

ND Health Care Task Force – Quality Subcommittee Meeting Summary (August 1, 2024)

Task Force Attendees:

- Ali Berquist, BCBSND
- Callie Schimmelpfenning, Sanford Health
- Michael Delfs
- Sara Stolt
- Brendan Joyce
- Dylan Wheeler
- Misty Kanta, Director of Quality, Sanford Health Plan

Discussion

Beth Waldman from Bailit Health recapped the group's discussion from Meeting 1.

The group then began to discuss potential approaches to establishing quality measure sets. In response to a question whether successful efforts have been legislatively driven or voluntary, Beth noted that approaches vary. Some have been required through legislation while others have been done through voluntary agreement by the payers. The disadvantage of a voluntary approach is that it can be difficult to sustain as key players in both the State government and payers turn over. The group was interested in looking at quality measures across payers to identify key areas of overlap, which could form the basis for standardization on measures to work and report out on as a state. One group member noted “it will take all of us to improve quality in the State.” Based on results from the standard measures, there could be a public health element (e.g., if scores are low on preventative care, then the state may launch an initiative to improve preventative care utilization through a public health campaign). The group was not sure a dashboard was necessary, but if there was a dashboard there was interest in making it useful to consumers. The group also agreed that the focus should not be on new measure development, but on identifying existing measures that could be consistently used across payers.

While there was general consensus to support a statewide collaborative on quality, there was limited interest in sharing data with the state to aggregate. The subcommittee was interested in continuing to have payers report measures individually but use the statewide collaborative to determine which measures to focus on together for improvement. Some group members noted that aggregation creates complexity that may not be necessary. In terms of measures, the group noted that HEDIS measures were good for ambulatory care, but for hospital quality it will be necessary to look at different measure stewards.

Next, the group discussed the potential for an aligned VBP Measure Set. The group expressed interest in this and noted that some natural overlaps (e.g., cancer screenings, preventative services, hospital admissions, ED utilization) that are already

occurring in the market today. While there was some concern expressed about the potential difficulty of getting the national players in the market to participate, the group spoke of some examples of whether national payers did participate (WA).

The group talked about having a core set of measures that must be included in VBP, plus optional additional measures that payers may choose. This is helpful to ensure some measures are available for different populations. While there is already some natural alignment, having a VBP measure set that is determined through the quality collaborative discussed above also facilitates greater collaboration on strategies/initiatives to improve quality.

The group discussed potential stakeholders that should be part of the quality collaborative, with the State serving as a convener. Key stakeholders that should be considered include: major payers plus key providers (PCPs, BH), a pharmacist, a public health representative, and a consumer representative. The group noted that there are many other potential stakeholders to include depending on the measure set. A first step may be to determine where there is current alignment in the measures and then think about who need to bring to the table based on potential impacts.

The group then turned back to the definition of quality (which was discussed at Meeting 1). The group decided it was important to have a definition to use to frame and put parameters. Bailit Health will identify an aligned quality definition based on discussions.

In wrap, the group reviewed the recommendations of this group:

Create a statewide quality collaborative that looks at measures across the state in support of voluntary alignment of VBP measure sets and is responsible for development of initiatives to improve outcomes related to the measure sets.