

**Commonwealth of  
Massachusetts**  
Executive Office of Health and  
Human Services



# **EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE**

Meeting #3  
August 10, 2017



# Agenda



- **Welcome**
- **Health Plan Perspectives**
- **Research on Experience with Multi-Payer Aligned Measure Sets in Other States**
- **Recap of 7-18-17 Meeting Discussion of Domains**
- **Review Candidate Measures**
- **Next Steps**



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# Health Plan Perspectives



- During the 7-18-17 meeting the Taskforce agreed upon developing an aligned measure set that consists of both “Core” (i.e., universally adopted) and “Menu” (i.e., voluntarily adopted) measures.
- Since that meeting, some health plans have raised questions about the need to develop such an aligned measure set.
- Before we proceed further with the work of the Taskforce, we will pause to discuss these health plan concerns.



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# Experience with Multi-Payer Aligned Measure Sets in Other States



We reached out to three states that have undertaken multi-payer aligned measure sets:

- RI: Core and Menu
  - VT: Core Only
  - WA: Menu Only
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- VT and WA have approximately 10 and 60 measures, respectively. RI has 11 core and 54 menu ACO measures.
  - All of these initiatives are relatively new and all distinct. VT has the most experience (implemented 2014).
  - The conveners (two state, one non-governmental) are generally satisfied with their efforts to date. We asked the following four detailed questions of them...



# Experience with Multi-Payer Aligned Measure Sets in Other States



1. *Have you received feedback from plans or providers on whether your measure set is too large or too small?*
  - Some plans/providers think the measure set is too large; they typically don't say the measure set is too small.
  - Some plans/providers specify that the measure set is too large because it includes too many clinical data-based measures.
  - Some concerns are about whether certain measures can be applied in a statistically reliable way at the medical group level.



# Experience with Multi-Payer Aligned Measure Sets (Cont'd)



2. *What have plans and providers told you about the ease of implementation of your measure set?*
  - Concerns are primarily regarding ease of data collection (a preference for claims-based over clinical measures).
  - Many plans and providers prefer HEDIS measure because they are easier to implement; there tends to be more alignment around these measures.
  - There is a lot of variation across plans in terms of implementation.
  - Additional concerns on the number of topics on which plans and providers need to focus.





# Experience with Multi-Payer Aligned Measure Sets (Cont'd)



## 3. *What would you say have been the relative successes and challenges of your measure set?*

### Successes

- Good stakeholder engagement and cooperation
- Annual review processes allow measure sets to be dynamic
- Able to see improvement in performance over time

### Challenges

- Heavy reliance on process measures instead of outcome measures
- Stakeholders disagree on the “right” size and content of measure set
- Statewide measurement and reporting is expensive
- No current capacity to collect data electronically



# Experience with Multi-Payer Aligned Measure Sets (Cont'd)



4. *Based on your experience, what do you think of having a small core measure set, with a somewhat larger menu measure set?*
- It could work depending on the state.
  - Having a core/menu set is a “middle-of-the-road” type of approach, allowing for standardization and customization. Some plans push back on the idea of a core set, however.
  - This approach could still support comparative reporting across provider organizations and payers.



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# Recap of 7-18-17 Meeting Discussion: Performance Domains



The group suggested the following performance measure domains as a means to structure the measure review process, noting that a measure can potentially fall into more than one domain:

1. Preventive Care
2. Behavioral Health Care
3. Acute Care (*including cardiac care and orthopedic care*)
4. Chronic Illness Care (*including cancer care*)
5. Maternity Care
6. Care Coordination
7. Integration
8. Team-based Care
9. Equity (*disparities*)
10. Social Determinants of Health
11. Health Behaviors
12. Patient/Provider Communication
13. Patient Engagement
14. Patient Experience
15. Relationship-Centered Care
16. Hospital Care\*

*\*The group agreed to re-visit this domain at the end of the measure selection process to reassess if hospital measures are desirable to the Taskforce.*



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# Review Candidate Measures: Criteria for Candidate Set



- **Candidate measures were selected using the following methodology:**
  1. Included in a domain identified by the Taskforce
  2. Found in at least 2 “alignment” measure sets
  3. Found in the CMS/AHIP Core Quality Measures Collaborative (CQMC) and/or the MassHealth ACO/DSRIP measure sets\*
  4. Has a weighted average commercial and/or Medicaid rate that is **below** the HEDIS 90<sup>th</sup> percentile
    - For commercial: national commercial rate for all lines of business plans for HEDIS 2016 (CY 2015 rates)
    - For Medicaid: national Medicaid rate for HMO plans for HEDIS 2016 (CY 2015 rates)
  
- **We will review candidate measures by domain, and within domain, grouped by age and measure focus, if applicable.**

*\*MassHealth ACO/DSRIP and CMS/AHIP CQMC measures are included for consideration even if they are not found in at least 2 “alignment” measure sets.*



# Candidate Measure Sources



- **Measures currently in use in APM contracts by providers and payers:**
  - Harvard Pilgrim Health Care (2017)
  - Blue Cross Blue Shield of MA (2017)
  - Tufts Health Plan (2017)
- **Measures found in local and state measure sets:**
  - Boston Public Health Commission (2016)
  - MassHealth ACO (DSRIP)
  - MassHealth MCO (Payment)
  - Standard Quality Measure Set
- **Measures found in national measure sets:**
  - CMS/AHIP Core Quality Measures Collaborative (CQMC) [ACO/PCMH]
  - CMS Medicaid Child Core Set
  - CMS Medicaid Adult Core Set
  - CMS Medicare Part C & D Star Ratings Measures
  - CMS Merit-based Incentive Payment System (MIPS)
  - NCQA Health Plan Ranking



# Preventive Care Measures: Well-Visits and Assessments



NQF#	Measure Label	Steward	Data Source	Count
<b>Pediatric</b>				
1392	Well-Child Visits in the First 15 Months of Life	NCQA HEDIS	Claims	8
1516	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life <sup>+</sup>	NCQA HEDIS	Claims	8
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents	NCQA HEDIS	Claims/Clinical Data	7
NA	Developmental Screening for Behavioral Health Needs: Under Age 21*	MA EOHHS	Claims	1
<b>Adolescent</b>				
NA	Adolescent Well-Care Visit	NCQA HEDIS	Claims	8

\*MassHealth ACO/DSRIP-only measure.  
 +This measure does not have opportunity for improvement.





# Preventive Care Measures: Well-Visits and Assessments (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Adult</b>				
NA	Adult BMI Assessment	NCQA HEDIS	Claims/Clinical Data	6
0421	BMI Screening and Follow-Up	CMS	Clinical Data	4

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# Preventive Care Measures: Immunization and Screening



NQF#	Measure Label	Steward	Data Source	Count
<b>Pediatric</b>				
0038	Childhood Immunization Status	NCQA HEDIS	Claims/Clinical Data	7
1407	Immunizations for Adolescents (includes HPV)	NCQA HEDIS	Claims/Clinical Data	7
<b>Adolescent</b>				
0033	Chlamydia Screening – Ages 16-20	NCQA HEDIS	Claims	9
0033	Chlamydia Screening – Ages 21-24	NCQA HEDIS	Claims	5

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# Preventive Care Measures: Immunization and Screening (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Adult</b>				
0039 (No longer endorsed)	Flu Vaccinations for Adults Ages 18–64	NCQA HEDIS	Survey	2
<b>All Ages</b>				
0041	Influenza Immunization	AMA-PCPI	Claims/Clinical Data	2

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# Preventive Care Measures: Cancer Screening



NQF#	Measure Label	Steward	Data Source	Count
<b>Adult</b>				
0034	Colorectal Cancer Screening	NCQA HEDIS	Claims/Clinical Data	9
0032	Cervical Cancer Screening	NCQA HEDIS	Claims/Clinical Data	8
2372	Breast Cancer Screening	NCQA HEDIS	Claims	8

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# Preventive Care Measures: Other



NQF#	Measure Label	Steward	Data Source	Count
<b>Dental (Pediatric)</b>				
2517	Oral Evaluation, Dental Services*	Dental Quality Alliance	Claims	1
<b>Tobacco Use (Adult)</b>				
0028	Tobacco Use: Screening and Cessation Intervention	AMA-PCPI	Claims/Clinical Data	5
0027	Medical Assistance with Smoking and Tobacco Use Cessation	NCQA HEDIS	Survey	2
<b>Access (Adult)</b>				
NA	Adults' Access to Preventive/Ambulatory Health Services	NCQA HEDIS	Claims	3

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# Behavioral Health Care Measures: Mental Health



NQF#	Measure Label	Steward	Data Source	Count
<b>Pediatric</b>				
0108	Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	NCQA HEDIS	Claims	6
0108	Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	NCQA HEDIS	Claims	4
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	AMA-PCPI	Clinical Data	2
NA	Metabolic Monitoring for Children and Adolescents on Antipsychotics	NCQA HEDIS	Claims	2
2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA HEDIS	Claims	2
NA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	NCQA HEDIS	Claims	2

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# Behavioral Health Care Measures: Mental Health (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Adolescent and Adult</b>				
NA	Depression Remission Measure Set* (Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults <i>and</i> Depression Remission or Response for Adolescents and Adults)	MA EOHHS (adapted from NCQA HEDIS)	Clinical Data	1
<b>Adult</b>				
0105	Antidepressant Medication Management - Effective Acute Phase Treatment	NCQA HEDIS	Claims	7
0105	Antidepressant Medication Management - Effective Continuation Phase Treatment	NCQA HEDIS	Claims	5
0712	Depression Utilization of the PHQ-9 Tool	MNCM	Clinical Data	2
0710	Depression Remission at Twelve Months	MNCM	Clinical Data	2
1885	Depression Response at Twelve Months - Progress Towards Remission**	MNCM	Clinical Data	1

\*MassHealth ACO/DSRIP-only measure.

\*\*CMS/AHIP CQMC-only measure.

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# Behavioral Health Care Measures: Mental Health (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>All Ages</b>				
0579	Follow-Up After Hospitalization for Mental Illness (30-Day)	NCQA HEDIS	Claims	7
0579	Follow-Up After Hospitalization for Mental Illness (7-Day)	NCQA HEDIS	Claims	7
0418	Screening for Clinical Depression and Follow-Up Plan	CMS	Claims/Clinical Data	5

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# Next Steps: Meeting Schedule



Domain	Estimated Schedule
Preventive Care	Meeting #3 and #4
Behavioral Health Care	Meeting #4 and #5
Acute Care ( <i>including cardiac care and orthopedic care</i> )	Meeting #5 and #6
Chronic Illness Care ( <i>including cancer care</i> )	Meeting #6 and #7
Maternity Care	Meeting #7
Care Coordination	Meeting #8
Integration	Meeting #8
Team-based Care	Meeting #8
Equity ( <i>disparities</i> )	Meeting #8
Social Determinants of Health	Meeting #8
Health Behaviors	Meeting #8
Patient/Provider Communication	Meeting #9
Patient Engagement	Meeting #9
Patient Experience	Meeting #9
Relationship-Centered Care	Meeting #9
Hospital Care	Meeting #9 (TBD)

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