

Rhode Island SIM Maternity Measures Work Group
Meeting Summary
July 25, 2016

Summary of Decisions

- The group agreed to focus on identifying measures that can be impacted at the clinician practice level.
- The group agreed to identify measures worthy of inclusion on its first pass through, and to then determine during a second stage review which measures should be core measures.
- The group agreed to use the same set of criteria for measure selection as was previously adopted and used by the SIM Measure Alignment Work Group. Michael suggested that members print out the PowerPoint slides containing the 14 criteria and have them in hand when discussing and considering each of the candidate measures.
- For the next meeting Michael will provide information on RI baseline performance and national benchmarks for the measures under consideration, to the extent they are available.

Summary of Next Steps for Meeting #2 on 8-16-16

1. Michael will provide the work group members with the following materials: PowerPoint presentation utilized during the meeting, ACO, hospital and primary care measure sets previously endorsed by the SIM Measure Alignment Work Group, complete measure library and meeting summary. [*Cory King distributed the presentation and endorsed measure sets after the meeting on 7-25-16.*]
2. Bailit will review MIPS maternity measures to determine if any are appropriate measures for further consideration. If appropriate measures are identified, they will be added into the library and presented to the work group for discussion at a future meeting.
3. Bailit will provide RI performance and national benchmarks for the HEDIS maternity measures under consideration.
4. At the next meeting, the work group will continue reviewing measures from the analysis of current payer measure sets.

1. Overview of the SIM and Measure Alignment

Michael presented a summary overview of the CMS State Innovation Model (SIM) grant and the related SIM Measure Alignment Work Group. One element of Rhode Island's SIM grant proposal was to develop a multi-payer aligned measure set so that provider contracts containing performance measures utilize an aligned set of measures. The work group completed this task in March 2016 by initially developing three (3) measure sets: 1) general acute hospital; 2) primary care; and, 3) ACO (inclusive of hospital and primary care).

For each of the three measure sets, the SIM Measure Alignment Work Group identified “core” and “menu” measures. The core measures are required to be used in contracts that have provisions for using quality measures for payment. The menu measures comprise a larger set that may be selected for use at the mutual discretion of the provider and payer.

2. Work Group Objectives

Michael explained that the next step is to focus on developing maternity and behavioral health measure sets. Once completed, the focus will turn toward identifying aligned measure sets for long-term services and supports and for other medical specialties (e.g., orthopedics, cardiology).

The Maternity Measures Work Group will be responsible for developing a maternity measure set. Michael noted that since there are fewer existing value-based contracts for maternity care than for primary care, hospitals or ACOs, this group will be less focused on aligning existing measures sets and more focused on developing an aligned measure set.

After interactive discussion, the group agreed that since there is already a measure set for hospitals it would focus on maternity clinicians and not on institutional providers. There were strong arguments made for not disturbing the existing hospital measures that were just recently agreed upon. It was noted that most maternity care is delivered in specific places with high levels of experience. It was further suggested that if along the way measures were identified that have application for hospitals or primary care they would be noted as such for future consideration when those measure sets are updated.

The resulting draft set of maternity measures will be recommended to the SIM Steering Committee.

4. Work Group Process for Measure Adoption

Michael described that over the course of four meetings the work group would review and discuss the merits of including the measures identified in the measure library for the maternity measure set.

The work group members agreed to use the same process (general consensus) for measure adoption during the first review of the measures. They agreed to conduct formal voting at the end of the review process. Every organization would receive one vote during official voting.

5. Criteria for Measure Selection

Michael proposed, and the group agreed, to using the same criteria used by SIM Measure Alignment Work Group rather than developing a new set of criteria. The group agreed that it was comfortable retaining the current set of criteria. The adopted criteria are listed below.

Criteria specific to individual measures

- Evidence-based and scientifically acceptable

- Has a relevant benchmark (use regional/community benchmark, as appropriate)
- Not greatly influenced by patient case mix
- Consistent with the goals of the program
- Useable and relevant
- Feasible to collect
- Aligned with other measure sets
- Promotes increased value
- Present an opportunity for quality improvement
- Transformative potential
- Sufficient denominator size

Criteria specific to the measure set

- Representative of the array of services provided by the program
- Representative of the diversity of patients served by the program
- Not unreasonably burdensome to payers or providers

Michael proposed, and the work group agreed, to use the domains below for the purpose of grouping like measures and facilitating conversation.

1. Prenatal Care
2. Labor and Delivery
3. General Newborn
4. High-Risk Newborns
5. Maternal Complications
6. Emergency Care
7. Postpartum Care

6. Review Crosswalk of Current Measure Sets

Michael reviewed the sources of measures that would be presented for review by this work group. In addition to those described in the meeting, at Sheila’s recommendation Bailit Health will review MIPS measures and add anything appropriate for consideration to the measure library.

Jay O’Brien described the rationale for why W&I and BCBSRI selected the measures they did for their contractual measure set, sharing that they picked non-standardized measures that lent themselves to direct analysis of individual provider/group performance.

Michael Bailit reviewed the criteria used to decide which candidate measures he would present to the work group for consideration. Measures were selected if they were: in the SIM aligned measure sets; in the BCBSRI/W&I maternity bundle contract; in four (4) or more measure sets from Bailit Health’s national scan, or recommended by both UnitedHealthcare and Tufts.

The following table summarizes the measures reviewed and decisions made, with a summary of the discussion and rationale behind the decision.

NQF #	Measure Name	Decision	Discussion/Rationale
1391	Frequency of Ongoing Prenatal Care (FPC)	Yes	<ul style="list-style-type: none"> • Included in SIM Aligned Measure Set (ACO) • Group agreed that Prenatal Care measures should be included in the measure set • Some discussion about making all of the maternity measures menu measures versus selecting core and menu • Decided to wait for distinguishing core and menu until after reviewing all measures for consideration. <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • Identify baseline HEDIS data and benchmarks for current performance
1517	Prenatal and Postpartum Care (PPC): <i>Timeliness of Prenatal Care</i>	Yes	
0469	PC-01 Elective Delivery	No	<ul style="list-style-type: none"> • May not be much opportunity for improvement • Group agreed to reconsider in annual review
0470	Incidence of Episiotomy	No	<ul style="list-style-type: none"> • Rate runs about 5% (indicating modest opportunity for improvement) • Age of provider a major factor in frequency • Generally this measure is considered as an institutional measure, the group discussed the logistical complications of tracking this measure at an individual provider level when the services are being delivered in an institution. • Some discussion was considered about looking at a smaller sample to determine the feasibility of tracking. Would need to be able to distinguish between groups all practicing within a hospital. • Group agreed not to select this measure because too hard to collect at physician

NQF #	Measure Name	Decision	Discussion/Rationale
			level and opportunity for improvement is modest.

Next Meeting: Tuesday, August 16, 2016 from 8:00-9:30am

2016 PQRS Preferred Specialty Measure Set

Obstetrics/ Gynecology 17 measures

39

41

48

50

112

204

226

236

265

309

310

317

418

422

432

433

434