Quality Accountability in Medicare Advantage:
Improving Star Ratings

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Disclosures

• I’m not a physician, but I’ve worked for them
Guiding Themes

• Make the Right Thing Easy to Do
• No Data Without Stories; No Stories Without Data
• It Takes a Team
Who is Best Positioned to Influence Outcomes on Which Measures?

• Plans can support delivery system/providers
  • Data in right form, at right time, from right source
  • Plan design to encourage medication adherence, access
  • Resources for robust care management
  • Streamlining routine screenings
  • Co-branded prevention “campaigns” and reminders
  • Shared accountabilities for CAHPS
    • Access questions
    • Communication questions
    • Care Coordination
Motivation

- Physicians and care teams are already motivated to do the right thing
- Need to make the right thing easy to do
- Teams at top of license, well-designed workflows
- Decision support at point of care
- Tell the stories:
  - Celebrate the cancers caught early
  - Quantify the strokes prevented
- Data transparency and feedback presented to motivate, not punish
Compensation

• Probably not as important as you think
  • Yes, share risk on Stars, properly designed
  • Share risk at group level
  • Let groups determine within group compensation
  • Groups need pre-payment to build, sustain teams
  • Invest in long-term relationships, look at quality outcomes across all LOB
  • CAHPs v. Clinical measures
Great Model from Integrated Healthcare Association (IHA)

• **Collaboration of Payers/purchasers, physicians**
  
  • IHA calls it **Align. Measure. Perform.** Fair and transparent approach to measurement, with focus on benchmarks and reliable assessment of performance for medical groups. Reduces reporting burden; facilities risk-sharing/P4P programs across all LOB.

• **Allows for transparency at medical group level**
  
  • Provides reliable performance information that consumers can use to compare star ratings for physician organizations providing care to MA enrollees in CA. Appears to motivate physician groups to perform.

• **Public reporting and education component**
  
  • Public reporting of quality and cost information to empower consumers, spur improvement, educate stakeholders. Great data on different parts of health care system, payer, providers.
Evaluating system performance

IHA is making important comparisons across plan, payment, delivery models

Commercial ACOs Outperform PPO Provider Networks on Cost and Quality, Compete with HMO Provider Networks

Atlas 3 Key Findings

- In 2017, clinical quality was higher, on average across the state, for ACO and HMO members than for PPO members.
- Total cost of care was lower, on average, at a statewide level for ACO and HMO members than for PPO members; the difference between ACO and PPO members was approximately 4.4 percent of the total cost of care.
- Member cost-sharing for ACO members was midway between cost-sharing for PPO members (highest) and HMO members (lowest).
- Considering both clinical quality and total cost of care, commercial ACOs in 2017 performed on par with HMO provider networks and outperformed PPO provider networks.
Is it Time to Raise the Bar on Stars?

• Stars should provide industry-wide motivation to improve, innovate

• If most plans are reaching 4 stars or higher, they are not differentiating plans

• Will e-measures ease the burden, enable more measures?

• Patient-reported measures appear to be powerful predictors

• Make stronger connection to value