

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

Meeting #35
June 30, 2020



Agenda



- 1. Welcome**
- 2. Complete the annual review of the Aligned Measure Set**
- 3. Solicit Pediatric Measure Pilot Participants**
- 4. Defining “global budget contracts”**
- 5. Next steps**



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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. Review of new measures/topics	In progress
5. Revisit recommended changes to the Aligned Measure Set	Not started
6. Review feedback from the public	Not started
7. 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

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
- Shared Decision-making Measures
- Contract Use of Continuity of Pharmacotherapy for Opioid Use Disorder



Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment



■ Context:

- During the January 22nd meeting, the Taskforce tentatively endorsed moving of the “IET” measure to the Menu Set. The Taskforce also agreed that it would revisit the IET measure once the discussion of opioid-related measures was completed.
- During the June 9th meeting, the Taskforce endorsed replacing “Continuity of Pharmacotherapy for Opioid Use Disorder” with “Risk of Continued Opioid Use” in the Menu Set.
- Lauren has shared that the Secretary would like there to be a substance use measure in the Core Set. At present we lack such a measure in the draft 2021 Core Set.



Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment



- NCQA is planning substantive changes to the IET specifications. Those specifications are to be finalized and published tomorrow (July 1st).
 - If the changes are indeed substantive, existing performance benchmarks will no longer apply.
- Multiple organizations submitted feedback on IET during the public comment process. The comments are presented on the next slide.



Public Feedback on Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment



- **Five organizations had feedback on this measure.**
 - **One** organization recommended modifying the measure to allow MAT for OUD to count as more than one engagement event since it is the primary intervention.
 - **One** organization recommended moving the measure to Menu status given, 1) inadequate evidence for P4P at the facility level, 2) incomplete and delayed data, 3) bias towards hospital systems, and 4) inadequate risk adjustment.
 - **Three** organizations recommended removing the measure.



Follow-up on Contract Use of Continuity of Pharmacotherapy for Opioid Use Disorder



- During the June 9th meeting, a Taskforce member asked if any Massachusetts payers were using Continuity of Pharmacotherapy for Opioid Use Disorder in contracts.
- The most recent Quality Measure Catalogue shows that one payer is using this measure in 2020 in one contract.



In Summary



- What does the Taskforce recommend regarding IET?
- What does the Taskforce recommend regarding inclusion of a substance abuse measure in the Core Set?



Shared Decision-making Measures

- There are two proposed new shared decision-making measures from the January presentation that have yet to be discussed.

Measure Steward NQF #	Description
Informed, Patient-Centered (IPC) Hip and Knee Replacement Surgery MGH #2958	<p>The measure is derived from patient responses to the Hip or Knee Decision Quality Instruments. Participants who have a passing knowledge score (60% or higher) and a clear preference for surgery are considered to have met the criteria for an informed, patient-centered decision.</p> <p>The target population is adult patients who had a primary hip or knee replacement surgery for treatment of hip or knee osteoarthritis.</p>
Shared Decision Making Process MGH #2962	<p>This measure assesses the extent to which health care providers actually involve patients in a decision-making process when there is more than one reasonable option. This proposal is to focus on patients who have undergone any one of seven common, important surgical procedures: total replacement of the knee or hip, lower back surgery for spinal stenosis of herniated disc, radical prostatectomy for prostate cancer, mastectomy for early stage breast cancer or percutaneous coronary intervention (PCI) for stable angina. Patients answer four questions (scored 0 to 4) about their interactions with providers about the decision to have the procedure, and the measure of the extent to which a provider or provider group is practicing shared decision making for a particular procedure is the average score from their responding patients who had the procedure.</p>



Annual Review Process

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Revisit recommended changes to the Aligned Measure Set



Revisit Refined List of New Measures for Inclusion



- Next, we will display the tentative measure set changes based on the annual review process to date.
- As you review the list, please consider if you are comfortable finalizing the currently constructed measure set for 2021. In so doing, please think about:
 - the modified measure selection criteria we adopted in January
 - the distribution of measures across care domains and demographic groups
- Because the Taskforce has tentatively added additional menu measures, please consider the size of the Menu Set in your review.
 - Increasing the size of the Menu Set may detract from our goal of alignment.
 - One organization that submitted public feedback recommended the limiting measures to less than 15 for any specific population.



Core Measures – Tentative for 2021



1. Controlling High Blood Pressure
2. Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)
3. CG-CAHPS (MHQP version)
4. Depression Screening and Follow-Up (CMS or MassHealth-modified CMS)



Menu Measures – Tentative for 2021



1. Childhood Immunization Status (Combo 10)
2. Immunizations for Adolescents (Combo 2)
3. Influenza Immunization
4. Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
5. Chlamydia Screening
6. Breast Cancer Screening
7. Cervical Cancer Screening
8. Colorectal Cancer Screening
9. Asthma Medication Ratio
10. Comprehensive Diabetes Care: Eye Exam
11. Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
12. Metabolic Monitoring for Children and Adolescents on Antipsychotics
13. Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
14. Follow-Up After Hospitalization for Mental Illness (7-Day)
15. Follow-Up After Hospitalization for Mental Illness (30-Day)
16. Follow-up After Emergency Department Visit for Mental Health (7-Day)
17. Risk of Continued Opioid Use
18. Use of Imaging Studies for Low Back Pain
19. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life



Monitoring Measures – Tentative for 2021



1. Well-Child Visits in the First 15 Months of Life
2. Adolescent Well-Care Visit
3. Comprehensive Diabetes Care: Hemoglobin A1c Testing
4. Comprehensive Diabetes Care: Medical Attention for Nephropathy
5. Contraceptive Care – Postpartum
6. Prenatal & Postpartum Care: Timeliness of Prenatal Care
7. Prenatal and Postpartum Care: Postpartum Care



Annual Review Process



Review feedback from the public



Public Feedback Process



- Taskforce staff solicited feedback from the public on the Aligned Measure Set through two channels:
 - Posting a request for feedback on the Taskforce's website
 - Emailing stakeholders on 1/11 requesting their feedback.
- Taskforce staff received feedback from seven organizations on 11 measures in the tentative Aligned Measure Set for 2021.
 - Atrius Health
 - Boston Medical Center Health System
 - Cambridge Health Alliance
 - Massachusetts Health & Hospital Association
 - Massachusetts Medical Society
 - Mount Auburn Cambridge Independent Practice Association
 - Wellforce



Public Feedback on Controlling High Blood Pressure



- **Two organizations had feedback on this measure.**
 - One organization recommended modifying specifications to: 1) match 2017 Hypertension Clinical Practice Guidelines, 2) exclude patients over 65, 3) avoid falsification of the measure by providers, 4) measure the magnitude of reduction.
 - One organization recommended removing the measure due to: 1) lack of opportunity for patient preference in establishing the blood pressure target, 2) need for patients over 65 to be excluded, and 3) lack of evidence that benefits outweigh harms in relation to the specific threshold of 140/90.
- **Based on this feedback, does the Taskforce wish to reconsider placement of Controlling High Blood Pressure in the Core Set for 2021?**



Chlamydia Screening



- **Two organizations had feedback on this measure.**
 - One organization said that many plans do not allow for hybrid (EMR-based) evidence of chlamydia screening, which is essential to accurately capturing performance for younger patients. For example, many teenage patients are still on their parents' insurance and do not want a chlamydia screening to show up on their EOB, so "we end up not dropping claims for them."
 - Another organization supported the measure.
- **Based on this feedback, does the Taskforce wish to reconsider its placement of Chlamydia Screening in the Menu Set for 2021?**



Breast Cancer Screening



- **Two organizations had feedback on this measure.**
 - One organization recommended modifying the measure to include shared decision making given the questionable benefit of screening mammography on all-cause mortality and small benefit on breast cancer-specific mortality combined with the significant harms associated with false positives and over-diagnosis.
 - One organization recommended removing the measure due to the reasons indicated above and added that the measure does not allow a patient to make an informed decision not to be screened without penalizing the clinician.
- **Based on this feedback, does the Taskforce wish to reconsider its placement of Breast Cancer Screening in the Menu Set for 2021?**



Asthma Medication Ratio



■ Three organizations had feedback on this measure.

- One organization supported the measure.
- Two organizations recommended removing the measure for the following reasons:
 1. it is a challenging measure that does not promote improvement;
 2. controller medicines are costly and patients who cannot afford them may be receiving their medications as samples from providers (these patients would not be accurately captured in the metric);
 3. due to the cost of these medications, patients tend to rely on relievers due to financial limitations;
 4. the measure includes exercise-induced asthma diagnoses which only require an occasional reliever;
 5. pediatric patients tend to have multiple inhalers for accessibility, but that does not constitute overuse; and
 6. the denominator should include patients with persistent asthma versus any asthma diagnosis.

■ Based on this feedback, does the Taskforce wish to reconsider its placement of Asthma Medication Ratio in the Menu Set for 2021?



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



- **Two organizations had feedback on this measure.**
 - One organization supported the measure.
 - One organization recommended removing the measure for three reasons:
 1. the measure does not allow opportunity for patient preference in establishing the blood pressure target;
 2. patients over age 65 should be excluded due to risk of adverse effects associated with anti-hypertensive medications; and
 3. there is uncertainty of benefits outweighing harms at the threshold of 140/90.
- **Based on this feedback, does the Taskforce wish to reconsider its placement of Comprehensive Diabetes Care: Blood Pressure Control in the Menu Set for 2021?**



Metabolic Monitoring for Children and Adolescents on Antipsychotics



- **One organization recommended removing this measure.**
 1. The provider prescribing the medication would not be the one to order and take action on the metabolic test results. Often the PCP being held accountable for this measure is not aware that the patient is on the specific medication, due to fragmentation of care and confidentiality regulations around behavioral health care.
 2. Any chart-review measure adds additional administrative burden in documenting outcomes for the payer. The organization encouraged the use of claims-based measures in a situation like this.
- **Based on this feedback, does the Taskforce wish to reconsider its placement of Metabolic Monitoring for Children and Adolescents on Antipsychotics in the Menu Set for 2021?**



Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment



■ Two organizations had feedback on this measure.

- One organization noted that the measure is somewhat redundant with the Core depression screening measure.
- One organization recommended removing the measure for the following reasons:
 1. it is challenging for a PCP to determine which patients qualify in a timely manner, due to major depression frequently being diagnosed and managed by non-primary care physicians.
 2. this is a measure more targeted to ESPs (Emergency Services Providers) that are contracted to provide these services in EDs across the state. The organization said they have no control over clinical decisions of ESPs.
 3. there is no agreement on standardized tools for assessing suicide risk, making it difficult to implement and measure this.
 4. there is no evidence that identification of suicide risk outside of the emergency department translates into improved outcomes.

■ Based on this feedback, does the Taskforce wish to reconsider its placement of Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment in the Menu Set for 2021?



Follow-Up After Hospitalization for Mental Illness and Follow-up After Emergency Department Visit for Mental Health



- One organization recommended removal of both of these measures given challenges with receiving notifications regarding ADT data. They recommended resolving these barriers before proceeding.
 - *During the February Taskforce meeting, the Taskforce discussed this issue and recommended retaining these measures in the Menu while resolving these barriers.*
 - The organization recommended when rolling out the measure, start with one measure, Follow-up After Hospitalization for Mental Illness (30-days) to avoid de-motivation.
- Another organization asked the State to encourage payers to apply the measure to behavioral health hospitals and PCP groups.
 - The Aligned Measure Set is intended for use in global-budget based contracts.
- Based on this feedback, does the Taskforce wish to reconsider its placement of these measures in the Menu Set for 2021?



Use of Imaging Studies for Low Back Pain



- **Two organizations had feedback on this measure.**
 - One organization recommended moving the measure to the Monitoring Set.
 - Another organization recommended removing the measure for the following reasons:
 1. many studies are ordered by entities outside of PCP control (ED, chiropractors, orthopedists) and
 2. the design of this measure does not take into consideration patients with back pain of long duration prior to presentation, especially due to patient decisions to delay seeking care (increasingly common in this era of high-deductible benefit designs).
- **Based on this feedback, does the Taskforce wish to reconsider its placement of Use of Imaging Studies for Low Back Pain in the Menu Set for 2021?**



Public Feedback – Other Topics



- Organizations also submitted feedback addressing the following topic areas:
 - Clarification on specifications
 - Feedback on MassHealth's Community Tenure measure
 - Implementation parameters
 - Measure categories
 - Measure selection criteria
 - New measure topics
- Given the need to finalize our Aligned Measure Set today, we will defer conversation on any of these areas until after completing the annual review.



Annual Review Process



Revisit and finalize recommended changes to the Aligned Measure Set



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Solicit Pediatric Measure Pilot Participants



- Taskforce members recommended piloting the following pediatric measures:
 1. Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia;
 2. Developmental Screening in the First Three Years of Life;
 3. Fluoride Varnish, and
 4. Tobacco Use and Help with Quitting Among Adolescents.
- Prior to today's meeting, Taskforce staff distributed a Word document detailing pilot participant expectations.
- **Please indicate if your organization is willing to participate in the pilot, and if so, for which measure(s).**



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Defining Global Budget Contracts



- During the November 19th, 2019 Taskforce meeting, Taskforce staff shared results from the fall 2019 Quality Measure Catalogue collection of measures for use in 2020 global budget-based risk contracts.
- During that collection, payers seemed to interpret “global budget contracts” in different ways, with multiple respondents indicating that quality measures are used in payment incentives, but not as part of global budget contracts.
 - This likely led to under-reporting of quality measure use in the last round.
- Today, we seek your feedback on a definition of “global budget contracts” to be used in both the next Quality Measure Catalogue collection and in the 2021 Aligned Measure Set Implementation Parameters.



Defining Global Budget Contracts



- CHIA (for payer TME submissions) and the HPC (for provider RPO submissions) utilize the following definition:
 - Global Budget/Payment: *Payment arrangements where budgets for health care spending are set either prospectively or retrospectively for a comprehensive set of services for a broadly defined population. Contract must include at a minimum: physician services and inpatient and outpatient hospital services.*



Defining Global Budget Contracts



- For our purposes, we recommend use of the following definition of “global budget contracts”:
 - *Contracts between payers (commercial and Medicaid) and provider organization where budgets for health care spending are set either prospectively or retrospectively, according to a prospectively known formula, for a comprehensive set of services¹ for a broadly defined population. The contract includes incentives based on a provider organization's performance on a set of measures of health care quality.*
- **Does the Taskforce agree with this recommendation?**

¹*Contract must include, at a minimum, physician services and inpatient and outpatient hospital services.*



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2021 Taskforce Goals and Developmental Priorities



- During our July 28th meeting, the Taskforce will discuss how to modify its 2019 goals through 2021.
 - Following this meeting, Taskforce staff will distribute the 2019 Taskforce Goals.
- **Please review the 2019 goals in advance of the July 28th meeting and come prepared to discuss your thoughts.**
- During our July 28th 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 July meeting and come prepared to discuss your thoughts.**



Appendix



- References slides follow.



Core Measure Performance



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:						
<div><25th</div> <div>25th - 50th</div> <div>50th - 75th</div> <div>75th - 90th</div> <div>≥90th</div>						

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.