



# Commonwealth of Kentucky

## State Innovation Model (SIM) Model Design Grant

Draft Quality Measure Alignment Plan

October 2015

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# Introduction

Central to the success of each reform initiative designed through Kentucky's SIM will be a targeted quality measurement strategy that measures outcomes at both the individual reform level and at the overall model level to promote statewide transformation and population health improvement. This section outlines a systematic approach and framework for developing and aligning quality metrics and for monitoring and tracking the Commonwealth's progress towards its quality improvement goals as each SIM initiative is implemented. The Commonwealth's approach aligns with CMS' view that the development and use of quality measures is essential for ensuring that changes maintain or improve the quality of care and patient experience, and that quality measure alignment across payers is a critical success factor for each initiative. Kentucky also agrees with CMS' recommendation that SIM states consider measures for each of the three components of the triple aim – the health of the population as a whole, the quality of care provided to individual patient panels, and the cost of care. By tying the quality measures used within each reform initiative back to the delivery system and payment reform goals outlined in the Value-based Health Care Delivery and Payment Methodology Transformation section of the SHSIP, Kentucky will be able to measure both the quality and cost improvements made by each value-based model and the model's overall impact on population health statewide.

This section outlines the steps Kentucky has taken toward a quality measurement strategy as part of the Model Design process. It reviews the approach taken to engage stakeholders in the development of this strategy and describes in detail the outputs and results of this work. This section also outlines the Commonwealth's proposed approach for building upon this initial work using a governance structure and following an evidence-based work plan for quality measure alignment amongst payers. This plan has been developed in direct response to stakeholder input, while leveraging successful strategies and lessons learned from other SIM states working towards the same goal of health system transformation.

# Stakeholder Engagement

While Kentucky's overall stakeholder engagement strategy is described at length in the Stakeholder Engagement section of the SHSIP, it is important to address the priority role that this input has played in developing a successful quality strategy. The Commonwealth used several methods for engaging a wide range of stakeholders in developing the quality strategy, including providers, hospitals/health systems, payers, state agencies, community organizations, universities, and consumers. First, Kentucky formed a targeted Quality Strategy/Metrics Workgroup, driven by a workgroup charter, which met on a monthly basis to discuss a variety of different agenda topics and reach consensus on the strategies included in this plan. The Commonwealth also released a robust inventory survey to develop a better landscape of existing reforms at the state level and the benefits/challenges associated with the quality measurement strategies being used. This two-pronged approach to stakeholder engagement, which will be further described in the next two sections, establishes a strong base for the continuation of a population health-focused, multi-payer SIM quality strategy beyond Kentucky's Model Design period.

# Quality Strategy/Metrics Workgroup

As mentioned above as part of the broader stakeholder engagement strategy, the Commonwealth established a Quality Strategy/Metrics Workgroup at the outset of its Model Design process with the primary responsibility of identifying measurement strategies based on broad stakeholder input. The goal of this workgroup was to establish a vision and roadmap for more effective measurement of quality and quantifiable improvement in clinical outcomes.

Prior to the Quality Strategy/Metrics Workgroup kickoff in March 2015, the Commonwealth developed a formal charter that provided background information on CMMI and SIM, a mission statement, an approach to developing SHSIP components, a list of proposed workgroup topics and key questions, and a phased timeline for the length of the Model Design period. This charter



Figure 1. Quality Strategy/Metrics Workgroup Charter

enabled the Commonwealth to engage workgroup members in an organized and targeted fashion and remain on track towards the development of its overall SIM quality strategy.

Upon the review and agreement of the Quality Strategy/Metrics Workgroup’s charter during the workgroup’s kickoff meeting, the Commonwealth launched a series of monthly meetings and began to solicit stakeholder input regarding multiple different aspects of the SIM quality strategy. The workgroup maintained consistent attendance levels throughout the Model Design period, averaging approximately 50 stakeholders from across the health care landscape at six in-person workgroup meetings between March and October 2015 as outlined in Figure 2.



Figure 2. Quality Strategy/Metrics Schedule and Attendance Metrics

Each Quality Strategy/Metrics Workgroup meeting focused on a key topic from the workgroup’s charter that would benefit from stakeholder input and consensus prior to inclusion in the overall SIM quality strategy. Workgroup agenda topics varied month to month, but maintained common themes such as the Kentucky quality landscape, existing national and/or other state quality strategies, quality measure alignment with population health goals, and approaches to measure the success of Kentucky’s reform initiatives – PCMH, ACO, EOC, and the Community Innovation Consortium. An outline of each workgroup meeting is provided in Figure 3.

| March 2015  | April 2015  | May 2015   |
|---|---|--|
| <ul style="list-style-type: none"> <li>• “As-Is” Quality Strategy National and Kentucky Landscape</li> <li>• National and Kentucky SIM Goals</li> <li>• Workgroup Charter</li> </ul>                      | <ul style="list-style-type: none"> <li>• Guiding Principles in Measure Selection</li> <li>• Guiding Principle Alignment with kyhealthnow Goals</li> <li>• Stakeholder Variation in Measure Goals</li> </ul> | <ul style="list-style-type: none"> <li>• Advantages and Disadvantages of Leveraging Quality Strategies of Nearby SIM States and Nationally</li> <li>• Quality Strategies to Improve Population Health in the Context of the PHIP</li> </ul>  |
| June 2015   | July 2015   | October 2015   |
| <ul style="list-style-type: none"> <li>• Detailed Review of Draft Straw Person in Context of Quality Strategy for Each Reform Initiative (PCMH, ACO, EOC, and Community Innovation Consortium)</li> </ul> | <ul style="list-style-type: none"> <li>• Stakeholder Panel Presentations on Existing Kentucky Efforts in Each Reform Area (PCMH, ACO, EOC, and Community Innovation Consortium)</li> </ul>                  | <ul style="list-style-type: none"> <li>• Other State Approaches to Quality Measure Alignment, PCMH and ACO Measurement, and Behavioral Health and Oral Health Measurement</li> <li>• Presentation of Outline for SIM Quality Plan</li> </ul> |

Figure 3. Quality Strategy/Metrics Workgroup Topics

The organization and structure of the Quality Strategy/Metrics Workgroup allowed the Commonwealth to facilitate strategic discussions and synthesize stakeholder input into actionable steps. The two key outputs from this work are sets of guiding principles for (1) the overall SIM quality strategy and (2) measure selection for each reform initiative. These guiding principles are described in further detail below.

## Inventory Survey

In addition to launching and facilitating the Quality Strategy/Metrics Workgroup, the Commonwealth surveyed existing quality measurement work in Kentucky as part of its stakeholder engagement process. The goal of this survey was to develop a comprehensive list/inventory of existing reform initiatives that would inform Kentucky's SHSIP. Within the survey released to stakeholders in June 2015, the Commonwealth asked a set of targeted questions related to quality to gauge stakeholders' participation in quality measurement activities and their perceptions of successes and challenges:

1. Does your organization participate in quality initiatives supporting health reform within Kentucky?
2. Please describe the quality initiatives your organization participates in to support health reform.
3. What challenges have you faced in participating in these quality initiatives?
4. How does your organization measure success for each initiative?
5. Based on your organization's definition of success, has your participation in these initiatives been successful?
6. What evidence can you provide to support the conclusion that your organization's participation in quality initiatives has been either successful or unsuccessful?

The Commonwealth received **123** stakeholder responses to the Quality component of this survey. Approximately **48%** of the total stakeholder respondents indicated their participation in a quality initiative supporting health reform in some capacity. Of this group, approximately **53%** described the level of success of their quality initiative as either extremely or very successful, and **42%** described the initiative as neither successful nor unsuccessful. The remaining **5%** described their initiatives as somewhat or completely unsuccessful.

The Commonwealth also collected qualitative data from several of the survey questions listed above. This data was used to inform future Quality Strategy/Metrics Workgroup topics, identify panelists and presenters on individual reform efforts, and develop recommendations for quality governance described further below. For example, the Kentuckiana Health Collaborative (KHC), in coordination with the development of The Greater Louisville Healthcare Transformation Plan, has been conducting both public and private consolidated measure reporting for almost ten years<sup>1</sup>. KHC is a consortium of over 60 organizations representing physicians, hospitals, health plans, employers, unions, and academic medical centers dedicated to improving community health and health care. The KHC provides multiple quality reports to individual providers and groups. Data supplied in these reports allow comparison to local and state average and benchmark scores on the quality of care patients received on select clinical areas of focus. Kentucky's private insurers provide data derived from their annual National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data & Information Set (HEDIS®) submissions.

KHC has also begun the development of a quality measure crosswalk amongst Kentucky private insurers and federal sources. This effort is instrumental in working towards a multi-payer quality measure alignment strategy, and the Commonwealth plans to leverage existing efforts such as KHC's to advance this work beyond the Model Design.

## Guiding Principles

As previously noted, the key outputs from Kentucky's robust stakeholder engagement process were two sets of guiding principles focused on (1) the overall SIM quality strategy and (2) measure selection for each reform initiative. Both sets of guiding principles were based upon direct stakeholder input gathered during in-person, facilitated workgroup sessions, which was then compiled and reported back to the workgroup for review. Both sets of guiding principles will be used beyond the Model Design period to implement an overall quality strategy for the SIM initiatives, both at the individual reform and overall model levels. As further described in the Quality Governance section of this plan, Kentucky will be establishing Steering Committees and a Quality Committee that will be responsible for applying these guiding principles to the SHSIP components and select measures that are multi-payer aligned, actionable, and focused on population health.

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<sup>1</sup> [Kentuckiana Health Collaborative Consolidated Measurement Report Summary for 2013 Data](#)

## Guiding Principles for an Overall Quality Strategy

The first set of guiding principles were developed by the Quality Strategy/Metrics Workgroup and finalized in June 2015. These principles for an overall quality strategy are designed to inform the selection of a SIM core measure set that focuses on monitoring and tracking state progress towards quality improvement goals for the population, providers, and payers, through the Model Design. During workgroup meetings between April and June 2015, stakeholders reviewed and provided feedback on the overall quality strategies used in other SIM states, with particular attention focused on SIM Round One Model Test states. The workgroup also considered national sources such as The National Quality Strategy (NQS) led by the Agency for Healthcare Research and Quality (AHRQ) and the Institute of Medicine (IOM). After establishing this baseline, the workgroup focused on answering a set of key questions and compiling responses into a draft strategy:

1. How can we ensure that population health measures are integrated into the transformed delivery system?
2. How can we create a consistent multi-payer quality measure strategy that establishes payers' commitment?
3. What regulatory and/or policy levers are needed to design a statewide quality strategy?

Based upon stakeholder responses to these questions and using the keys to success and reasons for failure from Kentucky's experiences, as well as approaches taken in other SIM states, the workgroup reached consensus on a set of guiding principles. While each individual value-based initiative outlined in this plan will have its own quality strategy and measure set, Kentucky recognizes the need to measure SIM's success statewide. Therefore, the Quality Committee will use these guiding principles as outlined in Figure 4 to develop this measurement strategy – a process that is further described in the Quality Governance and Future State Quality Measure Alignment sections of this plan.



Figure 4. Guiding Principles for an Overall Quality Strategy

## Guiding Principles in Measure Selection

Through a similar process taken to develop Kentucky's guiding principles for an overall quality strategy, the Quality Strategy/Metrics Workgroup developed a set of guiding principles to select meaningful metrics related to the progress of each transformation plan component in April 2015. The workgroup began this process by reviewing similar sets of guiding

principles for measure selection in other SIM states, again paying particular attention to SIM Round One Model Test states, and providing feedback on successes and failures of each model. The workgroup also considered the strategies proposed by the IOM in its April 2015 report release titled *“Vital Signs: Core Metrics for Health and Health Care Progress”* which outlines a set of core measures focused on yielding the clearest understanding and focus on better health and well-being for Americans.<sup>2</sup> Using this national research in conjunction with stakeholder presentations on Kentucky’s experience, the workgroup sought to answer the question of what Kentucky’s guiding principles should be when selecting measures for the SIM initiative.

The Commonwealth understands the differences between PCMHs, ACOs, EOCs, and the Community Innovation Consortium will result in each initiative outlined in this plan having its own quality strategy and measure set. Therefore, the individual Steering Committees for each reform initiative will use these guiding principles as outlined in Figure 5 to develop the most appropriate multi-payer measure sets for each reform initiative. The Quality Committee’s role will be to coordinate with each Steering Committee in an effort to develop a cohesive quality strategy across all the reform initiatives – a process that is further described in the Quality Governance section of this plan.

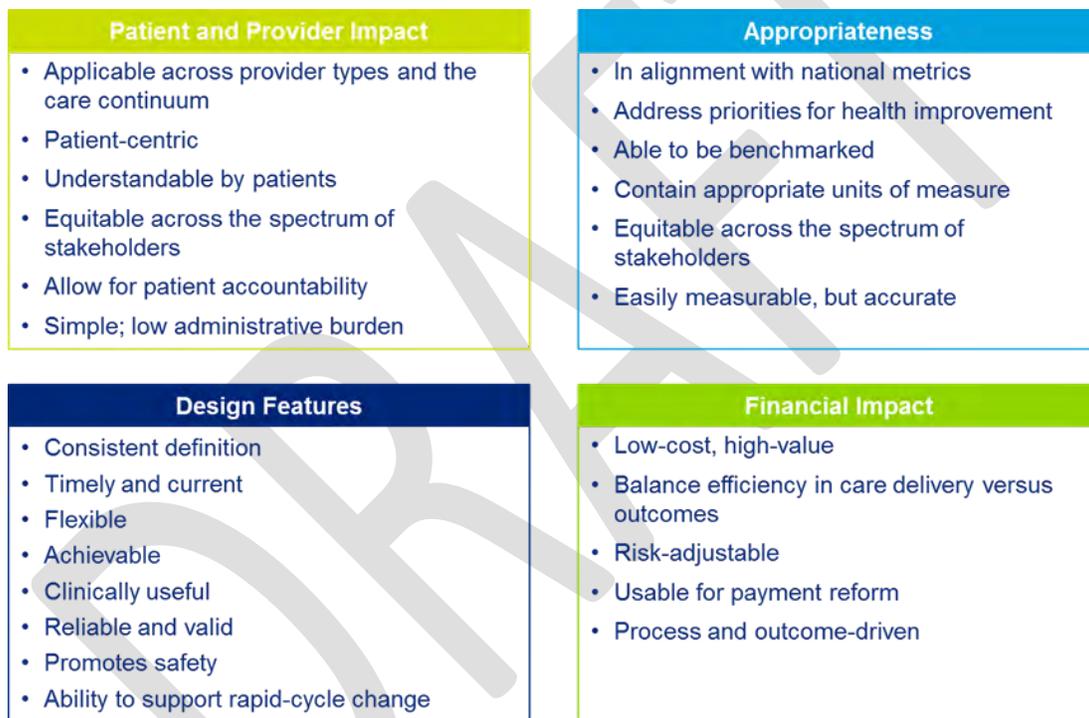


Figure 5. Guiding Principles for Measure Selection

## Quality Governance

### Quality Committee

As outlined in the Value-based Health Care Delivery and Payment Methodology Transformation section of the SHSIP, a formal governance structure will be established through an administrative order signed by the Secretary of CHFS to help carry forward the health system transformation efforts begun during the SIM Model Design period. This administrative order will establish a SIM Governing Body that will be responsible for overseeing the combined success of each SIM reform initiative. The administrative order will also establish a Quality Committee, which will be responsible for developing

<sup>2</sup> [Institute of Medicine Report - Vital Signs: Core Metrics for Health and Health Care Progress](#)

a comprehensive, cohesive quality strategy across all the reform initiatives. The placement of the Quality Committee within the SIM governance structure is highlighted in Figure 6 below.



Figure 6. SIM Governance Structure

The Quality Committee will have several responsibilities, as outlined in an official charter that will be developed at the beginning of the SIM pre-implementation period. At a minimum, the Quality Committee will be responsible for the following tasks:

- Work with each Steering Committee to develop a cohesive quality strategy across all the reform initiatives
- Leverage the work of the Quality Strategy/Metrics Workgroup and specifically focus on applying the guiding principles developed by this workgroup
- Support the development of the quality strategies of each Steering Committee, monitor each reform initiative's performance against quality metrics, and report quality outcomes for each reform initiative to the Steering Committees and the SIM Governing Body
- Develop and monitor adherence to an overall quality strategy
- Develop SIM dashboard, which will outline progress against population health goals and goals for each reform initiative

## Steering Committees

While the Quality Committee will be responsible for aligning measures across each SIM reform initiative, each reform Steering Committee will be responsible for selecting quality measures specific to its respective reform efforts. The Steering Committees will use the Quality Measure Alignment Tool provided by CMS to develop an inventory of quality measures

and prioritize the ones most relevant to each SIM reform initiative. The alignment tool has the ability to intake the guiding principles for measure selection and rank a series of metrics based on their appropriateness for each reform initiative.

## Overview of Kentucky's Quality Strategy

In addition to developing the guiding principles for an overarching quality strategy, as well as the guiding principles for measure selection, the Quality Strategy/Metrics Workgroup identified four core elements that are focused at the statewide level, overarching each reform. These elements include linking all quality metrics to the PHIP goals and objectives, leveraging existing state and national efforts to consolidate measures and develop a core measure set, standardizing and streamlining quality reporting processes wherever possible, and developing a statewide quality reporting strategy that also measures quality improvement at the community level. This overall strategy will be used across Kentucky's SIM Model Design and will work to inform the individual quality components included within each reform outlined in this plan.

## Link quality metrics to the PHIP goals and objectives

One of the guiding principles established early in the SIM Model Design process centers around developing a quality strategy that ties the SIM reform initiatives to the goals outlined in the PHIP. Specifically, Kentucky's ongoing population health initiatives, kyhealthnow and Unbridled Health, as well as feedback from SIM stakeholders, formed the foundation for the current population health goals at the center of the SIM Model Design:

- Reduce Kentucky's smoking rate by 10%
- Reduce the rate of obesity among Kentuckians by 10%
- Reduce Kentucky cancer deaths by 10%
- Reduce cardiovascular deaths by 10%
- Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%
- Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians
- Reduce the incidence of diabetes among Kentuckians by TBD

This guiding principle has remained central to the SIM Model design and will be foundational to the development of quality metrics for each reform initiative.

It will be the responsibility of the Quality Committee to work with the Steering Committees for each reform initiative to establish, where possible, a causal relationship between the attainment of quality goals selected for each initiative and the achievement of the PHIP's population health goals. This responsibility will be outlined in the Quality Committee's charter, which will be developed at the beginning of the SIM implementation period. Also, to strengthen the connection between the overall quality strategy and the population health goals outlined in the PHIP, the Commonwealth will focus on aligning data collection and reporting requirements for providers with the achievement of these goals. Once the quality measures for each reform initiative are selected and the linkage between these measures and the PHIP is established, it will be important to align the data collection and reporting requirements for providers to report on these measures as well.

## Leverage existing state and national efforts to develop a core measure set (e.g., the IOM)

Throughout the stakeholder engagement process, the SIM team received many comments that the SIM Model Design should simplify an already complex health care landscape. Stakeholders overwhelmingly agreed that, where possible, administrative simplification and streamlining of quality reporting and processes should guide the development of a core measure set to track the progress of each SIM reform initiative and the overall success of the SIM effort. With that in mind,

Kentucky is committed to aligning with ongoing state and national efforts to develop a core measure set for the SIM initiative. In particular, the work that has been done by KHC to promote the consolidation and public reporting of quality data across the state will provide a foundation from which the Steering Committees can build upon in developing a set of measures. From a national perspective, CMS and the IOM have done extensive work developing a set of core measures related to population health and health care reform efforts. Specifically, the CMS measure inventory, which contains over 2,000 process, outcome, patient engagement, and other measures, includes core sets for various reform initiatives, such as ACOs. The 17 ACO measures will be considered by the ACO Steering Committee throughout the selection process. Additionally, the IOM published a core measure set containing 15 categories of health, process, patient engagement, and other measures in 2015. These measures will also be evaluated and form the foundation for the selection of metrics for each reform initiative. In addition to IOM, the Commonwealth has reviewed the measures that are being developed by the National Dental Quality Alliance (NDQA) as it relates to the oral health components of this plan. The NDQA work as well as other national sources of targeted measures will be reviewed as potential frameworks for incorporating other care types, e.g., oral health, behavioral health, and community-based care, into each reform initiative.

Once a universe of measures has been identified, each Steering Committee, under the guidance of the Quality Committee, will prioritize the universe of measures for each reform initiative using the CMS tool for measure prioritization. This will help to simplify and de-duplicate a vast inventory of measures for each reform initiative. After each Steering Committee has developed a prioritized list of measures, the Quality Committee will work to create alignment and harmonization across all the reform initiatives prior to publicizing a final set of measures.

## Standardize and streamline quality reporting processes wherever possible

As stated previously, stakeholders throughout the Commonwealth reiterated the need to simplify reporting requirements and processes wherever possible. They also talked about the limited resources of smaller provider practices, and the need to accommodate providers who may have different capabilities with regards to quality reporting. In response to that, one of the primary tasks of the Quality Committee will be to gain multi-payer and provider support for quality reporting requirements developed throughout the SIM pre-implementation period. This will be accomplished in two primary ways: 1) broad representation of providers and payers on the Quality Committee, and 2) recurring meetings with payers and multi-disciplinary providers throughout the measure development process. The recurring nature of these meetings will allow the Quality Committee to incorporate the feedback they receive from stakeholders into the guidance they provide to the Steering Committees for each reform initiative, as well as provide a channel the Quality Committee to update stakeholders on the progress of measure development.

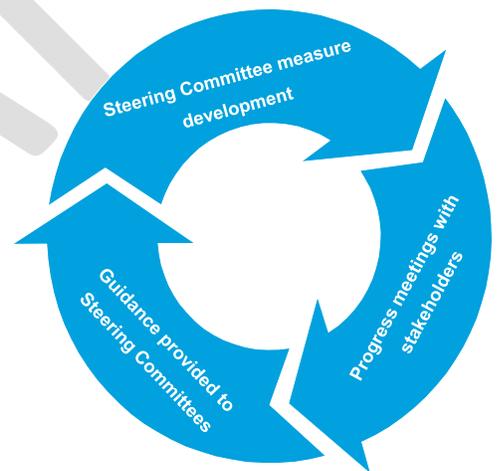


Figure 7. Measure Development Lifecycle

## Develop a statewide quality reporting strategy that also measures quality improvement at the community level

As described in the Value-based Health Care Delivery and Payment Methodology Transformation section of the SHSIP, one of the four key reform initiatives that Kentucky has designed as part of SIM is the Community Innovation Consortium. This initiative was designed in response to stakeholder input that Kentucky's rural nature and strong reliance on community providers puts the Commonwealth in a unique position to implement delivery system and payment reform changes statewide. One of the functions of the Consortium is to encourage the development of innovations in response to community health needs assessments and how they fluctuate within different populations or regions. Once the Community Innovation Consortium is formed and projects/initiatives within it are launched, it will be important to individually measure

each project/initiative and that impacts the project has at the community level. The Quality Committee will work closely with the SIM Governing Body to develop and implement HIT strategies to build out the capacity to collect and analyze data at the community and regional level. It will be the responsibility of the Consortium's Steering Committee to develop a reporting strategy and select quality measures for the community-based reforms that are able to measure success within distinct populations, geographies, and health statuses.

## Supporting Elements

In addition to developing a set of core elements as part of an overall quality strategy, the Quality Strategy/Metrics Workgroup also generated a list of action steps and strategies that can be taken to support the core elements described above. These supporting elements were generated through workgroup discussions and reached consensus for inclusion in this plan in June 2015. Each supporting element represents either an existing initiative within the Commonwealth that SIM would benefit from aligning with or new measurement and/or monitoring strategies that should be used in the future measurement of the SIM initiatives.

### Expand Medicaid MCO quality incentive program

The first supporting element relates to Kentucky's Medicaid program and how the Cabinet measures the performance of managed care organizations (MCOs). The Department for Medicaid Services (DMS) requires that Kentucky's Medicaid MCOs measure and report to the state its performance, using standard measures required by the state or data submitted to the Commonwealth that enables the state to measure the MCOs' performance. MCO performance measures (PMs) are reported annually. These PMs, selected by DMS, include both the HEDIS® and state-specific PMs which are based upon the Healthy Kentuckians 2010 and Healthy Kentuckians 2020 goals and health care priorities identified by DMS. Together, the measures address the access to, timeliness of, and quality of care provided for children, adolescents, and adults enrolled in managed care with a focus on preventive care, health screenings, prenatal care, as well as special populations (e.g., adults with hypertension, children with special health care needs). SIM stakeholders have supported the concept of adopting an expanded Medicaid MCO quality incentive program to align with each SIM initiative and promote the standardization of measure sets and streamlined reporting. It was also noted that as more states require their Medicaid MCOs to support and implement value-based purchasing strategies that are linked to their incentive and/or withhold programs, consideration should be given to developing a similar approach for Kentucky's MCOs.

### Leverage existing community health needs assessments when developing quality goals for each reform initiative

It was noted during several of the stakeholder sessions that it was important to coordinate on-going health planning activities at the community level with provider and state based health planning efforts. Building off this concept, the second supporting element recommends that the SIM initiatives leverage provider-reported data within existing community health needs assessments when setting quality goals. This supporting element works to maintain the focus on population health improvement through delivery system and payment reform, but recognizes that this transformation can pose burdens for providers. Leveraging existing reporting structures such as community health needs assessments is an example of how SIM can standardize and streamline reporting processes wherever possible, subsequently reducing administrative burdens on providers, while still impacting the health of Kentuckians.

### Improve measurement strategy of screening and counseling activities

To truly make progress on population health improvement in Kentucky, the Commonwealth must expand its focus beyond medical care for and treatment of the chronic conditions to early interventions and preventive care. The Quality Strategy/Metrics Workgroup recognized the need for this paradigm shift and how measuring the effectiveness of screening and counseling services offered by providers could improve outcomes. Therefore, the third supporting element calls for the Quality Committee and the individual Steering Committees to strongly consider the inclusion of quality measures related to

screenings, preventive care, and early interventions when developing the quality measurement strategy for each initiative. To be successful, the overall SIM quality strategy must consider the full continuum of care as it relates to measure development. This supporting element is an example of how better evaluation of specific providers and service categories can help drive a more comprehensive care model centered around population health improvement.

## Promote rapid cycle evaluation and monitoring

The fourth supporting element focuses the continuous improvement of the each of the Commonwealth’s initiatives. The Commonwealth agrees with CMS’ guidance on the importance of promoting monitoring and rapid-cycle evaluation to encourage real-time program improvement. As prefaced by one of the guiding principles for measure selection outlined above, Kentucky SIM stakeholders reached consensus around the importance of the SIM overall quality strategy promoting rapid-cycle evaluation to assess performance within the reform initiatives. It is expected that the Quality Committee and the individual Steering Committees will develop their measurement strategies to allow for early evaluation of each step of the initiatives in order to facilitate needed changes in the design of the initiatives. Once executed, this strategy would provide the Commonwealth with the ability identify promising practices and positive impacts made on health care cost and quality by SIM.

## Data Sources

In order to calculate and report on the quality metrics selected by each SIM reform Steering Committee, the Commonwealth is committed to undertaking a data needs assessment at the beginning of the pre-implementation period of the SIM project. This data needs assessment will entail developing an inventory of the current data available publicly across the Commonwealth, identifying the data needed to calculate and report on progress being made against quality metrics, and developing a plan to obtain data that is required, but that is not currently available or being collected. The data needs assessment tool shown in Figure 8 will provide the Commonwealth with a template to track the data needs for each of the chosen metrics, as well as evaluate progress towards having the ability to collect needed data.

| SIM Reform                      | Metric                                   | Data Source           | Data Owner             | Currently Available? | Relevant Data Stakeholders   |
|---------------------------------|--|-----------------------|------------------------|----------------------|------------------------------|
|                                 | <i>(e.g. Readmission within 30 days)</i> | <i>(e.g., Claims)</i> | <i>(e.g. Medicaid)</i> | <i>(e.g. Yes)</i>    | <i>(e.g., State, Payers)</i> |
| PCMH                            |  |                       |                        |                      |                              |
| ACO                             |  |                       |                        |                      |                              |
| EOC                             |  |                       |                        |                      |                              |
| Community Innovation Consortium |  |                       |                        |                      |                              |

Figure 8. Data Needs Assessment Tool

## Future State Quality Measure Alignment

As Kentucky’s SIM initiatives span several different multi-payer delivery system and payment reform efforts, measuring the overall success of the Model Design will require a targeted measurement effort that consists of stakeholder engagement, governance, and continuous improvement. Kentucky plans to focus on quality measurement alignment among the Commonwealth’s payers as a key element of this measurement strategy because of its potential to improve delivery system performance and significantly reduce the administrative burden on providers. By studying other SIM state

approaches to quality measure alignment, the Commonwealth recognizes that a successful strategy will require committed stakeholder engagement to pursue measure alignment across public and private payers, combined with a well-founded governance structure and consensus process for both developing and continuously improving the core measure set.

## Work Plan

Leveraging successful approaches taken by other SIM states who are currently testing their models, the Commonwealth developed a detailed work plan focused on achieving stakeholder buy-in and developing a set of SIM Core Measures that will, by aligning quality measures across all payers in the state and being mapped to the PHIP goals, measure the statewide progress across the PCMH, ACO, EOC, and Community Innovation Consortium initiatives.

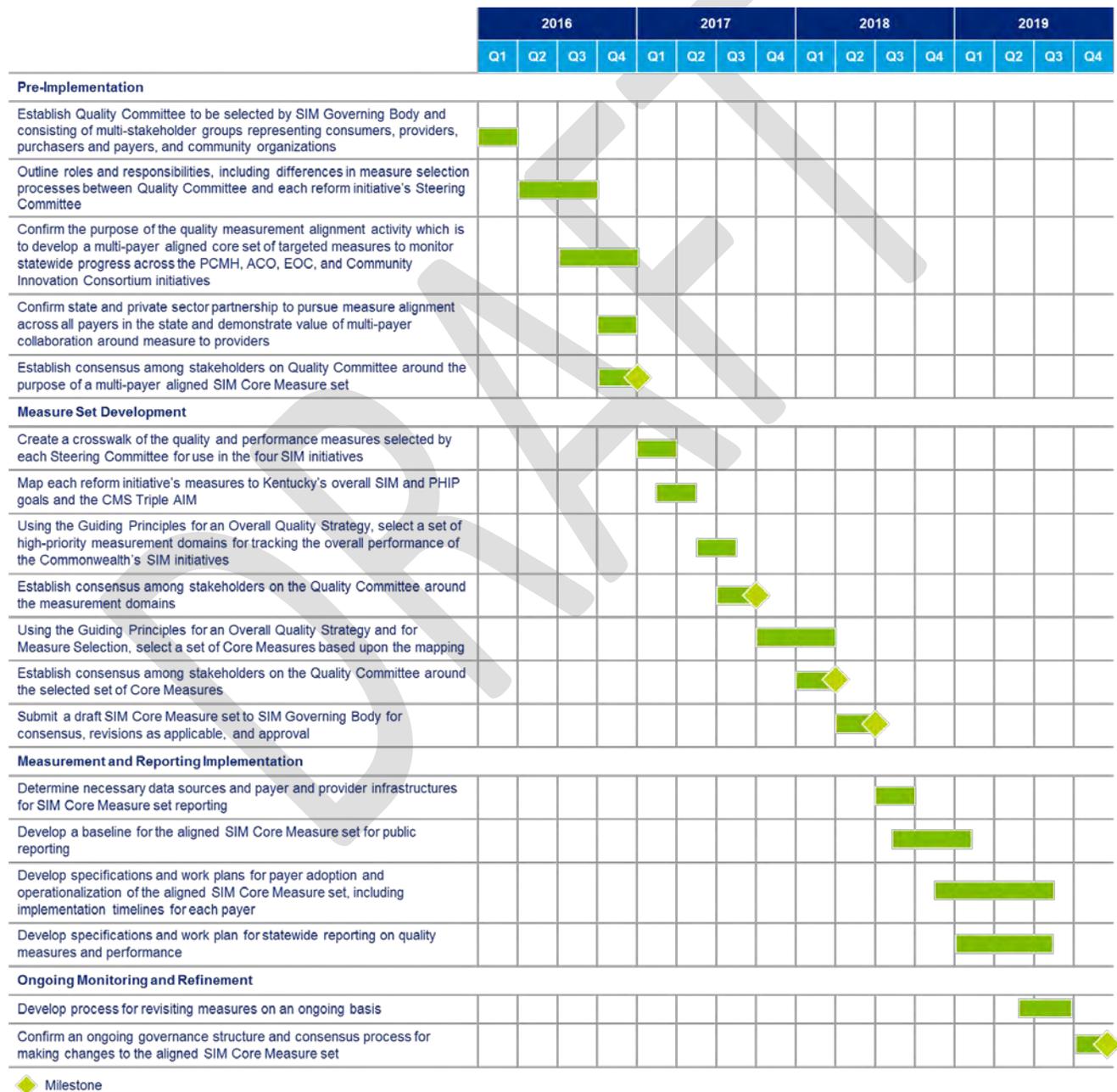


Figure 9. Quality Measure Alignment Work Plan