

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #22
November 19, 2018



Agenda



- **Welcome**
- **Recap of 10-24-18 Meeting Decisions & Discussion of Follow-up Items**
- **Continue Discussion of Public Comments to the Taskforce Report**
- **Discuss the Taskforce Recommendations Summary**
- **Discuss Taskforce Strategic Vision, Mission and Goals**
- **Define Process for Developing and Testing Developmental Measures and 2019 Objectives**
- **Next Steps**



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Recap of 10-24-18 Taskforce Meeting Decisions



Implementation:

- The Taskforce agreed to recommend:
 - phase-in of the Aligned Measure Set effective 1/1/20 as contract renewals come up, and
 - the Taskforce finalize any recommended modifications to the measure set by 3/31 each year for the next calendar year (i.e. modifications made by 3/31/19 will be implemented in 1/1/20).
- The Taskforce recommended that insurer/provider contracts should introduce new language effective 1/1/20, and as contracts renew thereafter, that annual changes to the Aligned Measure Set be automatically incorporated into contracts effective the next contract performance year (rather than wait until the next contract renewal).



Recap of 10-24-18 Taskforce Meeting Decisions (cont'd)



HEDIS Specifications:

- The Taskforce agreed that since the majority of HEDIS changes do not have a substantive impact on measure results, and payers are using different versions of the specifications, alignment is not compromised if some insurers adopt minor HEDIS specification changes during the performance year while others do so during the following performance year.

Inpatient Measures:

- The Taskforce will defer the discussion of inpatient measures until the 2020 annual review process.



Recap of 10-24-18 Taskforce Meeting Decisions



Complementary Health Information Initiatives:

- Lauren Peters will share updates on complementary Massachusetts health information initiatives at each Taskforce meeting.
 - The next Digital Health Council meeting is on 11/26. Lauren will provide an in-depth update during the 12/17 Taskforce meeting.



10-24-18 Taskforce Meeting Follow-Up Items – Developmental Measures



Developmental Measures:

- Wei Ying will confirm if BCBSMA has the capacity to serve as the project lead for the joint replacement patient-reported outcome measure.
- Arlene Ash will connect the Taskforce staff with the UMass Medical School program staff who collect and report patient-reported outcome data.
- Taskforce staff will draft objective statements for each of the developmental measure work groups.

We will review 2019 objective statements as we define a process for developing and testing developmental measures, later this meeting.



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Recap of Public Comments Reviewed During the 10/24 Taskforce Meeting



- On 9/11/18, Taskforce staff solicited public comments on a report describing the Taskforce's work through July 2018.
- Taskforce staff received five responses to the request for public comment.
- On 10/24, the Taskforce reviewed public comments related to four of six identified themes:
 1. Taskforce proceedings
 2. Taskforce composition and scope
 3. Measure set domains, measure sets, and structure
 4. Recommended measures
- The remaining two themes will be discussed today:
 5. Developmental Measures
 6. Implementation



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 prioritized development of certain Developmental measures.
- **Clinician Burnout:** Two respondents 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.
 - Burnout could be an explicit consideration for future measure set design.



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 and the depression remission measure.

- **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 appreciated the voluntary nature of the measure set, but expressed concern about requiring plans to re-open contracts. The individual 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 October Cost Trends Hearing.

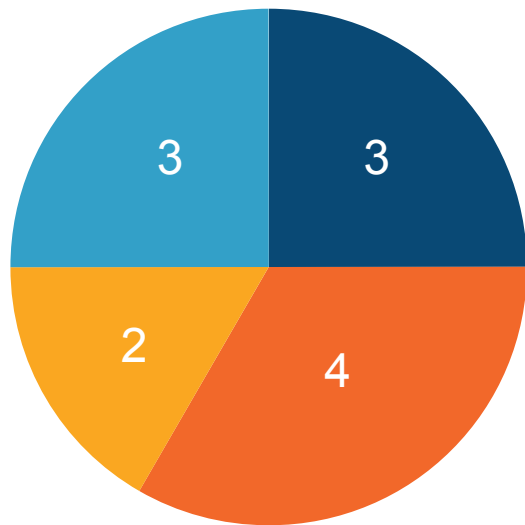


2018 HPC Pre-Filed Testimony: Intended Adoption of the Measure Set



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

Commercial plans



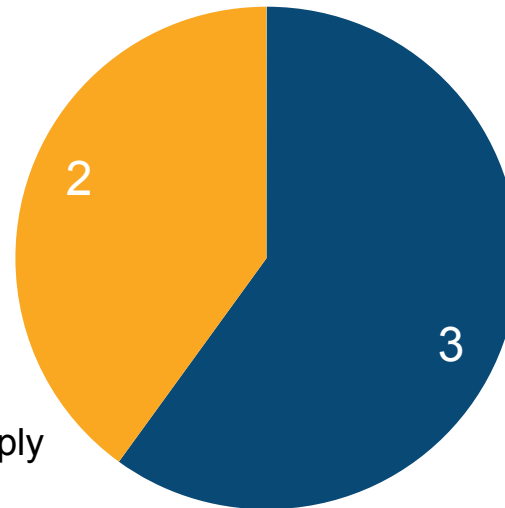
■ Yes

■ 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

CONFIDENTIAL WORKING DRAFT - POLICY IN DEVELOPMENT



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Taskforce Recommendations to the Secretary



- The initial mission of the Taskforce was to recommend an aligned measure set to the Secretary for voluntary adoption by private and public payers and by providers in global budget-based risk contracts.
- On 10/24, the Taskforce finalized its recommendations for implementing the aligned set.
- Taskforce staff have drafted a document summarizing the final Taskforce recommendations: “Taskforce Recommendations Summary.” It is the intent of the Taskforce staff to present this document to the Secretary for review and approval.
- **Does the Taskforce have any feedback on the draft “Taskforce Recommendations Summary”?**



Anticipated Next Steps Following the Secretary's Review



- Should the Secretary endorse the recommendations of the Taskforce, Taskforce staff recommend distributing the final measure set and implementation parameters to ACOs and insurers.
 - ACOs and insurers would receive a cover letter from the Secretary recommending voluntary adoption of the Massachusetts Aligned Measure Set.
 - Insurers would also receive a request to complete the HPC's "Quality Measure Catalogue," for the purposes of evaluating market alignment with the Massachusetts Aligned Measure Set.
- Does the Taskforce have any feedback on anticipated next steps?**



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Taskforce Strategic Vision, Mission and Goals



- During the 10/24 meeting, Taskforce members recommended holding a strategic discussion about the Taskforce's future direction and how to measure success.
- The next few slides are from the first Taskforce meeting on 5/30/17. They describe the initial rationale for EOHHS, the HPC and CHIA coming together to create the Taskforce, as well as the initial vision statement they set forth.
 - Please consider whether the initial vision still resonates with you.
- Subsequently, Taskforce members defined a more specific mission statement. This was defined in the 9/11 public report and is summarized on a subsequent slide.



Quality measurement and reporting places a resource burden on providers



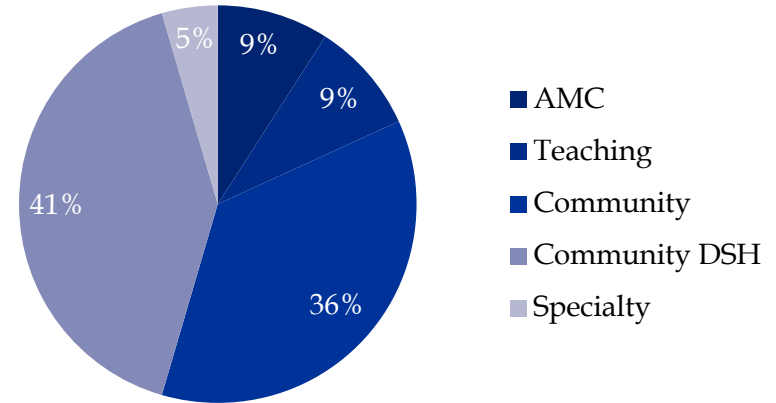
In December 2016, Massachusetts Health & Hospital Association (MHA) conducted a Quality Measurement and Reporting Resources Survey. 27 hospitals responded to the survey, and 22 of those provided financial estimates.

\$19 million spent in quality reporting among the 22 survey respondents

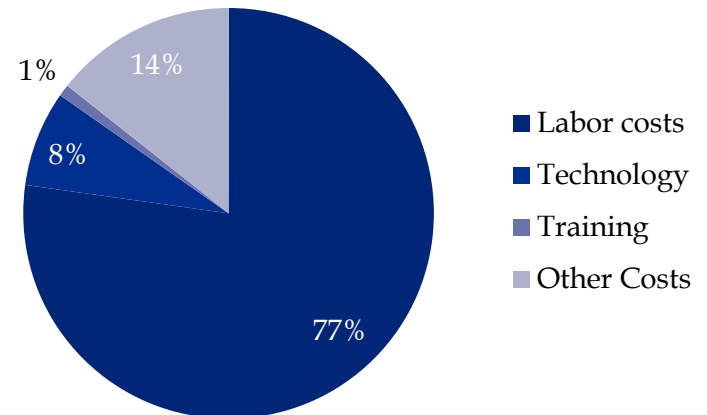
All respondents reported a combined **167 FTEs**

MHA estimates that **over \$67 million statewide** is spent by provider organizations on quality measurement and reporting

Survey Respondents



Quality Reporting Expenses

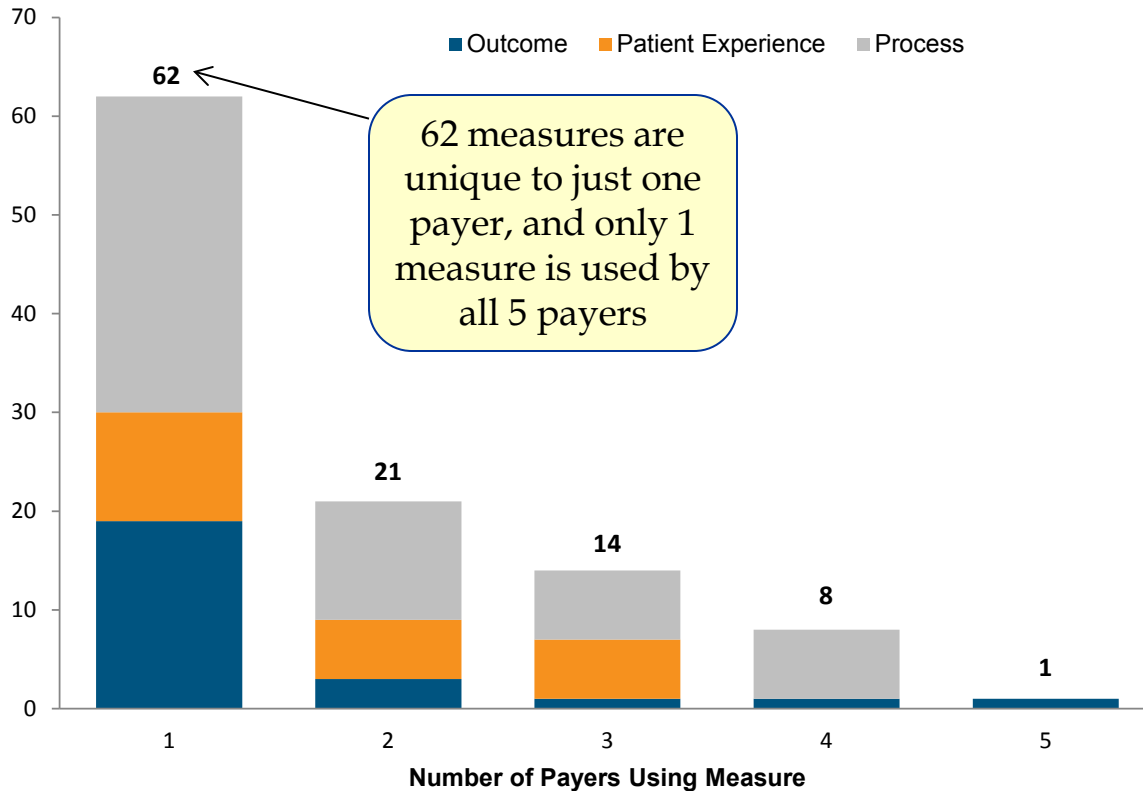




Many different measures in use by Massachusetts payers in APMs



Measure Misalignment Among Major Massachusetts Payers* by Measure Type



- A total of 106 measures were included in this comparison.
- Measures were included if they were identified as in use by at least one of the 5 payers/measure sets, on at least 10 APM contracts.

*The measure sets used in this analysis are MassHealth ACO, CMS AHIP ACO/PCMH Core Set, Harvard Pilgrim Health Care, Blue Cross Blue Shield of Massachusetts, and Tufts Health Plan.

■ Is this problem still worthy of Taskforce attention?

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The case for advancing a coordinated quality strategy (May 2017)



- Quality measurement is fragmented across private and public programs with few similar measures used to assess healthcare performance across all programs.
- Providers do not receive a unified message on quality measurement, diluting the impact of improvement initiatives and contributing to administrative burden that is both time consuming and costly.
- Policymakers in the Commonwealth currently rely on a set of mostly process measures (through the Statewide Quality Measure Set) to assess the quality of non-hospital-based healthcare in the Commonwealth.
- There is a growing interest in using outcome measures to more meaningfully evaluate quality. At present, outcome measures are burdensome to report for providers and payers alike in the absence of a centralized method for data collection and abstraction.
- More payers and healthcare organizations are entering into Alternative Payment Models (APMs), which tie financial rewards to performance on quality measures.

Vision:

A coordinated quality strategy that focuses the improvement of healthcare quality and health outcomes for all residents of the Commonwealth and reduces the administrative burden on provider and payer organizations.

- **Does this vision Taskforce still resonate for Taskforce members?**



Taskforce Mission Statement (restated from the Taskforce Report)



- The Quality Alignment Taskforce shall advise EOHHS on the definition of an aligned measure set for use in global budget-based risk contracts, which are inclusive of MassHealth ACO and commercial ACO contracts.
- The Taskforce's objectives are to:
 1. reduce the administrative burden on provider organizations associated with operating under multiple, non-aligned contractual measure sets, including burden associated with resources dedicated to varied quality improvement initiatives and to measure reporting, and
 2. focus provider quality improvement efforts on state health opportunities and priorities.



Proposed Revision to the Taskforce Mission Statement



- The Quality Alignment Taskforce shall advise EOHHS on the definition **and maintenance of** an aligned measure set for use in global budget-based risk contracts, which are inclusive of MassHealth ACO and commercial ACO contracts.
- **The Taskforce shall also prepare prioritized developmental measures and measure concepts for multi-payer and provider implementation and systemize the means for EHR-based measure reporting for use in ACO contracts.**
- By so doing, the Taskforce strives to:
 1. reduce the administrative burden on provider organizations associated with operating under multiple, non-aligned contractual measure sets, including burden associated with resources dedicated to varied quality improvement initiatives and to measure reporting, and
 2. focus provider quality improvement efforts on state health opportunities and priorities.
- **Does this updated mission statement resonate for the Taskforce?**



Proposed 2019 Taskforce Goals



- In recognition of the evolving nature of the Taskforce’s work, Taskforce staff propose the following goals and measures of success for 2019 Taskforce work:

Goals	Measures of Success
1. Support adoption of the Aligned Measure Set	By January 1, 2020, for the top six commercial payers (as reported by CHIA enrollment data): <ol style="list-style-type: none"> 1. Percentage of payers voluntarily adopting the complete aligned measure set in their ACO contracts. 2. Percentage of ACO contracts using the complete aligned measure set.
2. Review and maintain the Aligned Measure Set	Completion of the 2019 annual review process by March 31, 2019.
3. Prepare four prioritized developmental measures for testing and implementation	Completion of the 2019 objectives for each of the developmental measures/measure concepts by December 31, 2019. <i>2019 objectives to be finalized by the end of 2018.</i>
4. Advocate and support systemized means for EHR-based measure reporting	Identification of a standard EHR-based measure reporting process for use in ACO contracts by June 2019.

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Proposed 2021+ Goals



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Goals	Measures of Success
<p>1. Reduce the administrative burden on provider organizations associated with operating under multiple, non-aligned contractual measure sets, including burden associated with resources dedicated to varied quality improvement initiatives and to measure reporting</p>	<p>Providers feel as though administrative burden, related to quality measurement, has been reduced.</p> <p><i>This could be measured through provider reporting to CHIA, HPC, or another source TBD.</i></p>
<p>2. Focus provider quality improvement efforts on state health opportunities and priorities</p>	<p>Improved Massachusetts performance on the Core measures in commercial and MassHealth populations.</p> <p><i>Taskforce staff propose that the Taskforce define “improved performance” in the future.</i></p>

- Does the Taskforce have any feedback on the draft goals?
- Are there any additional measures of success to consider?



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Process for Developing and Testing Developmental Measures



- On 10/18 Taskforce members received a memo from Lauren soliciting participation in developmental measure work groups and outlining potential processes for measure development.
- During the 10/24 meeting, we did not have time to review volunteer participants to discuss the process for measure development.
- The Taskforce received an updated memo on 11/16.



Volunteer Participants in Measure Development



- The following organizations have expressed interest in participating in measure development work:

Measure/Measure Concept	Project Lead(s)/ Support	Other Potential Participants	Mechanism for Development	
“Depression Remission or Response for Adolescents and Adults”	BCBSMA (co-lead) HPC (project support) MassHealth (co-lead)	Children’s DMH Dimock	Collaboration among interested organizations and partnership with PBGH/ICHOM	
Joint replacement patient-reported outcome measure	CHIA (project support) HPC (project support)	David Bates UMass Med. <i>(both suggested by Taskforce)</i>	Betsy Lehman Center HPHC MHQP Partners	Collaboration among interested organizations

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Volunteer Participants in Measure Development



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Measure/Measure Concept	Project Lead(s)/Support	Other Potential Participants		Mechanism for Development
"Kindergarten Readiness"	HPC (project support)	DPH		Monitor development by the Oregon Health Authority*
Stratification of measures to understand equities and disparities (by race/ethnicity, age, gender language, disability status, etc.)	DPH (lead and project support)	Children's DMH HNE MHQP	Partners/The Disparities Solutions Center at MGH THP	Collaboration among interested organizations

*HPC, DPH, and MassHealth staff spoke with Oregon on 11/6 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?



Process for Development (con'td)



- For the three Developmental measures/concepts where the Taskforce has decided to pursue collaborations, the Taskforce must determine its process.
- Proposed processes are outlined in the memo “Measure Development Goals for 2019.”
- These processes should be developed with the goal of bringing forward recommendations for consideration by the full Taskforce.



2019 Development Objectives



- On 10/24, members of the Taskforce asked that Taskforce staff draft 2019 objectives for each of the prioritized Developmental measures/concepts (these are also included in the memo).

Measure/Measure Concept	2019 Objective(s)
"Depression Remission or Response for Adolescents and Adults"	<ul style="list-style-type: none"> • Develop technical specifications describing a recommended approach to implement the measure • Bring specifications to the Taskforce for review
Joint replacement patient-reported outcome measure	<ul style="list-style-type: none"> • Review existing work • Develop a mechanism for tracking developmental work • Share specifications as organizations developing measures report progress or complete work

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2019 Development Objectives (cont'd)



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Measure/Measure Concept	2019 Objective(s)
"Kindergarten Readiness"	<ul style="list-style-type: none"> • Monitor Oregon’s development work • Obtain and share specifications when Oregon completes work • Consider options for pilot testing
Stratification of measures to understand equities and disparities	<ul style="list-style-type: none"> • Identify measures from the Aligned Measure Set with health equity implications • Create a list of data elements needed for stratification • Identify where improved collection of data elements is necessary to advance equity/disparity measurement • Pilot test feasibility of stratification

■ Does the Taskforce have any reactions to our proposed collaboration processes, including our proposed 2019 objectives?



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Next Steps: Meeting Schedule



- **Meeting #23**

- Discuss opportunities for operationalization of electronic clinical data-based measures
- Begin an abbreviated review of the Aligned Measure Set
- Discuss a proposal for increasing transparency of Taskforce work

