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Department of Health Care
Policy & Financing

**New Maternity Alternative Payment Model (APM) Design Review Team
Session 5 – Quality Model
Meeting Minutes**

August 8, 2024
7:30-9:30 am MT via Zoom

Facilitator: Lauren Bell, Francois de Brantes, Lynn Ha

Scribe: Kimberly Phu

Purpose and Goals:

- Level-set on the New Maternity APM roadmap.
- Review design elements covered thus far by the Design Review Team (DRT).
- Revisit measure selection and provide feedback on measure selection criteria.
- Understand how the quality model approach sets the stage for payment methodology.

Key Decisions or Takeaways

1. The DRT session was informational with the Maternity APM team presenting a reminder on the considerations being used for measure selection and the components of the quality model that are still in development, including which measures will be tied to payment, target setting, and risk adjustment.
2. DRT members provided feedback on making sure providers are not penalized for factors beyond their control. DRT members also encouraged HCPF to work with others with regard to ensuring consistent thinking around quality target setting and the role of community-based organizations and public health entities.

Agenda

1. Welcome and Updates
2. Level-Set and Review
 - a. New Maternity Alternative Payment Model (APM) Roadmap
 - b. Design Review Team (DRT) Session 4 Recap (July 25, Target Setting)
3. Revisiting Measure Selection
4. Looking Ahead

Meeting Minutes

1. Welcome and Update

Lauren Bell called the meeting to order and welcomed participants.



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B Torres, interpreter for our session today, reminded folks that **to support interpretation, please speak at a slower pace and refrain from using acronyms.**

Lauren noted today's session should end by 8:30 am. She then reviewed the Department of Health Care Policy and Financing's (HCPF) mission, as well as today's agenda and meeting objectives.

Lauren introduced the Maternity APM team and additional HCPF team members joining today's call, including Lynn Ha. She then led the DRT through an introduction, asking folks to list their name, pronouns, organization (if applicable) in the chat, and an answer to the following icebreaker question: If you had to describe how you're feeling right now as an amusement park ride, what ride are you on?

Lauren reminded the group that meeting minutes for DRT Session 4 were sent on Monday, August 5. DRT members should review the minutes and email the Stakeholder Engagement team at HCPF_VBPStakeholderEngagement@state.co.us by end of day Friday, August 9 with any proposed changes, for example correcting misinterpreted comments.

She then provided an overview of the remaining DRT schedule.

2. Level-Set and Review

Lauren reviewed the New Maternity APM Roadmap which includes understanding the current state, ongoing discussion with the DRT which will inform program design, a program soft launch, and program implementation. During the soft launch period of at least 12 months, HCPF will test the program design and establish baseline data. There will not be payments tied to performance.

She then provided a high-level review of DRT Session 4 (July 25, Target Setting) and the two potential options the group discussed on how to scale rewards between the minimum and commendable threshold (sliding scale and tiered). She noted that HCPF will use a consistent reward methodology across all measures. HCPF has reviewed all feedback from DRT members and will aim to balance factors such as fairness, complexity, sensitivity, etc. from all stakeholder perspectives when determining a reward structure.

3. Revisiting Measure Selection

Lauren provided a level-set into today's conversation on revisiting measure selection. She noted that while we will not go into depth on certain topics such as statistical reliability and validity, she encouraged DRT members to join the optional office hours session on August 29 if they would like additional detail or have other questions.



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Francois introduced the considerations for measure selection noting the importance for DRT members to keep the program goals and objectives in mind as they reflect on the considerations and which measures would align with the considerations.

The considerations for measure selection include:

- **Link back to the New Maternity APM program goals**
- **Statistically reliable and valid** – data for measures are consistent (reliable) and accurate such that it represents what is being measured (valid). Reliability and validity can be impacted by sample size, variation, and measurement error. Data for proposed measures will be reviewed to ensure they are reliable and valid.
- **Alignment with industry standards/national benchmarks** – measure alignment with existing stewards supports comparison of improvements in Colorado and nationally. This must be balanced with the recognition that some measures/stewards measure performance at specific levels, such as statewide or for managed care organizations.
- **Data availability** – forms of data may include claims, birth records, vital statistics, some electronic health record data, or data that exists but is not yet systemically collected.
- **Responsible party can impact the outcome** – whether the measure can be impacted by the team managing care, with recognition that there are different teams involved throughout the perinatal journey and that there are potential codependences between teams.
- **Role in performance improvement** – which measures meet the considerations and can have a significant impact on outcomes and can be improved over time and should therefore be incentivized.

To operationalize measure selection the following workflow is being used:

- Measure Information and Data Requirements
 - Is this a recognized measure today? (e.g. CMS Core)
 - Is this being tracked today?
 - What dataset(s) is used to collect this measure? (e.g. claims, electronic health records, others)
 - Is this dataset(s) accessible and available today? (e.g. frequency)
 - Does this measure meet statistical testing? (e.g. reliability)
 - What type of measure is this? (e.g. process, outcome, other)
- Accountability Information
 - Which perinatal phase does this apply to?
 - Who is this applicable to? Birthing person or newborn?
 - Who has the ability to impact care?
 - Who is the accountable party?
 - What is the accountable party level?



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- Does this fall under the scope of the Maternity APM? Another APM? Both?
- Administratively Burdensome
 - Is the measure administratively burdensome (Yes/No)?
 - If yes, for whom is it administratively burdensome?
 - Are there opportunities for HCPF to support the objective? (e.g., provide educational support, financial incentive, etc.)
- Measure Stats
 - What is the current statewide performance on the metric?
 - What is the national performance on the metric?
 - Is this an emerging/trending public health issue?

Lauren then prompted the group to reflect on what information/additional questions are missing from the measure selection criteria. Summarized feedback from the DRT members are as follows:

- Some DRT members noted that especially in perinatal health, there are some measures that are not tracked, but are high value, for example those related to experiences and mistreatment, which may be worth acknowledging. In addition, some measures may be less actionable because there is limited infrastructure to support it, for example bi-directional data sharing between providers and community-based organizations to support the social determinant of health screening measure.
- DRT members raised questions around how the Maternity APM could avoid penalizing providers for factors outside of their control, such as pre-existing conditions or not completing a patient experience survey. They also noted that outcomes often depend on a multitude of providers and care coordination. Therefore, HCPF should consider how to incorporate the role of public health and community-based organizations in the Maternity APM.
- Some DRT members noted concerns about specific measures, including:
 - How the c-section measure would be tracked or benchmarked as to not incentivize c-sections, as well as to align rates with various benchmarks that already exist, including those from the Colorado Perinatal Care Quality Collaborative, the Healthcare Quality Improvement Partnership, and others. DRT members also asked HCPF to consider how they might attribute c-sections to certified nurse midwives instead of a physician in certain instances.
 - How limited-service availability, such as providing vaginal birth after c-section, may impact data.

Lynn then provided an overview of the components of the quality model that are being developed with input from ongoing discussion, research, and collaboration which includes other workstreams and internal and external partners. The components include:



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- Identifying which measures are tied to payment or will be informational; weighting measures
- Quality target setting, including the reward structure and setting the commendable and acceptable thresholds
- Risk adjustment, including considerations of the complexity of the birthing journey and how to take this into account

Looking Ahead

Lauren wrapped up the meeting by providing next steps.

- The next DRT session will be Thursday, August 22 from 7:30-9:30 am. The topic will be focused on payment.
- There will be another optional office hours held on August 29.
- An email will be sent with follow-up materials for today, as well as the DRT 4 session meeting minutes for review.
- DRT members can also email the stakeholder engagement team at HCPF_VBPStakeholderEngagement@state.co.us.



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