District of Columbia Health Benefit Exchange Authority: Quality Working Group Meeting 1 Summary

March 28, 2013

The following is a summary of the Quality Working Group Meeting 1 discussion on the issues related to the quality requirements outlined in the Affordable Care Act (ACA) and the District of Columbia's (DC) Health Benefit Exchange Authority's charge to the working group.

Chair's Charge and Goals for the Working Group

The Quality Working Group will "examine quality ratings for health plans, determine necessary data collection by the exchange, understand consumer use of quality ratings for implementation after year one, establish what quality information is not collected now that the exchange can collect, and become a model exchange."

The goals for the Quality Working Group are to provide the Exchange Board with a blueprint for quality, increase consumer information to enable greater health care choice, provide guidance to the Board, determine data specifications, and establish what quality ratings to display.

Review of ACA Requirements

LMI staff reviewed key ACA requirements related to quality provisions. A more detailed summary of these provisions is found in the background paper. Key provisions include the following:

- New medical loss ratio rule. Small group and individual plans must dedicate at least 80 percent (and large group plan 85 percent) of their premium dollars on health care services for quality improvement.
- Issuers are required to demonstrate quality improvement across the following four areas: 1) improve outcomes; 2) reduce readmissions; 3) improve patient safety; and 4) improve wellness and health promotion.

Other than accreditation standards, Health and Human Services (HHS) does not intend to issue new quality reporting standards until 2016. As a benchmark, the Working Group may wish to consider the quality reporting activities of Federally-Facilitated Exchanges (FFEs). FFEs will display accreditation status and any Consumer Assessment of Healthcare Providers and Systems (CAHPS) results from their Medicaid or commercial products in 2014.

Review of Other State Exchange Quality Activities

The activities of other states –particularly those that have moved quickly out of starting block – offer a variety of approaches for the Quality Working Group's consideration. LMI staff reviewed the following examples.

Table 1. Selected State Exchange Quality Reporting and Improvement Strategies

State	Reporting	Quality Improvement Strategy(QIS)
Maryland	Survey data will be posted for the 2013 open enrollment including CAHPS and Healthcare Effectiveness Data and Information Set (HEDIS) data.	Carrier's QIS must use provider reimbursement or other incentives to improve health outcomes, prevent hospital readmissions, improve patient safety and implement wellness programs.
Oregon	Quality ratings will be shown as stars and will be assessed at the carrier level and shown at the plan level for the first two years. After two years, each plan will have its own quality rating.	Until the federal government comes out with guidance in 2016, carriers will define quality improvement for themselves.
Delaware	The state will adopt the quality rating standards as provided in federal guidance.	Issuers will be required to participate in state quality improvement workgroups intended to standardize Qualified Health Plan (QHP) quality improvement strategies, activities, metrics and operations, and technology and data analytics to support coordination. Issuers will be required to participate in and utilize the Delaware Health Information Network (DHIN) data use services and claims data submission services.

What Makes DC Marketplace and Population Unique?

Working group members commented that DC is unique both in terms of its population and the region that the Exchange will serve. No other Exchanges offer an 'apples to apples' comparison, although Working Group members expressed interest in learning more about Exchange quality activities in California and Florida in particular. Working Group members pointed out that a better understanding of what makes DC population health and marketplace unique will be those factors that the Exchange needs to better understand and leverage in order to improve quality. There was concern that without this information, the Working Group would not be in position to make recommendations regarding the quality improvement and reporting activities of the Exchange.

Working Group members requested a presentation at the second meeting that would provide information regarding the characteristics of the DC marketplace, population, and quality issues unique to DC. For instance, the Work Group is interested in which chronic conditions and diseases make DC unique? The DC Exchange should be viewed as just one lever for improving quality of care for DC citizens.

Table 2 provides a summary of remarks provided by Working Group members to the following two questions: 1) what are the most critical health care quality issues in the district? And 2) what role can exchanges play in promoting improvements in health care quality.

Table 2. Working Group Members Responses to Quality Questions

1) Critical health care quality issues in the district	2) Role exchanges can play in promoting improvements in health care quality
Access, Obesity, Mental Health, Substance Abuse, and Churning	Transparency, clear comparisons, and accountability for plans. Consideration to leverage the hospital based community health needs assessment as an annual evaluation of area needs.
Utilization, Support Services, Lack of Access to Quality, Timely Primary Care	Fund support services and support nonprofits that are doing this work
Diabetes, Cardiac conditions, Asthma, Colorectal Cancer	Facilitate outreach and access for screenings and follow-up
Definition of “Quality”, Trade-off between Quality and Cost, Quality and Cost-Sharing	Exchange’s role with regard to people who don’t have insurance, assess the evidence that providing quality information for health consumers makes a difference in their health choices
Access, Reducing Disparities, Perceptions Related to Service Quality	Cultural competency
Maternal and Infant Healthcare, Previously Uninsured—Mental Health/Substance Abuse	Focusing all efforts in the same direction
Give people information to make decisions to pick plans with best outcomes. Obesity, Mental Health/Substance Abuse, Previously Untreated Care	Rate plans stringently so consumers can price a plan on value-cost and quality. Provide consumers with easily understandable apple-to-apples comparisons to make coverage decisions.

What is the Role of Providers in Quality

The Working Group Chair asked members “what is role of providers in quality?” She noted that we would like to ‘bend the health care quality curve” and one way to do this is to shed light on provider performance. Providers are very interested in assessments of their performance.

Working Group members expressed interest in efforts underway to transform delivery of care. Issuers and providers are taking proactive steps to manage chronic care. The way health care gets delivered will change as Accountable Care Organizations (ACOs) and Patient Centered Medical Home (PCMH) pilots take hold.

Patient Experience of Care

Working Group members discussed at length the importance of the consumer's care experience as it relates to access to care, wait times for care, and front office staff functioning. One member suggested a survey monkey to collect consumer experiences with care. However, the CAHPS patient experience survey collects much of this information via a well-researched and vetted survey design. The Working Group asked for further exploration of this survey instrument and its component questions at next meeting.

A working group member stated that there are three distinct leverage points that influence quality for consumers—carriers, providers, and the Exchange. As a consumer, expectation is that going to the Exchange will improve health outcomes and that the Exchange will facilitate improved outcomes by providing a mechanism to account for complaints and appraisals.

It was stated that DC needs a top down quality strategy. As health plans focus on the critical health areas and drive quality to areas that need assistance, quality measures will change over time. Therefore the Exchange will need to establish a process that continuously assesses disparities and measures. There may be an opportunity to tie all measures together in a comprehensive quality report including consumer experience and patient outcomes.

Given the relationship between cost and quality, it will be important that quality measures account for the impact they have on cost so we don't limit the number of people who can afford coverage through the Exchange. A member also stated that supportive services such as transportation, medication adherence, translation assistance are important components of quality. Funding for these services needs to be increased and there needs to be accountability for case management and more people to provide this care.

Leverage Existing Systems

HHS has signaled its interest in having the activities of the Exchange enhance and align with existing quality reporting and display requirements. The Working Group reviewed some of the 'off the shelf' measures that are readily available in the DC marketplace for reporting purposes. In addition to NCQA accreditation status, readily available measures for all commercial plans in the DC market include HEDIS and CAHPS measures.

The readiness of the DC Exchange's web portal will also influence the decision making of the Working Group. The Web portal design for 2014 appears to be largely in place so phase in of quality reporting requirements and their display would take place beginning in 2015. The major health plans now operating in DC are reportedly going to participate in the DC Exchange. Therefore, the Exchange will have the opportunity to collect market wide data which could be made transparent for consumers

In addition, it is important to note that HHS will be developing a federal quality rating system for Exchanges to use.

Design Questions for Working Group

The Working Group will begin consideration of the following key design questions, which will be explored in greater detail in meetings 2 and 3.

- What are the priority areas for quality rating in the DC Exchange marketplace? For example, delivery of specific preventive services? health plan performance? customer service? Other?
- How might Exchange best phase in data collection? Do Federal FFE plans for quality reporting activities offer a ‘de minimus’ guideline for year one level of effort?
- Do examples from Delaware, Maryland, and Oregon offer ideas that Working Group would like to pursue?