**Performance Measures Alignment Committee (PMAC)**

**Kentucky Core Healthcare Measures Set (KCHMS)**

**Goals and Challenges**

**What would you like to see this core measurement set accomplish?**

* What goal appropriately indicates the outcome PMAC members hoped the core measures set would accomplish in this topic?
	+ Is it realistic? How will progress be measured to this goal? What is the timing?
* Who needs to commit to the goal to ensure success? How can organizations help ensure its success?
* How do we accomplish this goal?

Themes Emerging from PMAC Members

1. Shared focus
2. Improved health and quality
3. Limited, realistic measures set
4. Improved stakeholder coordination and communication
5. Improved Provider Understanding of Measures
6. Improved consistency in measurement methods

**What are the limitations/challenges of a core measurement set?**

* What are the most important challenges PMAC has the ability to help overcome or minimize?
* Which strategies should be implemented to minimize?

Themes Emerging from PMAC Members

1. Developing Trust in PMAC Members/Process
2. Getting agreement among stakeholders on one core measures set
3. Getting stakeholders to commit to a Core Measures Set
4. Lack of Data Infrastructure in Kentucky
5. Meeting the needs of a variety of types of providers and patients
6. Lack of measurement consistency

**PMAC Member Comments**

**What would you like to see this core measurement set accomplish?**

**Shared focus**

* Galvanize to make systems change within a narrow, time-bound focus
* Energize to plan and accomplish immediate goal
* Increased alignment among stakeholders, a 'common language' and set of outcomes that all are working toward achieving shared goals
* This core measurement set should provide a consolidated arena for change
* I believe it is important to have greater measure alignment across payers and purchasers so that health care providers have a clear set of quality indicators to guide their efforts.
* I would like to see an alignment and uniformity of quality measures.
* Align all payers more closely to realize greater efficiencies that will ultimately be a step to a leaner and more affordable healthcare system
* Solid set of Hedis based measures that are reported timely and we all hold ourselves responsible for the outcomes.
* The best way to do this is to have plans on the same page with projects, focus studies, improvement measures and outcomes. In establishing this committee, with these goals, this will ensure we are taking a collective approach in achieving these outcomes.
* Consistency in reporting meaningful measures to ALL insurers that can lead to improve health outcomes for all Kentuckians
* Though many guidelines for base primary care practices already exist in many different formats (i.e. Guidelines from USPSTF/AHRQ, CDC, and various other medical organizations), we know that creating a set of measurements by which providers can compare themselves to others in the same organization (or across organizations), helps to drive both provider and organizational change, thus being an impetus for quality improvement.
* Provider contracts will soon be based on quality of care, which is objectively measured.
* Incentives for physicians and other healthcare providers when improved outcomes are proven

**Improved health and quality**

* I would also like to see Kentucky come up in the ranks of the health outcomes
* Increased focus on quality and efficiency, ensuring that the core measures include both critical outcome as well as relevant process metrics
* I would like to see these measures reflect those aspects of care that are recognized as producing long-term positive health outcomes that are most likely to reduce the chance of chronic disease and increase positive health behaviors.
* I truly believe that we can work together to provide good quality care to each individual patient. We have seen our quality performance (and therefore incentives) increase across the board by taking a population health approach to quality improvement. This will be achievable for practices of all sizes when we are measured by a standardized measuring stick.
* Would like to see us move above the bottom of the county rankings.
* I do believe there can be improvements in the health statistics of our state- particularly for preventable diseases, as well improving and standardizing care, (practicing evidence based medicine), across the state, including in rural areas
* Develop consensus on select outcomes (core measurement set) all parities (members, providers, payers, advocacy groups) can work on to improve the health of Kentuckians.
* I would like to see a core measurement set used by employers to manage the health of employees to compare their health plan status/reports with the core measures to identify gaps and/or overlaps in care or health status.
* we need to be proactive in how we address our quality improvement.

Specifically regarding selecting meaningful measures that support improved health and quality:

* Measuring actual health outcomes rather than arbitrary HEDIS data sets that are sometimes so specific they misplace the focus away from the health of the larger group.
* Prioritize the most powerful among myriad measures at each level of daily clinical and community activity and with respect to the key elements of health and health care progress (e.g., people's engagement and experience, quality, cost).
* Patient focused quality measures that are not complex nor self-serving to any particular organization.

**Limited, realistic measures set**

* A fair assessment of the quality of care.
* I would like to establish reasonable performance measures that truly impact quality outcomes and to which providers can support and buy into.
* I would like to see the group come to a consensus on a manageable set of quality measures that will impact health outcomes.
* Reduction in administrative burden through fewer chart extractions and increased use of existing quality data codes
* Standardization in measure definition
* A defined set of measures
* Protocols for data collection
* A routine report which shares benchmark performance
* Realistic Measures
* Currently, various requirements for quality measurement and reporting create enormous burden and hinder efforts to achieve improved health outcomes in Kentucky.
* This measurement set, if meaningful, reasonable and not overwhelming, could solve reporting burden. By reducing regulatory burden, could allow health care providers to do medicine rather than just focusing paperwork. Long-term, creating a set of core measurements can provide a framework for ideal primary care practices.

**Improved stakeholder coordination and communication**

* Improve coordination across systems (including non-healthcare)
* I hope that these measures would promote collaboration between providers and health plans that emphasize cost effective, high quality care without undue burdens on purchasers, patients and physicians in order to provide high quality standard of care treatments.
* Advocate all members of the multisectoral health system assume the responsibility for improving health in Kentucky.
* Enable the health system to work in a coordinated fashion with stakeholders, most importantly with patients, families, and communities, toward a shared vision of Kentucky's health future.
* Improve communication across systems (include non-healthcare)
* Increased patient involvement in managing their own health outcomes, through communication and integration in the process.
* I would like to see everyone communicate
* I believe establishing this core measurement is the first step- bringing together the many different stakeholders and beginning the dialogue.
* I love the idea of all these stakeholders coming together to discuss all angles of application of measurement and then agreeing on how we can create an aligned core set of measures.
* My hope for this core measurement set is to provide that engagement opportunity for all clinics of all sizes across Kentucky.

**Improved Provider Understanding of Measures**

* A better understanding of the measures others are using as I do not believe we can expect everyone to implement the same measures.
* The core measures need to be aligned to be measured the same across the spectrum of healthcare so it will be easier to make the providers understand the components of the measure and patients can be educated on the benefit of meeting the defined measure.
* Easy, simple to understand and follow. Need to know ahead what is expected to be reported on.
* Improved Understanding of Measurement
* Improved education and awareness about the importance of quality measures and what they really mean
* Education on proper submission of quality measures

**Improved consistency in measurement methods**

* I would like to see the core measurement set provide a single set of "rules" by which health care organizations, providers, and Medicaid can all be on the "same page" as far as quality measures
* It's a huge challenge as a healthcare system to keep up with all the nuances of each measure set- especially for the clinicians delivering the care.
* Having each agency requesting the information in a different format or slightly different percentage makes it confusing for those trying to review and complete these measures.
* The current primary care atmosphere is one of chaos with too many different rules for healthcare systems and providers to be able to meaningfully track and rapidly implement change.

**PMAC Member Comments**

**What are the limitations/challenges of a core measurement set?**

**Developing Trust in PMAC Members/Process**

* Establishing the core measurement set members
* Determining the membership guidance documents
* Building trust among the members and others with a vested interest
* Identifying whether the data is available
* Communication of the measures set
* Failing to appreciate the need for ongoing evaluation and revision (PDSA)
* Rapid change in health care delivery and payment models has introduced new measurement responsibilities.

**Getting agreement among stakeholders on one core measures set**

* Setting priorities and limiting the set
* Crafting measures to ensure they are good measures of the actual outcomes the healthcare community is trying to achieve.
* There will be many metrics of quality care that will be discussed and reviewed and I suspect that it will be challenging and impractical to be able include all of them and some important metrics may be excluded.
* Standardizing to the point of creating a “production” mindset and losing sight of individual patients
* some measures may not apply to all practices
* I believe that a challenge will be to get everyone involved to agree
* "Getting ""everyone"" to agree on the metrics.
* Making the set sufficiently inclusive but not overly burdensome.
* obtaining consensus
* Creation of a core measurement set, limitation of choice of core measures, implementation of appropriate and meaningful measurement of the core sets are all limitations of a core measurement set.
* I think there will be negotiations that will have to be made. Every stakeholder has a different view point on why one thing might work, but it's a challenge to easily use consistent measures that fit everyone. I think the challenge will be finding a way to narrow down the core set that works both from an administrative (claims) and hybrid (chart review/claims) perspective.
* There are so many important potential health outcomes that are needed that determining a high-value, yet not overwhelming, set of measures will be a challenge.

**Stakeholder Commitment to a Core Measures Set**

* There may also be a challenge around stakeholder commitment to a core set of measures, because some stakeholders may feel they will be held accountable for outcomes over which they have no direct control.
* I think the greatest limitation of a core measurement set is the same as a varied set. Change and growth is hard. A core measurement set, just like any set of quality measures, is simply a tool designed to help move health care providers in the direction of providing better quality care.
* Payer and provider adoption will be a challenge but greater alignment will certainly help with adoption.
* Getting all parties to "buy-in" and adopt the core measurement set.
* Ensuring the performance measures are within the providers' control is important to ensure stakeholder acceptance and engagement.
* Enforcement. How will providers be held accountable to meet the core measures?
* We are still a volume based business model, until we change this mindset and patients and medical providers begin to work as one we will never be as successful as I think we can.
* As a national organization it is very difficult to implement a set of measures for a specific state. We have no direct impact on what the Enterprise decides to focus on for measures, however we can provide feedback to the enterprise team.
* Incentives: Consistent and reasonable incentives for improved outcomes
* Limitations on time & resources of data collectors
* May reflect more processes of care than outcomes of care. For instance, doing HgA1c (process) can be easily accomplished, yet it does not reflect how well the care was provided to control A1c (outcome).

**Lack of Data Infrastructure in Kentucky**

* The fact Kentucky has not had a successful way to exchange health information has been an additional issue. I would like to see a group work together to figure out something that is manageable and helps collectively move our state forward in measuring, and ultimately improving the health and quality of life of Kentuckians.
* data limitations
* Electronic Health Records: sharing information with multiple entities, proper coding and documentation functions for quality measures
* Clearinghouses: proper data collection -ensure that the non-payable quality data codes are included on the same claim with payable services
* Lack of alignment and comparability in current measurement landscape limits the capacity to make meaningful comparisons among approaches.
* I believe that a limitation for some providers would be funding for staff/systems to track and meet the core measurement set.
* If there are too many measurements or the application of them is not properly thought out or introduced appropriately, their adoption can become a burden for certain smaller medical institutions or practices, and some practitioners may view them as just a "check box" or one more task to do versus the means to track and improve health and health care of a community, as they are intended to do.
* There are also major hurdles in tracking any quality measures across the hundreds of EHR systems in our state. BUT, being able to narrow down the scope of these core sets, and aligning across the state will increase the likelihood that EHR companies will work with our providers to implement solutions.
* I would think that a limitation/challenge would be that not all clinics have the functionality to track the measurements adequately. I believe another would be trying to ensure that everyone is still collecting the data accurately, so as to reflect the true picture of the measure.

**Meeting the needs of a variety of types of providers and patients**

* Different variables related to private practice vs rural vs urban with Rural having limited resources but we are all expected to be accountable and report on same measures even though situations are different.
* There can be limitations of a core measurement set if they are not relevant or reliable for the state as a whole.
* Having representation of providers for the entire spectrum of patients served by Medicaid will be important since issues that are crucial in the care of some groups or patients of certain ages may not be fully understood by those who do not provide that care.
* A major hurdle/challenge/limitation is that our state encompasses a broad range of providers, both demographic and geographic to name just two. These need to be considered when selecting the core measurement set as what is prevalent in eastern Kentucky, may not be so prevalent and necessary to monitor in western Kentucky.
* Adopting performance measures that are fair to all providers (i.e. rural vs. urban vs. suburban) will be a challenge.
* Selecting measures that can be applied to populations/communities. These could vary from place to place and trying to apply what works here, may not work in other areas of the state. Provider access differs, health plan coverage differs...
* "Difficult to serve and meet the needs of so many different perspectives and agendas across health care environment. I serve from the perspective of patient care where others may serve more from the perspective of payer, purchaser, etc.
* Really the biggest challenge is our unique member demographics. We have many varying member needs so narrowing down the focus that not only enhances our member's health but also aims to control higher costs associated with care will be a challenge.
* We have serious chronic health conditions in KY that are NOT improving despite increased access to
* Variety of systems
* Education: learning curve for practices that initially start using quality measures

**Lack of measurement consistency**

* Some of the limitations in meeting the core measurements at this time are the variations in wording that each agency wants measured.
* Each measure needs to have a standard definition that goes across all reporting agencies and payers and that will make it easier for providers to understand and educate patients on the need and improve their health outcome.
* Lack of standardization in measuring similar concepts.
* Variety of documentation methods
* Adopt a standardized system
* Determining method of measurement will also be a challenge--are these outcomes measures; if so, how will the outcomes be measured in a uniform manner in order to make sure organizations and healthcare providers are being measured to the same standards.
* attribution concerns