

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

Meeting #34
June 9, 2020



Notes on using Zoom



- When you click the link in the invite and join the meeting, you will have the choice to use computer audio or telephone, and a telephone number will be provided.

Zoom Meeting ID: 446-212-726



Talking:

Meeting Topic:

QMAT zoom prep

Host:

CHIA- WebMeeting-1

Invitation URL:

<https://zoom.us/j/446212726>

[Copy URL](#)

Participant ID:

53



Join Audio

Computer Audio Connected



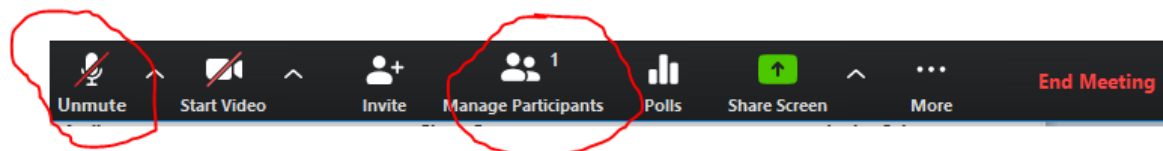
Share Screen



Invite Others

- You will enter the meeting muted. To unmute yourself, move your mouse in the Zoom window until a black bar appears at the bottom of the frame, and select **unmute** in the left corner.

- You can also click **Participants** in this bar and a list of participants on the call will appear to the right of the screen.

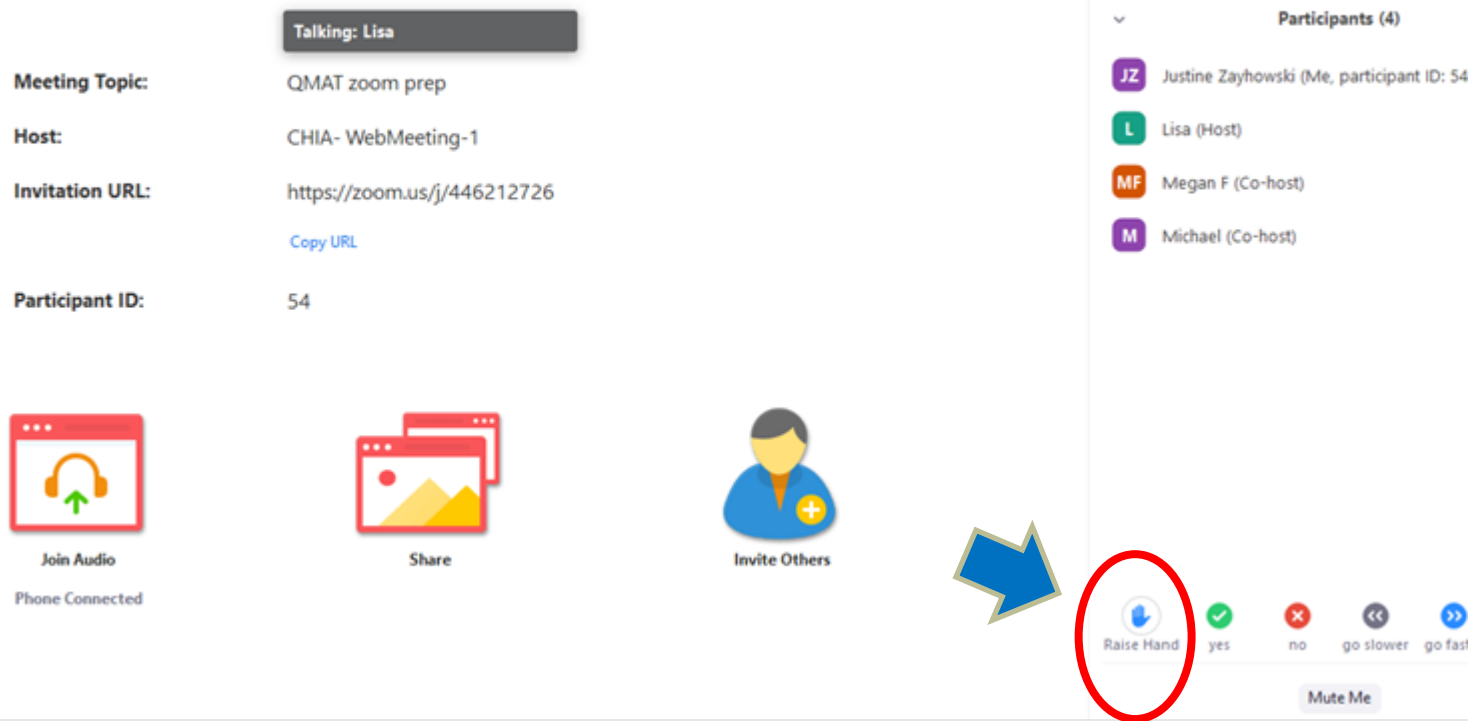




Notes on using Zoom (continued)



- If you would like to speak and don't want to interrupt, zoom has a **raise hand** feature that will indicate to the group that you would like to comment. It will be visible after you have opened the Participants pane (per the last slide).



- Reach out to Lisa (Lisa.Ahlgren@state.ma.us) if any other questions or concerns



Agenda



1. Welcome
2. COVID-19 impact
3. Complete the annual review of the Aligned Measure Set
4. Preview: defining “global budget contracts”
5. Next steps

During this meeting, the Taskforce discussed topics 1-2 and part of topic 3.



Agenda



1. Welcome
2. **COVID-19 impact**
3. Complete the annual review of the Aligned Measure Set
4. Preview: defining “global budget contracts”
5. Next steps



COVID-19 Impact



- We recognize the attention COVID-19 has been requiring of many of you, and that COVID-19 may have resulted in substantive changes in your work and current priorities.
- **We invite you to share your experience with COVID-19 and its impact upon you and the organization you represent.**



COVID-19 Impact (cont'd)



- We also want to take time to discuss how COVID-19 may impact the work of the Taskforce, noting the following:
 - Three months of cancelled meetings means that the Taskforce is behind schedule for finalizing the Aligned Measure Set for 2021, as well as considering new topics for attention.
 - Providers involved in COVID-19 response may be challenged to participate in Taskforce meetings and related activities.
 - The operational application of the Aligned Measure Set in contract negotiations for 2021 is less clear given COVID-19's dramatic impact on care delivery.
 - Quality performance rates for CY2020 will not be comparable to prior year rates, which may make it difficult to determine room for improvement as we review the Aligned Measure Set for 2022.



COVID-19 Impact (cont'd)



- In the longer term, administrative burden and provider burnout are still extremely relevant, emphasizing the importance of our continued work.
- **How else do you think COVID-19 will impact the work of the Taskforce?**



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Annual Review Process



- Here is a summary of the status of our annual review process:

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
6. Revisit recommended changes to the Aligned Measure Set	Not started
5. Review feedback from the public	Not started
6. Finalize recommended changes to the Aligned Measure Set	Not started

Developmental measures will be considered following the annual review process.



Annual Review Process



Follow-up items from February

- Pediatric Measures
- Opioid Measures
- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Shared Decision-making Measures



Aligned Measure Set Pediatric Measures



- During the February Taskforce meeting, a Taskforce member asked that staff create a slide showing all measures in the Aligned Measure Set that are applicable to children.
- The appendix contains slides that show Core, Menu, and Monitoring measures applicable to children and adolescents in the 2020 Aligned Measure Set.
- Taskforce staff will provide updated versions of these slides following finalization of the 2021 Aligned Measure Set.



Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia



- **Description:** The percentage of children ages 3 months to 5 years with sickle cell anemia (SCA; hemoglobin [Hb] SS or HbS β 0-thalassemia) who were dispensed appropriate antibiotic prophylaxis for at least 300 days within the measurement year. A higher proportion indicates better performance as reflected by appropriate treatment.
- **Numerator:** The number of children ages 3 months to 5 years with SCA who were dispensed appropriate antibiotic prophylaxis for at least 300 days within the measurement year.
- **Denominator:** The number of children ages 3 months to 5 years with SCA within the measurement year.



Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia



- During the February Taskforce meeting, a Taskforce member requested information on the potential denominator size for Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia.
- Following the meeting, one Taskforce member shared that of its MassHealth ACO pediatric population of 18,000, only 25 patients are under five with a sickle cell diagnosis (.1% of children).
- **Given this information, does the Taskforce recommend adding Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia to the Aligned Measure Set?**



Pilot Volunteers for Three Pediatric Measures



- In February, the Taskforce decided that during the March Taskforce meeting Taskforce members would share if their organizations were interested in participating in a pilot on any of the following potential Developmental measures: 1) Fluoride Varnish, 2) Tobacco Use and Help with Quitting Among Adolescents*, and 3) Developmental Screening in the First Three Years of Life.
 - Prior to the meeting, Taskforce staff re-distributed these specifications.
- Due to time constraints we will push off this discussion to June 30th.
- In the interim, please consider this question internally within your organizations if you have not yet done so.

*During this meeting, a Taskforce member also asked if Tobacco Use and Help with Quitting Among Adolescents included vaping. Following the meeting, Taskforce staff confirmed that the measure includes vaping.



Opioid Measures



- During the February Taskforce meeting, the Taskforce decided that during the March Taskforce meeting, the Taskforce would further consider:
 - **Appropriate Prescribing for First Fill of Opioids,**
 - **Risk of Continued Opioid Use, and**
 - **Substance Use Screening and Intervention Composite**for use in conjunction with **Continuity of Pharmacotherapy for Opioid Use Disorder.**
- The following slides present information on each of these measures and some associated strengths and weakness. These slides were reviewed by the Taskforce during its January meeting.



Opioid Measures



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



Measure Steward NQF	Description	Strengths	Weaknesses
Risk of Continued Opioid Use NCQA <i>*Taskforce member recommendation</i>	<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



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



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.*



Opioid Measures



■ Which of these measures:

- Appropriate Prescribing for First Fill of Opioids,
- Risk of Continued Opioid Use, and
- Substance Use Screening and Intervention Composite

...does the Taskforce recommend adding to the Aligned Measure Set for use in conjunction with **Continuity of Pharmacotherapy for Opioid Use Disorder**? Please indicate whether the measure should be placed in the Core, Menu, or Monitoring Set.



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2020 Taskforce Goals and Developmental Priorities



- During our June 30th meeting, the Taskforce will discuss how to modify its 2019 goals for 2020.
 - Following this meeting, Taskforce staff will distribute the 2019 Taskforce Goals.
- **Please review the 2019 goals in advance of the June 30th meeting and come prepared to discuss your thoughts.**
- During our June 30th meeting, the Taskforce will also discuss developmental measure priorities.
 - Following this meeting, Taskforce staff will distribute the Meeting 20 list of developmental measures and concepts.
- **Please review the list of developmental measures and concepts in advance of the June meeting and come prepared to discuss your thoughts.**



Next Meeting



■ June 30th from 1:00-3:30pm

- Complete the annual review
- Defining global budget contracts
- Reflect on the annual review process
- Decision on including hospital measures for 2022
- Pilot volunteers for three pediatric measures
- Finalize NCQA letter on CDC: Blood Pressure Control
- Discuss Taskforce goals for the remainder of 2020
- Update on 2019 developmental measures, inclusive of 1) an update on the MNMCM PRO-PM call and 2) an in-depth discussion on the health equity/stratification work
- Discuss developmental priorities



Appendix



- References slides follow.



Aligned Measure Set Pediatric Measures – Core Measures



#	Measure Name	Steward	Populations
03-Core	CG-CAHPS (MHQP Version)	MHQP	Children, Adolescent, Adult
04-Core	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	Adolescent, Adult
05a-Core	Depression Screening and Follow-Up for Adolescents and Adults	NCQA	Children, Adolescent
05b-Core	Screening for Clinical Depression and Follow-Up Plan	Centers for Medicare & Medicaid Services	Adolescent and Adult



Aligned Measure Set Pediatric Measures – Menu Measures



#	Measure Name	Steward	Populations
09-Menu	Childhood Immunization Status (Combo 10)	NCQA	Children
10-Menu	Immunizations for Adolescents (Combo 2)	NCQA	Adolescent
11-Menu	Influenza Immunization	AMA-PCPI	Children, Adolescent, Adult
12-Menu	Chlamydia Screening - Ages 16-24	NCQA	Adolescent
16-Menu	Asthma Medication Ratio	NCQA	Adolescent, Adult
19-Menu	Metabolic Monitoring for Children and Adolescents on Antipsychotics	NCQA	Children
20-Menu	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	AMA-PCPI	Children, Adolescent
21-Menu	Follow-Up After Hospitalization for Mental Illness (30-Day)	NCQA	Children, Adolescent, Adult
22-Menu	Follow-Up After Hospitalization for Mental Illness (7-Day)	NCQA	Children, Adolescent, Adult
23-Menu	Follow-up After Emergency Department Visit for Mental Health (7-Day)	NCQA	Adolescent, Adult
24-Menu	Continuity of Pharmacotherapy for Opioid Use Disorder	RAND Corporation	Children, Adolescent, Adult
25-Menu	Use of Imaging Studies for Low Back Pain	NCQA	Adolescent, Adult



Aligned Measure Set Pediatric Measures – Monitoring Measures



#	Measure Name	Steward	Populations
26-Monitoring	Well-Child Visits in the First 15 Months of Life	NCQA	Children
27-Monitoring	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NCQA	Children
28-Monitoring	Adolescent Well-Care Visit	NCQA	Adolescent
31-Monitoring	Contraceptive Care - Postpartum	U.S. Office of Pop. Affairs	Children, Adolescent, Adult
32-Monitoring	Prenatal & Postpartum Care - Timeliness of Prenatal Care	NCQA	Adolescent, Adult
33-Monitoring	Incidence of Episiotomy	Christiana Care Health System	Adolescent, Adult



Core Measure Performance



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

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



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



Monitoring Measure Performance



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.