

Metric Alignment Subcommittee of the Michigan Multipayer CPC+ Steering Committee

CHARTER August 2018

“We believe that the next generation of performance measurement should not be limited by the use of easy-to-obtain (e.g., administrative) data or function as a stand-alone, retrospective exercise. Instead, it should be fully integrated into care delivery, where it would effectively and efficiently address the most pressing performance gaps and direct quality improvement. For now, we need a time-out during which to assess and revise our approach to physician performance measurement.” MacLean CH ; Kerr EA ; Qaseem; Time Out-Charting a Path for Improving Performance Measurement. N Engl J Med. 2018; 378: 1757-1761

Metric Alignment Subcommittee Background: To realize the desired outcomes of the Multipayer Michigan CPC+ Initiative, the Steering Committee developed a Care Interventions Subcommittee to fulfill the following multipayer strategy pillar:

Strategy Pillar 2 MULTIPAYER METRIC ALIGNMENT

Payer metric alignment (beginning with clinical targets) to support clinically and operationally meaningful measurement with streamlined data collection and reporting.

Charge: The charge of the Metric Alignment Subcommittee: The charge of the Metric Alignment Subcommittee is to identify, document, and facilitate multipayer discussion and progress toward alignment in performance metrics. The core focus of this charge pertains to CPC+ Medicare and commercial payer metrics, though the longer term goal extends to the breadth of primary care metrics used for performance evaluation and payment.

The subcommittee will begin its work with clinical target alignment to remove roadblocks to providers in delivery and documentation of optimal care delivery. The subcommittee will also develop a plan and strategy for advancing alignment, including assessing what can be learned from other groups interested in alignment such as the Physician Payment Quality Collaborative (PPQC). By streamlining metrics across payers, the work will reduce waste and reduce data collection and reporting burdens, as well as improving the ability of providers, practices, and systems to deliver effective, efficient care that optimizes population health.

The subcommittee will issue recommendations to the Steering Committee and work with partner subcommittees to optimize what multipayer and multistakeholder collaboration can achieve.

Leadership & Operations Support: The Subcommittee will be led by an appointed Chair and/or Co-Chair. Member nominations will be queried as outlined below. The Regional Convener will partner with the Chair to facilitate multipayer collaboration. Additional facilitation and support resources will be provided by the multipayer forum (including the initiative’s Michigan Data Collaborative (MDC) team members), to the extent possible in available funding. Logistical and meeting coordination support will also be provided.

Membership: Multistakeholder CPC+ Community involvement is an important value of our multipayer Michigan CPC+ initiative. Therefore, an open call for membership to practice, PO and participating plan representatives who are interested and have expertise and enthusiasm that would benefit the subcommittee’s success will be communicated via the CPC+ Michigan Multipayer communication vehicles. No more than eight members will be selected. Additional meeting participants may be invited to attend sessions as the subcommittee desires.

Workplan and Timeline: The timeline will be based on key dates and project requirements that include:

CPC+ Michigan Multipayer Pillar	Milestones		
	By 12/31/18	By 6/30/20	By 12/31/21
<p>2 MULTIPAYER METRIC ALIGNMENT</p> <p>Payer metric alignment (beginning with clinical targets) to support clinically and operationally meaningful measurement with streamlined data collection and reporting.</p>	<ol style="list-style-type: none"> 1. Identify differences and similarities among payer metrics 2. Using clinical target alignment as an initial focus, identify the clinical targets that are most in need of alignment 3. Achieve agreement on a base set of clinical target areas (re: specifications, time frame for collection and reporting, etc.) 	<ol style="list-style-type: none"> 1. Support and facilitate joint payer review of additional metrics for continued alignment opportunities 2. Achieve a strategy for ongoing alignment 	<ol style="list-style-type: none"> 1. Achieve ongoing forum for joint payer action on payer alignment opportunities (including agreement on new measure area development)