Child and Adult Core Set Stakeholder Workgroup:
2021 Annual Review Orientation Webinar Transcript
December 13, 2019, 12:30 – 1:30 PM EST

Hello, everyone, and thank you for attending today's event: The 2021 Child and Adult Core Set Annual Review Orientation Webinar.

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Before we begin, we wanted to cover a few housekeeping items. At the bottom of your audience console are multiple application widgets that you can use. You can expand each widget by clicking on the maximize icon on the top right of the widget or by dragging the bottom right corner of the widget panel.

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Additional materials are available in the Resource List widget indicated by the green file icon at the bottom of your screen.

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During opportunities for comments by the Workgroup members and the public, participants can comment over the phone by pressing star one to raise their hand. Then listen for your cue to speak. The operator will indicate when your line has been unmuted. Note you must be connected to the teleconference via your telephone.

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If you have any technical difficulties, please click on the yellow help widget. It has a question mark icon and covers common technical issues.

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Finally, an on-demand version of the webcast will be available approximately one day after the webcast and can be accessed using the same audience link that you used to access today's event.

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Now I'd like to introduce Margo Rosenbach from Mathematica. Margo, you now have the floor.

Thank you, Brice. Good afternoon, everyone, or good morning if you are joining us from another time zone. My name is Margo Rosenbach, and I'm a Vice President at Mathematica. I direct Mathematica's Technical Assistance and Analytics Support Team for the Medicaid and CHIP Quality Measurement and Improvement Program, which is sponsored by the Center for Medicaid and CHIP Services.

I am joined by our co-Chairs Gretchen Hammer and David Kelley, whom you will hear from shortly.

It is my pleasure to welcome you to the orientation meeting for the 2021 Annual Review of the Child and Adult Core Set. Whether you are listening to the meeting live or listening to a recording after the meeting, thank you for joining us as we begin our journey to review the current Child and Adult Core Sets, consider where there are gaps, and seek opportunities to strengthen and improve the Core Sets by filling those gaps with measures that are appropriate for state-level reporting in Medicaid and CHIP.

Now I'd like to share with you the objectives for this meeting. First, I will introduce the Workgroup members. Next, I'll describe the charge and process for the Annual Review. Then I'll turn it to Chrissy Fiorentini who will provide background on the Child and Adult Core Set measures. Then Alli Steiner and Dayna Gallagher will present the process for suggesting measures for removal from or addition to the 2021 Child and Adult Core Sets.

During the meeting, our co-Chairs will share their perspectives and facilitate questions and comments from Workgroup members.

And near the end of the meeting, we'll provide an opportunity for public comment.

As you can tell, we have a full agenda today, and the purpose of this meeting is to convey information about the review process. We will not have time to engage in discussion about the Core Sets or the measures, however, we will have plenty of time for discussion at the March and April meetings.

Slide.

I'd like to begin by introducing my colleagues at Mathematica who lead the Core Set Review Team. I won't read their names but suffice it to say that we've assembled a wonderful team to undertake this journey with the Workgroup.

Next slide.

Now I would like to introduce the Workgroup for the 2021 Core Set Annual Review and to share Mathematica's process for disclosure of interests. In the interest of time today, we will not be introducing each Workgroup member by name. This slide and the next one list the Workgroup members by name and shows their affiliations and whether they were nominated by an organization. Please note that the full roster is available for download in the Resource section of the webinar console and on our public website.

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As you can see from these two slides, we have an extremely qualified panel of 27 voting members who span a range of stakeholder perspectives, quality measure expertise, and Medicaid and CHIP program experience.

Now I'd like to invite our co-Chairs Gretchen Hammer and David Kelley, to offer a brief welcome and reflections on the charge to the Workgroup.

Gretchen, if you're there I will turn it over to you and to David. So please unmute if you are on mute.

David?

Good morning or good afternoon. I just want to welcome new and returning members to the Workgroup. And keeping in mind that the work that we're undertaking is of vital importance looking at both adults and pediatric core measures for Medicaid and CHIP, and that, you know, this Workgroup has a very important charge in really trying to shape the Core Sets in the future, in 2021. Obviously, we want to be able to do that in a way that's beneficial to the Medicaid recipients and CHIP recipients. We want these quality measures to reflect populations that we serve. We want the measures to be actionable, aligned, and appropriate for our Medicaid and CHIP programs. So, we really welcome aboard and really appreciate all the hard work that past members have done, returning members have done, and want to really welcome the new members to the committee, and really look forward to our work in 2020. Thanks.

Gretchen?

It looks like Gretchen has not made it onto the webinar yet, so we'll just keep going, and if she does make it, we'll give her an opportunity to speak in a while. So, thanks, David, very much.

So, this next slide shows the federal liaisons reflecting CMS's partnership and collaboration with other agencies in collecting, reporting, and using the Core Set Measures to drive improvement in Medicaid and CHIP. I'd like to thank all the Workgroup members and federal liaisons for taking part in the 2021 Core Set Annual Review process. We're very excited to be on this journey with you.

I would now like to turn it over to Gigi Raney from CMCS to provide a brief welcome on behalf of CMCS.

Hi. This is Gigi Raney from the Division of Quality, and I wanted to echo the welcome and thank you that both Mathematica and our co-Chair David have already extended. We very much appreciate the time and expertise that you are willing to share with us in this process.

So, work on the 2021 Core Set represents the second year of a revised Core Set Review process which you are invited to and encouraged to bring your skills, expertise, and thinking to support, and we appreciate the essential work that you are doing to review and improve the Child and Adult Core Sets.

And by improve, we want to emphasize that this Workgroup's call is making recommendations to CMS that will shape the Core Sets so that the measures on them serve as a guidepost to reflect the health needs and the quality of health care provided to our Medicaid and CHIP beneficiaries. So, as you start to think about what measures you might want to recommend for addition or removal, we'd ask that you think about the entire list of criteria that Mathematica will discuss on the call today. And while we recognize that feasibility is an important consideration, we'd also like to make sure that it is not the overriding factor in measure recommendations. Equally important to feasibility is what do we want to measure, and what are our strategic priorities? So, we'd also ask that you think about balance between actionability and strategic priority as you consider your recommendations.

I thank you so much for your time and your effort, and we know that it's falling over holidays, and so we are doubly appreciative. Thank you.

Thank you so much, Gigi.

So, the next slide presents information about the disclosure of interests that will be required of Workgroup members to ensure the highest integrity and public confidence in the activities, advice, and recommendations of the Core Set Annual Review Workgroup. All Workgroup members are required to disclose any interests that could give rise to a potential conflict, or an appearance of conflict, related to their consideration of Core Set measures. Each member will review and update the disclosure of interest form before the in-person meetings, and any member seen to have an interest in a measure submitted for consideration will be recused from voting on that measure.

Slide.

So, I'll now describe the Workgroup charge and process for the 2021 Core Set Annual Review.

We define the Workgroup charge as follows: The Child and Adult Core Set Stakeholder Workgroup for the 2021 Annual Review is charged with assessing the 2020 Core Sets and recommending measures for removal or addition in order to strengthen and improve the Core Sets for Medicaid and CHIP. The Workgroup should focus on measures that are actionable, aligned, and appropriate for state-level reporting to ensure the measures can meaningfully drive improvement in quality of care and outcomes in Medicaid and CHIP.

Later in the webinar, we will be discussing the criteria for suggesting measures to meet the goals of the Core Set that is actionable, aligned, and appropriate for state-level reporting.

Slide.

Our process for the 2021 Core Set Annual Review will follow the same process used for the 2020 Annual Review. Briefly, as part of the 2021 Annual Review, the Workgroup will review the measures in the 2020 Core Sets, as well as information on state reporting and performance for FFY 2018.

The Workgroup will consider the Child and Adult Core Sets individually, as well as in combination.

And it will ensure that the measures reflect the continuation – the continuum of care delivery and outcomes across both children and adults in Medicaid and CHIP.

Workgroup members and federal liaisons will be invited to suggest measures for addition to or removal from the Core Sets, and we'll discuss details on this process later in the webinar.

We also invite the Workgroup to identify gaps for future measure development. And we're also asking the [audio break]

Audio has been restored.

Thank you so much, Brian.

So, moving along here. This graphic is a visual representation of the milestones in the process for the 2021 Core Set Annual Review Workgroup.

The next date to keep in mind is December 17th, which is the date that Workgroup members will receive the Call for Measures for the 2021 Annual Review. And January 17th is the deadline for Workgroup members and federal liaisons to suggest measures. On March 19th we'll reconvene the Workgroup to prepare for the in-person meeting. We'll introduce the measures suggested for consideration for the 2021 Review and describe the process we will use to vote on the measures. And finally, the in-person meeting will take place April 28th to 30th in Mathematica's Washington, D.C. office. Note that all of these meetings are open to the public.

This process will culminate in the development of a draft report based on the recommendations of the Workgroup. The report will then be made available for public comment to inform the Final Report. The Final Report, along with additional stakeholder input, will inform CMS's update to the 2021 Child and Adult Core Set, which will be released by December 31, 2020.

Slide.

During the 2021 Core Set Annual Review process, Mathematica and CMCS will obtain additional stakeholder input through several processes. First, Mathematica has established two additional Workgroups to provide input on the feasibility and fit of Core Set Measures, referring to the balance that Gigi mentioned between feasibility and fit of Core Set Measures. The Feasibility Workgroup is charged with advising Mathematica on the feasibility of measures for state reporting in the Child and Adult Core Sets.

And the Long-Term Planning Workgroup is charged with advising Mathematica on measures that fit the uses and purposes of the Core Sets.

CMCS will also obtain stakeholder input on the Workgroup recommendations through two processes, leading with the Quality Technical Advisory Group, the QTAG, which is comprised of state Medicaid and CHIP quality leaders, about the feasibility of recommended measures for state-level reporting. And also discussions with federal liaisons about alignment in priority of recommended measures.

Next slide.

This slide contains the roster for Mathematica's Core Set Feasibility Workgroup. All of the members have experience working in state Medicaid or CHIP agencies, and three members with asterisks next to their names also serve on the Core Set Annual Review Workgroup.

The next slide contains the roster for Mathematica's Core Set Long-Term Planning Workgroup. All of the members have experience working in state Medicaid or CHIP agencies or bring specialized subject matter expertise to help with long-term planning of the Core Sets. The seven members with asterisks next to their names also serve on the Core Set Annual Review Workgroup.

Next slide.

Gretchen or David, do you have anything to add?

I think the only thing that I have to add is we have our work cut out for us and that we need to put our thinking caps on and be ready to think in terms of what measures need to be added to or deleted from the

Core Sets, and I believe, again, that is due in January. So, holidays coming, thinking ahead of time and being ready to, in terms of submitting either additions or deletions.

The other point that I think is really important is we need to be thinking in terms of gaps and where the current Core Sets are not quite getting us to where we want to be. And I know that there is a balancing act between where those gaps are and then those measures that – that might be out there that maybe are just not quite ready for prime time and don't necessarily have that feasibility. So, once again, it will be a balancing act and I know this Workgroup will be up to the challenge. Thanks.

Thank you, David.

We'd also like to invite some questions or comments from Workgroup members at this point. So, if you have a comment or a question, and you're in the Workgroup, please press star one to unmute.

I'll give it another minute or so in case a Workgroup member is trying to unmute and not able to. So please press star one, or use your Q&A to say that you are having trouble unmuting.

And now I'd like to turn it over to Chrissy Fiorentini, who is going to provide some brief background on the Child and Adult Core Sets. Chrissy?

Thanks. So I'm now going to provide a brief background on the Child and Adult Core Sets. After the meeting, the Mathematica Core Set Review Team will provide Workgroup members with additional information about the Core Set Measures to support your suggestions for adding or removing measures.

First, I would like to provide some basic information about the national context of quality measurement in Medicaid and CHIP. Together Medicaid and CHIP cover about one in five people in the U.S., and more than 50% of the people covered are under 21 years of age. More females are covered than males.

The graphic on the bottom left of this slide shows Annual Medicaid Expenditures by Service Category. The two areas with the highest spending annually are Medicaid managed care with expenditures of about $287 billion dollars, or 48% of the total, and long-term care, which is 20% of the expenditures or $119 billion. This emphasizes the importance of managed care organizations as partners in measuring quality in Medicaid and CHIP. It also illustrates how much is spent on long-term services and supports, which is a gap area in the Core Set.

Finally, of the total Annual Expenditures for Medicaid, CHIP, Medicare, and private health insurance, almost one in four dollars is spent on Medicaid and CHIP.

So, as you can see, about one in five individuals are covered by Medicaid and CHIP, and about one in four healthcare dollars are spent on them.

The importance of the Core Sets is underscored by the role they play in understanding access and quality in Medicaid and CHIP and providing a snapshot of state-level performance.

Slide.

I would now like to briefly recap the outcomes of the 2020 Core Set Annual Review.

After considering the Workgroup recommendations and additional stakeholder input, CMCS removed five measures from the Core Sets, three from the Child Core Set and two from the Adult Core Set. CMCS added three measures to the Core Sets, one to the Child Core Set and two to the Adult Core Set. And CMCS modified one Child Core Set measure.

In the interests of time I'm not going to read you all the measure names as you can see them on the slide, and they are also available in the CMCS informational bulletin online.

Slide.

I am now going to provide a high-level overview of the key characteristics of the 2020 Child and Adult Core Sets.

This slide shows the breakdown of the Core Set measures by domain. As you can see, the Child Core Set is more heavily weighted towards measures of primary care access and preventive care, whereas the Adult Core Set is more heavily weighted towards measures of care of acute and chronic conditions and behavioral health. You can also see that maternal and perinatal health measures are spread between the Child and Adult Core Sets.

Beginning in 2020, Adult Core Set includes one measure of long-term services and supports.

As you think about how to strengthen and improve the Core Sets, we encourage you to consider the distribution of measures across the domains.

Slide.

This slide shows some of the key characteristics of the 2020 measures. There are seven measures that span across both the Child and Adult Core Sets. These measures are included in both Core Sets based on the age group covered by the rates.

You'll also notice that the majority of the measures in the Child and Adult Core Sets are process measures, although five of the 24 measures in the Child Core Set and nine of the 33 measures in the Adult Core Set are considered intermediate clinical outcomes or outcome measures.

More than 80% of the measures in each of the Core Sets can be calculated with administrative data. About half of the measures are calculated with administrative data alone, and the other half can be calculated using EHR data or the hybrid methodology which uses both administrative and medical record data.

On this slide we present some very high-level findings about state reporting for FFY 2018, which is the most recently-available data for the Child and Adult Core Sets. For the Child Core Set, all states reported at least one measure, and 43 states reported at last half of the measures. The median number of measures reported by states is 18 of the 26 measures in the Child Core Set.

For the Adult Core Set, 45 states reported at least one measure, and 32 states reported at least half of the measures. States reported a median of 20 of the 33 measures in the Adult Core Set.

Of particular note, state reporting has improved over time. For FFY 2018, 21 states reported more Child measures than in the previous year, and 36 states reported more Adult measures than in the previous year.

Four Child Core Set measures and four Adult Core Set measures were publicly reported for the first time.

This next slide shows the number of states reporting each of the 2018 Child Core Set measures. As you can see, there is a wide range in the number of states reporting each measure. The measures reported by fewer states tend to require EHR data or medical record review, are newer to the Core Set, or require data linkages.

And here we have the number of states reporting each of the 2018 Adult Core Set measures. Again, the measures that tend to be less frequently reported are those that are newer to the Core Set or are more resource intensive to calculate.

Additional information about the 2020 Core Sets and the most recent publicly-available data can be found in the appendix of this presentation.

And I'll now turn to Gretchen and David for any additional comments.

Once again, we have our work cut out for us. I think the fact that the median reported number of measures per state I think was 20 measures, so I think as we move forward in terms of feasibility, we need to be thinking of measures that states can actually report. And, however, there is that challenge that in some areas especially whether there are gaps or if there are relatively new measures that we need to – sometimes give measures enough time so that states feel comfortable and with the right technical assistance to actually do those particular measures. Thanks.

And I'd now like to open it up if any Workgroup members have any questions or comments. Reminder to press star one to get in the queue to be unmuted.

Okay, operator, can you please unmute the Workgroup member?

Yes, your line is open. Please go ahead.

Thanks. This is Lowell Arye. So, I appreciate that CMCS took a lot of different input, not just the Workgroup, but – but a lot of folks' input to make decisions. And I guess the question I have is, are there ways for us to understand the decisions that were made? We recommended, I can say, at least one that was recommended for addition to the Adult Core Set, but CMCS did not include. And so, the ques – that we as the Workgroup recommended. So, my question is, can we learn anything and have any understanding as to why they didn't pick the recommendation?

Hello. Thanks for that question. I'll – this is Margo, I'll start off and say, as you noted, there were a variety of types of inputs that CMCS received. I think a lot of it had to do with feasibility of reporting. I know you're probably specifically referring to the choice of the NCI measure versus the NCI-AD. And I think the fact that many, many more states were collecting the NCI measure was a factor in suggesting that. And I think going forward, there will be some, you know, further consideration of other measures. As Gigi said, it's a balance between feasibility and strategic priority. And particularly as we consider options and opportunities for mandatory reporting in FFY 2024, I think we're trying to strike that balance. And so, I think as you'll hear in a little bit, in terms of the criteria for suggesting measures for addition to or removal from the Core Sets, we will be trying to strike that balance and we're truly making sure that all measures meet some feasibility criteria as well as some criteria related to actionability and strategic priorities. So, it's a complicated process that has a lot of different factors.

Great. I appreciate that, Margo. Thank you for that explanation.

Are there other comments from Workgroup members? Please remember to press star one. And if you're double muted, make sure that you unmute yourself.

Well, we'll have time a little bit later. So, let's keep moving, and I'll turn it now going to Alli. And here's Alli Steiner.

Great. Thank you very much, Margo.

So, next slide, please.

So, I'm going to talk about the process for suggesting measures for removal from or addition to the 2021 Child and Adult Core Sets.

And so, we wanted to start by noting that the Core Sets are just one of the many tools that can be used to drive quality improvement in Medicaid and CHIP. Other tools include the Medicaid and CHIP Scorecard, managed care quality tools, section 1115 demonstrations, state plan amendments and waivers, directed payment programs, and state pay-for-performance and value-based purchasing initiatives.

So, some quality measures will be a good fit for the Core Sets, while others may be more appropriate for use in other programs. And so, over the next few slides we will go over the criteria that Workgroup members should use to determine whether a measure is a good fit for the Core Sets.

So, at the highest level, measures that are a good fit for the Core Sets must promote high-performing state Medicaid and CHIP programs. As noted in the CMCS Informational Bulletin that announced the 2020 Core Sets, the Core Sets are tools that states can use to monitor and improve the quality of healthcare to Medicaid and CHIP beneficiaries.

The criteria for this year for suggesting measures for addition and removal are general – generally aligned with last year. However, to help focus the measure recommendations – or the measure suggestion process, we have refined these criteria by incorporating lessons learned from last year's process as well as input from other stakeholder Workgroups.

And so, we have developed explicit criteria in three areas: minimum technical feasibility requirements, actionability and strategic priority, and then other considerations. And so, to be considered for inclusion in the Core Sets, all measures must meet the first criterion, which is the minimum technical feasibility requirements.

So now I'll go through the criteria for suggesting measures for addition. Here on this slide, we show the criteria for meeting the minimum technical feasibility requirements. These criteria will be restated in the Call for Measures information, but at a high level, a measure must have specifications that enable production of the measure at the state level. It must have been tested or currently be in use at the state level. It must have an available data source that contains all required data elements. And the measure needs to be able to be calculated in a consistent manner across states using the available data source.

Note that all measures will be assessed first for their adherence to these minimum criteria, and we encourage Workgroup members to pay very close attention to these feasibility criteria.

A measure suggested for addition should also be actionable and aligned with strategic priorities. More specifically, taken together with the other Core Set measures, the measure should contribute to estimating the overall national quality of health care in Medicaid and CHIP. The measure should also provide useful and actionable results to drive improvement in Medicaid and CHIP.

Additionally, the measure should address a strategic priority for performance improvement. Meaning that there should be room for improvement, and it should address the unique needs of Medicaid and CHIP beneficiaries.

Some other considerations for suggesting a measure for addition include whether the condition being measured is prevalent enough to produce reliable and meaningful results for state Medicaid and CHIP program performance. Also, whether the measure is being used in other programs, and if so, are the specifications aligned with those specifications for other programs?

And then, finally, Workgroup members should consider whether more than half of the states will likely be able to produce the measure by the second year it is included in the Core Set and whether all states would be able to produce the measure for mandatory reporting in FFY 2024.

And now I'll pass it over to Dayna to talk about the removal criteria.

Okay. So, I'm going to talk about the criteria for suggesting measures for removal. Essentially, the criteria for removal are the inverse of the criteria for addition. So, for example, under technical feasibility, the criterion for removal is that the measure is not fully developed and does not have detailed technical specifications which prevents production of the measure at the state level.

Another example under the category of actionability and strategic priority, the criterion for removal is that taken together with other Core Set measures, the measure does not make a significant contribution to estimating the overall national quality of health care in Medicaid and CHIP.

And finally, an example from the other considerations. The prevalence of the condition or outcome being measured is not sufficient to provide reliable and meaningful results across states, taking into account Medicaid and CHIP population sizes and demographics.

So, I won't go through all of these as Alli has just walked us through the criteria for addition, which are very similar. But in the Call for Measures, we will include some questions under these criteria specific to removal, such as whether the measure suggested for removal has a measure suggested for replacement.

So, over the next few weeks, Workgroup members and federal liaisons will have the opportunity to suggest measures for addition to or removal from the Core Sets. The Call for Measures process will start on December 17th, when the Mathematica Core Set Review Team sends an email with instructions on how to suggest measures for addition or removal. This email will also include a fact sheet on state reasons for not reporting Core Set measures and a list of resources to inform the suggestions, including information about the current Core Sets and sources of potential new measures.

The email will also include a link to a form to fill out for each measure suggested for addition or removal.

And the process finally will conclude on January 17th when all of the suggestions are due by 8:00 p.m. Eastern time.

Okay. So, before we get into Workgroup member comments, Gretchen and David, do you have any comments about this year's new criteria?

Again, from my standpoint, we want to try to be as efficient as we can be in – in proposing measures. I know last year we had really some that we had to work through as far as adding or deleting, so we want to be efficient in the process. However, we don't want to be overly restrictive, and again we need to be encouraging folks to put their thinking caps on. I would encourage those that work closely with your Medicaid and CHIP programs to think in terms of what measures are out there that are useful, actionable, and are strategic priorities. And think in terms of not just the traditional…you know, NCQA types of measures, but think of measurements that are – that are part of 1115 demo waivers, or perhaps maybe external quality review organizations at the state level have developed some measures that have been around for several years, or if there are measures that state Medicaid and CHIP programs are using in their pay-for-performance or directed payment programs.

So, I would encourage committee members to really think and talk to folks at your state Medicaid and CHIP programs to think in terms of what types of things are they already measuring from the quality-of-care standpoint that would meet the requirements for addition. And then, certainly, I think we need to think in terms of looking at the measures in the current sets that would meet the guidelines for removal. Thanks.

Okay. So, at this time we'll open it up for any Workgroup members' comments and questions on these criteria.

And as a reminder, star one is how you will enter the queue for questions and comments today.

Okay, operator, can you unmute the first caller?

Absolutely. Your line is open.

Hello? Can you hear me?

We can hear you.

Oh, hi. This is Carolyn Langer. Thank you for that presentation. I'm just curious, among the criteria for removal, I don't think I saw anything that speaks to a measure where there is very little variability and where there is high achievement across all states, so where maybe there is a measure where everybody is approaching or is in – in the 90th percentile range. So, something that's already basically nailed down pretty uniformly across states. Is that something worth adding as a criterion to remove?

Hi, Carolyn, this is Margo. That actually is part of the more detailed form where we will be asking about that from – in terms of the contribution. So, thank you for calling that out. I think what we tried to do in the criterion for suggestion measures for removal is be a little bit more parsimonious in the slides. But, it's a

really good point. We definitely have as criterion measures that no longer are salient to, you know, related to clinical recommendations or clinical guidance for care delivery, as well as measures that are topped out.

Great. Thank you.

This is Dave Kelley. Just to add to that, I think – on the slide, it does mention that the measure is no longer useful or not actionable. But if something is topped out, if there is really no more opportunity for improvement, that's mentioned in the slide. And then also if there's – a measure is no longer really addressing a strategic priority because it's topped out, so it's kind of – sort of not specifically called out in the slides, but there's probably more detail to come. But that's a great point.

Yes, and in fact the Call for Measures will have quite a substantial amount of detail that we're hoping to receive from individual Workgroup members to really facilitate the process for reviewing the measures in April.

Great. Thanks, Carolyn. Operator, would you be able to unmute the next Workgroup member?

Your line is open. Please go ahead.

Hello?

Hi, Rich.

Hello? Oh, hi. Yeah, this is Rich Antonelli. I'm really pleased to see that we're going to be having quite a – a focus on feasibility and the long-term strategic plan. I want to kind of get to this notion of – of actionability. There are some measures where the – and I guess the question is, in terms of the framing for the group, actionability at what level? So, measures that reflect, say, the health of a population may not be actionable at the level of the primary care medical home, for example, because it would be more of a public health intervention. And so, I'm just wondering, how would you recommend that we think about the term actionability when we assess the relevance of Core Set measures to either be removed or to be promoted?

Hi, Rich, this is Margo. I'll start, and then I'd love to hear from Gretchen and David on this as well.

So, I think when we think about actionability, we're talking about measures that provide useful and actionable results to drive improvement in state Medicaid and CHIP programs. We understand that, you know, I think you're probably thinking like a bubbling up from the population, the medical home level, up to the state level. But I think first and foremost what we're really focused on is measures that states can use to drive improvement in their programs. And that – sort of provides that actionability for states.

So, I'll – I'll stop there and see if David and Gretchen want to add additional comments.

That's a great question, Rich, and from – I think from – at least from our state's standpoint, a lot of the measures that we look to and – and measure, we think are actionable at the state level. But can – many of them can really be drilled down to either the PCP level, the patient-centered medical home level, or the specialty level. And even the health system level. And, you know, in 2020, we're moving towards a contractual requirement that 50% of the dollars out the door are associated with value-based payment within, let's say, larger health systems and other providers.

That means that providers can't just think in terms of what's going on within their practice. We're – we're challenging health systems and accountable care organizations to really think more broadly and how can they put things in place to really drive quality improvement. So, we're really hoping that as we move towards more alignment with value-based purchasing, that we'll get the whole – the continuum of health care will get aligned around certain measures and will be focused on measures, even though sometimes it's not actionable at, let's say, the pediatrician's level, the PCP's level. So, actionable really needs to be, you know, from my standpoint, I have to be accountable. These measures are state measures. We use

them to hold our MCOs accountable. And then in turn, the MCOs are required to really hold their providers accountable.

So, it is a challenge, though, and, again, we do need to think in terms of, if we're selecting these measures, at what level can improvement be actionable. I mean, if it's at a level that not very many of the providers and health systems can really affect, then that measure is not going to be useful. I think that if you look at the measures that are on the Core Set, many of them are – most of them, if not all of them – are actionable at the MCO, or even health system, and many of them at the provider level.

Gretchen, did you want to add anything? We now have Gretchen. Thank you for joining us.

Yes, and my sincere apologies to my fellow Workgroup members. I had a calendar disaster this morning.

So, no, I don't have anything to add other than I – I do appreciate David's framework of thinking about actionability and movability at both the state health system and provider levels. I think that's a huge goal, additional nuance, to the question around actionability.

And so, Margo, can I comment?

Please do.

So, I – David and Gretchen, I think that that is absolutely superb. And what I have in mind here is that – that idea, the way you framed it is actionability could be anywhere across that system of – of care. I think some of the populations that, in my view, continue to be some of the most vulnerable, behavioral health, LTSS, oral health. And just to be clear, I'm not specific to pediatrics at all, this is across the age spectrum. To the extent that Core Set measures can be actionable at the level of an ACO, at the level of a community, I think it's going to drive meaningful integration. But I do want to call something out, and please forgive me, I know I'm preaching to the choir. I'm probably the less-bright bulb of this entire group. But I do think rank-and-file people that think about Medicaid measures often sort of say, okay, that's sort of HEDIS, and traditionally there is a linkage to the PCP. So, not that PCPs aren't important, I am one myself. But when you get into patients that have those types of complex conditions across the age spectrum, I'd love to think of actionability at that higher level to drive integration.

And – and so, David, I think if we can, as a group, kind of use that framework that you just proffered, I think that this would send a significant signal to the community of stakeholders that implement and are held accountable to quality outcomes.

Do we have other Workgroup comments? Remember, star one to unmute.

All right. Well, let's keep moving, and we can come back later for more Workgroup comments.

Okay, and now we're ready for public comments. So, operator, can you open up the lines or take comments from the public?

Absolutely. And for our public, that is star one at this time.

Okay, operator, if you could unmute that first call.

Thank you, your line is open.

All right. Thank you. Hi, everybody. My name is Kira Baldonado. And I want to thank you for the opportunity to take public comments during the meeting today.

My question is, will the committee have an opportunity to consider those measures that were considered trial in previous years or those issues that have been brought up in, say, Office of Inspector General reports where there was a – a lack of accountability in maybe provision of services? The items that come to mind for me specifically are around vision care related to the OIG report from 2010 stating that only about six out of every ten children were receiving vision screening. And also the fact that we've had a trial

measure around vision for a few years. I'm not – maybe just not aware of how those measures are tried to move forward so they could be endorsed.

Thank you for your comment, Kira. A measure related to vision care would certainly something that Workgroup members could be considering and suggesting for addition to the Core Set, provided that it meets all the criteria suggested for additions.

Thank you.

Other public comments? We have about five minutes for public comments, so please feel free to speak up.

And, again, that is star one for public comments.

And at this time, we also can take additional Workgroup comments or questions.

All right. Friday afternoon.

So, Gretchen and David, did you have any other comments before I recap the next steps?

No, please go ahead.

Okay. So, all right.

So, here we are toward the end of the webinar. Next slide please. As we mentioned earlier, the Workgroup members and federal liaisons will receive an email on December 17th, that's next Tuesday, with instructions on how to suggest measures for addition or removal. And all submissions are due no later than 8:00 Eastern Time on January 17, 2020.

The next webinar meeting will be held on March 19th from 12:30 to 2:00. And that meeting will provide information on the measures that will be discussed at the in-person meeting, which will take place April 28th to 30th in D.C. at Mathematica's office. And both meetings are open to the public and registration information will be posted in the new year.

Next slide.

On this slide you see links that will lead you to key resources. So, for example, on Medicaid.gov pages you'll find technical specifications for the Child and Adult Core Sets. Detailed FFY 2018 performance information, similar to information that Chrissy presented earlier, in greater detail. And then also technical assistance resources. And the Core Set Annual Review webpage includes resources such as last year's report, agendas, and slides for each meeting, and a calendar of events.

Slide.

And if you have any questions about the Child and Adult Core Set Annual Review, please email our team at this email address, MACCoreSetReview@mathematica-mpr.com.

And finally, we want to thank everyone for participating in today's meeting, and we wish everyone a happy holiday season and a wonderful new year. And this meeting is now adjourned. Thank you everyone. Enjoy your weekend.