



AHCCCS Payment Modernization - Blog # 12

Aligned and Meaningful Quality Measurement

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Central to transitioning to value based models is the adoption of measures to assess care provided to individuals and the health of populations. The [Institute of Medicine](#) describes the goal as

The identification of core measures that are accurate, actionable, real-time, and continuous, that can be comparably and seamlessly collected through efforts at the national, state and local levels, and that are readily accessible to guide priority decisions by individuals, clinicians, health care organizations, payers, employers, public health policy decision makers and related community stakeholders.

Value assessment requires measures of both cost and quality. Public and private payers have established a wide range of provider quality measures. Increasingly, purchasers and providers are questioning the types, quantity, and comparability of these measures.

For example, public and private payers have formed the [Core Quality Measures Collaborative](#) which includes America's Health Insurance Plans (AHIP), the National Quality Forum (NQF), and CMS. Among its goals is the alignment of quality measures

... that includes manageable reporting requirements for providers, alignment by reporting entities, and a focus on health outcomes that are more meaningful to consumers, providers, and payers, than many process-based measures.

To reduce the administrative burden on providers, the Collaborative seeks to reduce the number of quality measures, to reduce the variability of the measures, and to align measures across payers.

They also seek to move from process measures to outcome measures. So instead of measuring A1c, the percentage of persons effectively controlling their disease is measured.

The variability of measures is particularly important for population health improvement.

Varied, disparate quality and performance reports prevent a whole-picture view of the population's health and incentivize a fragmented approach to care

In a [recent video, Michael Porter](#) demonstrates the powerful impact aligned measures can have on improving procedure specific outcomes-in this case prostate surgery- and how it results in physicians embracing meaningful performance measures.

Quality measurement alignment is also being driven by Catalyst for Payment Reform's (CPR) recent [Guide to Quality Measure Selection](#). The Guide's purpose is to

Define a set of the best available measures relevant to purchasers' interests in evaluating the performance of health care providers and informing consumer decision-making.

It was developed in alignment with the [National Quality Strategy](#) (NQS) aims. The Guide and associated [Action Brief](#) proposes 30 measures (both process and outcome) in 12 priority clinical areas based on where purchasers spend the most and where care quality varies most. The Guide acknowledges the feasibility challenges inherent in some of the measures due to data and other limitations, but suggests some of these limitations can be more readily overcome with the use of

Market forces to encourage development of the necessary means to report the most important and informative health care quality measures, even when development of the data collection infrastructure must evolve over a period of years

This is certainly not the only method for aligning quality measures. In a recent Health Affairs post, [specific to primary care](#) the authors recommended measuring the features of the practice, such as whole person accountability using CAPHS surveys, or care coordination through claims based on post-hospitalization follow up visits.

Regardless of the measures selected, consensus is growing that if all providers in a given area or network are measured by a limited number of aligned measures, the providers' administrative burden decreases, the measures become more meaningful to both providers and payers, and population health measurement improves.

Health Disparities

CMS recently released a report on [health equity in Medicare](#). The goal of the Plan is to reduce disproportionate burdens faced by minorities due to lower quality of care and barriers to accessing care. For example, 80% of Medicare beneficiaries are white yet blacks and Latinos represent the top decile of Medicare spending. CMS will release measures and targets to assess the Plan.

In a [report on mental illness from the CDC](#), income is the disparity driver.

Among all adults, as income increased, the percentage with serious psychological distress decreased

End of Life Care

Medicare has announced it will pay physicians to discuss end of life care with patients. This has prompted discussions about what should be included in those discussions. [Palliative care physicians advocate](#) training and documentation requirements for physicians providing the counseling.

It has also prompted discussion regarding improvement of [end of life care through evidence based](#) practice.

One of the most sobering facts is that no current policy or practice designed to improve care for millions of dying Americans is backed by a fraction of the evidence that the Food and Drug Administration would require to approve even a relatively innocuous drug.

There are calls for randomized trials, outcome measure consensus, and openness to experimentation by health systems and payers to ensure well intentioned care is also effective.