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Correspondence Memorandum

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To: Group Insurance Board

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Subject: Health Plan Quality Measurement

This memo is for informational purposes only. Board approval of the proposed quality measure set is presented under agenda Item 3D.

This memo describes the process undertaken by The Department of Employee Trust Funds (ETF) to improve the existing ETF health plan report card and the healthcare performance metrics in the Health Plan Agreement (Agreement).

Background

The current ETF health plan report card was created in 2014, after several prior reporting iterations. The document communicates aspects of health plan quality to help members select a health plan using meaningful and objective information.

The measures in the report card are presented in four composite measure categories—overall performance, quality, care coordination, and overuse of services—and one additional grievance category. The categories are composed of Health Effectiveness Data and Information Set (HEDIS) measures, Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey measures, and grievance numbers collected by ETF from the health plans.

Health plans submit HEDIS, CAHPS, and grievance data to ETF, which calculates the composite measures. Each health plan receives a star rating, relative to the performance of all plans submitting data. This means that a plan's stand-alone performance on the measures may stay the same between years, but the plan's star rating may fluctuate if other plans perform significantly better or worse than the year before.

Reviewed and approved by Lisa Ellinger, Director, Office of Strategic Health Policy

Lisa Ellinger Electronically Signed 5/18/17

Board	Mtg Date	Item #
GIB	5.24.17	3C

The HEDIS and CAHPS data submitted by plans is for their entire Wisconsin book of business, though grievance information is specific to the ETF population. Data is submitted annually in June and published in the report card form in September.

Reasons for Revising Current Report Card

While the existing report card has been a consistent means of communicating health plan quality information to members, staff identified areas for improvement. Suggestions for change also came from members and health plans, and in consultation with Bailit Health (see the Measure Selection Process section of this memo).

Board consultants have reported that the disease burden of Group Health Insurance Program (GHIP) population is higher than state and national averages. Staff reviewed the current measure set to specifically target the areas in which the GHIP population has the most room for improvement. Moving forward, the Board's new data warehouse, supported by Truven Health Analytics, will provide access to ETF-specific data to continue to evaluate disease states of interest.

The data warehouse will also support a more dynamic measure set. While health plans will have certain quality measures for which they are contractually responsible annually, the data warehouse will support faster testing and implementation of new measures that will support improving the GHIP's population health.

In addition, feedback from members and health plans alike has indicated the current star ranking system may cause confusion. As stated above, plans are currently compared to one another. This can cause a plan that has maintained quality to lose stars if other plans significantly improve in the same quality area, or gain stars if other health plans decline. Relating to members that this scoring is relative versus absolute is challenging, and may inadvertently communicate that a plan has either gained or lost quality.

Measure Selection Process

In 2016, ETF was awarded a grant from the Robert Wood Johnson Foundation's (RWJF) State Health and Value Strategies (SHVS) to contract with Bailit Health (Bailit), a health measurement consulting firm. Bailit assisted ETF in using the Buying Value Toolkit (developed by Bailit) and methodology to develop a revised measure set.

ETF provided Bailit with the following information to assist with its evaluation: 1) data from the Wisconsin Health Information Organization (WHIO) specific to the ETF population; 2) health plan HEDIS results shared with ETF; and 3) ETF's health plan contract requirements for disease management and wellness.
Using the information provided, Bailit helped ETF staff select six condition-specific measurement domains of interest:

- Chronic Illness Care
- Medication Management
- Care Coordination/Transition of Care

- Behavioral Health
- Acute Illness Care
- Overuse/Inappropriate Use

ETF staff also indicated an interest in monitoring broad categories related to overall cost and utilization.

Based on these domains, Bailit identified 77 candidate measures for ETF consideration. ETF and Bailit reviewed each measure, discussed the description and composition of each measure, and made an initial determination as to whether the measure was appropriate for the GHIP population and ETF's stated measurement goals and domains.

ETF then identified whether each of the remaining measures would be considered "payment" or "tracking" measures. Payment measures were identified as being eligible for attachment to financial awards or penalties in the Health Benefit Program Agreement. Tracking measures were those that ETF indicated an interest in monitoring for possible future payment use. Given the volume of program change anticipated over the coming year, staff decided that the measures eligible to be considered payment measures for the 2018 contract year would be limited to those carried over from the original report card. All remaining measures selected would either be tracking in year one, or held for additional investigation once the data warehouse goes live.

Finally, ETF selected criteria to evaluate each measure for consideration and inclusion, based on draft criteria provided by Bailit. The criteria included best practice criteria to evaluate measures, and criteria developed by other Bailit clients for their particular program goals. Per ETF's selected criteria, final measures should:

- be evidence-based and scientifically-acceptable;
- have a relevant benchmark;
- be feasible to collect;
- align with other measure sets (e.g. Wisconsin Medicaid, CMS, etc.); and
- present an opportunity for quality improvement.

Selected Measure Set

Using the measure criteria described above, ETF narrowed the list of candidate measures from 77 to 30. A full list of measures is included in Attachment A of this document.

Of the 30 measures, 12 were present in the original ETF report card. These measures will be used as payment measures in 2018 contracts. Ten more measures will be considered tracking measures for the coming year, with the potential to include them as payment measures in future years.

The remaining measures were identified as areas of interest to be investigated by Truven when the data warehouse is ready to be used. Based on the findings of that

future analysis, some or all remaining measures may be added to the list of tracking measures.

Health Plan Measure Review
Health plans were given two opportunities to provide input on the measure selection process through the ETF Council on Health Program Improvement (CHPI). CHPI meets monthly. Membership includes representatives from all health plans with which the Board has issued letters of intent to award 2018 contracts, as well as the Board's dental vendor, pharmacy benefits manager, wellness vendor, and data warehouse vendor.

At the April CHPI meeting, plans were presented with ETF's methodology for measure selection and the list of 12 measures from the original report card that will continue as payment measures in the new measure set. Plans provided feedback on the categories selected, as well as the feasibility to collect certain measures that require clinical and claims data. Some plans indicated that it may not be feasible to collect certain HEDIS measures that require clinical data at the ETF-specific level in the first year of program implementation.

Health plans were given an additional opportunity to review the full measure set at the May CHPI meeting and provide additional comments. ETF will continue to seek input throughout future years on the utility and validity of the measures selected.

Measure Set Development Plan
Following the Board's approval to change ETF's Report Card measure set, staff will begin developing how the measures will be reported to participants and develop guidance for health plans regarding any additional information needed, timelines, and review opportunities for the measures. Staff will bring these products to a future Board meeting for review.

ETF staff notes that in the proposed final payment measure set there are currently no CAHPS or grievance measures. ETF will continue to require the submission of all CAHPS and ETF grievance data and will determine the best way to incorporate participant feedback into future reports.

Staff will be at the Board meeting to answer any questions.

Attachment A: ETF Payment and Tracking Measures

Attachment A

ETF Payment and Tracking Measures

Measure Name	HEDIS	Description	ETF Domain	Measure Use
Anti-Depressant Medication Management	AMM	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported: A. Percentage of patients who remained on an antidepressant medication for at least 84 days (12 weeks). B. Percentage of patients who remained on an antidepressant medication for at least 180 days (6 months).	Medication Management	Payment Year 1
Follow-Up After Hospitalization for Mental Illness	FUH	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge	Behavioral Health	Payment Year 1
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication	ADD	Percentage of children newly prescribed ADHD medication that had at least three follow-up care visits within a 10-month period, one of which was within 30 days from the time the first ADHD medication was dispensed, including two rates: one for the initiation phase and one for the continuation and maintenance phase	Medication Management	Payment Year 1

Medication Management for People with Asthma	MMA	Percentage of patients 5-85 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: 1. The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. 2. The percentage of patients who remained on an asthma controller medication for at least 75% of their treatment period.	Medication Management	Payment Year 1
Use of Imaging Studies for Low Back Pain	LBP	Percentage of patients 18-50 years of age with a diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis	Overuse	Payment Year 1
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	AAB	Percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription	Overuse	Payment Year 1
Plan All-Cause Readmission	PCR	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays* (denominator) 2. Count of 30-Day Readmissions (numerator) 3. Average Adjusted Probability of Readmission	Care Coordination/Transitions of Care	Payment Year 1
Colorectal Cancer Screening	COL	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer	Other	Payment Year 1

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	CDC	Percentage of members 18 - 75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level is <8.0% during the measurement year.	Chronic Illness Care	Payment Year 1
Controlling High Blood Pressure	CBP	Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year	Chronic Illness Care	Payment Year 1
Appropriate Testing for Children with Pharyngitis	CWP	Percentage of children ages 3 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode	Overuse	Payment Year 1
Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	CDC	Percentage of members 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure (BP) reading is <140/90 mm Hg during the measurement year	Chronic Illness Care	Payment Year 1
Annual Monitoring for Patients on Persistent Medications	MPM	Percentage of patients 18 years of age and older who received a least 180 treatment days of ambulatory medication therapy for a select therapeutic agent during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year. Report the following three rates and a total rate: - Rate 1: Annual Monitoring for patients on angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB): At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year. - Rate 2: Annual monitoring for patients on digoxin: At least one serum potassium, one serum creatinine and a serum digoxin therapeutic monitoring test in the measurement year.	Medication Management	Tracking Year 1

		- Rate 3: Annual monitoring for patients on diuretics: At least one serum potassium and a serum creatinine therapeutic monitoring test in the measurement year. - Total rate (the sum of the three numerators divided by the sum of the three denominators)		
Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	ART	Percentage of patients 18 years and older by the end of the measurement period, diagnosed with rheumatoid arthritis and who had at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD)	Chronic Illness Care	Tracking Year 1
Follow-Up After Emergency Department Visit for Mental Illness	FUM	Percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness. Two rates are reported: 1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit. 2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit.	Behavioral Health	Tracking Year 1
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	IET	Percentage of adolescent and adult patients with a new episode of alcohol or other drug (AOD) dependence who received the following: • Initiation of AOD Treatment. The percentage of patients who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis. • Engagement of AOD Treatment. The percentage of patients who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit	Behavioral Health	Tracking Year 1

IQI-29: Laminectomy or Spinal Fusion Rate	NA	Laminectomies or spinal fusion discharges per 100,000 population, ages 18 years and older.	Overuse	Tracking Year 1
IQI-33: Primary Cesarean Delivery Rate, Uncomplicated	NA	First-time Cesarean deliveries without a hysterectomy procedure per 1,000 deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, or breech procedure)	Overuse	Tracking Year 1
OP-8: Outpatient MRI without Treatment: Outpatients with Low Back Pain Who Had an MRI Without Trying Recommended Treatments First, Such As Physical therapy	NA	Percentage of MRI of the Lumbar Spine studies with a diagnosis of low back pain on the imaging claim and for which the patient did not have prior claims-based evidence of antecedent conservative therapy. Antecedent conservative therapy may include (see subsequent details for codes): 1. Claim(s) for physical therapy in the 60 days preceding the Lumbar Spine MRI 2. Claim(s) for chiropractic evaluation and manipulative treatment in the 60 days preceding the Lumbar Spine MRI 3. Claim(s) for evaluation and management in the period >28 days and <60 days preceding the Lumbar Spine MRI. This measure looks at the percentage of MRI of the lumbar spine for low back pain performed in the outpatient setting where conservative therapy was not utilized prior to the MRI. Lumbar MRI is a common study to evaluate patients with suspected disease of the lumbar spine. The most common, appropriate, indications for this study are low back pain accompanied by a measurable neurological deficit in the lower extremity(s) unresponsive to conservative management. The use of this procedure for low back	Overuse	Tracking Year 1

		pain (excluding operative, acute injury or tumor patients) is not typically indicated unless the patient has received a period of conservative therapy and serious symptoms persist. In selecting ICD-10 codes for this measure in 2012, the goal is to convert this measure to a new code set, fully consistent with the intent of the original measure.		
Persistence of Beta-Blocker Treatment After a Heart Attack	PBH	Percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged alive from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge	Medication Management	Tracking Year 1
Statin Therapy for Patients with Cardiovascular Disease	SPC	Percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least moderate-intensity statin therapy that they remained on for at least 80 percent of the treatment period. Two rates are reported: 1. Received Statin Therapy. The percentage of members who were identified as having clinical ASCVD and were dispensed at least moderate intensity statin therapy during the measurement year. 2. Statin Adherence 80 percent. The percentage of members who were identified as having clinical ASCVD and were dispensed at least moderate-intensity statin therapy that they remained on for at least 80 percent of the treatment period.	Chronic Illness Care	Tracking Year 1

Total Cost of Care Population-based PMPM Index	NA	Total Cost of Care reflects a mix of complicated factors such as patient illness burden, service utilization and negotiated prices. Total Cost Index (TCI) is a measure of a primary care provider's risk adjusted cost effectiveness at managing the population they care for. TCI includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services. A Total Cost of Care Index when viewed together with a Resource Use measure provides a more complete picture of population based drivers of health care costs.	Cost	Tracking Year 1
Total Resource Use Population-based PMPM Index	NA	The Resource Use Index (RUI) is a risk adjusted measure of the frequency and intensity of services utilized to manage a provider group's patients. Resource use includes all resources associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary and behavioral health services.	Cost	Tracking Year 1