

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #15
May 8, 2018



Agenda



- **Welcome**
- **Recap of 4-26-18 Meeting Decisions & Discussion of Follow-Up Items**
- **Continue Second Pass of Measure Review**
- **Discuss Small Set of Candidate Core Measures**
- **Revisit "On Deck" Measures**
- **Next Steps**



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Recap of 4-26-18 Meeting Decisions



1. The Taskforce agreed to revisit:

- the concept of “On Deck” measures if and when the Taskforce encounters a candidate “On Deck” measure during its second pass of measures review
- the concept of “Innovation” measures as a supplement to the menu set and not to the core set, and to include measures that are outside of the core and menu sets, are of mutual interest to a given payer-ACO dyad, and are not developmental in nature
- “Plan All-Cause Readmissions” when discussing “On Deck” and “Developmental” measures



Recap of 4-26-18 Meeting Decisions



2. The Taskforce adopted the concept of core and menu measure sets. The core set will adhere to the following principles, in addition to the Taskforce's previously adopted guiding principles:

- no more than five in number
- outcomes-oriented
- at least one measure focused on behavioral health
- universally applicable to the greatest extent possible
- crucial from a public health perspective
- highly aligned across existing payer-ACO contract measures
- enhances value

In addition, payer-ACO contracts will include at least four of the five core measures, including at least one behavioral health measure.



Recap of 4-26-18 Meeting Decisions (Cont'd)



- 3. Taskforce members agreed to provide feedback on whether they agree with measures in the core set straw model proposal and identify any suggested changes to the straw model measures.**
- 4. Taskforce staff were asked to create a draft rubric to evaluate a small set of candidate core measures after the second pass of measures review.**



Recap of 4-26-18 Meeting Decisions (Cont'd)



- 5. The Taskforce began its second pass of measures review.**
- The Taskforce endorsed the following three measures:
 - Childhood Immunization Status – Combo 10
 - Immunizations for Adolescents – Combo 2
 - Influenza Immunization (likely as a menu measure)
 - The Taskforce moved the following three measures to the monitoring set:
 - 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 Visits



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Second Pass of Measures Review



■ The Taskforce has endorsed the following measure classifications:

1. **Core** - measures that all payers and ACOs are expected to use, and adhere to the following criteria:
 - no more than five in number
 - outcomes-oriented
 - has at least one measure focused on behavioral health
 - universally applicable to the greatest extent possible
 - crucial from a public health perspective
 - comprised of measures that are highly aligned across existing payer ACO contract measures
 - enhances value

2. **Menu** - measures from which payers and ACOs are expected to choose (for the balance of their contractual measure set)



Second Pass of Measures Review (Cont'd)



■ The Taskforce identified the following measure categories:

3. **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)

4. **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)



Second Pass of Measures Review (Cont'd)



- **The Taskforce is revisiting the following measure categories:**
 5. **On Deck** – measures that will be moved into the contractual measure set in the next two (or three) years
 - measures of importance to the Taskforce, but not ready for implementation. The measures do not necessarily require testing or further refinement (i.e., they are not developmental).
 6. **Innovation**
 - measures that will supplement the menu set and not the core set.
 - measures that are outside of the core and menu sets, are of mutual interest to a given payer-ACO dyad, and are not developmental in nature.



"Innovation" Measures



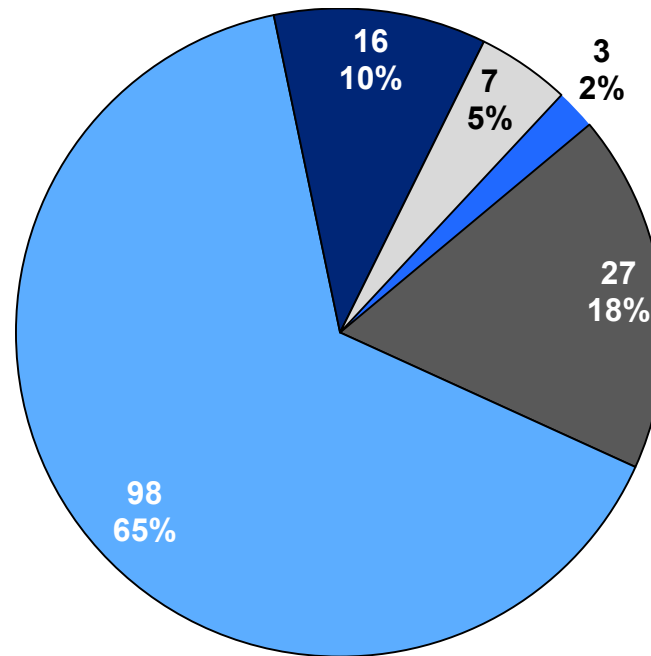
- **EOHHS staff have been discussing the concept of Innovation Measures since the last meeting and pose the following questions to the Taskforce:**
 1. **Should there be an allowance for any non-aligned measures in an aligned measure set?**
 - Don't such measures defeat the purpose of an aligned measure set?
 2. **If such measures are included...**
 - would it be better to name them "Supplemental" measures since by definition they may not actually be innovative?
 - should they be limited to one or two at most?



Second Pass of Measures Review (Cont'd)



- The Taskforce tentatively endorsed 33 measures during its initial review.
 - On 4-26-18 the Taskforce gave final endorsement to three measures and moved three measures to the “Monitoring” set.



■ Endorsed ■ Tentatively Endorsed ■ Did Not Endorse ■ Developmental ■ Monitoring



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	8 11	3 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		30 33	7 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)



- **As we conduct our second pass measures review, we will focus first on the tentatively endorsed measures and temporarily put 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?
- **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



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Tentatively Endorsed

- Childhood Immunization Status
- Immunizations for Adolescents
- Influenza Immunization

Monitoring

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

- 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

Developmental

None



Prevention and Early Detection – Mental Health and Oral Health



Mental Health

Oral Health

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Tentatively Endorsed
Monitoring
Developmental

• Depression Screening and Follow-Up for Adolescents and Adults

None

• Developmental Screening for Behavioral Health Needs: Under Age 21

Tentatively Endorsed
Monitoring
Developmental

None

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

None



Chronic Illness Care – Physical Health



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

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



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

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



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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

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

**The Taskforce did not consider hospital-based maternity care measures in Year 1, but will do so in Year 2.*



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

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Monitor-
ing
Tentatively
Endorsed
Developmental

None

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*

Monitor-
ing
Tentatively
Endorsed
Developmental

None

None

- Social Services Screening



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Discuss Small Set of Candidate Core Measures



- **Taskforce staff previously 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**



Discuss Small Set of Candidate Core Measures (Cont'd)



- 17 Taskforce members responded to a survey with their feedback on the straw proposal for a core set of measures.
- At the end of the prior meeting, concern was voiced that the core measure set might not include a pediatric measure.
 - Does the Taskforce also want to consider adding a principle that requires the inclusion of at least one measure focused on a pediatric population?



Discuss Small Set of Candidate Core Measures (Cont'd)



- The table below depicts the degree of survey respondent support for the straw proposal of core measures.

Measure Name	Respondents in Support of the Candidate Core Measure
Controlling High Blood Pressure	14 (82%)
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)	14 (82%)
CG-CAHPS (MHQP Version)	11 (65%)
Depression Screening and Follow-Up for Adolescents and Adults	9 (53%)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Engagement	8 (47%)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Initiation	7 (41%)



Discuss Small Set of Candidate Core Measures (Cont'd)



- Respondents submitted the following feedback about the straw proposal of core measures:
 - 5 members who did not support “Depression Screening and Follow-Up for Adolescents and Adults” recommended including “Depression Remission and Response for Adolescents and Adults” instead.
 - 2 members noted that “Initiation and Engagement of Alcohol and Other Drug Dependence” should be in the menu set because:
 - It is difficult for providers to obtain timely data, especially from outside facilities.
 - Behavioral health and SUD diagnoses are redacted due to state regulations.
 - Denominator sizes will likely be too small because an individual must be newly diagnosed to be included.



Discuss Small Set of Candidate Core Measures (Cont'd)



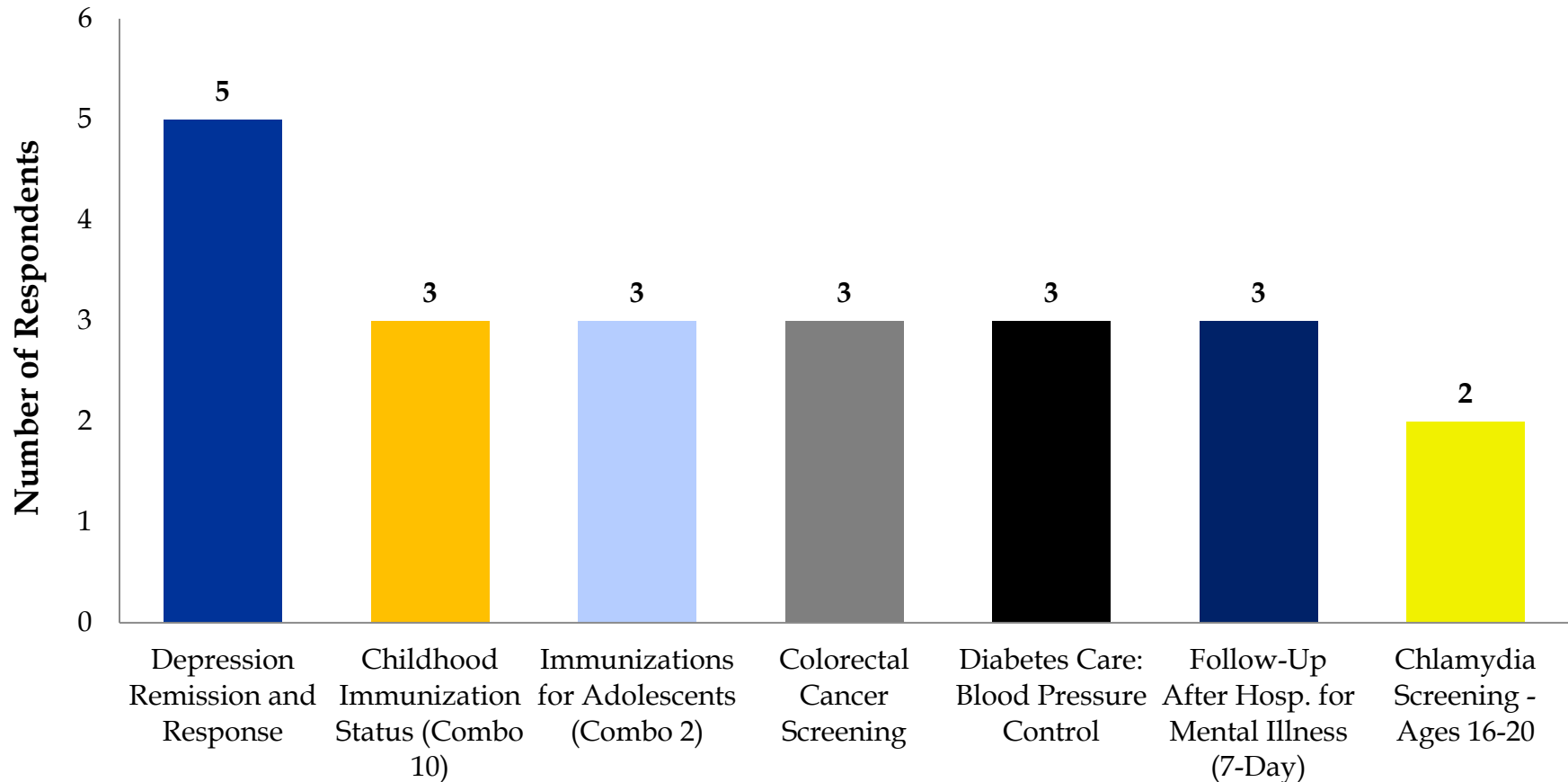
- Respondents submitted the following feedback about the straw proposal of core measures:
 - 1 member specified that the response rate for the CAHPS survey is low.
 - 1 member shared that the core set lacks appropriate measures for children and recommended consideration of “Kindergarten Readiness” (a measure in development in Oregon).



Discuss Small Set of Candidate Core Measures (Cont'd)



- Two or more Taskforce members recommended the following measures be included in the core set.



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Discuss Small Set of Candidate Core Measures (Cont'd)



- Each of the following measures received one recommendation for inclusion in the core set:
 - Chlamydia Screening – Ages 21-24
 - Influenza Immunization
 - Asthma Medication Ratio
 - Comprehensive Diabetes Care: HbA1c Control
 - Utilization of the PHQ-9 Tool for Adolescents and Adults
 - Follow-Up After ED Visit for Mental Health
 - Continuity of Pharmacotherapy for Opioid Use Disorder
 - Contraceptive Care - Postpartum



Discuss Small Set of Candidate Core Measures (Cont'd)



- **Bailit Health evaluated the candidate core measures that received support from two or more Taskforce members against the guiding principles.**
 - Each measure could receive a maximum score of eight points.
 - We were unable to apply objective decision rules to one principle – “enhances value.”

- **The following table summarizes the result of our measure scoring.**



Discuss Small Set of Candidate Core Measures (Cont'd)



Measure Name	Total Score
Controlling High Blood Pressure*	8
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*	8
Colorectal Cancer Screening	6
Depression Remission and Response for Adolescents and Adults	6
Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	6
Childhood Immunization Status (Combo 10)	5
Immunizations for Adolescents (Combo 2)	5
Chlamydia Screening - Ages 16-20	4
Depression Screening and Follow-Up for Adolescents and Adults*	4
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation*	4
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement*	4
CG-CAHPS (MHQP Version)*	4
Follow-Up After Hospitalization for Mental Illness (7-Day)	3

**Indicates a candidate core measure included in the straw model proposal.*

■ Does the Taskforce wish to select any of the above as core measures?



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Revisit “On Deck” Measures



- **Does the Taskforce wish to identify any “On Deck” measures at this time?**
 - During the 4-26-18 meeting, Taskforce members did not reach consensus on whether the use of this category adds value.
 - Oregon uses the category to signal which measures it intends to move into the aligned measure set by a given date and replace an existing measure.
 - Some members shared that the “On Deck” category could be merged with the “Menu” set, which would allow payers and providers to begin testing the measures.
 - Others noted that the “On Deck” category could help indicate that the Taskforce expressed concern about the feasibility of operationalizing these measures.



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Next Steps: Meeting Schedule



■ Continue our second pass and finalize the measure set.

• Meeting #16

- Finalize categorization of each endorsed measure as “Core” or “Menu”
- Discuss “On Deck” and “Developmental” measures
- Discuss implementation of the measure set
- Discuss public comment process



• Meeting #17

- Review and consider public comment
- Finalize the measure set
- Continue discussion of the “Developmental” measures





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