



Meeting of the Care Delivery Transformation Committee

February 9th, 2022

Agenda



CALL TO ORDER

Approval of Minutes (VOTE)

Moving Massachusetts Upstream (MassUP) Awardee Presentation: Hampshire County Food Policy Partnership

Quality Measure Alignment Taskforce: DataPoints Highlights and Current Priorities

Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program

Schedule of Upcoming Meetings

Agenda



Call to Order



APPROVAL OF MINUTES (VOTE)

Moving Massachusetts Upstream (MassUP) Awardee Presentation: Hampshire County Food Policy Partnership

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Schedule of Upcoming Meetings

VOTE

Approval of Minutes



MOTION

That the Members hereby approve the minutes of the Committee meeting held on **October 6, 2021**, as presented.

Agenda



CALL TO ORDER

Approval of Minutes (**VOTE**)



**MOVING MASSACHUSETTS UPSTREAM (MASSUP) AWARDEE PRESENTATION:
HAMPSHIRE COUNTY FOOD POLICY PARTNERSHIP**

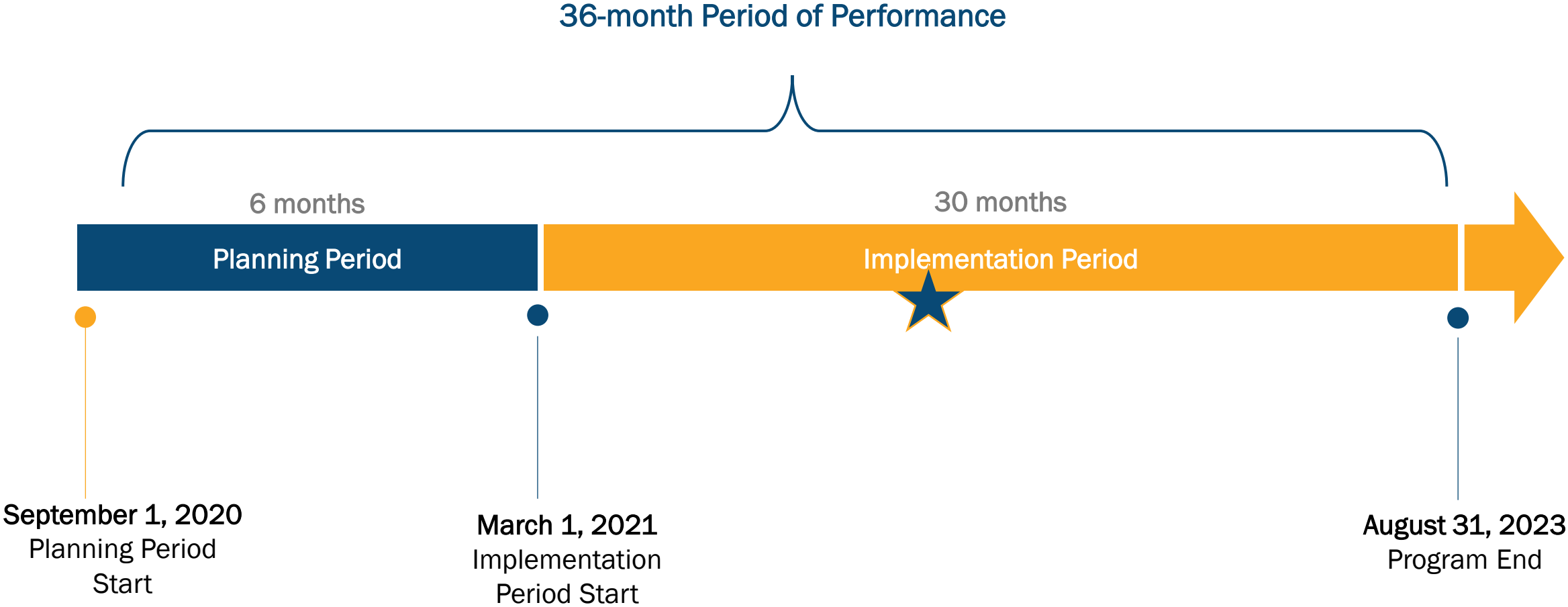
Quality Measure Alignment Taskforce: DataPoints Highlights and Current Priorities





Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN)
Investment Program

Schedule of Upcoming Meetings

Moving Massachusetts Upstream (MassUP) Investment Program Overview





PARTNERSHIP	COMMUNITY	SDOH OF FOCUS
Hampshire County Food Policy Partnership	Hampshire County	Food Systems and Security 
HEAL Winchendon – Economic Empowerment	Town of Winchendon	Economic Stability and Mobility 
Cross-City Coalition	Cities of Chelsea, Revere	Economic Stability and Mobility 
MassUP Springfield	Springfield neighborhoods	Food Systems and Security 



SDOH and Community of Focus

Food Systems and Security in Hampshire County

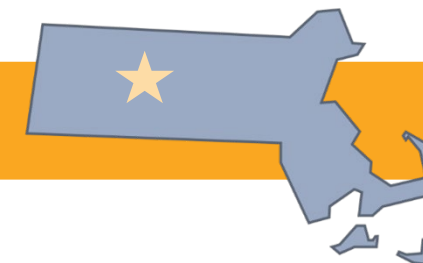


Partnership Organizations

- Cooley Dickinson Health Care
- Collaborative for Educational Services
- Hilltown Community Health Center
- Hilltown Community Development Corp.




Partnership Activities



Implementation Period:

- Finalize membership and regularly convene Food Policy Council
- Design and implement small grants that promote food security in Hampshire County
- Strategize and implement additional upstream activities, such as building resident-governed local gardens



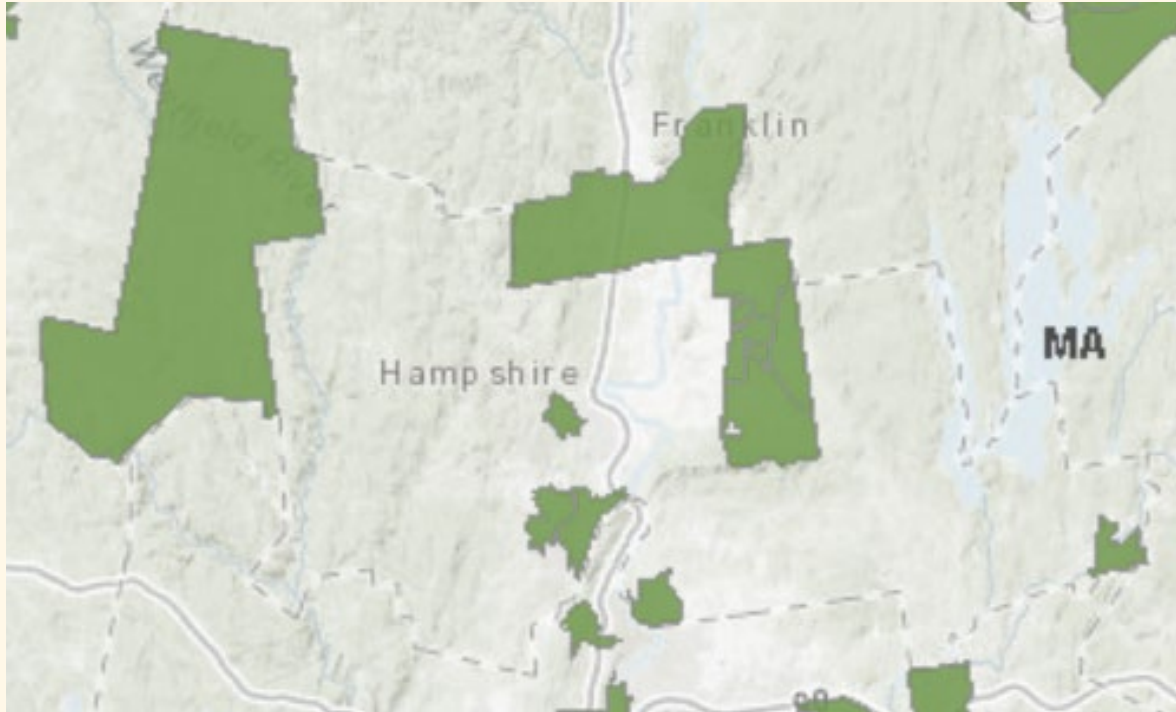
Hampshire County Food Policy Council

**Presentation to the HPC Care Delivery Transformation
Committee**

February 9, 2022

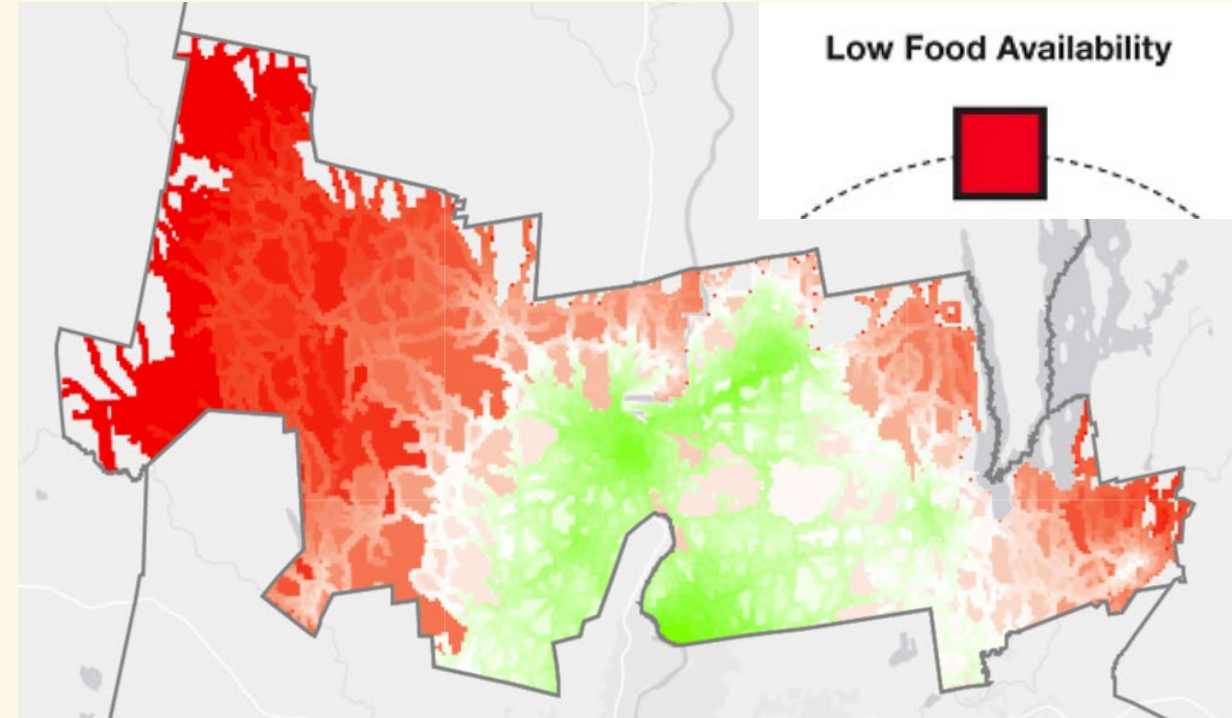
Kia Aoki, Jeff Harness, Caitlin Marquis

FOOD INSECURITY IN HAMPSHIRE COUNTY



1 IN 10

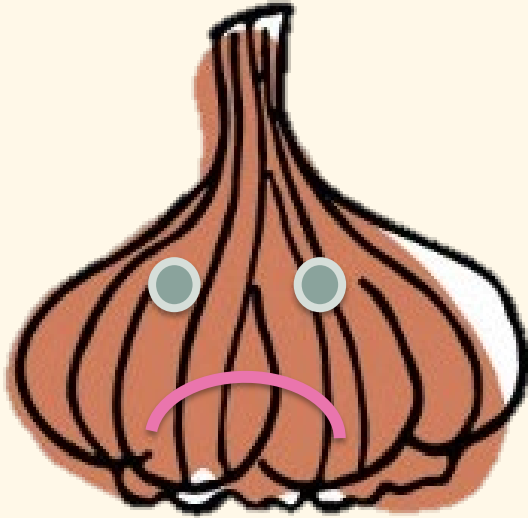
Hampshire County residents is low income and lives more than a 20-minute walk/drive from a supermarket



12 OUT OF 19

Hampshire County towns experience low food availability

MENTAL HEALTH IN HAMPSHIRE COUNTY

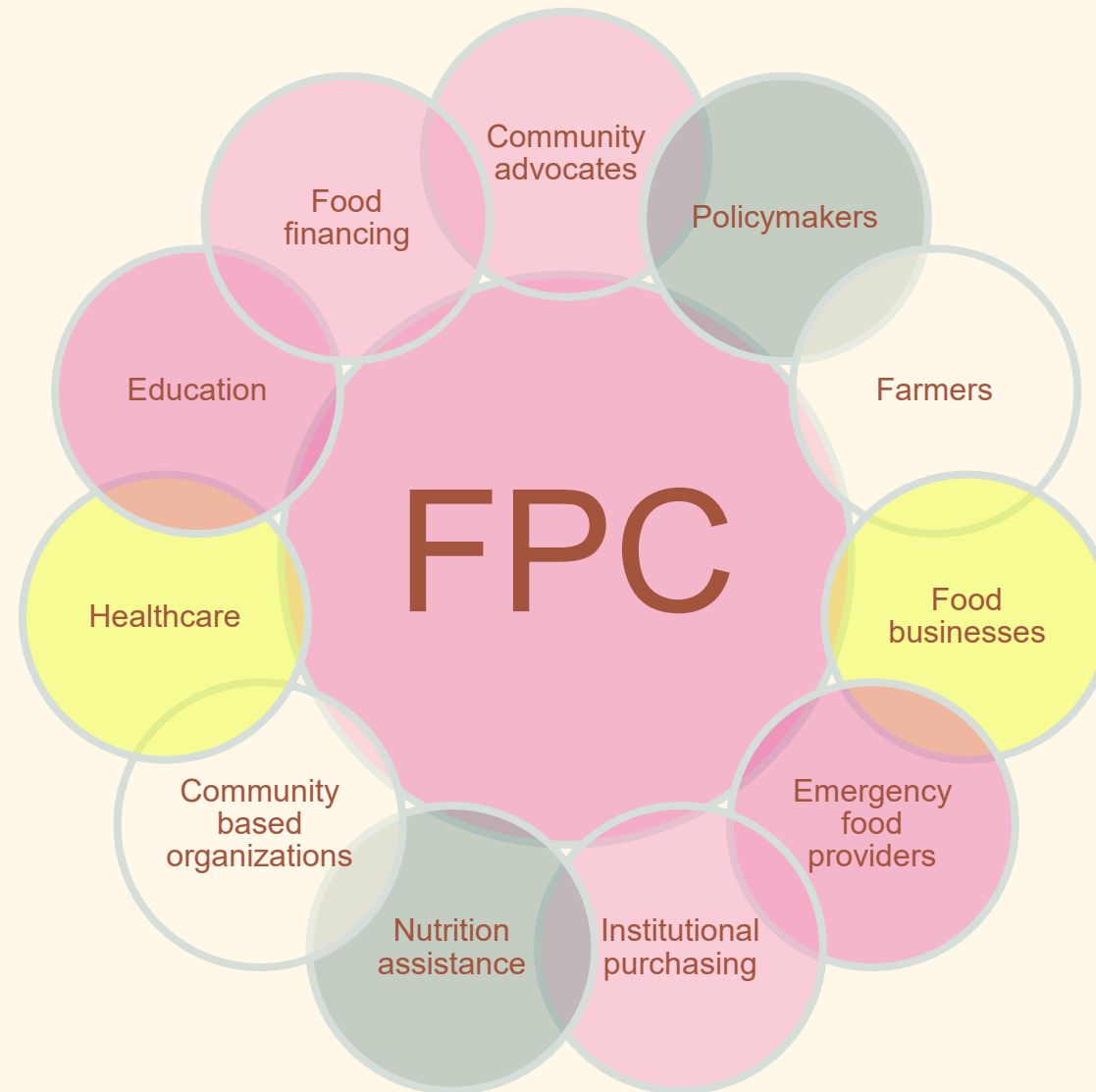


- Hampshire County's **mental health hospitalization rate** = **22% higher** than MA
 - Latino residents = **65% higher** than White residents
 - Black residents = **70% higher** than White residents
- Hampshire County's **suicide rate** = **second-highest in the state**



Social capital, social networks, and social support are protective factors against poor health and chronic disease

WHAT IS A FOOD POLICY COUNCIL?



WHY A FOOD POLICY COUNCIL?



Healthy Hampshire Food Access Assessment Report

2017



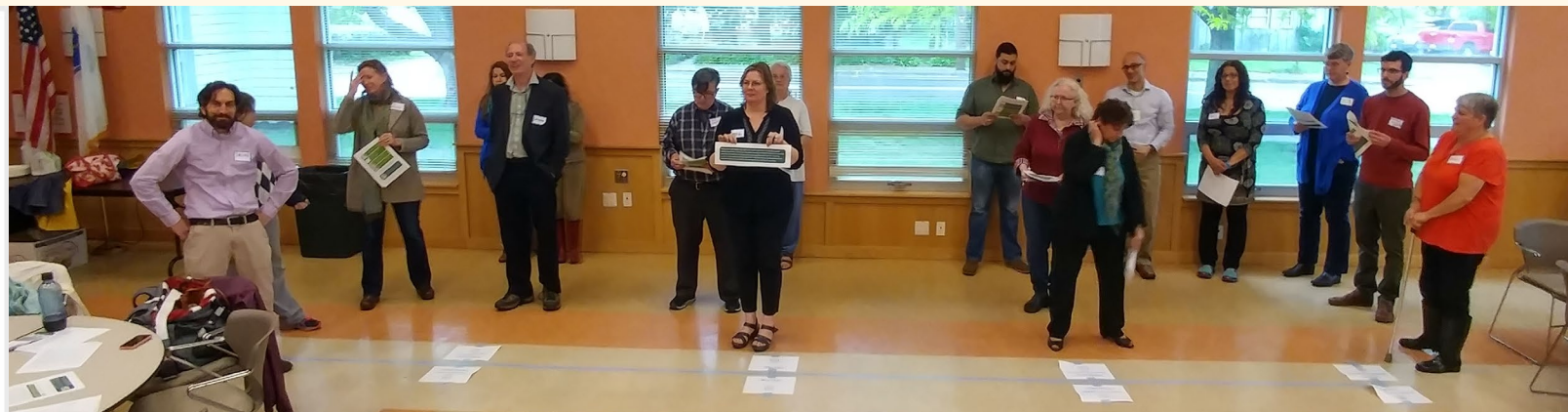
Thank you to the members and facilitators of the Food Access Advisory Committee:

Karin Anderson	Tania Hart
Sarah Bankert	Mary Loughlin
Robin Bialecki	Caitlin Marquis
Edgardo Cancel	Rebecca Martin
Nancy (Nev) Capron	Frank Martinez Nocito
Clem Clay	Alexandra Mello
Kelly Coleman	Heidi Nortonsmith
Steve Connor	Sara Noseworthy
Heather Craig	Deborah O'Hara
Maureen Dempsey	Carlos Rivera
Michelle Döhlmann	Donna Sallloom
Jackie Duda	Catherine Sands
Wayne Feiden	Dillon Sussman
Andrea Freeman	Joanne Taylor
Jeffrey Harness	Marie Westburg

Produced by Healthy
Hampshire for the
Cooley Dickinson
Health Care
Healthy Communities
Committee

Key contributors: Caitlin
Marquis, Catherine Brooks,
Karen Auerbach, Dillon
Sussman, and Sarah Bankert

Special thanks to the
Massachusetts Department of
Public Health and Cooley
Dickinson Health Care



Recommendations

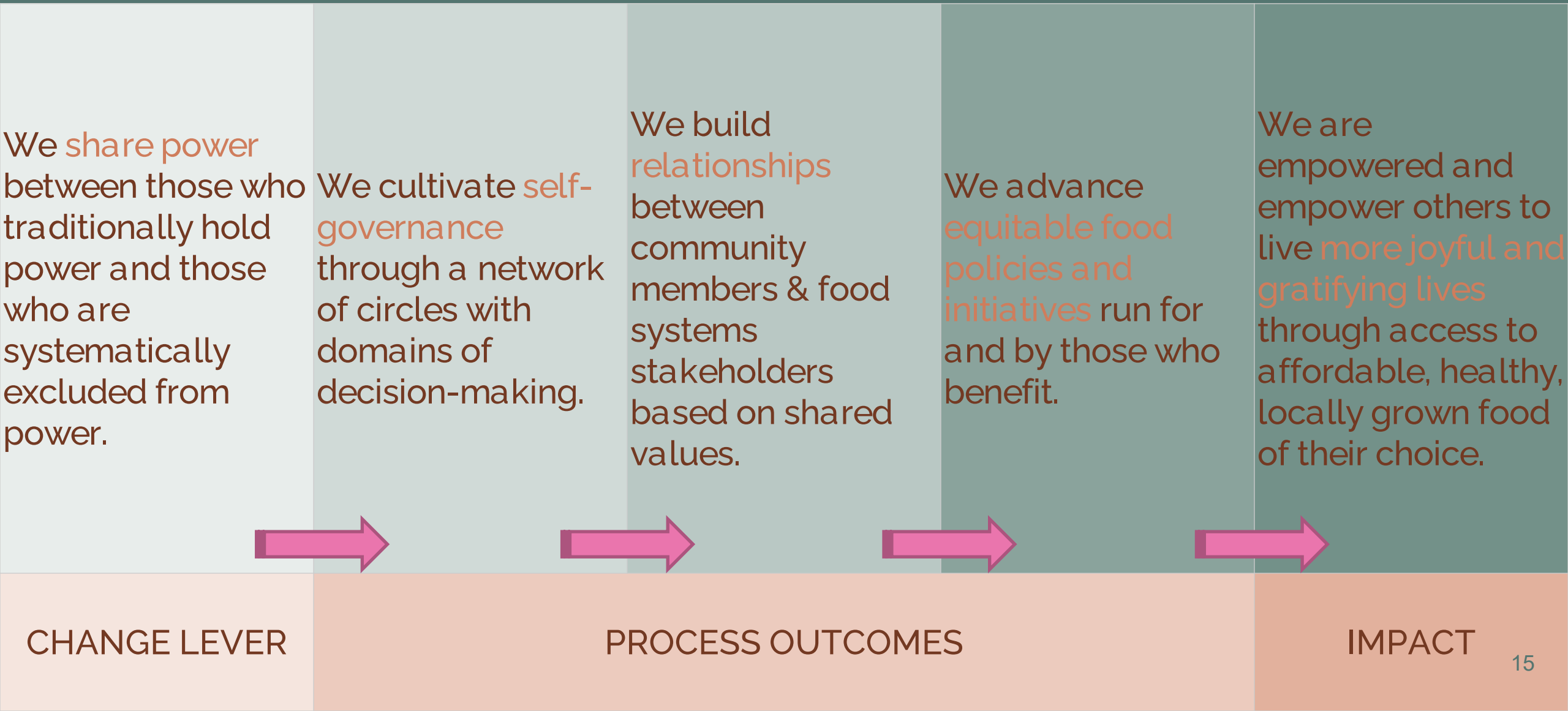
The following list of recommendations was developed by the Food Access Advisory Committee after reviewing and discussing the data and challenges presented throughout this report.

1. Food Policy Council

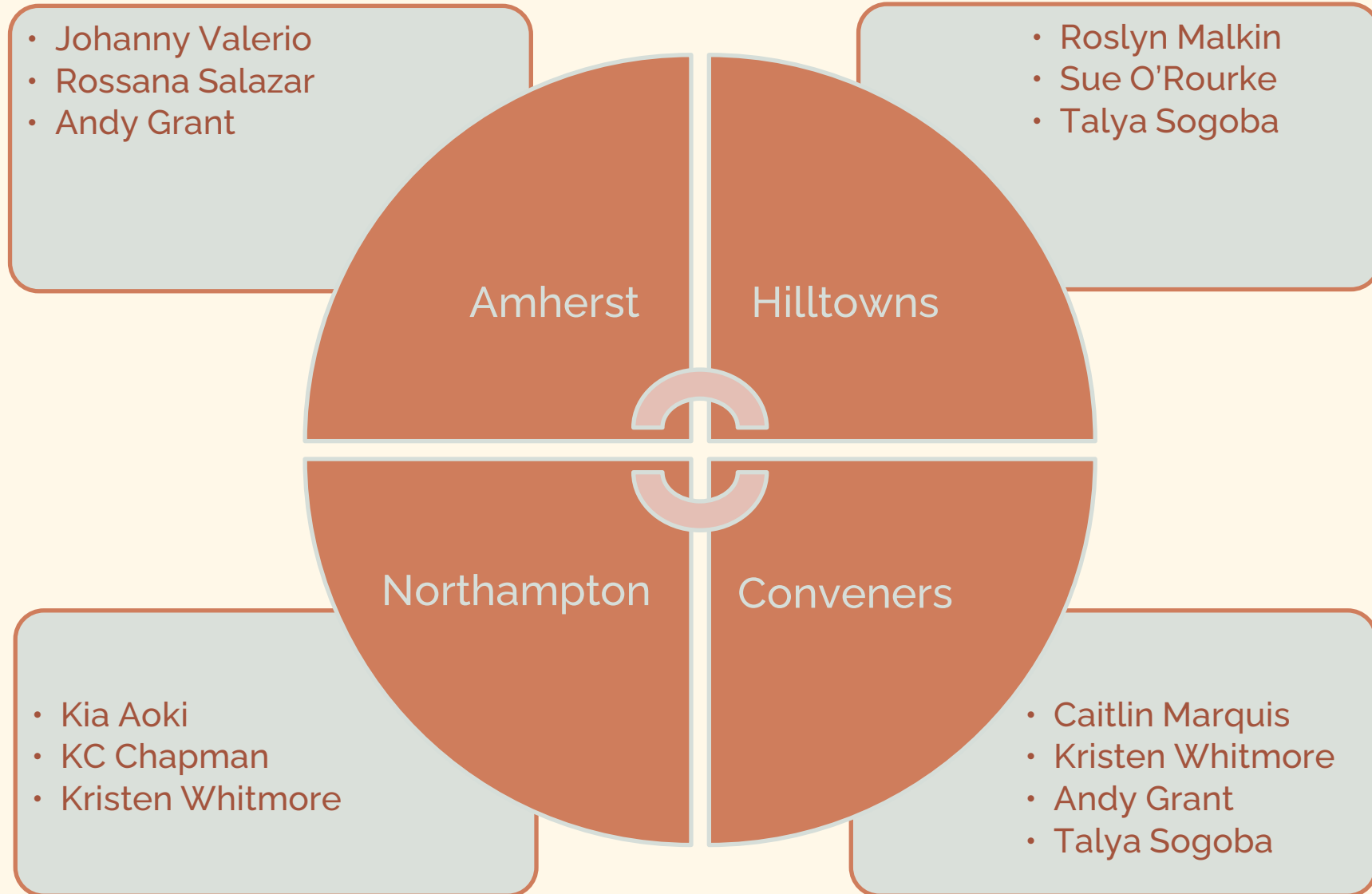
Establish a food policy council for Hampshire County or a subset of communities that prioritizes leadership from people who experience food insecurity in Hampshire County. Link with similar efforts in neighboring counties. Use the food policy council structure to:

- Support organizations and movements for and by low-income people that advocate for greater attention to the reality of who is poor and what they experience, with a particular focus on affordable housing tenant organizing efforts.
- Continue to build connections with people of color in Hampshire County, especially black and Hispanic/Latino residents, who experience disproportionately high rates of chronic disease, so that food access efforts are guided by and reflect their needs.

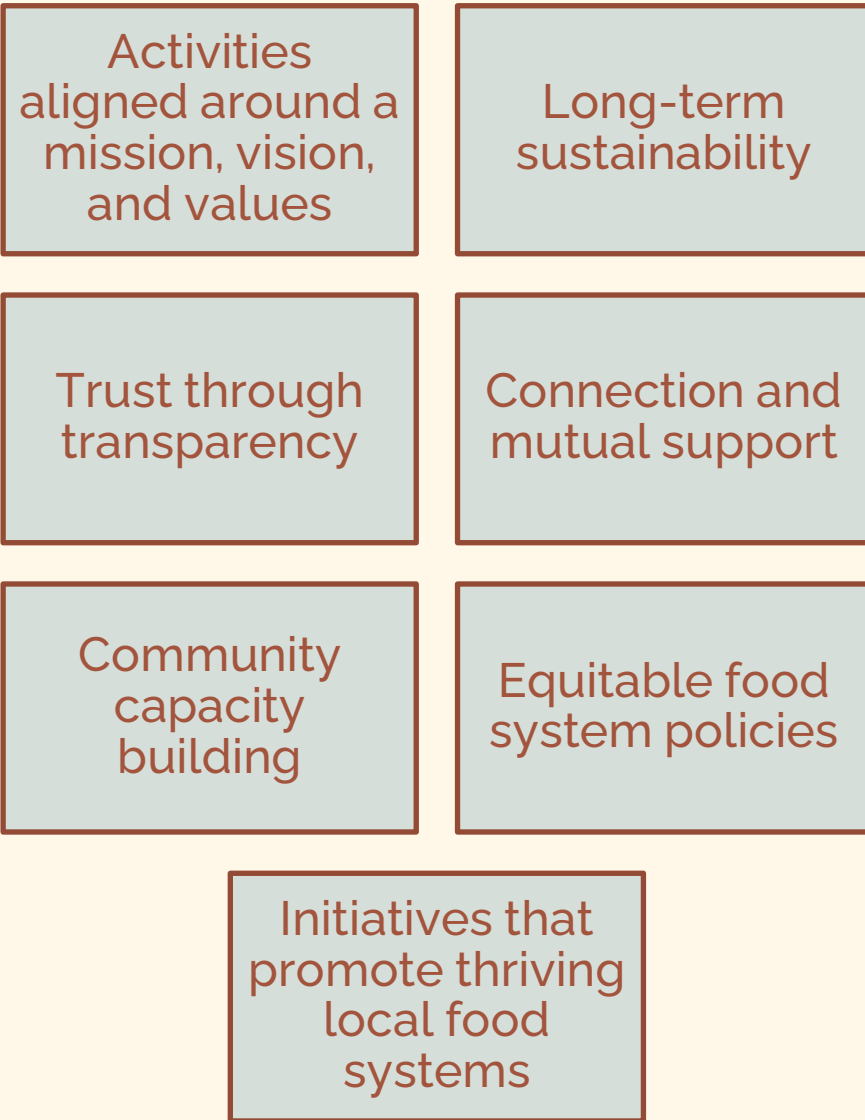
HAMPSHIRE COUNTY FOOD POLICY COUNCIL THEORY OF CHANGE



FOOD POLICY COUNCIL STARTUP CIRCLE



GOALS



ACCOMPLISHMENTS

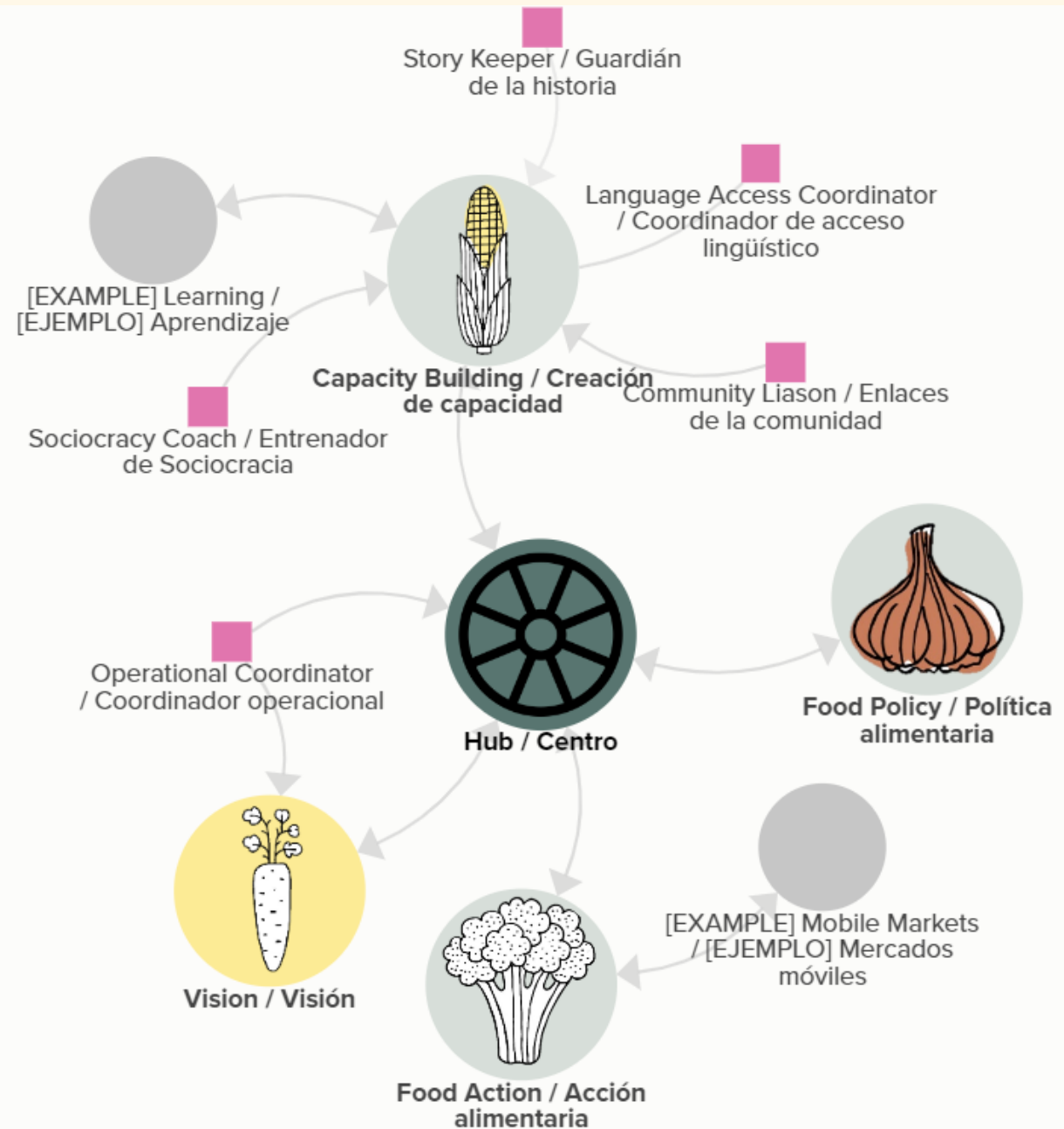
- ✓ 5 mini grants made to Amherst Survival Center, Amherst Mobile Market, Grow Food Northampton, Hilltown Community Development, and Northampton Survival Center
- ✓ 12 Learning Circles held to build the capacity of network members
- ✓ Food Policy Council Launched:
 - ✓ Developed governance structure
 - ✓ Prioritized areas of focus
 - ✓ Developed partnership policy
 - ✓ Developed communication channels

HAMPSHIRE COUNTY

FOOD POLICY COUNCIL



LAUNCHED



WHAT COMES NEXT?

Expand the FPC's
Network and
Partners

Train interested
Partners in
foundational
concepts

Continue to build
out FPC
Infrastructure with
key leadership
roles and
responsibilities

Examine and
Prioritize strategies
in each of our core
areas of focus
(Food Policy, Food
Action, and
Capacity Building)

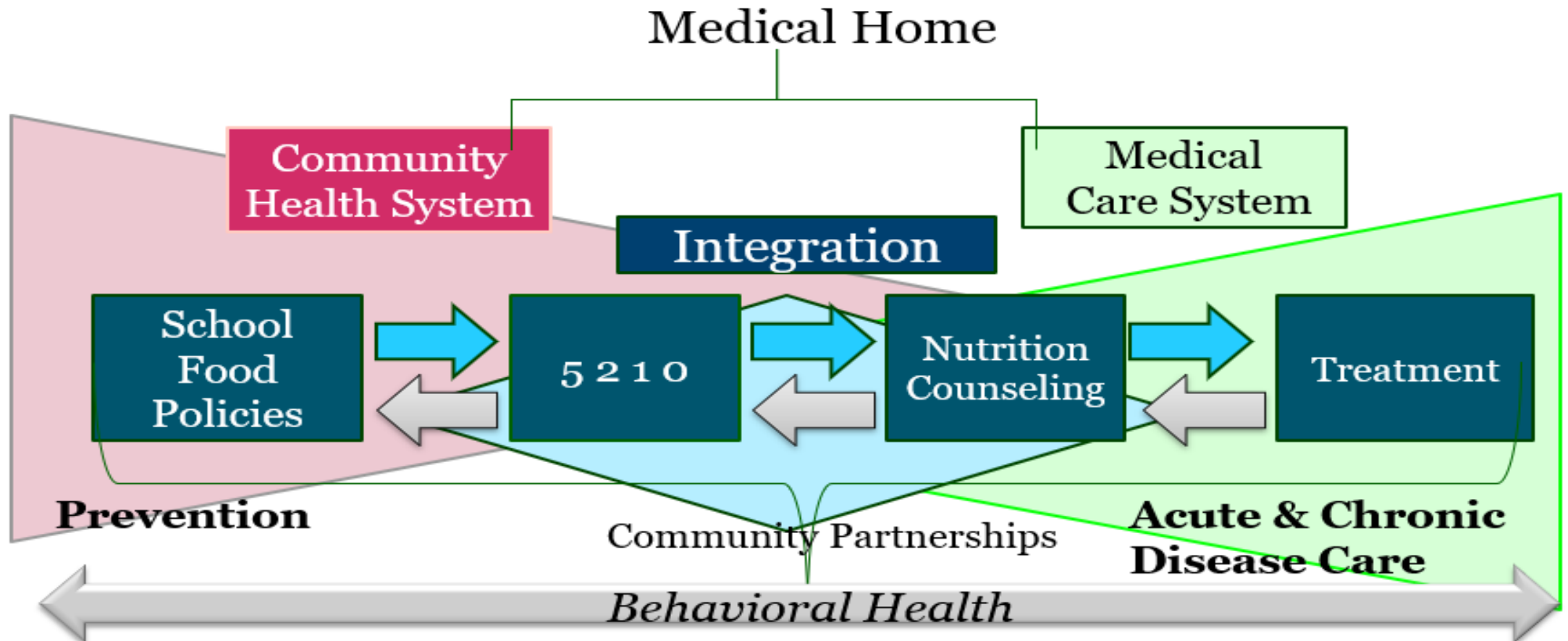
Allocate additional
discretionary
funding

ROLES OF HOSPITALS AND HEALTH SYSTEMS

- Increasingly interested in community health
 - Serve mission, systems thinking, achieve better outcomes, act on upstream solutions
- Anchor institutions
 - Employment, purchasing, advocacy, resources
- Community health needs assessment and community benefit
 - Partner with the community
- Value based care and population health
 - Improve health outcomes, reduce costs, reduce burden on individuals, families, and society of poor health

COORDINATE COMMUNITY HEALTH AND MEDICAL CARE

Example: Childhood Obesity

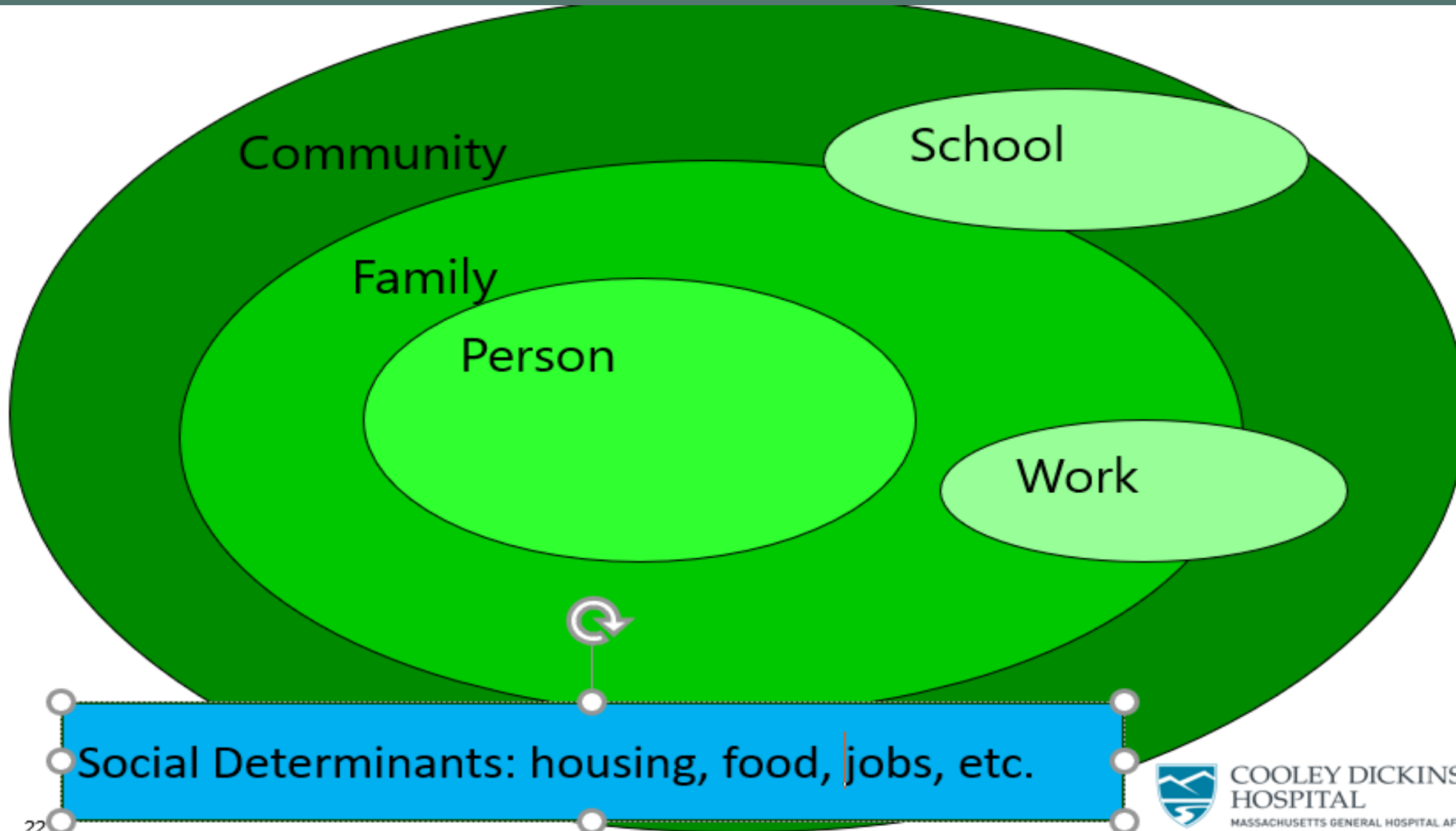


Original Adapted by Y. Goldsberry, R. Fedrezzi, D. Bazos, and L. Ayers LaFave from CDC



COOLEY DICKINSON
HOSPITAL
MASSACHUSETTS GENERAL HOSPITAL AFFILIATE

SOCIOECOLOGICAL MODEL OF HEALTH

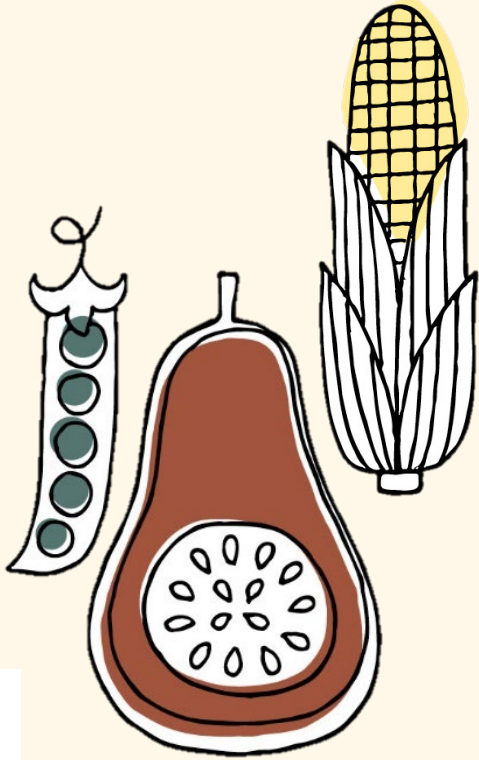
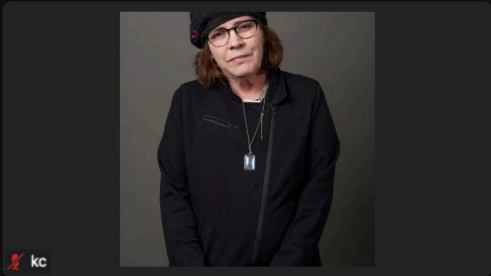


COOLEY DICKINSON
HOSPITAL
MASSACHUSETTS GENERAL HOSPITAL AFFILIATE



Residents, staff, and funders at Hampshire Heights Community Garden, 2019

WE NEED EACH OTHER...



Agenda



Call to Order

Approval of Minutes (**VOTE**)

Moving Massachusetts Upstream (MassUP) Awardee Presentation: Hampshire County Food Policy Partnership



QUALITY MEASURE ALIGNMENT TASKFORCE: DATAPPOINTS HIGHLIGHTS AND CURRENT PRIORITIES

Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program Status Update

Schedule of Upcoming Meetings

New Release!

Datapoints Issue #21: The Quality Measure Alignment Taskforce's Evaluation of Payer Adherence to the Massachusetts Aligned Measure Set

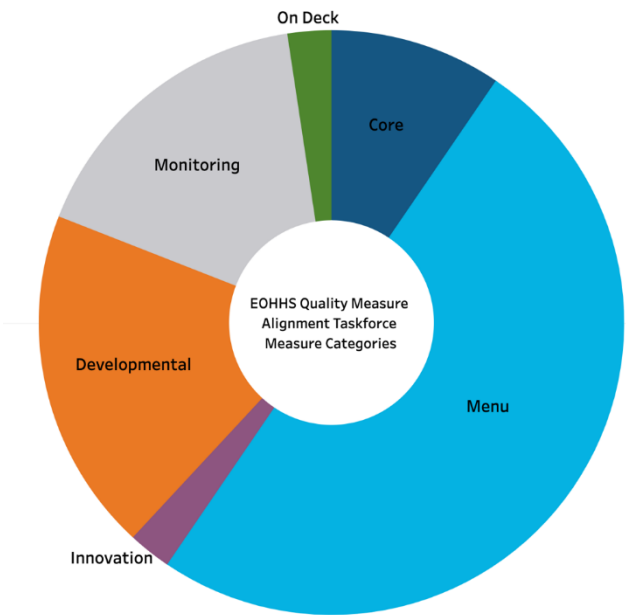


- Massachusetts has been engaged in a process of aligning quality measures to reduce administrative burden on providers and payers and to focus quality improvement efforts.
- In the spring of 2017, EOHHS convened the Quality Measure Alignment Taskforce (“Taskforce”) with representatives from the provider, payer, consumer, advocate and academic communities with expertise in health care quality measurement.
- Through a consensus process, the Taskforce has developed the Massachusetts Aligned Measure Set for voluntary adoption by Massachusetts payers and providers in their global budget-based risk contracts.
- This issue of Datapoints shares data on payer adherence to the aligned measure set.

Key Datapoints Findings: Adherence to the Core Measures



- The Massachusetts Aligned Measure Set consists of different measure categories.
- Of note, **Core Measures** are meant to be adopted by payers and providers in *all* risk contracts, whereas **Menu Measures** include additional options that payers and providers may consider including.
- Currently, **Core Measures** have not been universally adopted by payers.



Measure		Number of Payers Using Measure		Mass-Health	BCBSMA	BMCHP	HNE	HPHC	THP
Designation	Measure Name								
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	■	●	●	●	●	●	●

Key Datapoints Findings: Adherence to the Aligned Measure Set



The **overall trend in adherence** to the Massachusetts Aligned Measure Set from 2019 to 2021 **is positive**, but payer adherence is variable and there continue to be multiple measure sets used in global budget-based risk contracts.

Adherence rate is defined as the proportion of measures used in contracts that are endorsed.

Sum of instances endorsed measures were used by a given payer in their global budget-based risk contracts

Sum of instances measures (endorsed or unendorsed) were used by a given payer in their global budget-based risk contracts

Statewide (All-Payer)	MassHealth	HPHC	BCBSMA	BMC HealthNet	THP	HNE
2019: 61%	2019: 100%	2019: 45%	2019: 47%	2019: 59%	2019: 61%	2019: 34%
2020: 70%	2020: 100%	2020: 53%	2020: 62%	2020: 57%	2020: 56%	2020: 42%
2021: 83%	2021: 100%	2021: 85%	2021: 81%	2021: 67%	2021: 60%	2021: 38%

Source: Quality Measure Catalogue, collected annually by CHIA and the HPC on behalf of the Taskforce

A legislative mandate would accelerate adherence to the aligned measure set.



- 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.
- While voluntary payer commitments to alignment show promise, **without a legislative mandate**, it is unlikely that full alignment will be achieved.
- Numerous other states have also engaged in efforts to align quality measurement in order to promote accountability and improve performance in high priority areas.
 - At least seven states have initiated or accelerated efforts to align quality measures through statute or executive order (i.e., DE, MD, MN, OR, RI, VT, WA).
 - At least three other states have had voluntary quality measure alignment efforts in place (i.e., CT, ME, MI).
 - At least two states (i.e., OR and RI) mandate adoption of the state measure set(s) in some or all global budget-based risk contracts (or their equivalents).

The Taskforce's Goals Pertaining to Advancing Health Equity



New
2021

QUALITY MEASURE ALIGNMENT TASKFORCE GOALS

1

Advise EOHHS on the definition and maintenance of an aligned measure set for voluntary use in global budget-based risk contracts, which are inclusive of MassHealth ACO and commercial ACO contracts.

2

Identify strategic priority areas for measure development where measure gaps exist.

3

Advise EOHHS on the measurement and reporting of health and health care inequities and accountability for reducing such inequities.

EOHHS is convening health equity technical advisory groups to advance health equity data collection and accountability.



The Health Equity Technical Advisory Group (HE TAG) will consist of three subgroups:

- 1 Data Standards Group
- 2 Health Equity Measurement Group (the Taskforce will serve this role)
- 3 Health Equity Accountability Group

The HE TAGs are staffed and funded by MassHealth, CHIA, and the HPC.

The charge of the HE TAGs will be to recommend an aligned approach to:

- **standardizing data collection** related to social risk factors including (but not limited to) race, ethnicity, language, disability (RELD), sexual orientation, and gender identity (SOGI);
- **promoting and assuring completeness and integrity** of RELD and SOGI data;
- **measuring and reporting** on health and health care inequities;
- **introducing accountability** for reducing inequities; and
- **ensuring** providers serving populations with disproportionate social risk, and the healthcare consumers attributed to them, are **not unfairly disadvantaged** by the introduction of accountability for reducing inequities.

Agenda



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Approval of Minutes (**VOTE**)

Moving Massachusetts Upstream (MassUP) Awardee Presentation: Hampshire County Food Policy Partnership

Quality Measure Alignment Taskforce: DataPoints Highlights and Current Priorities



COST-EFFECTIVE, COORDINATED CARE FOR CAREGIVERS AND SUBSTANCE EXPOSED NEWBORNS (C4SEN) INVESTMENT PROGRAM STATUS UPDATE

Schedule of Upcoming Meetings



EXTEND IMPACT OF PREVIOUS HPC INVESTMENT PROGRAMS

Previous HPC awards focused on perinatal care and support of parenting individuals up to 6 months postpartum. Recent published work and stakeholder engagement identified need for support 7-12 months postpartum.



FIVE HOSPITAL AWARDEES

Baystate Franklin Medical Center, Berkshire Medical Center, Mercy Medical Center, South Shore Hospitals, Southcoast Health



\$1.46M, 24 PROGRAM MONTHS

The HPC awarded five grants up to \$300,000; 3 months of Planning Period, 21 months of Implementation, 6 months of Evaluation

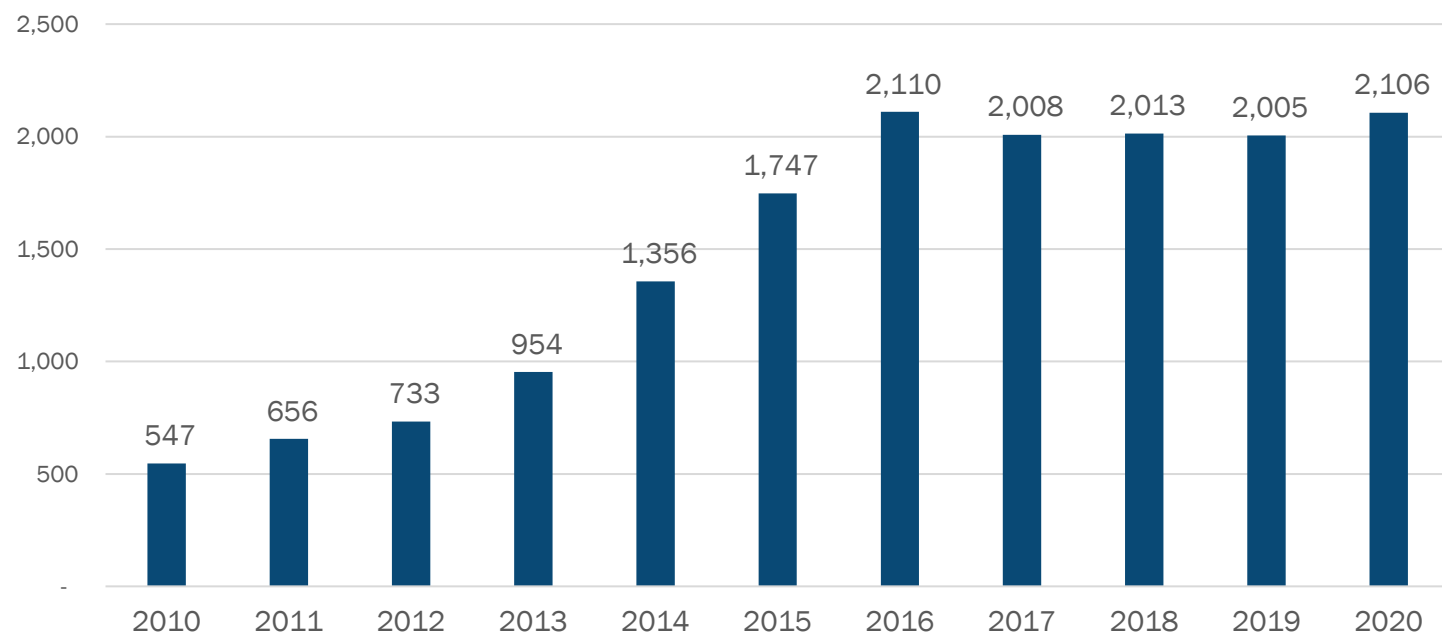


CORE PROGRAM COMPONENTS

- Provide program support for one year postpartum
- Coordinate medical and behavioral health care
- Provide care that is free from stigma and bias
- Support caregiver and infants with health-related social needs
- Ensure connection to Early Intervention

State Context: The Opioid Crisis in Massachusetts

**Overdose Deaths, All Intent
MA Residents, 2010-2020**



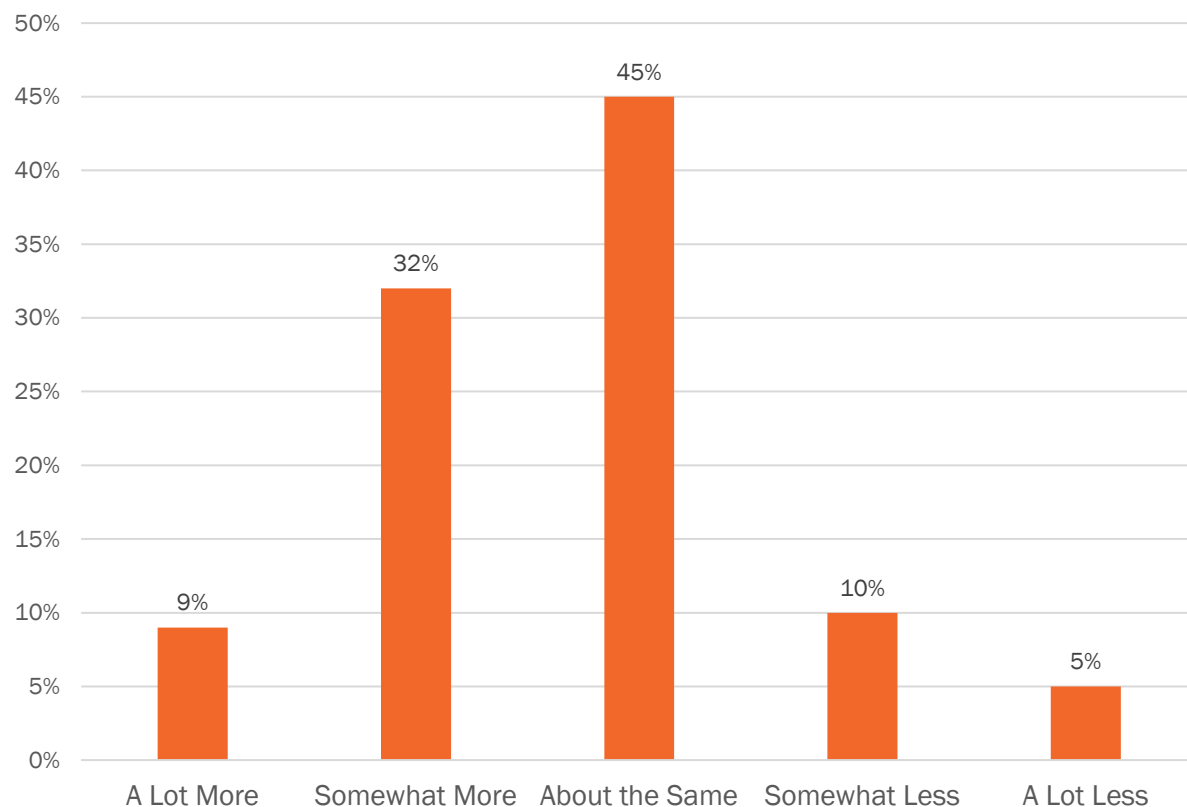
Note, based on the data available as of October 7, 2021, there were 2,088 confirmed opioid-related overdose deaths in 2020. DPH estimates that there will be an additional 17 to 19 deaths once all cases are finalized, resulting in an estimated total of 2,106 overdose deaths in 2020.

- Based on preliminary data from October 2021, **opioid-related overdose deaths among MA residents in 2020 appears to be near the state's 2016 all-time high** (an estimated 2,106 overdose deaths in 2020 compared to 2,110 overdose deaths in 2016).¹
- During the first three quarters of 2021, **opioid-related overdose deaths were 1% higher** compared to the same time period in 2020.²

¹ Massachusetts Dept. of Public Health. November 2021. Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents. Retrieved from <https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-november-2021/download>.

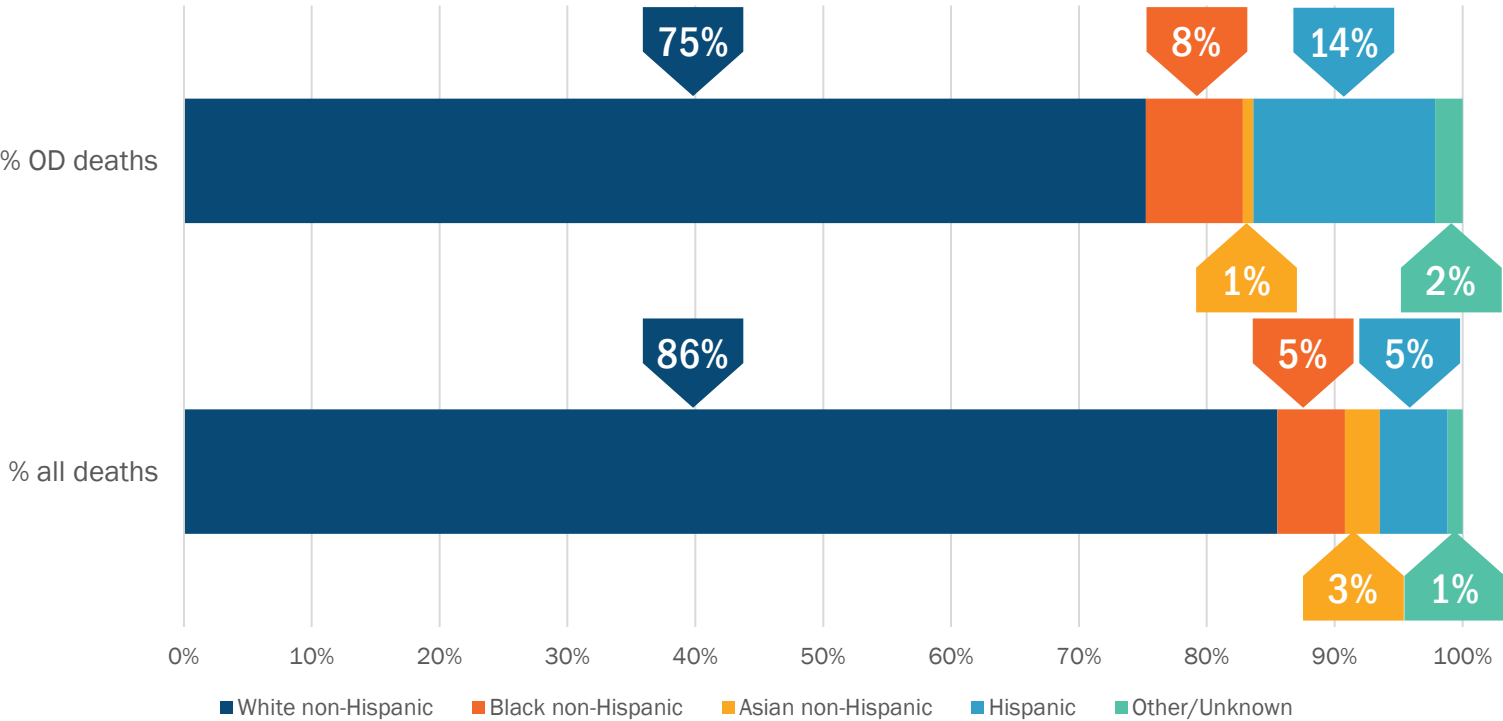
² Massachusetts Department of Health. November 10, 2021. Massachusetts opioid-related overdose death rate up 1 percent in the first nine months of 2021. Retrieved from <https://www.mass.gov/news/massachusetts-opioid-related-overdose-death-rate-up-1-percent-in-the-first-nine-months-of-2021>.

CCIS Survey Respondent Current Substance Use Compared to Prior to February 2020



- Survey respondents who reported having increased substance use compared to before February 2020 (Covid-19 pandemic) were more likely to identify as:
- Transgender, nonbinary, cis-female
 - Bisexual, pansexual, queer, gay, lesbian, or asexual
 - Multiracial, Hispanic/Latinx, Black non-Hispanic/non-Latinx, and Asian non-Hispanic/non-Latinx
 - Aged 25-64
 - Earning income below \$35K
 - Having a primary language other than English

Confirmed Opioid-Related Overdose Deaths, All Intent, Compared to All Deaths by Race and Hispanic Ethnicity, Jan. 2021 – Sept. 2021



- From January through September 2021, Hispanic and Black non-Hispanic individuals suffered from opioid-related overdose deaths at disproportionately higher rates than their White non-Hispanic and Asian non-Hispanic counterparts.¹
- Between 2019 to 2020, the opioid-related overdose death rate among women increased: 32 percent for Black non-Hispanic women, 68 percent for Hispanic women, and 8 percent for White non-Hispanic women.²
- According to the CCIS, respondents reported interest in counseling, tobacco cessation, and peer and recovery support services.³

¹ Massachusetts Department of Public Health. November 2021. Opioid-Related Overdose Deaths, All Intent, MA Residents – Demographic Data Highlights. Retrieved from <https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-november-2021/download>.
² Massachusetts Department of Health. November 10, 2021. Massachusetts opioid-related overdose death rate up 1 percent in the first nine months of 2021. Retrieved from <https://www.mass.gov/news/massachusetts-opioid-related-overdose-death-rate-up-1-percent-in-the-first-nine-months-of-2021>.
³ Massachusetts Department of Public Health. January 12, 2022. Covid-19 Community Impact Survey (CCIS): Preliminary Analysis of Results as of January 12, 2022. pp. 137-161. Retrieved from <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results-full-report/download>.



C4SEN Awardees: Baystate Franklin Medical Center



 BAYSTATE FRANKLIN MEDICAL CENTER

Baystate Franklin Medical Center

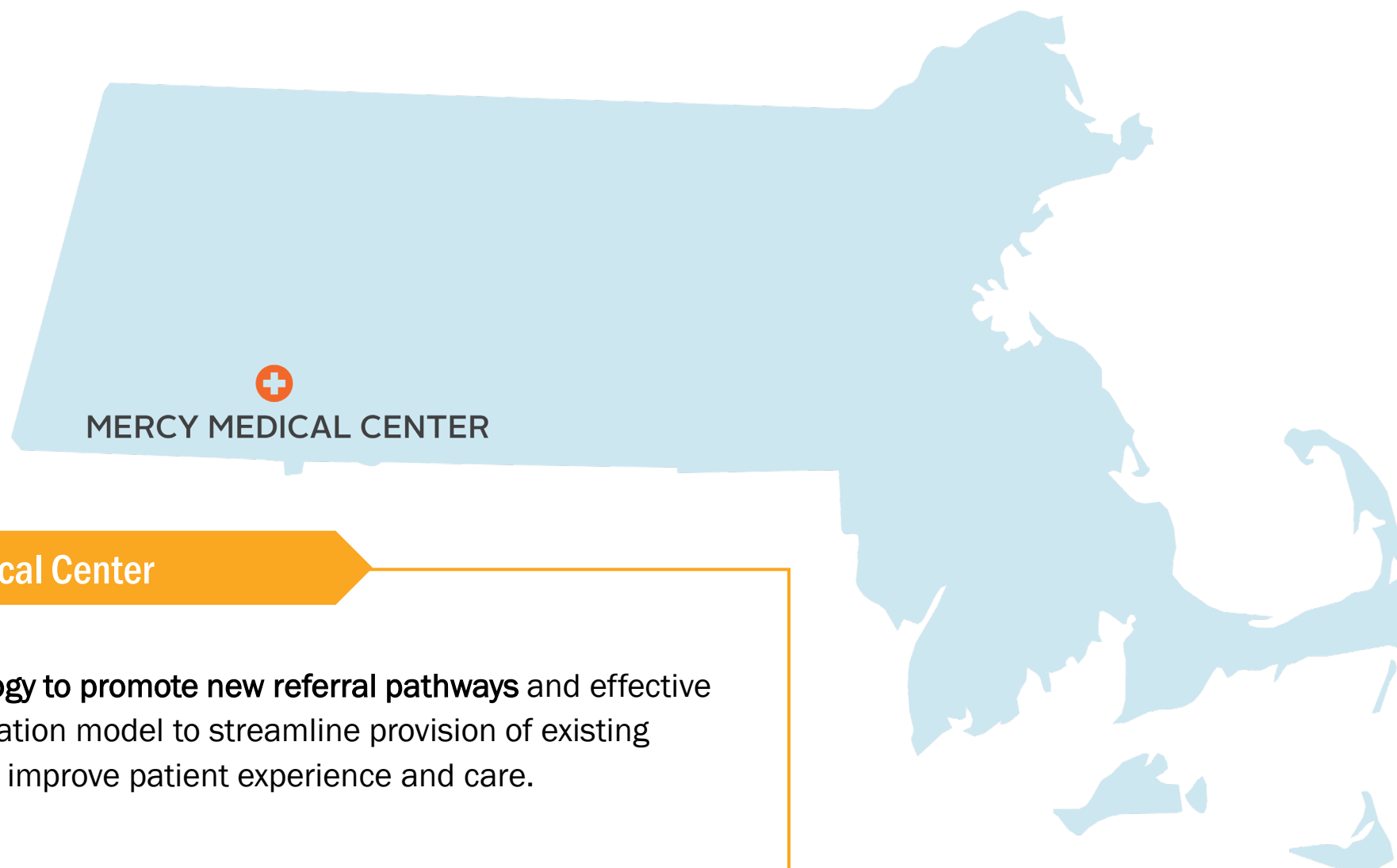
Build on their existing Moms Do Care/EMPOWER program through the implementation of a new **multidisciplinary clinic** for family-centered care to optimize interactions between providers, families and **early intervention** and provide new services to fill gaps in existing care.



 BERKSHIRE MEDICAL CENTER

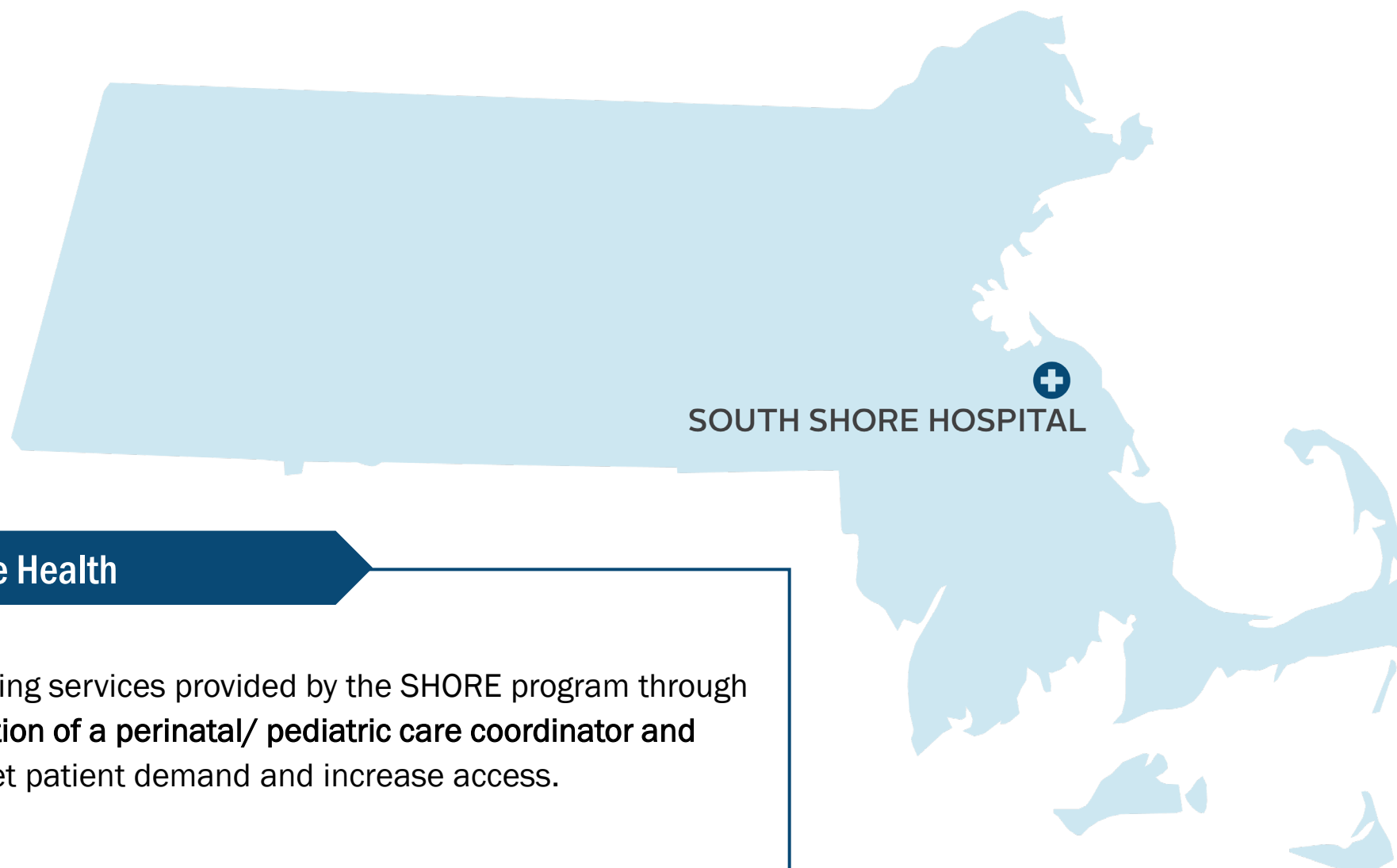
Berkshire Medical Center

Create the “Berkshire Connections” program to provide individualized care coordination to caregivers beginning in pregnancy in **coordination with Berkshire OBGYN and local pediatric practices.**



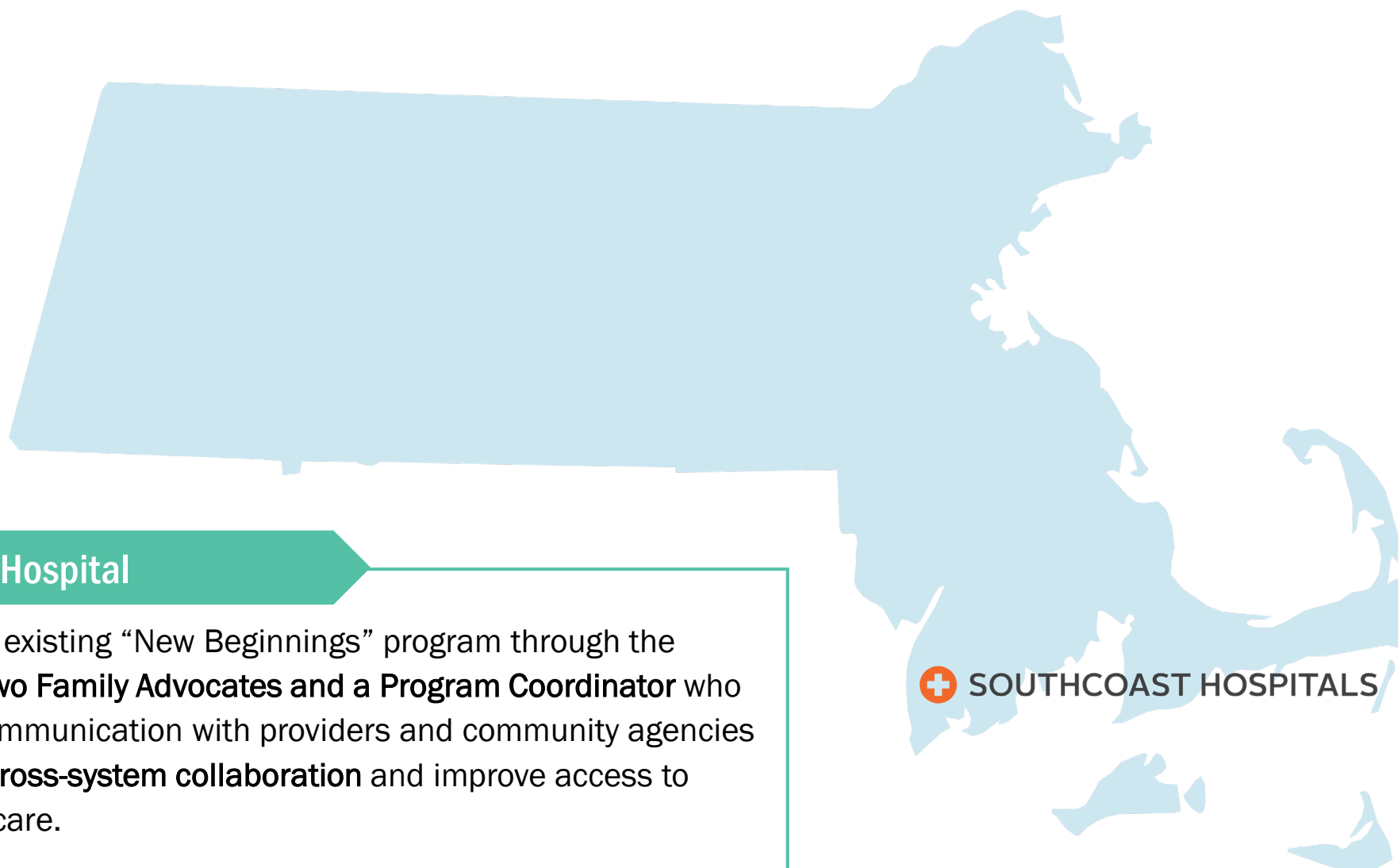
Mercy Medical Center

Add **technology** to promote new referral pathways and effective care coordination model to streamline provision of existing services and improve patient experience and care.



South Shore Health

Expand existing services provided by the SHORE program through the **introduction of a perinatal/ pediatric care coordinator and doula** to meet patient demand and increase access.



Southcoast Hospital

Expand their existing “New Beginnings” program through the addition of **two Family Advocates** and a **Program Coordinator** who facilitates communication with providers and community agencies to increase **cross-system collaboration** and improve access to postpartum care.

2021

July 2021

- Program launch: Planning Period (3 months)

October 2021

- Implementation Period (21 months)

2022

January 2022

- Contract with JSI for patient experience surveys and interviews

2023

July 2023

- Evaluation Period (6 months)

FROM PLANNING TO IMPLEMENTATION

Awardees prioritized **establishing and strengthening close working relationships** with community-based partners, including MOUD¹ and Early Intervention providers and regional collaboratives.

Partners were pleased C4SEN initiatives would help to **break down silos that pose barriers to high quality care** for caregivers and substance-exposed newborns.

¹MOUD: Medication for Opioid Use Disorder

COVID IMPACT – EARLY IMPLEMENTATION CHALLENGES

- Staffing shortages
- Reduced bandwidth
- Hiring new personnel
- Increased reliance on telehealth, virtual check-ins
- Looking for creative ways to engage participants

2021

July 2021

- Program launch: Planning Period (3 months)

October 2021

- Implementation Period (21 months)

2022

January 2022

- Contract with JSI for patient experience surveys and interviews

2023

July 2023

- Evaluation Period (6 months)

Quantitative and Qualitative Data

- ❑ Core program measures collected at 6-, 12-, and 21-month increments.
 - ❑ Eligibility, enrollment and engagement of caregivers
 - ❑ Referral and first visit with early intervention
 - ❑ MOUD and psychotherapy for caregivers
 - ❑ Screening for HRSNs
- ❑ Secondary measures defined by awardees to improve efficiency, access and quality of care.

Patient Experience: JSI Research & Training Institute

- ❑ Patient experience data allows evaluators to take a view that places the program's target population at its center, which may help to inform future investment and health equity initiatives.
- ❑ Conduct patient surveys using Customer Satisfaction Questionnaire and Discrimination in Medical Setting questions.
- ❑ Individual patient interviews with 30-35 patients across the five hospitals.

A FRESH START

A caregiver experienced a relapse midway through her pregnancy and was referred to the New Beginnings program at Southcoast Health. She was **eager to engage with and actively participate in the program, requesting virtual meetings on a weekly basis.** It was during these check-ins that she shared her concerns around the involvement of the Department of Children and Families in evaluating her fitness and ability to retain custody of her baby after delivery.

HER OWN NEW BEGINNING

The New Beginnings team worked with DCF to ensure the caregiver was fully prepared for the post-delivery investigation. **Thanks to her and the New Beginnings team's hard work, she was able to bring her baby home after delivery.**

She continues to engage regularly with the initiative, proactively contacting the team between regularly scheduled appointments with questions and updates on her progress.

"I can't stress enough the support I felt with New Beginnings when my son was born and DCF got involved. It was truly a blessing to my family to have these ladies advocating for me and being there for me whenever I needed them."

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SCHEDULE OF UPCOMING MEETINGS



MASSACHUSETTS
HEALTH POLICY COMMISSION

HEARING ON THE POTENTIAL MODIFICATION OF THE

HEALTH CARE COST GROWTH BENCHMARK



When:

Wednesday, March 16, 2022
12:00 – 3:00 PM



Livestream:

tinyurl.com/hpc-video



More info:

tinyurl.com/hpc-benchmark



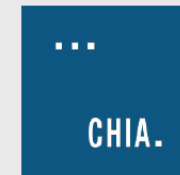
Testimony registration:

tinyurl.com/hpc-2022bm-reg



Written testimony due:

5:00 PM on March 18, 2022
HPC-testimony@mass.gov



JOINT COMMITTEE ON
HEALTH CARE FINANCING

Schedule of Upcoming Meetings



BOARD

April 13
June 8
July 13
September 14
December 14



COMMITTEE

May 11
October 12



ADVISORY COUNCIL

March 30
June 22
September 21
December 7



SPECIAL EVENTS

March 16
Benchmark Hearing
November 2
Cost Trends Hearing



Mass.gov/HPC



HPC-info@mass.gov



[@Mass_HPC](https://twitter.com/Mass_HPC)



tinyurl.com/hpc-linkedin

Appendix



Baystate Franklin Medical Center

Build on their existing Moms Do Care/EMPOWER program through the implementation of a new **multidisciplinary clinic** for family-centered care to optimize interactions between providers, families and **Early Intervention** and provide new services to fill gaps in existing care.

Berkshire Medical Center

Create the “Berkshire Connections” program to provide individualized care coordination to caregivers beginning in pregnancy in **coordination with Berkshire OBGYN and local pediatric practices**.

Mercy Medical Center

Add **technology to promote new referral pathways** and effective care coordination model to streamline provision of existing services and improve patient experience and care.

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Southcoast Health

Expand their existing “New Beginnings” program through the **addition of two Family Advocates and a Program Coordinator** who facilitates communication with providers and community agencies to increase **cross-system collaboration** and improve access to postpartum care.

Quality Measure Alignment Efforts in Other States



State	Mechanism	Details
CT	Executive Order (2020)	Charges the Quality Council with recommending a core set of measures or benchmarks to assess primary care, specialty and hospital providers, and public and private payer performance.
DE	Executive Order (2018)	Quality measures and benchmarks complement the state's health care spending benchmark, and fosters accountability at the state, insurer, and provider levels. As with their cost benchmark, quality benchmarks were set for 2019-2021 to be revisited in 2022 and every 3 years thereafter.
ME	State Innovation Model (2015).	Measure Alignment Workgroup was charged with developing a common set of core measures for use in ACO payment and contracting purposes. Adoption of measures is voluntary.
MD	Regulation (2011)	The Maryland Health Care Commission establishes Quality Performance Reporting Requirements for all commercial health plans.
MI	State Innovation Model (2015) and Private Coalition	The Michigan Quality Improvement Consortium—a private coalition—establishes and implements a core set of performance measures for voluntary adoption by providers and payers.
MN	Legislation (2008)	The Commissioner of Health is required to establish a standardized set of quality measures for health care providers across the state. Health plans may use the standardized measures and may not require providers to undertake reporting on measures outside of the system.
OR	Legislation (2015)	The Health Plan Quality Metrics Committee (HPQMC), charged with "develop[ing] a statewide strategic plan for the collection and use of health care data," determines the set of 17 quality measures and improvement targets for use in global budget contracts.
RI	State Innovation Model (2015) followed by legislation (2017)	Legislation transitioned the measure alignment function to the Office of the Health Insurance Commissioner (OHIC) and required that all commercial payers use the Aligned Measure Sets in any contract with a financial incentive tied to quality.
VT	Legislation (2016)	The Green Mountain Care Board was given authority to develop rules and standards to regulate ACOs. In 2018, Vermont entered a 5-year agreement with CMS to implement an All-Payer Accountable Care Organization Model Agreement, with an aligned set of quality measures.
WA	Legislation (2014)	Legislation created a performance measures committee to identify and recommend standard statewide measures of health performance and to propose benchmarks to track costs and improvements in health outcomes.