

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #16
May 24, 2018



Agenda



- **Welcome**
- **Recap of 5-8-18 Meeting Decisions & Discussion of Follow-up Items**
- **Continue Second Pass of Measure Review**
- **Discuss Small Set of Candidate Core Measures**
- **Discuss Implementation of Measure Set and Public Comment Process**
- **Revisit "On Deck" Measures**
- **Next Steps**



Agenda



- **Welcome**
- **Recap of 5-8-18 Meeting Decisions & Discussion of Follow-up Items**
- **Continue Second Pass of Measure Review**
- **Discuss Small Set of Candidate Core Measures**
- **Discuss Implementation of Measure Set and Public Comment Process**
- **Revisit "On Deck" Measures**
- **Next Steps**



Recap of 5-8-18 Meeting Decisions



- 1. The Taskforce discussed “Innovation” measures and agreed to:**
 - rename the measure category “Supplemental” measures
 - define Supplemental measures as measures not included in the Core or Menu sets
 - for the time being, limit the use of non-aligned measures outside of the Core and Menu measure sets to two Supplemental measures and two pay-for-reporting measures for 2019, as agreed upon by each payer-ACO dyad
 - re-visit the topic of Supplemental and pay-for-reporting measures during the annual review process for the 2020 aligned measure set



Recap of 5-8-18 Meeting Decisions (Cont'd)



2. The Taskforce continued its second pass of measures review.

- The Taskforce gave final endorsement to the following eight measures:
 - Chlamydia Screening – Ages 16-20
 - Chlamydia Screening – Ages 21-24
 - Colorectal Cancer Screening
 - Cervical Cancer Screening
 - Breast Cancer Screening
 - Depression Screening and Follow-up for Adolescents and Adults
 - Asthma Medication Ratio
 - Controlling High Blood Pressure (HEDIS 2019)



Recap of 5-8-18 Meeting Decisions (Cont'd)



3. The Taskforce tentatively agreed to endorse “Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)” and remove “Comprehensive Diabetes Care: HbA1c Control (<8.0%).”
- HbA1c Poor Control (>9.0%) is in use in 11 measure sets, and HbA1c (Good) Control (<8.0%) is in use in 3 measure sets.
 - *Measure sets that use HbA1c Poor Control:* Boston Public Health Commission, MassHealth Proposed ACO/DSRIP, SQMS, Harvard Pilgrim, BCBSMA, Tufts Health Plan, CMS Medicaid Adult Core Set, CMS/AHIP Core Quality Measures Collaborative, CMS Medicare Part C&D Star Ratings, CMS MIPS, and CMS MSSP
 - *Measure sets that use HbA1c Control:* SQMS, Harvard Pilgrim, Tufts Health Plan
 - 82% of survey respondents recommended HbA1c Poor Control (>9.0%) for inclusion in the Core Set.

Does the Taskforce still agree with this decision?



Agenda



- **Welcome**
- **Recap of 5-8-18 Meeting Decisions & Discussion of Follow-up Items**
- **Continue Second Pass of Measure Review**
- **Discuss Small Set of Candidate Core Measures**
- **Discuss Implementation of Measure Set and Public Comment Process**
- **Revisit "On Deck" Measures**
- **Next Steps**



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)



3. **Monitoring** – measures for which performance will be tracked by the Taskforce, 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 or 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)
5. **Supplemental**
 - pay-for-performance measures that are outside of the Core and Menu Sets, are of mutual interest to a given payer-ACO dyad, and are limited to two in number.
6. **Pay-for-Reporting**
 - measures that adhere to the criteria for “Supplemental” measures but are included in ACO contracts with financial incentives for reporting, and are limited to two in number.



Second Pass of Measures Review (Cont'd)



- **The Taskforce will be revisiting the following measure category:**
 7. **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).

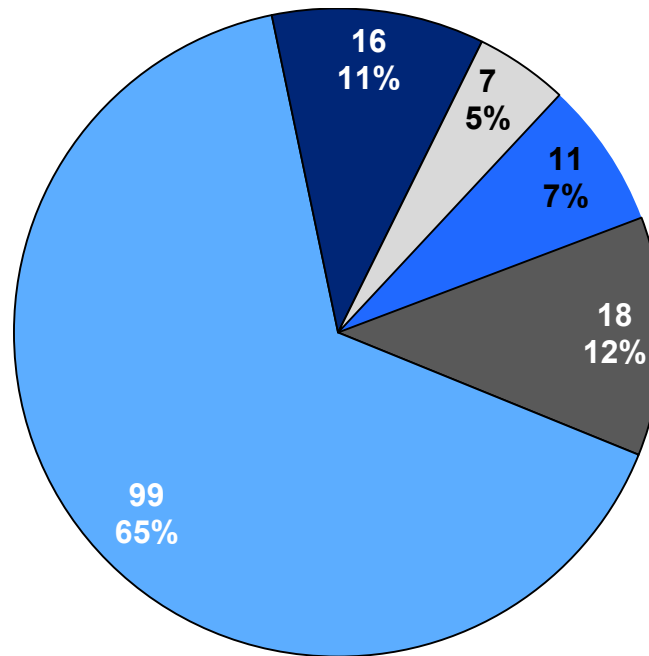
CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT



Second Pass of Measures Review (Cont'd)



- The Taskforce tentatively endorsed 33 measures during its initial review.
 - As of 5-8-18, the Taskforce gave final endorsement to 11 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 Endorsed <u>or</u> 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 continue our second pass measures review, we will still focus 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?
- **As always...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.



Chronic Illness Care – Physical Health



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT
Monitor-
ing
Endorsed/Tentatively
Endorsed

- Asthma Medication Ratio
- Controlling High Blood Pressure (HEDIS 2019)
- 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)

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

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

The Taskforce already discussed these measures during the 5-8-18 meeting.



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



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*

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

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

**Monitor-
ing**

None

**Monitor-
ing**

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

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*

Developmental

Monitor-
ing
Tentatively
Endorsed

None

None

- Social Services Screening

Developmental



Agenda



- Welcome
- Recap of 5-8-18 Meeting Decisions & Discussion of Follow-up Items
- Continue Second Pass of Measure Review
- Discuss Small Set of Candidate Core Measures
- Discuss Implementation of Measure Set and Public Comment Process
- Revisit "On Deck" Measures
- Next Steps



Discuss Small Set of Candidate Core Measures



- **Taskforce staff previously identified the following five measures as a straw proposal for the 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 on the straw proposal for the Core Set.
- At the end of the 4-26-18 meeting, concern was voiced that the Core Set might not include a pediatric measure.
 - Does the Taskforce also want to consider adding a Core Set principle that at least one measure should be 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, not the Core 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)



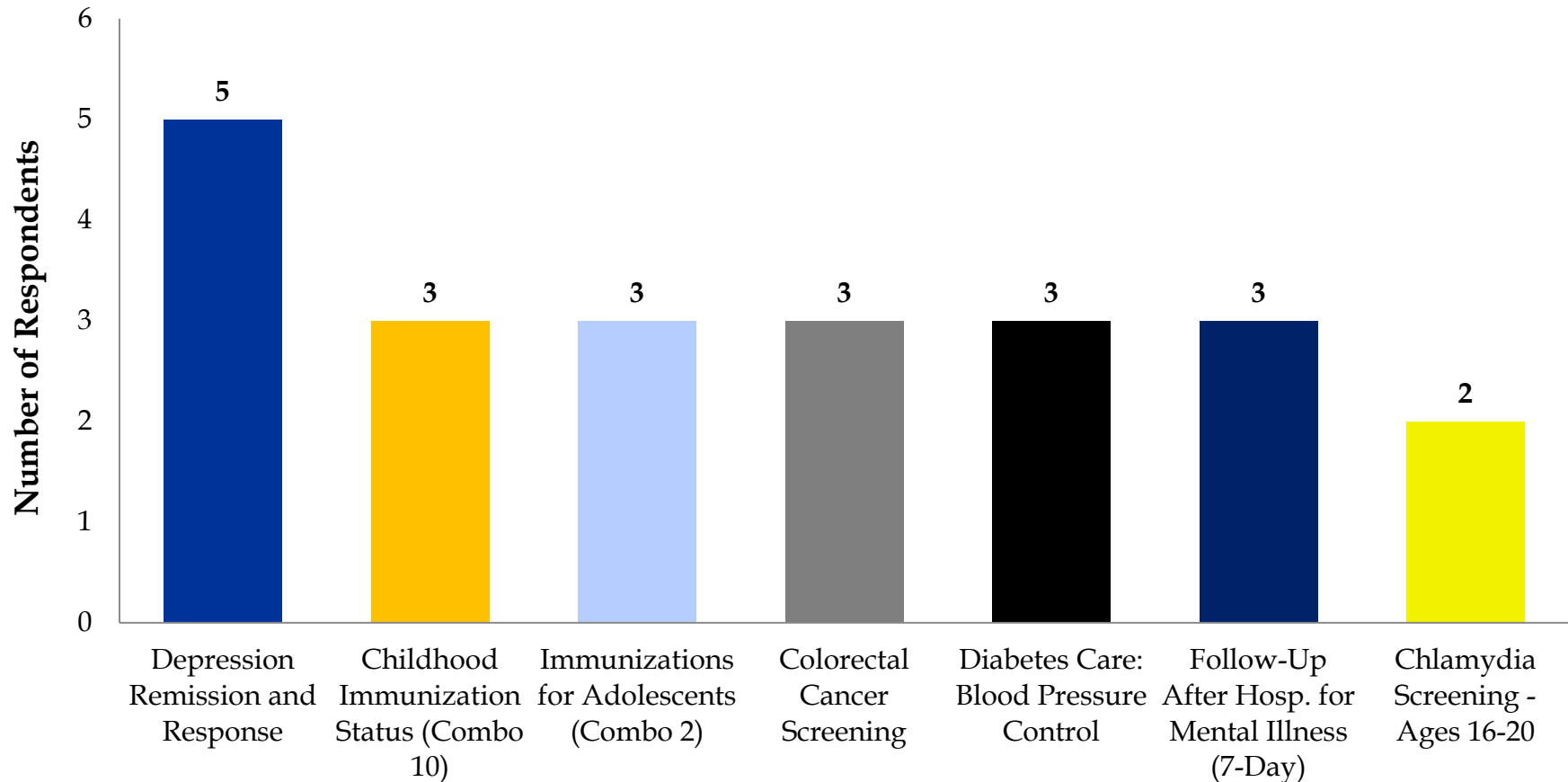
- Respondents submitted the following feedback about the straw proposal of Core measures:
 - 1 member specified that the response rate for the CAHPS survey is low.
 - 1 member shared that the Core set lacks appropriate measures for children and recommended consideration of “Kindergarten Readiness” (a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





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
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)*	8
Controlling High Blood Pressure*	7
Depression Remission and Response for Adolescents and Adults	6
Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	6
Colorectal Cancer Screening	5
Childhood Immunization Status (Combo 10)	4
Immunizations for Adolescents (Combo 2)	4
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 a Core measure?

CONFIDENTIAL WORKING DRAFT - POLICY IN DEVELOPMENT



Agenda



- Welcome
- Recap of 5-8-18 Meeting Decisions & Discussion of Follow-up Items
- Continue Second Pass of Measure Review
- Discuss Small Set of Candidate Core Measures
- Discuss Implementation of Measure Set and Public Comment Process
- Revisit "On Deck" Measures
- Next Steps



Discuss Implementation of Measure Set and Public Comment Process



- **Taskforce staff propose that the final measure set be implemented for contract performance periods beginning on or after 1-1-19.**
 - Moving forward, contracts would need to include changes to the measure set so long as the change is adopted at least six months in advance of the performance period.
 - e.g., a change made on 4-15-19 would be implemented for contracts beginning on or after 1-1-20, but a change made on 7-15-19 would not.
 - This policy would not apply to changes in specifications to HEDIS measures (typically released in July each year).
- **Does the Taskforce have any feedback on this proposed timeline for implementation?**



Discuss Implementation of Measure Set and Public Comment Process (Cont'd)



- **Taskforce staff propose the following process to receive and review public comment.**
 - Once the Taskforce finalizes the measure set, Taskforce staff will post the measure set on the EOHHS website in June, inviting the public to submit written feedback.
 - Taskforce staff will compile feedback to be included in a final report to the Legislature and share it with the Taskforce again in 2019 to inform the annual review process for 2020.



Agenda



- **Welcome**
- **Recap of 5-8-18 Meeting Decisions & Discussion of Follow-up Items**
- **Continue Second Pass of Measure Review**
- **Discuss Small Set of Candidate Core Measures**
- **Discuss Implementation of Measure Set and Public Comment Process**
- **Revisit "On Deck" Measures**
- **Next Steps**



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.



Agenda



- **Welcome**
- **Recap of 5-8-18 Meeting Decisions & Discussion of Follow-up Items**
- **Continue Second Pass of Measure Review**
- **Discuss Small Set of Candidate Core Measures**
- **Discuss Implementation of Measure Set and Public Comment Process**
- **Revisit “On Deck” Measures**
- **Next Steps**



Next Steps: Meeting Schedule



■ Finalize the 2019 measure set.

• Meeting #17 (*If Needed*)

- Finalize categorization of each endorsed measure as Core or Menu
- Discuss any On Deck measures
- Revisit Supplemental and Pay-for-Reporting measures
- Discuss implementation of the measure set
- Discuss the public comment process



• Meeting #18

- Review and consider public comment
- Finalize the measure set
- Discuss measure gaps and Developmental measures





Reference Slides



The following slides may be helpful to have available for reference during today's meeting.



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

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

- Depression Screening and Follow-up for Adolescents and Adults

None

- Developmental Screening for Behavioral Health Needs: Under Age 21

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

None

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

None



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