

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #24
January 23, 2019



Agenda



- Welcome
- Recap of 12-17-18 Meeting Decisions & Discussion of Follow-up Items
- Transparency of Taskforce Work
- Abbreviated Annual Review of the Aligned Measure Set
- Update on Oregon's Kindergarten Readiness Measure Development Activity
- HPC Plan for Monitoring Adoption of the Aligned Measure Set
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12-17-18 Taskforce Meeting Decisions



- After considering suggested edits from BCBSMA and incorporating feedback from the Taskforce provided during the 12/17 meeting, EOHHS finalized the Developmental Measure Goals for 2019.
- Taskforce staff distributed the final “Developmental Measure Goals for 2019” document with meeting materials.



12-17-18 Taskforce Meeting Follow-Up Items



- Taskforce staff will revise the 2020 Aligned Measure Set Implementation Parameters document to address implementation barriers when confronting small denominators.
 - Taskforce staff distributed the updated “2020 Aligned Measure Set Implementation Parameters” with meeting materials.
- Lauren Peters will continue to keep the Taskforce apprised of the various digital health efforts in the state.
 - This agenda topic will be on the February meeting and other future meetings agendas.
- Taskforce members will review the questions on operationalization of the clinical data repository (slide 18 of the 12/17 presentation) and provide any feedback to Lauren.
 - Reminder email distributed 1/4.



Revised 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 measure gaps in state priority areas, and either track or sponsor their development and testing, as appropriate, for future multi-payer and provider implementation, and
 - advocate for and support systemized means for electronic measure reporting for use in value-based contracts.
- By so doing, the Taskforce strives to advance progress on state health priorities, recognizing that an aligned measure set cannot contain all measures of value, and reduce use of measures that don't add value.
- **Does the Taskforce recommend finalizing its updated mission statement?**



Revised 2019 Goals



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Goals	Measures of Success
1. Track and advise EOHHS on the adoption of the Aligned Measure Set	1. Track use of the Aligned Measure Set in global budget-based risk contracts. 2. Advise EOHHS on how to address barriers and increase adoption of the 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	Attainment of the 2019 objectives for each of the developmental measures/measure concepts by December 31, 2019.
4. Advise EOHHS and related entities and promote systemized means of electronic measure reporting	Identification and promotion of Taskforce-identified electronic measures for inclusion in the Commonwealth’s plan for electronic measure reporting.

■ **Does the Taskforce recommend finalizing its 2019 goals?**

■ The Taskforce will revisit longer-term goals for the Taskforce later in 2019.



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Increasing Taskforce Transparency



- 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.
- The Taskforce staff have taken the following steps to enhance the transparency of Taskforce work:
 1. We held a webinar on 1/10 to describe the work of the Taskforce and the Aligned Measure Set, with 50 participants.
 2. We are in the process of creating a web page which will include:
 - 2020 measures and implementation parameters
 - Measure specifications
 - Developmental measure goals and associated activity for 2019
 - Taskforce meeting presentations



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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. Consider new HEDIS measures
 3. Adoption of Menu and Innovation measures in insurer/ACO contracts (including which CG-CAHPS questions and/or composites are in use)
 4. Alignment of the Aligned Measure Set with statewide health priorities
 5. 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 Aligned Measure Set exceptions 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**
 2. **Health-Related Social Needs Screening**



ED Visits for Adults with Mental Illness and/or Substance Addiction



- **Background:** Adults who experience serious mental illness, substance addiction, or dual diagnosis, are at risk for higher rates of emergency department (ED) use. This quality measure examines rates of ED use among adult members with a diagnosis of serious mental illness and/or substance addiction.
- **Description:** Number of ED visits among members ages 18 to 64, identified with a diagnosis of serious mental illness and/or substance addiction.

of ED visits by members 18-64 with serious mental illness and/or substance addiction
Members 18-64 identified with serious mental illness and/or substance addiction

- **Risk Adjustment:** Yes
- **Measure Steward:** EOHHS
- **Data Source:** Claims
- **NQF Endorsement:** No



Health-Related Social Needs Screening



- **Background:** The Health-Related Social Needs Screening is conducted to identify members who would benefit from receiving community services to address health-related social needs. The numerator may be met using an EOHHS-approved Health-Related Social Needs Screening Tool, which must include four core domains (food, housing, transportation, utility) and at least one supplemental domain (employment, training, or education; experience of violence; social supports).
- **Description:** % of members 0-64 years of age who were screened for health-related social needs during the measurement year.

Members 0-64 who were screened for health-related social needs in the measurement year
Members 0-64

Risk Adjustment: No

Measure Steward: EOHHS

Data Source: Hybrid

NQF Endorsement: No



Movement of MassHealth Measures from Reporting to Performance



Does the Taskforce recommend either:

- 1. ED Visits for Individuals with Mental Illness, Addiction, or Co-occurring Conditions, *or***
- 2. Health-Related Social Needs Screening**

for inclusion in the Aligned Measure Set?



Opportunities for Improvement



- Taskforce staff reviewed CY 2016 (HEDIS 2017) and CY2017 (HEDIS 2018) performance using data from NCQA's Quality Compass product and from MassHealth.
 - 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



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 (or fall below 10% for the HbA1c measure).**
- 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 by one payer. Improvement attributed to changes in the measure and internal QI 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	Yellow	Yellow	Yellow	Yellow
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Yellow	Orange	Orange	Orange
Immunizations for Adolescents (Combo 2)	Orange	Orange	Orange	Orange
Asthma Medication Ratio	Pink	Pink	Pink	Pink

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)



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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 on Monitoring Set Measures



- Monitoring measures were identified by the Taskforce as addressing priorities, but due to high performance or lack of available data, not worthy of endorsement for the Core or Menu sets.
- 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**	*	*	Not a MassHealth monitoring measure	
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 around 94% for commercial and around 87% for MassHealth.



Most Recent Performance on Monitoring Set Measures (cont'd)



- While the following measures mostly exceed the national 90th percentile benchmarks, there may be room for improvement for some of them:
 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%, between CY2016 and CY2017.



Most Recent Performance on Monitoring Set Measures (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 on Monitoring Set Measures (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 has retired 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 Medicare beneficiaries affected by this measure (the measure is restricted to individuals 18-50 years of age) (83 FR 59452).
- **Does the Taskforce recommend 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?



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Update on Oregon's Kindergarten Readiness Measure



- On 11/6, members of the Taskforce staff spoke with Oregon about its development of a kindergarten readiness measure.
- **Background:**
 - In 2014, there was a workgroup in Oregon that looked at child and family well-being measures, including kindergarten readiness. At the time, the workgroup's recommendations were not adopted.
 - In 2017, a workgroup was created to specifically develop a kindergarten readiness measure.
- **Scope:** *Health-related* aspects of kindergarten readiness.



Oregon's Populations and Domains



■ Work Group Participants:

- CCO (Medicaid MCO) representatives
- Pediatric care providers
- Early learning hub and early learning program representatives
- Health care quality measurement expertise
- Health care consumer representatives

■ Populations of Interest:

- Children
- Children with special health care needs
- Parents



Oregon's Kindergarten Readiness Measure – Conceptual Framework



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Domains that Impact a Child's Kindergarten Readiness by Population of Focus for the Metric ¹	Domains of Specific Health Care Services and Experiences				CCO System-Level: Cross Sector Collaboration
	Promotion, Prevention & Screening/Early Detection	Follow-Up to Address Risks Identified	Care Coordination and Integration	Family-Centered Care Optimizing Interactions, Partnership, & Engagement	
Children 0-6					
Child Physical, Perceptual, Motor Development (Includes nutrition, vision, and dental) ²					
Child Social-Emotional Well-Being ²					
Child Cognitive, Language and Literacy Development ²					
Family Function and Capacity ³					
Children with Special Health Needs:					
Management and treatment of SHN(s)					
Family Capacity and Supports to Manage SHN					
Parent/Caregiver:					
Pre-Natal Health: Mother					
Health Shown to Impact a Child's Kindergarten Readiness: Parent/Caregiver					

¹HAKR Workgroup Definition of Kindergarten Readiness: All children enter kindergarten with the skills, experiences, and supports to succeed.

² Domains aligned with the constructs of kindergarten readiness outlined by the National Education Goals Panel: Domains of Early Development and Learning, Head Start Early Learning Outcomes Framework: Central Domains, Oregon Early Learning and Kindergarten Guidelines, and the Developmental Foundations of School Readiness for Infants and Toddlers Report.

³ Adapted from Connecting Child Health and School Readiness by Charles Bruner and the Build Initiative.



Oregon's Kindergarten Readiness Measure – Conceptual Framework (cont'd)



Table 1. Current CCO Metrics, Metrics Ready Now, Existing Metrics Needing Development, New Metrics By the Health Aspects of Kindergarten Readiness Conceptual Framework: Metric Name (Mean HAKR Measure Criteria Score)

Domains that Impact a Child's Kindergarten Readiness by Population of Focus for the Metric ¹	Domains of Specific Health Care Services and Experiences				CCO System-Level: Cross Sector C
	Promotion, Prevention & Screening/Early Detection	Follow-Up to Address Risks Identified	Care Coordination and Integration	Family-Centered Care Optimizing Interactions, Partnership, & Engagement	
Children 0-6	<ul style="list-style-type: none"> Disparity in Birth Outcomes* 	<ul style="list-style-type: none"> Quality Well-Child Visit 			
Child Physical, Perceptual, Motor Development (Includes nutrition, vision, and dental) ²	<ul style="list-style-type: none"> Childhood immunization status Dental sealants Weight assessment & nutrition counseling Preventive dental visits from a dental provider (10.8) 	<ul style="list-style-type: none"> CAHPS: Access Developmental screening Child and adolescent access to primary care provider (6.38) Well-Visits in First 15 Months (8.67) Well-visits for Children 3-6 years of age (8.62) Multi-Part Bundle Metric: Well-Visit, Preventive Dental, Social Emotional Screening, Behavioral Health* 	<ul style="list-style-type: none"> Follow-Up to Developmental Screening (11.45) Mental Health Utilization (9.40) 	<ul style="list-style-type: none"> Assessments for kids in DHS custody 	
Child Social-Emotional Well-Being ²	<ul style="list-style-type: none"> Psychosocial Screening Using the PSC (7.58) Social Emotional Screening* 				<ul style="list-style-type: none"> Part of CCO-Attestation Metric
Child Cognitive, Language and Literacy Development ²					
Family Function and Capacity ³	<ul style="list-style-type: none"> Maternal Depression Screening (10.27) 		<ul style="list-style-type: none"> Add Focus to Existing Depression Screening and Follow-Up 		<ul style="list-style-type: none"> Part of CCO-Attestation Metric
Children with Special Health Needs:	<ul style="list-style-type: none"> Survey of CYSHCN Incorporation the FECC and PICS* 				<ul style="list-style-type: none"> Part of CCO-Attestation Metric
Management and treatment of SHN(s)					
Family Capacity and Supports to Manage SHN					
Parent/Caregiver:					
Pre-Natal Health: Mother	<ul style="list-style-type: none"> Timely Post-Partum Care 				
Health Shown to Impact a Child's Kindergarten Readiness: Parent/Caregiver	<ul style="list-style-type: none"> Effective contraceptive use 				<ul style="list-style-type: none"> Part of CCO-Attestation Metric

*New Metrics not assessed with HAKR Measure Criteria due to lack of measure specifications. ¹HAKR Workgroup Definition of Kindergarten Readiness: All children enter kindergarten with the skills, experiences, and supports to succeed. ²Domains aligned with the constructs of kindergarten readiness outlined by the National Education Goals Panel: Domains of Early Development and Learning, Head Start Early Learning Outcomes Framework: Central Domains, Oregon Early Learning and Kindergarten Guidelines, and the Developmental Foundations of School Readiness for Infants and Toddlers Report. ³Adapted from Connecting Child Health and School Readiness by Charles Bruner and the Build Initiative.

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Implementation Recommendations

There are multiple ways that the Metrics and Scoring Committee can choose to **implement the proposed measurement strategy over the next few years**. Below are the implementation recommendations preferred by the workgroup:

- 1) Adopt two metrics now for the 2020 CCO incentive measure set:
 - Well-child visits for children 3-6 years old
 - Preventive dental visits for children 1-5 years old (the Committee can choose to implement as a standalone metric, or combine with the current dental sealants metric for a more comprehensive children's oral health metric)
- 2) Adopt a CCO-level attestation metric focused on children's social-emotional health once specifications are finalized (i.e., for the 2021 or 2022 CCO incentive measure set).
- 3) Replace the existing developmental screening metric with a new follow-up to developmental screening metric in 2022 or 2023.



Implementation Recommendations

In order to achieve its intended impact and realize its transformative potential, the workgroup strongly believes that **this proposal must be implemented as a package**.

- The workgroup's vision of transformative action and results requires a focus on physical, oral, developmental and social-emotional health, in combination. Ensuring the components of the strategy remain connected within the CCO Quality Incentive Program will in turn drive CCOs to bridge silos and initiate new ways of collaborating.
- Some workgroup members felt that a single, bundled measure encompassing physical, oral, developmental, and social-emotional health would be the most effective tool to drive towards health system behavior change and investments, while others felt there were additional opportunities to achieve the same ends.
- The workgroup discussed two levers that the Metrics and Scoring Committee could utilize to keep the focus on all of the components of the measurement strategy together:
 - 1) Having a 'bundled' kindergarten readiness challenge pool requiring that a CCO meet each of the components of the measurement strategy to receive challenge pool dollars.
 - 2) Including some or all of the measurement strategy components as a requirement for a CCO to earn 100% of the quality pool dollars for which it is eligible.



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Monitoring Adoption of the Aligned Measure Set



- The HPC routinely requests that payers complete the Quality Measure Catalogue.
- The Quality Measures Catalogue captures the measures in use by payers in Massachusetts for the purposes of: global budget-based risk contracting, tiering or limited network product methodology, or consumer transparency.
- This year, the HPC requested that all payers voluntarily share measures in use for these purposes for calendar year 2019 by January 18, 2019.
- The HPC will use these data to report out to the Taskforce information on the adoption of the Aligned Measure Set during the March Taskforce meeting.
- **Are there any specific avenues of inquiry of interest to the Taskforce?**



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Upcoming Meetings



- **Meeting #25 – February 27**
- **Meeting #26 – March 20**