



# **2019 KY Performance Measures Alignment Committee**

**Kick-Off Call**

June 14, 2019

June 17, 2019





# Welcome

**Stephanie Clouser**

Data Scientist

Kentuckiana Health Collaborative

# Committee Roll Call



## When introducing yourself, please include:

- Representative name and role within organization
- What would you like to see this core measurement set accomplish?

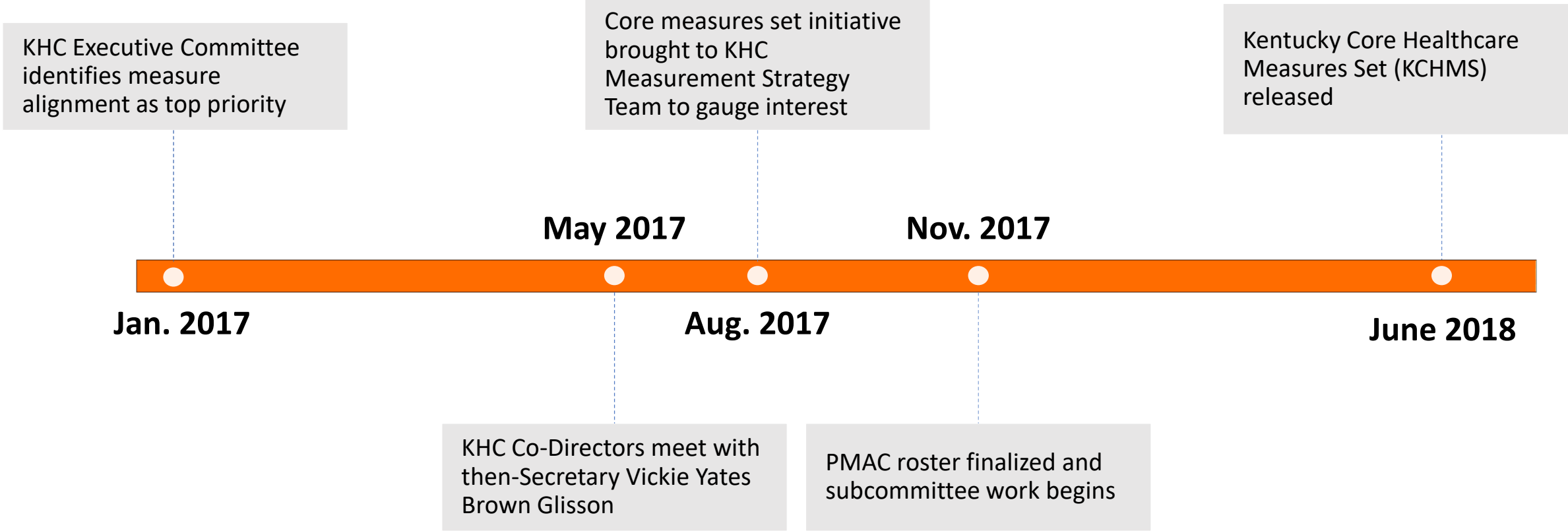
# When introducing yourself, please include:

- Representative name and role within organization
- What would you like to see this core measurement set accomplish?



- Aetna Better Health of Kentucky
- All Children Pediatrics
- Anthem BCBS
- Ashland Children's Clinic
- Baptist Health
- CareSource
- Catholic Health Initiatives
- CHI Saint Joseph Health Partners
- Estill Medical Clinic
- Family Health Centers
- Family Health Centers
- Foundation for a Healthy Kentucky
- Friedell Committee
- GE Appliances, a Haier company
- Heart Disease and Stroke Prevention Program, Kentucky Department of Public Health
- Humana
- Juniper Healthcare
- Kentucky Employees' Health Plan
- Kentucky Health Information Exchange
- Kentucky Hospital Association
- Kentucky Nurses Association
- Kentucky Rural Health Information Organization
- KY Diabetes Network and Kentucky Department of Public Health Diabetes Prevention and Control
- KY Personnel Cabinet
- Ky Primary Care Associations
- KY Regional Extension Center (REC)
- Lake Cumberland Regional Health System
- LG&E/KU
- Louisville Metro Department of Public Health and Wellness
- Norton Healthcare
- Papa John's International
- Passport Health Plan
- Pathways, Inc.
- QSource
- St. Elizabeth Physicians
- UAW/Ford Community Health Initiative
- UK College of Medicine
- UK Healthcare
- University of Kentucky
- University of Louisville
- WellCare of KY
- White House Clinics

# Background



# PMAC Goals



The goals of the Kentucky Core Healthcare Measures Set (KCHMS) are to establish broadly agreed upon core quality measures that:

- **Improve** the quality and value of care
- **Reduce** provider reporting complexity
- **Align** Kentucky's healthcare organizations

The background features a vertical teal bar on the left side. To its right, there are three horizontal rectangular blocks in shades of blue and teal, stacked vertically. The top and bottom blocks are a medium blue, while the middle block is a darker teal. The text is positioned to the right of these blocks.

# Kentucky Core Healthcare Measures Set

*Driving health improvements  
through measurement  
alignment*

Healthcare quality and cost measurement aims to provide better, more affordable care for individuals and the community. Measuring and incenting the right things is important but doing so requires experts to agree on what those things should be.





# Kentucky Core Healthcare Measures Set

*Driving health improvements through  
measurement alignment*

- The **FIRST STEP** towards incentivizing the things that matter
- Created to find areas where we can all **FOCUS EFFORTS** to improve health in our community
- Designed specifically with the **NEEDS OF THE COMMONWEALTH** of Kentucky in mind



Providers



Health Plans



Employers/  
Purchasers



Policymakers



Providers



Health Plans



Employers/  
Purchasers



Policymakers

Physicians and other providers are measured on hundreds of quality metrics, yet often they do not have the time or resources to report, analyze, and take action on hundreds of clinical quality measures. Prioritizing the measures in a core set should decrease noise, increase focus, and lead to better health for their patients.



Providers



Health Plans



Employers/  
Purchasers



Policymakers

Both public and private payers are in a position to innovate when it comes to healthcare measurement. Aligning incentives that encourage high quality, affordable care allows plans to distinguish their performance from their competition's.



Providers



Health Plans



Employers/  
Purchasers



Policymakers

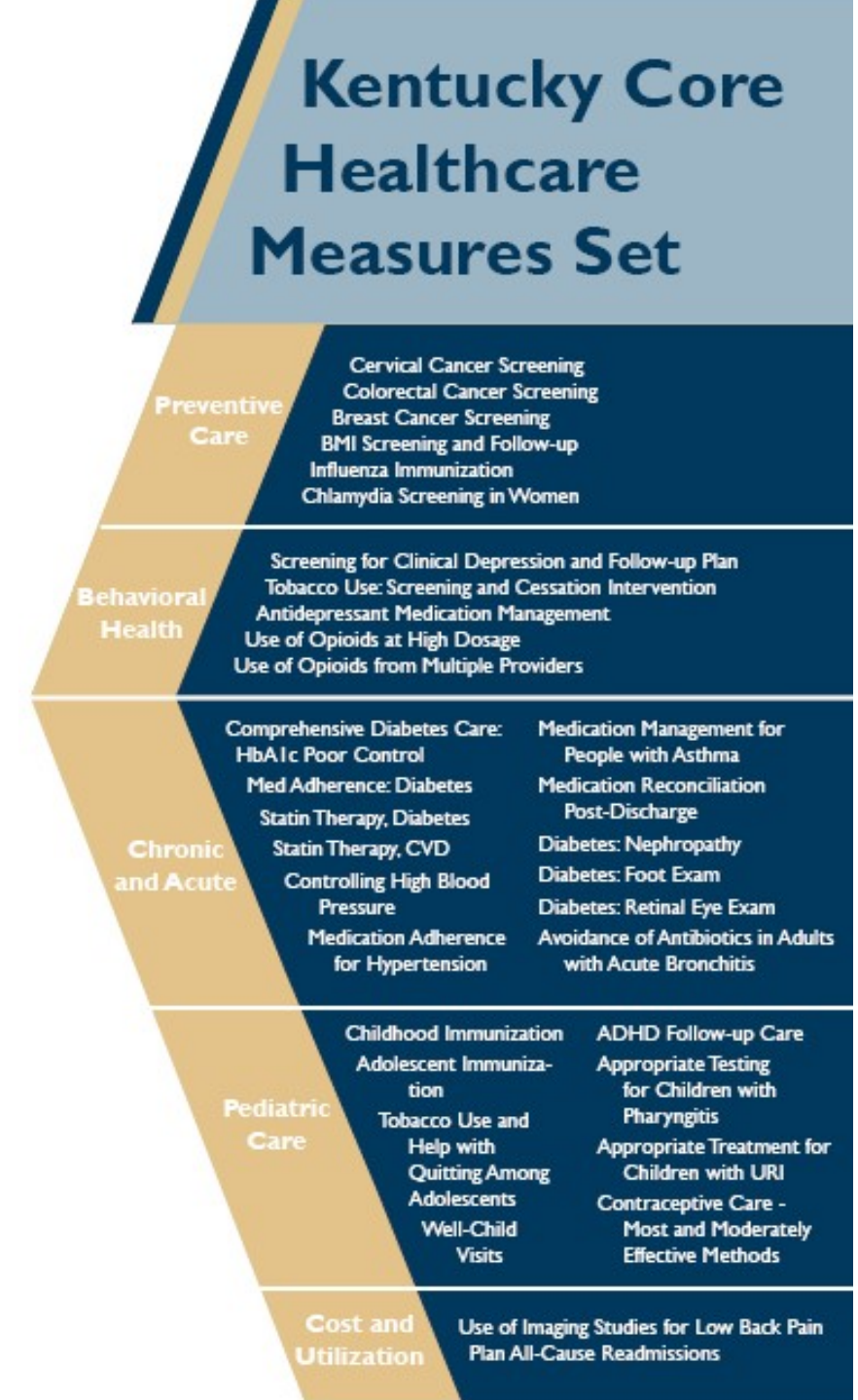
As purchasers, we have leverage when it comes to changing the business of healthcare in this country. Paying attention to the measures that drive appropriate, high quality, and affordable care will provide the best outcomes for employees and is best for business.

 Providers Health Plans Employers/  
Purchasers Policymakers

Policymakers have the power to craft the framework for which all healthcare stakeholders work within. They are in the unique position of trying to balance the interests of consumers, providers, payers, and purchasers and find common areas of focus to drive improvements. Paying attention to the metrics that drive appropriate, high quality, affordable care is best for the overall health and budget of the state.

# Kentucky Core Healthcare Measures Set

- 34 Primary Care Measures
- Created by the KY Performance Measures Alignment Committee (PMAC)
  - Approximately 70 experts
- Finalized in 2018
- Each measure classified as “high” or “standard” priority
- Rigorous selection process by four subcommittees and an oversight committee



# Kentucky Core Healthcare Measures Set Alignment

## *Kentucky's Health Plans*

Preventive Care	NQF #	Priority	
Cervical Cancer Screening	32	High	4
Colorectal Cancer Screening	34	High	2
Breast Cancer Screening	2372	High	5
Body Mass Index (BMI) Screening and Follow-Up	421	High	0
Influenza Immunization	41	Standard	0
Chlamydia Screening in Women	33	Standard	3
Pediatric Care	NQF #	Status	
Childhood Immunization Status (Combination 10)	38	High	2
Immunizations for Adolescents (Combination 2)	1407	High	2.5*
Tobacco Use and Help with Quitting Among Adolescents	2803	High	0
Well-Child visits in the 3-6 Years of Life	1516	High	3
Well-Child Visits in the First 15 Months of Life	1392	High	2
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	108	Standard	1
Appropriate Testing for Children with Pharyngitis	2	Standard	1
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	69	Standard	2
Contraceptive Care – Most and Moderately Effective Methods: Ages 15–20	2903	Standard	0

\*The half represents one program that selected Imm. for adolescents, but combo 1, not combo 2



# Kentucky Core Healthcare Measures Set Alignment

## *Kentucky's Health Plans*

Behavioral Health	NQF #	Status	
Screening for Clinical Depression and Follow Up Plan	418	High	0
Tobacco Use: Screening and Cessation Intervention	28	High	0
Antidepressant Medication Management	105	High	2
Use of Opioids at High Dosage		Standard	0
Use of Opioids from Multiple Providers		Standard	0
Chronic and Acute Care	NQF #	Status	
Comprehensive Diabetes Care: Hemoglobin (HbA1c) Poor Control (>9.0%)	59	High	1
Medication Adherence for Diabetes Medications	541	High	1
Statin Therapy for Patients with Diabetes	N/A	High	0
Statin Therapy for Patients with Cardiovascular Disease	N/A	High	0
Controlling High Blood Pressure (Hypertension)	18	High	0
Medication Adherence for Hypertension (RAS antagonists)	541	High	1
Medication Management for People with Asthma	1799	High	2
Medication Reconciliation Post-Discharge	97	High	1
Comprehensive Diabetes Care: Medical Attention for Nephropathy	62	Standard	3
Comprehensive Diabetes Care: Foot Exam	56	Standard	0
Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	55	Standard	4
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	58	Standard	1
Cost and Utilization	NQF#	Status	
Plan All-Cause Readmissions	1768	High	1
Use of Imaging Studies for Low Back Pain	52	Standard	1

# Kentucky Core Healthcare Measures Set Alignment

## *Kentucky's Health Plans*

Adolescent Well Visits (12-17 years)	4
Diabetes HbA1c test	4
Annual Monitoring of Persistent Medications	2
Admits Per Thousand	1
Adult BMI Assessment (NCQA)	1
Adults' Access to Preventive/Ambulatory Health Services (AAP)	1
Diabetes - HbA1c Control	1
ED Utilization	1
Lead Screening in Children	1
Medication Adherence - Hypertension	1
Patient Experience Rating	1
Prenatal and Postpartum Care (PPC)	1
Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	1
Osteoporosis Management in Women who Had a Fracture	1
Chlamydia Screening in Women Antipsychotic Medications	1
Metabolic Monitoring for Children and Adolescents on Antipsychotics	

# PMAC Structure



Consists of a large oversight committee and five subcommittees:

- **Subcommittees**

- Prevention
- Pediatrics
- Chronic and Acute Care
- Behavioral Health
- Cost, Utilization, and Experience
- Two meetings between June and July
- Clinical and technical individuals
- Create recommendations to make to the oversight committee

- **Oversight Committee**

- Two meetings in July and August
- Use subcommittee recommendations to finalize KCHMS
- Includes decision-makers representative of Kentucky's key healthcare stakeholders
  - Providers (mix of rural, urban, systems, independent, and FQHCs)
  - Payers (key commercial, Medicaid, and QIO)
  - Consumer advocacy organizations
  - Purchasers
  - Public health and government

# Subcommittee Roles

- Evaluate the 2018 KCHMS measures for appropriateness
- Look to national and local programs for possible additions
- Identify the leading indicators for primary care and pediatric providers that support the current clinical guidelines
- Consider the feasibility of provider reporting capability throughout Kentucky in making recommendations
- Measures identified as leading indicators but are not yet feasible to report can go into “future” measures for consideration
- Subcommittee recommendations will go to PMAC for a final decision

# Oversight Committee Roles



- Become familiar with the list of measures under consideration as part of the KY Core Healthcare Measures Set
- Consider the feasibility of provider reporting capability throughout Kentucky in making recommendations
- Use comments provided by the public in final analysis of subcommittee recommendation
- Work with your organizations to utilize the KCHMS

# Resources – Member Portal



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## Kentucky Core Healthcare Measures Set

*Driving health improvements through measurement alignment*

## KY Performance Measures Alignment Committee Portal

Dear PMAC Member,

Welcome to the Kentucky Performance Measures Alignment Committee, a public-private partnership between Kentucky Department for Medicaid Services (KDMS) and the Kentuckiana Health Collaborative (KHC). The purpose of the PMAC and its subcommittees is to create a core healthcare measure set for Kentucky with the ultimate expectation for the measure set to be adopted by public and private organizations to better focus improvement efforts toward shared areas.

I want to welcome you and thank each one of you for volunteering to serve on a subcommittee. Each of you has chosen to invest in the healthcare performance improvement of our state by serving in this role. Each of you has a passion for quality healthcare measurement, and I am particularly excited to get started on our journey.

What we have launched is not a small lift. Healthcare measurement alignment is tough work, and it's not for the faint of heart. It isn't easy to sift through hundreds of

[kchcollaborative.org/pmacportal](https://kchcollaborative.org/pmacportal)

Password: kchms

# Resources – Packet



## Committee and Subcommittee 2019 Resources

MEASUREMENT RESOURCES    CROSSWALK    MEASUREMENT SELECTION CRITERIA    SUBCOMMITTEE MEASURES    CORE MEASURE SETS

The following measurement resources are helpful for measure selection:

- Quality Positioning Tool**  
*Organization: National Quality Forum*
- MIPS Quality Measures**  
*Organization: Centers for Medicare and Medicaid Services*
- Kentucky Community Measurement**  
*Organization: Kentuckiana Health Collaborative*
- CMS/AHIP/NQF Core Measurement Sets**  
*Organization: Centers for Medicare and Medicaid Services*
- NCQA HEDIS Measures**  
*Organization: National Committee for Quality Assurance*

[KHCollaborative.org/pmacportal](https://KHCollaborative.org/pmacportal)

Password: kchms

# Resources – Crosswalk



Measure <i>(Measures in italics are in multiple categories)</i>	NQF#	CMS Quality ID	2018 KCHMS	Priority		Measurement Sets		
				2018 HEDIS	MIPS	CMS/AHIP Core Set		CMS Stars
						Primary Care ACO	Pediatrics ACO	
<b>Preventive Care</b>								
Body Mass Index (BMI) Screening and Follow-Up	421	128	HIGH		X	X <sup>PCMH</sup>		
Breast Cancer Screening	2372	112	HIGH	X		X <sup>PCMH</sup>		X
Cervical Cancer Screening (CCS)	32	309	HIGH	X	X	X <sup>PCMH</sup>		
Colorectal Cancer Screening (COL)	34	113	HIGH	X	X	X <sup>PCMH</sup>		X
<i>Chlamydia Screening in Women (CHL)</i>	33	310	STANDARD	X	X		X	
Influenza Immunization	41		STANDARD		X			
Adult BMI Assessment				X				X
Care for Older Adults (COA) – Medication Review	553			X				X
Care for Older Adults Functional Status Assessment				X				X
Care for Older Adults Pain Assessment				X				X
Falls: Screening, Risk-Assessment, and Plan of Care to Prevent Future Falls	101			X	X			
Flu Vaccinations for Adults Ages 18 and Older	39			X				
<i>Improving or Maintaining Mental Health</i>								X
<i>Improving or Maintaining Physical Health</i>								X
<i>Non-recommended Cervical Cancer Screening in Adolescent Females</i>		443		X	X	X <sup>PCMH</sup>		
Osteoporosis Testing in Older Women (OTO)	37			X				
Physical Activity in Older Adults (PAO)	29			X				X
Pneumococcal Vaccination Status for Older Adults (PNU)	43			X	X			
Reducing the Risk of Falling	35							X

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Password: kchms



# Selection Criteria



The core measures will be selected based on currently available reporting capabilities and selection criteria. Below are the criteria for selecting measures to be selected as part of the common measurement set:

- The measure set is of manageable size
- Measures are based on readily available data in KY (we must identify the data source), such as HEDIS measures.
- Preference given to nationally-vetted measures (e.g., NQF-endorsed) and aligned to Medicaid and MIPS measurement sets.
- Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.
- Measures target issues where we believe there is significant potential to improve health system performance in a way that will positively impact health outcomes and reduce costs without unintended harm.
- If the unit of analysis includes health care providers, the measure should be amenable to influence by providers.
- The measure set is useable by multiple parties (e.g., payers, provider organizations, public health, communities, and/or policy-makers).

# Selection Criteria - Rubric



## Measure Selection Rubric

Measure Name: \_\_\_\_\_  
 NQF ID # \_\_\_\_\_ CMS ID # \_\_\_\_\_  
 Measure Type: Adherence, Efficiency, Outcome, Process, Screening  
 Risk-adjusted: Yes, No

Selection Criteria	Meets Criteria Fully (Two Points)	Partially Meets Criteria (One Point)	Does Not Meet Criteria (Zero Points)	TOTAL	Don't know
<b>Stop Points.</b> <i>If any measure below doesn't partially meet these criteria, measure cannot be considered for inclusion in Kentucky Core Healthcare Measures Set.</i>					
1. Does this measure support clinical recommendations?	Measure supports current clinical guidelines	Measure supports most clinical guidelines	Measure does not support current clinical guidelines		
2. Is the measure valid, reliable, and produce sufficient volume?	Measure is valid, reliable, and produces sufficient volume	Measure is mostly valid, reliable, and produces sufficient volume	Measure is not valid, reliable, or produces sufficient volume		
3. Can the measure be captured using data readily available? What is the extent to which the data can be captured without undue burden?	Data required for measure is currently easily available for most providers	Data required for measure is available with some challenges or requires combination of data sources	Data required for measure is difficult to obtain or will require manual abstraction for most providers.		
<i>Score the following measures normally (not automatically rejected if it doesn't meet the criteria).</i>					
4. Is this measure included in the MIPS and/or Medicaid measurement sets?	Measure aligns to both MIPS and Medicaid	Measure aligns to either Medicaid or MIPS	Measure does not align to either measure sets		
5. How important is the measure concept in impacting cost?	Measure has a large, direct impact on cost	Measure has a moderate impact on cost	Measure will have little or no impact on cost		
6. Does the measure provide a significant impact to the health of Kentuckians?	Measure has a large, direct impact on health	Measure has a moderate, direct impact on health	Measure has minimal or no impact on health		
7. Does the measure address a performance gap in primary care providers at an individual or group practice level?	Data supports the need to significantly improve performance in Kentucky	There is little data to support the need to improve but there's consensus of a gap	There is no known data to show a performance gap		
8. Does an individual or group of primary care providers have the ability to impact their performance for this measure?	Providers have a lot of ability to influence their score in this measure	Providers have some ability to influence their score in this measure	Providers have little or no ability to influence their score in this measure		
				<b>Total Score</b>	

# Timeline

- June and July: Subcommittee Meetings
  - Preventive Care: June 21 and July 12
  - Pediatric Care: July 3 and July 10
  - Behavioral Health: June 27 and July 10
  - Chronic and Acute: June 21 and July 9
  - Cost and Utilization: June 28 and July 12
- July and August: Oversight Committee Meetings
  - July 23
  - August 20
  - Public Comment Period
- August 31: 2019 KCHMS Finalized

# Timeline



## KHC Community Health Forum **Driving Health Improvements through Measurement Alignment**

September 10, 2019

[www.khcollaborative.org/2019-sept-forum](http://www.khcollaborative.org/2019-sept-forum)

**\$35 Non-KHC Organizations/\$0 for KHC Members**

**PMAC Members Can Attend for Free**

*Select Member Organization and Select PMAC from Drop-Down List*

# QUESTIONS

*for the KHC team?*



**Randa Deaton**

PMAC Co-Chair  
Kentuckiana Health Collaborative  
UAW/Ford Community Health  
Initiative



**Stephanie Clouser**

Data Scientist  
Kentuckiana Health Collaborative



# Connect with us



## PMAC Page

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