

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #11  
February 27, 2018



# Agenda



- **Welcome**
- **Recap of 2-6-18 Meeting Decisions & Discussion of Follow-Up Items**
- **Measure Review Progress Update**
- **Continued Review of Candidate Measures**
- **Next Steps**



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# Recap of 2-6-18 Meeting Decisions



- 1. The Taskforce tentatively endorsed the following two chronic illness care and acute care measures:**
  - Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
  - Use of Imaging Studies for Low Back Pain
- 2. The Taskforce tentatively endorsed the following chronic illness care measure as a monitoring measure:**
  - Comprehensive Diabetes Care: Medical Attention for Nephropathy



# Recap of 2-6-18 Meeting Decisions (Cont'd)



3. **The Taskforce tentatively endorsed the following four measures as measures under consideration:**
  - Optimal Diabetes Control
  - Statin Therapy (Medication Intensity or Medical/LDL Goal) for Patients with Diabetes (*measure concept*)
  - Equity measures – stratify existing measures by race/ethnicity, age, gender, language, disability status, etc. (*measure concept*)
  - Social Services Screening (*MassHealth measure concept*)
4. **The Taskforce deferred consideration of Health Behaviors measures until after Kate's presentation of DPH data.**
5. **The Taskforce endorsed the creation of a work group to continue the conversation about how to stratify endorsed measures to assess equity/disparity.**



# Agenda



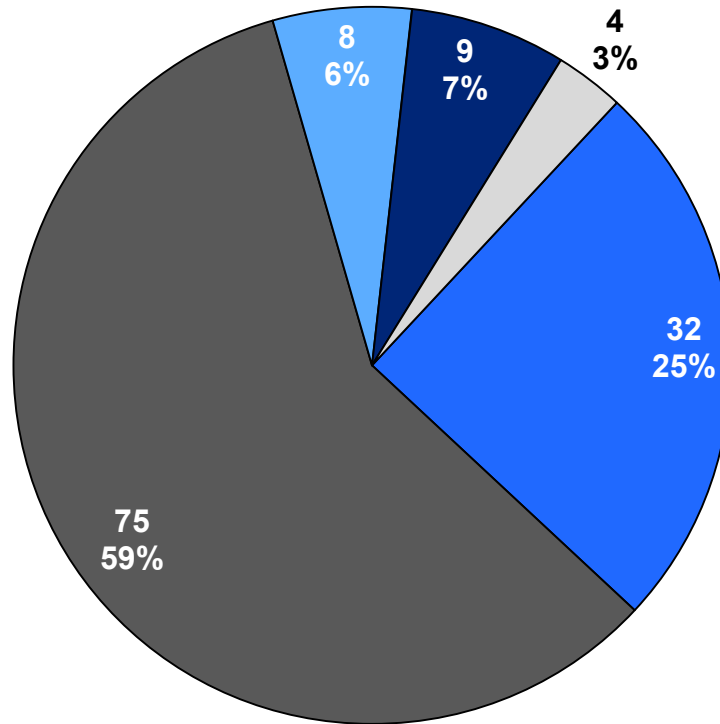
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# Measure Review Progress Update



Measures Reviewed by the Taskforce  
N = 128



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



# 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 (8):

- Preventive Care
- Behavioral Health
- Opioid Prescribing and Treatment
- Maternity Care
- Acute Care
- Chronic Illness Care
- Equity
- Social Determinants of Health

## Not Yet Started (7):

- Patient Experience
- Care Coordination
- Integration
- Patient/Provider Communication
- Patient Engagement
- Team-based Care
- Relationship-centered Care

## Deferred (1):

- Health Behaviors



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# Patient Experience



- **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 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 health plan use in ACO contracts. The Taskforce will also not be considering the Hospital CAHPS survey for the initial aligned measure set because it is a facility-based survey and the Taskforce has opted to defer consideration of facility-based measures until the second year.*



# Patient Experience (Cont'd)



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| NQF#                       | Measure Label  | Steward | Data Source | Count                            |
|----------------------------|--|---------|-------------|----------------------------------|
| <b>Adult and Pediatric</b> |  |         |             |                                  |
| 0005                       | <p>CG CAHPS**</p> <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. Providers' Use of Information to Coordinate Patient Care</li> <li>4. Helpful, Courteous, and Respectful Office Staff</li> <li>5. Patients' Rating of Provider</li> </ol> <ul style="list-style-type: none"> <li>• Supplemental Item Sets include: <ul style="list-style-type: none"> <li>-Patient-Centered Medical Home</li> <li>-Health Literacy (How Well Providers Communicate about Medicines)</li> <li>-Health Information Technology</li> <li>-Health Promotion and Education</li> </ul> </li> </ul> | AHRQ    | Survey      | Varies <sup>&amp;</sup><br>(0-5) |

\*\*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)



- For the ACO/DSRIP measure set, MassHealth is proposing to use a version of the CG-CAHPS survey that has been modified by MHQP and is currently in use by commercial payers. The MHQP version includes slightly different composite measures and one additional question not found in CAHPS in the adult survey (in the “Knowledge of Patient” composite).

### 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/<br>CMS | Survey      | 0     |

<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.



# Patient Experience (Cont'd)



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

\*\*CMS/AHIP CQMC measure.





# Care Coordination Measures



- We consulted external sources when looking for candidate measures because our measure library had few “Care Coordination” measures.
- The majority of available measures were related to care coordination in a facility-based setting (e.g., related to readmissions, discharges, or transfers into the community).
- We did not include these measures, consistent with the Taskforce’s previous decision to defer consideration of facility-based measures.



# Care Coordination Measures: Readmission and Follow-Up



| NQF#                     | Measure Label  | Steward  | Data Source | Count |
|--------------------------|--|--|-------------|-------|
| <b>Adult</b>             |  |  |             |       |
| 1768                     | Plan All-Cause Readmission <sup>#</sup>                                | NCQA<br>HEDIS                                    | Claims      | 3     |
| <b>Pediatric</b>         |  |  |             |       |
| 3171<br>(never endorsed) | Percentage of Asthma ED Visits followed by Evidence of Care Connection | University Hospitals<br>Cleveland Medical Center | Claims      | 0     |

*<sup>#</sup>This measure does not have opportunity for improvement.*

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# Care Coordination Measures: Patient Experience



The following measures fit within both the “Care Coordination” domain and the “Patient/Provider Communication” domain.

| NQF#         | Measure Label   | Steward                                      | Data Source | Count |
|--------------|---|--|-------------|-------|
| <b>Adult</b> |   |  |             |       |
| NA           | Care Coordination Quality Measure for Primary Care (CCQM) | AHRQ   | Survey      | 0     |
| NA           | Client Perception of Coordination Questionnaire (CPCQ)    | Australia Coordinated Care (Care Plus) Trial | Survey      | 0     |

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# Care Coordination Measures: Patient Experience (Cont'd)



## ■ Questions from the "Family Experiences with Coordination of Care" (FECC) survey:

| NQF#             | Measure Label   | Steward                               | Data Source | Count |
|------------------|---|---------------------------------------|-------------|-------|
| <b>Pediatric</b> |   |                                       |             |       |
| 2842             | FECC-1: Has Care Coordinator  | Seattle Children's Research Institute | Survey      | 0     |
| 2843             | FECC-3: Care Coordinator Helped to Obtain Community Services                            | Seattle Children's Research Institute | Survey      | 0     |
| 2844             | FECC-5: Care Coordinator Asked about Concerns and Health                                | Seattle Children's Research Institute | Survey      | 0     |
| 2845             | FECC-7: Care Coordinator Assisted with Specialist Service Referrals                     | Seattle Children's Research Institute | Survey      | 0     |
| 2846             | FECC-8: Care Coordinator was Knowledgeable, Supportive, and Advocated for Child's Needs | Seattle Children's Research Institute | Survey      | 0     |
| 2847             | FECC-9: Appropriate Written Visit Summary Content                                       | Seattle Children's Research Institute | Survey      | 0     |
| 2849             | FECC-15: Caregiver has Access to Medical Interpreter when Needed                        | Seattle Children's Research Institute | Survey      | 0     |
| 2850             | FECC-16: Child has Shared Care Plan   | Seattle Children's Research Institute | Survey      | 0     |



# Care Coordination Measures: Patient Experience (Cont'd)



- **Questions from the "Children with Chronic Conditions" supplemental item set from the CAHPS 5.0H Survey:**
  - In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?"



# 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.

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# 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/Provider Communication Measures



- We looked to the CAHPS surveys for specific questions that could address patient/provider communication because our measure library had no official measures that fell within the “Patient/Provider Communication” domain.





# Patient/Provider Communication Measures



## ■ Questions from the CG-CAHPS and ACO CAHPS surveys:

- In the last 6 months, how often did this provider explain things in a way that was easy to understand?
- In the last 6 months, how often did this provider listen carefully to you?
- In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?



# Patient Engagement Measures



- We consulted external sources when looking for candidate measures because our measure library had no “Patient Engagement” measures.



# Patient Engagement Measures Readmission and Follow-Up



| <b>NQF#</b> | <b>Measure Label</b>       | <b>Steward</b>                  | <b>Data Source</b> | <b>Count</b> |
|-------------|----------------------------|---------------------------------|--------------------|--------------|
| NA          | How's Your Health          | Dartmouth<br>Medical<br>College | Survey             | 0            |
| NA          | Patient Activation Measure | Insignia<br>Health              | Survey             | 0            |

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# Team-based Care and Relationship-centered Care Measures



- We consulted external sources when looking for candidate measures because our measure library had no “Team-based Care” or “Relationship-centered Care” measures.
- However, we were unable to find any measures for the “Team-based Care” domain.
- We were able to identify a few survey-based measures for the “Relationship-centered Care” domain.



# Relationship-centered Care Measures



| NQF#         | Measure Label   | Steward  | Data Source | Count |
|--------------|---|--|-------------|-------|
| <b>Adult</b> |   |  |             |       |
| 2962         | Shared Decision-Making  | Massachusetts General Hospital   | Survey      | 0     |
| NA           | Patient Assessment of Care for Chronic Conditions (PACIC) <ol style="list-style-type: none"> <li>1. Patient Activation</li> <li>2. Delivery System Design/Decision Support</li> <li>3. Goal Setting</li> <li>4. Problem-solving/Contextual Counseling</li> <li>5. Follow-up/Coordination</li> </ol> <ul style="list-style-type: none"> <li>• Supplemental Item Set:               <ul style="list-style-type: none"> <li>-5As: Ask, Advise, Agree, Assist, Arrange</li> </ul> </li> </ul> | Improving Chronic Illness Care (MacColl Center for Health Care Innovation) | Survey      | 0     |

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# Relationship-centered Care Measures (Cont'd)



- **Questions from the CG-CAHPS and ACO CAHPS surveys:**
  - In the last 6 months, how often did this provider show respect for what you had to say?
  - In the last 6 months, how often did this provider spend enough time with you?



# Relationship-centered Care Measures (Cont'd)



- **Questions from the Pediatric Integrated Care Survey:**
  - **Communication with Care Team Members Composite:**
    - Includes questions related to team members explaining things in a way a family member/caregiver can understand and listening carefully, a family member/caregiver feeling comfortable sharing concerns about a child's health, creating short-term and long-term care goals, etc.
    - For more information, refer to the specifications distributed with the meeting materials.



# Other Measures



- During a prior meeting a Taskforce member recommended considering measures related to pain assessment and management un-related to opioids.

| NQF#         | Measure Label                 | Steward | Data Source          | Count |
|--------------|-------------------------------|---------|----------------------|-------|
| <b>Adult</b> |                               |         |                      |       |
| 0420         | Pain Assessment and Follow-Up | CMS     | Claims/Clinical Data | 1     |

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# Next Steps: Meeting Schedule



## ■ Continue our review of candidate measures

### • Meeting #12

- Complete initial review of candidate measures *(if needed)*
- Presentation of DPH data
- Discuss how well tentatively endorsed measures score against guiding principles



### • Meeting #13

- Begin second round of measure review
- "Prune" measure set as appropriate
- Categorize measures as "core" and/or "menu", "monitoring", or "MUC"



### • Meeting #14

- Complete second round of measures review
- Begin discussing implementation of 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