

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #14
April 26, 2018



Agenda



- **Welcome**
- **Recap of 3-20-18 Meeting Decisions & Discussion of Follow-Up Items**
- **Resolve Question of “Core” and/or “Menu” Measures**
- **Begin Second Pass of Measure Review**
- **Next Steps**



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Recap of 3-20-18 Meeting Decisions



- 1. The Taskforce tentatively endorsed two developmental outcomes-focused measure concepts:**
 - Obesity reduction
 - Tobacco quit rate
- 2. The Taskforce agreed to consider moving “Utilization of the PHQ-9 Tool,” “Depression Screening and Follow-Up,” and “Depression Remission and Response” to an “On Deck” or “Developmental” measure list during the second pass of measures review.**
 - BCBSMA and MassHealth indicated that they were willing to test the measures and share any data collected.
 - Tufts and HPHC reported they would be limited in their ability to test the measures.
- 3. The Taskforce deferred voting on the inclusion of a core and/or menu set for 2019 until the April meeting.**



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Resolve Question of “Core” and/or “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 are expected to choose (for the balance of their contractual measure set, if with a core)

2. Monitoring – measures for which performance will be tracked, either because a) recent 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/or “Menu” Measures (Cont’d)



- During the 3-20-18 meeting, the Taskforce also considered inclusion of an “On Deck” measure set.
 4. On Deck – measures that will be moved into the contractual measure set in the next two (or three) years
 - These measures are of importance to the Taskforce, but are not ready for implementation. The measures do not necessarily require testing or further refinement (i.e., are not developmental).
 - Examples of potential “On Deck” measures:
 - Utilization of the PHQ-9 Tool
 - Depression Screening and Follow-Up
 - Depression Remission and Response
- Does the Taskforce want to endorse creating an “On Deck” category of measures?



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



- **As discussed on 3-20-18, if the Taskforce chooses to endorse a core measure set, here are some potential parameters it can use when identifying core measures:**
 1. Small number of measures (~5-6 measures total), at least initially
 2. Outcomes-focused, to the extent possible
 3. Allowing for supplementation (1-2 measures total) in innovative areas for testing not addressed by the core or menu measure sets, at the mutual agreement of the payer and ACO (“innovation measures”)
- **The Taskforce co-chairs propose a core set that meets the above parameters, and:**
 - payers and ACOs agree to utilize at least 4 out of 5 core set measures in each contract
 - at least one measure is focused on behavioral health.



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



- For the purpose of today’s discussion, the Taskforce co-chairs have elected to sequence the conversation as follows:
- First, decide whether the Taskforce wishes to adopt core and menu sets or a menu set only for 2019.
- Second, should the Taskforce vote to adopt a menu set only, then discuss and vote whether to:
 - Commit to adoption of a core measure set for 2020
 - Designate certain measures in the 2019 menu measure set as “high priority” (i.e., “tier” the measure set), but without any expectation of adoption
 - Recommend contractual use of a certain number, or no more than a certain number, of menu measures



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



- Prior conversations on the two principle options for the Taskforce to consider are summarized as follows:

Option 1: Core and Menu Sets

All payers and ACOs are expected to incorporate at least 4 of 5 core measures in their risk contracts, and may consider incorporating additional measures only from the menu set*

Pros

- Identifies and provides focus on a set of statewide high priorities for improvement
- Reduces measurement and/or QI burden for ACOs and clinicians
- Pushes payers and providers to make advancements in data collection for those measures requiring clinical data
- Allows flexibility outside the core set

Cons

- May not address all of the Taskforce’s and state’s health priorities
- Limits flexibility that payers and providers currently have when selecting measures

* Including at least 1 behavioral health measure, if the parties determine denominator sizes to be adequate.

Option 2: Menu-Only Set

*All payers and ACOs are expected to choose exclusively from the menu set and incorporate the selected measures in their risk contracts**

Pros

- Payers and providers have greater flexibility to choose measures of interest to both parties
- Easier to implement when measure set adoption is voluntary

Cons

- Does not send as strong a coordinated message of statewide priorities
- Does not address the problem of measure set misalignment to the extent that use of a corresponding core set might
- Softer approach may not advance improvements in clinical data collection for high priority outcome measures



Should the Taskforce Decide Not to Adopt a Core Set for 2019...



- Does the Taskforce wish to designate certain measures in the 2019 menu measure set as “high priority” (i.e., “tier” the measure set), but without any expectation of adoption?
- Does the Taskforce wish to recommend that payers and providers:
 - Select a certain number of measures from the menu measure set?
 - Select any number of measures from the menu measure set, without limitation?



Agenda



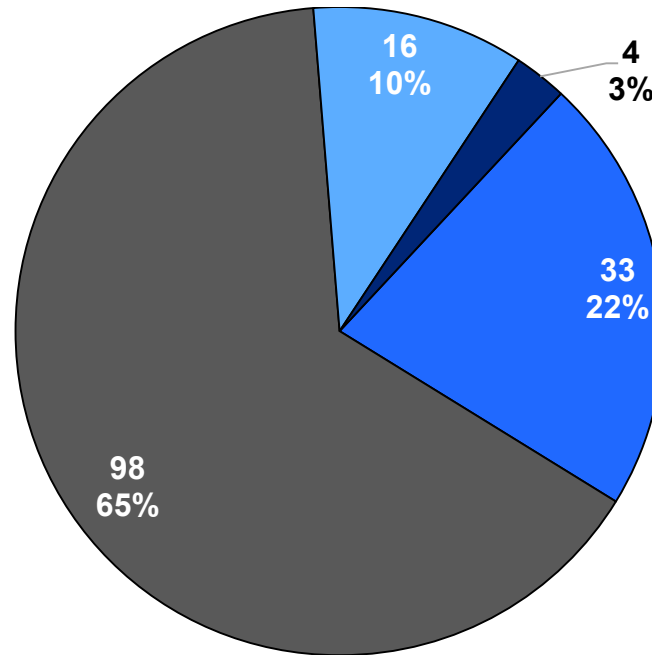
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Second Pass of Measures Review



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



■ Tentatively Endorsed
■ Developmental

■ Did Not Endorse
■ Monitoring



Second Pass of Measures Review (Cont'd)



- Does your review of the tables on the following slides reveal any imbalance in the tentatively endorsed measure set, considering measures arrayed across performance domain and population age?



Second Pass of Measures Review (Cont'd)



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Domain	Sub-Domain	Number of Tentatively Endorsed Measures	Number of Tentatively Endorsed Monitoring Measures	Number of Tentatively Endorsed Developmental Measures
Prevention and Early Detection	Physical Health Conditions	11	0	1
	Mental Health Conditions	2	0	1
	SUD Conditions	0	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
Social Determinants of Health		0	0	1
Patient Experience		1	0	2
Integration		0	0	1
Total		33	4	16

Note: The following domains have no measures in them:

- Health Behaviors
- 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 and 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
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)



- **Taskforce staff identified readmissions as a potential measure set gap.**
 - During the 2-27-18 meeting, the Taskforce chose not to endorse “Plan All-Cause Readmission.”
 - Is the Taskforce okay with not including any readmission-focused measure in the 2019 version of the measure set?
 - If the Taskforce does want to consider a readmissions-focused measure, here are two options:

NQF#	Measure Label	Steward	Data Source	Count
1768	Plan All-Cause Readmission	NCQA HEDIS	Claims	3
1786	READM-30-HOSP-WIDE: Hospital-wide Readmit	CMS	Claims	6



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 temporarily aside the monitoring and 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, on deck, or monitoring measure (should the Taskforce choose to adopt a core set)?
- **Taskforce members should closely consider the guiding principles while reviewing measures.**



Second Pass of Measures Review (Cont'd)



- **The Taskforce should evaluate whether *each measure individually* meets the following guiding principles:**
 1. Evidence-based, scientifically acceptable, nationally-endorsed and valid at the level at which it is being used (ACO-level in particular).*
 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
 4. Is important to consumers and supports the triple aim of better care, better health and lower cost.

*Shall include but not be limited to measures that have been endorsed by the National Committee for Quality Assurance (NCQA) and/or the National Quality Forum (NQF).



Second Pass of Measures Review (Cont'd)



- **The Taskforce should 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.



Prevention and 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

Develop-
mental
Monitor-
ing



Prevention and Early Detection – Mental Health and Oral Health



Mental Health

Oral Health

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Develop-
mental
Monitor-
ing
Tentatively
Endorsed

- Depression Screening and Follow-Up for Adolescents and Adults

None

- Developmental Screening for Behavioral Health Needs: Under Age 21

Develop-
mental
Monitor-
ing
Tentatively
Endorsed

None

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

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
- Optimal Diabetes Care
- Blood Pressure Control (Concept)
- 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 ADHD 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 (7-Day)*
- *Follow-Up After Hospitalization for Mental Illness (30-Day)*
- *Follow-up After Emergency Department Visit for Mental Health*

Monitoring

None

Developmental

None

Italics indicate the measure may have an inadequate denominator size at the payer/ACO level.



Chronic Illness Care – Substance Use Disorder



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

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

Italics indicate the measure may have an inadequate denominator size at the payer/ACO level.



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

Tentatively Endorsed

- CG-CAHPS (MHQP Version)

Tentatively Endorsed

None

Monitoring

None

Monitoring

None

Developmental

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

Developmental

- Community Tenure



Equity and Social Determinants of Health



Equity

Social Determinants of Health

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

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 <i>for monitoring purposes</i>

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 #15

- Categorize each endorsed measure as “core” and/or “menu” (should the Taskforce decide to adopt a core set)
- Review and consider public comment
- Discuss “On Deck” and “Developmental” measures
- Finalize the measure set



• Meeting #16

- Discuss 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