

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #10  
February 6, 2018



# Agenda



- **Welcome**
- **Recap of 1-25-18 Meeting Decisions & Discussion of Follow-Up Items**
- **Measure Review Progress Update**
- **Continued Review of Candidate Measures**
- **Next Steps**



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# Recap of 1-25-18 Meeting Decisions



- 1. The Taskforce tentatively endorsed the following five chronic illness care measures:**
  - Asthma Medication Ratio
  - Controlling High Blood Pressure (HEDIS version)
  - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
  - Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
  - Comprehensive Diabetes Care: Eye Exam
- 2. The Taskforce tentatively endorsed the following chronic illness care measure as a monitoring measure:**
  - Comprehensive Diabetes Care: Hemoglobin A1c Testing



# Recap of 1-25-18 Meeting Decisions (Cont'd)



- 3. The Taskforce agreed to rename its “Developmental” measure category “Measures Under Consideration” (MUC) to align with MassHealth’s terminology. The Taskforce tentatively endorsed one chronic illness care MUC and one conceptual MUC.**
- Optimal Asthma Control
  - Controlling High Blood Pressure (measure concept)
    - Taskforce members preferred a measure superior to the currently available “Controlling High Blood Pressure” measures, and thus identified this as an area for future work.



# Agenda



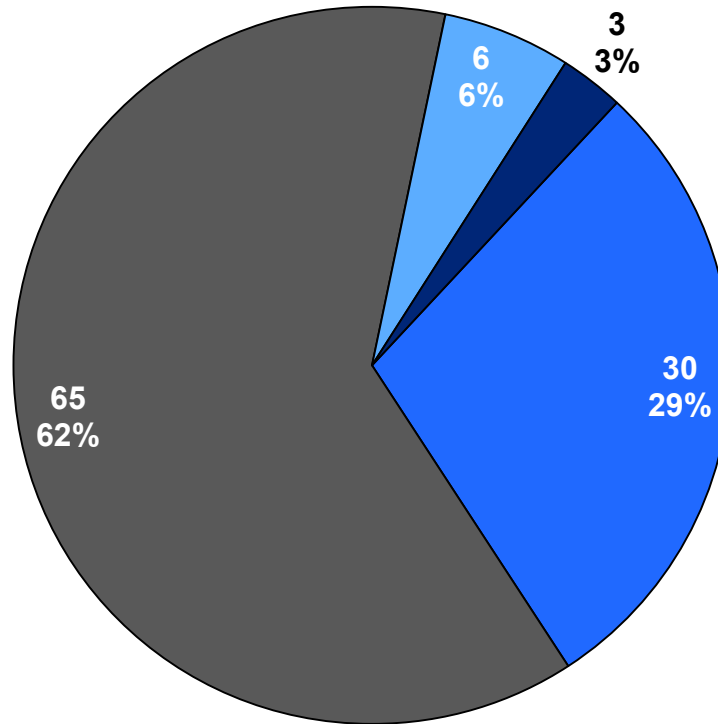
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# Measure Review Progress Update



Measures Reviewed by the Taskforce  
N = 104



- Tentatively Endorsed
- Did Not Endorse
- Measures Under Consideration
- Monitoring

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# Measure Review Progress Update (Cont'd)



## ■ The Taskforce has identified the following measure categories:

### 1. Core and/or Menu

Core: measures that all payers and ACOs use

Menu: measures from which payers and ACOs choose

### 2. Monitoring – measures for which performance should be tracked, either because a) current performance is high or b) data are not currently available (e.g., some opioid measures).

- measures that utilize claims data will be calculated at the ACO level
- measures that utilize clinical data will be calculated at alternative levels (e.g., hospital, state)





# Measure Review Progress Update (Cont'd)



- The Taskforce has identified the following measure categories:
  3. Measures Under Consideration (previously “Developmental Measures”) –
    - measure concepts that address important areas of health/ outcomes, but for which a specific measure has not been defined, and
    - measures not yet validated and/or tested for implementation (e.g., weight loss, tobacco quit rate)



# Measure Review Progress Update (Cont'd)



- Here is where the Taskforce stands in terms of its first pass review of the performance measure domains:

## Complete (5):

- Preventive Care
- Behavioral Health
- Opioid Prescribing and Treatment
- Maternity Care
- Acute Care

## In Progress (1):

- Chronic Illness Care

## Not Yet Started (10):

- Equity
- Social Determinants of Health
- Health Behaviors
- Patient Experience
- Care Coordination
- Integration
- Patient/Provider Communication
- Patient Engagement
- Team-based Care
- Relationship-Centered Care



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# Chronic Illness Care Measures: Diabetes (Adult)



NQF#	Measure Label	Steward	Data Source	Count
0729	<p>Optimal Diabetes Control</p> <ul style="list-style-type: none"> <li>• HbA1c &lt;8.0%</li> <li>• Blood pressure &lt;140/90 mmHg</li> <li>• Statin use</li> <li>• Tobacco non-user</li> <li>• Daily aspirin or anti-platelets (for patients with IVD)</li> </ul>	MNCM	Clinical Data	0
NA	<p>Comprehensive Diabetes Care</p> <ul style="list-style-type: none"> <li>• HbA1c testing (NQF#0057)</li> <li>• HbA1c poor control (&gt;9.0%) (NQF #0059)</li> <li>• HbA1c control (&lt;8.0%) (NQF #0575)</li> <li>• HbA1c control (&lt;7.0%) for a selected population</li> <li>• Eye exam (retinal) performed (NQF #0055)</li> <li>• Medical attention for nephropathy (NQF #0062)</li> <li>• BP control (&lt;140/90 mm Hg) (NQF #0061)</li> </ul>	NCQA	Clinical Data	0
0062	Comprehensive Diabetes Care: Medical Attention for Nephropathy <sup>**,#</sup>	NCQA HEDIS	Claims	7
0061	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	NCQA HEDIS	Claims/Clinical Data	4

*\*MassHealth ACO/DSRIP measure.*

*\*\*CMS/AHIP CQMC measure.*

*#This measure does not have opportunity for improvement.*



# Chronic Illness Care Measures: Diabetes (Adult)



NQF#	Measure Label	Steward	Data Source	Count
NA	Statin Therapy for Patients with Diabetes	NCQA HEDIS	Claims	4
0056	Diabetes: Foot Exam**	NCQA	Clinical Data	2
1932	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	NCQA	Clinical Data	2

\*\*CMS/AHIP CQMC measure.

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# Chronic Illness Care Measures: Patient Safety (Adult)



NQF#	Measure Label	Steward	Data Source	Count
2371	Annual Monitoring for Patients on Persistent Medications	NCQA HEDIS	Claims	4

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# Chronic Illness Care Measures (Cont'd)



- **Taskforce members previously expressed an interest in the following specialties within the “Chronic Illness Care” domain:**
  - Cancer Care
  - Gastroenterology<sup>+</sup>
  - Infectious Disease<sup>+</sup>
  - Neurology
  - Orthopedic Care
  
- **We consulted external sources when looking for candidate measures because our measure library had few, if any, measures for these specialties. We did not include the majority of measures we found, several of which were from the CMS/AHIP Core Quality Measures Collaborative (CQMC) measure set, because they were narrow in scope and were assessed as unlikely to yield a sufficient denominator size for ACOs.**
  
- **Specialties without adequate measures identified for review are denoted with a plus sign(+).**



# Chronic Illness Care Measures (Cont'd)



- We also removed from potential consideration other measures found in the CMS/AHIP CQMC measure set in response to the Taskforce's previous decision to defer consideration of facility-based measures.
- These measures were found in multiple domains, and not just chronic illness care.

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# Chronic Illness Care Measures: Cancer Care (Adolescent and Adult)



NQF#	Measure Label	Steward	Data Source	Count
<b>Adolescent</b>				
NA	Non-Recommended Cervical Cancer Screening in Adolescent Females**	NCQA HEDIS	Claims	5
<b>Adult</b>				
0389	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients**	AMA-PCPI	Clinical Data	1

\*\*CMS/AHIP CQMC measure.

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# Chronic Illness Care Measures: Neurology (All Ages)



NQF#	Measure Label	Steward	Data Source	Count
NA	Quality of Life Assessment for Patients with Primary Headache Disorders	American Academy of Neurology	Clinical Data	1

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# Chronic Illness Care Measures: Orthopedic Care (Adult)



NQF#	Measure Label	Steward	Data Source	Count
0052 (no longer endorsed)	Use of Imaging Studies for Low Back Pain**:@	NCQA HEDIS	Claims	6
0054	Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	NCQA HEDIS	Claims	2

\*\*CMS/AHIP CQMC measure.

@This measure should have been discussed with the Acute Care domain and will be re-categorized prior to the second pass.

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- **Bailit Health was unable to find any equity measures. We looked to NQF and it had recommendations for measures of disparity, but the measures had to do with the provision of services that would reduce disparities, not disparities per se.**
- **Bailit Health recommends that the Taskforce stratify measures that will already be included in the eventual endorsed measure set to address equity/disparities.**
  - Potential stratifications include: gender, race/ethnicity, primary language, disability status including distinct subpopulations for persons with disabilities, children in the foster care system, and justice-involved youth and adults.
- **The Taskforce can also create a composite measure(s) that looks at the difference between a subpopulation and the total payer population for several individual measures.**



# Social Determinants of Health



- During the 1-25-18 Taskforce meeting, Taskforce members indicated an interest in the following Social Determinant of Health (SDoH) sub-domains:
  - measures that screen for and identify SDoH, and
  - measures of interventions to address SDoH.
- We are only presenting screening tools that cover multiple SDoH, but there are a number of SDoH-specific screening tools available.
- The screening tools are not measures, but their use lends itself to a measure concept (e.g., percentage of patients receiving a SDoH screen).



# Social Determinants of Health Screening & Identification



NQF#	Measure Label	Steward	Data Source	Count
<b>Adult and Pediatric</b>				
NA	Accountable Health Communities Screening Tool	CMS	Survey	0
NA	Health Leads Social Needs Screening Toolkit	Health Leads	Survey	0
NA	PRAPARE: Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences	National Association of Community Health Centers	Survey	0
NA	HealthBegins Upstream Risk Screening Tool	HealthBegins	Survey	0
NA	Social Services Screening* (currently under development)	MA EOHHS	Claims	1

\*MassHealth ACO/DSRIP measure.

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# Social Determinants of Health Screening & Identification (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Pediatric</b>				
NA	Social Needs Screening Tool	American Academy of Family Physicians	Survey	0
NA	WE CARE	Health Leads/ Boston Medical Center	Survey	0

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# Social Determinants of Health Intervention



- **Bailit Health was unable to identify any measures of interventions to address SDoH.**
- **We suggest the following measure concept for the Taskforce's consideration:**
  - Percentage of patients with one or more positive SDoH screens referred to at least one appropriate community resource.





# Health Behaviors: Diet and Exercise



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NQF#	Measure Label	Steward	Data Source	Count
<b>Adult and Pediatric</b>				
NA	Increase the Contribution of Total Fruit to the Diets of the Population Aged 2 Years and Older	Healthy People 2020	Survey	0
NA	Increase the Contribution of Total Vegetables to the Diets of the Population Aged 2 Years and Older	Healthy People 2020	Survey	0
NA	Increase the Contribution of Whole Grains to the Diets of the Population Aged 2 Years and Older	Healthy People 2020	Survey	0
NA	Reduce Consumption of Calories from Solid Fats and Added Sugars in the Population Aged 2 Years and Older	Healthy People 2020	Survey	0
<b>Adult</b>				
NA	Participated in Enough Aerobic and Muscle Strengthening Exercises to Meet Guidelines	Behavioral Risk Factor Surveillance System (BRFSS)	Survey	0



# Health Behaviors: Behavioral Health, Overall Health



NQF#	Measure Label	Steward	Data Source	Count
<b>Adult</b>				
NA	Alcohol Consumption <i>(e.g., "During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?")</i>	Behavioral Risk Factor Surveillance System (BRFSS)	Survey	0
NA	Tobacco Use <i>(e.g., "Do you now smoke cigarettes every day, some days, or not at all?")</i>	Behavioral Risk Factor Surveillance System (BRFSS)	Survey	0
NA	Seatbelt Use	Behavioral Risk Factor Surveillance System (BRFSS)	Survey	0

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- **Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys are the most widely used tools to assess patient experience.**
- **The Taskforce will be considering the following versions of the CAHPS survey:**
  - CAHPS Clinician & Group Survey (CG-CAHPS)
  - CAHPS Survey for ACOs Participating in Medicare Initiatives (ACO CAHPS)
  - CAHPS Hospital Survey (HCAHPS)
  - CAHPS Surgical Care Survey (Surgical Care CAHPS)

*The Taskforce will not be considering the CAHPS Health Plan Survey (CAHPS 5.0H) because it is not applicable for use between plans and providers.*



# Patient Experience (Cont'd)



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NQF#	Measure Label	Steward	Data Source	Count
<b>Adult and Pediatric</b>				
0005	CG CAHPS** 1. Getting Timely Appointments, Care, and Information 2. How Well Providers Communicate with Patients 3. Providers' Use of Information to Coordinate Patient Care 4. Helpful, Courteous, and Respectful Office Staff 5. Patients' Rating of Provider  • Supplemental Item Sets include: – Patient-Centered Medical Home – Health Literacy (How Well Providers Communicate about Medicines) – Health Information Technology – Health Promotion and Education	AHRQ	Survey	Varies <sup>&amp;</sup> (0-4)

\*\*CMS/AHIP CQMC measure.

<sup>&</sup>Different measure sets include various composite rates from the patient experience surveys. The range indicated includes the minimum and maximum number of measures sets in which individual composites are found.



# Patient Experience (Cont'd)



- **The MassHealth ACO/DSRIP measure set is proposing to use a version of the CG CAHPS survey that is modified by MHQP. The MHQP-modified version includes slightly different composite measures.**

## Adult Survey

1. Organizational Access (*AHRQ: Getting Timely Appointments, Care, and Information*)
2. Communication (*AHRQ: How Well Providers Communicate with Patients*)
3. Knowledge of Patient
4. Integration of Care
5. Self-Management (*AHRQ: composite from PCMH Item Set*)
6. Adult Behavioral Health
7. Office Staff (*AHRQ: Helpful, Courteous, and Respectful Office Staff*)
8. Rating (*AHRQ: Patients' Rating of Provider*)
9. Willingness to Recommend

## Child Survey

1. Organizational Access (*AHRQ: Getting Timely Appointments, Care, and Information*)
2. Communication (*AHRQ: How Well Providers Communicate with Patients*)
3. Knowledge of Patient
4. Pediatric Prevention
5. Integration of Care
6. Self-Management (*AHRQ: composite from PCMH Item Set*)
7. Child Development
8. Office Staff (*AHRQ: Helpful, Courteous, and Respectful Office Staff*)
9. Rating (*AHRQ: Patients' Rating of Provider*)
10. Willingness to Recommend



# Patient Experience (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Adult and Pediatric</b>				
NA	ACO CAHPS <sup>+</sup> <ol style="list-style-type: none"> <li>1. Getting Timely Appointments, Care, and Information</li> <li>2. How Well Providers Communicate with Patients</li> <li>3. Patients' Rating of Provider</li> <li>4. Access to Specialists</li> <li>5. Health Promotion and Education</li> <li>6. Shared Decision Making</li> <li>7. Health Status &amp; Functional Status</li> <li>8. Stewardship of Patient Resources</li> </ol>	AHRQ/ CMS	Survey	Varies <sup>&amp;</sup> (1-4)

<sup>+</sup>There are two iterations of the ACO CAHPS survey. We are only considering the ACO-9, which is the most recent version of the survey and contains 71 survey questions. We are not considering the ACO-12, which was first used for reporting periods 2012 and 2013, and has been an optional survey since 2014. It includes 80 questions.

<sup>&</sup>Different measure sets include various composite rates from the patient experience surveys. The range indicated includes the minimum and maximum number of measures sets in which individual composites are found.

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# Patient Experience (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Adult</b>				
1741	Surgical Care CAHPS** 1. Information to Help You Prepare for Surgery 2. How Well Surgeon Communicates with Patients Before Surgery 3. Surgeon's Attentiveness on Day of Surgery 4. Information to Help You Recover from Surgery 5. How Well Surgeon Communicates with Patients After Surgery 6. Helpful, Courteous, and Respectful Staff at Surgeon's Office 7. Patients' Rating of the Surgeon	American College of Surgeons, Surgical Quality Alliance	Survey	1

\*\*CMS/AHIP CQMC measure.

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# Integration Measures



- We consulted external sources when looking for candidate measures because our measure library had few “Integration” measures.
- The majority of identified measures were related to behavioral health and primary care integration at the practice-level. The measures require practices to fill out a self-assessment of their level of integration.
- We did not include these measures for consideration due to challenges related to implementing these measures at the ACO level.





# Integration Measures



The following measures fit within the “Integration,” “Care Coordination” and the “Patient/Provider Communication” domains.

NQF#	Measure Label	Steward	Data Source	Count
<b>Adult</b>				
NA	Patient Perceptions of Integrated Care (PPIC) <ol style="list-style-type: none"> <li>1. Provider Knowledge of Patient</li> <li>2. Staff Knowledge of Patient’s History</li> <li>3. Specialist Knowledge of Patient’s History</li> <li>4. Provider’s Support for Patient’s Self-Directed Care</li> <li>5. Provider Support for Patients’ Medication Adherence/Health Home Management</li> <li>6. Test Result Communication</li> </ol>	Harvard School of Public Health	Survey	0
<b>Pediatric</b>				
NA	Pediatric Integrated Care Survey (PICS) <ol style="list-style-type: none"> <li>1. Access to Care</li> <li>2. Communication with Care Team Members</li> <li>3. Family Impact</li> <li>4. Care Goal Creation/Planning</li> <li>5. Team Functioning/Quality</li> </ol>	Boston Children’s Hospital	Survey	0



# Patient Engagement



- Bailit Health began its search for candidate measures for the “Patient Engagement” domains, but was only able to find two measures.
- Are there any measures for this domain that Taskforce members recommend for future consideration?



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# Next Steps: Meeting Schedule



Domain	Estimated Schedule
Preventive Care	Meeting #3, #4, and #5
Behavioral Health Care	Meeting #4, #5, #6, and #7
Opioid Prescribing and Treatment	Meeting #7
Maternity Care	Meeting #7 and #8
Acute Care ( <i>e.g., cardiac care and orthopedic care</i> )	Meeting #8
Chronic Illness Care ( <i>including cancer care</i> )	Meeting #8, #9, and #10
Equity ( <i>disparities</i> )	Meeting #10
Social Determinants of Health	Meeting #10
Health Behaviors	Meeting #10
Patient Experience	Meeting #10 and #11
Care Coordination	Meeting #11
Integration	Meeting #11
Patient Engagement	Meeting #11
Patient/Provider Communication	Meeting #11
Team-based Care	Meeting #11
Relationship-Centered Care	Meeting #11
Hospital Care	For the 2020 Measure Set



# Reference Slides



**The following slides may be helpful to have available for reference during today's meeting.**



# Criteria for Candidate Set



- **Candidate measures were selected using the following methodology:**
  1. Included in a domain identified by the Taskforce
  2. Found in at least 2 “alignment” measure sets
  3. Found in the CMS/AHIP Core Quality Measures Collaborative (CQMC) and/or the MassHealth ACO/DSRIP measure sets\*
  
- **We are reviewing candidate measures by domain, and within domain, grouped by age and measure focus, if applicable.**

*\*MassHealth ACO/DSRIP and CMS/AHIP CQMC measures are included for consideration even if they are not found in at least 2 “alignment” measure sets.*



# Candidate Measure Sources



- **Measures currently in use in APM contracts by providers and payers:**
  - Harvard Pilgrim Health Care (2017)
  - Blue Cross Blue Shield of MA (2017)
  - Tufts Health Plan (2017)
- **Measures found in local and state measure sets:**
  - Boston Public Health Commission (2016)
  - MassHealth ACO (DSRIP)
  - MassHealth MCO (Payment)
  - Standard Quality Measure Set
- **Measures found in national measure sets:**
  - CMS/AHIP Core Quality Measures Collaborative (CQMC)
  - CMS Medicaid Child Core Set
  - CMS Medicaid Adult Core Set
  - CMS Medicare Part C & D Star Ratings Measures
  - CMS Merit-based Incentive Payment System (MIPS)
  - NCQA Health Plan Ranking