

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

Meeting #33
February 28, 2020



Agenda



1. Welcome
2. Continue the annual review of the Aligned Measure Set
3. Next steps



Annual Review Process



- As a reminder, here are the steps for our annual review:

Step	Status
1. Background (review selection criteria and state priorities)	✓
2. Solicit Taskforce member proposals for additions, subtractions and replacements for 2021	✓
3. Review the 2020 Aligned Measure Set	✓
4. Initial review of new measures/topics	In progress
5. Review feedback from the public	Not started
6. Revisit refined measure set for 2021	Not started
7. Consider Developmental measures	Not started
8. Finalize recommended changes to the Aligned Measure Set	Not started



Follow-up items from January Taskforce meeting

- MHQP CG-CAHPS
- Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
- Transmission of Behavioral Health ADT Data
- Immunizations for Adolescents Combo 2
- Perinatal Measures



MHQP CG-CAHPS



- During the January Taskforce meeting, a Taskforce member asked how the MHQP CG-CAHPS differs from the ACO CAHPS and Medicare Advantage CAHPS surveys.
- MHQP's findings are summarized on the following slide and on a slide that can be found at the back of the presentation appendix.



Survey Alignment - Observations



- The MA-PDP and ACO surveys are *Medicare-focused*.
 - Some questions are targeted to a senior population.
- The MHQP and ACO surveys are the most aligned *at the question level*, as both are provider-/visit-based, but there are differences in how questions track to survey composites (or ACO summary survey measures).
 - MA-PDP is a Medicare Advantage plan-level survey.
- There is some alignment across all surveys for Communication, Care Coordination and Access.
 - In the MA-PDP and ACO surveys, access is spread across two composites.
 - The MA-PDP and ACO surveys ask about specialist access.
- MHQP Behavioral Health Composite questions are embedded in the ACO Health Education and Promotion Category.
- There are self-reported general and mental health questions and provider ratings across all surveys.



Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)



- During the January Taskforce meeting, members of the Taskforce recommended that the State submit written feedback to NCQA on Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg). Lauren supported the idea.
- Please send any written feedback on recommended specification changes to Justine Zayhowski (jzayhowski@bailit-health.com) by March 13th.



Transmission of Behavioral Health Admission Discharge Transfer (ADT) Data



- During the January Taskforce meeting, a Taskforce member stated that the Mass HIway redacts mental health and substance use diagnoses, making Follow-up After Emergency Department Visit for Mental Health and Follow-up After Hospitalization for Mental Illness unactionable.
- Following the meeting, Lauren clarified that the HIway does not administer an Event Notification Service (ENS), but rather private vendors transmit ADTs.
- Taskforce staff followed up with PatientPing, one of the State's three ENS vendors.



Transmission of Behavioral Health Admission Discharge Transfer (ADT) Data



- On 2/26 Taskforce staff learned from Patient Ping that it recently made a change to share event notifications with behavioral health diagnoses. It had not done so previously due to “conservatism.”
- It appears that there are four reasons ACOs may not be receiving behavioral health service notifications:
 1. Some hospitals are suppressing these diagnoses, and not making them available to ENS vendors for distribution.
 2. The other two ENS vendors are suppressing behavioral health information as PatientPing was doing previously.
 3. PatientPing (and perhaps other ENS vendors) has not established ADT feeds with specialty behavioral health facilities.
 4. ACOs are not providing patient rosters to ENS providers.
- Does the Taskforce recommend any follow-up action?

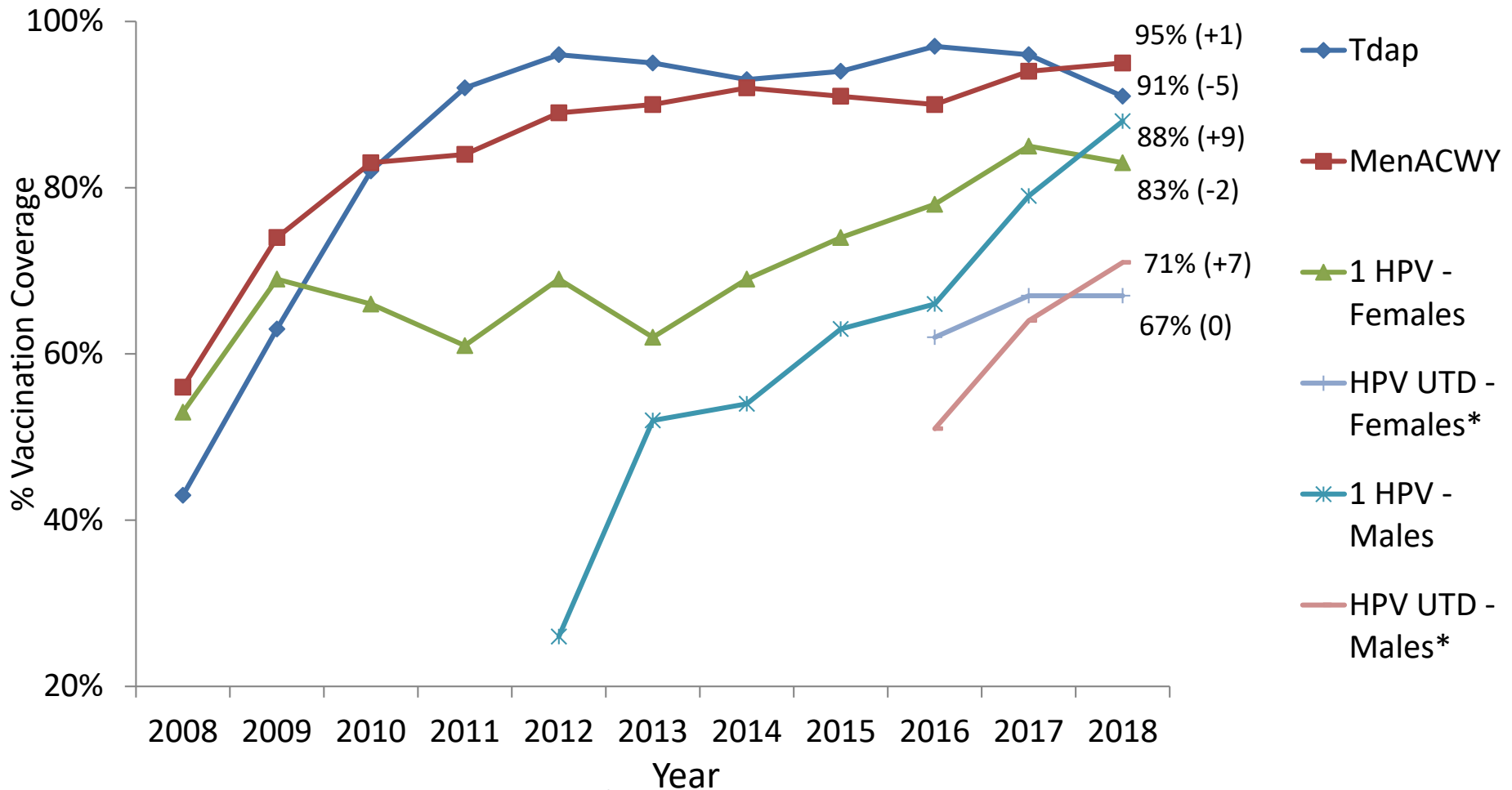


Immunizations for Adolescents Combo 2



- During the January Taskforce meeting, a member of the Taskforce noted that the Immunizations for Adolescents Combo 2 specifications differ from the USPSTF recommendations for HPV vaccination.
- At the time, Taskforce staff committed to asking NCQA about the difference in specifications.
- Following the meeting, Taskforce staff reviewed the specifications and USPSTF recommendations.
 - Specifications require completion of the HPV vaccine series by the member's 13th birthday.
 - USPSTF defers to the CDC's immunization recommendations. The CDC recommends the HPV vaccine for 11 and 12-year-olds.
- DPH staff confirmed the HEDIS and USPSTF specifications are aligned. For this reason, Taskforce staff did not reach out to NCQA.
 - Adolescent vaccination coverage is presented on the next slide.

Adolescent Vaccination Coverage with Tdap, MenACWY, and HPV, Massachusetts, NIS, 13-17 years, 2008 – 2018



Numbers in parentheses indicate percentage point change from the previous year

*HPV Up to date (UTD): 2 doses if the first dose given before the 15th birthday and doses were separated by at least 5 months, otherwise, 3 doses



Perinatal Measures



- During the January Taskforce meeting, Taskforce members noted that there was an opportunity for consideration of perinatal ambulatory measures. It recommended considering Prenatal and Postpartum Care: Postpartum Care for inclusion in the Aligned Measure Set.
- This measure was considered by the Taskforce on 12/18/17, but not endorsed since MassHealth was no longer using the measure and due to high performance. In addition, NQF dropped endorsement of the measure. No Taskforce members spoke in favor of the measure.

Measure	Commercial			MassHealth		
	2016	2017	2018	2016	2017	2018
Prenatal and Postpartum Care: Postpartum Care	86.3	83.1	86.3	65.9	67.7	67.6

- Does the Taskforce recommend adding Prenatal and Postpartum Care: Postpartum Care to the Core, Menu or Monitoring Sets?



Perinatal Measures



- During the January Taskforce meeting, the Taskforce deferred making a decision on whether Contraceptive Care: Postpartum should remain in the Monitoring Set.

Measure	2016	2017	2018
<i>Age 15-20</i>			
3 Days Most/Moderate	9.0%	8.1%	7.8%
60 Days Most/Moderate	49.6%	50.7%	49.2%
3 Days LARC	6.8%	5.7%	5.2%
60 Days LARC	25.7%	24.5%	23.1%
<i>Age 21-44</i>			
3 Days Most/Moderate	11.1%	11.5%	12.0%
60 Days Most/Moderate	44.9%	46.5%	46.8%
3 Days LARC	2.4%	2.7%	2.6%
60 Days LARC	16.2%	16.9%	16.3%

- Does the Taskforce recommend retaining Contraceptive Care: Postpartum in the Monitoring Set until it can consider additional perinatal measures?



Perinatal Measures



- During the January Taskforce meeting, the Taskforce also recommended reconsidering Incidence of Episiotomy after reviewing additional perinatal measures.

2017/2018*	2018/2019
<ul style="list-style-type: none"> • 24 had a rate of <5% (Leapfrog’s target) (69%) • 10 had a rate of <10% (29%) • 1 had a rate of >10 (3%) 	<ul style="list-style-type: none"> • 24 had a rate of <5% (Leapfrog’s target) (65%) • 13 had a rate of <10% (35%)
2017 National Average: 7.8%**	2018 National Average: 6.9%***

* Data are for the 12 months ending 12/31/17 if the hospital submitted the Survey prior to 9/1, or it is for the 12 months ending 6/30/18 if the hospital submitted the Survey after 9/1. Same with the 2018/2019 data.

** Source: Leapfrog (2018). Castlight on Maternity Care. www.leapfroggroup.org/sites/default/files/Files/leapfrog_castlight_maternity_care_FINAL.pdf

*** Source: Leapfrog (2019). Castlight on Maternity Care.

- **Does the Taskforce recommend retaining Incidence of Episiotomy in the Monitoring Set until it can consider additional perinatal measures?**



Revisit new measures/topics

- Revisit new HEDIS measures of interest
- Topics: pediatric, cholesterol, obesity, and opioid measures
- Revisit consideration of hospital measures



New HEDIS Measures of Interest to the Taskforce



- On 12/9/19, Taskforce members expressed interest in the following measures.
- **Taskforce staff recommend revisiting these measures for inclusion next year when benchmark data may become available.**

Measure	LOB	Data Source	Description
Adult Immunization Status <i>-proposed for addition to CMS ACOs in 2020</i>	Comm., Medicaid, Medicare	ECDS	The percentage of adults 19 years and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, Tdap, herpes zoster and pneumococcal.
Post-partum Depression Screening and Follow-up*	Comm., Medicaid	ECDS	The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.

*indicates new for HEDIS 2020

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Pediatric Candidate Measures



- Some Taskforce members previously expressed interest in adding pediatric measures to the current Aligned Measure Set. Prior to the 11/19 meeting, Taskforce staff distributed a list of candidate pediatric measures for review by the Taskforce.
- One member noted that some current measures include both pediatric and adult populations, and so the current set may appear less child-focused than it actually is. He recommended Taskforce staff include the measure age bands.
 - The measure specifications [online](#)¹ include a column “Population” which indicates the applicable age bands.
- There was also a Taskforce request for population health data specific to children.
- During and following the 12/9 meeting, Taskforce members recommended eight pediatric measures for further consideration.

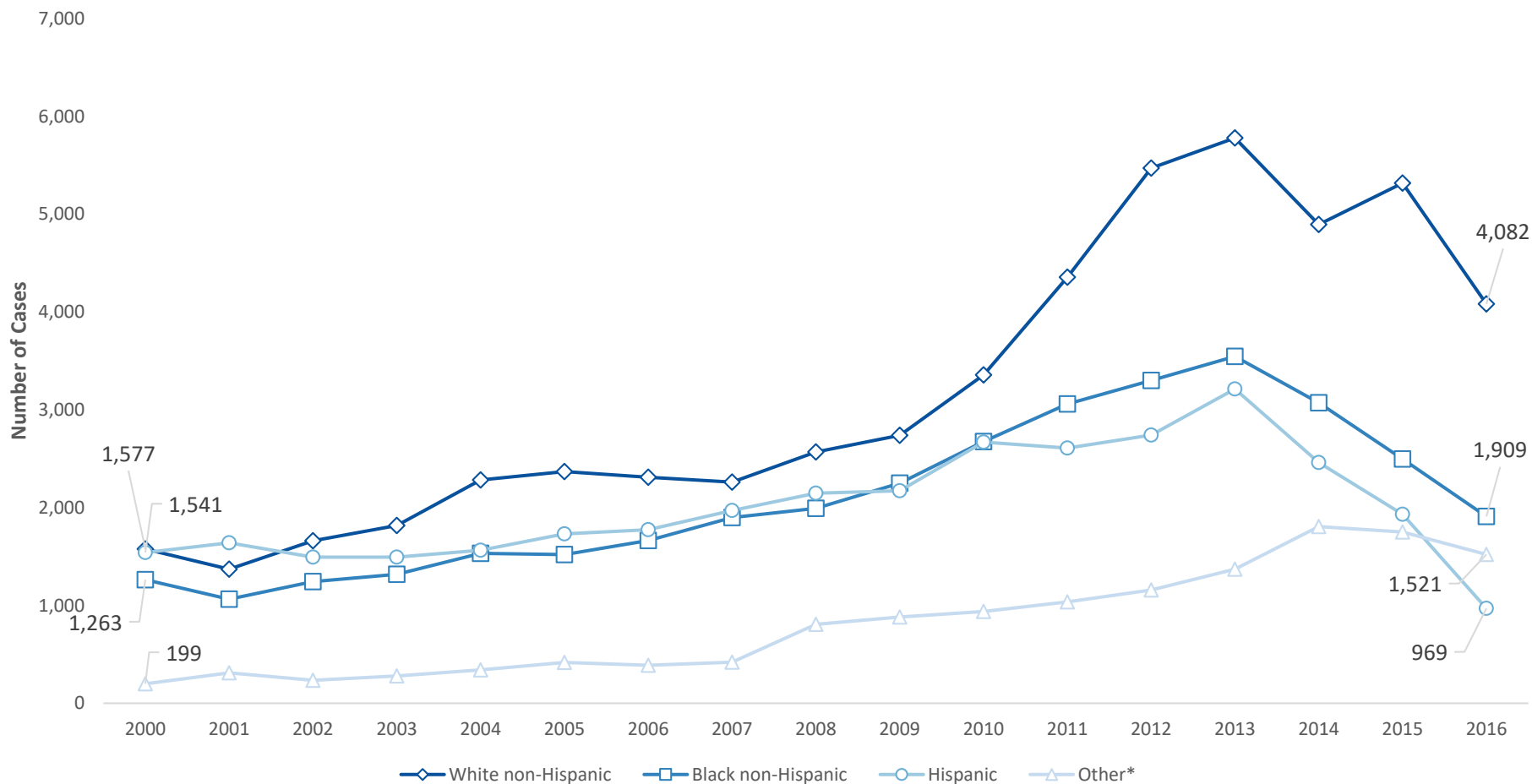
www.mass.gov/info-details/eohhs-quality-measure-alignment-taskforce#aligned-measure-set



Laboratory Confirmed Chlamydia Case Counts Per Year, by Race/Ethnicity, 2000-2016



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NOTE: * THE OTHER TOTAL INCLUDES THE SUM OF THOSE REPORTED WITH RACE AND ETHNICITY AS ASIAN/PACIFIC ISLANDER, AMERICAN INDIAN/ALASKAN NATIVE, MULTI-RACIAL, AND REPORTED OTHER.; UNKNOWNNS WERE REMOVED.

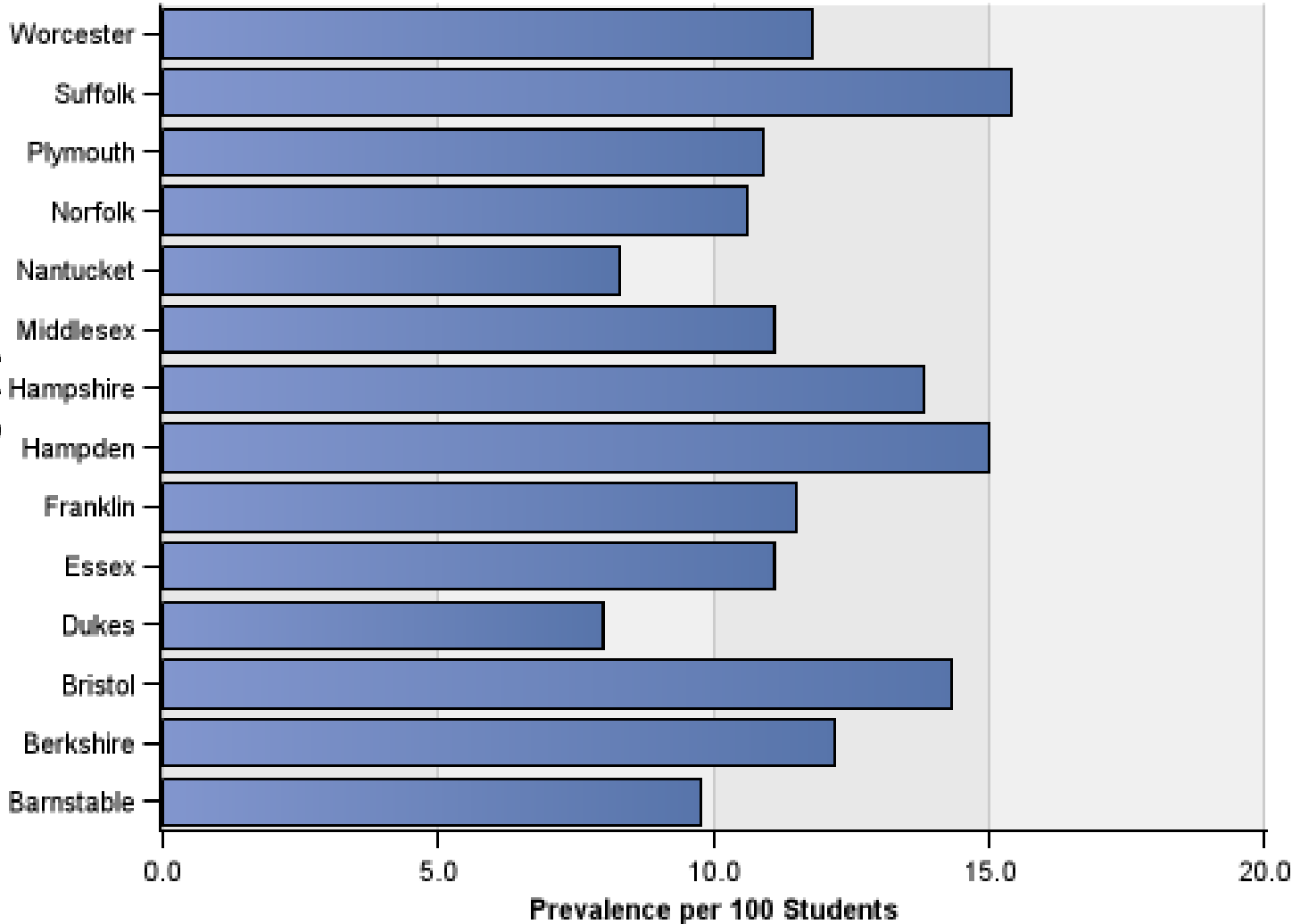


Pediatric Asthma Prevalence by County for 2016-2017 School Year



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Geography



School-reported data for kindergarten through 8th grade



Crude Rates of Hospital Admission for Asthma per 10,000 People for 2015



Year	Age Group	Case Count	Crude Rate	Confidence Intervals
2015	Under 5 Years	922	25.3	23.7 - 26.9
	5 to 14 Years	902	11.6	10.8 - 12.4

Data source: Center for Health Information and Analysis (CHIA)
Post-censal year estimates for 2015 was created by the UMass Donahue Institute.



Percentage of Middle School Students who reported Oral Health Outcomes in the past year (2017)



OPMENT

Race	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Asian, Non-Hispanic	Other/Multiracial, Non-Hispanic
Seeing a dentist	92.2 (90.3 - 94.1)	79.7 (72.7 - 86.8)	78.4 (74.3 - 82.5)	86.4 (80.1 - 92.7)	90.3 (85.3 - 95.4)
Having a cavity	21.2 (18.4 - 24.1)	34.0 (25.6 - 42.5)	34.2 (30.3 - 38.2)	24.5 (17.0 - 32.1)	22.1 (14.2 - 30.0)
Being examined by a dentist or hygienist at school	7.0 (5.5 - 8.5)	17.2 (11.4 - 23.0)	16.0 (11.6 - 20.3)	13.5 (7.3 - 19.7)	10.4 (4.9 - 15.9)

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Data source: Massachusetts Youth Health Survey 2017.
Data in parentheses represents 95% Confidence Interval



Percentage of High School Students who reported Oral Health Outcomes in the past year (2017)



OPMENT

Race	White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Asian, Non-Hispanic	Other/Multiracial, Non-Hispanic
Seeing a dentist	92.2(90.3-94.1)	81.2 (75.9 - 86.5)	81.9 (77.4 - 86.4)	81.2 (75.3 - 87.1)	285.4 (76.7 - 94.1)
Having a cavity	28.6 (26.3 - 30.9)	34.4 (26.6 - 42.1)	34.5 (29.7 - 39.2)	26.3 (18.5 - 34.0)	37.1 (26.8 - 47.5)
Being examined by a dentist or hygienist at school	5.8 (4.5 - 7.1)	13.7 (8.7 - 18.8)	9.8 (6.3 - 13.3)	9.1 (4.7 - 13.4)	-

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Data source: Massachusetts Youth Health Survey 2017.

Data in parentheses represents 95% Confidence Interval

Statistically significant difference between percentages can be assessed if their 95% confidence intervals do not overlap.

White, Black, Asian, and Multiracial categories refer to non-Hispanic (NH). Categories of American Indian or Alaskan Native and Native Hawaiian or Other Pacific Islander were not presented due to insufficient sample sizes for a majority of survey questions. Estimates and their 95% confidence intervals were suppressed (-) if the underlying sample size was <100 respondents and/or the relative standard error was >30%



Pediatric Candidate Measures – Oral Health



Measure Steward NQF #	Description	Rationale
Fluoride Varnish RI Dept of Health N/A	The percentage of children who received a fluoride varnish application in primary care in the 12 months preceding their first, second, or third birthday.	There are huge disparities in access to dental care. Fluoride varnish can be applied by PCPs.

- Rhode Island elected to include this measure in its aligned measure sets because dental caries affect around 25% of Rhode Island children and could have an impact on health status and medical care (e.g., ER visits).
- The measure was developed in 2018 by a RI Department of Health-convened work group.



Pediatric Candidate Measures – Behavioral Health



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Measure Steward NQF #	Description	Rationale
Follow-up Care for Children Prescribed ADHD Medication NCQA 0108	Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Two rates are reported: 1) initiation phase and 2) continuation and maintenance phase.	The measure is in the CMS Core Set and MIPS program. ADHD is a growing trend in terms of diagnosis and addresses a younger population.

- In prior year conversation clinicians in both MA and RI found this measure substandard. Identified limitations have included a) providers may prescribe medications for longer durations in order to meet this measure even when not medically indicated, b) time-limited prescription can be medically indicated, and c) the measure applies only to prescribers.
- Also, MassHealth and Tufts estimated that they do not have an adequate denominator size for this measure, while HPHC estimated that it does.



Pediatric Candidate Measures – Behavioral Health



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Measure Steward NQF #	Description	Rationale
Tobacco Use and Help with Quitting Among Adolescents CMS N/A	The percentage of adolescents 12 to 20 years of age with a primary care visit during the measurement year for whom tobacco use status was documented and received help with quitting if identified as a tobacco user.	The measure could be meaningful to include in the Menu given the rise in e-cigarette use and the Governor’s attention to this topic.
Pediatric Preventive Care: Adolescent Mental Health and/or Depression Screening MNMCM N/A	The percentage of patients 12-17 years of age who were screened for mental health and/or depression.	
Maternal Depression Screening NCQA 1401	The percentage of children 6 months of age who had documentation of a maternal depression screening for the mother.	There is significant impact if maternal depression is present.



Pediatric Candidate Measures – Chronic Illness Care



Measure Steward NQF #	Description	Rationale
Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia QMETRIC 3166	The percentage of children ages 3 months to 5 years old with sickle cell anemia (SCA, hemoglobin [Hb] SS) who were dispensed appropriate antibiotic prophylaxis for at least 300 days within the measurement year.	Small population, but with potential large impact.

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Pediatric Candidate Measures – Preventive/Early Detection



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Measure Steward NQF #	Description	Rationale
Audiological Evaluation No Later than 3 Months of Age CDC 1360	Percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.	
Developmental Screening in the First Three Years of Life OHSU 1448	Percentage of children screened for risk of developmental, behavioral and social delays using a standardized screening tool in the first three years of life. This is a measure of screening in the first three years of life that includes three, age-specific indicators assessing whether children are screened by 12 months of age, by 24 months of age and by 36 months of age.	Likely to identify important conditions for which early intervention is significantly better than later. It will be important to consider if this is covered and reimbursed by major insurers.



Cholesterol Measures



- During the 11/19 Taskforce meeting one member expressed interest in considering measures related to cholesterol given the high prevalence of high cholesterol and its impact on population health.
- Taskforce staff were unable to find any strong candidate measures to be considered for inclusion in the Aligned Measure Set.



Obesity Measures



- During the 12/9 meeting, a member of the Taskforce expressed interest in considering obesity measures given obesity's impact on a large percentage of the population.
- Taskforce staff noted at the time that there is a lack of measures in this area, but that Oregon is developing a measure that the Taskforce can consider, and offered to share information.
- Measure Name: "Multisector Interventions for Obesity Prevention and Treatment" (Ages: 3+)
 - Part 1: Investments in multisector interventions (in pilot; targeted implementation 2021)
 - Part 2: Document BMI and referral to intervention; follow-up on referral (testing targeted for 2022)
- **Does the Taskforce wish to monitor Oregon's progress on measure development?**



Opioid Measures



- During the 12/9 Taskforce meeting members expressed interest in considering opioid measures, as opioid use continues to be a major population health concern in the Commonwealth.
 - Some members expressed concerns about the quality of the opioid available measures.
- Prior the 1/22 Taskforce meeting, Taskforce staff shared Appendix D of “Opioids and Opioid Use Disorder: An Environmental Scan of Quality Measures” published by the NQF in September.
 - Taskforce staff reviewed these 207 measures. The following slides display select candidate measures for consideration by the Taskforce.
- As a reminder, during the 1/22 meeting, the Taskforce decided to:
 - Defer review of Continuation of Pharmacotherapy for Opioid Use Disorder (Menu Set) until discussing the candidate opioid measures
 - Tentatively retain Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment in the Menu Set and revisit its status after discussing candidate opioid measures.



Opioid Measures - Treatment of OUD



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Measure Steward NQF	Description	Strengths	Weaknesses
Continuity of Pharmacotherapy for Opioid Use Disorder RAND Corp. 3175	Percentage of adults 18-64 years of age with pharmacotherapy for opioid use disorder (OUD) who have at least 180 days of continuous treatment	<ul style="list-style-type: none"> • Addresses pharmacological treatment of OUD, which is often underutilized and recommended by the ASAM national clinical practice guidelines • NQF-endorsed, included in CMS Behavioral Health Medicaid Core Measure Set • Admin measure 	<ul style="list-style-type: none"> • Low rates of starting patients with OUD on treatment to begin with, so often small denominator, and isn't capturing the important step of initiating OUD treatment. • The ASAM national clinical practice guidelines recommend psychotherapy in combination with any pharmacological treatment of Opioid Use Disorder. Does not capture the full recommended treatment approach. • Claims data cannot differentiate patients who discontinued treatment for appropriate reasons and those who did so due to non-compliance.* • There is not sufficient evidence around the 180-day window.*

- This measure is currently in the Menu Set. Participants who had previously recommended including this measure recommended doing so given the importance of medication in the treatment of opioid use disorder.

*from 6/5/18 Taskforce discussion



Opioid Measures - Appropriate Prescribing of Opioids



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Measure Steward NQF	Description	Strengths	Weaknesses
Use of Opioids at High Dose in Persons Without Cancer PQA # 2940	The proportion (XX out of 1,000) of individuals without cancer receiving prescriptions for opioids with a daily dosage greater than 120mg morphine equivalent dose (MED) for 90 consecutive days or longer.	<ul style="list-style-type: none"> • Addresses appropriate prescribing thresholds for MME consistent with CMS and CDC guidelines. • NQF-endorsed; included in CMS Behavioral Health Medicaid Core Measure Set • Administrative measure 	<ul style="list-style-type: none"> • Only identifies patients and prescribing patterns at highest risk; does not address majority of population with OUD or preventing other forms of inappropriate use
Safe Use of Opioids - Concurrent Prescribing PQA 3316e	Patients age 18 years and older prescribed two or more opioids or an opioid and benzodiazepine concurrently at discharge from a hospital-based encounter (inpatient or emergency department, including observation stays).	<ul style="list-style-type: none"> • Addresses uncoordinated and unsafe prescribing as well as multiple prescribers. • NQF-endorsed; included in CMS Behavioral Health Medicaid Core Measure Set • Administrative measure 	<ul style="list-style-type: none"> • Does not address concurrent use of other unsafe medications beyond benzodiazepines; does not address prevention of inappropriate opioid or benzodiazepine prescribing



Opioid Measures - Appropriate Prescribing of Opioids (cont'd)



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Measure Steward NQF	Description	Strengths	Weaknesses
Appropriate Prescribing for First Fill Of Opioids Health Affairs/ OptumLabs N/A	The percentage of adults, 18 and older, who fill an initial prescription for opioid medications that does not comply with at least one of five separate measure components derived from the 2016 Centers for Disease Control (CDC) Guideline for prescribing of opioid medications that are measurable in secondary administrative claims data. (lower is better)	<ul style="list-style-type: none"> • Captures early prescribing patterns that lead to addiction and OUD. Is preventive in nature and requires implementation of CDC best practice for opioid prescribing and utilization management to be successful on measure. • Administrative measure 	<ul style="list-style-type: none"> • Not NQF-endorsed and not commonly used by large purchasers



Opioid Measures - Appropriate Prescribing of Opioids (cont'd)



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Measure Steward NQF	Description	Strengths	Weaknesses
<p>Risk of Continued Opioid Use NCQA *Taskforce member recommendation</p>	<p>The percentage of members 18 years of age and older who have a new episode of opioid use that puts them at risk for continued opioid use. Two rates are reported:</p> <ol style="list-style-type: none"> 1. The percentage of members with at least 15 days of prescription opioids in a 30-day period. 2. The percentage of members with at least 31 days of prescription opioids in a 62-day period. (lower is better) 	<ul style="list-style-type: none"> • Captures 'new' opioid prescribing that puts patients at risk for future OUD (prescribing is not consistent with CDC best practice). Is preventive in nature. • Administrative measure and HEDIS measure 	<ul style="list-style-type: none"> • Not NQF-endorsed • Only 180-day look back, so may capture patients who already have OUD who were opioid free but then had relapse. Compared with #3, it has shorter lookback. • New 2019 HEDIS measure; no benchmark data yet available



Opioid Measures - Appropriate OUD Screening



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Measure Steward NQF	Description	Strengths	Weaknesses
Substance Use Screening and Intervention Composite ASAM 2597	Percentage of patients aged 18 years and older who were screened at least once within the last 24 months for tobacco use, unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use AND who received an intervention for all positive screening results.	<ul style="list-style-type: none"> • One of few existing screening measures, and is comprehensive across comorbid substance use that often accompanies OUD. Addresses both screening and intervention, necessary prerequisite steps to access effective treatment. • NQF-endorsed 	<ul style="list-style-type: none"> • Not commonly used by large purchasers • Requires EHR/chart data source



Opioid Measures - Appropriate OUD Overdose



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Measure Steward NQF	Description	Strengths	Weaknesses
Discharge prescription of Naloxone after Opioid Poisoning or Overdose Health Affairs/ OptumLabs	Percentage of Opioid Poisoning or Overdose Patients Presenting to An Acute Care Facility Who Were Prescribed Naloxone at Discharge	<ul style="list-style-type: none"> • One of the few measures that captures prevention of overdose and harm reduction. Naloxone prescribing and availability has been shown to have a direct effect on OUD mortality. • Administrative data measure 	<ul style="list-style-type: none"> • Not NQF-endorsed and not commonly used by large purchasers



Opioid Measures – Revisit IET



- During the 1/22 Taskforce meeting, state agency participants tended to favor placing IET in the Core Set whereas Taskforce clinician participants recommended placing the measure in the Menu Set.
- Participants discussed considering if one of the opioid candidate measures may be more suitable for the Core Set.
 - Some participants noted that they thought an opioid-specific measure should not replace a broader substance use measure in the Core.
- **Does the Taskforce wish to revise its tentative January recommendation to place IET in the Menu Set?**



Agenda



1. Welcome
2. Revisit selection criteria, inclusive of those used for non-endorsed measures
3. Continue the annual review of the Aligned Measure Set
4. Next steps



Next Meeting



■ March 25th

- Complete annual review of the Aligned Measure Set
- Discuss 2020 Taskforce goals
- Discuss 2020 Developmental measures (time permitting)



Appendix



- References slides follow.



Core Measure Performance



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Measure	Commercial			Medicaid		
	2016	2017	2018	2016	2017	2018
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	21.1	20.8	22.3	32.3	35.0	31.6
Controlling High Blood Pressure	77.2	74.1	74.3	68.4	66.3	66.7
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment- Initiation of AOD	33.3	64.5	34.4	43.0	44.3	47.5
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment- Engagement of AOD	12.5	15.7	12.8	17.7	19.5	18.9
Key:						
<25th	25th - 50th	50th - 75th	75th - 90th	≥90th		

Note: Data are not provided for: CG-CAHPS, Depression Remission and Response, Depression Remission, Depression Response, Depression Screening and Follow-up.



Menu Measure Performance (1 of 2)



Measure	Commercial			MassHealth		
	2016	2017	2018	2016	2017	2018
Asthma Medication Ratio	76.6	76.1	75.5	52.0	57.8	58.7
Breast Cancer Screening	83.8	83.3	83.1	74.1	69.6	68.5
Cervical Cancer Screening	86.1	85.4	84.2	70.6	71.5	70.8
Childhood Immunization Status (Combo 10)	73.0	70.3	71.8	51.9	52.0	50.6
Chlamydia Screening - Ages 16-24	72.9	73.7	74.2	71.5	72.3	72.1
Colorectal Cancer Screening	76.6	77.2	79.0	NA - SCO only		
Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	80.6	76.7	76.3	72.9	71.1	69.0 ¹
Comprehensive Diabetes Care: Eye Exam	74.7	74.6	73.1	63.4	66.1	68.0
Follow-up After Emergency Department Visit for Mental Illness (7-Day)	No data	70.9	69.7	No data	78.3	76.6

Key:

<25th	25th - 50th	50th - 75th	75th - 90th	≥90th
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¹One MCO did not do medical record review (resulting in a rate of 0%), likely pulling down the MassHealth rate by 3-4 percentage points.

Note: Data are not provided for: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment, Continuity of Pharmacotherapy for Opioid Use Disorder, Influenza Immunization

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Menu Measure Performance (2 of 2)



Measure	Commercial			MassHealth		
	2016	2017	2018	2016	2017	2018
Follow-Up After Hospitalization for Mental Illness (30-Day)	87.9	83.7	78.3	81.7	74.9	70.1
Follow-Up After Hospitalization for Mental Illness (7-Day)	74.6	65.8	58.6	65.8	53.6	49.0
Immunizations for Adolescents (Combo 2)	15.5	23.0	29.3	20.7	33.5	36.0
Metabolic Monitoring for Children and Adolescents on Antipsychotics	39.6	38.7	40.2	37.9	39.0	37.9
Use of Imaging Studies for Low Back Pain	81.7	82.2	82.2	77.4	76.8	76.7

Key:

<25th	25th - 50th	50th - 75th	75th - 90th	≥90th
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Note: Data are not provided for: Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment, Continuity of Pharmacotherapy for Opioid Use Disorder, Influenza Immunization

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT



HCAHPS Performance 2018



HCAHPS Answer Description	MA	National
Nurses "always" communicated well	81	81
Doctors "always" communicated well	80	81
Patients "always" received help as soon as they wanted	65	70
Staff "always" explained	64	66
Yes, staff "did" give patients this information	89	87
Patients who "Strongly Agree" they understood their care when they left the hospital	53	53
Patients who "Strongly Agree" that staff took their preferences into account	45	46
Patients who "Strongly Agree" they understood their responsibilities when they left the hospital	52	53
Patients who "Strongly Agree" they understood their medications when they left the hospital	60	60
Room was "always" clean	71	75
"Always" quiet at night	51	62
Patients who gave a rating of "9" or "10" (high)	71	73
"YES", patients would definitely recommend the hospital	73	72

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT



Monitoring Measure Performance



CONFIDENTIAL WORKING DRAFT - POLICY IN DEVELOPMENT

Measure	Commercial			MassHealth		
	2016	2017	2018	2016	2017	2018
Adolescent Well-Care Visits	78.0	77.6	78.3	68.5	67.8	68.6
Comprehensive Diabetes Care - HbA1c Testing	94.6	94.5	94.6	90.9	90.7	90.3
Comprehensive Diabetes Care - Medical Attention for Nephropathy	92.5	93.2	91.8	90.3	90.5	92.3
Prenatal and Postpartum Care - Timeliness of Prenatal Care	93.9	93.6	95.4	87.8	86.5	86.3
Well-Child-Visits in the 3rd, 4th, 5th, and 6th Years of Life	93.1	92.6	93.1	81.6	81.9	81.1
Well-Child Visits in the first 15 months of life (6 or more visits)	93.8	94.5	93.9	86.9	83.3	81.6

Key:

<25th	25th - 50th	50th - 75th	75th - 90th	≥90th
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Monitoring Measure Performance – Incidence of Episiotomy



“Incidence of Episiotomy” had a range of performance. Of the MA hospitals reporting to Leapfrog:

2017/2018*	2018/2019
<ul style="list-style-type: none"> • 24 had a rate of <5% (Leapfrog’s target) (69%) • 10 had a rate of <10% (29%) • 1 had a rate of >10 (3%) 	<ul style="list-style-type: none"> • 24 had a rate of <5% (Leapfrog’s target) (65%) • 13 had a rate of <10% (35%)
2017 National Average: 7.8% **	2018 National Average: 6.9% ***

* Data are for the 12 months ending 12/31/17 if the hospital submitted the Survey prior to 9/1, or it is for the 12 months ending 6/30/18 if the hospital submitted the Survey after 9/1. Same with the 2018/2019 data.

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

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

*** Source: Leapfrog (2019). Castlight on Maternity Care.

<https://www.leapfroggroup.org/maternity-care-report-2019>



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



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

Measure	2016	2017	2018
<i>Age 15-20</i>			
3 Days Most/Moderate	9.0%	8.1%	7.8%
60 Days Most/Moderate	49.6%	50.7%	49.2%
3 Days LARC	6.8%	5.7%	5.2%
60 Days LARC	25.7%	24.5%	23.1%
<i>Age 21-44</i>			
3 Days Most/Moderate	11.1%	11.5%	12.0%
60 Days Most/Moderate	44.9%	46.5%	46.8%
3 Days LARC	2.4%	2.7%	2.6%
60 Days LARC	16.2%	16.9%	16.3%

“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.