# Commonwealth of Massachusetts

**Executive Office of Health and Human Services** 



# EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #20 September 25, 2018





- Welcome
- Status of Legislation
- Recap of 7-24-18 Meeting Decisions & Discussion of Follow-up Items
  - Recap and Follow-up
  - Revisit Timeline for Measure Set Implementation
  - Revisit Measure Set Categories
  - Revisit Developmental Measures
  - Revisit Measure Specifications
- **■** Debrief on Last Year and Discuss Future Directions
- Next Steps





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# **Status of Legislation**



- On 7/24/18, Taskforce staff shared that there was pending legislation in the House and Senate which included language on health care quality.
- If the legislation passed, there would be specific requirements, including timelines for implementation of the Massachusetts Aligned Measure Set, that could differ from what the Taskforce was discussing.
- In the end, the Legislature did not pass a health care bill during the 2018 session.
- The Taskforce will resume discussions on implementation of the Massachusetts Aligned Measure Set during our meeting today.





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## Recap of 7-24-18 Meeting Decisions



### The Taskforce endorsed the following monitoring measures:

- 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
- Comprehensive Diabetes Care: Hemoglobin A1c Testing
- Comprehensive Diabetes Care: Medical Attention for Nephropathy
- Contraceptive Care Postpartum
- Prenatal & Postpartum Care Timeliness of Prenatal Care
- Incidence of Episiotomy
- Taskforce staff committed to identifying how to assess performance on Monitoring measures by sub-population.
- Taskforce staff committed to add a functional definition of "ACO" to the Taskforce's draft legislative report, and complete the draft.





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# Timeline for Measure Set Implementation



- The Taskforce began to discuss a timeline for implementation of the Massachusetts Aligned Measure set during the 6-19-18 meeting. Some Taskforce members expressed concern about the feasibility of implementing the measure set by 1-1-19 due to a) the extended time period required to negotiate contract measures, and b) the difficulty of opening up multi-year contracts to make measure changes.
- Taskforce staff reached out to payers to better understand their concerns about implementing the measure set and received feedback from Blue Cross, Harvard Pilgrim, Health New England and Tufts.
- On 7-24-18, the Taskforce agreed to revisit discussions of the implementation timeline in September, after the Taskforce was informed of the 2018 legislative session outcome.



## Timeline for Measure Set Implementation – Payer Survey: Use of Core Measures



- How many and what percentage of your current ACO-like contracts already include the adopted Core Measures?
  - Two of four respondents have Core measures in zero contracts or one contract.
    - Core and Menu measures were not exclusively in either of these payer's contracts.
  - Two of four respondents have Core measures in the majority of their contracts.
    - One respondent indicated alignment of Core measures was 67% and that they expected alignment of both the Core and Menu measures for 21% of groups by 1/1/19.
    - One respondent said that 83% of their ACO-like contracts include exclusively Core and Menu measures.



## Timeline for Measure Set Implementation – Payer Survey: Contract Renewals



- By 1/1/2019, 1/1/2020, and 1/1/2021 respectively, what percentage of your:
  - a) ACO-like contracts are up for renewal

Payer	1/1/19	1/1/20	1/1/21
1	43%	20%	20%
2	38%	25%	31%
3	21%	47%	26%

b) ACO contract-attributed covered lives will be up for renewal?

Payer	1/1/19	1/1/20	1/1/21
1	55%	20%	40%
2	32%	45%	20%
3	24%	35%	30%

Instead of providing percentages, one payer responded that of the five groups not using core or menu, three are specialty groups that will not adopt the set, one will align by 2020 and the other by 2021.



## Timeline for Measure Set Implementation – Payer Survey: Negotiation for Quality



- Does your ACO contractual language allow contract re-opening for quality measures alone?
  - Three payers said that contracts do not allow them to re-open contracts solely for changes to quality measures.
  - One payer indicated that changes to measures can be handled through contract amendment.
- How many months in advance of a contract renewal dates do you start negotiating the quality measures? How far in advance do you finish negotiating quality measures?
  - Payers start negotiating quality measures three to 18 months prior to a contract's renewal date.
  - Payers noted that timing to finish negotiating quality measures varies depending on the conclusion of the negotiations at large. This could be after the start of the renewal date.



## Timeline for Measure Set Implementation – Payer Survey: Measure Set Review Timing



- How many months in advance of January 1st each year would you prefer the annual measure set review to be concluded (e.g., 6 months, 8 months, 12 months)?
  - Responses ranged from six to 18 months in advance.
  - Three of four payers indicated less than 12 months were needed to allow for adequate preparation.



## Timeline for Measure Set Implementation – Payer Survey: Other Considerations



- Is there any other contracting information of which the Taskforce should be aware?
  - If all plans are being required to utilize the same quality measure sets, will a standardized benchmark also be established for each measure?
  - Would the State consider allowing plans to be able to access the DPH Immunization registry to support the two immunization measures? It would reduce administrative burden.
  - A payer said specialty groups and very small contracted entities that are not ACOs or ACO-like will not be able to adopt the set. Payers may need to work outside the menu measure to meet a quality contract.
  - One payer noted that it did not want to open contracts for quality at this time, as doing so would put the other components of its contracts at risk.



# Revisit Timeline for Measure Set Implementation - Report



- Taskforce staff initially recommended adoption of the Massachusetts Aligned Measure Set into ACO contracts <u>effective January 1, 2019</u>. Changes to measures would be identified at least six months prior to the contractual performance period (this would not apply to HEDIS measure specification changes).
- Based on Taskforce and payer representative feedback, Taskforce staff and payer representatives recommended that payers voluntarily adopting the Massachusetts Aligned Measure Set incorporate the measures into contracts with ACOs with renewal dates on or after <u>January 1, 2020</u>. Any future changes to the Massachusetts Aligned Measure Set should be established annually *no later than March* for contract implementation in the subsequent calendar year.
- Does the Taskforce support moving forward with these recommendations for performance period and timeframe for implementation in payer contracts?





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## Measure Set Categories



■ The Taskforce has reached consensus on the use of five different measure sets, plus Innovation measures. Some of the measures are for contractual use and some for non-contractual use.

### **Contractual Measures**

- 1. Core Set
- 2. Menu Set
- 3. Innovation

### **Non-Contractual Measures**

- 4. Monitoring Set
- 5. Developmental Set\*
- 6. On Deck Set\*

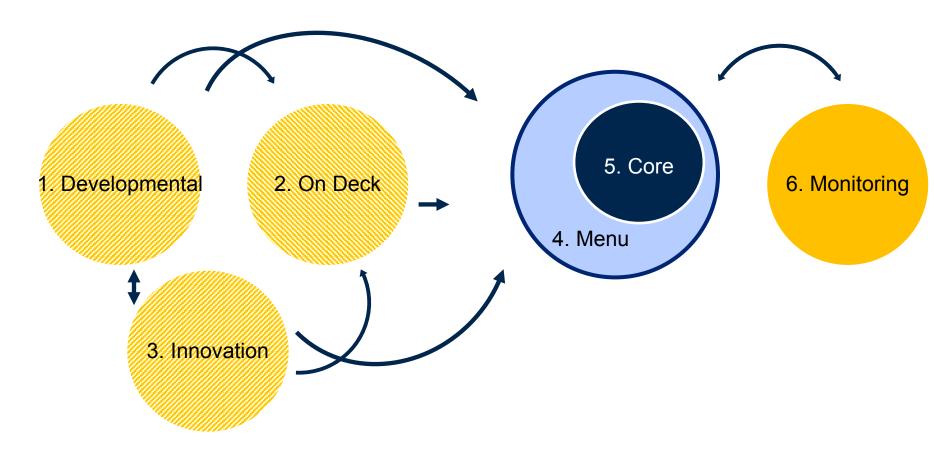
<sup>\*</sup>Payers and providers could potentially elect to utilize these measures in their contracts as Innovation measures.



## Possible Evolution of Measure Set Categories



■ Based on 7/24/18 meeting feedback, the Taskforce revised the *Possible* Evolution of Measure Set Categories graphic.



# Measure Set Categories – Core and Monitoring Sets



- The Core Set includes measures that payers and ACOs are expected to use, while the Menu Set includes all other measures from which payers and ACOs may to choose to supplement the Core measures in their contractual measure set (with the possible exceptions described below).
- **The Monitoring Set** includes measures that the Taskforce identified to be a priority area of interest, but because recent performance was high, or data are not currently available, were not endorsed for Core or Menu Set use.
  - Monitoring Set measures are intended to be used for performance tracking to ensure performance does not decline. If performance does decline, the Monitoring Set measures may be reconsidered by the Taskforce for inclusion in the Core and Menu Sets.
  - The Taskforce recommended that Monitoring Set measures that utilize claims data be calculated at the ACO level, while measures that utilize clinical data be calculated at alternative levels (e.g., hospital, state).



## Measure Set Categories – Innovation Measures



- Based on the 7/24/18 meeting discussion, Taskforce staff revised the definition of Innovation measures to indicate that they should advance measure development.
- The Innovation measure category includes measures which address a) clinical topics or clinical outcomes in the Core or Menu Sets utilizing a novel approach or b) clinical topics that are not addressed in the Core or Menu Sets.
  - Innovation measures are intended to advance measure development and therefore cannot include measures that have been previously considered and rejected by the Taskforce as Core or Menu measures.
  - Innovation measures can be used as pay-for-performance or pay-for-reporting at the mutual agreement of the payer and ACO.
  - For payers choosing to voluntarily adopt the Massachusetts Aligned Measure Set and its associated parameters, use of Innovation measures, at the outset, will not be limited in number.

The Taskforce recommended monitoring and revisiting use of Innovation measures. The Taskforce also recommended evaluating Innovation measures, once developed and tested, for inclusion in the Menu, On Deck, or Developmental Sets.

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## Measure Set Categories – On Deck and Developmental Sets



- The On Deck Set includes measures that the Taskforce has endorsed for the Core or Menu Set, and which the Taskforce will move into those sets in the two or three years following endorsement to give providers time to prepare for reporting.
- The Developmental Set includes measures and measure concepts that address priority areas for the Taskforce, but the measure has not yet been defined, validated and/or tested for implementation.





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# Developmental Measures – Depression



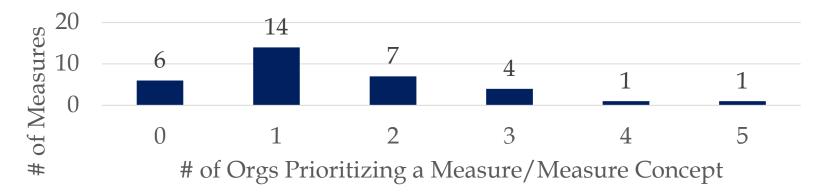
- Due to technical challenges with implementation, on 6/19 the Taskforce recommended use of one of five behavioral health core measure for contracting as an interim strategy.
- The Taskforce recommended working towards future endorsement of a common depression outcome measure based on collaboration and learning, refinement, and advancements in payers' and providers' ability to address technical challenges. It recommended considering the following HEDIS ECDS measures, but considering other options as well.
  - Depression Screening and Follow-up for Adolescents and Adults
  - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
  - Depression Remission or Response for Adolescents and Adults
- Does the Taskforce wish to affirm developmental work on operationalizing common depression measures as a priority?

<sup>\*</sup>Rhode Island prioritized development of the NCQA versions of these measures in 2019.

# Developmental Measures – Taskforce Survey



- On 7/24/18 Taskforce members identified gaps in existing available measures relative to the Taskforce's identified priorities.
  - Taskforce staff translated these gaps into 35 developmental measures and concepts (see "Developmental Handout").
- To better understand the Taskforce's priorities, Taskforce staff requested that Taskforce members prioritize five of the identified developmental measures and concepts for development work.
- 10 organizations responded to the survey; a few measures emerged as of high interest to multiple respondents.



## Developmental Measures -**Taskforce Survey Results: 3+ Votes**



The following Developmental Measures and Concepts received three or more votes. Four of the six measures have an organization working on measure development.

Measure	Organizations Identified as Working on Measure
1. Care planning (concept)	MassHealth
2. Community tenure (measure)	MassHealth
3. EHR interoperability (concept)	
4. Life status measures, potentially including kindergarten readiness, high school graduation rate and other measures (concept)	Oregon Health Authority (kindergarten readiness)
5. Patient-reported outcome measures (concept)	Partners HealthCare (Partners), International Consortium for Health Outcomes Measurement
6. Stratification of existing measures by race/ethnicity, age, gender, language, disability status, etc. (concept)	



## **Developmental Measures – Taskforce Survey Results: 2 Votes**



The following Developmental Measures and Concepts received two votes.

#### Measure

- 1. Care management and coordination of services (concept)
- 2. Developmental Screening for Behavioral Health Needs: Under Age 21 (measure)
- 3. Patient activation (concept)
- 4. Patient experience: a modified version of CG-CAHPS that supplements, modifies, or substitutes questions (including, potentially, the PPIC and PICS) (concept)
- 5. Statin therapy (medication intensity or medical/LDL goal) for patients with diabetes (concept) *Partners reported working on a measure*
- 6. Stratify measures, to the extent that data systems allow, by subpopulations, to be defined at a later time, as a Developmental measure for monitoring purposes (concept)
- 7. Vulnerable population-specific measures (e.g., people with sickle cell disease) (concept)



## Developmental Measures – Priorities: EOHHS, DPH & Taskforce



- On 7/24/18, the Taskforce inquired about EOHHS' statewide priorities. EOHHS has since identified the following priorities:
  - Community tenure (measure)
  - Pediatric behavioral health (concept)
  - Stratification of existing measures by race/ethnicity, age, gender, language, disability status, etc. (concept)
- DPH also identified four statewide issue priorities in 2017: substance use disorders, housing stability/homelessness, mental illness and mental health, and chronic disease, with a focus on cancer, heart disease, and diabetes.¹
- MassHealth is currently developing measures of care planning, community tenure, and social determinants of health screening.
- Let's now pause to discuss Taskforce priorities....

# Developmental Measures - Getting the Work Done!



The State has limited resources for measure development. Taskforce staff has identified three mechanisms develop measures where gaps exist. The next few slides examine these options.

# Developmental Measures – Work by Taskforce Member Orgs.



- 1. Leverage developmental work by organizations within the state.
- Community (non-inpatient) satisfaction survey instruments. (DMH)
- Community tenure administrative/claims data metrics and LTSS measures. (CCA)
- Community tenure measure for DMH's Adult Community Clinical Services program. (DMH)
- Diversity and health equity analysis. (THP)
- Hypertension control. (Partners)
- Latency between a referral and first appointment. (BHN)
- Patient experience surveys on care planning, LTSS and patient activation. (CCA)
- Patient-reported outcome measures. (Partners)
- Statin use in diabetes mellitus. (Partners)

# Developmental Measures – Work Being Done by Other States



### 2. Leverage developmental work being done by other states.

Measure	State/Org.	Status
Evidence-based obesity	Oregon (OHA)	Specifications in the early stages of development
Kindergarten readiness	Oregon (OHA)	Specifications in the early stages of development
SDOH Insecurity Screening	OHSU	OHSU is testing SDOH survey questions in EPIC's EHR
Equity measure	Oregon (OHPB)	Measure concept - OHPB is making recommendations for measurement strategy and convening a committee





# Developmental Measures – Work Being Done by Other States (cont'd)



Measure	State/Org.	Status
<ul> <li>HEDIS (ECDS measures)</li> <li>Depression Screening and Follow-up for Adolescents and Adults</li> <li>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults</li> <li>Depression Remission or Response for Adolescents and Adults</li> <li>Unhealthy Alcohol Use Screening and Follow-up</li> </ul>	RI (EOHHS)	In early states of implementation planning. To be implemented through state clinical data measure repository.
SDOH Screening	RI (EOHHS)	Used for Medicaid ACO pay-for- reporting; work involves specification refinement.

# Developmental Measures – Other Funding or Support



### 3. Seek funding or other support for developmental work.

- On 8/13/18, Taskforce staff spoke with the Pacific Business Group on Health (PBGH) about their International Consortium for Health Outcomes Measurement (ICHOM) initiative.
- ICHOM is establishing several regional initiatives on patientreported outcome measures for VBP and procurement purposes.
- Taskforce staff and PBGH staff expressed interest in pursuing implementation of a patient-reported depression measure and scoping a maternity outcome measure(s) with ICHOM in 2019.
- Primary benefits of participation are guidance from the steering committee, policy committee, and technical committees.



## **Developmental Measures – Discussion of Priorities**



Measure	Orgs. Working On	Likely Data Source
1. Care planning (concept)	MassHealth	Patient record
2. Community tenure (measure) (EOHHS priority)	MassHealth	Claims
3. EHR interoperability (concept)		Provider self-report
4. Life status measures, potentially including kindergarten readiness, high school graduation rate and other measures (concept)	Oregon Health Authority	Depends on measure
5. Patient-reported outcome measures (concept)	Partners, ICHOM	Patient record
6. Pediatric behavioral health (concept) (EOHHS priority)*		Depends on measure
7. Stratify existing measures by race/ethnicity, age, gender, language, disability status, etc. (concept) (EOHHS priority)		Payer eligibility and enrollment data

- What measures or measure concepts does the Taskforce want to prioritize for development in 2019?
- How does the Taskforce want to pursue developmental work?

\*The Massachusetts Aligned Measure Set does include two pediatric behavioral health menu measures: Metabolic Monitoring for Children and Adolescents on Antipsychotics and Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment.

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT





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# Measure Specifications - HEDIS Changes



- On 7/24/18, the Taskforce staff shared an overview of the 2019 HEDIS changes that impact the measures in the Massachusetts Aligned Measure Set.
- A Taskforce member noted that substantive changes can impact performance and have other implications. The member asked how changes to specifications will be incorporated in the middle of the measurement year.
  - Most plans accept HEDIS changes as they occur, so the Taskforce would likely need to accept these changes to facilitate alignment with the plans.
  - One payer, however, delays implementation of HEDIS changes by one year.



## Measure Specifications - HEDIS Changes (cont'd)



- In the payer survey, Taskforce staff asked about the use of HEDIS measures in contracts.
- What is your process for incorporating annual HEDIS specification updates into your contracts?
  - Two payers said that HEDIS changes are automatically incorporated into their contracts.
  - One payer said that they prospectively provide updated specifications in contractual notices.
  - One payer said HEDIS changes are handled through contract amendment.
- To date, Taskforce deliberations of HEDIS measures have considered the most recently published specifications.
- Which version of the specifications (the most recent or penultimate) does the Taskforce recommend adopting for HEDIS measures? This is a substantive alignment issue.





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# **Debrief on Last Year**



- What were the strengths of the Taskforce process last year?
- Are there any lessons we have learned and opportunities for improvement moving forward?







### Review the updated EOHHS Taskforce Roadmap.

• The Roadmap documents the process the Taskforce used to create the Massachusetts Aligned Measure Set and discussed next steps through January 2019.

# **Discuss Future Directions**



- Taskforce staff have identified the following areas of work for the next year:
  - Develop a work plan and begin work on prioritized Developmental measures.
    - Could include collaboration with other states
  - 2. Convene two work groups:
    - a. An <u>Inpatient Care Work Group</u> to help determine how to adapt facility-based measures for ACOs and consider inpatient care measures and utilization measures
    - b. An <u>Equity/Disparities Work Group</u> to discuss how to stratify measures for the purpose of measuring equity/disparity and which equity/disparity data points to use for stratification
      - This group should also reach out to the MassHealth-convened subgroup focused on SDOH and identify a short list of SDOHrelated ICD-10 codes for providers and plans.



## **Discuss Future Directions**



- 3. Revisit the idea of using multi-payer case-mix data to generate adequate denominator sizes for at least select measures that would otherwise be problematic when generated on an individual payer basis.
- 4. Develop an annual review process, which should consider (at a minimum):
  - public comment feedback
  - changes to measures in the Aligned Measure Set
  - CMS-driven changes to the MassHealth ACO measure set and the Medicare ACO measure set
  - which measures payers and ACOs implement in contracts (including which CG-CAHPS questions and/or composites are in use)
  - alignment of the Measure Set with statewide health priorities
  - opportunity for improvement
  - performance for measures in the Monitoring Set





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## **Next Steps: Meeting Schedule**



### Meeting #21

- Discuss public comment submitted in response to report public distribution
- Complete discussion of candidate measures for gap filling
- Define process for developing and testing developmental measures







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





### **Massachusetts Aligned Core Measures:**

- 1. Controlling High Blood Pressure
- 2. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- 3. CG-CAHPS (MHQP version) no specific question or composite
- 4. At least one of the following measures focused on behavioral health:
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (either the Initiation or Engagement Phase)

OR

- b. At least one of the following depression-related measures:
  - i. Depression Screening and Follow-Up (CMS or NCQA)
  - ii. Depression Response Progress Towards Remission (MNCM)
  - iii. Depression Remission (MNCM)
  - iv. Depression Remission or Response (NCQA)





### Massachusetts Aligned Menu Measures:\*

- Childhood Immunization Status (Combo 10)
- Immunizations for Adolescents (Combo 2)
- 3. Influenza Immunization
- 4. Chlamydia Screening
- 5. Breast Cancer Screening
- 6. Cervical Cancer Screening
- 7. Colorectal Cancer Screening
- 8. Asthma Medication Ratio
- 9. Comprehensive Diabetes Care: Eye Exam
- 10. Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)

- 11. Metabolic Monitoring for Children and Adolescents on Antipsychotics
- 12. Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
- 13. Follow-Up After Hospitalization for Mental Illness (7-Day)
- 14. Follow-Up After Hospitalization for Mental Illness (30-Day)
- 15. Follow-up After Emergency Department Visit for Mental Health (7-Day)
- 16. Continuity of Pharmacotherapy for Opioid Use Disorder
- 17. Use of Imaging Studies for Low Back Pain

# Monitoring Measures



### **Massachusetts Aligned 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
- 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