

HPC DATAPOINTS

The Quality Measure Alignment Taskforce's Evaluation of Payer Adherence to the Massachusetts Aligned Measure Set

INTRODUCTION

Health care quality measurement serves an important role in ensuring that patients receive high quality care, identifying areas for improvement, and facilitating accountability.¹ The role of quality measures will continue to expand, in part with the shift towards alternative payment methods (APMs) through which payments to providers are tied to quality performance and cost efficiency.^{2,3,4} Through global-budget-based risk contracts, a type of APM, providers assume a degree of financial risk for a population of attributed patients and may earn financial incentives for meeting agreed-upon quality performance targets.⁵ While quality measurement continues to be valuable for patient care and payment, a lack of alignment in the specific measures used in global budget-based risk contracts is a major source of administrative burden in the health care system, contributing to clinician burnout and diluting quality improvement efforts.⁶

Recognizing these challenges, the Executive Office of Health and Human Services (EOHHS), in collaboration with the Massachusetts Health Policy Commission (HPC) and the Center for Health Information Analysis (CHIA), convened the Quality Measure Alignment Taskforce (“Taskforce”) in 2017. The primary goal of the Taskforce has been to propose an aligned set of quality measures for use in global budget-based risk contracts between payers and providers in the Commonwealth. Adoption of a single, expert-informed set of quality measures would simplify administration for both providers and payers, emphasize the state’s quality improvement priorities, and enable state agencies to better monitor health system performance overall.

Members of the Taskforce include individuals with quality measurement expertise from provider organizations, commercial and Medicaid managed care health plans, academic institutions, state agencies, and consumer advocacy organizations. Through a consensus process, the Taskforce developed and maintains the Massachusetts Aligned Measure Set, a standard set of quality measures and specifications that is reviewed and updated on an annual basis. The Commonwealth currently relies on voluntary adoption of the Massachusetts Aligned Measure Set by providers and commercial payers.

Methodology

To track adoption of the Aligned Measure Set by Massachusetts payers, the Taskforce annually administers a voluntary survey, the Quality Measure Catalogue, to learn which quality measures payers have included in their global budget-based risk contracts for the upcoming year in order to measure adherence. This analysis focuses on survey responses from five commercial payers—Blue Cross Blue Shield of Massachusetts (BCBSMA), Boston Medical Center HealthNet Plan (BMCHP), Harvard Pilgrim Health Plan (HPHC), Health New England (HNE), and Tufts Health Plan (THPP)—and MassHealth, Massachusetts’ Medicaid agency, for contract years 2019 through 2021.ⁱ

In addition, Taskforce staff interviewed all payers that contributed to the Quality Measure Catalogue to gather qualitative insights into their adoption of the Massachusetts Aligned Measure Set.

ⁱ United HealthCare was excluded from this analysis as they only submitted data for one year; Allways Health Partners and UniCare reported that they do not use quality measures in global-budget based risk contracts as the Taskforce has defined those contracts, and Aetna, Cigna, and Commonwealth Care Alliance did not respond to the request.

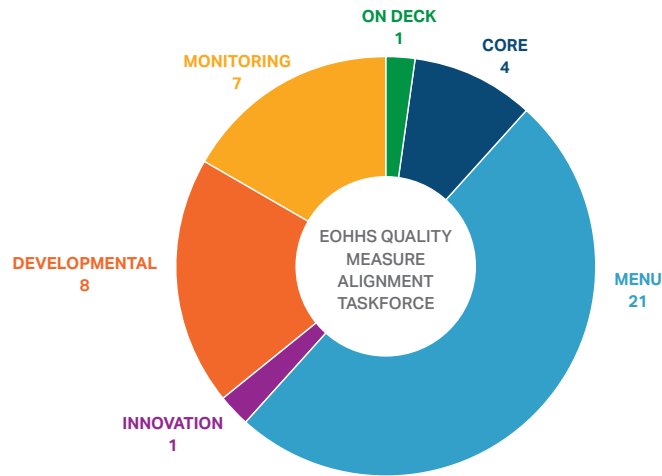


This DataPoints issue was prepared in collaboration with the Center for Health Information and Analysis

This DataPoints issue was prepared in collaboration with the Center for Health Information and Analysis (CHIA). The purpose of this DataPoints issue is to promote transparency on current payer adherence to the Massachusetts Aligned Measure Set. This is a printable version of DataPoints. The online version features interactive graphics that show additional information, and is available on the HPC’s website at www.mass.gov/service-details/hpc-datapoints-series.

OVERVIEW OF THE MASSACHUSETTS ALIGNED MEASURE SET

The Taskforce has defined six categories of measures, five of which make up the Massachusetts Aligned Measure Set (“Aligned Measure Set”)—Core, Menu, Developmental, Innovation, and On Deck measures (hover over the pie slices for more information on the measure category definitions). Payers and providers are expected to adopt all Core measures, can choose measures from the Menu set, and/or can choose to pilot Developmental, Innovation, or On Deck measures. The Taskforce tracks Monitoring measures, but use of Monitoring measures in contracts is not considered to be in adherence with the Aligned Measure Set given that performance on those measures is already high and there is limited opportunity for improvement; should performance for those measures decline, the Taskforce may consider moving them into the Core or Menu sets.



CORE

Measures that payers and providers are expected to always use in their global budget-based risk contracts.

MENU

All other measures from which payers and providers may choose to supplement the Core measures in their global budget-based risk contracts.

INNOVATION

Measures which address a) clinical topics or clinical outcomes in the Core or Menu Sets utilizing a novel approach or b) clinical topics that are not addressed in the Core or Menu Sets.

Innovation measures are well-defined, and have been validated and tested for implementation. Innovation measures are intended to advance measure development and therefore cannot include measures that have been previously considered and rejected by the Taskforce as potential Core or Menu measures. Innovation measures can be used on a pay-for-performance or pay-for-reporting basis at the mutual agreement of the payer and providers.

For payers choosing to voluntarily adopt the Massachusetts Aligned Measure Set and its associated parameters, use of Innovation measures, at the outset, will not be limited in number. The Taskforce will monitor and revisit use of Innovation measures. The Taskforce will evaluate Innovation measures, once developed and tested, for inclusion in the Menu or On Deck Sets.

DEVELOPMENTAL

Measures and measure concepts that address priority areas for the Taskforce, but the measure has not yet been defined, validated and/or tested for implementation. Willing payers and providers may use these measures in their global budget-based risk contracts.

MONITORING

Measures that the Taskforce identified to be a priority area of interest, but because recent health plan performance has been high, or data are not currently available, were not endorsed for Core or Menu Set use.

Monitoring Set measures are intended to be used for performance tracking to ensure performance does not decline. If performance does decline, the Monitoring Set measures may be reconsidered by the Taskforce for future inclusion in the Core and Menu Sets.

ON DECK

Measure(s) that the Taskforce has endorsed supports for the Core or Menu Set, and which the Taskforce will move into those sets in the two or three years following endorsement formal support to give providers time to prepare for reporting.

PAYER USE OF 2021 CORE AND MENU MEASURES IN ANY GLOBAL BUDGET-BASED RISK CONTRACT

The Taskforce adjusts the composition of the Aligned Measure Set slightly from year to year as measures are added or retired. The 2021 Massachusetts Aligned Measure Set consists of four Core Set measures and 21 Menu Set measures. Overall, the payers of focus increased the use of four measures from the Aligned Measure Set in their contracts from 2020 to 2021, one of which is a Core measure and three of which are Menu measures. Payers decreased the use eight measures, one Core measure and seven Menu measures, in their contracts from 2020 to 2021. Use of behavioral health measures has been low overall, with only two out of eight included in contracts by more than one payer.

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Measure Designation	Measure Name	Number of Payers using measure	# of contracts compared to 2020	2021					
				MassHealth	BCBSMA	BMCHP	HNE	HPHC	THP
CORE	CG-CAHPS (MHQP Version)	4	▼	●	●			●	●
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	5		●	●	●		●	●
	Controlling High Blood Pressure (Core)	5	▲	●	●		●	●	●
	Screening for Clinical Depression and Follow-Up Plan	3		●			●	●	
MENU	Asthma Medication Ratio	3	▼	●	●				●
	Breast Cancer Screening	4			●	●	●		●
	Cervical Cancer Screening	4			●	●	●		●
	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	0							
	Childhood Immunization Status (Combo 10)	4	▲	●			●	●	●
	Chlamydia Screening—Ages 16-24	3	▼		●		●		●
	Colorectal Cancer Screening	3			●		●		●
	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	5	▲		●	●	●	●	●
	Comprehensive Diabetes Care: Eye Exam	3			●			●	●
	Continuity of Pharmacotherapy for Opioid Use Disorder	1					●		
	Follow-up After Emergency Department Visit for Mental Health (7-Day)	1	▼	●					
	Follow-Up After Hospitalization for Mental Illness (30-Day)	1	▲	●					
	Follow-Up After Hospitalization for Mental Illness (7-Day)	1	▼				●		
	Immunizations for Adolescents (Combo 2)	4	▼	●	●		●		●
	Influenza Immunization	1					●		
	Informed, Patient-Centered Hip and Knee Replacement	0	N/A						
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	4	▼	●	●		●	●	
	Metabolic Monitoring for Children and Adolescents on Antipsychotics	1	▼	●					
	Risk of Continued Opioid Use	0	N/A						
	Shared Decision-Making Process	0	N/A						
	Use of Imaging Studies for Low Back Pain	3			●		●		●

▲ Increased ▼ Decreased || Same ● Used in global budget contracts

MASSACHUSETTS ALIGNED MEASURE SET ADHERENCE RATE

Adherence to the Aligned Measure Set has been calculated by taking the sum of instances endorsed measures were used by a given payer in their global budget-based risk contracts and dividing it by the sum of instances any measures (endorsed or non-endorsed) were used by a given payer in their global budget-based risk contracts.

The overall adherence rate to the Aligned Measure Set among respondents has increased from 65% in 2019 to 83% in 2021. However, there is wide variation in adherence among payers. Two of the commercial payers who responded to the Quality Measure Catalogue, BCBSMA and HPHC, had a meaningful increase in their adherence rate to the Aligned Measure Set between 2019 and 2021. On the other hand, BMCHP, THP, and HNE have not made meaningful improvements in their adoption of the Aligned Measure Set.

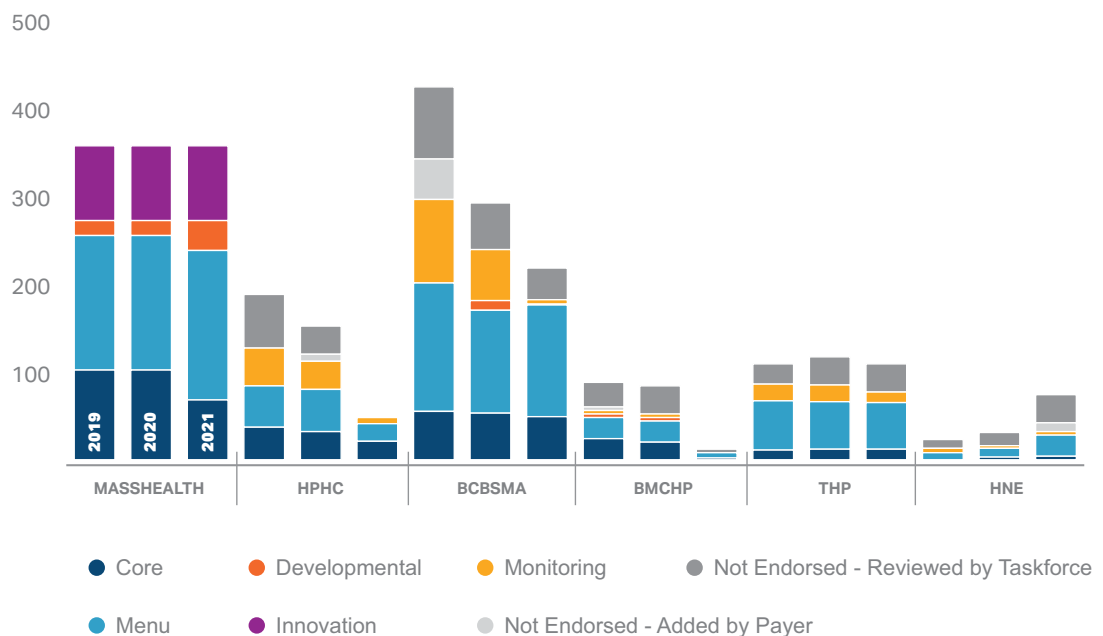
In follow-up interviews, payers cited some potential barriers to adoption of the Aligned Measure Set, including multi-year contracts which do not adjust to annual changes in the Aligned Measure Set during the contract period; provider requests to use non-endorsed measures; plan interest in use of non-aligned HEDIS measures NCQA considers for plan accreditation; insufficient denominators for certain measures; and the burden of collecting outcome measures which rely on clinical data from electronic health records (EHRs). It is worth noting that MassHealth does include some population-specific measures which are not part of the Aligned Measure Set, but have been endorsed by the Taskforce for use in MassHealth ACO contracts.

Overall adherence has increased, although there is wide variation in adherence among payers.

Adherence to Aligned Measure Set

Defined as the proportion of measures in use in contracts that are Core, Menu, Developmental, and Innovation measures

	Statewide (All-Payer)	MassHealth	HPHC	BCBSMA	BMC HealthNet	THP	HNE
2019	65%	100%	45%	47%	59%	61%	35%
2020	72%	100%	53%	62%	57%	56%	42%
2021	83%	100%	85%	81%	67%	60%	38%



The Massachusetts Health Policy Commission (HPC) is an independent state agency charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC's mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs.

HPC DataPoints is a series of online briefs that spotlight new research and data findings relevant to the HPC's mission to drive down the cost of health care. It showcases brief overviews and interactive graphics on relevant health policy topics. The analysis underlying these briefs is conducted by HPC staff. To view all HPC DataPoints, visit our [website](#).

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CONCLUSION

The goal of universal adoption of the Massachusetts Aligned Measure Set is to reduce the administrative burden for payers and provider organizations and focus the Commonwealth's quality improvement efforts on high priority areas. The overall trend in adoption of the Massachusetts Aligned Measure Set from 2019 to 2021 is positive, but adherence is variable and there continue to be multiple measure sets used in global budget risk contracts. While voluntary payer commitments to alignment show promise, absent a legislative mandate, it is unlikely that full alignment will be achieved.

For more information on the EOHHS Quality Measure Alignment Taskforce, please visit their [website](#).

Endnotes

- 1 Massachusetts Executive Office of Health and Human Services Quality Alignment Taskforce Report on Work through July 2018 (October 2018). Available at: <https://www.mass.gov/doc/eohhs-quality-alignment-taskforce-report-on-work-through-july-2018-october-2018/download>
- 2 Patient Protection and Affordable Care Act, Public law 111-148 (2010).
- 3 An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation, Chapter 224 (2012).
- 4 Medicare Access and CHIP Reauthorization Act of 2015, Public law 114-10 (2015)
- 5 Health Policy Commission. Transforming Care: Risk Contracts and Performance Management Approaches of Massachusetts ACOs. (June 2019). Available at: <https://www.mass.gov/doc/aco-brief-3-transforming-care-risk-contracts-and-performance-management-approaches-of/download>
- 6 Health Policy Commission. Pre-filed Testimony Pursuant to the 2016 Annual Cost Trends Hearing. 2016 Oct. Available at: <https://www.mass.gov/service-details/testimony-2016-cost-trends-hearing>