

Quality Council Consumer Representative - Care Coordination Measure Concerns

The Connecticut healthcare innovation process stands at a critical crossroad. As Quality Council recommends quality measures for shared savings, we must decide whether or not these measures will truly reflect our commitment to measurable improvement in quality of care coordination and effectiveness or whether they will not.

We are writing to express serious concerns regarding the SIM Program Management Office's recent proposal to eliminate many of the quality measures that Medicare Shared Savings Program established in the care coordination domain. ^{i ii}

Care Coordination is identified by the Institute of Medicine as key to improving the effectiveness, safety and efficiency of the American health care system. ⁱⁱⁱ The Agency for Healthcare Research and Quality notes that care coordination in primary care practice can achieve safer and more effective care. ^{iv} Connecticut's own application to CMMI Application for Round 2 funding stated that the "CT Model tests prioritizes five core elements to move toward advanced primary care practice; 1) whole person centered care 2) enhanced access without disparity 3) population health management 4)dynamic, team-based coordinated care and 5) evidenced-informed clinical decision making. ^v

Care Coordination is a key factor in the effectiveness of accountable care organizations and the basis for shared savings. CMS highlighted measures in this domain because they reflect performance in this important aspect of care. ^{vi} The 8/14 NQF Report "Getting Measures that Matter" that reported on multi-stakeholder input on priority setting for health care performance measure set highlighted the importance of care coordination. ^{vii}

Care Coordination is important to the all those seeking health care but particularly important for those with multiple chronic conditions whose complex health care needs can result in falling through the cracks. The utilization of EHR measures were recommended to review, compare PCMH costs, service utilization and quality. ^{viii} In addition, Massachusetts utilizes care coordination measures including ambulatory sensitive emergency department visits.

Without sufficient coordination of care measures, SIM would be proposing Shared Savings Plans quality measures that do not assess this fundamental aspect of accountable care.

Why are care coordination measures being eliminated?

The process of eliminating important care coordination measures began months ago with the proposal to remove of the CMS Meaningful Use (ACO11) as a payment measure despite strong consumer support for including this measure in our recommendations. Now it has been proposed that Quality Council eliminate many of the remaining measures in the Medicare Care Coordination domain based upon base rate and other technical criteria. Measures that appear to be targeted for removal include but are not limited to:

Ambulatory Care Sensitive Condition Admissions (ACSCA) for Asthma/COPD
Ambulatory Care Sensitive Condition Admissions (ACSCA) for Heart Failure
Unplanned Admissions for Patients with Heart Failure
Unplanned Admissions for Multiple Chronic Conditions

The primary reason given for this elimination is a base rate analysis. Based upon the premise that a certain number of cases is necessary to obtain statistically significant results, it is argued that there are not sufficient cases to reliably base shared savings payment on. However, it appears that these measures are being utilized in other states such as Vermont.^{ix}

It was suggested in our last meeting that a combined ACSCA measure might address this concern. But simply combining admissions for these conditions measures may not provide a valid, reliable or comparable measure for care coordination. Combining measures or choosing a composite can be a complex technical matter. While some approaches may be beneficial. Others may be problematic. In addition, information needs to be provided from other states where this has been effectively implemented.

It was also suggested that the Quality Council eliminate measures based upon technical limitations. Then at the end, if important gaps in measurement exist, we could vote to re-include them and then begin to address their technical difficulties. It simply makes no sense to eliminate measures that are so important and go back at the end to address these technical difficulties. It would make much more sense to begin work on these technical challenges now.

A Proposed Solution

Care coordination is central to the healthcare innovation goals that Connecticut seeks to achieve. It is therefore imperative that Quality Council include in its recommendations effective care coordination measures. Consumers have raised this concern at several meetings. There does not appear to be adequate consideration of measures that are related to this vitally important aspect of shared savings plans. It is a significant problem to propose eliminating or replacing these measures without a clear plan for effective measures that would take their place.

We are requesting an immediate meeting of a small group comprised of Quality Council consumer, provider, insurance carrier and government representatives to address the need for effective care coordination measures and to develop strategies to address any technical difficulties associated with measures in this domain.

Respectfully Submitted,

Arlene Murphy

Consumer Representative, CT SIM Quality Council

ⁱ http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/quality/2015-06-29/presentation_quality_06292015_draft2.pdf

ⁱⁱ http://www.cms.gov/Medicare/Medicare-Fee-for-Service/Payment/sharesavingsprogram/Downloads/ACO_Quality_Factsheet_ICN907407V

ⁱⁱⁱ Institute of Medicine – Priority Areas for National Action: Transforming Health Care Quality January 2003

^{iv} Agency For Healthcare Research and Quality 2015 website <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination>

^vhttp://www.healthreform.ct.gov/ohri/lib/ohri/sim/test_grant_documents/application/ct_sim_test_program_narrative_final.pdf

^{vi} <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-NarrativeMeasures-Specs.pdf>

^{vii} http://www.qualityforum.org/Publications/2014/08/Priority_Setting_for_Healthcare_Performance_Measuremen_Addressing_Performance_Measure_Gaps_in_Care_Coordination.aspx

^{viii} Coordinating Care of Adults with Complex Care Needs in PCMH: Challenges and Solutions,
<https://pcmh.ahrq.gov>

^{ix}http://blueprintforhealth.vermont.gov/sites/blueprint/files/BlueprintPDF/BlueprintManualEffective160101_150619b.pdf