

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

Meeting #38
September 9, 2020



Agenda



- 1. Welcome**
- 2. Revisit Guiding Principles for Use of the Aligned Measure Set in Contracts**
- 3. Revisit Developmental Measure Priorities**
- 4. Continue Discussing Taskforce's Role Advancing Health Equity**
- 5. Next Steps**



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Revisit Guiding Principles for Use of the Aligned Measure Set in Contracts



- 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.
- During the August 12th Taskforce meeting, Taskforce members provided feedback on the draft guiding principles.
- Prior to today's meeting, Taskforce staff distributed revised guiding principles, embedded within the Implementation Parameters, addressing feedback provided by the Taskforce.
- Today, we will review edits made based on your feedback, solicit any additional recommended changes, and finalize the guiding principles for implementation of the Aligned Measure Set.



COVID-19-specific Considerations



For 2020 and 2021, it is important to recognize that the COVID-19 pandemic will have an impact on quality measure performance. The Taskforce recommends providers and payers consider the following when using measures:

- Measure validity may be impacted by the pandemic;
- Benchmarks set a priori may not be applicable to quality measure performance in 2020 and 2021 due to changes in care delivery and utilization during this time;
- If measures cannot be changed, performance could be evaluated using prior performance instead of measurement year performance;
- For 2021, measures should be selected to focus on “at-risk” populations to ensure they receive necessary care during the pandemic, and
- For 2021, measures should be applied in a manner that will advance understanding of disparities in access to care.



Selection of Menu Measures



Menu measures selected for contract use should:

- ~~address important areas of concern in the health status and health care of our state's population, and~~
target identified opportunities to improve care specific to the contracted population.



Reasonable Benchmarks



The Taskforce recommends that provider organizations and payers negotiate benchmarks that:

- Are not below current provider performance;
- Are achievable by the provider organization (achievement benchmarks should not be so far above provider performance as to discourage improvement efforts), and
- Reflect a reasonable understanding of high performance, e.g., not lower than the national or Massachusetts 50th percentile or above the national or Massachusetts 90th percentile or absolute performance rate of 90%, where there is no room for improvement given the inability to account for all appropriate population exclusions in measure specifications.

Furthermore, benchmarks should not be set in a way that penalizes providers for caring for populations with higher clinical and/or social risk. As such, the Taskforce recommends that benchmarks be risk-adjusted for clinical and social risk when possible.



Adequate Denominator



The Taskforce recommends that provider organizations and payers do not use measures in contracts if denominators are too small to report a reliable measurement¹ ~~statistically valid rate~~. To the extent that any Core Measure does not meet minimum denominator size, the insurer may elect to not include the measure when applying a performance incentive and/or disincentive provision in the contract.

1. For this purpose, the NQF definition of reliability of the measure score is used: "Reliability of the measure score refers to the proportion of variation in the performance scores due to systematic differences across the measured entities (or signal) in relation to random error (or noise)." www.qualityforum.org/WorkArea/linkit.aspx?LinkIdIdentifier=id&ItemID=87595. Taskforce staff will update this language, as necessary, to reflect any modifications to NQF's definition of reliability of the measure score.



Revisit Guiding Principles for Use of the Aligned Measure Set in Contracts



- Do Taskforce members wish any additional changes before finalizing the Guiding Principles for Use of the Aligned Measure Set in Contracts?



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Revisit Developmental Measure Priorities



- During the August 12th Taskforce meeting, Taskforce staff committed to developing options for developmental priorities through 2021 for discussion during the September Taskforce meeting.
- The next slide displays a recommended approach to address developmental measure goals for which we seek your feedback.



Revisit Developmental Measure Priorities



Measure/Measure Concept	Proposed Action	Timing
Health Disparities (<i>high priority</i>)	Taskforce involvement in data collection standards, potential measure development or adaptation, and reporting on disparities in quality measures (<i>see details in the Health Disparities Work Plan</i>)	Immediately
Kindergarten Readiness (<i>high priority</i>)	Monitor measure development by Oregon Health Authority and within Massachusetts (as part of the MassHealth waiver application)	Bi-annual outreach beginning in December 2020
Depression Remission or Response for Adolescents and Adults	Monitor operationalization of the measure by plans through outreach to NCQA	



Revisit Developmental Measure Priorities



Measure/Measure Concept	Proposed Action	Timing
Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia	Pilot with willing ACOs, large provider organizations or payers with the ability to report quality performance.	Revisit timing for pilot in December 2020 and June 2021
Developmental Screening in the First Three Years of Life		
Fluoride Varnish		
Tobacco Use and Help with Quitting Among Adolescents		

Other topics raised for which there was not strong interest were: joint replacement patient-reported outcome performance measure and telemedicine.



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Continue Discussing Taskforce's Role Advancing Health Equity



- During the July 28th Taskforce meeting, Taskforce members reviewed ideas for actions the Taskforce could take that could contribute to the reduction of health disparities in Massachusetts. At that time, Taskforce staff committed to further building out these concepts for discussion during the September Taskforce meeting.
- Prior to today's meeting, Taskforce staff distributed a draft health disparities reduction strategies.
- **Today, we will review the draft work plan and solicit feedback from the Taskforce.**
- **We will also ask if the Taskforce wishes to consider health equity measures.**



Continue Discussing Taskforce's Role Advancing Health Equity



- The document includes the following strategies:
 1. Take action to improve the collection of RELD data by MassHealth, insurers and providers.
 2. Recommend MassHealth report on disparities on quality measures beginning in 2021, since it has some, albeit incomplete, RELD data.
 3. Share available stratified analyses and develop a framework for interpreting stratified data.
 4. Add new voices to the Taskforce through recruitment of a) representatives of racial/ethnic minority populations, b) additional health equity matter experts, and/or c) additional community health center representatives.
 5. Add a health equity lens to the review of all measures.
 6. Create a voluntary compact among payers and providers committing to improved RELD data collection and stratification of quality measures.
- We will now walk through the document.



Continue Discussing Taskforce's Role Advancing Health Equity



- The [CDC](#) defines “health equity” and “health disparities” as follows:
 - Health equity is when everyone has the opportunity to be as healthy as possible.
 - Health disparities are differences in health outcomes and their causes among groups of people.
- To date, the Taskforce has been focused on understanding disparities in measure performance by subpopulation to advance health equity.
- We could also consider adoption of health equity measures.
 - One limitation is that project staff are unaware of any measures in this area aside from Oregon’s Health Equity Measure: Meaningful Access to Health Care Services for Persons with Limited English Proficiency
- Is the Taskforce interested in considering health equity measures in addition to measuring health disparities?



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Next Meeting



- **October 21st from 3:00pm-5:00pm**
- **Topics:**
 - Discuss Taskforce goals through 2021
 - Reflect on the annual review process and review non-measure-specific public comments; solicit feedback on propose abbreviated annual review for 2022
 - Continue discussion on health equity