

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #13
March 20, 2018



Agenda



- **Welcome**
- **Recap of 3-12-18 Meeting Decisions & Discussion of Follow-Up Items**
- **Revisit Health Behaviors Measures**
- **Review of Scoring Measures against Guiding Principles**
- **Resolve Question of “Core” and “Menu” Measures**
- **Begin Second Pass of Measure Review**
- **Next Steps**



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Recap of 3-12-18 Meeting Decisions



- 1. The Taskforce tentatively endorsed two developmental measure concepts:**
 - Community tenure
 - For monitoring purposes, stratification of endorsed measures (to the extent that data systems allow) by subpopulations to be defined at a later time
- 2. The Taskforce recommended that Taskforce staff:**
 - reach out to the MassHealth-convened subgroup focused on SDOH;
 - use information from the DPH presentation to identify gap areas for future measure development, and
 - identify a short list of SDoH-related ICD-10 codes for providers and plans.



Recap of 3-12-18 Meeting Decisions (Cont'd)



- 3. We requested that payers confirm the denominator size adequacy, to the extent they are able to do so, for the following measures:**
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 now want to re-consider measures of Health Behaviors following DPH's 3-12-18 presentation?**



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 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)



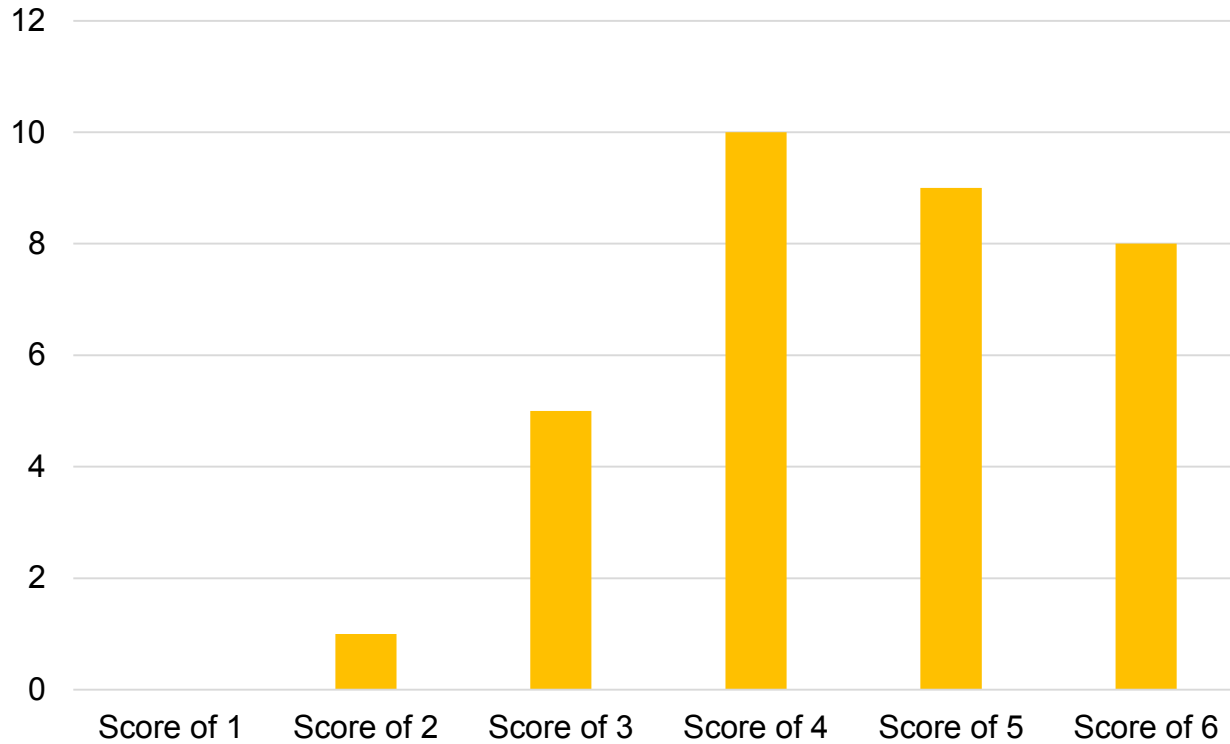
- **Bailit Health and MassHealth developed a series of decision rules to help evaluate if the tentatively endorsed measures met the Taskforce's guiding principles. In the scoring process, a measure could receive:**
 - 2 points if the measure met the guiding principle
 - 1 point if the measure somewhat 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





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 wish to reconsider these measures, including in which category they should be placed?



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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Resolve Question of “Core” and “Menu” Measures



- When the Taskforce began its measure selection process, it identified the following measure categories:

1. **Core and/or Menu**

Core: measures that all payers and ACOs are expected to use

Menu: measures from which payers and ACOs may 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)

3. **Developmental**

- 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)



Resolve Question of “Core” and “Menu” Measures (Cont’d)



- Does the Taskforce want to adopt both a core and menu measure set?
- If so, here are some potential parameters for a core measure set:
 1. Small number of measures (~5-6 measures total)
 2. Outcomes-focused
 3. Complemented by a menu set of measures from which payers and ACOs can choose
 4. Allowing for supplementation in innovative areas for testing not addressed by the core or menu measure set, at the mutual agreement of the payer and ACO



Resolve Question of “Core” and “Menu” Measures (Cont’d)



- **Taskforce staff have identified the following five measures as a straw proposal for a core set:**
 1. **Blood pressure control: Controlling High Blood Pressure**
 2. **Diabetes control: Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)**
 3. **Patient Experience: CG-CAHPS (MQHP Version)**
 - *Select one or more composites*
 4. **Behavioral Health: Depression Screening and Follow-Up for Adolescents and Adults**
 - *Reporting-only for 2019, payment for 2020*
 5. **Behavioral Health: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation & Engagement**



Agenda



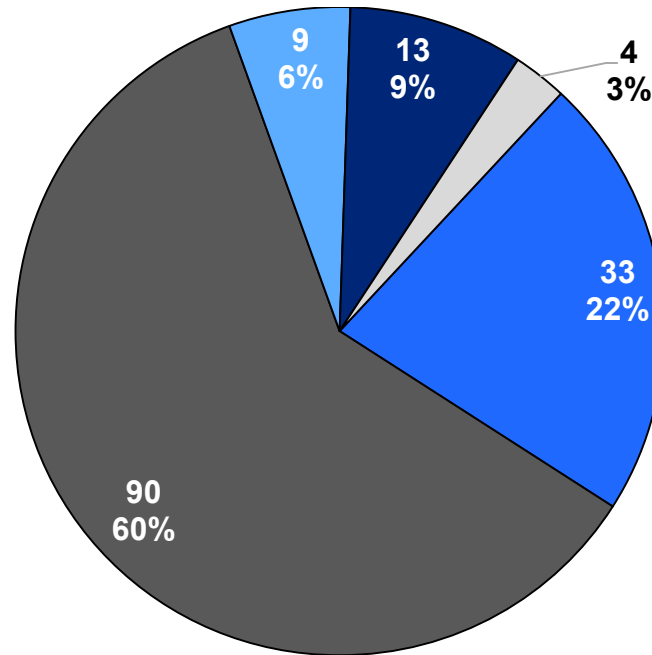
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Second Pass of Measures Review



- The Taskforce tentatively endorsed 33 measures during its initial review.



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



Second Pass of Measures Review (Cont'd)



- **Based on the tables on the following slides, are there any gaps in the tentatively endorsed measure set, either by domain or by age population?**
 - During the 2-27-18 meeting, the Taskforce chose not to endorse “Plan All-Cause Readmission.”
 - Is the Taskforce okay with not including any readmissions-focused measure in the 2019 version of the measure set?



Second Pass of Measures Review (Cont'd)



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Domain	Sub-Domain	Number of Tentatively Endorsed Measures	Number of Monitoring Measures	Number of Developmental Measures
Prevention/ Early Detection	Physical Health Conditions	11	0	0
	Mental Health Conditions	2	0	1
	Oral Health Conditions	0	0	1
Chronic Illness Care	Physical Health Conditions	6	2	4
	Mental Health Conditions	8	0	0
	SUD Conditions	3	0	0
Acute Care		1	0	2
Maternity Care		1	2	0
Equity		0	0	2
Health Behaviors		TBD	TBD	TBD
Social Determinants of Health		0	0	1
Patient Experience		1	0	2
Integration		0	0	1
Total		33	4	14

Note: The following domains have no measures in them:

- Prevention/Early Detection – SUD Conditions
- Care Coordination
- Patient/Provider Communication
- Patient Engagement
- Team-based Care
- Relationship-centered Care

Please note, however, that some measures span multiple domains (e.g., CG-CAHPS is listed under “Patient Experience” but can also be placed within “Patient/Provider Communication”).



Second Pass of Measures Review (Cont'd)



Tentatively Endorsed Measures by Population Age

Domain	Sub-Domain	Total Measures	Population Age*		
			Children	Adolescent	Adult
Prevention/ Early Detection	Physical Health Conditions	11	4	5	4
	Mental Health Conditions	2	2	2	0
Chronic Illness Care	Physical Health Conditions	6	0	1	6
	Mental Health Conditions	8	4	6	6
	SUD Conditions	3	1	2	3
Acute Care		1	0	1	1
Maternity Care		1	1	1	1
Health Behaviors		TBD	TBD	TBD	TBD
Patient Experience		1	1	1	1
Total		33	13	19	22

*The populations here are not mutually exclusive (e.g., a measure can include both children and adolescents).



Second Pass of Measures Review (Cont'd)



- **As we conduct our second pass measures review, we will focus first on the tentatively endorsed measures and put aside the developmental measures.**
- **For each measure, please consider the following questions:**
 1. Should we keep this measure in the final measure set?
 2. If so, should it be a core, menu, or monitoring measure?
- **Taskforce members should closely consider the guiding principles while reviewing measures.**



Prevention/Early Detection – Physical Health



Tentatively Endorsed

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
- Adolescent Well-Care Visit

- Childhood Immunization Status
- Immunizations for Adolescents
- Influenza Immunization

- Chlamydia Screening - Ages 16-20
- Chlamydia Screening - Ages 21-24
- Colorectal Cancer Screening
- Cervical Cancer Screening
- Breast Cancer Screening

None

None

Monitoring
Developmental



Prevention/Early Detection – Mental Health and Oral Health



Mental Health

Oral Health

**Develop-
mental**
**Monitor-
ing**
**Tentatively
Endorsed**

**Develop-
mental**
**Monitor-
ing**
**Tentatively
Endorsed**

- Depression Screening and Follow-Up for Adolescents and Adults

None

None

- Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists

- Developmental Screening for Behavioral Health Needs: Under Age 21

None



Chronic Illness Care – Physical Health



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**Tentatively
Endorsed**

- Asthma Medication Ratio
- Controlling High Blood Pressure
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)
- Comprehensive Diabetes Care: Eye Exam
- Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

**Monitor-
ing**

- Comprehensive Diabetes Care: Hemoglobin A1c Testing
- Comprehensive Diabetes Care: Medical Attention for Nephropathy

**Develop-
mental**

- Optimal Asthma Control
- Blood Pressure Control (Concept)
- Optimal Diabetes Care
- Statin Therapy (Medication Intensity or Medical/LDL Goal) for Patients with Diabetes (Concept)



Chronic Illness Care - Mental Health



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Tentatively Endorsed

- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder Medication - Continuation & Maintenance
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
- Utilization of the PHQ-9 Tool for Adolescents and Adults
- Depression Remission and Response for Adolescents and Adults
- Follow-Up After Hospitalization for Mental Illness (30-Day)
- Follow-Up After Hospitalization for Mental Illness (7-Day)
- Follow-up After Emergency Department Visit for Mental Health

Monitoring

None

Developmental

None



Chronic Illness Care – Substance Use Disorder



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**Develop-
mental**
**Monitor-
ing**
**Tentatively
Endorsed**

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation
- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement
- Continuity of Pharmacotherapy for Opioid Use Disorder

None

None



Acute Care and Maternity Care



Acute Care

Maternity Care

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**Tentatively
Endorsed**

- Use of Imaging Studies for Low Back Pain

**Tentatively
Endorsed**

- Contraceptive Care - Postpartum

**Monitor-
ing**

None

**Monitor-
ing**

- Prenatal & Postpartum Care - Timeliness of Prenatal Care
- Incidence of Episiotomy

Developmental

- Functional Status Assessment for Total Knee Replacement
- Functional Status Assessment for Total Hip Replacement

Developmental

None



Patient Experience and Integration



Patient Experience

Integration

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Tentatively
Endorsed

- CG-CAHPS (MHQP Version)

Tentatively
Endorsed

None

Monitor-
ing

None

Monitor-
ing

None

Developmental

- A version of CG-CAHPS that supplements, modifies, or substitutes questions (including potentially the PPIC and PICS)
- Modified version of CG-CAHPS for a non-primary care attributed population

Developmental

- Community Tenure



Equity and Social Determinants of Health



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Equity

Monitor- ing
Tentatively Endorsed
Developmental

None
None
<ul style="list-style-type: none"> Equity measure - stratify existing measures by race/ethnicity, age, gender, language, disability status, etc. Equity measure - stratifying measures, to the extent that data systems allow, by subpopulations, to be defined at a later time, as a developmental measure for monitoring purposes

Social Determinants of Health

Monitor- ing
Tentatively Endorsed
Developmental

None
None
<ul style="list-style-type: none"> Social Services Screening



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Next Steps: Meeting Schedule



■ Continue our review of candidate measures

• Meeting #14

- Complete the second round of measures review
- Prioritize developmental measures
- 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 reviewed 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) – Payment Only
 - 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