AHIP Health Equity Measures for Value-Based Care

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Measures Internally Vetted by Workgroup

AHIP's Work to Identify Health Equity Measures for Value-Based Care

- Rationale: Fill in gaps with equity measures that have been proven to improve equity, are within measured entity's control, have been tested and vetted. Develop new equity measures where gaps exist.

Organizational Culture of Equity
Implement structures & processes to promote equity
Diversify in staff, leadership, governance, networks, vendors

Data
- Collect data to identify disparities (e.g., SDOH)
- Share data and coordinate services

Quality
- Use stratified measures to identify disparities
- Reduce disparities in quality with evidence-based interventions

Accountability
- Drive transparency, public reporting, and accountability to advance equity

Community partnerships
- Strengthen relationships and work with CBOs
- Data sharing and referral systems between health & social service sectors

Member Experience
- Person-centered care that meets member's needs
- Improve cultural competency/cultural humility
- Reduce discrimination
- Build trusting and respectful relationships

Access
- Ensure access to high quality care by promoting affordability, convenience, accessibility, appropriateness
- Understand utilization patterns and whether services offered equitably

Selection Principles for Equity Measures Intended for Quality Improvement

- Measures meaningfully advance health equity or reduce healthcare disparities
  - Emerging evidence or evidence unavailable is acceptable
  - Advocate for directional improvement
- Measures are unlikely to promote unintended adverse consequences
- Provide a person-centered and holistic view of quality, including consideration of Social Determinants of Health (SDOH) and experience of care.
- Provide meaningful and usable information
- Incentivize work on disparities reduction and improvement rather than penalize providers and payers who serve more socially disadvantaged patients
- Tailored to specific community needs and socioeconomic circumstances and focus on improvements within those populations rather than exist as flat standards to meet
- Measure can be impacted by an intervention
- Data exists to accurately fill in measure

Selection Criteria for Equity Measures Intended for Value-Based Payment

- Measures meaningfully advance health equity or reduce healthcare disparities
- Measures are unlikely to promote unintended adverse consequences
- Focus on fully developed, accepted, and implemented measures (e.g., NQF-endorsed, in use by health plans and/or CMS/states, used by NCQA or other similar entities)
  - Ensure appropriate mix of process, outcome, structure measures
- Measures should be implementable in value-based purchasing or alternative payment models
  - Initial levels of analysis to focus on could be hospitals, large practices
  - Expand to develop set of measures plans could be assessed on
- Measures should be within the locus of control of the measured entity
- Measures should incentivize the reduction of disparities while protecting the safety-net
  - Consider encouragement of contracting with safety net, rural, Medicaid providers
- Balance between innovation and feasibility, minimize burden
  - Stronger level of evidence necessary to include in VBP

Scripts on Why Asking These Questions, How Information Will Be Used, and How Anonymity Will Be Protected

Example Script:

We understand that many things in life can affect your well-being and your satisfaction with care. We are always looking to better understand our members' needs to improve the services we can offer. Would you be willing to help us learn more about your experience of care? It should only take 15 minutes. Some of the questions are personal and you don't have to answer them if you don't want to. Any answers you provide will remain anonymous and are being collected by an outside entity to ensure your information is protected and remains anonymous. Your information will not be shared with your provider. We protect everything that you share just like how we protect your health information. This information will help us make sure you're getting safe and respectful care that you want and need. Your decision to answer or to refuse to answer will NOT impact your ability to receive care.

[If administered in-person or orally over the phone: Do you have any questions before we get started?]

[If administered on paper form: Please let us know if you have any questions or concerns by contacting XYZ]

If you would like us to follow-up on anything you have shared, would you like us to contact you? Y/N

If Yes, please provide best number or email to reach you at: _____

Explains why this data is being collected

Explains how data will be protected

Explains who data will be shared with

Explains how this data will be used

Honors individual's agency in voluntarily providing info about their identities

Adapted from PRAPARE Implementation and Action Toolkit: https://www.nachc.org/wp-content/uploads/2019/04/NACHC_PRAPARE_Chpt2.pdf

Organizational Structure and Culture of Equity Measures

- Lack of currently available measures, those that are available not fully specified. Suggested concepts—not full measures so years in the making to have fully developed measures. Need to be developed. Priority measure concepts for future development:

Measures Workgroup Decided Upon	Source	Endorsed?	Plan or Provider?	QI or VBC?
1) Whether health equity is explicitly mentioned in organization's mission statement, strategic plan, and/or population health management strategy	NQF Equity Roadmap	No	Both	VBC
2) Committed to diverse and inclusive internal hiring & promotion policies and practices, including but not limited to grievance and conflict resolution staff (e.g., rate of promotions stratified by demographic characteristics)	IHI and Four Tiered Model for Equity	No	Both	QI
3) Percent of leadership, management, governance, and emerging leaders who represent diverse and inclusive backgrounds *Need more specificity. What % is equitable to show we've "arrived" at equitable %? Is #2 sufficient?*	AHA Health Equity Metrics	No	Both	QI

Data Measures and Concepts

- Most of the measures on data are not fully developed, with the exception of the C-CAT measure. Considered phased approach for data measures given challenges with data collection

Measures Workgroup Decided Upon	Source	Endorsed?	Plan or Provider?	QI or VBC?
1) Direct and indirect collection of REaL data into higher-level standardized categories	NCQA Health Equity Accreditation	No	Both	VBC
2) Use data/measures to identify, track, and address disparities	NCQA Health Equity Accreditation	No	Both	VBC
3) Having appropriate privacy protections for sociodemographic data	NCQA Health Equity Accreditation	No	Both	VBC
4) Assess use of codes (whether ICD-10 Z codes, LOINC codes, and/or SNOMED codes) to identify socioeconomic needs		No	Provider	VBC
5) Screening for preferred spoken language for health care	GWU	Retired (NQF 1824)	Both	VBC
6) Org collects data on quality of cultural & linguistic services to improve care & avoid disparities	C-CAT (Language Services Measure)	Yes (NQF 1896)	Both	QI

Community Partnerships Measures

- No fully developed measures identified
- Workgroup recognized this will be a difficult domain to implement and measure.
  - Start with structural measures that can evaluate where a provider/organization is and encourage action to build partnerships
- Priority measure concepts for future development:
  - Metric on appropriate types of partnerships accounting for size and feasibility

Measures Workgroup Decided Upon	Source	Endorsed?	Plan or Provider?	QI or VBC?
1) Organization has strategy to engage community partners	Created by AHIP Equity Workgroup	No	Both	VBC
2) Organization has community partners with shared initiatives that align w/ priorities on improving health outcomes, reducing health disparities, and/or advancing health equity	AHIP Health Equity Workgroup created new measure that aligns with measures from AHA and NQF	No	Both	QI

Key Definitions for Community Partnership Domain

- **Definition of Community Based Organization**:
  - public or private non-profit, non-governmental, or charitable organization that is representative of a community, is driven by community needs and engagement, and provides services aimed at making desired improvements to a community's social health, well-being, and overall functioning.
  - CBOs occur in geographically, psychosocially, culturally, spiritually, and digitally bounded communities.*

- **Definition of Community Engagement:**
  - Process of intentionally working collaboratively with and through groups of people who are impacted by a shared issue of interest to develop meaningful solutions to complex issues affecting the well-being of those people.
  - Community engagement encompasses strategies and processes that are sensitive to the community context and is based on principles that respect the right of all community members to be informed and involved. It seeks to better engage the community to achieve long-term and sustainable outcomes, deepen relationships and trust, and foster equitable collaborative and decision-making processes.
  - Community engagement exists on a continuum of community involvement, ranging from informing, consulting, *and sharing results back with communities* towards greater community involvement and empowerment.**

*definition of a CBO was created during the 2002 and 2003 planning meetings and adopted by NCBON members at the NCBON Organizational Meeting at the APHA Annual Meeting in Washington DC in 2004; https://sph.umich.edu/ncbon/about/whatis.html; 20 USC § 7801(5); https://carleton.ca/communityfirst/cu-glossary/community-based-organizations/;
** http://muskie.usm.maine.edu/helpkids/pubstext/partnercurr/Module2.htm; https://stars.aashe.org/resources-support/help-center/engagement/community-partnerships/;
https://aese.psu.edu/research/centers/cecd/engagement-toolbox/engagement/what-is-community-engagement;; https://www.atsdr.cdc.gov/communityengagement/pce_what.html;
https://granicus.com/blog/what-is-community-engagement/

Access Measures: Appropriateness

	Measures Workgroup Decided Upon	Source	Endorsed ?	Plan or Provider?	QI or VBC?
1	Provide spoken/written information in appropriate languages	NCQA Health Equity Accreditation	No	Both	QI
2	Support practitioners providing language services	NCQA Health Equity	No	Both	QI
3	Provide information on cultural/language services offered by practitioners	NCQA Health Equity Accreditation	No	Both	QI
4	Create Culturally and Linguistically Appropriate Services (CLAS) program to improve culturally & linguistic appropriateness & evaluate annually	NCQA Health Equity Accreditation	No	Provider	QI
5	Patients receiving language services supported by qualified language service providers	GWU Department of Health Policy	Yes (NQF 1821)	Both	VBC
6	Call Center Foreign Language Interpreter and Teletype (TTY) Availability: % of time that TTY services & foreign language interpretation were available when needed by prospective members who called plan's enrollee customer service phone #	CMIT	Yes (NQF 9999)	Plan	QI

Access Measures: Acceptability, Availability, Accessibility, Affordability

	Measures Workgroup Decided Upon	Source	Endorsed?	Plan or Provider	QI or VBC?
1	Percent of health plan employees who have completed cultural competency, anti-bias, and/or anti-racism training	NCQA MHC and AHA Health Equity	No	Plan	QI
2	Network has facilities with extended hours of operation (e.g., evening hours, weekend hours, holidays, etc.) to promote availability & convenience *(could include urgent care)*	Medicare		Plan	QI
3	Geographic distance measure to access care (e.g., travel time, # miles to access care) (*Align with existing state measures or network adequacy measures for Medicare. Adjust based on urban or rural, primary care vs specialist. Consider ease of access)*	Medicare		Plan	QI
4	In the last 12 months, did you look for any info about your health plan's coverage and benefits? • Did you find the info you needed about how your health plan works? • Was the info about how your health plan works easy to understand? • Was the info about how your health plan works in your preferred language? • Was there too much info about how your health plan works? • Was the info about how your health plan works confusing?	AHRQ CAHPS Health Literacy Health Plan Supplemental	Yes	Plan	QI
5	People under age 65 with private insurance whose family's out-of-pocket medical expenditures were more than 10% of total family income	AHRQ Care Affordability		Plan	QI

Access Measures: Acceptability, Availability, Accessibility, Affordability

	Measures Workgroup Decided Upon	Source	Endorsed?	Plan or Provider	QI or VBC?
1	What is your main insurance coverage right now? • COBRA • Employer based insurance (provided through employer or business) • Medicaid • Medicare • Marketplace Exchange (sometimes referred to as Obama Care) • Other • I do not have insurance	Screener Question		N/A Screener Question	N/A Screener Question
2	How often were you able to get an appointment for URGENT care as soon as it was needed? • Never • Sometimes • Usually • Always	CG CAHPS		Provider	QI
3	How often were you able to get an appointment for NON-URGENT care as soon as it was needed? • Never • Sometimes • Usually • Always	CG CAHPS		Provider	QI

Implementation Considerations for Member Experience Measures

- Explain why information is being collected, how data and anonymity will be protected, and how information will be used
- Could have screener question on importance of cultural/linguistic preferences and then have branched logic such that only those who rated cultural/linguistic preferences as “Important” or “Very Important” would answer questions related to cultural/linguistic services to help reduce question burden on entire respondent population
- Can focus on certain questions depending on population (e.g., serve predominantly low-income population, can focus on questions around affordability. If serve culturally and linguistically diverse populations, can focus on questions around cultural and linguistic services)

Member Experience Measures

	Measures Workgroup Decided Upon	Source	Plan or Provider	QI or VBC?
1	Providers are caring and inspire trust (5 items) • Patient could tell provider anything • Patient could trust provider with medical care • Provider took time to consider my cultural preferences and needs • Provider cared about patient as a person • Provider considered affordability of prescribed medications, labs, tests, or parts of treatment plan • N/A	Revised CAHPS Cultural Competenc Composite Measures	Provider	VBC
2	• In the last 12 months, did anyone in this provider's office let you know that an interpreter was available free of charge? • Did any of your appointments start late because you had to wait for an interpreter? • N/A *Liked that it measured access but worry about low response rate and sample sizes. How account for interpretation needs but use bilingual providers or family members so don't need interpreters? Also, how account for interpretation services across continuum of care (seeking care)?*	CAHPS Cultural Competen: Interpreter	Provider	QI
3	Some people use complementary medicine, alternative medicine, and/or natural remedies to stay healthy. These could include acupuncture, herbs, teas, meditation, homeopathy, reiki, among others. If you and your provider had conversations about complementary or alternative medicine or natural remedies in the last 12 months, did you find those conversations respectful? N/A *Liked this question but concern about burden this places on provider in 15-20 minute visit. Some believe can be incorporated with questions on "medications" and "OTC" whereas others would prefer this be asked in pre-visit questionnaire.*	Revised CAHPS Cultural Competen: Complementary Medicine	Provider	QI

Member Experience Measures: Communication

	Description	Source	Endorse	QI/ VBC
1	In the last 12 months, did you see this provider for a specific illness or for any health condition?	CAHPS	NQF 1904	N/A
2	In the last 12 months, did this provider give you instructions about what to do to take care of this illness or health condition? *Depends on if primary care provider or specialist. Primary care provider might defer to specialist so may not provide explanations (e.g., cancer) but may for diabetes or hypertension*	CAHPS Disease Mgmt		VBC
3	Were the results of your blood test, x-ray, or other test easy to understand?	CAHPS		QI
4	Were the forms that you had to fill out at this office available in your preferred language?	CAHPS		QI
5	In the last 12 months, did this provider prescribe any NEW medicines or change how much medicine you should take?	CAHPS RX Co		N/A
6	How often did the provider spend time helping you understand your medicines and how to manage your conditions?	CAHPS		QI
7	Did the provider's office help you get access to the medicines the doctor prescribed to you?	New		QI
8	Did this provider give you all the information you wanted about your health?	CAHPS		QI
9	Did this provider encourage you to talk about all your health questions or concerns?	CAHPS		VBC

Revised IRTH App Measure for Negative Member Experience: Pre-Screener Questions

Did you have any unpleasant or discriminatory experiences that negatively impacted your care or that caused you physical harm, emotional harm, or distress [on your last visit—CG CAHPS] [with the provider you see most frequently—HP CAHPS]?

- Yes
- No
- N/A

If you answered “Yes” to the previous question above, was your care negatively impacted at this provider’s office because of any of the following?: (select all that apply) (Revised CAHPS measure on experiences of discrimination)

- Your race or ethnicity
- You did not speak English very well
- Your gender or gender identity
- Your health conditions
- Your income status
- Your insurance status—type of insurance or not having insurance
- Your general appearance
- Other (please specify): _____

Revised IRTH App Measure for Negative Member Experience (cont.)

What specifically did you experience? Check all that apply. [for QI]

Physical or Bodily Harm:
- Physical abuse and/or aggressive physical contact
- Personal space violated (e.g., touched without your permission, stood too close to you such that you felt uncomfortable, etc.)

Emotional or Psychological Harm/Verbal Abuse:
- Yelled at or threatened
- Felt blamed and/or shamed by how my provider communicated information to me about my health, my choices, and/or my identity
- Rude comments or condescending tone
- Use of racial slurs
- Assumptions based on racial stereotypes

Privacy Violated:
- Private/personal information shared without consent

Neglected or Ignored:
- Dismissiveness or lack of attention to concerns
- Ignored or refused requests for help
- Had to repeatedly explain your health care needs & insist on your needs to the provider
- Repetitively mis-gendered
- Repetitively failed and/or refused to use name and pronouns

Negatively Impacted Treatment:
- Treatment withheld
- Forced to accept unwanted treatment
- Critical diagnostic test delayed or not completed

Member Experience Measures

	Measures Workgroup Decided Upon	Source	QI or VBC?
1	During my visit, I held back from asking questions or discussing my concerns because: (check all that apply) • My provider seemed rushed and distracted • I wanted care that differed from my provider's recommendations • I felt that my provider might think I was being difficult • I did not hold back asking questions • Other (please specify): _____ • N/A	IRTH App Measure	QI
2	Did the provider: (select all that apply) • Show interest in your questions and concerns? • Answer all your questions to your satisfaction? • Give you all the information you wanted about your health? • Encourage you to talk about all your health questions or concerns? • Share difficult or unpleasant news with you in a supportive, nonjudgmental way? • Recognize your name and pronouns? • Ask about your cultural, spiritual, and religious beliefs that may complement or conflict with standard medical care • Listen to you and value your opinion and preferences? • N/A	Positive measures from CAHPS, Inpatient Consumer Survey (ICS), NQF Cultural Competency of Care Delivery, and addition of new measure on pronouns	QI
3	In your own words, describe your experience at your health care visit.	Developed by AHIP Health Equity Wrkgp	QI
4	Were you able to identify programs that were specific to your **cultural (or health or socioeconomic)** needs?	NQF Cultural Comp: Data Collection,	QI

Quality Measures to Stratify: Maternal Health and Pediatrics

NQF Number	Measures Workgroup Decided Upon	Plan or Provider	Endorsed	QI or VBC
1517	Prenatal and Postpartum Care (PPC)	Plan	Yes	VBC (Note: Proposed for mandatory reporting for Medicaid QRS)
1407	Immunizations for Adolescents	Both	Yes	VBC
38	Childhood Immunization Status (CIS-CH)	Plan		VBC (Note: Included in QHP QRS)
24	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	Both	Yes	VBC
NA	Follow-Up Care for Children Prescribed ADHD Medication (ADD) (eCQM)	Both	No	Yes
1448	Developmental Screening in the First Three Years of Life	Population		QI
NA	Child and Adolescent Well-Care Visits	Plan		VBC

Quality Measures to Stratify: Respiratory

NQF #	Measures Workgroup Decided Upon	Plan or Provider	Endorsed	QI or VBC
283	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	Population	Yes	QI
1893	Hospital 30-Day, All-Cause, Risk Standardized Mortality Rate (RSMR), following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Facility	Yes	VBC
1891	Hospital 30-Day, All-Cause, Risk-Standardization readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization	Facility	Yes	VBC
275	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	Population	Yes	QI

Quality Measures to Stratify: Cancer

NQF #	Measures Workgroup Decided Upon	Plan or Provider	Endorsed	QI or VBC
32	Cervical Cancer Screening (CCS)	Plan	Yes	VBC
2372	Breast Cancer Screening	Plan	Yes	VBC
34	Colorectal Cancer Screening	Plan	Yes	VBC
3188	30-Day Unplanned Readmissions for Cancer Patients	Provider	Yes	VBC
NA	OCM-6 Patient-Reported Experience of Care	Provider	Yes	VBC
215	Proportion of patients who died from cancer not admitted to hospice	Provider	Yes	VBC
216	Proportion of patients who died from cancer admitted to hospice for less than 3 days	Provider	Yes	VBC

Quality Measures to Stratify: Behavioral Health

NQF Number	Measures Workgroup Decided Upon	Plan or Provider	Endorsed	QI or VBC
1885	Depression Response at Twelve Months-Progress Towards Remission	Provider	Yes	VBC
28	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Provider	Yes	VBC
576	Follow-Up After Hospitalization for Mental Illness (FUH	Both	Yes	VBC
3489	Follow-Up After Emergency Department Visit for Mental Illness	Both	Yes	VBC
NA	Prenatal Depression Screening and Follow-up (PND)	Plan	No	QI (Used in HEDIS but plans note challenges with ECDS)
NA	Postpartum Depression Screening and Follow-up (PDS)	Plan	No	QI (Used in HEDIS but plans note challenges with ECDS)
2607	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD)	Plan	Yes	VBC
2940	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	Plan	Yes	QI

Quality Measures to Stratify: Diabetes

NQF Number	Measures Workgroup Decided Upon	Plan or Provider	Endorsed	QI or VBC
55	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	Both	Yes	VBC
575	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	Plan	Yes	VBC
61	Comprehensive Diabetes Control: BP control (<140/90 mm Hg)	Plan	Yes	VBC

Quality Measures to Stratify: Cardiovascular

NQF Number	Measures Workgroup Decided Upon	Plan or Provider	Endorsed	VBC or QI
535	30-day all-cause risk standardized mortality rate following percutaneous coronary intervention (PCI) for patients without ST segment elevation myocardial infarction (STEMI) and without cardiogenic shock	Provider	Yes	VBC
536	30-day all-cause risk-standardized mortality rate following Percutaneous Coronary Intervention (PCI) for patients with ST segment elevation myocardial infarction (STEMI) or cardiogenic shock	Provider	Yes	VBC
NA	Adult BMI Assessment (ABA)	Plan	No	QI
NA	Annual Monitoring for Patients on Persistent Medications (MPM)	Plan	No	QI

Quality Measures to Stratify: Cardiovascular

NQF #	Measures Workgroup Decided Upon	Plan or Provider	Endorsed	VBC or QI
669	Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery	Provider	Yes	QI
671	Cardiac stress imaging not meeting appropriate use criteria: Routine testing after percutaneous coronary intervention (PCI)	Provider	Yes	VBC
672	Cardiac Stress Imaging Not Meeting Appropriate Use Criteria: Testing in Asymptomatic, Low-Risk Patients	Provider	Yes	VBC
2474	Cardiac Tamponade and/or Pericardiocentesis Following Atrial Fibrillation Ablation	Provider	Yes	VBC
1525	Chronic Anticoagulation Therapy	Provider	Yes	VBC
66	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy--Diabetes or Left Ventricular Systolic Dysfunction (LVEF < 40%)	Provider	Yes	VBC
67	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy	Provider	Yes	VBC

Quality Measures to Stratify: Cardiovascular

NQF #	Measures Workgroup Decided Upon	Plan or Provider	Endorsed	VBC or QI
505	Hospital 30-Day, All-Cause, Risk-Standardization Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization	Provider	Yes	VBC
229	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Heart Failure (HF) Hospitalization	Provider	Yes	VBC
230	Hospital 30-day, All-Cause, Risk-Standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization	Provider	Yes	VBC
330	Hospital 30-Day, All-Cause, Risk-Standardization Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization	Provider	Yes	VBC
18	Controlling High Blood Pressure	Plan	Yes	VBC
2515	Hospital 30-Day, All-Cause, Unplanned, Risk-Standardization Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery	Provider	Yes	VBC
541	Medication Adherence for Cholesterol (Statins)	Plan	Yes	VBC
541	Medication Adherence for Hypertension (RAS antagonists)	Plan	Yes	VBC
28	Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention	Provider	Yes	VBC
119	Risk-Adjusted Operative Mortality for CABG	Provider	Yes	VBC

Accountability Measures

Measures Workgroup Decided Upon	Background	Plan or Provider	QI or VBC
Hospital Commitment to Health Equity	• Includes five attestation-based questions • Structural measure assessing five domains: equity is a priority, data collection, data analysis, QI, and leadership engagement • Recently finalized for the CMS Hospital IQR Program • Not endorsed	• Hospital setting • Facility level of analysis	QI? Workgroup noted this was a fair measure as a start but should payment be tied to process/outcomes rather than an attestation?

Thank You

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