



Advising the Congress on Medicare issues

MIPPA MA/FFS quality report: update

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Congress: 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

Proposed outline of final report

- Priorities for quality measurement with respect to MIPPA mandate
- Background:
 - Current quality measurement systems in MA and FFS
- Implications of Commission's priorities for key issues:
 - Data needs vs. data availability: Short-term and long-term
 - Ensuring comparability of areas/plans being measured
 - Disparities: Capture needed data, analyze, report results
 - Ongoing stewardship of quality measurement, CMS resources

Today's presentation

- Option for discussion:
 - Improve current measures, move toward more outcome measures
 - Patient-centered, system-level focus
- Data implications: Short-term and long-term
 - Short-term: Enhanced administrative data
 - Long-term: Leverage HIT subsidies, standards to increase availability, use of clinical record data
- Ensure comparability: Geographic unit

Option: Move toward outcome measures

- Outcome measures available now:
 - Potentially preventable admissions for ambulatory care-sensitive conditions
 - Readmissions for selected conditions and all-cause
 - Potentially preventable emergency department visits
 - Mortality for selected conditions
 - Intermediate clinical outcomes based on lab test results
 - Patient experience of care, self-reported health status
- Data steps needed for measures & risk adjustment
 - Administrative data: Align FFS claims and MA encounter data
 - Clinical data: Capture lab values, define “meaningful use” of HIT now to gather data needed to improve outcome measurement over next five years

Administrative data available for outcome measures in FFS and MA

Outcome measure sets	FFS claims data (Parts A, B, D)	MA encounter data (Parts A, B, D)	Patient survey data
Preventable admissions for ACSC (AHRQ PQI)	Yes	Yes	Not used
Readmissions	Yes	Yes	Not used
Preventable ED visits	Yes	Yes	Not used
Mortality for selected conditions	Yes	Yes	Not used
Intermediate clinical outcomes based on lab test results	No, needs to be added (MedPAC 2005 recommendation)	Yes, if specifically requested & added	Not used
Patient experience of care and self-reported health status	Not used	Not used	Yes

Notes: ACSC (ambulatory care sensitive conditions), AHRQ (Agency for Healthcare Research and Quality), PQIs (Prevention Quality Indicators), ED (Emergency Department), FFS (Fee-for-service), MA (Medicare Advantage).

Current clinical quality measures

- Healthcare Effectiveness Data and Information Set (HEDIS®)
 - Currently in use for MA to MA comparisons
 - In use since 1997
 - Process measures and intermediate outcome measures
 - HEDIS measures have been calculated for FFS using claims data (by CMS and others)

Issues with current measures

As measures per se

- Limited number of measures for oldest Medicare beneficiaries (over age 75)
- Limited mental health measures
- Some measure results based on very small numbers

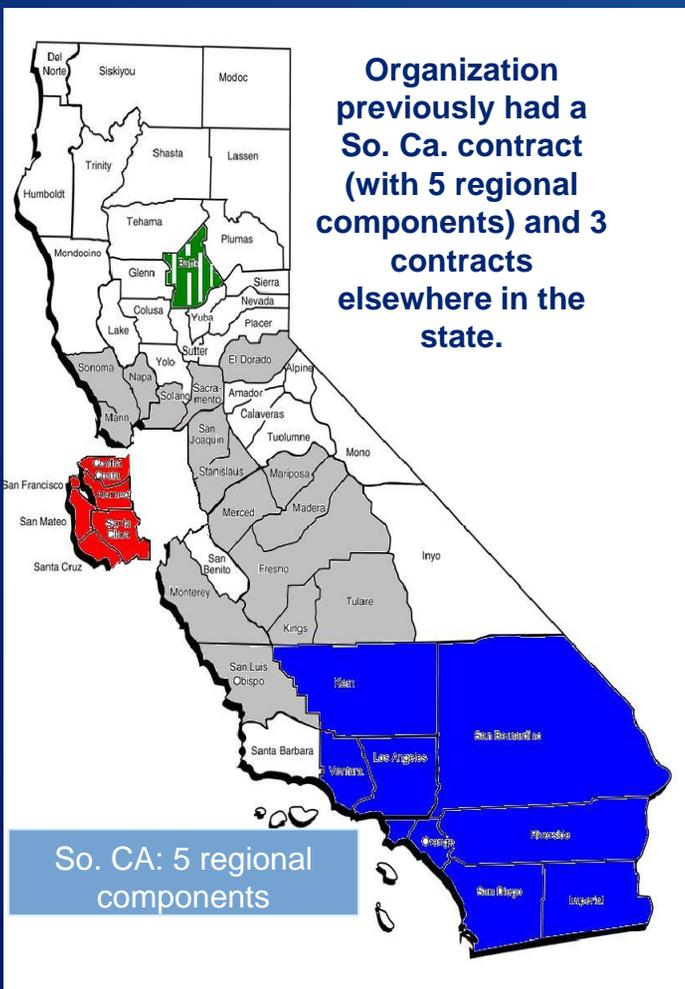
As basis of comparison

- Different standards apply to different plan types in MA—use of medical records as source of data
 - Also an issue in MA to FFS comparison
- Administrative data richer in MA plans than FFS claims
 - Encounter data, lab values in MA but not FFS

Issues for all measurement systems

- Comparability of entities/systems/areas being compared
 - Risk adjustment: demographics, health status, other factors
 - Small numbers issue
 - Appropriate geographic unit
 - For HEDIS, CAHPS and HOS, MA plans currently report at the Medicare contract level, which can include a very wide, and diverse, geographic area

An appropriate geographic unit is needed for reporting on quality for MA and FFS



- A single California organization that today has one reporting unit for Medicare MA quality measures previously had at least 8 market areas under 4 separate Medicare contracts.

Issues for discussion

- Two parts to the Congressional mandate: MA plan-to-plan, and MA-to-FFS
- How to obtain comparable, comprehensive information on quality
 - To compare one MA plan to another
 - To compare MA to FFS
- Before the wider use of electronic health records (EHRs), and afterwards

Issues for discussion (cont.)

MA-to-MA

- Uniform reporting across plans (e.g. same measure definition, same geographic area)
- Expand measures: more outcome measures, wider set of measures
- EHRs facilitate collection and analysis of data, reporting of results

FFS-to-MA

- Uniform reporting across sectors (e.g. same measure definition, same geographic area)
- Would rely on claims-based approach
 - FFS claims, enhanced
 - Equivalent MA encounter data
- EHRs facilitate collection and analysis of data, reporting of results