

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #18  
June 19, 2018



# Agenda



- **Welcome**
- **Recap of 6-5-18 Meeting Decisions & Discussion of Follow-up Items**
- **Continue Discussion on Small Set of Candidate Core Measures**
- **Discuss Implementation of Measure Set and Public Comment Process**
- **Revisit On Deck and Monitoring Measures**
- **Identify Measure Gaps and Prioritize Developmental Measures**
- **Next Steps**



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# Recap of 6-5-18 Meeting Decisions



## 1. The Taskforce finalized its second pass of measures review.



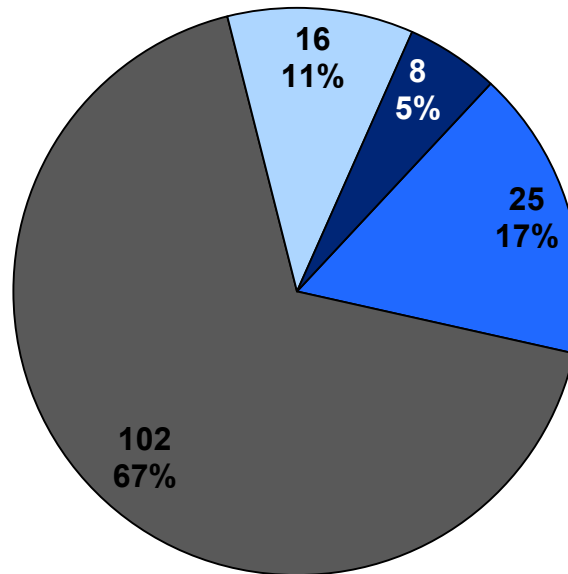
- The Taskforce gave final endorsement to the following three measures:
  - Continuity of Pharmacotherapy for Opioid Use Disorder
  - Use of Imaging Studies for Low Back Pain
  - CG-CAHPS (MHQP Version)
- The Taskforce moved the following measure to the Monitoring Set:
  - Contraceptive Care – Postpartum



# Recap of 6-5-18 Meeting Decisions (Cont'd)



- The Taskforce gave final endorsement to 25 measures and moved four measures in total to the Monitoring Set.



■ Endorsed

■ Did Not Endorse

■ Developmental

■ Monitoring



# Recap of 6-5-18 Meeting Decisions (Cont'd)



Domain	Sub-Domain	Number of Endorsed Measures	Number of Tentatively Endorsed Monitoring Measures	Number of Tentatively Endorsed Developmental Measures
Prevention and Early Detection	Physical Health Conditions	8	3	1
	Mental Health Conditions	1	0	1
	SUD Conditions	0	0	1
	Oral Health Conditions	0	0	1
Chronic Illness Care	Physical Health Conditions	5	2	4
	Mental Health Conditions	6	0	0
	SUD Conditions	3	0	0
Acute Care		1	0	2
Maternity Care		0	3	0
Equity		0	0	2
Social Determinants of Health		0	0	1
Patient Experience		1	0	2
Integration		0	0	1
<b>Total</b>		<b>25</b>	<b>8</b>	<b>16</b>

**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”).



# Recap of 6-5-18 Meeting Decisions (Cont'd)



2. **The Taskforce began to consider candidate Core measures.**
  - The Taskforce decided to not include a Core Set guiding principle that requires use of at least one pediatric measure.
  - The Taskforce endorsed the following as Core measures:
    - Controlling High Blood Pressure
    - Comprehensive Diabetes Care: HbA1c Poor Control
  - The Taskforce decided to not include the following measures in the Core Set for 2019:
    - Depression Screening and Follow-up
    - Depression Remission and Response



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# Discuss Small Set of Candidate Core Measures



- As a reminder, 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 (MHQP 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 Abuse or Dependence Treatment – Initiation & Engagement**



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



- We polled the Taskforce to obtain their 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 Abuse or Dependence Treatment – Engagement	8 (47%)
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation	7 (41%)

The Taskforce endorsed this measure as a Core measure during the 6-5-18 meeting.

The Taskforce agreed to not endorse this measure as a Core measure during the 6-5-18 meeting.



# 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 Abuse or Dependence Treatment - Initiation*	4
Initiation and Engagement of Alcohol and Other Drug Abuse or 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.*

The Taskforce endorsed this measure as a Core measure during the 6-5-18 meeting.

The Taskforce agreed to not endorse this measure as a Core measure during the 6-5-18 meeting.



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



- One of the Taskforce's Core Set guiding principles is to have at least one measure focused on behavioral health.
- The remaining candidate Core measures focused on behavioral health are:
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Engagement
  - Follow-up after Hospitalization for Mental Illness (7-Day)



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



- In addition, the following Menu Set measures focused on behavioral health previously received either one or no votes for inclusion in the Core Set:
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics
  - Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
  - Follow-Up After Hospitalization for Mental Illness (30-Day)
  - Follow-up After Emergency Department Visit for Mental Health (7-Day)
  - Continuity of Pharmacotherapy for Opioid Use Disorder



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



- Taskforce staff propose the following approach:
  - For 2019, payers and ACOs choose at least one of the following measures focused on behavioral health for the Core Set:
    - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (*either the Initiation or Engagement Phase*)
    - OR
    - At least one of the following depression-related measures:
      - Depression Screening and Follow-Up (CMS or NCQA)
      - Depression Response – Progress Towards Remission (MNCM)
      - Depression Remission (MNCM)
      - Depression Remission or Response (HEDIS)
- Does the Taskforce agree with this proposal? If not, which behavioral health-focused measure(s) should the Taskforce include in the Core Set?



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



- What additional measures does the Taskforce want to include in the Core Set?
  - CG-CAHPS (MHQP Version)?
  - Any others?



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# Discuss Implementation of Measure Set



- **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 *Measure Categories*



## ■ 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)



# Discuss Implementation of Measure Set

## *Measure Categories (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* that address important areas of health or outcomes but are not yet validated and/or tested for implementation (e.g., weight loss, tobacco quit rate)



# Discuss Implementation of Measure Set *Measure Categories (Cont'd)*



- The Taskforce initially agreed with the concept of the following two categories, but wanted to revisit the parameters for each measure category:

## 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.



# Discuss Implementation of Measure Set *Measure Categories (Cont'd)*



- Taskforce staff are proposing to replace the “Supplemental” and “Pay-for-Reporting” categories with the following:
  - 5. **Innovation** – measures that a health plan is using in contracts and which a) address clinical topics or clinical outcomes that are not addressed in the Core and Menu Sets **and** b) have not been considered and rejected by the Taskforce.
    - Innovation measures can be used as pay-for-performance *or* pay-for-reporting at the mutual agreement of the payer and ACO.
    - Innovation measures, at the outset, will not be limited in number. However, the Taskforce will revisit this decision in the next two years to ensure the measure category is not undermining the goal of alignment. In the meantime, Taskforce staff will develop a process for payers and ACOs to submit information on use of Innovation measures to support understanding of their use.



# Discuss Implementation of Measure Set *Measure Categories (Cont'd)*



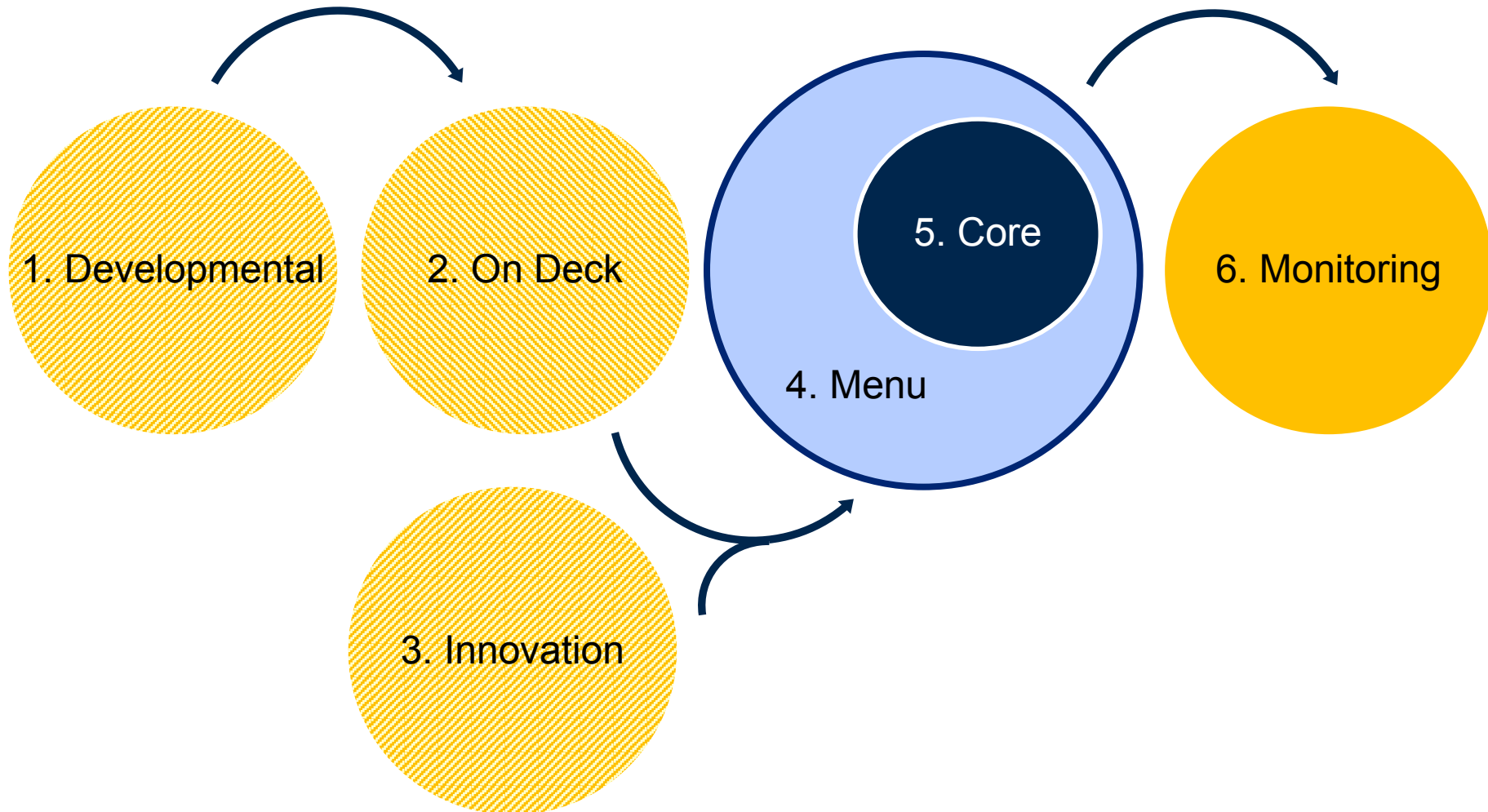
- The Taskforce will be revisiting the following measure category:
  6. **On Deck** – measures that will be moved into the contractual measure set in the next two (or three) years
    - measures of importance to the Taskforce, but not ready for implementation. The measures do not necessarily require testing or further refinement (i.e., they are not developmental).



# Discuss Implementation of Measure Set *Measure Categories (Cont'd)*



## Possible Evolution of Measure Set Categories





# Discuss Public Comment Process



- **Taskforce staff propose the following process to receive and review public comment.**
  - Taskforce staff will draft a report that summarizes the Taskforce's work for the Taskforce to review in mid-July.
  - Taskforce staff will post the report and measure set on the EOHHS website in August, 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.





# Revisit “Timeliness of Prenatal Care” for MassHealth



- **MassHealth’s DSRIP Measure Set includes “Prenatal and Postpartum Care – Timeliness of Prenatal Care.” The Taskforce previously considered and rejected this measure because:**
  - the measure lost NQF endorsement due to lack of empirical evidence around the duration of the timeframe
  - there are challenges determining the timeframe due to the uncertainty predicting a patient’s due date, and
  - the measure cannot be accurately calculated using claims data only.
- **The Taskforce, however, acknowledged the importance of prenatal care, especially in relation to disparities in care, and tentatively endorsed the measure as a Monitoring measure.**

- There are no maternity measures in aligned measure set.
- Given the percentage of births in the state that are covered by MassHealth, prenatal care is a priority area for MassHealth.
- Because of the above, MassHealth wishes to use “Timeliness of Prenatal Care” in its ACO measure set.
- MassHealth recommends two options for the Taskforce to consider:
  - Option 1: Endorse the measure for the Menu set
  - Option 2: Endorse MassHealth use of the measure as a Medicaid-only measure



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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.



# Revisit Monitoring Measures



■ **As a reminder, the Taskforce has tentatively endorsed the following eight Monitoring measures:**

1. Well-Child Visits in the First 15 Months of Life
2. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
3. Adolescent Well-Care Visit
4. Comprehensive Diabetes Care: Hemoglobin A1c Testing
5. Comprehensive Diabetes Care: Medical Attention for Nephropathy
6. Contraceptive Care – Postpartum
7. Prenatal & Postpartum Care - Timeliness of Prenatal Care
8. Incidence of Episiotomy

■ **Does the Taskforce want to reconsider inclusion of any of these Monitoring measures?**



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CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

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# Identify Measure Set Gaps



- A “measure gap” is a priority aspect of ACO performance for which the endorsed measure set lacks a robust measure.
    - The gap may be specific to a condition, a treatment, a population or a dimension of care (e.g., outcome).
  - Identification of measure gaps can help:
    - Affirm Developmental measure endorsement,
    - Prioritize work on the 16 Developmental measures, and
    - Identify future areas for developmental work.
- As you consider the final Core, Menu, and Monitoring Measure Sets, what measure gaps do you identify?



# Prioritize Developmental Measures



- The tentatively endorsed Developmental measures fall into three categories.

Domain	Number of Measures		
	Fully Developed Specifications	Early Stages of Development	Measure Concept
Prevention/ Early Detection	2	0	2
Chronic Illness Care	2	0	2
Acute Care	2	0	0
Equity	0	0	2
Social Determinants of Health	0	1	0
Patient Experience	0	0	2
Integration	0	1	0
<b>Total</b>	<b>6</b>	<b>2</b>	<b>8</b>





# Prioritize Developmental Measures (Cont'd)



The following measures have fully developed specifications.

## ■ Prevention/Early Detection

- Developmental Screening for Behavioral Health Needs: Under Age 21\*\*
- Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentist

## ■ Chronic Illness Care

- Optimal Asthma Control
- Optimal Diabetes Care

## ■ Acute Care

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

\*\*When the Taskforce first considered this measure, it was a MassHealth ACO (DSRIP) payment measure. It is now a DSRIP monitoring measure.



# Prioritize Developmental Measures (Cont'd)



The following measures have specifications in the early stages of development.

- *Social Determinants of Health*
  - Social Services Screening
- *Integration*
  - Community Tenure



# Prioritize Developmental Measures (Cont'd)



The following measures are measure concepts.

## ■ Prevention/Early Detection

- Obesity Reduction
- Tobacco Quit Rate

## ■ Chronic Illness Care

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



# Prioritize Developmental Measures (Cont'd)



The following measures are measure concepts (cont'd).

## ■ Equity

- Stratify existing measures by race/ethnicity, age, gender, language, disability status, etc.
- 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*

## ■ Patient Experience

- 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



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# Next Steps: Meeting Schedule



- **Meeting #19**

- Continue discussion of measure gaps and Developmental measures
- Review and consider public comment



- **Meeting #20**

- Discuss the status of the clinical data repository





## Reference Slides



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

Endorsed

Monitoring

Developmental

<ul style="list-style-type: none"> <li>Childhood Immunization Status</li> <li>Immunizations for Adolescents</li> <li>Influenza Immunization</li> </ul>
<ul style="list-style-type: none"> <li>Chlamydia Screening - Ages 16-20</li> <li>Chlamydia Screening - Ages 21-24</li> <li>Colorectal Cancer Screening</li> <li>Cervical Cancer Screening</li> <li>Breast Cancer Screening</li> </ul>
<ul style="list-style-type: none"> <li>Well-Child Visits in the First 15 Months of Life</li> <li>Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life</li> <li>Adolescent Well-Care Visit</li> </ul>
None





# Prevention and Early Detection – Mental Health and Oral Health



## Mental Health

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

- Depression Screening and Follow-up for Adolescents and Adults

None

- Developmental Screening for Behavioral Health Needs: Under Age 21

## Oral Health

**Endorsed**

None

**Monitor-  
ing**

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

**Develop-  
mental**

None



# Chronic Illness Care – Physical Health



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

- Asthma Medication Ratio
- Controlling High Blood Pressure (HEDIS 2019)
- Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- 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)



# Chronic Illness Care – Mental Health



Endorsed

- *Metabolic Monitoring for Children and Adolescents on Antipsychotics*
- *Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment*
- 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



Endorsed

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

Monitoring

None

Developmental

None

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



# Acute Care and Maternity Care



## Acute Care

Endorsed

- Use of Imaging Studies for Low Back Pain

Monitoring

None

Developmental

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

## Maternity Care\*

Endorsed

- None

Monitoring

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

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

Endorsed

- CG-CAHPS (MHQP Version)

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

Endorsed

Monitor-  
ing

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*

Endorsed

Monitor-  
ing

Developmental

None

None

- Social Services Screening