



# 6 | 18 Evaluation and Impact Measurement

August 12, 2016

*Center for Health Care Strategies  
Centers for Disease Control and Prevention  
Centers for Medicare and Medicaid Services*

*Support provided by the Robert Wood Johnson Foundation*

# Agenda

## I. Welcome and Opening Remarks

*Tricia McGinnis, CHCS*

*Laura Seeff, CDC*

## II. CDC 6|18 Evaluation Plan

*Andrea Young, CDC*

## III. Opportunities for Leveraging Medicaid Quality Measurement

*Karen Matsuoka, CMS*

*Christa Singleton, CDC*

## IV. State Discussion and Q&A

*Naomi Chen, CDC*



# Overview of the 6 | 18 Initiative's Evaluation Approach

Laura Seeff, CDC

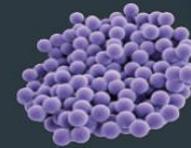
## SIX WAYS TO SPEND SMARTER FOR **HEALTHIER PEOPLE**



REDUCE  
TOBACCO USE



CONTROL  
BLOOD PRESSURE



PREVENT HEALTHCARE-  
ASSOCIATED INFECTIONS (HAI)



CONTROL ASTHMA



PREVENT UNINTENDED  
PREGNANCY



CONTROL AND  
PREVENT DIABETES

<http://www.cdc.gov/sixteen/>



# How Are We Measuring Success?

## Quantitative

**Example: Number of state Medicaid programs that have an agreed upon 6|18 implementation plan with interventions-specific actions**

## Qualitative

**Example: Case studies from commercial insurers describing implementation of interventions and early outcomes**

## Impact (Health & Cost)

**Example: Reduction in ED visits for asthma by age-specific Medicaid beneficiaries in participating states**



# THE 6|18 INITIATIVE

ACCELERATING **EVIDENCE**  
INTO **ACTION**



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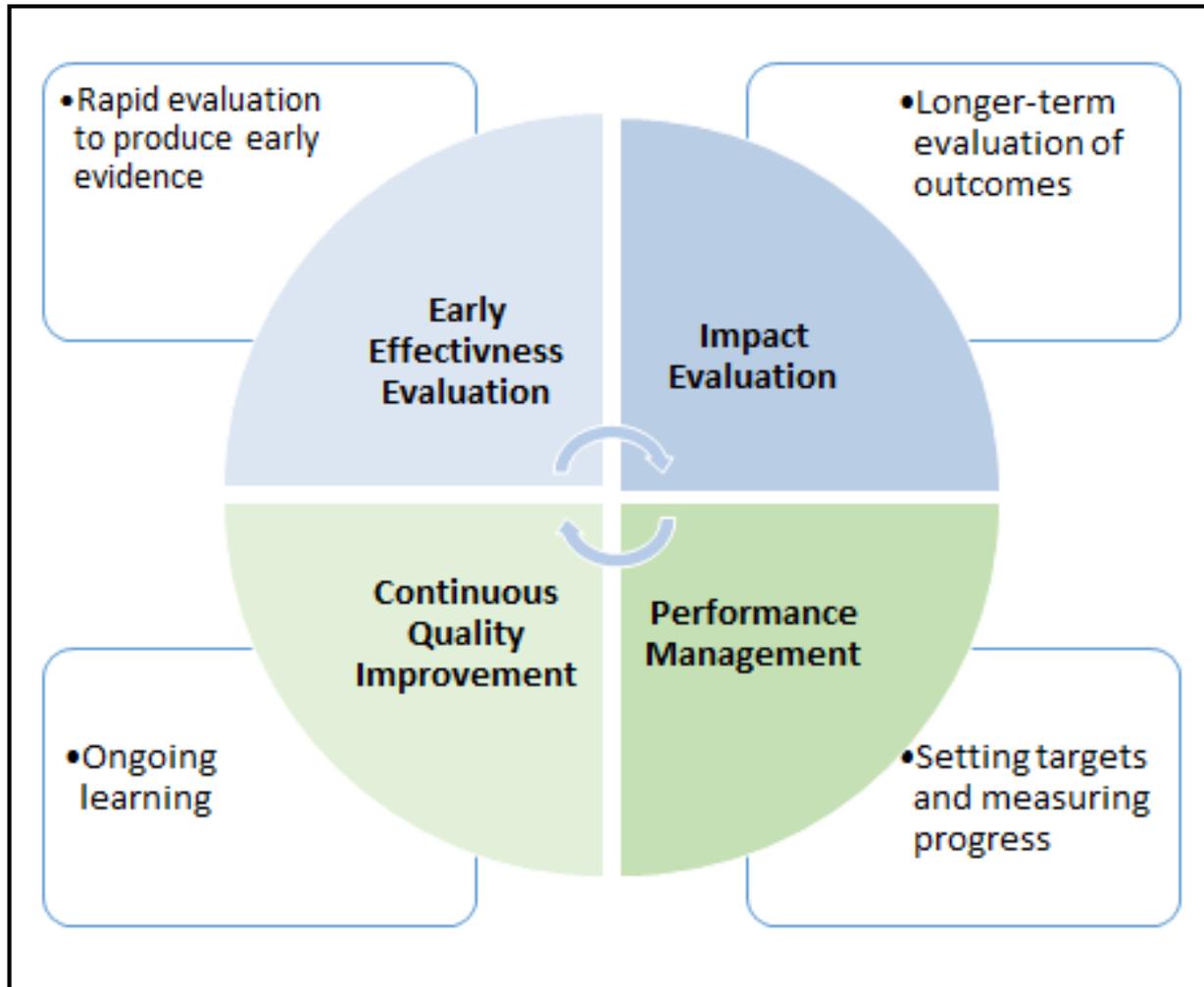
Lead 6|18 Evaluator,  
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Director for Policy  
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# CDC 6 | 18 Evaluation Plan

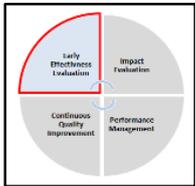
Andrea Young, CDC

# The 6 | 18 Initiative: Evaluation & Performance Improvement Efforts



# Early Effectiveness Evaluation: Purposes & Key Questions

- Provide insight into the early effectiveness of the 6I18 Initiative
  - ▶ What are successes or accomplishments?
  - ▶ In what ways has 6 I 18 contributed to implementation of interventions?
- To inform incremental improvement of the 6I18 Initiative
  - ▶ What are suggestions for improvement?

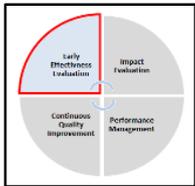


# Early Effectiveness Evaluation: Approach

1	2	3
<b>Analysis of existing 6 I 18 information</b>	<b>Collection of CDC Feedback</b>	<b>Collection of State Feedback</b>
Scanning of state discussion guides, action plans, CHCS technical assistance logs	Key informant interviews with CDC tobacco, asthma, & LARC subject matter experts	Key informant interviews with small sample of states / conditions
Ongoing	Aug	Aug/Sept

# Early Effectiveness Evaluation: Dissemination & Use of Findings

- Share results with you and other 6I18 stakeholders
  - ▶ In-Person, Convened Meeting (Dec. 8-9, 2016)
- Inform CDC's approach for implementation of the 6I18 Initiative





# Opportunities for Leveraging Medicaid Quality Measurement

Karen Matsuoka, CMS  
Christa Singleton, CDC



# Quality Measurement and Improvement in Medicaid and CHIP

**Karen Matsuoka, PhD**

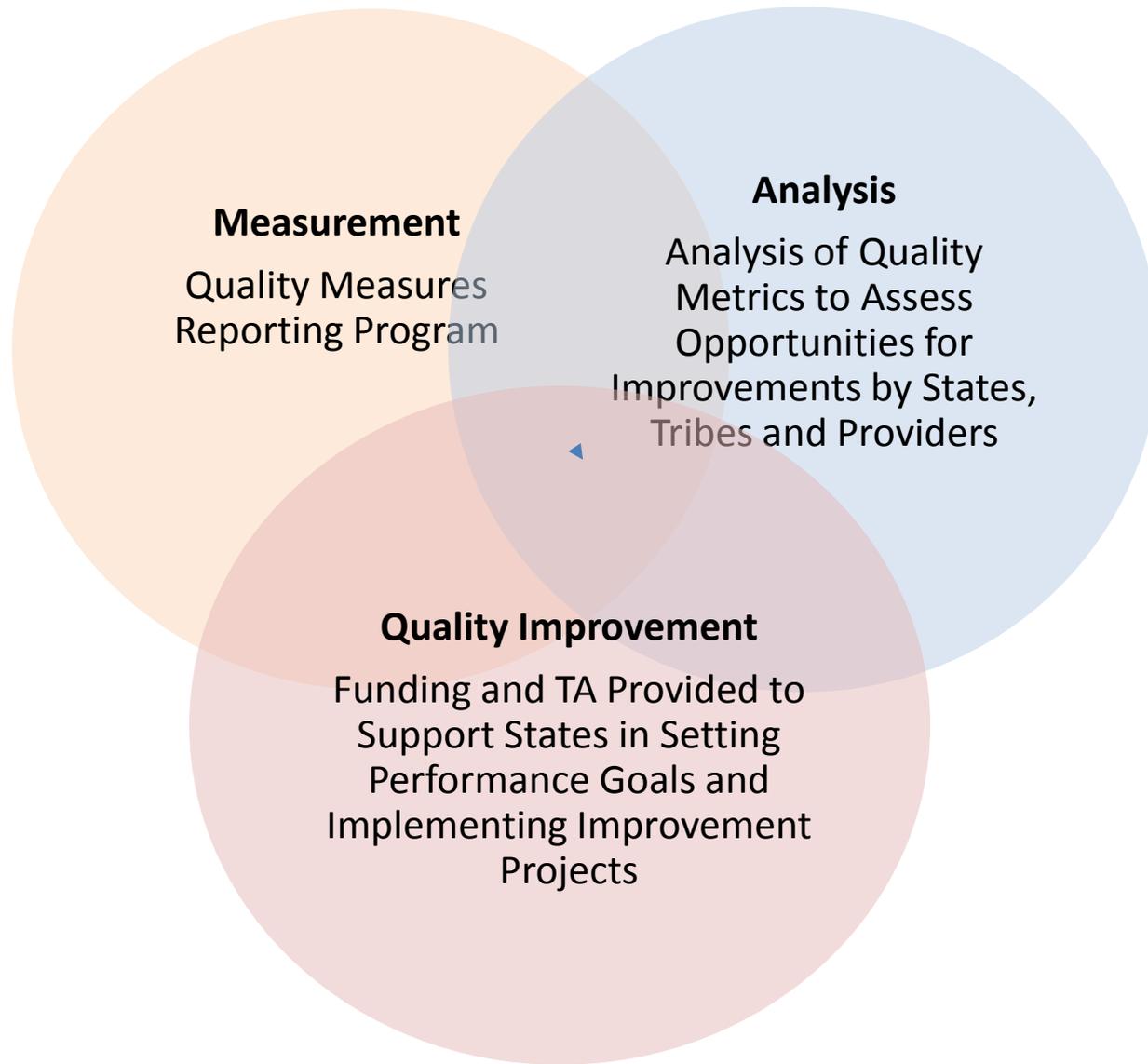
Chief Quality Officer

Director, Division of Quality and Health Outcomes

Center for Medicaid & CHIP Services



# Building a Foundation for Quality Measurement and Improvement in Medicaid



# Medicaid Child & Adult Core Sets



- Voluntary quality reporting by states across 5 domains
  - Primary Care Access and Preventive Care
  - Perinatal Health
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Dental and Oral Health Services
- Child Core Set (26 measures in the 2016 Core set)
  - Initial Core Set released in 2011
  - Recently completed 6<sup>th</sup> year of voluntary reporting
  - 50 States + DC reported on at least one Child Core Measure (median = 16 measures) for FFY2014
- Adult Core Set (28 measures in the 2016 Core Set)
  - Initial Core Set released in 2012
  - Recently completed 3<sup>rd</sup> year of voluntary reporting
  - 34 states reported on at least one Adult Core Measure (median = 16.5) for FFY2014

# Annual Quality Reports



## The Department of Health and Human Services

### 2015 Annual Report on the Quality of Care for Adults in Medicaid



## The Department of Health and Human Services

### 2015 Annual Report on the Quality of Care for Children in Medicaid and CHIP



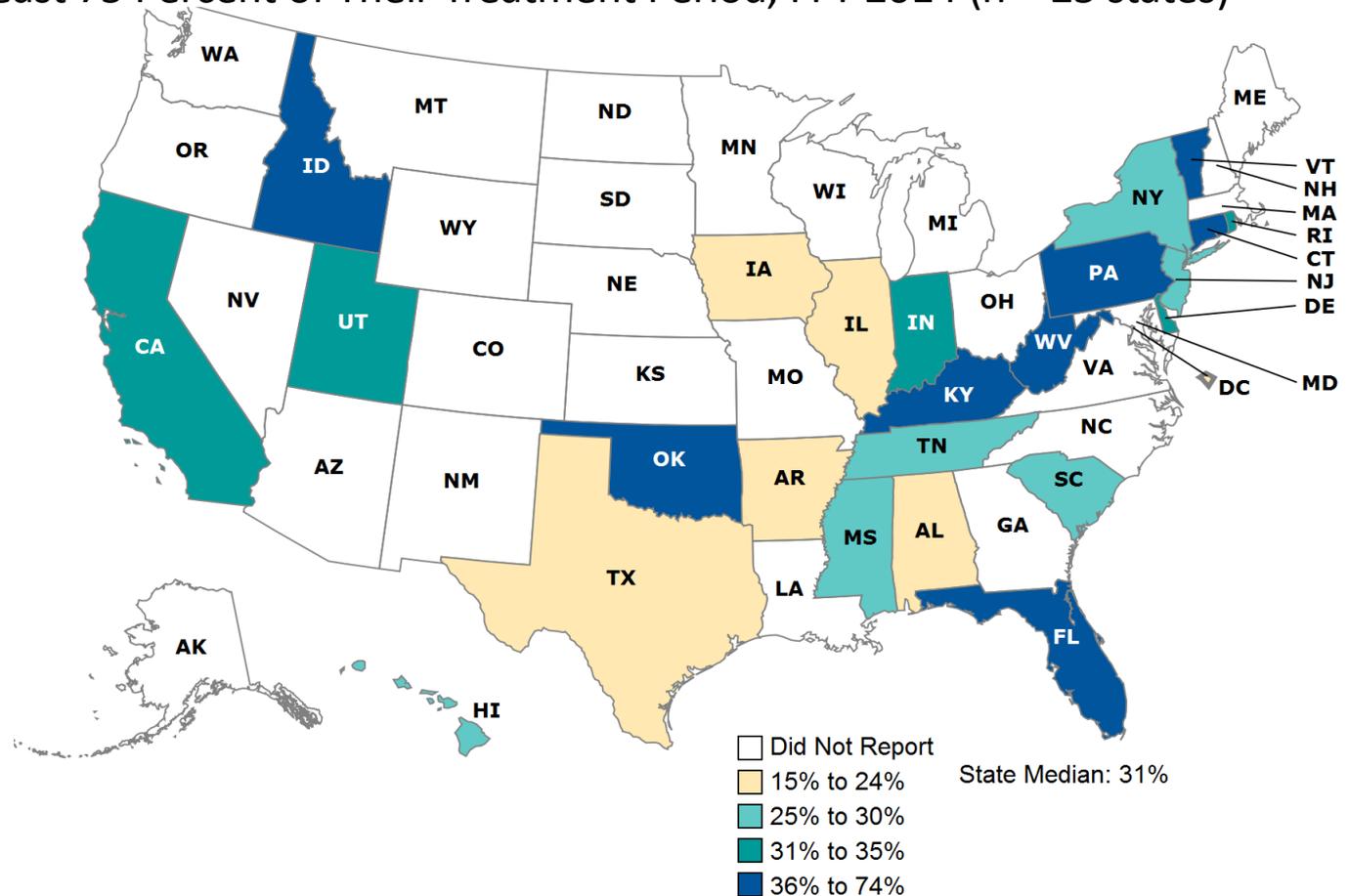
Health and Human Services Secretary  
Sylvia Mathews Burwell  
February 2016

- Results are released annually and present an update on the quality of health care furnished to Medicaid/CHIP enrollees, as well as information gathered from the external quality reviews of managed care organizations. CMS gathers this information by :
  - Reviewing findings on the Core Sets
  - Summarizing information on managed care quality from External Quality Review (EQR) Technical Reports
- Reports are available on [Medicaid.gov](http://Medicaid.gov).

# Medication Management for People with Asthma (NQF 1799)

The Percentage of Children Ages 5 to 20 Who Remained on Asthma Controller Medication for at Least 75 Percent of Their Treatment Period, FFY 2014 (n = 25 states)

A median of  
**31** percent  
of children ages 5 to 20  
remained on asthma  
controller medication for  
at least 75 percent of  
their treatment period  
(25 states)

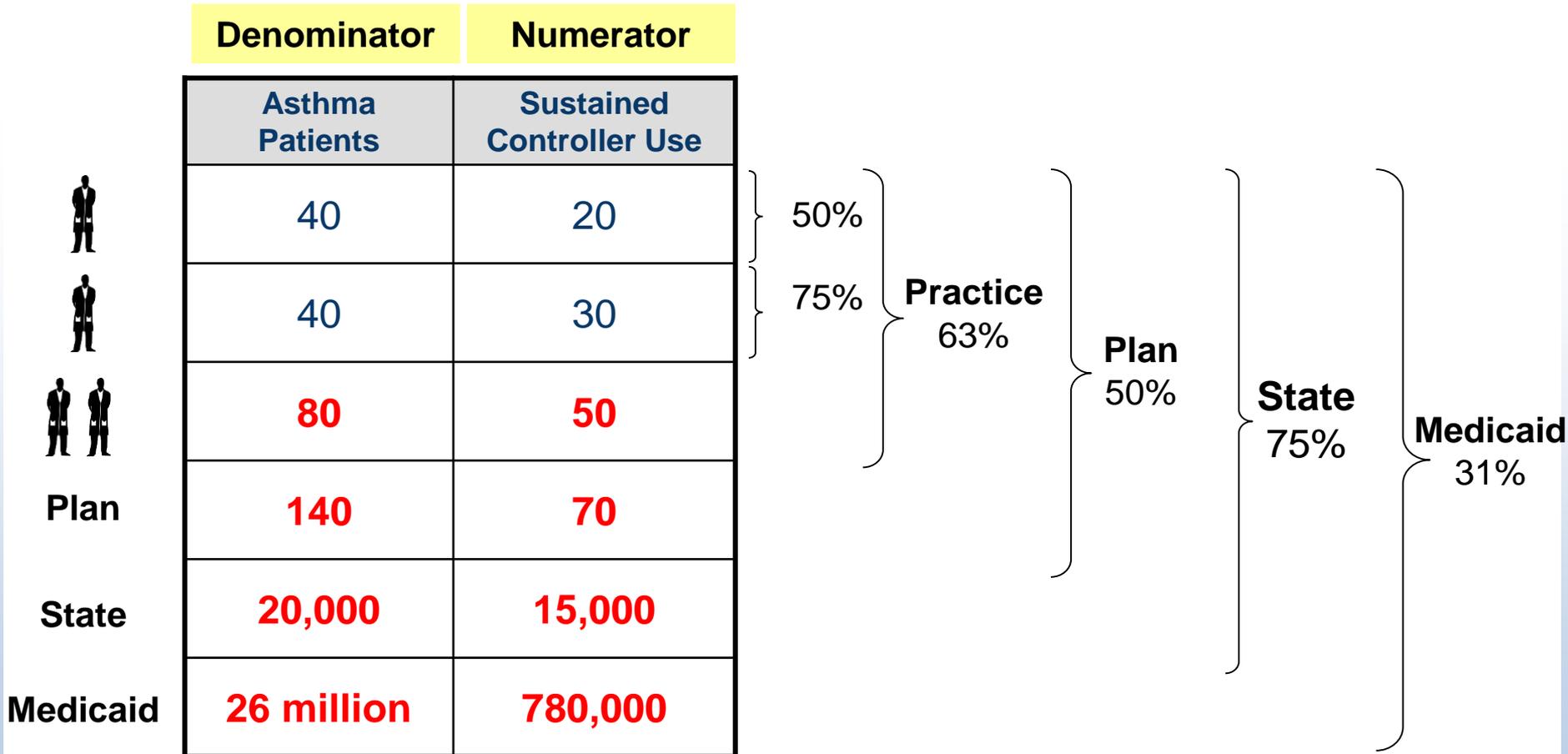


Source: Mathematica analysis of FFY 2014 Child CARTS reports as of May 8, 2015.

Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

# Performance Measurement at Varying Levels of Summarization

Example: Medication Management for People with Asthma (NQF 1799)



\* Hypothetical numbers for illustrative purposes only

# Measure Alignment for Reinforcing Impact

6   18 Condition	Medicaid/CHIP Adult Core Set	Medicaid/CHIP Child Core Set
<b>Asthma</b>	Asthma in Younger Adults Admission Rate (NQF 283)  Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (NQF 0275)	Medication Management for People with Asthma (NQF 1799)
<b>Perinatal Health</b>	Postpartum Care Rate (NQF 1517)  Contraceptive Care Use (Developmental Measures)	
<b>Tobacco Cessation</b>	Medical Assistance with Smoking and Tobacco Use Cessation (NQF 0027)	
<b>Diabetes</b>	Adult Body Mass Index Assessment  Diabetes A1c testing and <9.0% (NQF 0057 and 0059)  Avoidable Hospitalization for Diabetes Complication (NQF 272)	Weight Assessment and Counseling (NQF 0024)
<b>Blood Pressure</b>	Controlling High Blood Pressure (NQF 0018)	
<b>Prevent Healthcare Associated Infections</b>		Pediatric Central Line-Associated Bloodstream Infections – Neonatal Intensive Care Unit and Pediatric Intensive Care Unit (NQF 0139)

# Resources

- **State-Level Medicaid & CHIP Measures**

- Medicaid & CHIP [Child Core Measures](#)
- Medicaid & CHIP [Adult Core Measures](#)
- Results from first-ever nationwide adult Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey
- Additional Resources on [Medicaid.gov](#)

forthcoming

- **Plan-Level Medicaid & CHIP Measures**

- Medicaid & CHIP Managed Care Quality Rating System
- Many Medicaid and CHIP managed care plans use National Committee for Quality Assurance (NCQA) [Healthcare Effectiveness Data and Information Set \(HEDIS\) Measures](#)

forthcoming

- **Provider-Level CMS Measures – [Core Quality Measures Collaborative](#)**

- Adult Core Sets – first 7 released February 2016
- Pediatric Core Sets

forthcoming

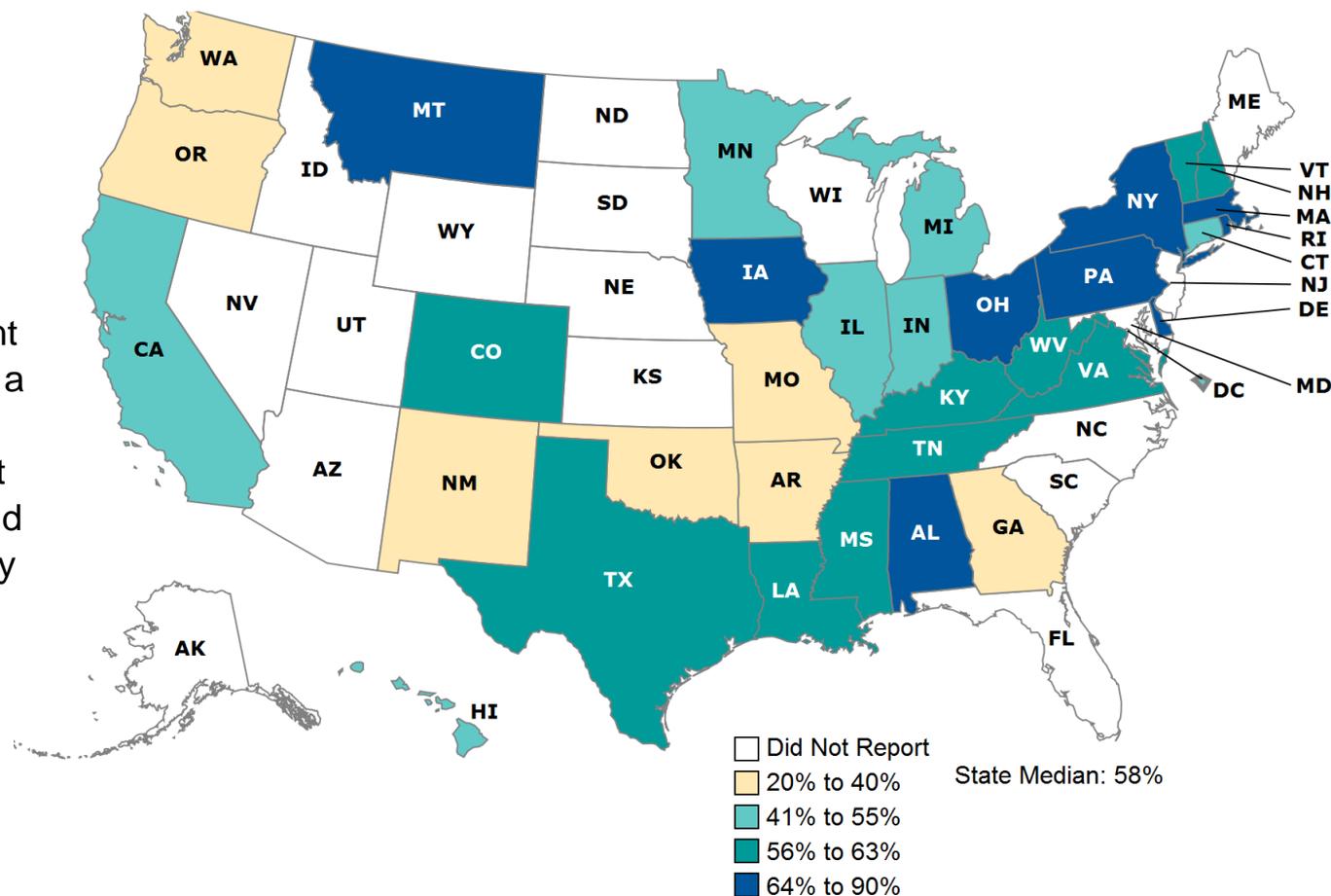
# Additional Slides



# Postpartum Care Rate

Geographic Variation in the Percentage of Women Delivering a Live Birth with a Postpartum Care Visit on or Between 21 and 56 Days after Delivery, FFY 2014 (n = 34 states)

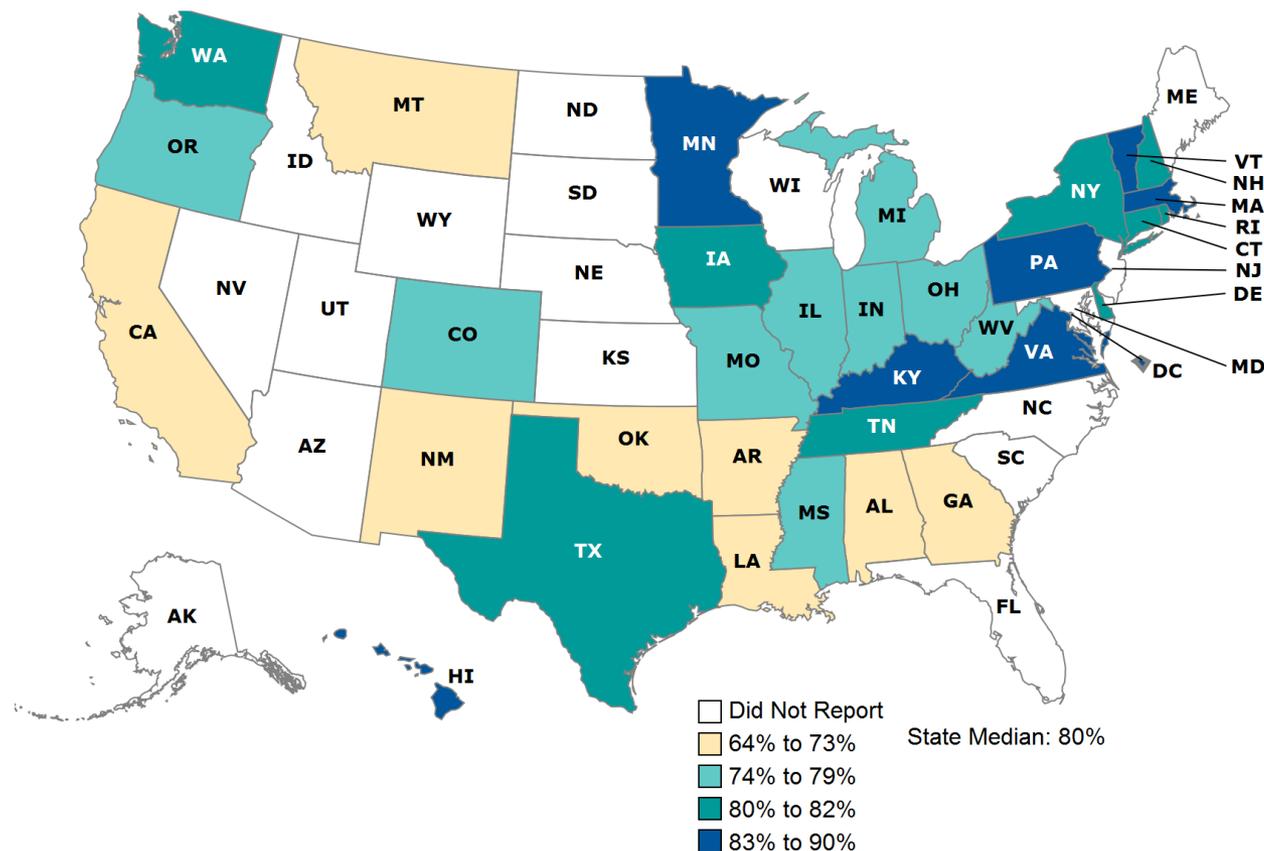
A median of  
**58** percent  
of women delivering a  
live birth had a  
postpartum care visit  
on or between 21 and  
56 days after delivery  
(34 states)



# Diabetes Care: A1c Testing

Geographic Variation in the Percentage of Adults Ages 18 to 75 with Diabetes (Type 1 or Type 2) Who Had a Hemoglobin A1c Test, FFY 2014 (n = 34 states)

A median of  
**80** percent  
of adults ages 18 to 75  
with diabetes had an  
HbA1c test (34 states)



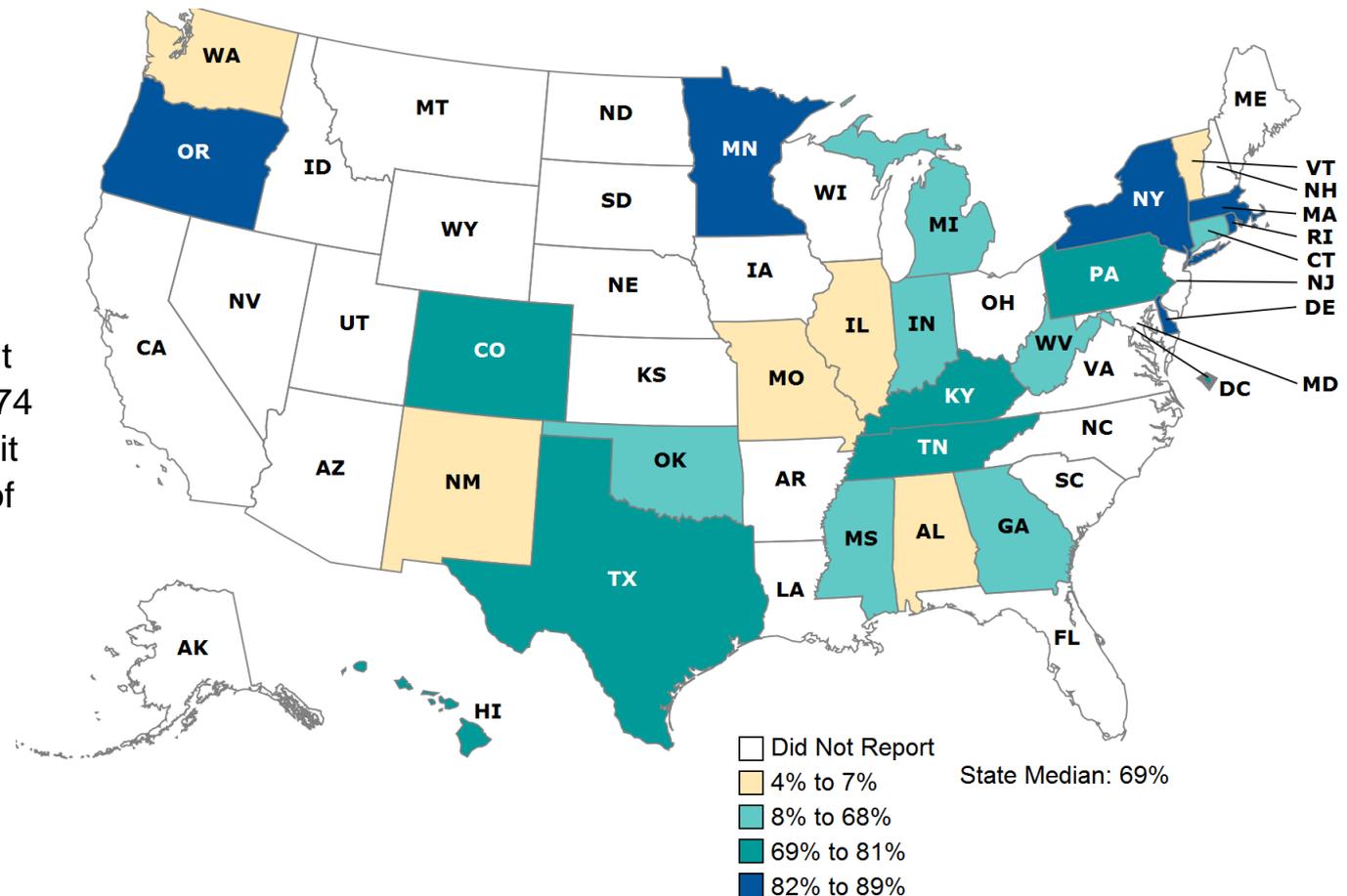
Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Note: Data displayed in this exhibit include adults ages 18 to 64 for 23 states, ages 18 to 75 for 10 states, and ages 18 to 85 for 1 state.

# Adult Body Mass Index (BMI)

Geographic Variation in the Percentage of Adults Ages 18 to 74 Who Had an Outpatient Visit and Documentation of their BMI, FFY 2014 (n = 26 states)

A median of  
**69** percent  
of adults ages 18 to 74  
had an outpatient visit  
and documentation of  
their BMI (26 states)



Source: Mathematica analysis of FFY 2014 Adult CARTS reports as of May 8, 2015.

Note: Data displayed in this exhibit include adults ages 18 to 64 for 16 states, ages 18 to 74 for 8 states, age 18 and older for 1 state, and ages 19 to 64 for 1 state.

**THE 6|18 INITIATIVE**

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INTO **ACTION**

# **CDC 6 | 18 Initiative and Quality Measure Alignment**

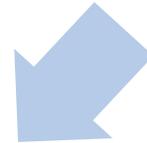


# What Is Driving This?

The 6|18 Initiative: accelerate the access, utilization and quality of CDC-identified evidence-based interventions with purchasers, payers, and providers



Quality measures are often used for improving accountability, informing payment, and improving health care delivery



Potential benefits if 6|18 can be aligned with quality measures used by purchasers, payers, and providers



# Review Process

Identified and reviewed quality measurement alignment work currently in use by CDC programs

Selected quality measurement sets of high importance to purchasers, payers & providers

Identified measures whose focus aligned with the 6|18 - 6 conditions

Within the 6 conditions: examined each measure for applicability to identified interventions

Inventory of Measures Aligned with 6|18

- Listed by 6|18 condition
- Organized by primary target audience
- Included comparison to 2016 CMS Core Quality Measures Collaborative Core Measures



# Measures that Align with 6 | 18 Interventions: Private Payer DRAFT Example

6   18 Condition	Measure	Medicare Advantage STARS (Part C, D) 2017	2016 CMS Core Quality Measures Collaborative Core Measures (ACO/PCMH Measures)
Tobacco	NQF 0028		X
Blood Pressure Control	NQF 0018 (PQRS 236)	X	X
	NCQA/ Controlling High Blood Pressure (HEDIS 2016)		X
	Medication Adherence for Hypertension (RAS antagonists)	X	
	Medication Adherence for Cholesterol (Statins)	X	
Control and Prevent Diabetes	NQF 0421		X
HAI	NCQA/NQF 0058		X
Asthma	NCQA/NQF 1799		X
	NQF 1800 (asthma medication ratio)		



# Measures that Align with 6 | 18 Interventions: Provider DRAFT Example

6   18 Condition	Measure	Merit Based Incentive Program (MIPS)*	2016 CMS Core Quality Measures Collaborative Core Measures (ACO/PCMH Measures)
Tobacco	NQF 0028	Current 2016 PQRS Measure; Proposed for MIPS 2017 as PQRS 226	X
Blood Pressure Control	NQF 0018	Current 2016 PQRS Measure; Proposed for MIPS 2017 as PQRS 236	X
	NCQA/ Controlling High Blood Pressure (HEDIS 2016)		X
Control and Prevent Diabetes	NQF 0421		X
HAI	NCQA/NQF 0058		X
	NCQA/NQF 0069	Current 2016 PQRS Measure; Proposed for MIPS 2017 as PQRS 065	
Asthma	NCQA/NQF 1799	New Proposed Measure for MIPS Reporting in 2017	X
	NQF 1800 (asthma medication ratio)		



# Measures that Align with 6 | 18 Interventions: Medicaid DRAFT Example

6   18 Condition	Measure	Medicaid Adult Core Set	Medicaid Child Core Set	2016 CMS Core Quality Measures Collaborative Core Measures (ACO/PCMH Measures)
Tobacco	NQF 0028			X
	NQF 0027	X		
	MISC-AD	X		
Blood Pressure Control	NQF 0018 (PQRS 236)			X
	NCQA/Controlling High Blood Pressure (HEDIS 2016)			X
Control and Prevent Diabetes	NQF 0421			X
HAI	NCQA/NQF 0058			X
Asthma	NCQA/NQF 1799		X	X
	NQF 275/PQI 05	X		
	NQF 283/PQI 15		X	
	NQF 1800			



# Measure that Align with 6 | 18 Intervention: Draft Example of Proposed Unintended Pregnancy Measures

Measure	Medicaid Adult Core Set	Medicaid Child Core Set
<p><b>Proposed Measure:</b>                      Percentage of women aged 21-44 yrs, at risk of unintended pregnancy, that are provided or continue use of the most effective FDA approved methods of contraception.</p>	<p>Provisionally NQF endorsed; used by &gt; 14 state Medicaid programs as part of the CMCS Maternal and Infant Health Initiative; Office of Population Affairs (OPA) Title X program is using them as part of a national QI effort for more than 4000 clinics nationwide serving more than 4 million clients/year</p>	
<p><b>Proposed Measure:</b>                      Percentage of women aged 15-44 yrs, at risk of unintended pregnancy that are provided or continue use of a long-acting reversible method of contraception (LARC), i.e., implants, intra-uterine devices or systems (IUD/IUS)</p>		<p>Provisionally NQF endorsed; used by &gt; 14 state Medicaid programs as part of the CMCS Maternal and Infant Health Initiative; Office of Population Affairs (OPA) Title X program is using them as part of a national QI effort for more than 4000 clinics nationwide serving more than 4 million clients/year.</p>



# Potential Example: 6 | 18 Quality Measure Alignment

**6 | 18 Asthma demonstration project with intervention focus:**  
*Promote strategies that improve access and adherence to asthma medications and devices.*

**Project intentionally designed to utilize data already being collected for the “Medication Management for People with Asthma measure” (NQF 1799)**

**If demonstration project results in a new model of care that increases the rate of persons on asthma meds (per NQF 1799), 6 | 18 impact evaluation topic “new models of practice” may be informed by this work**

These immediate outcomes may tie to the long term impact goal of “Improved Access to Care, Utilization of Services, and Quality of Clinical Care Delivery for 6 | 18 Interventions”



# Next Steps Considerations

1. Seek feedback from our 6|18 payers and partners:
  - How well does this proposed alignment resonate with your current quality measurement work?
  - Are there other measures we should consider?
2. OHSC will explore this topic as part of our larger 6|18 evaluation work
3. As demonstration projects are developed (Medicaid and commercial), OHSC plans to identify potential alignment of project objectives with the 6|18 quality measure table
4. Explore opportunities to identify proxies within identified measures that may link to 6|18 evaluation



*Thank-You!*

*A Vision for the Future:*

# Strengthened Linkage Between Public Health and Clinical Care

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.





# State Discussion and Q&A

Tricia McGinnis, CHCS

Naomi Chen, CDC

# Questions?

To ask a question over the phone, please press \*6 on your telephone keypad to unmute your line. When finished press \*6 to mute.



# Discussion Questions

- What types of measures will be most relevant in assessing the impact of your 6|18 work?
  - ▶ Process measures, utilization measures, health outcome measures, etc.?
- What additional reporting activities/measurement sets could be leveraged to support your 6|18 impact evaluation?
- What tools, resources or technical assistance would be most helpful as you begin the process of developing a 6|18 evaluation strategy?

# Evaluation Plans

- In coming months, we will work with you to develop plans and metrics. Want to keep this streamlined and simple for you.
- Three key types of measures:
  1. **Process measures** of implementation.
  2. **Utilization measures.** Changes in use of key clinical prevention outcomes.
  3. **Outcome measures.** Changes in health outcomes or costs.
- Where possible, key outcomes and performance measures should align with existing health quality metrics used by CMS, NCQA or NQF that you may already be using. But we may need to develop customized measures for some interventions.

# Evaluation Plans

- An important issue coming up soon will be baseline data about utilization or outcomes at the outset of your initiatives.
- This may require securing and storing relevant data in the near future.
- We look forward to working with you!

## Evaluation Contacts:

- **CDC:** Naomi Chen-Bowers (jtv4@cdc.gov)
- **George Washington University:** Leighton Ku (lku@gwu.edu)

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