SeeChange HEALTH

Quality Measures Information

Submitted to COHBE for Discussion

Quality Measure Goals:

1. Provide information that can assist the consumer and small employer in selecting a health insurance plan that best fits their needs

   Information should be:
   - Timely
   - Presented in a simple, informative and understandable format
   - Accurate

2. Provide appropriate disclosures on the metrics and underlying data, including population reported, products/markets reflected and time period.

3. Provide explanative language regarding the lack of reported metrics for new plans in the market to promote a level playing field

Existing Quality Measures Overview:

- Consumers and employers view quality data as a valuable component in decision-making.
- Metrics to assess quality based on outcomes and care coordination are being developed as the industry moves to value-based healthcare.
- CAHPS and HEDIS are the current, standard proxy for Quality.
- Although CAHPS and HEDIS are only a proxy for quality, they are used pervasively in various formats. The data is represented as Customer Satisfaction (CAHPS) and Clinical Measures (HEDIS).
- The Federal exchange will use components of CAHPS and HEDIS data.
- CAHPS and HEDIS metrics have recognized weaknesses and varied use.

  CAHPS

  - CAHPS is comprised of domains with associated composites. Within each composite there are items with sets of survey questions. Additionally, there are overall ratings.
  - Studies have found low levels of correlation between many of the composite items and the overall ratings. The highest correlation with the Overall Healthcare Rating is the Provider Communication composite item followed by the Access to Care composite items. The highest correlation with the Overall Health Plan Rating is the Overall Healthcare Rating followed distantly by the Customer Service composite items. Refer to **Appendix A** for an overview of the composite items most strongly correlated to the overall ratings.

- Research has also shown external factors, such as current state of health, influence the individual's response to overall ratings.
- Research has shown that self-reported data does not strongly correlate with clinical measures. When a consumer uses CAHPS data to make healthcare decisions, it is be important that the consumer is aware of the distinction between clinical measures and patient experiences.
- Research shows that patients value and understand CAHPS ratings more than they understand complicated clinical measures. However, patients are not generally utilizing CAHPS data to help them make health care choices.

HEDIS:

- HEDIS was originally developed as a data information set for large employers. It has morphed and grown in size.
- The data is collected annually through administrative data and medical record review.
- The full set of HEDIS measures is employed by NCQA during the accreditation process. NCQA, in deriving their composite ranking, uses a subset of HEDIS (46) and CAHPS (9).
- URAC accreditation process incorporates CAHPS and allows but does NOT require HEDIS measures as proof of meeting plan performance improvement requirements.
- eValue8 uses either URAC or NCQA accreditation information and a subset of CAHPS and HEDIS measures.
- CBGH Health Plan reports 8 CAHPS (7 overlap NCQA) measures, 24 HEDIS measures (22 overlap NCQA) and incorporates benchmarks and CO and US averages.

Underlying Data Overview:

- The CAHPS and HEDIS data is retrospective with the prior year's data compiled and published by June of the current year. Until June 2014, the available data will be 2012. The 2013 data will be available June 2014.
- Metrics utilizing Exchange data will not be available until June 2015.
- The population composition of the Exchange is unknown and based on assumptive projections. The population being measured impacts the measurement results. Thus, displaying measurements derived from a different population base may provide misleading information.
- The new benefit requirements and cost sharing policies will also impact measurement results. Thus, displaying measurements based on different underlying product designs may provide misleading information.

Customer Satisfaction Presentation

To most accurately reflect the elements driving overall ratings given the strong correlation of a few composite items with the overall ratings of healthcare and health plan, the correlative influence of the overall of heath care rating on the overall health plan rating, and the lack of correlation with many composite items, the customer satisfaction presentation should display the underlying strongly, correlated composite items in conjunction with the overall ratings.

The display of the driving, correlated items will provide a more informed picture of the satisfaction results for the small employers and individuals .

The strongly, correlated composite items documented in **Appendix A** are:

Provider Communication

- Doctor explained things in a way you could understand
- Doctor listened carefully to you
- Doctor spent enough time with you

Access to Care

- Easy to get care believed necessary
- Getting appointment as soon as needed

Customer Service

- Got information or help you needed
- Treated you with courtesy and respect

Clinical Measures Presentation

Most organizations utilizing HEDIS use a subset of the data. The HEDIS measures can be narrowed and organized around key preventive and diagnostic-specific services that with proper protocol compliance result in healthier outcomes and substantial healthcare cost savings. By organizing the metrics in this manner, the data shows a closer approximation of compliance to protocols that result in improved outcomes.

The inclusion of benchmarks and population averages assists in further assessing the level of compliance to protocols as compared to benchmark thresholds and population averages.

This metric narrowing and organization simplifies the interpretation of the data and provides an informative understanding of the metric results. Additionally, it allows for the individual or small employer to apply the data to their specific circumstances and priorities in their healthcare decision process.

Appendix B provides a possible set of metrics organized in this manner. These were compiled from the NCQA Report Card, CBGH Quality Report, and NCQA and URAC recommended exchange measures. The data was narrowed to keep it informative and not overwhelming for the small employer and individual.

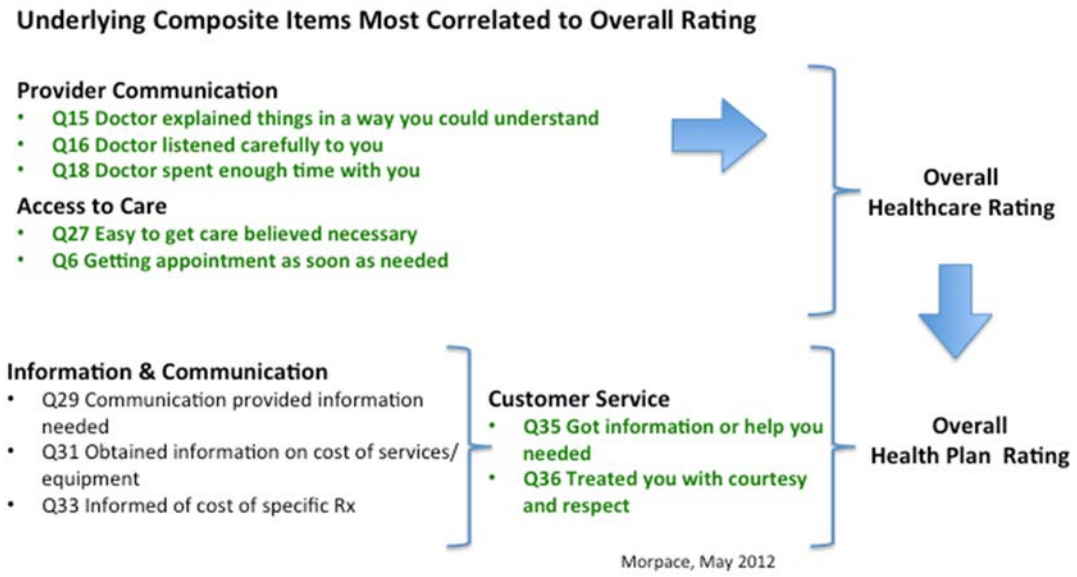
Decision Process Framework

1. Agree on the "quality" metrics and presentation to be used in 2014 – 2015
    - CAHPS – all or subset, if subset, which measures
    - HEDIS – all or subset, if subset, which measures
    - Should benchmarks, state and/or national average be incorporated
2. Agree on optimal display of the information to used in 2014-2015 (e.g. field display, links)
    - Composite metrics accommodate a field display. While a number of separate metrics, present better through a link.
3. Agree on time period and timing of the data to be displayed 2013-2014
    - Go live – with 2012 data, updated 6/14 with 2013 data
    - Go live – messaging data will be available 6/14 with 2013 data
4. Agree on data disclosures that clearly explain the time period of the data
5. Agree on the explanative language for plans that do not have data available
6. In conjunction with HHS guidance and other State's Exchange efforts, define 2016+ Quality Metrics that align quality with patient-level outcomes and care coordination. Additionally, determine the population on which to measure 2014 metrics (all commercial health business or exchange carved out).

Appendix A

CAHPS Composite Items correlated to Overall Rankings

The following are composite items with the strongest correlation to overall rankings. The three Provider Communications items listed below most strongly correlated to Overall Healthcare Rating followed by the two Access to Care items. The strongest



correlation to Overall Health Plan Rating is the Overall Healthcare Rating followed distantly by the two Customer Service items. In summary, Provider Communication composite items have the driving influence of Overall Healthcare Rating, which has the driving influence on Overall Health Plan Rating.

Appendix B

Clinical Metrics:

Chronic care constitutes 75% of health care expenditure. These are clinical measures of key preventive and diagnosis-specific services that with proper protocol compliance result in healthier outcomes and substantial healthcare cost savings.

Prevention:

Children:

- Well Child visits in first 15 months
- Childhood Immunization Status

Women Reproductive:

- Prenatal Timeliness
- Postpartum Care

Cancer Screening:

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening

Other:

- Obesity Screening
- Smoking Cessation

Heart Disease:

- Persistence of Beta-Blocker Treatment after a heart attack
- Controlling High Blood Pressure
- Cholesterol Management for Patients with Cardiovascular Conditions – Screening
- Cholesterol Management for Patients with Cardiovascular Conditions – Controlling

Diabetes Care:

- Controlling Blood Pressure
- Eye Exams
- Glucose Screening
- Glucose Controlling
- Cholesterol Screening
- Cholesterol Controlling
- Nephropathy Monitoring

Mental and Behavioral Health:

- Antidepressant Medication Management – Acute Phase
- Antidepressant Medication Management – Chronic Phase
- 7 day follow up after mental illness hospitalization