

RAND Technical Expert Panel Medicare Advantage (MA)
and Part D Contract Star Ratings, July 22, 2020 Meeting

PRESENTATION

Cheryl L. Damberg and Maria DeYoreo



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Published by the RAND Corporation, Santa Monica, Calif.

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TEP members

- **Arlene Ash**, Ph.D., University of Massachusetts
- **Liza Assatourians**, J.D., America's Health Insurance Plans
- **Anne Burns**, R.Ph., American Pharmacists Association
- **Kim Caldwell**, R.Ph., B.S., Texas Star Healthcare Consulting, LLC
- **Lindsey Copeland**, J.D., Medicare Rights Center
- **Darrell Gaskin**, Ph.D., Johns Hopkins
- **Emma Hoo**, B.A., Pacific Business Group on Health
- **Eve Kerr**, M.D., M.P.H., University of Michigan
- **Amy Nguyen Howell**, M.D., M.B.A., America's Physician Groups
- **Deborah Paone**, D.Ph., MHSA, Special Needs Plan (SNP) Alliance
- **Ninez Ponce**, Ph.D., M.P.P., University of California Los Angeles School of Public Health
- **Patrick Romano**, M.D., M.P.H., University of California Davis
- **Allyson Schwartz**, M.S.S., Better Medicare Alliance
- **Jane Sung**, J.D., American Association of Retired Persons
- **Dolores Yanagihara**, M.P.H., Integrated Healthcare Association

Welcome to our newest TEP member

Darrell Gaskin, Ph.D. - Professor in Health Policy and Director of the Johns Hopkins Center for Health Disparities Solutions

- Health services researcher and health economist with expertise in health disparities, access to care for vulnerable populations, and safety net hospitals
- His research focuses on:
 - Identifying and understanding barriers to care for vulnerable populations
 - Developing and promoting policies and practices that seek to improve access to care for poor, minority, and other vulnerable populations
 - Eliminating racial/ethnic and socioeconomic disparities in health and health care



RAND team

- Cheryl Damberg, Project Director
- Maria DeYoreo, Project Codirector
- Carolyn Rutter, Senior Statistician
- Marc Elliott, Principal Senior Statistician
- Rachel Reid, Physician Researcher
- Melony Sorbero, Policy Researcher
- Anagha Tolpadi, Statistical Analyst
- Jessica Phillips, Project Manager

Meeting agenda

3:30 pm - 3:40 pm ET (12:30 pm - 12:40 pm PT)	Review Agenda and Meeting Objectives	Cheryl Damberg
3:40 pm - 4:00 pm ET (12:40 pm - 1:00 pm PT)	Overview of Measures in the Star Ratings Program	Carolyn Rutter
4:00 pm - 4:15 pm ET (1:00 pm - 1:15 pm PT)	Identifying the Most Important Topics or Areas to Measure	Rachel Reid
4:15 pm - 4:30 pm ET (1:15 pm - 1:30 pm PT)	Identifying Additional Measures or Measure Types that CMS Should Include in the Future	Rachel Reid
4:30 pm - 4:40 pm ET (1:30 pm - 1:40 pm PT)	Considering Other Areas for Measurement and Approaches to Measurement	Cheryl Damberg
4:40 pm - 4:50 pm ET (1:40 pm - 1:50 pm PT)	Brief Report on How Removing Measures from Star Ratings Incentives Affects Measure Performance	Rachel Reid
4:50 pm - 5:00 pm ET (1:50 pm - 2:00 pm PT)	Closing Comments	Cheryl Damberg

Meeting objectives

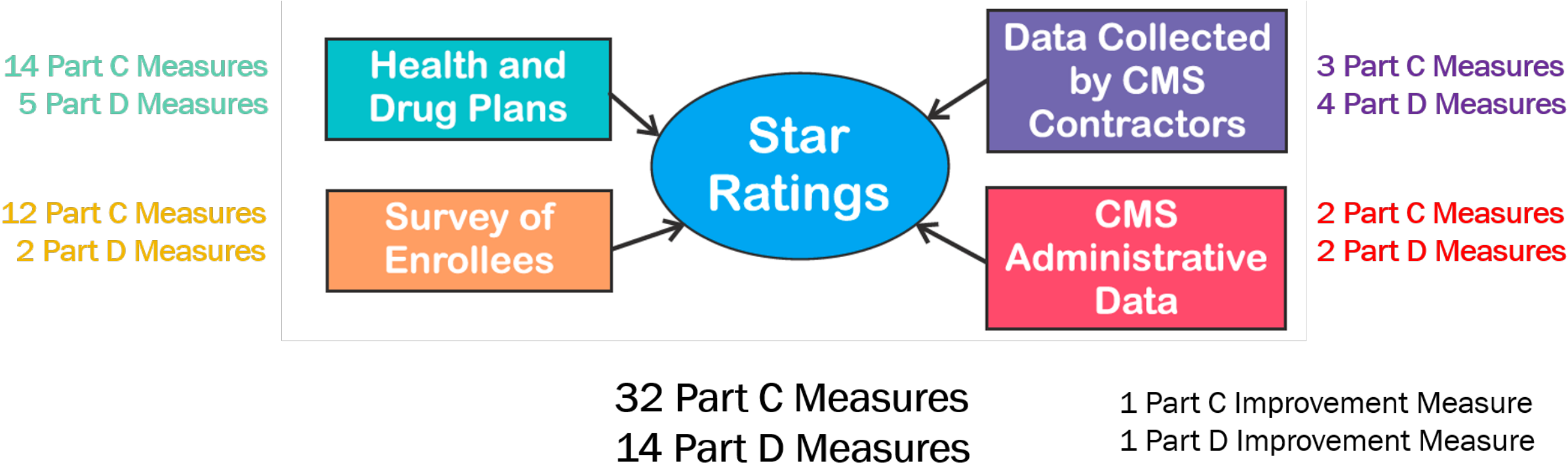
- Measures are a central element of the Star Ratings
- Various stakeholders have suggested revisiting the Star Rating measures
 - Example: MedPAC has recommended narrowing the set of measures to focus on clinical outcomes and patient experience
- CMS is in the process of re-evaluating which measures should be included in Star Ratings
- Today's objectives:
 - Identify the measure areas and measures that best support CMS's goals of improved patient outcomes and experience with receipt of care for beneficiaries enrolled in Medicare Advantage (MA) and Prescription Drug Plans (PDPs)
 - Help CMS reimagine measures used for public reporting for consumer choice of plan, determining incentive payments, public accountability, and quality improvement

Key questions for the TEP

- What are the most important topics or areas to measure and include in Star Ratings?
- Are there additional measures or measure types that CMS should include in the future?
- What other areas should CMS be considering?

Data sources and number of measures

2021 Star Ratings



Number of measures by measure domain

2021 Star Ratings

Part C Domain	Number of measures	Part D Domain	Number of measures
Staying Healthy: Screenings, Tests and Vaccines	7 measures	Drug Plan Customer Service	3 measures
Managing Chronic (Long-Term) Conditions	13 measures	Member Complaints and Changes in the Drug Plan's Performance	3 measures
Member Experience with Health Plan	6 measures	Member Experience with the Drug Plan	2 measures
Member Complaints and Changes in the Health Plan's Performance	3 measures	Drug Safety and Accuracy of Drug Pricing	6 measures
Health Plan Customer Service	3 measures		

Domain 1: Staying Healthy: Screenings, Tests, and Vaccines (Part C)

C01 - Breast Cancer Screening

C02 - Colorectal Cancer Screening

C03 - Annual Flu Vaccine

C04 - Improving or Maintaining
Physical Health

C05 - Improving or Maintaining Mental
Health

C06 - Monitoring Physical Activity

C07 - Adult BMI Assessment (this
measure is being retired)

Domain 2: Managing Chronic Conditions (Part C)

C08 - SNP Care Management

C09 - Care for Older Adults (COA) –
Medication Review

C10 - COA – Functional Status
Assessment

C11 - COA – Pain Assessment

C12 - Osteoporosis Management in
Women who had a Fracture

C13 - Diabetes Care – Eye Exam

C14 - Diabetes Care – Kidney Disease
Monitoring

C15 - Diabetes Care – Blood Sugar Controlled

C16 - Rheumatoid Arthritis Management
(this measure will be retired beginning
with the 2023 Star Ratings)

C17 - Reducing the Risk of Falling

C18 - Improving Bladder Control

C19 - Medication Reconciliation Post-
Discharge

C20 - Statin Therapy for Patients with
Cardiovascular Disease

Domain 3: Member Experience with Health Plan (Part C)

C21 - Getting Needed Care

C25 - Rating of Health Plan

C22 - Getting Appointments and Care Quickly

C26 - Care Coordination

C23 - Customer Service

C24 - Rating of Health Care Quality

Domains 4 and 5: Complaints and Plan Customer Service (Part C)

Domain 4: Member Complaints and Changes in the Health Plan's Performance

C27 - Complaints about the Health Plan

C28 - Members Choosing to Leave the Plan

C29 - Health Plan Quality Improvement

Domain 5: Health Plan Customer Service

C30 - Plan Makes Timely Decisions about Appeals

C31 - Reviewing Appeals Decisions

C32 - Call Center – Foreign Language Interpreter and TTY Availability

Customer Service and Member Complaints (Part D)

Domain 1: Drug Plan Customer Service

D01 - Call Center – Foreign Language Interpreter and TTY Availability

D02 - Appeals Auto-Forward (this measure will be retired beginning with the 2022 Star Ratings)

D03 - Appeals Upheld (this measure will be retired beginning with the 2022 Star Ratings)

Domain 2: Member Complaints and Changes in the Drug Plan's Performance

D04 - Complaints about the Drug Plan

D05 - Members Choosing to Leave the Plan

D06 - Drug Plan Quality Improvement

Customer Service and Member Complaints (Part D), continued

Domain 3: Member Experience with the Drug Plan

D07 - Rating of Drug Plan

D08 - Getting Needed Prescription Drugs

Domain 4: Drug Safety and Accuracy of Drug Pricing

D09 - MPF Price Accuracy

D10 - Medication Adherence for Diabetes Medications

D11 - Medication Adherence for Hypertension (RAS antagonists)

D12 - Medication Adherence for Cholesterol (Statins)

D13 - MTM Program Completion Rate for CMR

D14 - Statin Use in Persons with Diabetes (SUPD)

Measures that will move back into Star Ratings or that may be added in the next few years

- **Controlling blood pressure**
Measure is on display page (2020 and 2021)
- **Care for Older Adults—Functional Status Assessment**
Measure is being re-specified. Moved to display page (2022 and 2023)
- **Plan all-cause readmission**
Measure is being re-specified. Moved to display page (2021 and 2022)
- **Transitions of care**
Measure is currently a display page measure; to be added to Star Ratings in future
- **Follow-up after emergency visit for those with multiple chronic conditions**
Measure is currently a display page measure; to be added to Star Ratings in future
- **Physical Functioning Activities of Daily Living (PFADL)**
Measure is on display page for 2021 and 2022; may be used for Star Ratings in future

What are the most important topics or areas to measure and include in Star Ratings?

- For the existing measures, are these the right topics or areas of focus?
- Should there be a smaller set of measures?
 - If yes, what are the most critical measures to retain?
 - Are there concerns about using a smaller set of measures?
- What measures or measurement areas should CMS prioritize moving forward?

Are there additional measures that CMS should consider adding to Star Ratings?

Measures related to specific conditions

- Depression (e.g., routine PHQ-9 screening and follow-up care)
- Cancer
- End stage renal disease (ESRD)
- Cardiac rehabilitation
- Quality of care for enrollees living in long-term care and assisted living situations

Reducing low value care and over treatment

- Low value care (drawing on Choosing Wisely recommendations)
- Diabetes over treatment
- Avoidable hospitalizations and ED visits

General measures of patient care & need

- Screening for health-related social needs (HRSNs)
- Whether HRSNs were addressed
- Coordination of care across providers and settings

Are there additional *types* of measures that CMS should consider adding to Star Ratings?

- Patient reported outcomes
 - Examples:
 - Depression outcomes (PHQ-9)
 - Cancer outcomes (e.g., fatigue, pain management)
 - Hip and knee disability and osteoarthritis outcomes (e.g., HOOS and KOOS)
 - Angina heart pain (e.g., Seattle Angina Questionnaire or SAQ)

What other areas should CMS be considering?

- What patient reported outcomes are important to measure and align with CMS's goal of shifting to patient reported outcomes that are less burdensome to capture and report?
- Are there measures that could be constructed from encounter data that MA plans submit to CMS supplemented with other administrative data sources (e.g., MedPAR hospital inpatient data)?
- Given COVID, are there other areas of focus that CMS should measure?
 - Example: New approaches to care delivery (e.g., telehealth) to ensure patient access and continuity of care
 - Patient experiences using telehealth

We examined what happens to performance once measures are no longer incentivized

Does removing financial incentives lead to declines in performance? A controlled interrupted time series analysis of Medicare Advantage Star Ratings programme performance

Rachel Orler Reid ^{1,2,3} Mallika Kommareddi,⁴ Susan M Paddock,⁵
Cheryl L Damberg⁴

<https://qualitysafety.bmj.com/content/qhc/early/2020/04/27/bmjqs-2019-010253.full.pdf>

Reid RO, et al. BMJ Qual Saf 2020;0:1–6. doi:10.1136/bmjqs-2019-010253

Methods

- Assessed 2009-2018 performance for 201 MA plans for
 - 6 measures removed from Star Ratings in 2012 or 2013
 - 11 control measures continuously contributing to Star Ratings
- Performed Interrupted Time Series Analyses
 - Simple Interrupted Time Series to assess whether:
 - removed measures performance changed in year following removal
 - performance trends changed after removal
 - Controlled Interrupted Time Series to assess whether those changes differed from similar control measures

Findings

- None of the removed measures experienced declines in performance after removal
- In the Simple Interrupted Time Series analyses, two measures had significant declines in performance trends after removal and both had high performance levels prior to removal
 - *Access to Primary Care Doctor Visits*: -0.38 percentage points per year (95% CI -0.62 to -0.15)
 - *Appropriate Monitoring of Patients Taking Long-term Medications*: -2.05 percentage points per year (95% CI -2.46 to -1.63)
- In the Controlled Interrupted Time Series analyses, no removed measures significantly differed from control measures remaining in the Star Ratings for
 - Performance in the year immediately following removal
 - Performance trends after removal

Looking ahead to the next TEP meeting

- We will schedule the next TEP meeting in late October/early November 2020
- Topic: social risk factors and identifying ways to ensure valid measurement while working to reduce disparities
- Meeting will likely be virtual