1. Welcome

2. The Future of HEDIS

3. Revisit Decision Whether to Include Hospital Measures in the Aligned Set

4. Developmental Measure Priorities
   a. Review status of 2019 priorities
   b. Consider priorities through 2021

5. Review Draft Guiding Principles

6. Next Steps
Agenda

1. Welcome

2. The Future of HEDIS

3. Revisit Decision Whether to Include Hospital Measures in the Aligned Set

4. Developmental Measure Priorities
   a. Review status of 2019 priorities
   b. Consider priorities through 2021

5. Review Draft Guiding Principles

6. Next Steps
Agenda

1. Welcome
2. The Future of HEDIS
3. Revisit Decision Whether to Include Hospital Measures in the Aligned Set
4. Developmental Measure Priorities
   a. Review status of 2019 priorities
   b. Consider priorities through 2021
5. Review Draft Guiding Principles
6. Next Steps
On July 28th, we asked the Taskforce if it wished to pursue inclusion of hospital measures in the Aligned Measure Set for 2022.

The Taskforce discussed that doing so would have the following 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.
  o One option might be to create a separate subcommittee with requisite technical expertise. WA took this approach.

At that time, Taskforce members asked for more information on how the measures used in global budget contracts align with those on the CMS Hospital Compare website.
Revisit Decision Whether to Include Hospital Measures in the Aligned Set

- Prior to today’s meeting we distributed an Excel document comparing measures used in MA global budget contracts in 2020 to those reported on Hospital Compare.
  - Only two of the measures used by MA payers are reported on Hospital Compare:
    - Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)
    - HCAHPS

- Payer use of hospital measures is limited, with four payers using measures (one of these payers is using three measures, one is using two measures, and two are using a single measure).

- Given the limited use of hospital measures in global budget contracts, Taskforce staff do not recommend the Taskforce undertake the considerable effort of including hospital measures in its Aligned Measure Set at this time.

- Does the Taskforce agree with this recommendation?
Agenda

1. Welcome
2. The Future of HEDIS
3. Revisit Decision Whether to Include Hospital Measures in the Aligned Set
4. Developmental Measure Priorities
   a. Review status of 2019 priorities
   b. Consider priorities through 2021
5. Review Draft Guiding Principles
6. Next Steps
Role of the Taskforce in Measure Development Work

- The Taskforce’s Charter states: “The Taskforce shall...identify measure gaps in state priority areas, and either track or sponsor measure development and testing, as appropriate, for future multi-payer and provider implementation.”

- As a reminder, during the October 19, 2019 Taskforce meeting, the Taskforce established the following policy statement on the role of the Taskforce in measure development:
  - “When the Taskforce identifies a priority measure gap, it will perform an environmental scan for measures and monitor ongoing measure development work. Should no suitable measure potentially be in development, the Taskforce will not undertake measure development. In some cases, however, the Taskforce may assume work to adapt existing measures to fill a priority measure gap.”
### Developmental Measure Priorities for 2019

<table>
<thead>
<tr>
<th>Measure/Measure Concept</th>
<th>Mechanism for Development</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stratification of measures to understand equities and disparities</td>
<td>Collaboration among interested organizations with project leadership and support from DPH, CHIA, and HPC</td>
<td>The Taskforce was briefed on the stratification pilot during its July meeting</td>
</tr>
<tr>
<td>Joint replacement patient-reported outcome measure</td>
<td>Monitor CMS-funded work of David Bates and others working in this area</td>
<td>Update to be provided today</td>
</tr>
<tr>
<td>“Depression Remission or Response for Adolescents and Adults”</td>
<td>Monitor collaboration between BCBSMA and MassHealth and in partnership with PBGH/ICHOM</td>
<td>Learnings shared with the Taskforce on 10/16/19: Focus on screening to obtain high enough follow-up rates to implement remission or response</td>
</tr>
<tr>
<td>“Kindergarten Readiness”</td>
<td>Monitor development by the Oregon Health Authority</td>
<td>Update to be provided today</td>
</tr>
</tbody>
</table>
As a reminder, on October 16, 2019, we shared that in June 2019, Taskforce staff convened Massachusetts researchers, providers and payers previously identified by the Taskforce as being involved in joint replacement PROM development or implementation efforts, with the goal of understanding existing work in the state and sharing findings with the Taskforce.

Those stakeholders identified six challenges facing the use of PROMs: 1) standard data collection method, 2) risk adjustment, 3) what constitutes a clinically meaningful difference in performance, 4) timing of follow-up, 5) loss to follow-up, and 6) racial and ethnic disparities in available PROMS data.

During the June 2019 meeting, participants recommended reconvening the group in one year’s time to discuss the status of Massachusetts measure development. That reconvening has not yet occurred.
On December 6, 2019, interested members of the Taskforce participated in a call with Minnesota Community Measurement (MNCM) regarding its total knee replacement PRO-PM.

**Functional Status after Total Knee Replacement** examines patients 18+ who have had a primary diagnosis of knee replacement one-year post-operation (follow-up can be from nine to 15 months post-operation). Numerator compliance is patients who report a summary score of 37+ on the Oxford Knee Score or 71+ on the KOOS JR tool one-year (9 to 15 months) postoperatively.

During that call, Taskforce members learned that while the measure was developed in 2010, it had been recently revised based on CMS-recommended modifications.

- MNCM had not yet collected performance data reflective of its revised specifications with a new numerator compliance definition (previously MNCM was measuring change in the summary score and was not using a threshold summary score value).
Taskforce members recommended providing a status update to the Taskforce and then monitoring MNCM’s work to see how the clinician community responded to the changes and to see how reliable and valid performance is year to year.

- Since then, we’ve learned that MNCM has temporarily suspended collection of this measure for 2020.

Members also recommended considering what joint replacement outcomes were of the greatest interest to the Taskforce.

In July 2020, the Taskforce recommended adding Informed, Patient-Centered Hip and Knee Replacement to the Menu Set.
During the October 16, 2019 Taskforce meeting, Taskforce staff shared Oregon’s Kindergarten Readiness measure strategy:

- **Use of two measures in 2020**: Preventive dental visits for children 1-5 years old and Well-child visits for children 3-6 years old
- **Work was underway to develop the two new measures addressing gaps in priority cross-sector topic areas (developmental screening and social-emotional health)**
- **The State needed to resolve the policy, capacity, funding, and practice barriers that exist in the larger early childhood system**

At the time, participants noted that Massachusetts performed well on Well-child Visits and that MassHealth has a dental measure.

We will now walk through updates in each of these three areas.
Kindergarten Readiness

We recently spoke with the measure developer and learned:

- Preventive dental visits for children 1-5 years old and Well-child visits for children 3-6 years old are reporting-only for 2020 and early data shows significant impact from the pandemic. These measures will be in the 2021 set for payment.

- The timeline for the development of the two new measures is uncertain. Focus has been given to the development of the social-emotional health services measure, but they still need further engagement from families on the measure concept and to pilot test specifications with the CCOs. These activities are delayed as a result of the pandemic.

- Efforts to resolve policy, capacity, funding and practice barriers in the early childhood system have been significantly impacted by the pandemic. There is a special session on the state budget which will impact investments made in early childhood programs and services. The state adopted a new early learning system strategic plan, but implementation of the plan is moving slower than anticipated.
Does the Taskforce wish to:

- Retain some or all of the 2019 priorities, and do nothing more?
- Retain some or all of the 2019 priorities and add others?
  
  • If retaining some developmental priorities, which one(s)?
    
    - Stratification of measures to understand equities and disparities
    - Joint replacement patient-reported outcome measure
    - “Kindergarten Readiness”
Prior to today’s meeting, we shared with you a list of measure and measure concepts identified by the Taskforce in July 2018 as potential developmental priorities.

If the Taskforce wishes to identify new developmental measure priorities, should it:

- Identify prioritization criteria?
  - State-defined measure gap priorities?
  - Taskforce-defined criteria to define state priorities?
- Select from the list generated in 2018?
- Consider the 2018 list, but generate a new one?
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2. The Future of HEDIS

3. Revisit Decision Whether to Include Hospital Measures in the Aligned Set

4. Developmental Measure Priorities
   a. Review status of 2019 priorities
   b. Consider priorities through 2021

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6. Next Steps
During the June 30th Taskforce meeting, Taskforce members recommended creating guiding principles for implementation of the Aligned Measure Set in payer and provider contracts in areas such as denominator size and setting reasonable benchmarks.

Prior to this meeting, we distributed draft guiding principles.

Today, we will walk through these principles and solicit your feedback.

Once these principles are finalized, we will post them on the Taskforce website as an accompanying piece to the 2021 Aligned Measure Set Implementation Parameters.
Agenda

1. Welcome
2. The Future of HEDIS
3. Revisit Decision Whether to Include Hospital Measures in the Aligned Set
4. Developmental Measure Priorities
   a. Review status of 2019 priorities
   b. Consider priorities through 2021
5. Review Draft Guiding Principles
6. Next Steps
Next Meeting

- **September 9\(^{th}\) from 3:00 – 5:00 pm**

- **Topics:**
  - Finalize developmental priorities
  - Finalize guiding principles
  - Continue discussion of the Taskforce’s Role Addressing Health Disparities
  - Discuss Taskforce goals through 2021
  - Review non-measure-specific public comments