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The Honorable Lauren Peters
Undersecretary for Health Policy
Executive Office of Health & Human Services
1 Ashburton Place
11th Floor
Boston, MA 02180

Dear Ms. Peters:

The Massachusetts Medical Society (MMS) is pleased to have the opportunity to review and comment on the Massachusetts Executive Office of Health and Human Services (EOHHS) Quality Alignment Taskforce (QAT) *Report on Work through July 2018*, dated September 7, 2018. According to the EOHHS website, the Task Force "aims to develop an aligned quality measure set for payers to use in Accountable Care Organizations (ACOs) contracts across the state. The Task Force is making its final recommendations and would like public comment on the report." The Society commends the Quality Alignment Task Force on its extensive and exhaustive work and the impressive effort to recommend a much shorter list of Quality Measures, including a "Core Measures" set, a "Menu Measure" set and a "Monitoring Measure" set.

Back in June, the Massachusetts Medical Society, as part of the MMS-MHA Task Force on Physician Burnout, met with you and other State members of the Quality Alignment Task Force. We were pleased to learn of the EOHHS Taskforce's efforts, its guiding principles, and the general recommendations which squarely aligned with the quadruple aim including enhancing patient experience, improving population health, reducing costs, and improving the wellbeing of the care team. At that time, we learned that the QAT had reviewed 151 measures and through a deliberate vetting process—including review of the measures through the prism of the Measure Set Guiding Principles, Performance Measure Domains, Measure Sets of Interest and principles specific to the Core Measure set— is recommending 4 Core Measures, 17 Menu Measures, and 8 Monitoring Measures, for a total of 33 measures. The Task Force was very pleased to learn of the reduction in measures and applauded the QAT, however we would encourage the Task Force to reduce the total number of measures even more. In mid-August, we sent recommendations to you and respectfully submit them again as part of this correspondence.

Now that we also have had the opportunity to review the draft report, the MMS would like to further commend the QAT for including in the "Core Measures" set clinically significant measures such as controlling hypertension and diabetes,

measuring the patient experience, and addressing BH issues. Having chosen "outcome" measures for the "Core Measure" set is a positive step, as these measures have known clinical impacts in reducing morbidity and mortality, whereas screening measures which are more process focused do not necessarily ensure improved clinical outcomes and have been relegated to the less critical Menu Measure set. All efforts must be made for these measures to be consistent across payers.

The MMS is pleased to learn that State agencies are leading the way with adoption of the proposed measure sets. We note that the Group Insurance Commission and Mass Health (the latter somewhat qualified) both agreed to adopt the “Core Measures” set and the “Menu Measures” set. This is a positive outcome and one we would like to see other payers and employers adopt.

The Society further commends the QAT’s commitment to work on Social Determinants of Health measures in the coming year in partnership with MassHealth and to work to create goals for Behavioral Health and Long-Term Support Services partners.

We also commend the QAT for rightly categorizing Patient Reported Outcome Measures (Appendix A. Acute Care; Measures that Require Developmental Work: Functional Status Assessment for Total Knee/Total Hip Replacement, pg. 19) as needing additional developmental work prior to being considered for implementation. This recommendation is consistent with the MMS position on Patient Reported Outcomes Measures: Current State and MMS Principles (PROMS). We agree that much more work needs to be done before PROMS measures and their results are ready to be tied to financial incentives payments. To that end, we are concerned that MassHealth will be tying performance incentives to the PHQ9 Patient Health Questionnaire for Depression – a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression is being proposed for implementation and payment in 2020. While we support the use of this measure and support the plans paying for its implementation and reporting, the MMS does not support using the results of these measures as part of a pay for performance initiative. Rather, MMS policy supports PROMs being used as a quality improvement tool and staying in that domain until such time as they have sufficiently matured. (See policy position). The MMS requests that the P4Reporting continue only and the Task Force revisit the appropriateness of the timeline.

It is disappointing that quality goals for Medicare patients are not included in the Measure Sets of Interest – but also very understandable. Federal quality goals are not in the purview of the state. However, the gap between these measures and what Medicare requires might be worthy of review and future alignment to continue the exercise and align measures.

It is also disappointing that there was not a stronger commitment by all the participating health plans to adopt the Task Force's recommendations given their participation. The whole voluntary nature of this commendable work is problematic as there are no “teeth” to adoption in this important exercise. Quality reporting is an administrative burden that takes time from patient care and adds to administrative costs. To the extent all payers begin to use the same measures, Health systems and providers can go back to focusing on the delivery of high-quality patient care.

Lastly, the MMS would like to reiterate the MMS-MHA Joint Task Force on Physician Burnout requests provided in August 2018. We respectfully asked that the **EOHHS Quality Measure Alignment Taskforce:**

a) **Support a reduction of the total number of quality metrics an Alternative Payment Model (APM)/ Accountable Care Organization (ACO) can utilize at no more than 14 measures consistent across payers. If measures are added beyond the 14, their results should be gathered by the plan without interference of the physician**
b) **That a single quality metric reflecting physician well-being be added to the "Core Measure" set and**
c) **That the Task Force consider adopting the "Core Measures" set and the "Menu Measure" sets for all types of products, not just those which utilize APM/ACO methodology**

As we noted in our correspondence, "advancing a coordinated quality strategy across the Commonwealth has the potential to improve healthcare quality and reduce administrative burden. This is especially true given that physician burnout can significantly reduce healthcare quality. Just two months ago a study came out of Mayo Clinic which indicates that *physician burnout may cause more medical errors than unsafe care settings*, and this is only the latest in a long line of evidence that reducing physician burnout improves the quality of healthcare outcomes, reduces cost, improves patient satisfaction, patient safety and patient engagement. By reducing the burden of quality metric reporting, you can help improve physician burnout statewide.

We appreciate the work of the Task Force and commend the efforts to streamline the quality measurement activity. We strongly encourage all parties involved in this impressive work to embrace these streamlined measures for the sake of physician wellbeing and patient care.

Thank you,

Alain A. Chaoui, MD
President