



Highlights of the Buying Value Benchmark Repository: Innovative Homegrown Measures

Bailit Health

June 22, 2021

STATE
Health & Value
STRATEGIES

*Driving Innovation
Across States*

A grantee of the Robert Wood Johnson Foundation

About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

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Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at **www.shvs.org**.

About Bailit Health: Webinar Presenter

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Working with state agencies and their partners
to improve health care system performance for all.

<http://www.bailit-health.com/>

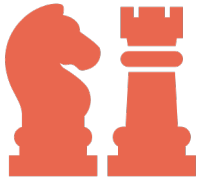
Agenda

1. Why Do States Develop Their Own Measures?
2. The Buying Value Suite of Resources
3. State Experiences Developing and Implementing Innovative Homegrown Measures
4. Discussion



WHY DO STATES DEVELOP THEIR OWN MEASURES?

The Need for Performance Measures in Value-based Purchasing



Value-based purchasing is a **strategic approach** focused on **improving performance for a set of goals**

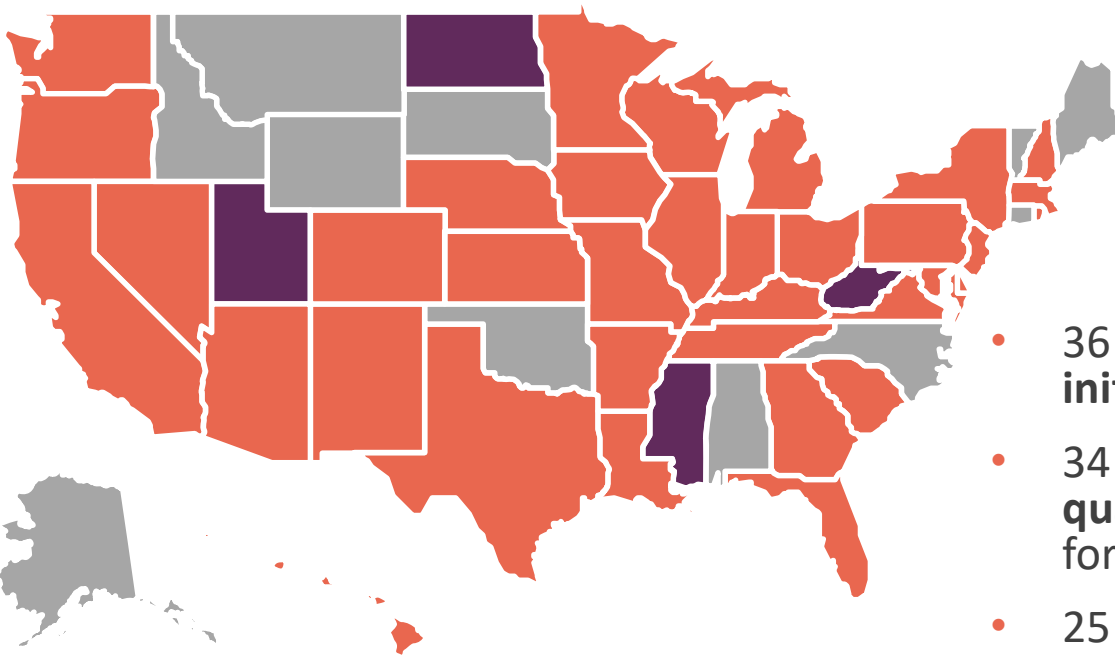


Purchasers can use **financial incentives and/or penalties to motivate contractors** to improve performance on these targeted goals



To attach financial consequences to performance, purchasers **need objective and reliable ways to measure performance**

Focus on Quality in Medicaid Managed Care



Map of Medicaid Managed Care Programs with Any Quality Initiatives (SFY 2019)



- 36 states (90%) had **any quality initiative** in place
- 34 states (85%) made **MCO quality data publicly available** for comparison
- 25 states (63%) used **quality in pay-for-performance** arrangements
- 24 states (60%) used **quality in a capitation withhold**
- 11 states (28%) used **quality for their auto-assignment**

Challenges With Finding the “Right” Measures

- States’ priorities may not always align with available measures
- For example, as of June 2021, there are no nationally-endorsed measures designed for use in state-payer or payer-provider contracts focused on:
 - Health equity
 - Outcome-focused obesity measures
 - Utilization of services for high-need sub-populations (e.g., individuals with mental illness)
- In these circumstances, some states begin to innovate and develop their own measures to address their program priorities

What Are Homegrown Measures?

What are homegrown measure?

- Measures developed by states and other entities to address gaps in the current measure universe
- Homegrown measures are *new* measures. They do not include modifications to existing measures.

What are the benefits of using homegrown measures?

- Measures are created to a) directly address state priorities and needs and b) use data sources that are feasible to access within the state

What are the challenges of using homegrown measures?

- Developing homegrown measures is resource-intensive, especially given that measures must be tested and validated prior to implementation
- Homegrown measures are not aligned with national measures and measures in use with other states
- There are rarely external data sources against which to benchmark performance

When Should One Use Homegrown Measures?

	Use Homegrown Measures	Use Existing Measures
There are <u>no</u> nationally-endorsed, validated measures on the topic.	✓	
There are nationally-endorsed, validated measures on the topic, but the measures use <u>data sources that are challenging</u> to implement.		✓
There are existing measures on the topic, but the <u>measures are not aligned</u> across programs.		✓



THE BUYING VALUE SUITE OF RESOURCES

What is Buying Value?

- A suite of publicly available resources for state purchasers to a) find standard measures, as well as innovative non-HEDIS or homegrown measures and associated benchmarks, and b) develop aligned measure sets
 1. Groundbreaking research on the lack of quality measure alignment (2013)
 2. The Buying Value Measure Selection Tool (2015)
 3. The Buying Value Benchmark Repository (2018)
- Visit: www.buyingvalue.org

BUYING VALUE
Measure Selection Tool

Helping Purchasers Define Aligned Measure Sets

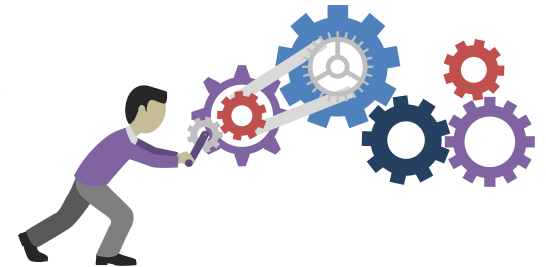
The Buying Value Measure Selection Tool



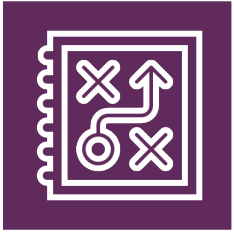
A suite of resources that enables state agencies, private purchasers, and other stakeholders to select measures and develop aligned measure sets

Key Features

- Over 800 measures that can be filtered by 17 domains, 20 conditions, 7 measure types, 9 populations and 12 data sources
- A disparities-sensitive status indicator that allows users to identify measures with an evidence of inequality in the provision of care captured by the measure
- Functionality to crosswalk measures to 19 federal, national and state measure sets and systematically score measures against a state's overarching goals for the measure set



The Buying Value Benchmark Repository

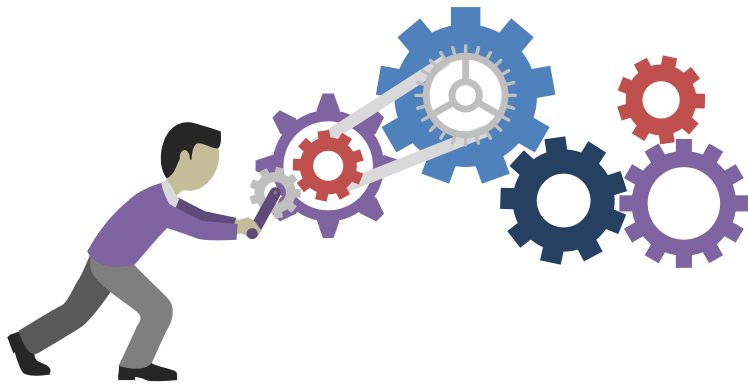


States have had difficulty finding measures that address their program priorities and implementing non-HEDIS measures into value-based arrangements due to the lack of national benchmarks against which to assess performance



We have developed a spreadsheet repository that includes innovative homegrown measures as well as state and regional health improvement collaborative performance on non-HEDIS measures



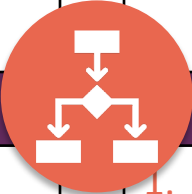
The Buying Value Benchmark Repository



Key Features

- Information on nearly 60 measures in use by other states and performance data (when available), including:
 - Innovative homegrown measures
 - Non-HEDIS measures that are *not* homegrown and for which benchmark data are not otherwise available

Case Examples: Reasons to Use the Repository

<p>Goal</p>		<p>Goal</p>
<p>Find and implement an innovative measure related to social determinants of health (SDOH)</p>		<p>Utilize a homegrown measure (e.g., ED Utilization Among Members with Mental Illness) in a Medicaid managed care performance incentive program</p>
<p>Problem</p>		<p>Problem</p>
<p>It is unclear if there are any measures that are focused on SDOH</p>		<p>This is a new measure for the state and there are no external data for the state to consider when setting its MCO performance targets</p>
<p>Solution</p>		<p>Solution</p>
<ol style="list-style-type: none"> 1. Visit www.buyingvalue.org and download the Repository 2. Navigate to either the “High-Level Summary” or “Detailed Responses” tab and key-word search for “SDOH” to find measures of interest 		<ol style="list-style-type: none"> 1. Visit www.buyingvalue.org and download the Repository 2. See if other states are utilizing the measure, and if so, utilize the states’ performance to inform setting a benchmark 3. Once benchmark data are available, submit your state’s performance on that measure to the Repository

Buying Value Benchmark Repository Tutorial

Home Insert Page Layout Formulas Data Review View Help ACROBAT Table Design Share Comments

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Buying Value Benchmark Repository - High-Level Summary

#	Submitting Organization	Measure Name	NQF Number	Condition	Deviations from Measure Steward	Coverage Type	Performance Level Reported to the Repository	Availability of Performance Data	Performance Period 1 Start Date
2	MN Community Measurement	Depression Care - Remission at 6 Months	0711	Mental Health	No deviations from the measure steward (2018 report year (11/1/2015 to 12/31/2017)* *See comments for dates of service definition.)	Medicaid, Medicare, Commercial, Dual Medicaid/Medicare, Other	State	Performance data are available.	11/01/2015
23	Integrated Healthcare Association	Cervical Cancer Overscreening	No NQF Number	Cancer	Not applicable - measure is homegrown	Medicaid, Commercial	Aggregated rate for providers (e.g., primary care practices, hospitals)	Performance data are available.	01/01/2017
24	Oregon Health Authority Health Analytics	Disparity Measure: Emergency Department Utilization Among Members with Mental Illness	No NQF Number	Mental Health	Not applicable - measure is homegrown	Medicaid, Dual Medicaid/Medicare	State	Performance data are available.	01/01/2017
39	NYS Department of Health	Adolescent Preventive Care - Assessment or Counseling or Education for Depression	No NQF Number	NA	Not applicable - measure is homegrown	Medicaid, Commercial	Aggregated rate for health plans	Data are expected to be available by: September 2018	Performance data are not available at this time.
45	Office of the Health Insurance Commissioner	Developmental Screening in the First Three Years of Life	1448	NA	Measure does deviate from the steward (Included the use of the "Survey of Well-being of Young Children (SWYC)" tool as an acceptable screening tool because it was being used as part of a Department of Health Program and in use by a primary care	Medicaid, Medicare, Commercial	Aggregated rate for providers (e.g., primary care practices, hospitals)	Performance data are available.	10/01/2016

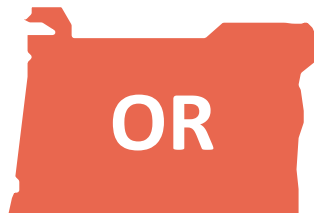
Instruction Sheet **High-Level Summary** Detailed Responses



STATE EXPERIENCES DEVELOPING AND IMPLEMENTING INNOVATIVE HOMEGROWN MEASURES

State Experiences with Homegrown Measures

- Today, we'll hear from two states that have developed and implemented homegrown measures to address their program priorities.
- Both state's have submitted these measures to the Buying Value Benchmark Repository.



- ED Utilization for Individuals Experiencing Mental Illness
- Meaningful Language Access to Culturally Responsive Health Care Services



- ED Visits for Adults with Mental Illness/Substance Use Disorder
- Health-Related Social Needs Screening

Oregon's Measures



- Oregon developed its measures in 2018 and 2020 for use with its coordinated care organizations (CCOs)

ED Utilization for Individuals with Mental Illness

Number of ED visits for adult members experiencing mental illness per 1,000 member months

Meaningful Access to Health Care Services for Persons with Limited English Proficiency

Measure 1 (2021): CCO language access self-assessment survey

Measure 2 (2022+): Percent of member visits with interpreter need in which interpreter services were provided

About the Oregon Health Authority Webinar Presenters

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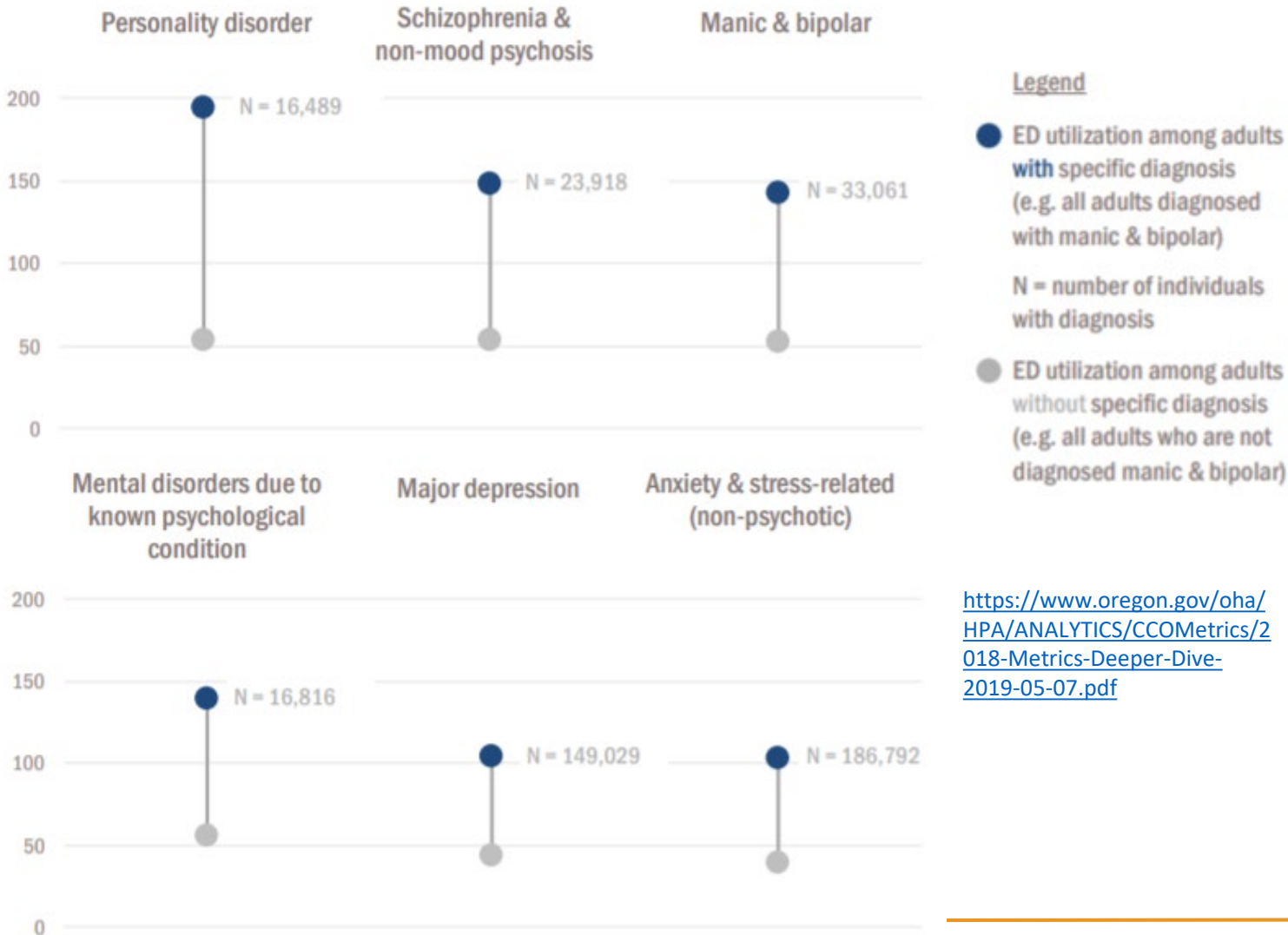
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**Disparity Measure:
Emergency Department Utilization
Among Members with Mental
Illness (EDMI)**

Why Did OHA Create the EDM Measure?

Goal: Address disparities in physical health outcomes among members experiencing mental illness and encourage better care coordination

2017 ED Utilization by Adults with Mental Health Diagnosis



<https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2018-Metrics-Deeper-Dive-2019-05-07.pdf>

Measure Development Approach

- Direction for measure set by [public committee](#)
- Measure uses the HEDIS Ambulatory Care, ED Utilization submeasure, stratified to members with mental illness
 - NCQA does not allow organizations to modify its specifications unless the change falls under NCQA's list of Allowable Adjustments
 - Oregon is in conversation with NCQA to determine whether the ED Utilization submeasure meets the Allowable Adjustments

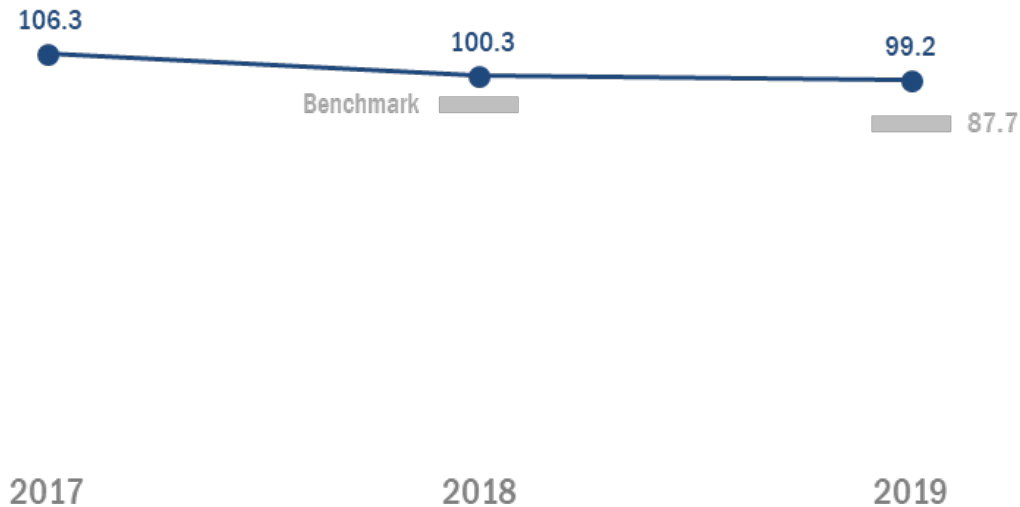
Challenges

- Subsequent analysis of the [equity impacts](#) of the measure has identified further challenges, such as
 - Lack of numerator credit for culturally specific care
 - Denominator missing members because of different rates of formal diagnosis
 - Lack of availability of culturally specific services and shortage of diverse mental health care workforce

Added to the CCO Quality Incentive Program in 2018

6.68% decrease from 2017 to 2019

Rate measured per 1,000 member months



**Health Equity Measure:
Meaningful Access to Health Care
Services for persons with limited
English proficiency (HEM)**

Why Did OHA Create the HEM?

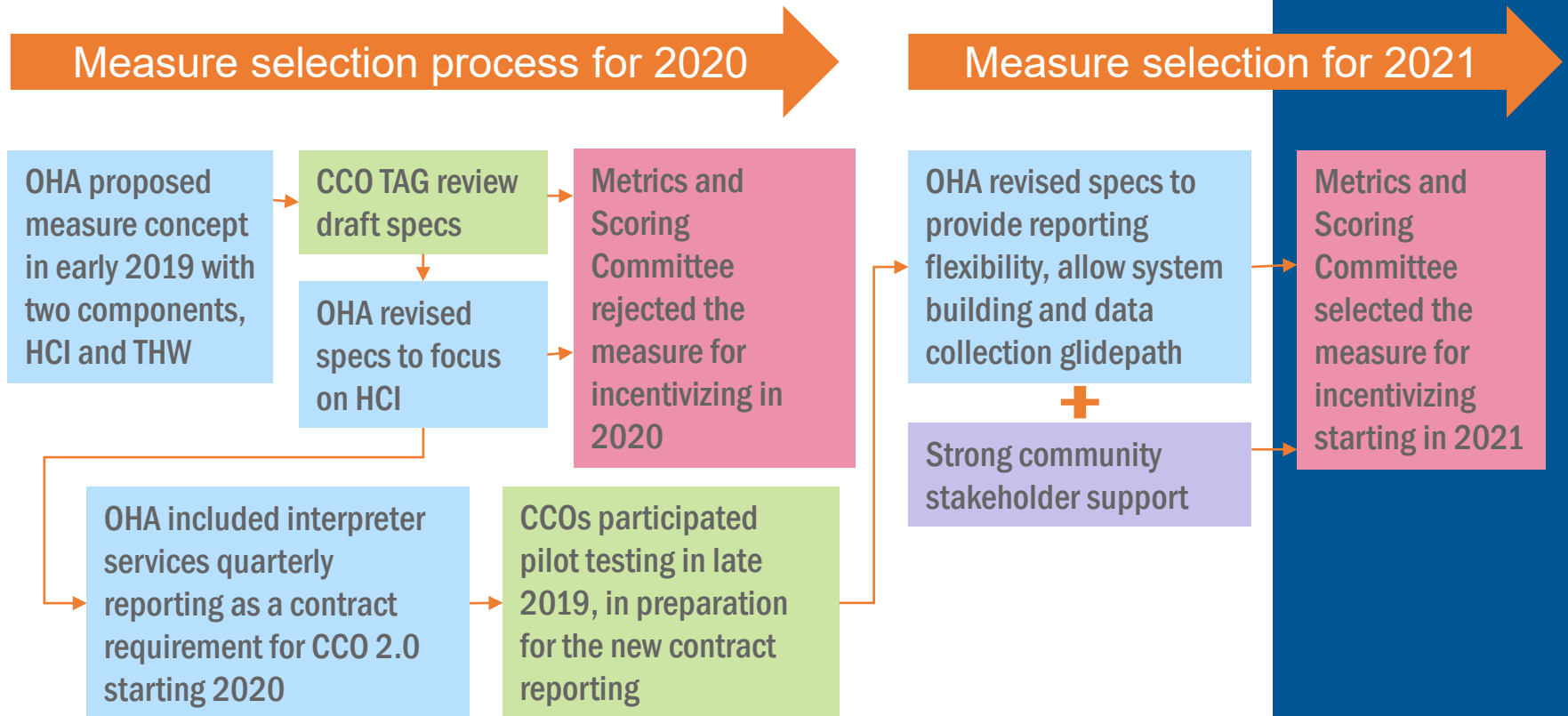
OHA adopted a common definition of Health Equity in 2019 and set its singular goal of eliminating health inequities by 2030.

Need for meaningful access to health care voiced by community members from CCO 2.0 outreach sessions; measure direction set by Oregon Health Policy Board.

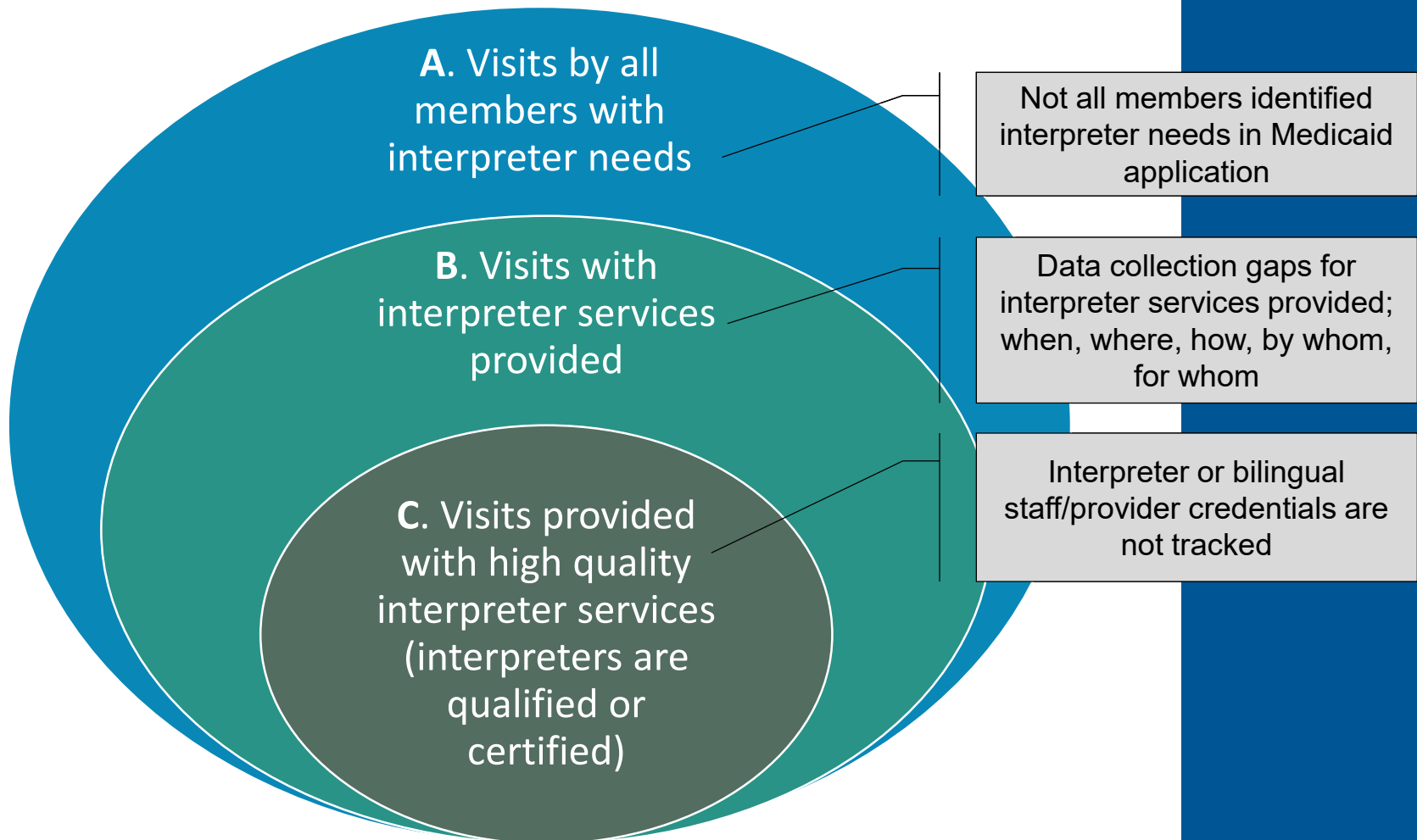
Measure Goal: Evaluate meaningful access to health care services for CCO members who need spoken and sign language interpreter services.

What is meaningful access? Access that is not significantly restricted, delayed or inferior as compared to programs or activities provided to English proficient individuals (Department of Justice, 2012).

Measure Development



Challenges: Getting to C / A (%)



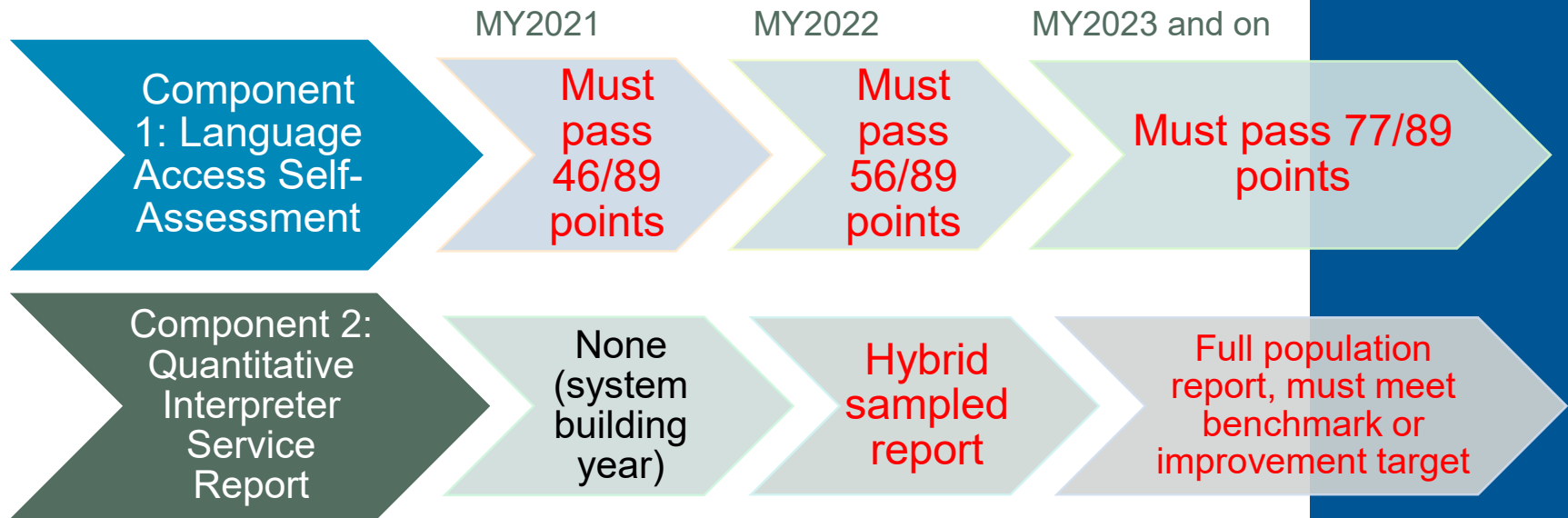
Measure Components

1. Language Access Self-Assessment provides a road map for identifying gaps in service structures, workflows, and for developing improvement plans.
2. Quantitative reporting of stratified data measures the quality of language services based on the proportion of spoken and sign language interpreter needs fulfilled by working with OHA certified and qualified health care interpreters (HCIs).

Other required stratifications:

- Bilingual staff/providers
- Interpreters NOT certified or qualified by OHA.
- Care domain and setting
- Modality of interpreter services
- Patient refusals

Measure Components and Glide Path



RED = Incentive requirements

Must report but 'rate' does not affect payment; MY2022 rate will become the baseline for MY2023 and provide reference for M&SC to set the benchmark

Progress

- CCO language service contract reporting gradually improving
- Designated coordinator for language access/interpreter services at CCOs and large medical groups
- More conversation for service provision, training and credential requirements
- CCOs revisit utilization of out-of-state, none certified/qualified service vendors
- More utilization for OHA certified/qualified HCIs
- Conversation for bilingual providers, in-language visits

Massachusetts' Measures



- Massachusetts developed its measures in 2018 for use with its accountable care organizations (ACOs)

ED Visits for Adults with Mental Illness/Substance Use Disorder

Risk-adjusted ratio of observed ED visits to the expected number of ED visits for members 18-64 years with a diagnosis of serious mental illness and/or substance addiction

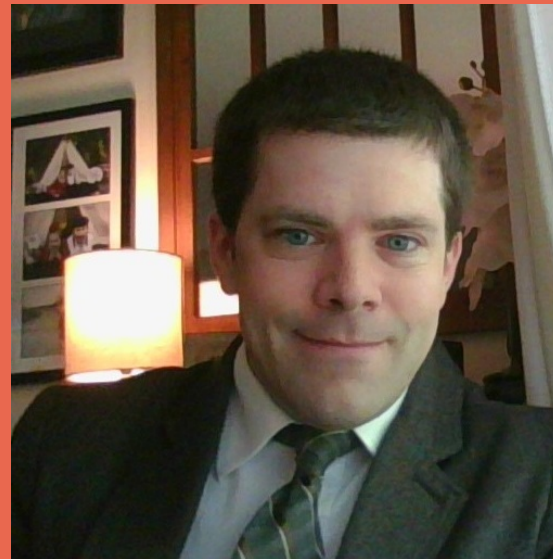
Health-related Social Needs Screening

Percentage of ACO-attributed members 0-64 years of age who were screened for health-related social needs

About the Massachusetts Executive Office of Health and Human Services Webinar Presenter

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Discussion

The slides and a recording of the webinar will be available at www.shvs.org after the webinar

Thank You

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