

Proposed Criteria for Measure Selection in the Minnesota Health Insurance Exchange Quality Rating System

The central goal of the Exchange health plan quality rating system is to help consumers select plans on the basis of both quality and cost, create incentives for plans to serve consumer needs and preferences, and to promote competition on quality and customer service in the Exchange.

The purpose of this document is to raise key foundational methodological issues for the Measurement and Reporting Work Group's consideration about what dimensions of quality may potentially be measured as part of the health plan quality rating system as well as proposed criteria for choosing specific measures. This document has two sections. **Section 1** describes potential aspects of quality that may be measured as part of the quality rating system. **Section 2** of this document describes proposed criteria Measurement and Reporting Work Group members can use as a starting place for prioritizing which specific measures should be included in the health plan quality rating system.

Section 1: Potential Dimensions of Quality

The Exchange health plan quality rating system may potentially evaluate a number of aspects of health plan quality. The health plan quality rating system may be designed to broadly include a number of dimensions of a health plan or may be designed to focus on quality associated with a few specific aspects of a health plan. A broadly inclusive health plan quality rating system will by definition evaluate an array of health plan characteristics, while a more narrowly focused set of quality dimensions will indicate a stronger signal around what stakeholders view as the most important aspects of health plan quality. Measurement and Reporting Work Group members are invited to offer input on what dimensions of quality should be evaluated as part of the Exchange's health plan quality rating system.

Below are listed a number of aspects of health plan quality that may potentially be measured as part of a health plan quality rating system.

Plan-level management and organization description

- Number of enrollees and demographic characteristics of members
- Provider selection and credentialing capabilities
- Staffing, resources, and governance for systems to monitor and improve quality
- Plan's systems to measure plan or provider performance
- Medical Loss Ratio
- Plan customer service and claims payment
- Appeals and complaints

Plan Services

- Care coordination, such as care coordination strategies and programs or clinical measures of care coordination processes and outcomes
- Wellness services and programs
- Disease management programs
- Patient centeredness, such as patient and family engagement in care planning and decisions or consumer engagement assistance in helping choosing providers, personal health record, help choosing treatments, etc.
- Medication management, such as plan-level systems to monitor medication management and Information technology systems to assist in prescribing
- Health information technology systems used for clinical management, measurement, and patient self management

Effective and safe resource utilization

- Avoidance of unnecessary/inappropriate care, such as reduction of unnecessary admissions or reduced medication errors or overuse
- Patient safety, such as safety strategies and programs or clinical measures of safety processes and outcomes
- Utilization management strategies

Issues relevant to disparities in care for specific population groups

- Measures that detect differences in care by race, ethnicity, socioeconomic status, age, language spoken, disabilities, gender, and sexual orientation
- Measures that apply only to specific racial, ethnic, or other groups

Network Adequacy and Access to Care

Enrollee Experience/Satisfaction

- Providers listening and explaining
- Timely access to care
- Prevention counseling
- Satisfaction with plan services

Clinical Measures of Care Related to Specific Health Conditions

- Cardiovascular conditions (for example, heart failure and heart attack)
- Mental and behavioral health (for example, major depression and substance abuse)
- Women’s health
- Diabetes
- Obesity
- Cancer
- Neurological conditions, such as stroke
- Respiratory conditions, such as Chronic Obstructive Pulmonary Disease and asthma

Contracted Health Care Providers

- Clinics
- Hospitals
- Pharmacies
- Lab services

Section 2: Proposed Criteria for Prioritizing and Selecting Measures

There are a large number of existing health plan quality measures that may potentially be included in the health plan quality rating system. Given the large number of available measures, it is useful to identify criteria for prioritizing and choosing measures. The Exchange is soliciting feedback from Measurement and Reporting Work Group members about which criteria are most important. Based on Measurement and Reporting Work Group member input on both what aspects of quality should be measured as part of the health plan quality rating system and what criteria should be used to choose specific measures, the Exchange’s methodological development vendor will subsequently propose a set of measures for inclusion in the health plan quality rating system.

The description of proposed criteria below sets out criteria that may be used to prioritize which quality measures are included in the health plan quality rating system. An entity called the National Quality Forum (NQF), the leading entity in the U.S. for evaluating health care quality measures, uses these criteria in determining whether it will endorse a particular measure. While all of these criteria are relevant, Measurement and Reporting Work Group members may prioritize some criteria more than others or may wish to view all as equally important.

- a. **Importance/Impact.** Each measure should be assessed in terms of its *importance/impact* of what it measures for overall health care quality. The following issues may be considered when ranking a measure in terms of importance/impact:
 - How many people are affected by the care variations measured.

- How significant the effect is, including on morbidity, mortality, quality of life, and satisfaction with the experience of care.
 - How significant the effects are on resource use and cost to the *consumer*.
 - How significant the effects are on resource use and cost to *society*
 - How much variation there is across plans, providers, and/or populations—as an indicator of disparities/equity.
- b. **Potential for improvement.** Although a measure may be considered important or high-impact, there are varying degrees to which health care system improvement is possible. There must also be reason to believe that system change is feasible. In addition, there must be reason to believe that changes plans and providers can make will result in better health outcomes or patient-valued experience of care. The following issues may be considered when ranking a measure in terms of potential to improve:
- How much variation there is across plans, providers, and/or populations in structure, processes, outcomes, or patient experience—as an indicator of the potential room for improvement.
 - How strong the evidence is that changes in health care system structure or processes are related to outcomes
 - How strong the evidence is that health care system structure or process can change—and by how much.
 - How difficult and costly it is to make changes in health care system or processes—and by how much.
- c. **Usability.** The first criterion for a “usable” measure is simply whether or not a consumer can understand it. In addition, the consumer should be able to interpret the result in terms of how (or even if) it is attributable to the plan and can be expected to be different across plans. The following issues may be considered when ranking a measure in terms of usability:
- Do consumers understand the measure.
 - Do consumers attribute performance on the measure to the health plan rather than to specific providers that members have chosen within the plan.
 - Do consumers attribute performance on the measure to the health plan rather than to the behavior choices members have made regarding their health care.
 - How much do consumers care about the outcomes related to the measure.
 - Are there special considerations for consumers from diverse population groups and those with a low-level of health literacy.
 - The extent to which providers find the measure meaningful and can use the results to inform clinical improvement activities.
 - Do providers find the measure sufficiently credible and what is measured sufficiently important that they will respond to the measure results.
- d. **Scientific acceptability.** All measures should be evidence-based and proven to be *reliable and valid*. Reliability describes the overall consistency of the measure; the measure produces similar results under comparable conditions. Validity describes how credible the results of the measure are; that is, how accurately does the measure indicate performance on the aspect of health care quality in question. The following issues could be considered when ranking a measure in terms of scientific acceptability:
- How clear and precise are the technical specifications for the measure (clear definition of the numerator, denominator, exclusions, and scoring methodology).
 - How low is the risk of sampling error.

- How strong is the evidence that the measure specifications relate to the outcomes or the outcome-related structure or process that is the rationale for the measure.
 - How low are the threats to validity such as need for case-mix adjustment, problems with attribution, and risk of missing or incorrect data.
 - How accurate, audit-able, and free from risk of manipulation of data collection.
 - If scores are based on qualitative data, then the degree to which reliability of such scoring is ensured.
- e. Feasibility.** As noted in the Measurement and Reporting Work Group’s guiding principles document, the quality rating system, wherever possible, should draw “upon existing measures...with the goal of minimizing administrative burden on the health care system as a whole.” This is a key example of the concept of feasibility. Readily available data will ensure the quality rating system is produced in a cost-effective manner from the perspective of both the Exchange and issuers. When deciding whether a measure is feasible to include, the following issues may be evaluated.
- How widely the data are collected in Minnesota.
 - Whether the data collection will in the future be required under Federal or state regulations, such as QHP accreditation requirements.
 - How costly to collect.
 - Whether there is a cost to get the data from those who collect it.
 - Whether there is a cost to use the measure.
 - Whether there are data collection organizations available to collect the data.
 - Timeframe for data collection.
 - Level at which the measure is appropriate—for example, carrier, plan type (PPO, HMO, etc.), or QHP.
 - Whether the measure is available from the measure developer.
 - Whether the measure developer maintains continues to maintain and make any needed updates to the measure.

Other Potential Criteria

NQF Endorsement

In addition to these criteria, the Measurement and Reporting Work Group may choose to recommend using NQF endorsement as a criterion for selecting measures. NQF conducts a rigorous and respected process to evaluate and endorse specific quality measures based on the criteria described above.¹ The federal government, many states, and many non-government measurement entities rely heavily on NQF endorsement and in some cases will not publicly report a measure unless it is NQF endorsed or at least on a path to receive NQF endorsement in the near future.

Alternatively, Measurement and Reporting Work Group members may choose not to recommend requiring each measure to be endorsed by NQF in order to be included. While NQF evaluates many types of measures, it does not evaluate all measures that may be of interest. Some measures are descriptive of a plan--such as total enrollment level or summary demographic information for the plan’s enrollee population—and NQF does not evaluate or endorse these types of measures. Similarly, NQF

¹ National Quality Forum. What NQF Endorsement Means. Retrieved October 18, 2012 from http://www.qualityforum.org/Measuring_Performance/ABCs/What_NQF_Endorsement_Means.aspx

does not evaluate plan cost-sharing measures, such as a measurement of what out-of-pocket costs a consumer may pay under various plans.

Types of Measures

The Measurement and Reporting Work Group may also choose to recommend what type of measures to include in the health plan quality rating system. There are several different broad kinds of measures described below.

- Structural measures describe the environment/conditions in which health care and plan services are delivered. Examples of structural measures for plans include descriptions of plan system organizational and financial model, plan health information technology systems, staffing and management of plan wellness programs, and plan measurement of provider performance.
- Process measures reflect the method and activities of plan service and health care delivery. They measure whether the appropriate steps were taken. Examples of process measures include avoidance of inappropriate or unnecessary care, utilization of appropriate screening tests, and speed of claims processing.
- Outcome measures show the consequences (positive or negative) of health care delivery. Often, these are the most relevant to consumers, as they demonstrate the actual results of care and service provided. Examples of outcome measures include mortality/morbidity, improvement in health related quality of life, avoidance of healthcare-acquired adverse events, and member satisfaction with plan service.
- Cost Measure—resource utilization, premium and out-of-pocket, etc.

Discussion Questions:

- What aspects of health plan quality are most important to be measured as part of the Exchange's health plan quality rating system?
- What criteria are most important to use in prioritizing and selecting specific measures to be included in the Exchange's health plan quality rating system?