

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

Meeting #36  
July 28, 2020



# Agenda



- 1. Welcome**
- 2. Follow-up items from June 30<sup>th</sup>**
  - a. IET**
  - b. New well-child measures**
  - c. Comprehensive Diabetes Care: Medical Attention for Nephropathy**
  - d. Global budget contract definition**
- 3. Taskforce's role addressing health disparities**
  - a. Taskforce's role contributing to health disparity reduction**
  - b. Report on the health equity stratification pilot**
- 4. Decision whether to include hospital measures**
- 5. Next steps**



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## Follow-up items from June 30<sup>th</sup> - IET



- During the June 30th Taskforce meeting, the Taskforce recommended deferring a decision on placement of Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) within the Aligned Measure Set until after NCQA released new specifications for use during measurement years (MYs) 2020 and 2021.
  - As a reminder, during the January 22nd meeting, the Taskforce tentatively endorsed moving of the “IET” measure to the Menu Set.
- Today, we need to finalize placement of the IET measure and discuss potential options to include a substance use measure in the Core.



## Follow-up items from June 30<sup>th</sup> - IET



- Prior to this meeting, Taskforce staff distributed new specifications which include the following changes:
  - Clarified the Episode Date when detoxification occurs during an acute inpatient stay.
  - Updated the step 3 instructions for ED and observation visits that result in an inpatient stay, to make them consistent with instructions in the Definitions section.
  - Added value sets for opioid treatment services that are billed weekly or monthly to the denominator and numerators.
  - Updated the continuous enrollment period.
- These changes are minor. They do not address concerns raised by Taskforce members.
  - The planned major IET revisions will be released for public comment in February 2021; any changes will be finalized after that.



## Follow-up items from June 30<sup>th</sup> - IET



- Given that Taskforce concerns were not addressed with the measure in the HEDIS MY 2020 and 2021 specifications, does the Taskforce wish to:
  - finalize its recommendation to move IET to the Menu for 2021
  - and
  - defer a final decision on moving the to-be-revised measure into the Core Set for 2022 until after the significant changes are finalized in 2021?



## Follow-up items from June 30<sup>th</sup> - new well-child measures



- During the June 30<sup>th</sup> Taskforce meeting, a Taskforce member shared that on July 1<sup>st</sup> NCQA would be releasing significant changes to the Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life and Adolescent Well-Care Visit measures. These measures are in the 2020 Aligned Measure Set with Monitoring status.
- In advance of this meeting, Taskforce staff distributed a memo outlining the significant specification changes and recommended that the Taskforce replace the old versions of the measures with the new Well-Child Visits in the First 30 Months of Life and Child and Adolescent Well-Care Visits in the Monitoring Set for 2021.
- Are there any concerns with this recommendation?



# Medical Attention for Nephropathy



- As part of NCQA's HEDIS changes released on 7/1, NCQA retired the Comprehensive Diabetes Care: Medical Attention for Nephropathy indicator for the commercial and Medicaid product lines.
  - It was retired because NCQA received feedback that this indicator is not precise enough to meet the needs of kidney health evaluation as an aspect of diabetes management. It is replaced by the "Kidney Health Evaluation for Patients with Kidney Disease" measure.
- This measure is currently part of the Monitoring Set.
- **Because plans will no longer be required to report this measures and benchmarks will no longer be available, does the Taskforce agree with a staff recommendation to remove Comprehensive Diabetes Care: Medical Attention for Nephropathy from the Monitoring Set?**



## Follow-up items from June 30<sup>th</sup> - global budget contract definition



- During the June 30<sup>th</sup> Taskforce meeting, Taskforce staff shared a proposed definition of “global budget contracts” to be used in the next Quality Measure Catalogue collection and in the 2021 Aligned Measure Set Implementation Parameters.
- We received the following recommended edits from Taskforce members:
  - make explicit that there is a financial incentive for achieving a budget,
  - modify footnote 1 to indicate other services that may be included in a contract and
  - include contracts for which there is a standalone quality incentive to a global budget contract representing the same patient population.
- The next slide provides an updated definition for Taskforce review.



# Follow-up items from June 30<sup>th</sup> - global budget contract definition



- Below is the revised definition, with change in **red**:
  - *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 services<sup>1</sup> for a broadly defined population, **and for which there is a financial incentive for achieving a budget.** The contract includes incentives based on a provider organization's performance on a set of measures of health care quality **or there is a standalone quality incentive applied to the same patient population.***
- Does the Taskforce agree with this recommendation?

<sup>1</sup>Contract must include, at a minimum, physician services and inpatient and outpatient hospital services. *The contract could also include services that are not traditionally billed, such as care management, addressing social determinants of health, behavioral health integration, etc.*



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- During the June 9<sup>th</sup> Taskforce meeting, Undersecretary Peters acknowledged that the country and state were at an inflection point in terms of how to handle racism and shared that addressing systemic racism was at the top of mind for the Baker Administration.
- Today we would like to discuss the role of the Taskforce in addressing health disparities and provide a briefing on the work of the Taskforce's health measure stratification (health equity) pilot.



# Taskforce's role addressing health disparities – Taskforce charge



1. Consider the relevance and applicability of the quality of care priorities to state agencies (e.g., EOHHS, the Health Policy Commission (HPC), the Department of Public Health (DPH), the Center for Health Information and Analysis (CHIA)), and stakeholders (e.g., payers, purchasers, providers, patients, and families) for a range of purposes. Such purposes may include, but are not limited to, helping to identify:
  - a. quality improvement priorities for the Commonwealth;
  - b. quality measures for the Commonwealth to report publicly;
  - c. a set of quality measures, measure definitions (e.g., numerator, denominator, exclusion criteria, reporting time frame), and possible benchmarks; and
  - d. priority areas for quality measurement innovation.
2. Reach consensus on an aligned quality measure set for payers and providers to implement in global budget-based risk contracts informed by consideration of the Measure Set Guiding Principles;



# Taskforce's role addressing health disparities – Taskforce charge



3. Make updates to the Massachusetts Aligned Measure Set on an annual basis, after consideration of changes made to national measure sets and other factors, including consideration of the Measure Set Guiding Principles, and offer associated recommendations to the Secretary of EOHHS;
4. Identify strategic priority areas for measure development where measure gaps exist;
5. Advising EOHHS on the quality measures and methodology that may be used as part of its ACO, Community Partner (CP), and Delivery System Reform Incentive Payment (DSRIP) programs;
6. Advise EOHHS on other topics related to quality measurement, as requested by EOHHS,
7. Consider any unintended consequences of its decisions for measures approved and rejected for use in the Aligned Measure Set, and
8. Review and update the guidelines governing the Taskforce.

- We want to use the expertise of the Taskforce members to think specifically about **how the Taskforce can address racism through work related to quality measurement and global budget contracts.**
- The State also oversees a COVID-19 Health Equity Advisory Group and DSRIC Health Equity Subcommittee, the latter performing work that may be complementary to work recommended by the Taskforce. We will first review the DSRIC efforts.
- We will then provide a few thoughts on areas of opportunity for the Taskforce. These have been developed in consultation with DPH staff and with Aswita Tan-McGrory.
- We'll then solicit your feedback, and open for discussion on recommended next steps.



# Taskforce's role addressing health disparities – DSRIC Health Equity Subcommittee



	Purpose	Health Equity Updates
Delivery System Reform Implementation Advisory Council (DSRIC)	<ul style="list-style-type: none"> <li>Advises MassHealth on the implementation of the current 1115 Waiver which includes the current ACO/MCO/CP programs</li> </ul>	<ul style="list-style-type: none"> <li>Provides ongoing input on importance of incorporating a health equity lens into ongoing ACO/MCO/CP programs</li> </ul>
DSRIC Health Equity Subcommittee	<ul style="list-style-type: none"> <li>Workstream 1: Provides specific prioritized stakeholder input for MassHealth's consideration about further incorporating health equity into the ACO/MCO/CP programs</li> <li>Workstream 2: Assesses current state of health equity-related data collection and efforts, and facilitates sharing amongst ACOs, MCOs, and CPs of best practices and lessons learned in order to identify potential future goals</li> </ul>	<ul style="list-style-type: none"> <li>Formed in January 2020, has begun to provide input on how to incorporate a health equity lens into current ACO/MCO/CP programs</li> <li>Comprised of two workstreams</li> </ul>
DSRIC Health Equity Subcommittee Workstream #2	<ul style="list-style-type: none"> <li>Develops a series of Shared Learning Forums for ACOs, MCOs, and CPs to share their health equity-related initiatives related to data collection and utilization/stratification with each other</li> </ul>	<ul style="list-style-type: none"> <li>Drafted plan for initial Shared Learning Forum</li> <li>Connected with QAT Health Equity Taskforce</li> </ul>

Source: May 1<sup>st</sup> EOHHS Quality Measure Alignment Taskforce Working Group on Stratifying Measures by Subpopulation presentation. For more information on the DSRIC Subcommittee please contact Sarah Qin ([sarah.qin@state.ma.us](mailto:sarah.qin@state.ma.us)).



# Taskforce's role addressing health disparities – potential areas of opportunity



Based on the charge, Taskforce staff have identified actions that could contribute to the reduction of health disparities in Massachusetts:

1. **Commit to (finally) improve the collection of RELD data by MassHealth, insurers and providers.** *(Without these data, we can't even identify disparities.)*
  - Recommend to EOHHS requirements, and accountability mechanisms, for insurer and provider data collection and reporting.
  - Add measures to the Aligned Measure Set:
    - the percentage of attributed patients for which the ACO has complete RELD data
    - variation in performance on a screening or chronic disease measures by race, ethnicity, language or disability status, e.g., ratio
  - Add a recommendation to the Implementation Parameters that payers and providers develop a means to track performance stratified by race, ethnicity, language and disability.



# Taskforce's role addressing health disparities – potential areas of opportunity



## 2. Recommend MassHealth and ACOs report on disparities on quality measures beginning in 2021, since they have some, albeit incomplete, RELD data.

- Begin with a subset of Aligned Measure Set measures.
  - As part of its Taskforce work group activity, DPH researched where published literature shows greatest disparities for measures within the Aligned Measure Set.
- Encourage use of the measurement data for QI purposes and/or for insurer P4R incentives.
- Start sharing analyses of stratified performance with the Taskforce and publicly.
- Develop and apply a framework about how to interpret such data, being sensitive to the application of implicit biases.



# Taskforce's role addressing health disparities – potential areas of opportunity



## 3. Add new voices to the Taskforce.

- Recruitment of representatives of racial/ethnic minority populations.
- Recruitment of additional disparities subject matter experts.
- Recruitment of additional community health center representatives.



# Taskforce's role addressing health disparities – potential areas of opportunity



## 4. Add a disparities lens to review of all measures.

- Add consideration of health equity implications to the measure selection criteria.
- Focus the annual review of the Aligned Measure Set for implementation beginning in 2022 on how well the measure set addresses topics and health outcomes of known disparities for certain racial or ethnic populations.

- Are there any opportunities that resonate with the Taskforce and that you would like the Taskforce to consider?



# Stratification of measures to understand equities and disparities



- In 2019, the Taskforce prioritized developmental work to stratify measures to understand equities and disparities.
- We will now switch slides to display the EOHHS Quality Measure Alignment Taskforce Working Group on Stratifying Measures by Subpopulations Final recommendations that were shared prior to this meeting.



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# Decision whether to include hospital measures in the 2022 measure set



- Previously, the Taskforce recommended deferring discussion of whether to include inpatient measures in the Aligned Measure Set until the 2019-20 annual review process.
  - The rationale at that time was that only one payer was using hospital measures in global budget-based risk contracts.
- The most recent Quality Measure Catalogue results show that five payers are now using hospital measures in global budget-based risk contracts in 2020.
- Prior to this meeting, Taskforce staff distributed examples hospital measures used by RI and WA. It also included a list of hospital measures in use by MA payers.



# Decision whether to include hospital measures in the 2022 measure set



- If the Taskforce decides to include hospital measures for 2022, there will be a number of implications:
  - We would need to spend several meetings determining which measures should be included.
  - The Taskforce would need to consider whether it has appropriate representatives for discussion of measures.
    - One option might be to create a separate subcommittee with requisite technical expertise. WA took this approach.
- **Does the Taskforce wish to pursue of inclusion of hospital measures in the Aligned Measure Set for 2022?**



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## Next steps



- **August 12, 2020 from 3:00-5:00pm**
- **Topics:**
  - Guest presentation by NCQA on the future of HEDIS
  - Status update on other 2019 developmental measure priorities and process for defining 2021 priorities
  - Discuss guiding principles for use of the Aligned Measure Set in contracts