

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #23
December 17, 2018



Agenda



- **Welcome**
- **Recap of 11-19-18 Meeting Decisions & Discussion of Follow-up Items**
 - **Revisit Taskforce Mission and Goals**
 - **Define Work Process for Developmental Measures and 2019 Objectives**
- **Discuss Opportunities for Operationalization of Electronic Clinical Data-Based Measures**
- **Discuss a Proposal for Increasing Transparency of Taskforce Work**
- **Begin Abbreviated Annual Review of the Aligned Measure Set**
- **Next Steps**



11-19-18 Taskforce Meeting Follow-Up Items



- Taskforce members agreed to connect Taskforce staff with David Bates and the appropriate UMass contacts for an initial discussion on the development of joint replacement PROMs.
 - Barbra Rabson and Christian Dankers agreed to connect Taskforce staff with David Bates.
 - Arlene Ash agreed to connect Taskforce staff with the appropriate UMass contacts.
- Taskforce staff committed to follow-up with public comment respondents.



11-19-18 Taskforce Meeting Follow-Up Items (cont'd)



- Taskforce members were to review the Taskforce Recommendation Summary and 2019 Developmental Measure Activity and provide feedback by 11/30. Feedback was received from three organizations some changes were incorporated. Since then...
 - An updated “Taskforce Recommendations Summary” was sent to insurers on 12/11 and will be distributed to provider organizations soon.
 - Staff modified the “Taskforce Recommendations Summary” to create the “2020 Measures and Implementation Parameters” document included with meeting materials.
 - Taskforce staff scheduled a webinar on 1/10 to describe the Aligned Measure Set to payer and provider organizations.
- We’ll discuss the 2019 Developmental Measure Activity document in a few minutes.



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Taskforce 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.
- On 11/19 Taskforce members reacted to proposed revisions to the Taskforce mission statement and 2019 goals.
- Taskforce staff have since further revised the mission statement and 2019 goals to reflect the 11/19 discussion.



Proposed Second 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:
 - identify prioritized developmental measures and measure concepts for multi-payer and provider implementation, and either track or sponsor their development and testing, as appropriate, and
 - advocate for and support systemized means for EHR-based measure reporting for use in value-based contracts.
- By so doing, the Taskforce strives to advance progress on state health priorities and reduce use of measures that don't add value.

■ Does this updated mission statement resonate for the Taskforce?



Proposed 2019 Taskforce Goals



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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 global budget contracts. 2. Percentage of global budget 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. Track or sponsor 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 and advocacy for EHR-based measures for inclusion in the Commonwealth’s plan for EHR-based measure reporting.

■ Do these updated goals resonate for the Taskforce?



Proposed 2021+ Goals



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Goals	Measures of Success
1. Advance quality progress on state health priorities	<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>
2. Reduce use of measures that don’t add value	<p>Relative to prior years, quality measures used in value-based contracts are more meaningful.</p> <p><i>This could be measured through provider reporting to CHIA, HPC, or another source TBD.</i></p>

- Does the Taskforce have any feedback on these 2021+ draft goals?
- Are there any additional measures of success to consider?



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Work Process for 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 and 11/19 meetings we did not have time to review volunteer participants to discuss the process for measure development. We did, however, refine our concept of what developmental work should entail.
- The Taskforce received an updated memo on 11/16. During the 11/19 meeting, Taskforce staff requested members of the Taskforce review the updated memo and provide feedback by 11/30.
- Informed by the submitted feedback, the memo was further redefined and redistributed to the Taskforce on 12/13.



2019 Developmental Measure Work 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"> • BCBSMA and MassHealth shall 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 developmental work • Develop a mechanism for tracking developmental work • Share specifications as organizations developing measures report progress or complete work



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 its 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 desirable 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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Proposal for Building a Clinical Data Repository in Massachusetts



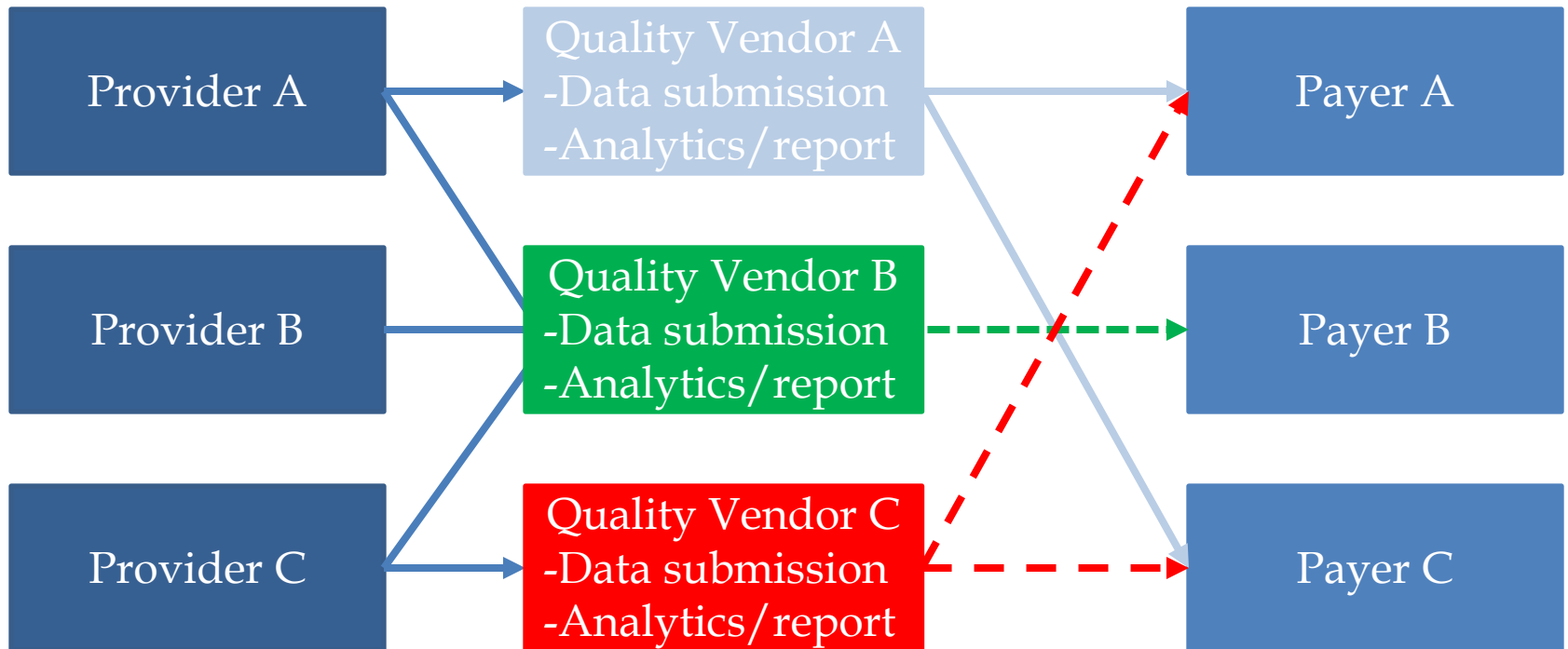
- Goal** To build an all-payer centralized repository for the collection and analysis of clinical data (i.e., administrative data and data sourced from electronic medical records) in the Commonwealth.
- Vision** To improve measurement of the performance of the health care system, create efficiencies for providers and payers, improve quality and coordination of patient care, and continue to transform the delivery system through better access to data.



Current Quality Reporting



Current quality reporting potentially requires multiple contracts to gather the data, calculate the measure, and report it to the public or private payer.

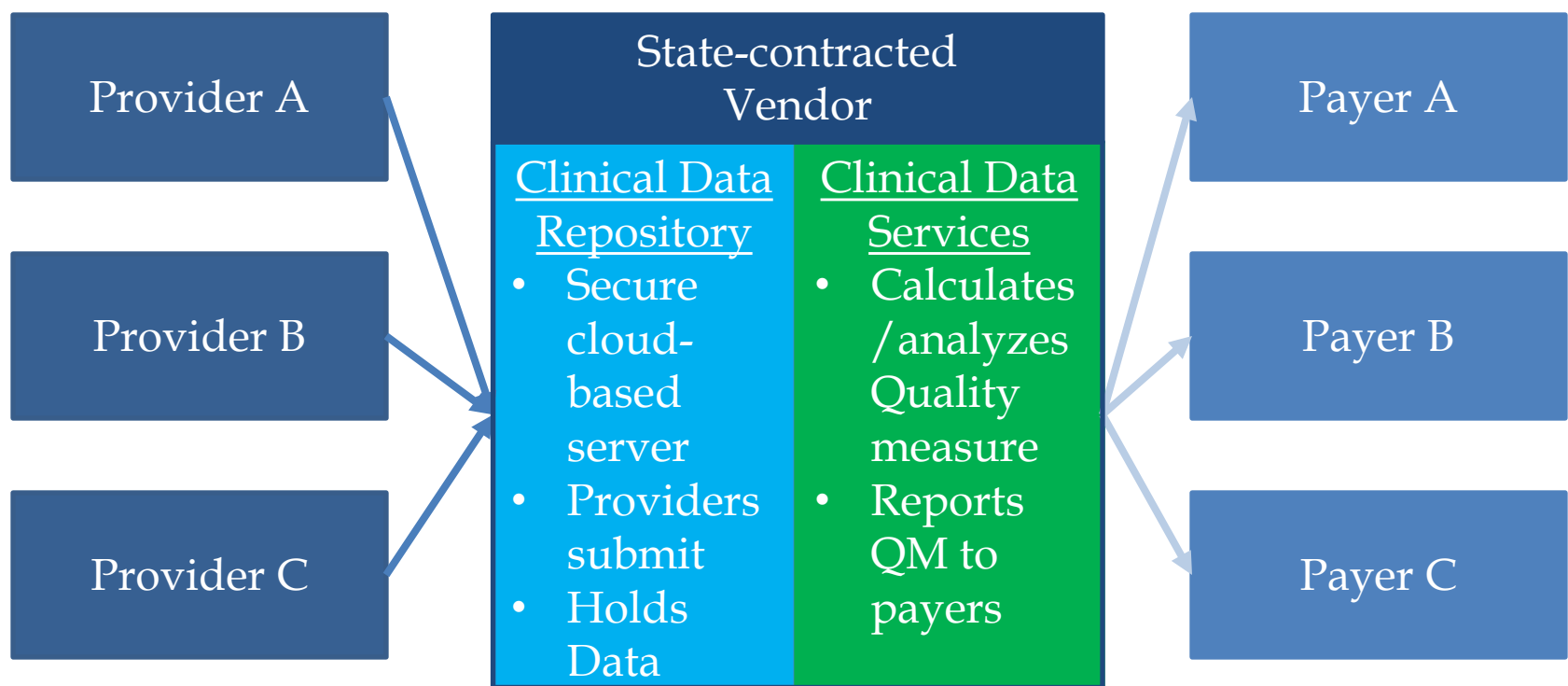




Proposed Future of Quality Reporting



Reporting simplification can be achieved through the development of a clinical data repository that takes data in from all providers and sends metrics to payers



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Questions on Operationalization of the Clinical Data Repository (CDR)



- **Would the creation of a CDR help streamline the quality metric submission process?**
- **What would bring most value to providers?**
 - Creation of uniform data standards for submitting?
 - Removing chart pull audits for HEDIS or contractual measures by having data available in the CDR?
- **What would bring most value to payers?**
 - A solution for collecting data relative to outcome measures in contracts, HEDIS, or other?
 - Having the state vendor help conduct the analyses with auditability of the CDR data?
- **Should EOHHS consider a phased approach to clinical data collection (e.g. start with numerators and denominators for certain measures on a sample for each ACO)? Why or why not?**



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Proposal to Increase Transparency of Taskforce Work



- During the 10/24 Taskforce meeting, Taskforce staff shared that one respondent to the request for public comment on the Taskforce report recommended that future meetings be open to the public to ensure a greater level of transparency and accountability.
 - At the time, Taskforce staff committed to considering options for enhancing the transparency of Taskforce work.
 - Taskforce staff would like recommend that the Taskforce make meeting presentations public to allow for greater transparency of the Taskforce meetings to the public while preserving the existing meeting structure.
- Does the Taskforce have any feedback on this proposal to increase transparency of Taskforce work?**



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Annual Review Process



- During the annual review process, the Taskforce will review the following topics:
 1. Movement of MassHealth measures from reporting to performance
 2. Opportunities for improvement
 3. The most recent performance of measures in the Monitoring Set
 4. CMS-driven changes to the MassHealth ACO measure set and Medicare ACO measure set
 5. Taskforce recommended changes

- During *future* annual reviews, the Taskforce will also consider:
 1. HEDIS changes to the measures in the current Aligned Measure Set
 2. Adoption of Menu and Innovation measures in insurer/ACO contracts (including which CG-CAHPS questions and/or composites are in use)
 3. Alignment of the Aligned Measure Set with statewide health priorities
 4. Transition of Developmental Measures into the Core or Menu Set



Movement of MassHealth Measures from Reporting to Performance



- In 2018, the Taskforce recommended that MassHealth's adoption of the Aligned Measure Set allow for deviations to meet Medicaid-specific program needs or for which exceptions should be made. At the time, the Taskforce recommended modifications for MassHealth use of the following measures:
 - Prenatal and Postpartum Care – Timeliness of Prenatal Care
 - Hospital Readmissions (Adult)
 - Acute Unplanned Admissions for Individuals with Diabetes
 - Oral Health Evaluation
 - Behavioral Health Community Partner Engagement
 - Long-Term Services and Supports Community Partner Engagement



Movement of MassHealth Measures from Reporting to Performance



- There are a number of MassHealth ACO measures scheduled to move from pay-for-reporting status in 2019 to pay-for-performance status in 2020.
 - Two of these measures are not in the Aligned Measure Set, have not been previously discussed by the Taskforce, and could be considered for inclusion in the Aligned Measure Set.
1. **ED Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions**
 - Taskforce staff recommend against consideration for the Aligned Measure Set. It is likely that the denominators would be too small for use in commercial contracts.



Movement of MassHealth Measures from Reporting to Performance



2. Health-Related Social Needs Screening

- The Taskforce recommends against consideration for inclusion in the Aligned Measure Set at this time. While MassHealth must use the measure to meet its commitment to CMS and program/population needs, the measure is still in development and subject to potential modifications.

■ **Does the Taskforce agree with these two recommendations of the Taskforce staff?**



Opportunities for Improvement



- Taskforce Staff reviewed CY 2016 (HEDIS 2017) and CY2017 (HEDIS 2018) performance.
 - We compared commercial performance for the three largest plans to national commercial ALOB benchmarks.
 - We compared Medicaid performance (MCO and PCC Plan combined) to national Medicaid HMO benchmarks.
- The next few slides contains information on room for improvement for Core, Menu, and Monitoring measures.



Opportunities for Improvement - Core Measures



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Measure	Commercial		Medicaid	
	CY2016	CY2017	CY2016	CY2017
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)				
Controlling High Blood Pressure				
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) - Initiation of AOD - Total		See note		
IET - Engagement of AOD - Total				

Key:

<25th	Between 25th and 50th	Between 50th and 75th	Between 75th and 90th	≥90th
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- **Absolute performance did not exceed 90% on any of the Core measures.**
- Performance data not available for: CG-CAHPS (MHQP Version), Depression Remission and Response for Adults and Adolescents, Depression Remission at Six or Twelve Months, Depression Response at Six or Twelve Months - Progress Towards Remission, or Depression Screening and Follow-Up for Adolescents and Adults
- Note: Performance skewed based on one payer's performance. Improved performance was attributed to changes in the HEDIS measure and internal quality improvement efforts. Performance of other payers remains similar to CY2016.



Opportunities for Improvement – Menu Measures



Measure	Commercial		Medicaid	
	CY2016	CY2017	CY2016	CY2017
Use of Imaging Studies for Low Back Pain				
Metabolic Monitoring for Children and Adolescents on Antipsychotics				
Immunizations for Adolescents (Combo 2)				
Asthma Medication Ratio				

Key:				
<25th	Between 25th and 50th	Between 50th and 75th	Between 75th and 90th	≥90th

- Absolute performance did not exceed 90% on any of the Menu measures.

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Opportunities for Improvement – Menu Measures (cont'd)



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Measure	Commercial		Medicaid	
	CY2016	CY2017	CY2016	CY2017
Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)				
Comprehensive Diabetes Care: Eye Exam				
Follow-up After Emergency Department Visit for Mental Illness (7-Day)	No data		No data	
Follow-Up After Hospitalization for Mental Illness (30-Day)				
Follow-Up After Hospitalization for Mental Illness (7-Day)				

Key:				
<25th	Between 25th and 50th	Between 50th and 75th	Between 75th and 90th	≥90th

- Absolute performance did not exceed 90% on any of the Menu measures.



Opportunities for improvement – Menu Measures (cont'd)



Measure	Commercial		Medicaid	
	CY2016	CY2017	CY2016	CY2017
Breast Cancer Screening				
Cervical Cancer Screening				
Childhood Immunization Status (Combo 10)				
Chlamydia Screening - Ages 16-24				
Colorectal Cancer Screening			SCO only	SCO only

Key:				
<25th	Between 25th and 50th	Between 50th and 75th	Between 75th and 90th	≥90th

- **Absolute performance did not exceed 90% on any of the Menu measures.**
- Performance data not available for: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment, Continuity of Pharmacotherapy for Opioid Use Disorder, Influenza Immunization

■ Does the Taskforce recommend moving any Core or Menu measures to the Monitoring set?

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Most recent performance of measures in the Monitoring Set



- Monitoring measures were identified by the Taskforce as addressing priorities, but due to high performance or lack of available data, they 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.



Performance on Monitoring Measures



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Measure	Commercial		MassHealth	
	CY 2016	CY 2017	CY2016	CY2017
Adolescent Well-Care Visits				
Comprehensive Diabetes Care: Hemoglobin A1c Testing	*	*	*	*
Comprehensive Diabetes Care: Medical Attention for Nephropathy	*	*	*	*
Prenatal & Postpartum Care - Timeliness of Prenatal Care**	*	*		
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	*	*		*
Well-Child Visits in the First 15 Months - Six or More Visits	*	*		

Key:				
<25th	Between 25th and 50th	Between 50th and 75th	Between 75th and 90th	≥90th

* =Absolute performance exceeded 90%.

**While the percentiles for "Prenatal & Postpartum Care - Timeliness of Prenatal Care" vary, absolute performance remains Commercial performance remains around 94% for commercial around 87% for MassHealth.



Most recent performance of measures in the Monitoring Set (cont'd)



- While the following measures mostly exceed the national 90th percentile benchmarks, there may be some room for improvement:
 1. “Adolescent Well-Care Visits” commercial performance remains around 78% and Medicaid performance remains around 68%.
 2. “Well-Child Visits in the First 15 Months - Six or More Visits” remains around 82% for Medicaid.
 3. “Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life” performance declined for Medicaid from 87% to 83% and declined for commercial from 93% to 87%.



Most recent performance of measures in the Monitoring Set (cont'd)



4. “Incidence of Episiotomy” had a range of performance. Of the MA hospitals reporting to Leapfrog (2017/2018 data*):
- 24 had a rate of <5% (Leapfrog’s target) (69%)
 - 10 had a rate of <10% (29%)
 - 1 had a rate of >10 (3%)
 - Nationally, the average rate of rate of episiotomies was 7.8% for reporting hospitals in 2017.**

*Data are for the 12 months ending 12/31/2017 if the hospital submitted the Survey prior to 9/1, or it is for the 12 months ending 6/30/2018 if the hospital submitted the Survey after 9/1.

**Source: Leapfrog (2018). Castlight on Maternity Care.

www.leapfroggroup.org/sites/default/files/Files/leapfrog_castlight_maternity_care_FINAL.pdf



Most recent performance of measures in the Monitoring Set (cont'd)



- 5. “Contraceptive Care – Postpartum” 2016 and 2017 rates are available for MassHealth. Performance modestly improved.

	Most/Mod (Ages 15-44)		LARC (Ages 15-44)	
	2016	2017	2016	2017
Number	79,420	73,076	18,938	18,969
Percentage	30.9%	31.2%	7.4%	8.1%

“Contraceptive Care – Postpartum” measures the percentage of woman ages 15 through 44 who had a live birth that:

1. Were provided the most effective or moderately effective (“Most/Mod”) FDA-approved methods of contraception within 3 and 60 days of delivery
2. Were provided a long-acting reversible method of contraception (LARC) within three and 60 days of delivery.

■ Does the Taskforce recommend moving any Monitoring measures to the Core or Menu sets?



CMS-Driven Changes to MassHealth ACO and Medicare ACO Measure Sets



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- There are no major CMS-driven changes to the MassHealth ACO measure set that the Taskforce should consider at this time.
 - CMS is retiring nine measures from the Medicare Shared Savings Program measure set for 2019 with the goal of reducing the number of process measures and administrative burden. Two of the retired measures are in the Massachusetts Aligned Measure Set:
 - **Comprehensive Diabetes Care: Eye Exam (Menu)** - removed to align reporting for QPP and ACOs (83 FR 59452).
 - **Use of Imaging Studies for Low Back Pain (Menu)** - removed due to the small number of beneficiaries affected by this measure (the measure is restricted to individuals 18-50 years of age) (83 FR 59452).
- **Does the Taskforce wish to consider removing either of these measures from the Massachusetts Aligned Measure Set?**



Taskforce Recommended Changes



- Does the Taskforce recommend any additional changes to the Aligned Measure Set for implementation in 2020?



Follow-up items from earlier 2018 work



- **HPC and CHIA will oversee implementation of the Massachusetts Aligned Measure Set into ACO contracts**
 - Develop a process to “register” or track Innovation measures and hold a Taskforce-convened meeting to discuss the measures
- **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**
 - If feasible, possibly reconsider measures in additional performance measure domains that could otherwise run into small denominator issues (e.g., some behavioral health measures)
- **These topics will be further discussed at a future Taskforce meeting.**



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Next Steps: Meeting Schedule



- **Meeting #24**

- Complete abbreviated annual review of the Aligned Measure Set
- Discuss the meaning of Innovation measures in the context of Partners eCare measures
- Receive an update on Oregon’s Kindergarten Readiness measure development activity
- Review a draft HPC plan for monitoring adoption of the Aligned Measure Set
- Review an updated Roadmap and prioritize next steps for work to be completed in 2019

