Another pain point was the difficulty of standardizing a data taxonomy across different payers with inherently different data collection systems. The member stated the challenge of inaccessible data due to differences in collection methods and reporting. The co-chair suggested that CQMC could leverage current procedural terminology (CPT) category II codes related to measures which could be helpful in data collection. Also, potentially using Z codes for social needs or social determinants could allow risk stratification for non-medical determinants impacting patients. A co-chair suggested broadening the approach to diagnosis codes to reduce burden and increase the potential for informed analysis. Other suggestions included measuring pain or quality of life which could be integrated across multiple measures and having a single repository for data submission to eliminate data fragmentation. The co-chairs agreed, stating that the goal is to integrate data across health plans to support the data interoperability between payers and providers.

While ultimately all components could potentially be aligned, the co-chair recognized that some may be easier than others with the suggestion to rank the different elements into categories where alignment may be more feasible in short term versus long term. NQF staff suggested the Workgroup agree on the model elements to review and discuss for each of the example models.

Measure Model Alignment Guide Content

NQF staff shared the goal for the end of January which is to develop a “Measure Model Alignment Guide” as the final work product of the group. The guide will identify elements of a measure model that have demonstrated success and can represent best practices in supporting greater measure alignment and minimal provider burden. NQF staff shared the proposed outline below:

- Overview
 - Goal of work
 - Approach
 - Scope of problem
 - Rationale for aligning measure models
- Section 1: Model Summaries

- Elements of a Measure Model
- Examples of Measure Models
 - Regional Models
 - Payer Models
 - Federal Models
- Challenges of Alignment
- Section 2: Best Practices
 - For elements of a model:
 - Data Transmission
 - Aggregation
 - Attribution
 - Reporting
 - For Collaboration:
 - What factors contribute to the success of a model/collaborative
- Section 3: Opportunities
 - For standardizing measure models
 - For fostering successful collaborations
 - To promote best practices nationally
- Section 4: Barriers
 - To alignment
 - To replicating
- Section 5: Path Forward

NQF staff asked for feedback on other topics that should be covered or if any of the topics seem out of scope. The co-chair shared that outline is very comprehensive without further modification given the short timeframe. One member shared that there is a potential need for a business or value proposition for measure developers in identifying partners for measure testing. Another member shared the importance of working with the Digital Measurement Workgroup as we move towards digital measures to support alignment. NQF staff concluded the meeting stating the importance of completing the Model Alignment Guide within our truncated timeline and suggested deferring other important but out of scope issues to future committee work.

Next Steps

NQF staff shared that the Workgroup's discussion will be summarized and posted on the CQMC SharePoint page. NQF shared that the next Measure Model Alignment Web Meeting 2 is scheduled for January 6 from 3:00 - 4:30 pm ET. NQF staff thanked Workgroup members and the co-chairs for their engagement during the meeting.