

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #21  
October 24, 2018



# Agenda



- **Welcome**
- **Recap of 9-25-18 Meeting Decisions & Discussion of Follow-up Items**
  - **Decisions and Follow-Up Items**
  - **Revisit Measure Specifications**
- **Debrief on Last Year and Discuss Future Directions**
- **Discuss Public Comments to the Taskforce Report**
- **Define Process for Developing and Testing Developmental Measures**
- **Next Steps**

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT



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# Recap of 9-25-18 Meeting Follow-Up Items – Implementation Timeline



- A few Taskforce members asked to bring back the implementation timeline proposal to their organizations for review and comment.
- Taskforce staff and payer representatives had previously recommended:
  - payers voluntarily adopting the Massachusetts Aligned Measure Set incorporate the measures into contracts with ACOs with renewal dates on or after January 1, 2020, and
  - any future changes to the Massachusetts Aligned Measure Set 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?**



# Recap of 9-25-18 Meeting Decisions – Developmental Priorities



- The Taskforce affirmed that “Depression Remission or Response for Adolescents and Adults” was its highest developmental measure priority.
- In total, the Taskforce prioritized development of four measures.

Measure/Measure Concept	Project Lead(s)	Mechanism for Development
1. “Depression Remission or Response for Adolescents and Adults”	BCBSMA MassHealth	Partnership with PBGH/ICHOM
2. Joint replacement patient-reported outcome measure	BCBSMA Partners	Collaboration among organizations working on measures
3. “Kindergarten Readiness”	HPC	Monitor development by Oregon Health Authority
4. Stratification of measures to understand equities and disparities (by race/ethnicity, age, gender, language, disability status, etc.)	EOHHS	Collaboration among interested organizations

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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 into its contracts 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 it prospectively provides 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 over the past year?
- Are there any lessons we have learned and opportunities for improvement moving forward?





# Roadmap



- **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:**
  1. Develop a work plan and begin work on prioritized Developmental measures.
  2. 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.



## Discuss Future Directions (cont'd)



3. 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
  - opportunities for improvement
  - most recent performance of measures in the Monitoring Set



# Defer Discussions on Inpatient Care Measures



- Previously the Taskforce discussed creating an Inpatient Care Work Group to help determine how to adapt facility-based measures for ACOs and consider inpatient care measures and utilization measures.
- Taskforce staff propose deferring discussions of incorporating inpatient care measures until next year.
  - We would need to identify and invite those with more technical expertise in hospital quality measurement to participate.
  - Only one commercial payer is using hospital measures in its ACO contracts.
  - Many hospital quality measures are determined at the federal level.
- **Does the Taskforce have any comments on the proposal to defer discussion of inpatient care measures?**



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# Public Comments to Taskforce Report



- In August, we asked the Taskforce to review a report describing the Taskforce's work through July 2018.
- After incorporating suggestions from the Taskforce, Taskforce staff posted the report for public comment on September 11<sup>th</sup>.
- Taskforce staff received five responses to the request for public comment:
  1. Community Catalyst, Health Care for All, and Medical Legal Partnership Boston (combined)
  2. Massachusetts Association of Health Plans
  3. Massachusetts Health and Hospital Association
  4. Massachusetts Medical Society
  5. Partners HealthCare
- The next few slides share feedback received from these organizations.
  - Taskforce staff received a few Subcommittee-specific comments that will be shared with the Subcommittee for discussion in that forum.



# Themes of Public Comments – #1: Taskforce Proceedings



- **Public Meetings:** One respondent recommended future meetings be open to the public to ensure a greater level of transparency and accountability.
  - Taskforce staff will consider options for enhancing the transparency of Taskforce work.
  
- **Public Comment Period:** One respondent expressed concern about the short timeframe for public comment and requested future public comment periods extend to at least 30 days.
  - Taskforce staff will ensure future public comment periods last for at least 30 days.



# Themes of Public Comments – #2: Taskforce Composition and Scope



- **Composition of the Taskforce:** One respondent recommended broader representation of payer and employer representatives. One respondent recommended broader inclusion of consumer and patient representatives.
  - EOHHS will review the terms of appointment for Taskforce members and consider potential appointment of additional payer, employer, and consumer-oriented representatives next term.
- **Scope:** Two respondents expressed disappointment that Medicare was not included in the alignment initiative as organizations are responsible for reporting for these measures.
  - The Taskforce cannot influence measures for the Medicare population, but will continue considering consistency between Medicare and the Massachusetts Aligned Measure Set.



# Themes of Public Comments – #3: Measure Set Domains, Measure Sets, and Structure



- **Domains:** One respondent recommended designating separate domains for mental health and substance use disorders. It also recommended having a separate domain for opioids.
- **Measure Sets Reviewed:** One respondent expressed concern that the measure selection process relied on a limited number of measure sets, and did not look at measures used by innovative programs or providers in other states and focused on value instead of quality and health outcomes.
- **Structure:** One respondent spoke in favor of a menu set only, asked for increased specificity on what constitutes a “novel” measure, and urged inclusion of EHR-derived measures in this category.
  - Taskforce staff will propose more specific parameters defining Innovation measures to the Taskforce for consideration.



# Themes of Public Comments – #4: Recommended Measures



Five respondents commented on the **measures recommended for inclusion in the Massachusetts Aligned Measure Set**. Taskforce staff recommend considering these comments during the annual review process.

- **HEDIS**: One respondent expressed concern that not all HEDIS measures were included in the set. Another respondent said that HEDIS measures are obsolete.
- **Behavioral Health**: One respondent expressed concern about the reliability of behavioral health measures with small denominators. Another respondent recommended that both depression and substance use disorders be required in the Core Set and to include additional measures in the Menu Set.
- **EHR Data**: Two respondents expressed interest in the use of EHR-derived measures when possible.



# Themes of Public Comments – #4: Recommended Measures



- CG-CAHPS: One respondent expressed interest in adding a narrative component to CG-CAHPS.
- Pediatrics and Maternal Health: One respondent noted that the Core Set does not reflect many populations served by health care programs in the Commonwealth. It recommended inclusion of a measure specific to pre-term delivery outcomes.
- Physician Well-Being: One respondent recommended inclusion of a physician well-being measure in the Core Set.
- Reduction of Measures: Two respondents recommended limiting the set to a total of 14 measures.



# Themes of Public Comments – #5: Developmental Measures



- **Developmental Measures:** One respondent recommended promoting a number of measure concepts or measures addressing key domains (equity, social determinants of health, care coordination, patient/provider communication, patient engagement, team-based care, relationship-centered care, or health behaviors) as “pay-for-reporting” in Year 1. The respondent also urged the Taskforce to prioritize development of Developmental measures in key domains.
  - Taskforce staff will inform the respondent of how the Taskforce decided to prioritize development of certain Developmental measures.
  
- **Clinician Burnout:** One respondent appreciated the inclusion of clinician burnout in the list of Developmental measure concepts, and requested the Taskforce specifically focus on physician burnout.
  - The Taskforce did not prioritize development of a clinician burnout measure for 2019.



# Themes of Public Comments – #5: Developmental Measures



- **Patient-Reported Outcome Measures (PROMs):** One respondent agreed that PROMS needed additional developmental work prior to consideration for implementation.
  - The Taskforce has prioritized development of a joint replacement PROM.
  
- **Social Determinants of Health, Behavioral Health, and LTSS Measures:** One respondent commended the Taskforce's commitment to working on measures in these areas.



# Themes of Public Comments – #6: Implementation



- **Voluntary Adoption:** One respondent appreciation for the voluntary nature of the measure set, but expressed concern about requiring plans to re-open contracts. It recommended allowing 1-3 years for adoption to allow for the development of baseline and benchmark data.
  - The current draft implementation plan does not recommend that payers and providers re-open multi-year arrangements.
  
- **Payer Adoption:** Three respondents noted disappointment that there was not stronger commitment from payers to adopt the measure set.
  - The next slide summarizes payer responses on intended adoption of the aligned measure set from the HPC's pre-filed testimony for the Cost Trends Hearing.

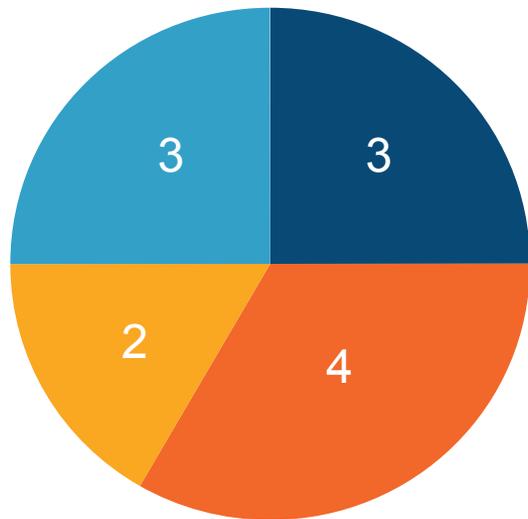


# 2018 HPC Pre-Filed Testimony: Intended Adoption of the Measure Set



Payer responses (14) on intent to adopt of the Massachusetts aligned measure set.

### Commercial plans



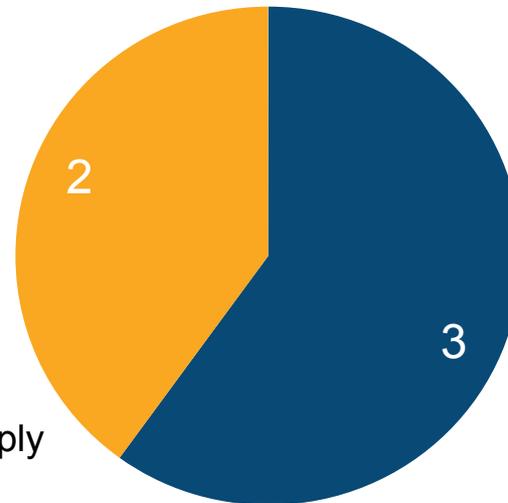
■ Yes

■ No

■ Undecided

■ Does not apply (no risk contracts)

### Medicaid plans



■ Yes

■ No

■ Undecided

■ Does not apply (no risk contracts)

Respondents: Aetna, Blue Cross Blue Shield of MA, Beacon Health Options, Boston Medical Center HealthNet\*, Cigna, Commonwealth Care Alliance\*, Fallon Health\*, Harvard Pilgrim Health Care, Health New England\*, Neighborhood Health Plan\*, Tufts Health Plan, Tufts Public Plan\*, Unicare, and United HealthCare.

\* Indicates Medicaid plan

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# Process for Developing and Testing Developmental Measures



- **Review the memo on the process for development of Developmental measures.**
  - Taskforce staff distributed a memo to the Taskforce outlining our proposed process for measures development.
- **Does the Taskforce have any reactions to our proposal for development of the prioritized Developmental measures?**



# Volunteer Participants in Measure Development



- The memo solicited volunteers to participate in the newly created measure development work groups.
- During the 9/25 Taskforce meeting and in follow-up email, the following organizations expressed interest:

Measure/Measure Concept	Project Lead(s)	Other Potential Participants	
“Depression Remission or Response for Adolescents and Adults”	BCBSMA MassHealth	Children’s Dimock	DMH
Joint replacement patient-reported outcome measure	BCBSMA	David Bates UMass Med. <i>(both suggested by Taskforce)</i>	Betsy Lehman Center HPHC MHQP Partners
Stratification of measures to understand equities and disparities (by race/ethnicity, age, gender language, disability status, etc.)	EOHHS	Children’s DMH HNE MHQP	Partners/The Disparities Solutions Center at MGH THP

- The Taskforce decided to monitor the Oregon Health Authority’s development process for “kindergarten readiness.” HPC and DPH staff will speak with OHA to learn more about their process.



# Volunteer Participants in Measure Development (cont'd)



- Does the Taskforce recommend any other developmental measure work group participants?
- Should there be a process for identifying and/or inviting interested parties not affiliated with the Taskforce?



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# Next Steps: Meeting Schedule



- **Meeting #22**

- Begin abbreviated review of the Aligned Measure Set to address changes in clinical guidelines and measure endorsement by national bodies, and potential changes to the 2020 MassHealth ACO Measure Set
- Review HPC plan for and activity monitoring adoption of the aligned measure set
- Payers report on plan commitment to adopt the aligned measure set in full
- Update on other follow-up activities





# Reference Slides



**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:
  - a. 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:\*

1. Childhood Immunization Status (Combo 10)
2. 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

*\*The Taskforce endorsed "Timeliness of Prenatal Care" as a MassHealth-only Menu measure.*



# 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
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