

Advancing Value-Based Care: Navigating National Trends and the Transition to Digital Quality Measurement

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NCQA
Measuring quality.
Improving health care.

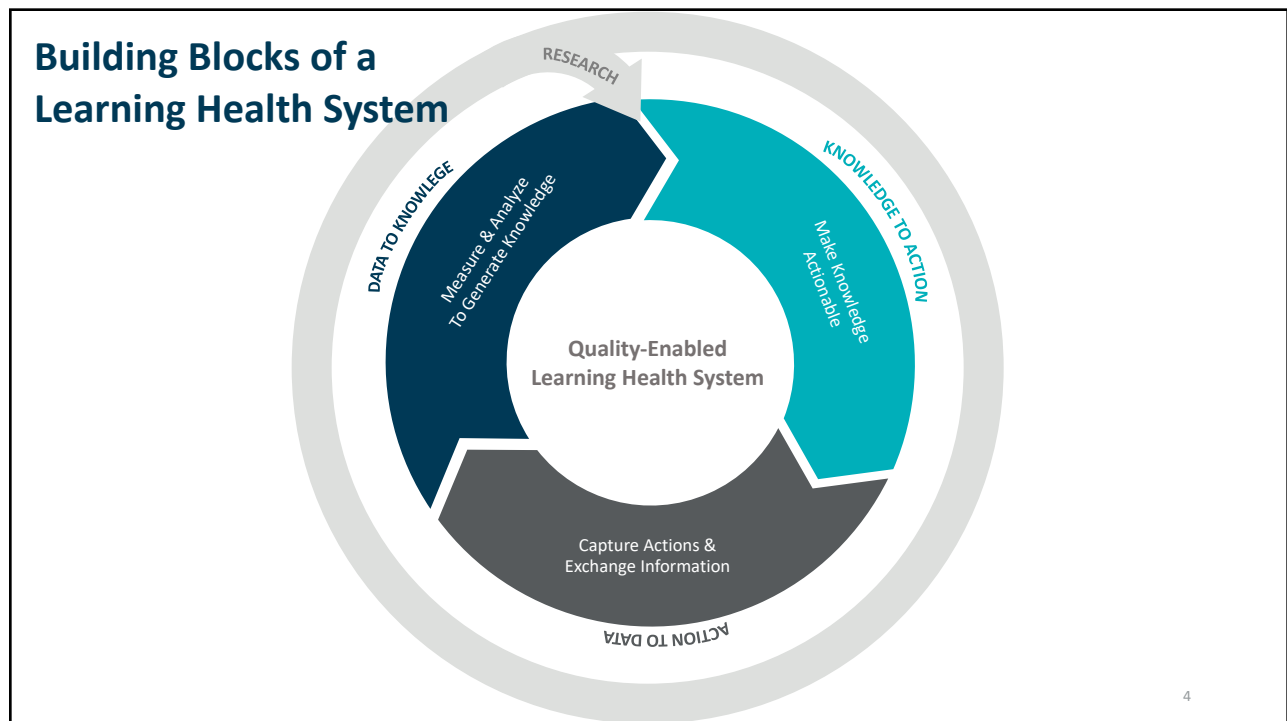
The Future of Digital Quality

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What is a Learning Health System?

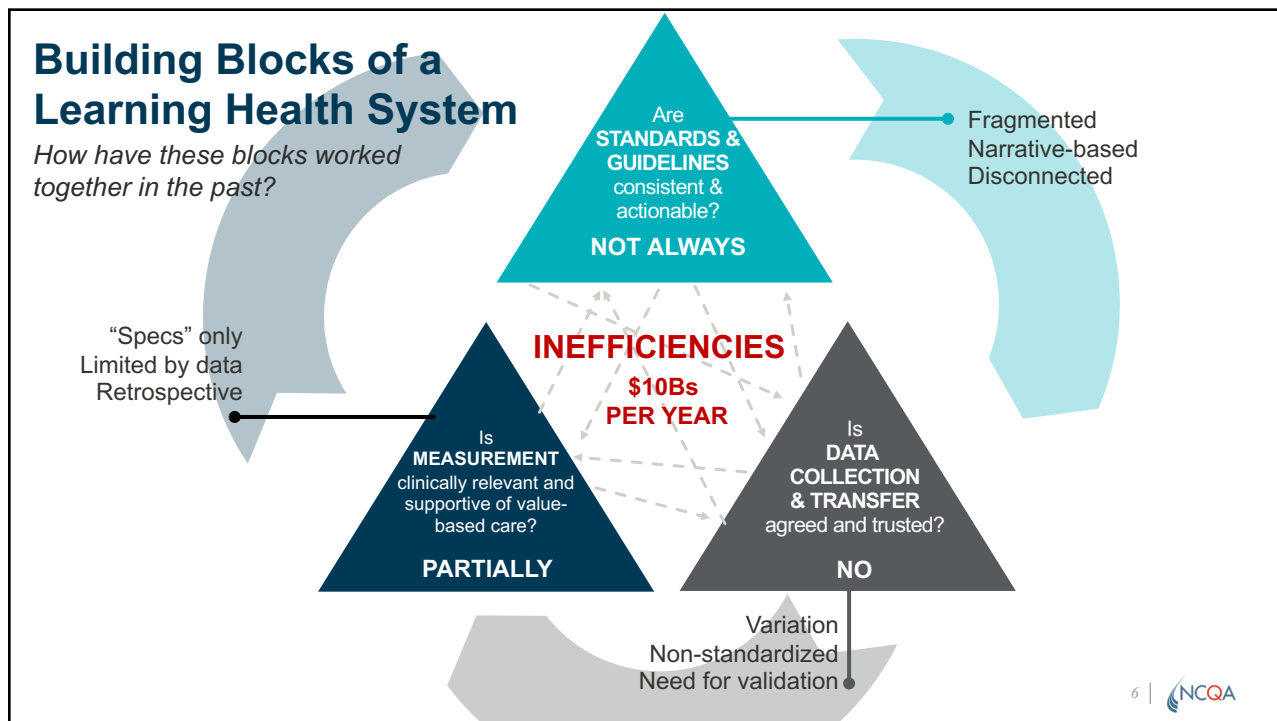
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Are we close to a Learning Health System?

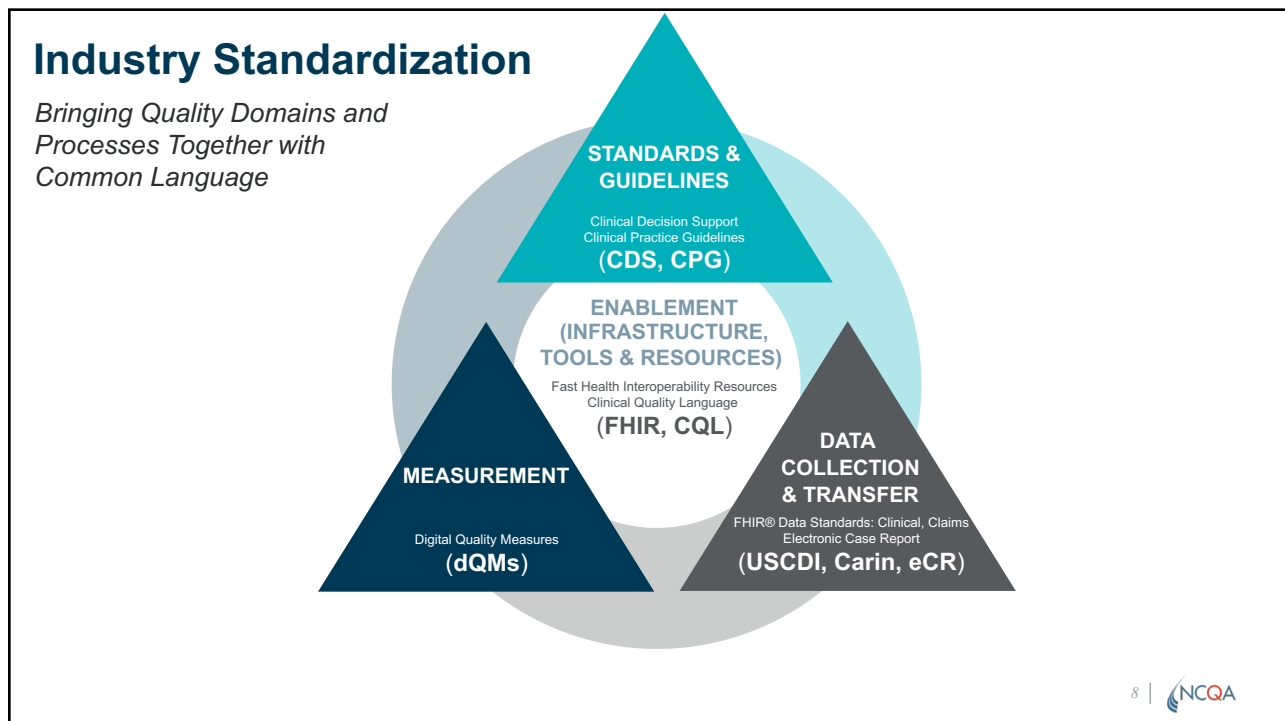
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How do we move toward a Learning Health System?

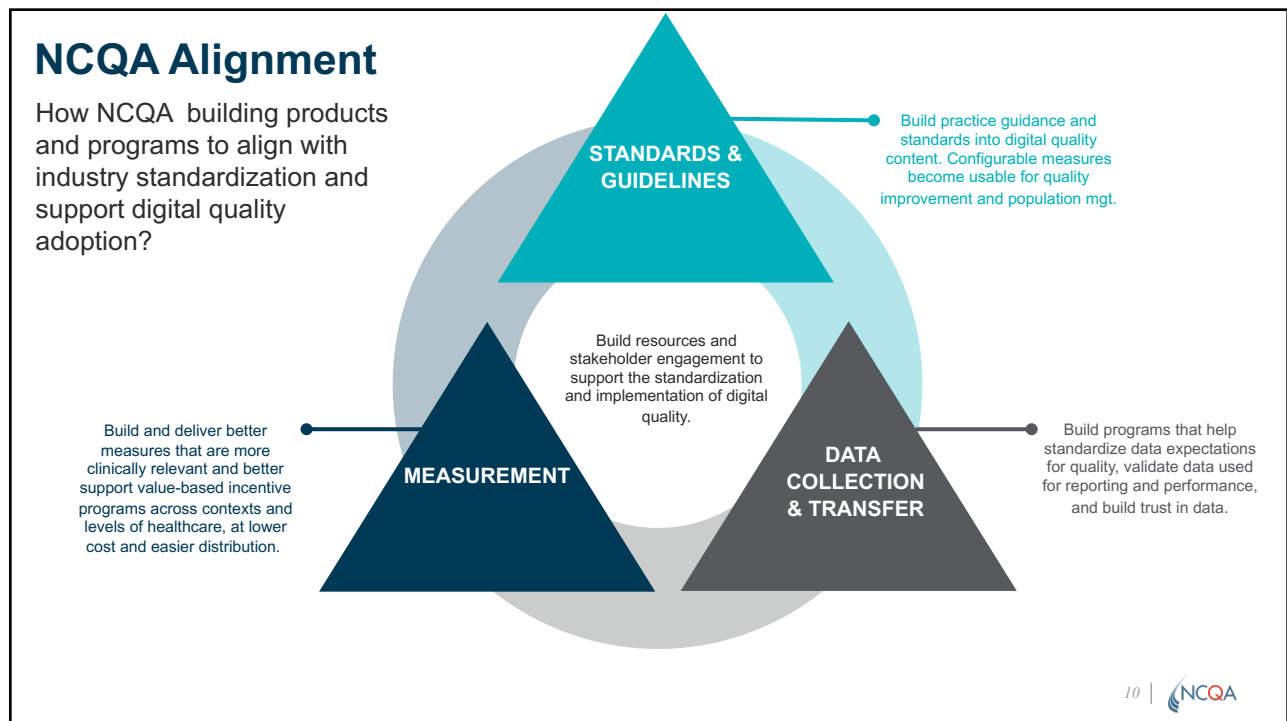
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How is NCQA playing a role?

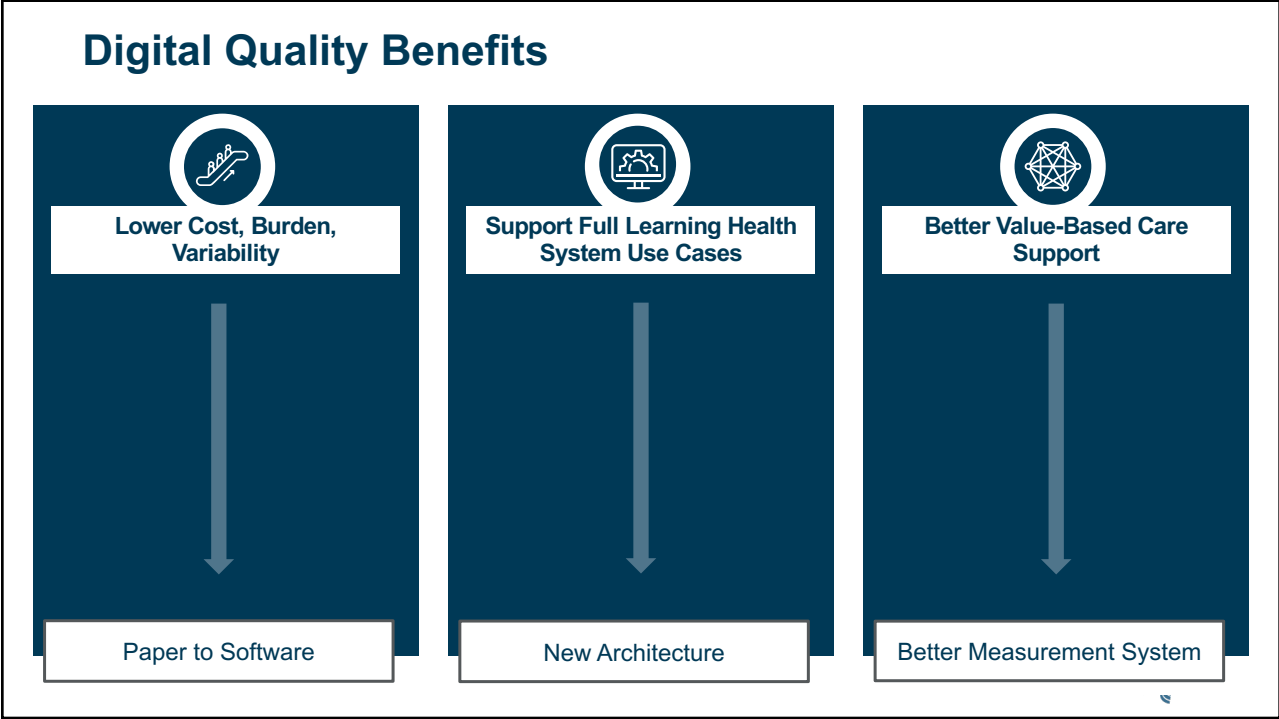
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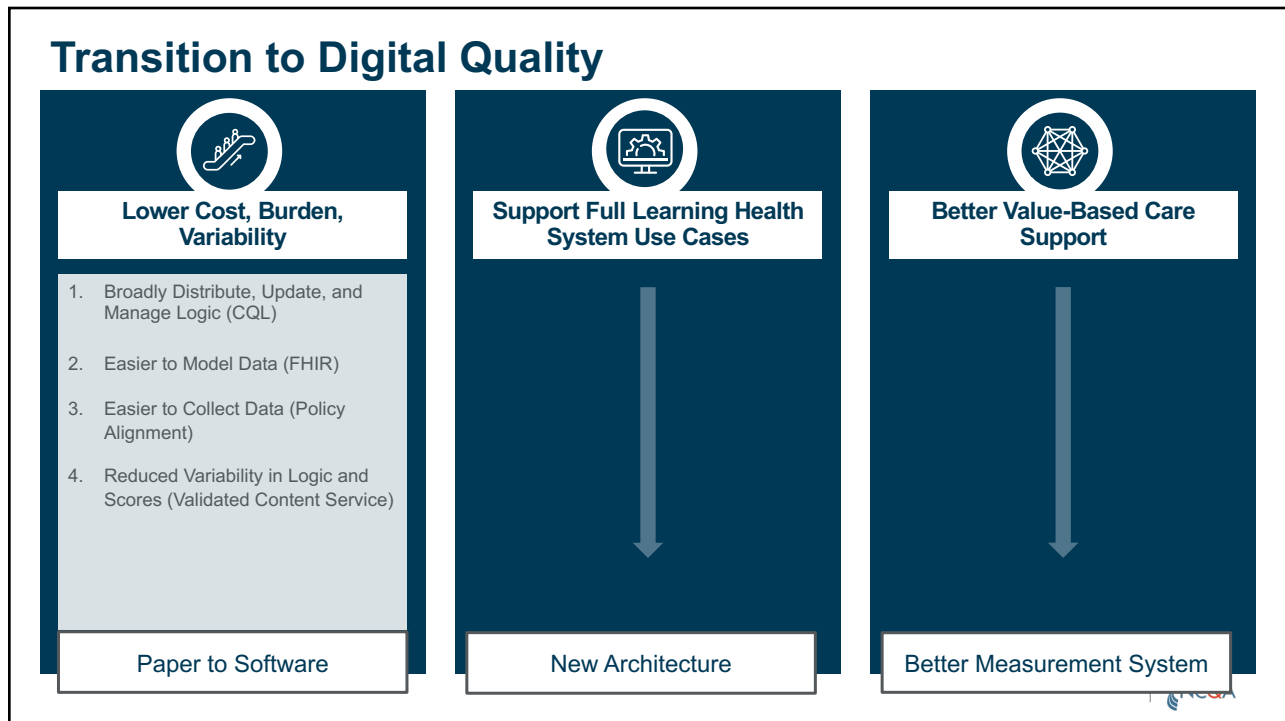
Digital Quality Matters

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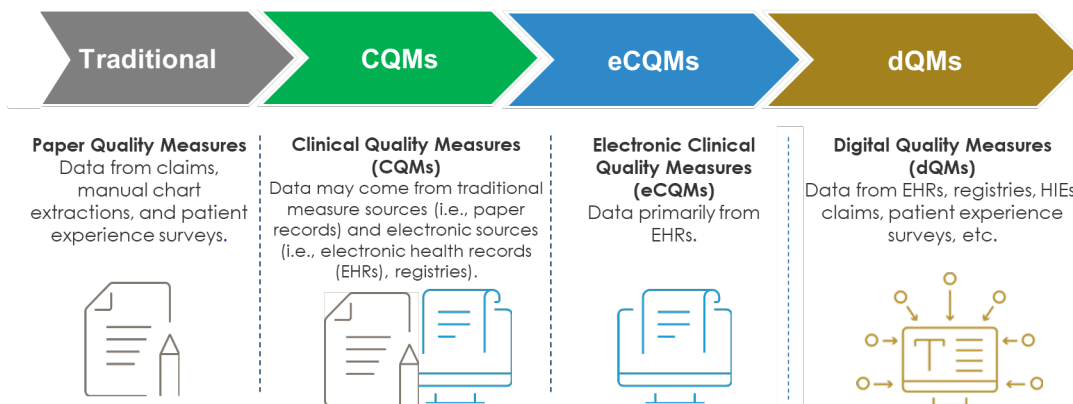
Transition to Digital Quality



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Quality Measures Have Evolved

The journey of moving from traditional paper measures to digital measures enables the use of data from more sources



Source: Centers for Medicare & Medicaid Services



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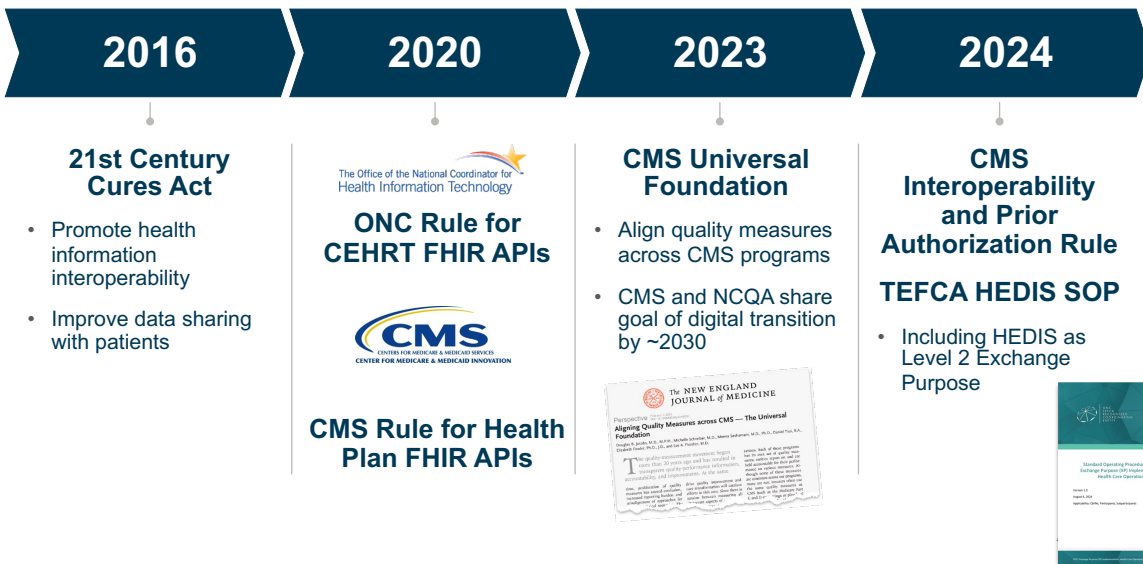


Policy Alignment can be a Catalyst

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Spurring Investments and Embracing Standards

New rules and legislation are creating industry alignment



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Cumulative effect of policy drives investment case

Build data sharing infrastructure across use cases via **interoperability investment**



Mapping data to common information model(s) (FHIR, USCDI, CBB)

Standard transmission methods (FHIR APIs +/- documents)

Single Interoperability Investment

Use case

Use case

Use case

Prior Authorization

Policy

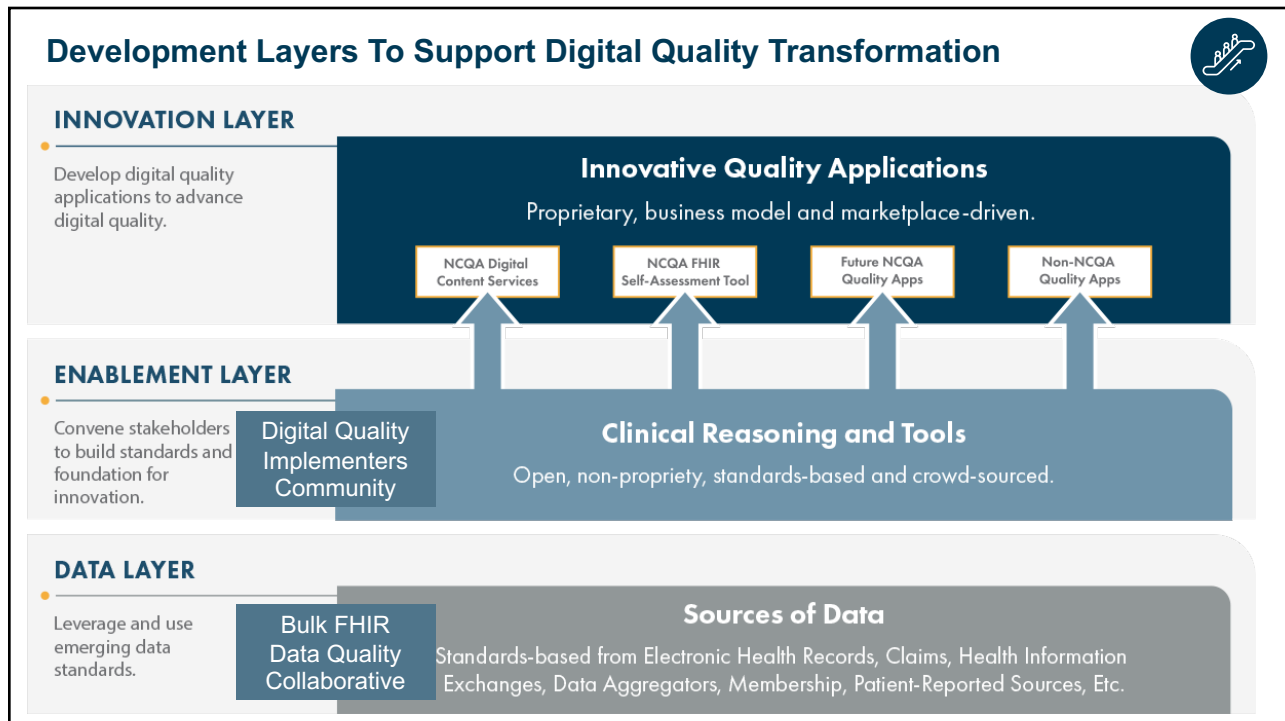
Quality Measure

88% of payers report **quality measure performance** as the **key business case** for their **interoperability investments**. ...policymakers are layering on other use cases (e.g., prior authorization)

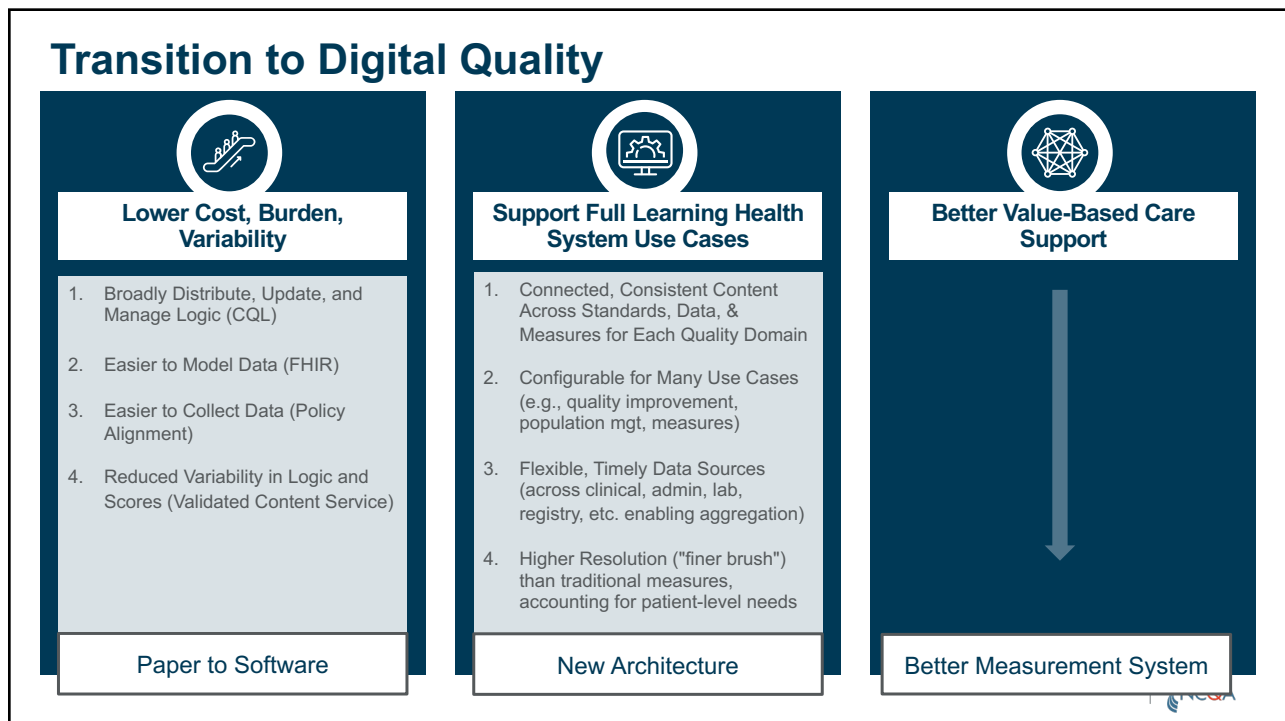
Overlapping **use cases are cumulative** – one investment thesis with common target serving many needs

Standards vs. Technology Maturity





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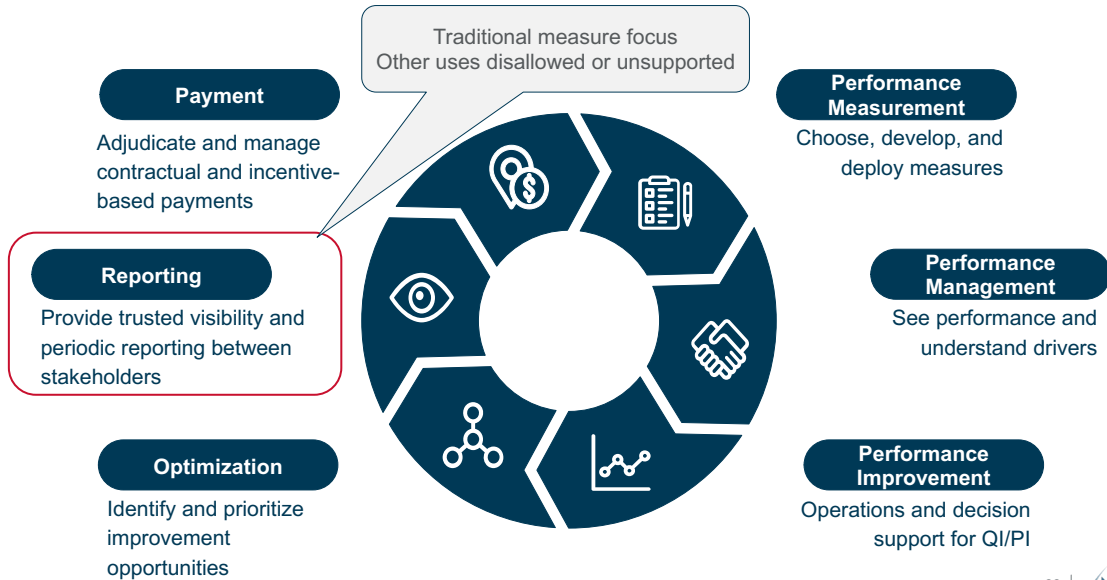


Compliance *and* Enablement

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Expanded Support for Quality Use Cases

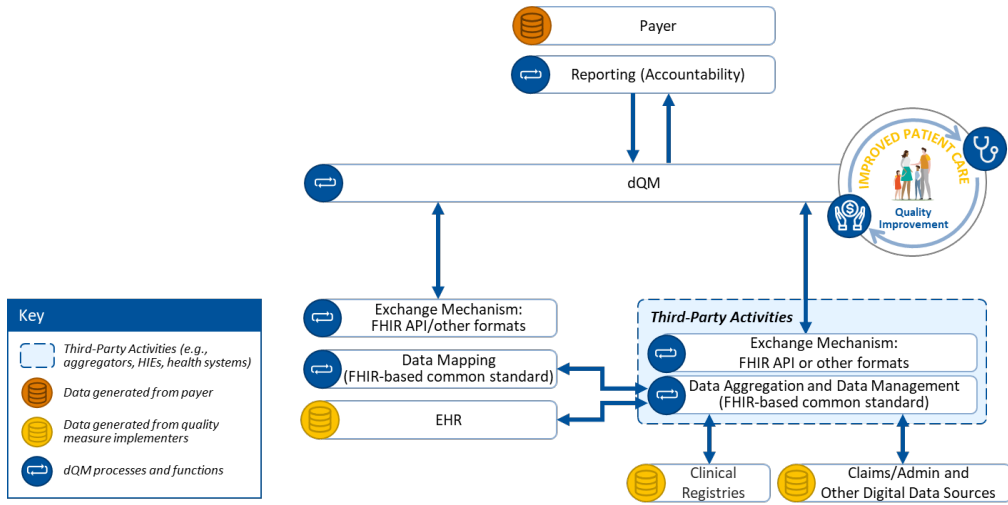
By supporting broader use cases and users, we can integrate quality into more processes



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An architecture for aggregated, complete (aggregated) data



Source: Centers for Medicare & Medicaid Services

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Transition to Digital Quality

<p>Lower Cost, Burden, Variability</p> <ol style="list-style-type: none"> 1. Broadly Distribute, Update, and Manage Logic (CQL) 2. Easier to Model Data (FHIR) 3. Easier to Collect Data (Policy Alignment) 4. Reduced Variability in Logic and Scores (Validated Content Service) <p>Paper to Software</p>	<p>Support Full Learning Health System Use Cases</p> <ol style="list-style-type: none"> 1. Connected, Consistent Content Across Standards, Data, & Measures for Each Quality Domain 2. Configurable for Many Use Cases (e.g., quality improvement, population mgt, measures) 3. Flexible, Timely Data Sources (across clinical, admin, lab, registry, etc. enabling aggregation) 4. Higher Resolution ("finer brush") than traditional measures, accounting for patient-level needs <p>New Architecture</p>	<p>Better Value-Based Care Support</p> <ol style="list-style-type: none"> 1. Relevant Across Healthcare Contexts (e.g., payer, provider) and Accountability Models (e.g., ACO) 2. Address Top Priority Quality Domains for VBC/ APM 3. Scoped to Highest Value Levers (processes and outcomes) in each quality domain 4. Shared, Trusted Quality Insights Between Stakeholders (program owners and service providers) <p>Better Measurement System</p>
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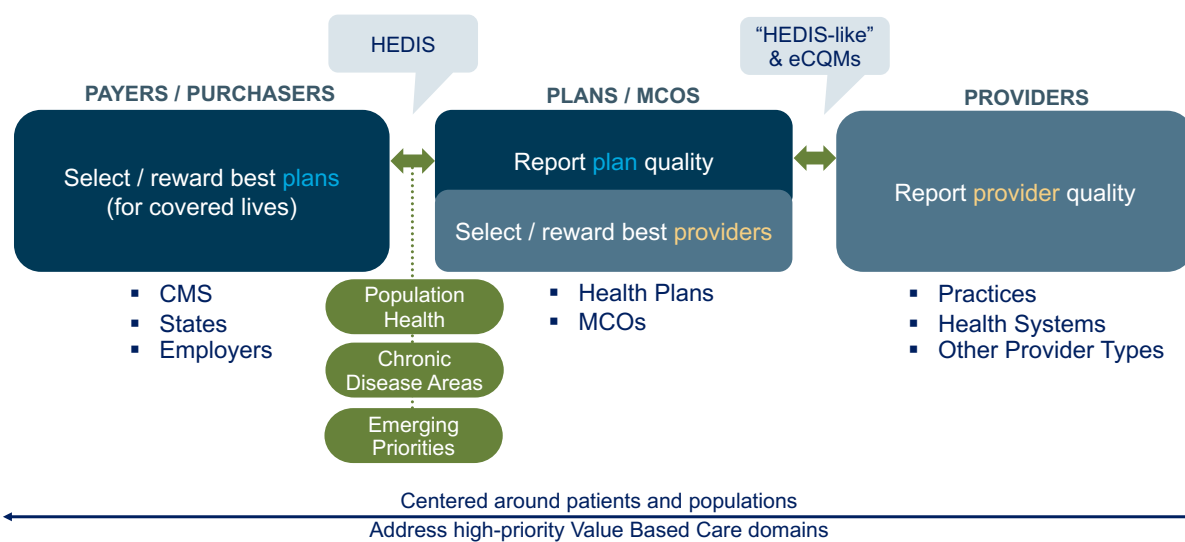
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What does "more meaningful" mean?

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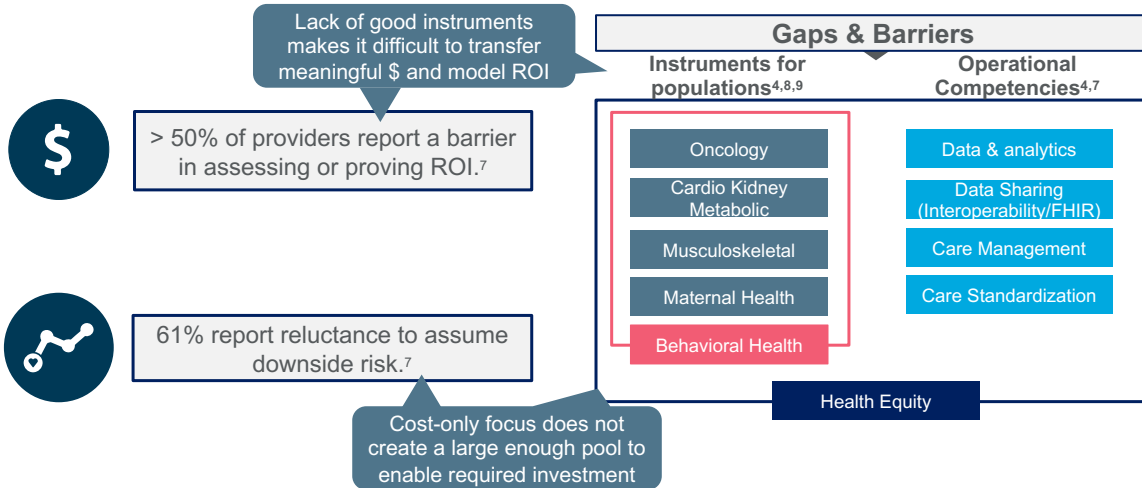
Industry has changed and "traditional" measurement is lagging



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Gaps in quality instruments are holding back value-based care



Sources: 4.Advisory Board, 7.Terry Group, 8,9. Interviews and Informal Insights

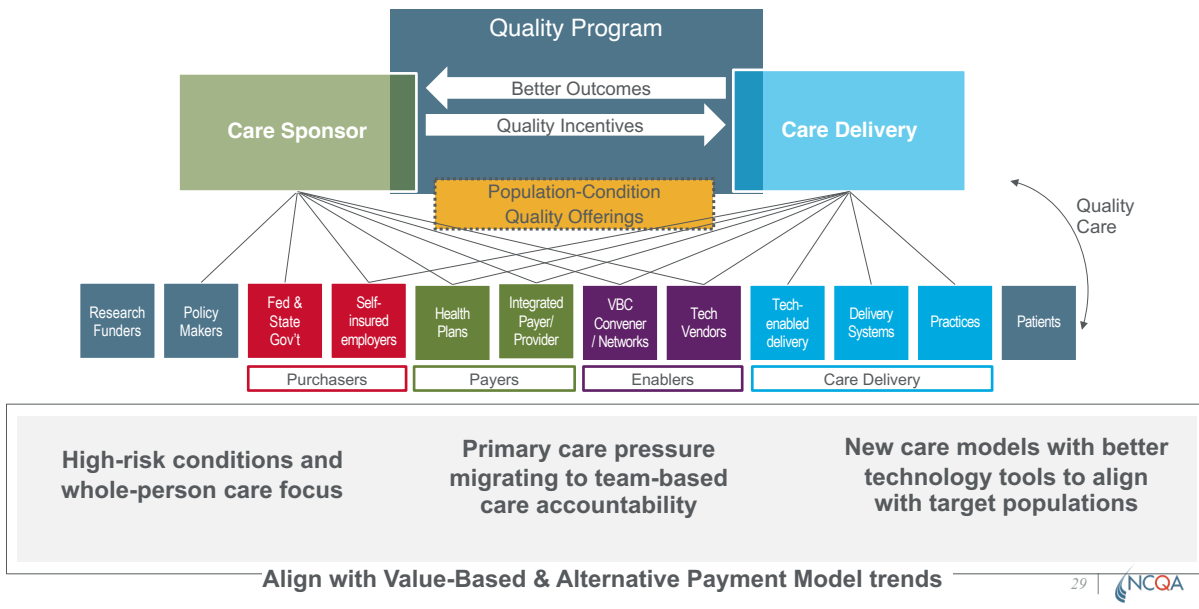
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People, not organizations.

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Integrated Quality Care focuses on patient populations

Supporting team-care and fostering coordination



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Transition to Digital Quality

Lower Cost, Burden, Variability

1. Broadly Distribute, Update, and Manage Logic (CQL)
2. Easier to Model Data (FHIR)
3. Easier to Collect Data (Policy Alignment)
4. Reduced Variability in Logic and Scores (Validated Content Service)

Paper to Software

Support Full Learning Health System Use Cases

1. Connected, Consistent Content Across Standards, Data, & Measures for Each Quality Domain
2. Configurable for Many Use Cases (e.g., quality improvement, population mgt, measures)
3. Flexible, Timely Data Sources (across clinical, admin, lab, registry, etc. enabling aggregation)
4. Higher Resolution ("finer brush") than traditional measures, accounting for patient-level needs

New Architecture

Better Value-Based Care Support

1. Relevant Across Healthcare Contexts (e.g., payer, provider) and Accountability Models (e.g., ACO)
2. Address Top Priority Quality Domains for VBC/ APM
3. Scoped to Highest Value Levers (processes and outcomes) in Each Quality Domain
4. Shared, Trusted Quality Insights Between Stakeholders (program owners and service providers)

Better Measurement System

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What is your “Why”?

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