MASSACHUSETTS
HEALTH POLICY COMMISSION

Meeting of the Care Delivery Transformation Committee

June 2, 2021

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- **Call to Order**
- Approval of Minutes from February 10, 2021 **(VOTE)**
- EOHHS Quality Measure Alignment Taskforce
- Inviting Narratives of Substance Use Disorder Treatment in the Perinatal Period: A Focus on Race and Equity (INSPiRE) Program
- Moving Massachusetts Upstream (MassUP) Evaluation Design
- Schedule of Next Meeting (October 6, 2021)

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- **Approval of Minutes from February 10, 2021 (VOTE)**
- EOHHS Quality Measure Alignment Taskforce
- Inviting Narratives of Substance Use Disorder (SUD) Treatment in the Perinatal Period: A Focus on Race and Equity (INSPiRE) Program
- Moving Massachusetts Upstream (MassUP) Evaluation Design
- Schedule of Next Meeting (October 6, 2021)

MASSACHUSETTS
HEALTH POLICY COMMISSION

VOTE: Approving Minutes

MOTION: That the Commission hereby approves the minutes of the Commission meeting held on **February 10, 2021** as presented.

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Approval of Minutes from February 10, 2021 **(VOTE)**
- **EOHHS Quality Measure Alignment Taskforce**
- Inviting Narratives of Substance Use Disorder (SUD) Treatment in the Perinatal Period: A Focus on Race and Equity (INSPiRE) Program
- Moving Massachusetts Upstream (MassUP) Evaluation Design
- Schedule of Next Meeting (October 6, 2021)

Quality Measure Alignment Background

- Quality measure misalignment has been a source of administrative burden for providers and payers alike.
- Aligning quality measurement sends a clear signal of quality improvement priorities for the Commonwealth, and with broad adoption has the potential to enable state agencies to better assess performance of population-based care across health systems.
- EOHHS, in collaboration with the HPC and CHIA, convened the Quality Measure Alignment Taskforce with the primary goal of aligning quality measures for use in global budget-based risk contracts.
- Currently, there is no legislation in Massachusetts requiring adoption of an aligned measure set.

VISION

A coordinated quality strategy that focuses the improvement of healthcare quality for all residents of the Commonwealth and reduces the administrative burden on provider and payer organizations.

Quality Measure Alignment Taskforce Overview

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. EOHHS also engaged Michael Bailit (Bailit Health Purchasing LLC) as the Taskforce facilitator.

The Taskforce is chaired by Undersecretary Lauren Peters, and is jointly staffed by DPH, MassHealth, CHIA, and the HPC. The HPC also funds expert facilitation for the Taskforce.

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 measure gaps in state priority areas, and either track or sponsor measure development and testing, as appropriate, for future multi-payer and provider implementation

Development and Maintenance of the Massachusetts Aligned Measure Set

The Taskforce maintains the Aligned Measure Set through an annual review process, by which it adds or retires measures.

Guiding Principles

The Taskforce established guiding principles for the selection of measures as well as the composition of the measure set as a whole.

Review Measures

The Taskforce reviews ambulatory quality measures and measure specifications and considers their inclusion in the Aligned Measure Set.

Recommendations

Through a consensus-based process, the Taskforce endorses measures for inclusion in the Massachusetts Aligned Measure Set and makes recommendations to the Secretary.

Tentative* Aligned Measure Set for 2022: Taskforce Recommendations

Core measures: measures that payers and providers are expected to always use in their contracts.

1. Clinician and Group Consumer Assessment of Healthcare Providers (CG-CAHPS) (MHQP version)
2. Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)
3. Controlling High Blood Pressure
4. Screening for Clinical Depression and Follow-Up Plan (CMS or MassHealth-modified CMS)

Menu measures: measures which payers and providers may choose to include in their contracts.

1. Asthma Medication Ratio
2. Breast Cancer Screening
3. Cervical Cancer Screening
4. Childhood Immunization Status (Combo 10)
5. Chlamydia Screening - Ages 16-24
6. Colorectal Cancer Screening
7. Comprehensive Diabetes Care (CDC): Eye Exam
8. Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
9. Continuity of Pharmacotherapy for Opioid Use Disorder
10. Follow-up After Emergency Department Visit for Mental Health (7-Day)
11. Follow-Up After Hospitalization for Mental Illness (30-Day)
12. Follow-Up After Hospitalization for Mental Illness (7-Day)
13. Immunizations for Adolescents (Combo 2)
14. Influenza Immunization
15. Informed, Patient-Centered Hip and Knee Replacement
16. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
17. Metabolic Monitoring for Children and Adolescents on Antipsychotics
18. Prenatal and Postpartum Care: Postpartum Care
19. Shared Decision-Making Process
20. Use of Imaging Studies for Low Back Pain
21. Health-Related Social Needs Screening – MA
22. Health Equity Measure – REL stratification

HPC

*Subject to approval by the EOHHS Secretary

Quality Measure Catalogue Findings: Aligned Measure Set Fidelity by Payer

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%**

- **Adherence rate** is defined as the proportion of measures used in contracts that are endorsed (includes Core, Menu, Developmental, and Innovation measures).
- MassHealth does use measures outside the Aligned Measure Set, but the Taskforce agreed that inclusion of these MassHealth population-specific measures is appropriate and in adherence.
- Calculation accounts for frequency of measure use in contracts:

$$\frac{\text{(Number of instances endorsed measures were used by a given payer in their global budget-based risk contracts)}}{\text{(Sum of instances each measure was used by a given payer in their global budget-based risk contracts)}}$$

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

Barriers to Adoption of the Aligned Measure Set Based on Payer Interviews

The Taskforce conducted interviews with four payers to better understand contractual use of the Aligned Measure Set and barriers to adoption, as well as reasons for continued use of measures outside the Aligned Measure Set.

- Payers all claim to be trying to adopt the Aligned Measure Set, some doing so much more strictly than others.
- Barriers to adoption include:
  - Multi-year contracts pose challenges to alignment
  - Provider request (and market power) is a cause for some of the deviation
  - NCQA use of measures for accreditation is another reason for deviation
  - Some measures have insufficient denominators at the ACO level
  - Lack of access to EHR data remains a significant barrier to adoption of certain measures.

Taskforce Activities to Advance Health Equity

Apply a health equity lens to measure review.

- Reviewed publicly available data or data provided by payers, providers or other entities stratified by race, ethnicity, language and/or disability.
- Issued request for public comment on measure topics for which health inequities exist but there are no measure within the Aligned Measure Set.

Enhance collection and utilization of race, ethnicity, language, and disability (RELD) data for quality measurement.

- Recommendation of a pay-for-reporting measure of health equity, which would require providers to report on the core measures stratified by race, ethnicity and language.
- Taskforce is exploring other activities to enhance RELD data collection, beginning with administering a survey of ACOs and payers on RELD data collection and use.

Add new voices to the Taskforce.

- EOHHS will reopen the procurement for Taskforce members this summer, and will specifically seek a) representatives of racial/ethnic minority populations, b) additional disparities subject matter experts, and/or c) additional community health center representatives.

For Discussion: Policy Considerations for the Future

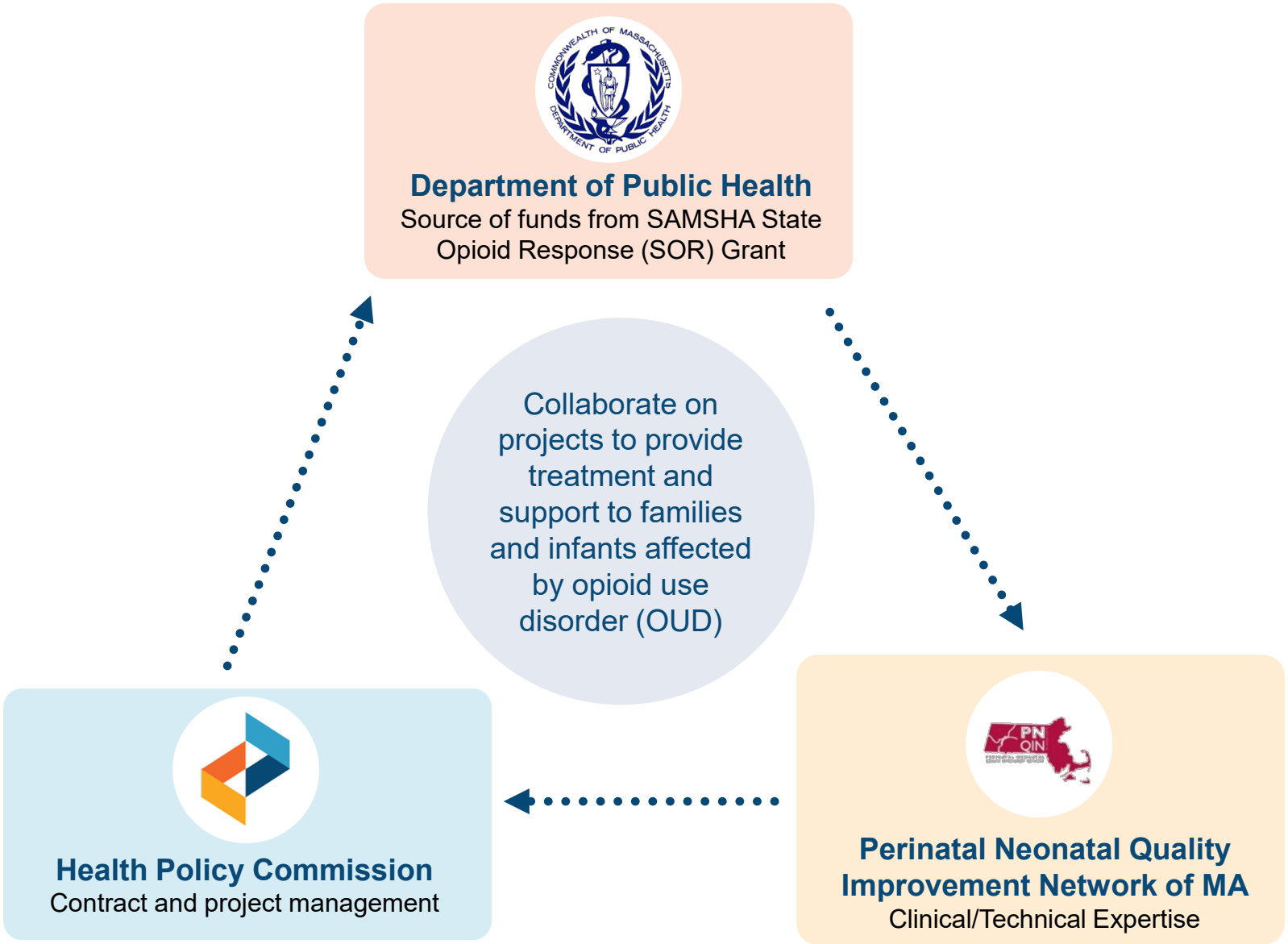
- Adoption of the Aligned Measure Set will remain inconsistent in the absence of a legislative mandate.
- There is growing interest in surfacing inequities in quality and outcomes; providers, payers, state agencies and other organizations have expressed an interest in improving RELD data collection for this purpose, but efforts to do so remain fragmented at present.
- Consideration of expanding the measure set to include other measure categories (e.g., adding hospital and/or specialty measures), and/or expanding its use beyond global budget-based risk contracts.
- Collection/reporting of outcome measures remains a challenge and an impediment to the inclusion of those measures in contracts in the absence of a streamlined method for EHR data collection/extraction.

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Approval of Minutes from February 10, 2021 **(VOTE)**
- EOHHS Quality Measure Alignment Taskforce
- **Inviting Narratives of Substance Use Disorder (SUD) Treatment in the Perinatal Period: A Focus on Race and Equity (INSPiRE) Program**
- Moving Massachusetts Upstream (MassUP) Evaluation Design
- Schedule of Next Meeting (October 6, 2021)

INSPiRE builds on a history of successful collaboration between state agencies and the Perinatal Neonatal Quality Improvement Network (PNQIN).



Select Deliverables in the DPH-HPC-PNQIN Collaboration to Date

- Support **interventions to improve non-pharmacologic care** of infants at risk of neonatal abstinence syndrome (NAS), including training sessions and webinars; assessing TA needs; and maintaining an on-line repository of resources and toolkits;
- **Statewide summits** for hospital teams, public health and other state agencies, and interested stakeholders;
- Expand and maintain the PNQIN and Neonatal Quality Improvement Collaborative (NeoQIC) **websites as key resources for quality improvement (QI) efforts**;
- Administer and report on a **statewide practice survey** to hospitals participating in the PNQIN statewide initiative to identify variations in practice and support QI;
- Develop a report on the results of a **Provider Attitude, Knowledge, and Skills Survey** that measured hospital staff attitudes toward and knowledge of NAS;
- **Identify drivers of disparities in care for pregnant and parenting women of color** with substance use disorder (SUD) (INSPiRE Project)

HPC

Motivation for the INSPiRE Project

DATA

Two statewide datasets[1] have shown disparities in any medication use, consistent medication use, and adherence to medications for the treatment of opioid use disorder (OUD) in pregnancy and the postpartum period for Black and Latinx birthing people as compared to White birthing people.

RESEARCH

Through the prior state opioid response (SOR) grant, the HPC supported a literature review on inequities in care and access for pregnant and parenting people of color with OUD, which found that perinatal OUD research overwhelmingly ignores race/racism.[2]

HPC

[1]Schiff et. al, JAMA NO, 2020; Peeler et. al, AJPH, 2020, [2]Schiff et al., 2021, *Schiff et al. Under Review*

INSPiRE seeks to understand disparities in SUD treatment.

PROJECT AIM

Investigate differences in all of the medication-related findings and the intersection of race and ethnicity and SUD across the perinatal continuum.

PNQIN is working with individuals with lived experience and subject matter expertise to design, conduct, and analyze data from individual interviews and focus groups with pregnant and parenting people of color, specifically Black and Latinx birthing people with SUD, to identify barriers to care.

HPC

INSPiRE Project Plan

- Use a community-based approach to outreach and engagement with key stakeholders and Black and Latinx birthing people with SUD
- Include individuals with lived experience as experts with an equal seat at the table from project inception
- Train peers with lived experience with SUD to facilitate interviews
- Complete approximately 20-30 semi-structured interviews to elicit the perspectives of birthing people of color with SUD on engaging in care and treatment during the perinatal period
- Triangulate findings with key stakeholders including individuals with lived experience, clinical teams

INSPiRE Project Key Outputs

RECOMMENDATIONS

Develop recommendations and propose next steps to addressing disparities in care for the target population, advancing best practices in the workforce.

FINDINGS

Produce a report on the analyses and findings from the participant interviews, submitted to PNQIN/HPC and submission for publication in a peer-reviewed journal.

DISSEMINATION

Disseminate findings to the communities of interest.

HPC

INSPiRE Project Guiding Principles and Frameworks

The INSPiRE Project is guided by the Public Health Critical Race Framework, community enhanced research, anti-racist methodologies, and reproductive justice.

Lessons learned through these guiding principles and frameworks:

- The importance of **including individuals with lived experience** in the development of the project.
- To conduct **stakeholder engagement with various organizations within the same communities** working in similar spaces, as they all bring different perspectives.
- The challenges of building a diverse team where there are a **limited number of Black and Latinx providers and peers recovery coaches.**

For Discussion

1. All of the HPC's SUD-related work has emphasized the need for peer recovery coaches (PRCs), and more recently the importance of those PRCs coming from the communities they serve.
   - What could the HPC be thinking about at a policy level to encourage more diversity in that workforce?

2. What can be learned from this project about how to include the community voice (or diverse representation) at the table?
   - Are there opportunities in the near-term to re-think how stakeholders are engaged to ensure more voices are being heard?

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Approval of Minutes from February 10, 2021 **(VOTE)**
- EOHHS Quality Measure Alignment Taskforce
- Inviting Narratives of Substance Use Disorder (SUD) Treatment in the Perinatal Period: A Focus on Race and Equity (INSPiRE) Program
- **Moving Massachusetts Upstream (MassUP) Evaluation Design**
- Schedule of Next Meeting (October 6, 2021)

MassUP is investing in four health care-community partnerships to address key social determinants of health.

Partnership	Community	SDOH of Focus
Hampshire County Food Policy Council	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

Building durable partnerships between health care and community organizations for the long-term work of improving community-level conditions that influence health and health equity

Awards of $550,000 - $650,000 each, over three years

Collaborative program administration and evaluation between the HPC and the Department of Public Health

HPC

Setting the Foundation: Six Key Principles Established for the MassUP Evaluation

CONTINUOUS LEARNING
Measuring for improvement and learning

EMPOWER COMMUNITIES
Center people with lived experience of inequity

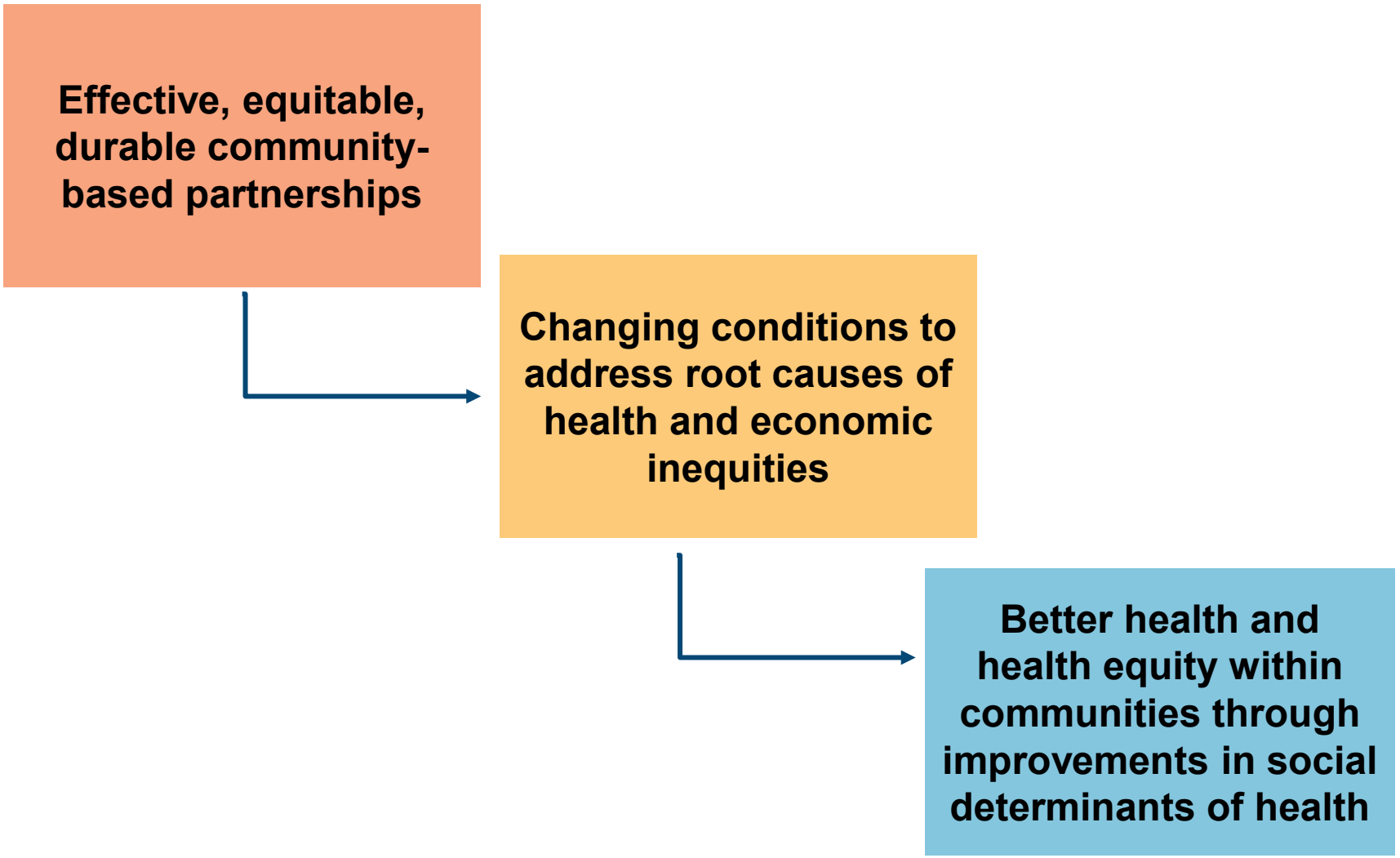
ALIGNMENT
Align complementary efforts, leveraging our collective strengths

UPSTREAM FOCUS
Maintain focus on upstream, structural change

EQUITY
Promote racial justice, health and economic equity

ENDURING PARTNERSHIPS
Build lasting and sustainable relationships

Setting the Foundation: Development of the MassUP Theory of Change, Organized Around Three Expected Impacts



MassUP evaluation design is organized into three components.

Component 1:

Evaluation of the development of **community-based partnerships**

Component 2:

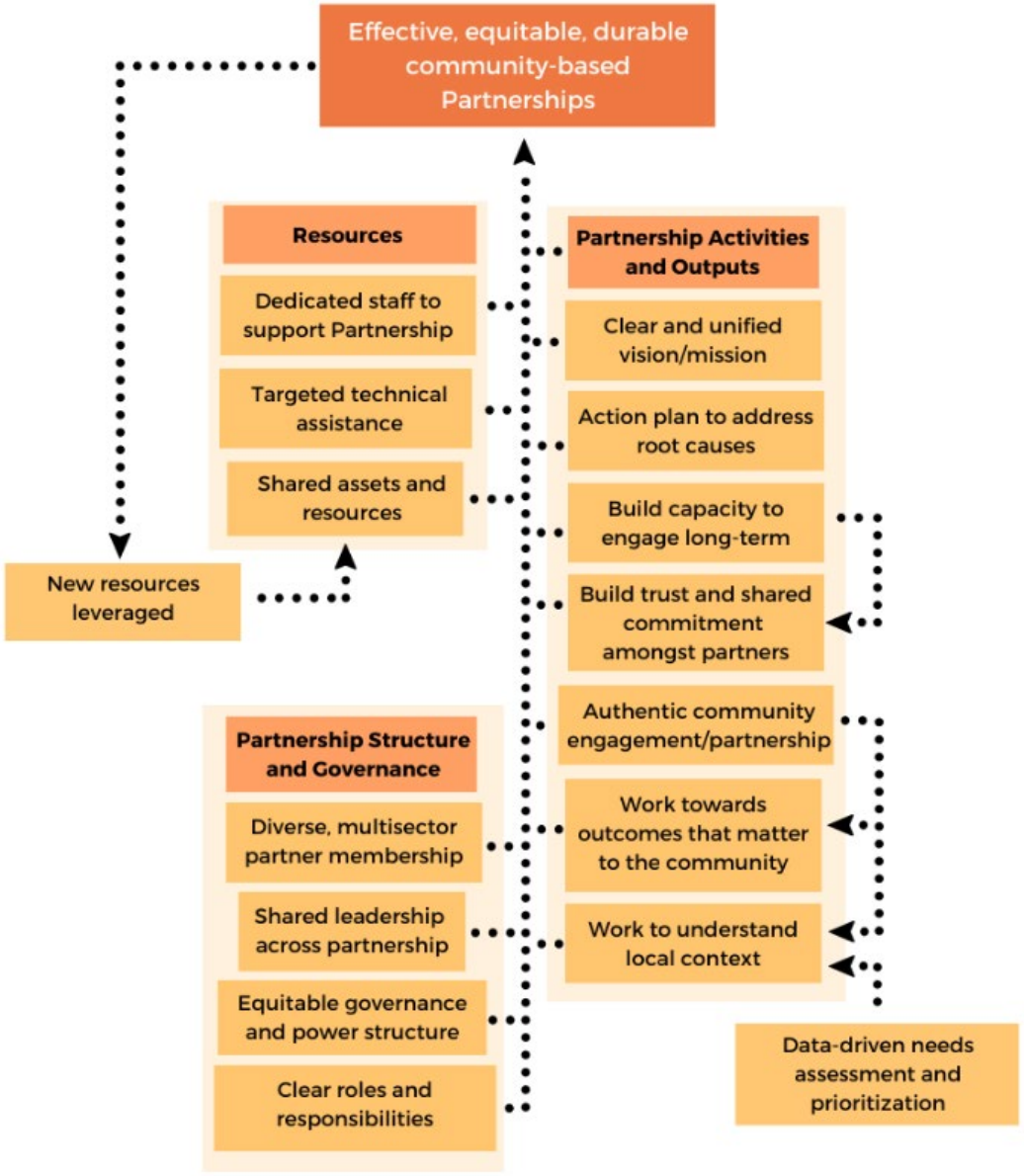
Strategies to **change community-level conditions** and address root causes of health and economic outcomes

Component 3:

Improved health and health equity within communities

HPC

Component 1 Theory of Change



Component 1 Data Sources

1. Data reports from Partnerships

2. Partnership survey, administered every 6 months

3. Qualitative interviews with Partnership participants

4. HPC/DPH program administration notes

5. Review of Partnership documents

HPC

MassUP evaluation design is organized into three components.

Component 1:

Evaluation of the development of **community-based partnerships**

Component 2:

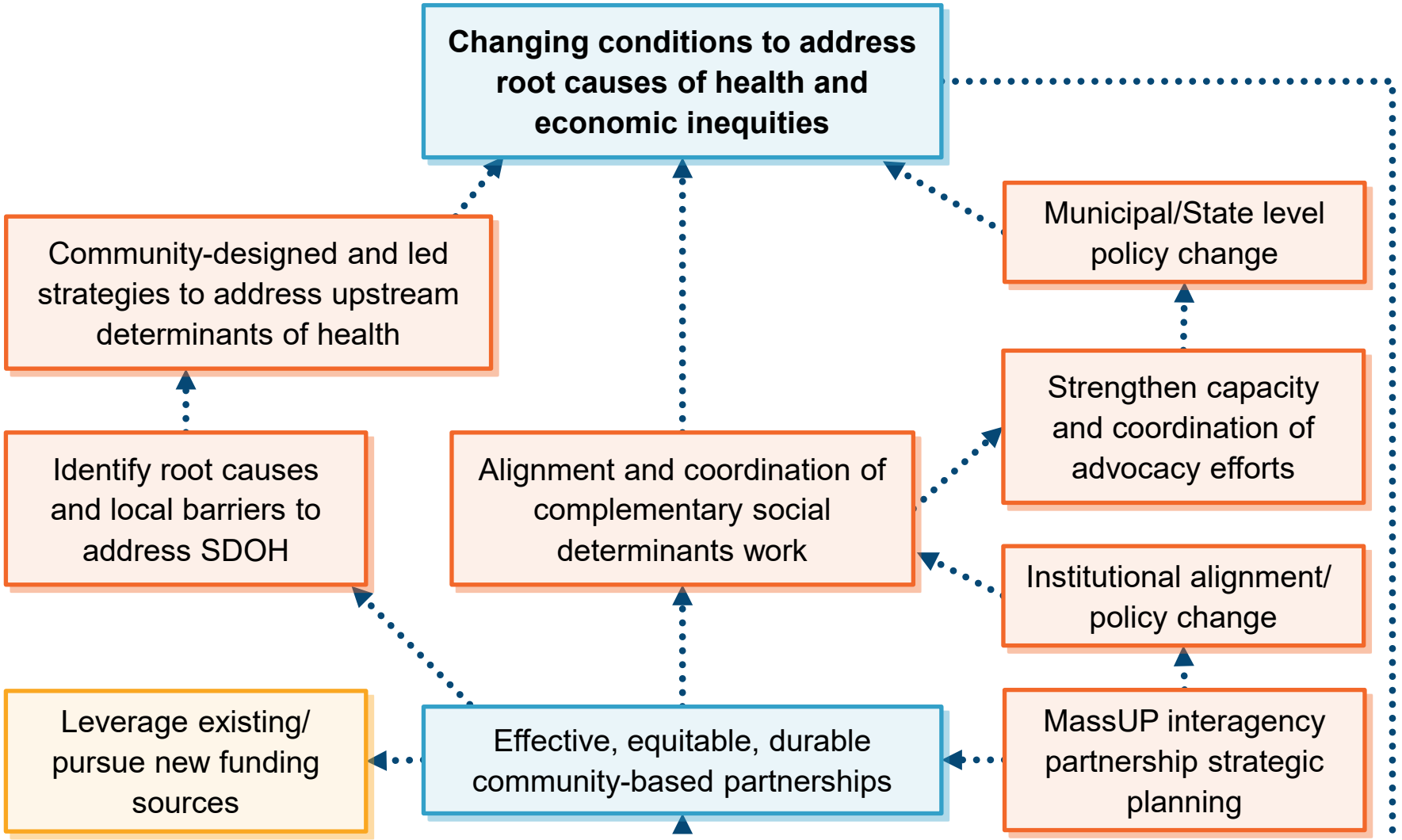
Strategies to **change community-level conditions** and address root causes of health and economic outcomes

Component 3:

Improved health and health equity within communities

HPC

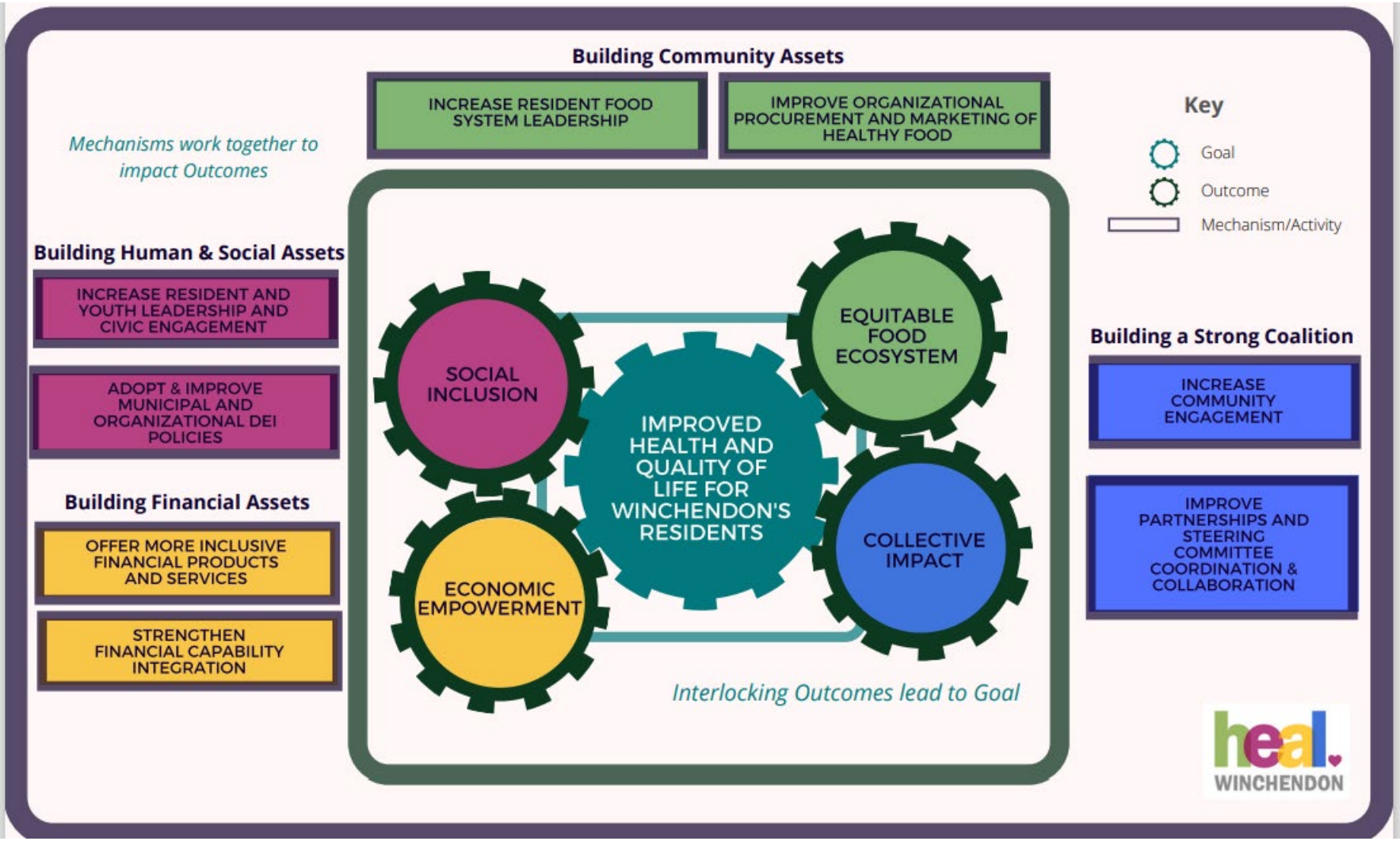
Component 2 Theory of Change



Evaluation of this component will occur at two levels:

- Local/Partnership-specific
  - Focus on **Partnership-identified strategies** and outcomes
  - Collaborate with Partnerships to **develop indicators** and measures of success for reporting
  - Ensure data collection methods capture processes, progress towards goals
- Cohort-wide
  - Track shared strategies across Partnerships, **identify common themes and domains**
  - Align data collection tools and methods for shared processes, outcomes
  - Identify common areas of success, strategies with demonstrated impact

Local Evaluation Example: HEAL Winchendon Theory of Change



Local Evaluation Example: HEAL Winchendon Evaluation Domains

HPC

MassUP evaluation design is organized into three components.

Component 1:

Evaluation of the development of **community-based partnerships**

Component 2:

Strategies to **change community-level conditions** and address root causes of health and economic outcomes

Component 3:

Improved health and health equity within communities

HPC

Component 3 Evaluation Approach

- Component 3 reflects the ultimate, long-term expected impact of MassUP: **better health and health equity within communities through improvements in social determinants of health**

- The work of achieving this impact will extend beyond the three years of the investment program

- Approaches to this component of the evaluation may include:
  - Compile **SDOH indicators** for each community to help Partnership set long-term goals and monitor change over time
  - Create clear, **evidence-based connections** between activities and outcomes observed within the investment period and long-term aims
  - Develop strategies for **projecting long-term impact** of Partnerships

HPC

MASSACHUSETTS
HEALTH POLICY COMMISSION

AGENDA

- Call to Order
- Approval of Minutes from February 10, 2021 **(VOTE)**
- EOHHS Quality Measure Alignment Taskforce
- Inviting Narratives of Substance Use Disorder (SUD) Treatment in the Perinatal Period: A Focus on Race and Equity (INSPiRE) Program
- Moving Massachusetts Upstream (MassUP) Evaluation Design
- **Schedule of Next Meeting (October 6, 2021)**

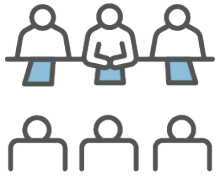
Upcoming 2021 Meetings and Contact Information

BOARD MEETINGS

July 14

September 15

November 17



COMMITTEE MEETINGS

October 6

December 15

ADVISORY COUNCIL

September 29

December 8

Mass.gov/HPC

@Mass_HPC

HPC-info@mass.gov

HPC

MASSACHUSETTS
HEALTH POLICY COMMISSION

APPENDIX

Taskforce Participants

Stakeholder type	Participant
Medical Provider	Boston Children's Hospital
	Beth Israel Lahey Clinical Performance Network
	Community Care Cooperative
	Atrius Health
	Mass General Brigham
	Steward Health Care Network
BH Provider	Behavioral Health Network
Maternal Health Provider	Chloe Zera, Beth Israel Deaconess Medical Center
Academic / Measurement Expert	Arlene Ash, UMass Medical School
	Barbra Rabson, MA Health Quality Partners
	Aswita Tan-McGrory, Disparities Solution Center
Provider Associations	Massachusetts Health and Hospital Association (MHA)
	MHA/MMS Joint Taskforce on Physician Burnout
Consumer/ Advocate	Dennis Heaphy, Disability Policy Consortium
	Lisa Iezzoni, Mongan Health Policy Institute
	Joe Finn, Massachusetts Housing and Shelter Alliance
Payer (BH)	Massachusetts Behavioral Health Partnership/Beacon Health Options
Payer (Commercial)	Tufts Health Plan/Harvard Pilgrim Health Care (new combined entity)
	Blue Cross Blue Shield of MA
Payer (Public)	Health New England

State agency	Participant
Chair, EOHHS	Undersecretary Lauren Peters
DPH	Kate Fillo
CHIA	Lisa Ahlgren
MassHealth	Linda Shaughnessy
HPC	Vivian Haime
DMH	David Tringali
GIC	Cameron McBean
EOHHS/ Mass Hlway	David Whitham
DOI	Kevin Beagan