

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #12
March 12, 2018



Agenda



- **Welcome**
- **Recap of 2-27-18 Meeting Decisions & Discussion of Follow-Up Items**
- **Measure Review Progress Update**
- **Continued Review of Candidate Measures**
- **Revisit Health Behaviors Measures**
- **Review of Scoring Measures against Guiding Principles**
- **Next Steps**



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Recap of 2-27-18 Meeting Decisions



- 1. The Taskforce tentatively endorsed the following patient experience measure:**
 - CAHPS Clinician & Group Survey (CG-CAHPS) – MHQP Version

- 2. The Taskforce tentatively endorsed the following two patient experience/integration measure concepts as developmental*:**
 - A version of CG-CAHPS that supplements, modifies, or substitutes questions, potentially including questions from the following surveys:
 - Patient Perceptions of Integrated Care (PPIC) survey
 - Pediatric Integrated Care Survey (PICS)
 - A modified version of the CG-CAHPS survey for a non-primary care-attributed population

*Taskforce staff have re-named the “Measures Under Consideration” category as “Developmental.”



Recap of 2-27-18 Meeting Decisions (Cont'd)



- 3. The Taskforce deferred consideration of a community tenure measure until commercial payers could confirm that:**
- there is a sufficient volume of behavioral health inpatient admissions at the ACO level, and
 - it is viable to stratify the measure based on behavioral health condition (e.g., schizophrenia, substance use)



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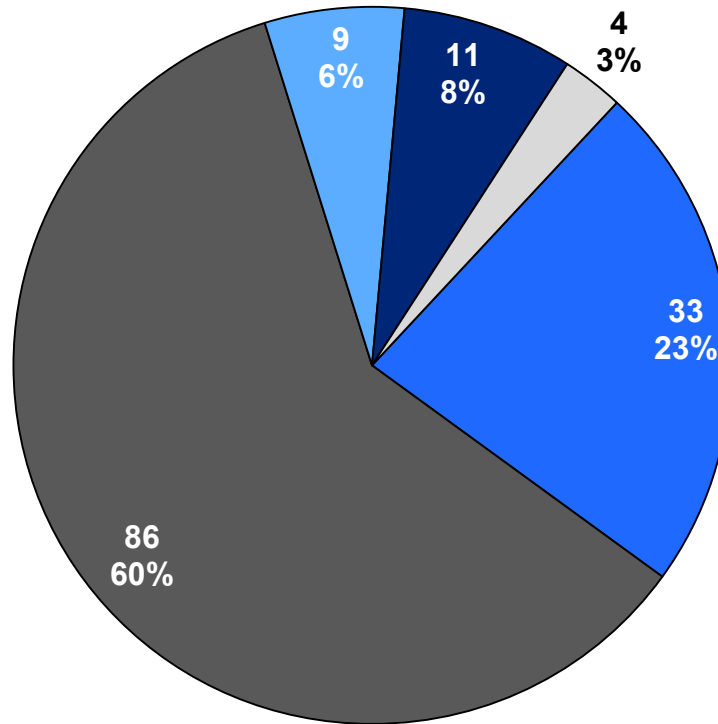
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Measure Review Progress Update



Measures Reviewed by the Taskforce
N = 143



- Tentatively Endorsed
- Deferred Consideration
- Monitoring
- Did Not Endorse
- Developmental



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. Developmental (previously “Measures Under Consideration”) –

- 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 (11):

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

- Integration
- Patient/Provider Communication

Not Yet Started (3):

- Patient Engagement
- Team-based Care
- Relationship-centered Care

Deferred (1):

- Health Behaviors



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Patient Engagement Measures



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



Patient Engagement Measures (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
NA	Patient Activation Measure	Insignia Health	Survey	0

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Patient Engagement Measures (Cont'd)



■ Questions from the CG-CAHPS (PCMH Item Set) survey:

• Self-Management Support Composite:

- In the last 12 months, did you and anyone in this provider's office talk about specific goals for your (or your child's) health?
- In the last 12 months, did anyone in this provider's office ask you if there are things that make it hard for you to take care of your (or your child's) health?

• How Well Doctors Communicate Composite

- In the last 12 months, how often did your (or your child's) provider explain things in a way that was easy to understand?
- In the last 12 months, how often did your (or your child's) provider listen carefully to you?
- In the last 12 months, how often did your (or your child's) provider give easy to understand answers to your health questions?
- In the last 12 months, how often did your (or your child's) provider give you easy to understand information about what to do if your health problems got worse or came back?
- In the last 12 months, how often did your (or your child's) provider show respect for what you said?
- In the last 12 months, how often did your (or your child's) provider spend enough time with you?



Patient Engagement Measures (Cont'd)



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

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Team-based Care and Relationship-centered Care



- We consulted external sources when looking for candidate measures because our measure library had no “Team-based Care” or “Relationship-centered Care” measures.
- We were unfortunately 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



■ Questions from the CG-CAHPS survey:

- In the last 12 months, how often did this provider show respect for what you had to say?
- In the last 12 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 unrelated to opioids.

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

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Confirmation of Denominator Size Adequacy



- **During the first pass review, on occasion, Taskforce members expressed concern about the adequacy of denominator size for select measures at the ACO level. Taskforce staff have identified the following list of tentatively endorsed measures for insurer confirmation of denominator size adequacy.**
1. Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication - Continuation & Maintenance
 2. Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
 3. Metabolic Monitoring for Children and Adolescents on Antipsychotics
 4. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
 5. Follow-Up After Hospitalization for Mental Illness (30-Day)
 6. Follow-Up After Hospitalization for Mental Illness (7-Day)
 7. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation
 8. Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement
 9. Follow-up After Emergency Department Visit for Mental Health
 10. Continuity of Pharmacotherapy for Opioid Use Disorder
 11. Use of Imaging Studies for Low Back Pain



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Revisit Health Behaviors Measures



- **The Taskforce initially reviewed Health Behaviors measures during its 2-6-18 meeting, but deferred consideration until after the presentation of DPH data.**
 - At the time, there was general consensus that it was important to consider measures beyond clinical care, but did not agree on a specific measurement approach.
- **Does the Taskforce want to re-consider measures of Health Behaviors at this time?**



Health Behaviors: Diet and Exercise



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NQF#	Measure Label	Steward	Data Source	Count
Adult and Pediatric				
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
Adult				
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
Adult and Pediatric				
NA	How's Your Health	Dartmouth Medical College	Survey	0
Adult				
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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Review of Scoring Measures against Guiding Principles



- **Bailit Health and MassHealth scored the Taskforce’s 33 tentatively endorsed measures (as of 2-27-18) against the following three guiding principles:**
 1. Evidence-based, scientifically acceptable, nationally-endorsed and valid at the level at which it is being used (i.e., ACO)
 2. Required data should be either readily available, not overly burdensome to collect, or, if burdensome, of demonstrable value for improving patient care
 3. Represents an opportunity for improvement

- **Bailit Health and MassHealth were unable to develop objective decision rules to adequately determine if measures met the fourth guiding principle: “Is important to consumers and supports the Triple Aim of better care, better health and lower cost”**



Review of Scoring Measures against Guiding Principles (Cont'd)



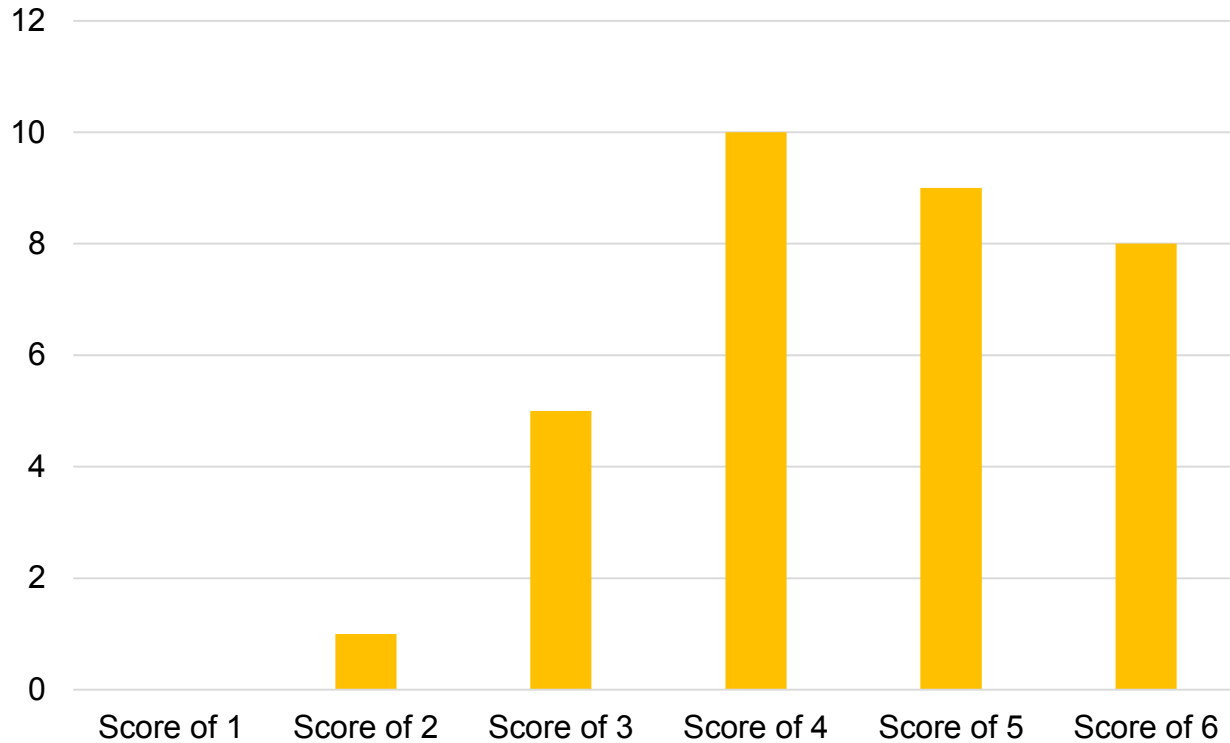
- **Bailit Health and MassHealth developed a series of decision rules to help evaluate if the tentatively endorsed measures met the Taskforce's guiding principles. In the scoring process, a measure could receive:**
 - 2 points if the measure met the guiding principle
 - 1 point if the measure somewhat met the guiding principle
 - 0 points if the measure did not meet the guiding principle
- **A single measure could receive no more than six points (three criteria * two maximum points/principle).**
- **Why undertake this exercise? To identify measures that significantly vary from the principles and therefore warrant reconsideration.**



Review of Scoring Measures against Guiding Principles (Cont'd)



Distribution of Measures by Score



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Review of Scoring Measures against Guiding Principles (Cont'd)



- Six measures received a low score because data are *somewhat* burdensome to collect (principle #2) and there are *no* benchmark data available (principle #3).
- The following measure received a score of 2:
 - Continuity of Pharmacotherapy for Opioid Use Disorder
- The following measures received a score of 3:
 - Influenza Immunization
 - Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
 - Depression Screening and Follow-Up for Adolescents and Adults
 - Utilization of the PHQ-9 Tool for Adolescents and Adults
 - Depression Remission and Response for Adolescents and Adults
- **Does the Taskforce want to reconsider inclusion of any of these measures given their low score?**



Review of Scoring Measures against Guiding Principles (Cont'd)



- **During the next meeting, the Taskforce will need to evaluate if the measure set *as a whole* meets the following guiding principles:**
 1. Prioritize health outcomes, including measures sourced from clinical and patient-reported data
 2. Provide a largely complete and holistic view of the entity being evaluated (e.g., ACO)
 3. The measure set should strive for parsimony
 4. Taken as a whole, high performance on the proposed measure set should significantly advance the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care.
 5. Promotes value* for consumers, purchasers, and providers.

*“Value” has different meanings from the perspectives of consumer, purchasers and providers, but may include patient-centeredness, evidence-based, clinical effectiveness, and cost-effectiveness among other value attributes.



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Next Steps: Meeting Schedule



■ Continue our review of candidate measures

• Meeting #13

- Resolve whether there will be a “core” and/or “menu” measure set
- Begin the second round of measure review
- Categorize measures as "core" and/or "menu", "monitoring", or “developmental”
- Prune the measure set, as appropriate



• Meeting #14

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