



Advising the Congress on Medicare issues

MIPPA § 168 – Comparing quality in MA and FFS Medicare

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Report on how to compare quality: MA-to-FFS and MA plan-to-plan

- MIPPA Section 168
- Report due March 2010
- How should quality be compared and reported starting in 2011:
 - Between Medicare Advantage (MA) and FFS Medicare
 - Among MA plans
- Address data needs, benchmarking
- Recommend legislative and administrative policy changes as appropriate

Purpose of quality reporting

- Information for beneficiaries choosing MA or FFS, choosing among MA plans
- CMS program management, performance monitoring
- Information to providers for internal quality improvement activities

Different types of information, different formats for each purpose

Related past recommendations of the Commission

Data collection and information

- CMS should collect lab values in FFS (March 2005)
- Secretary should calculate clinical measures in FFS allowing FFS-to-MA comparison (June 2005)

Payment differentials based on plan quality

- The Congress should:
 - Establish P4P for MA, redistributing small percentage of plan payments to better-performing plans based on attainment and improvement on quality indicators (March 2004)
 - Set MA benchmarks at 100 percent of FFS and redirect Medicare savings from bids below benchmarks to P4P pool (June 2005)

Near-term and longer-term approaches

- Near-term: What can be done **by 2011?**
 - Modify current MA quality measurement systems to improve MA plan comparisons, use for FFS-to-MA comparison -- with caveats
- Longer-term: What can be done **beyond 2011?**
 - Further modify current systems, add measures
 - Tap new data sources: MA encounter data to be collected beginning 2011, lab values in FFS
 - Electronic health records: Define “meaningful use” to support quality measurement

A smaller geographic reporting unit is necessary

- Currently, many plans report one set of performance results across a very wide geographic area
- Entities need to be compared on a basis that yields valid comparisons for public reporting and benchmarking
- Smaller unit would allow better comparison among MA plans and between MA and FFS

Current systems used for MA plan comparisons

Patient experience data (outcomes)

- **CAHPS®** (*Consumer Assessment of Healthcare Providers and Systems*)
 - Perceptions of care, access
 - Vaccination rates; smoking cessation counseling [HEDIS]
- **HOS** (*Health Outcomes Survey*)
 - Health status questions, including perceived change in mental, physical health status
 - Specific medical care received (e.g., fall risk management) [HEDIS]

Clinical process and intermediate outcome measures

- **HEDIS®** (*Healthcare Effectiveness Data and Information Set*)
 - Examples: breast cancer screening rates, glaucoma screening, eye exams for diabetics, control of blood glucose

Patient experience data to compare MA with FFS

DATA SOURCES IN MA

- CAHPS-MA
- HOS

ANALOGOUS DATA SOURCES CMS CAN/DOES USE IN FFS

- CAHPS-FFS
- **None**
 - Beginning equivalent survey possible by 2011; full results not possible until after 2011

Some HEDIS clinical measures can be calculated in FFS with current data

DATA SOURCES FOR HEDIS MEASURES IN MA PLANS

1. Administrative data

- Claims/encounter data
- Pharmacy data
- **Lab values**
- **Electronic health records**

2. HMOs only: Medical record sampling

- **Medical record information**
(Blood pressure; colorectal cancer screening history; advice to patients)

ANALOGOUS DATA SOURCES CMS CAN USE IN FFS

1. Administrative data

- Claims data
- Pharmacy data

▪ (not available in FFS)

Broader set of measures would improve performance measurement

- Few current HEDIS measures for:
 - Certain age groups (over 75; under 65)
 - Certain conditions (mental health)
- Few measures used in MA that could show effects of health plans' value-added activities
- Some measures currently used in FFS may be applicable to MA

MA data not yet available for claims-based patient outcome measures

- Preventable hospital admissions for ambulatory-care-sensitive conditions
- Hospital readmissions
- Preventable emergency department visits
- Mortality for selected conditions

DATA SOURCES FOR THESE MEASURES IN MA*

- None by 2011
- Encounter data (if complete) after 2011
- EHR in future (2015?)

DATA SOURCES FOR THESE MEASURES IN FFS*

- **Claims data**
- EHR in future (2015?)