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Getting to the Next Generation of Performance Measures: Role of the Purchaser

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Problem to solve:

- Value-based payment requires robust performance measurement at the core
- Current portfolio of measures focuses almost entirely on "little dots" (process measures)
- Population-based payment demands "big dot" measures (outcomes)
- Few (if any) robust outcome measures exist for 5 clinical domains that typically represent more than half of medical spend

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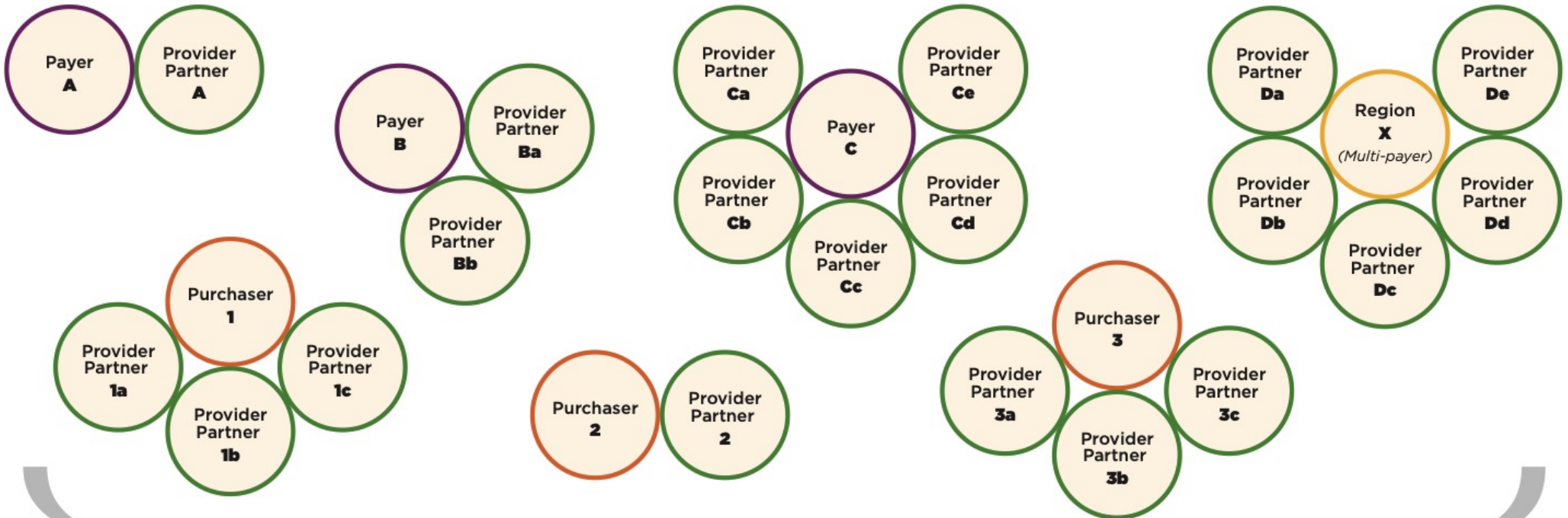
ALIGNED INNOVATION: ACCELERATING DEVELOPMENT & VALIDATION OF NEXT GEN MEASURES



ALIGNED MEASURE PRIORITIES – FILLING HIGH PRIORITY GAPS

Next Gen Measure A | Next Gen Measure B | Next Gen Measure C | Next Gen Measure D | Next Gen Measure E

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Consortium of Payer/Provider & Purchaser/Provider Groups implement Next Gen measures

- Using standardized methods (e.g., population specs, data collection specs)
- Share data on agreed-upon cadence → Psychometric testing & reporting by contracted expert entity →
- Offer continued input and refinement to establish measure specs that are psychometrically sound & accepted by consortium participants

Advantages

- Scaled innovation enables volume of data and stakeholders to significantly accelerate Next Gen measure timeline
- Providers engage because: (i) seat at the table to define Next Gen measures; (ii) opportunity to improve performance before measures "matter" (i.e., used for payment, public reporting, insurance network design); (iii) payers/purchasers offer advantaged status and/or payment to participating providers (e.g., center of excellence -> market share)
- Payers/Purchasers engage because: (i) Doing this work solo is extremely slow, with uncertain success, higher cost and lacks actionable data and insights, (ii) Increased provider willingness to participate; (iii) Opportunity to drive Next Gen measure priorities

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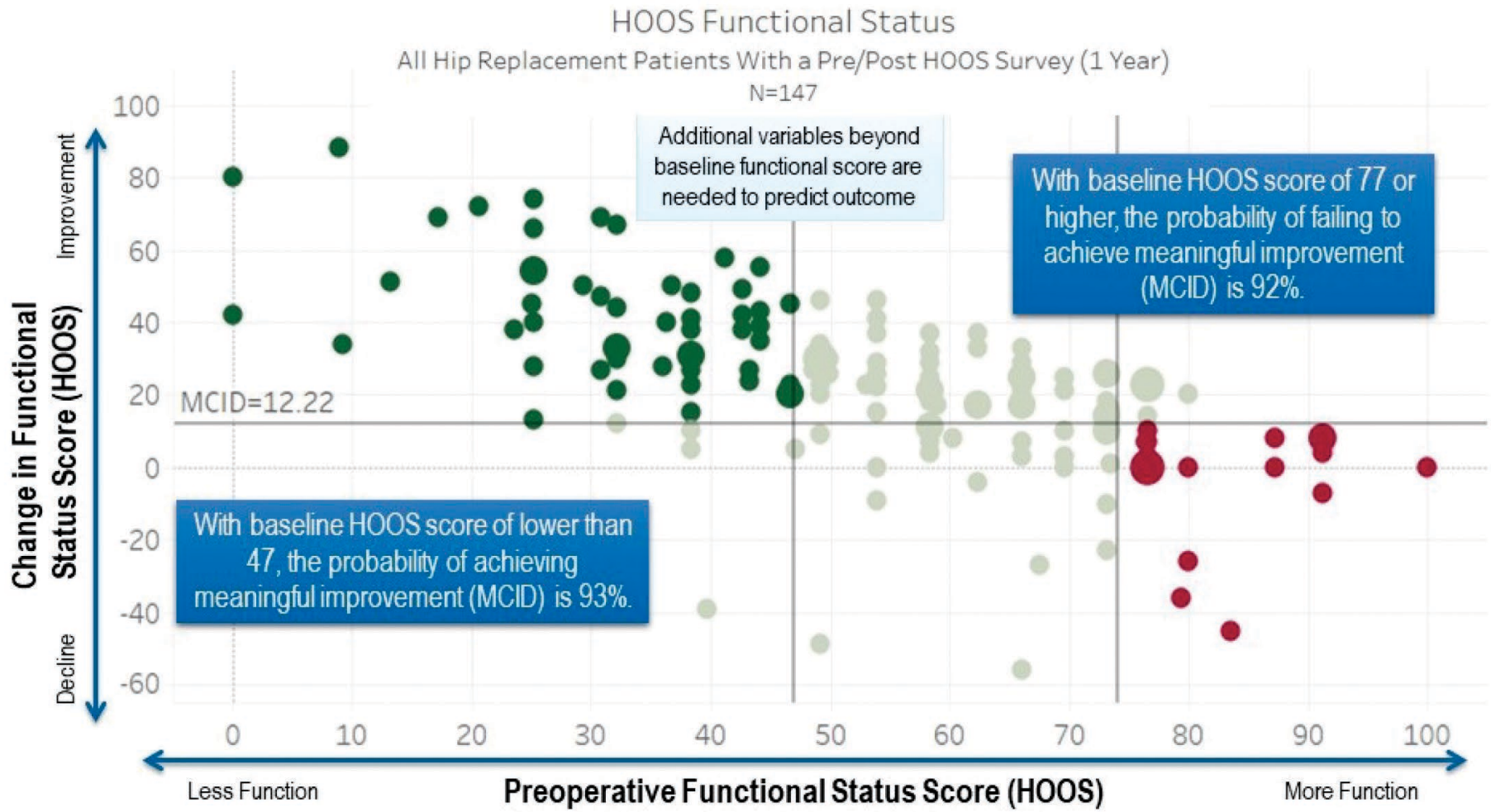

MCID=Minimum Clinically Important Difference. Computed based off of the average MCID from 1000 bootstrapped samples of 100 patients, with MCID calculated as 0.5* SD. Source: Norman GR, Sloan JA, Wyrwich KW. Interpretation of changes in health-related quality of life. The remarkable universality of half a standard deviation. Med Care 2003;41:582–92. Copay AG, Subach BR, Glassman SD, Polly DWJ, Schuler TC. Understanding clinically important difference: A review of concepts and methods. The Spine Journal. 2007; 7:541–546. [PubMed: 17448732]
Data Sources: BCBSMA 2014-2017, use of HOOS/KOOS with patients before and after hip replacement surgery

Source: Safran DG, Higgins A. Getting To The Next Generation Of Performance Measures For Value-Based Payment. *Health Affairs* Blog. January 29, 2019. Accessed: September 27, 2021.

Let’s talk!

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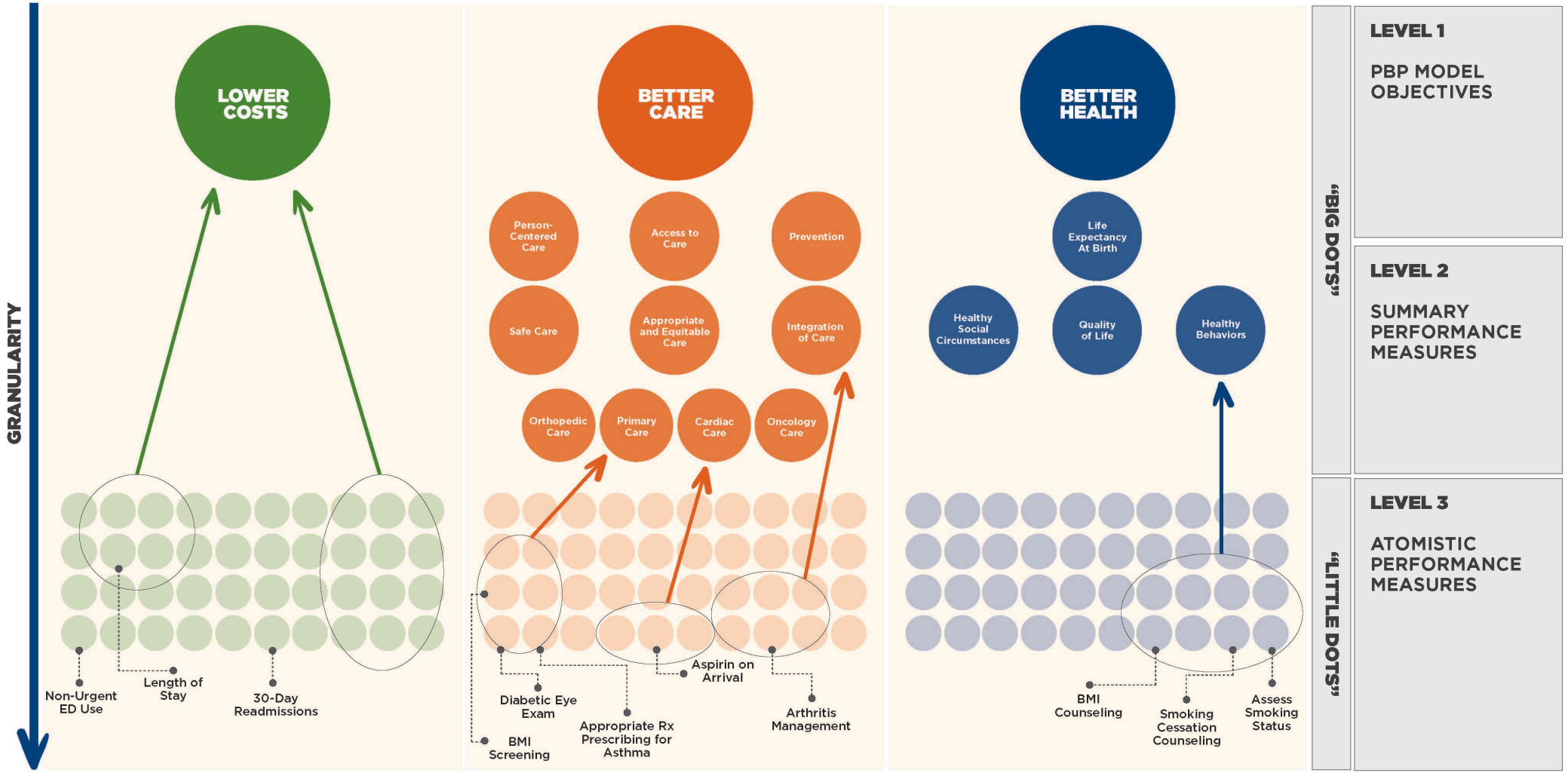
MEASURES BY PURPOSE AREA



Source: Health Care Payment Learning & Action Network; The MITRE Corporation. *Accelerating and Aligning Population-Based Payment Models: Performance Measurement*. Washington, DC: The MITRE Corporation; 2016.

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