

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

Meeting #39  
October 21, 2020



# Agenda



- 1. Welcome**
- 2. Finalize Guiding Principles for Use of the Aligned Measure Set in Contracts**
- 3. Continue Discussing Taskforce's Role Advancing Health Equity**
- 4. Discuss Proposed Abbreviated Annual Review for 2022**
- 5. Next Steps**



# The 2021 Aligned Measure Set Has Been Approved!



- Secretary Sudders has approved the Taskforce's recommended Aligned Measure Set for 2021!
- Prior to the meeting, we distributed this information to members of the Taskforce as well as to our Taskforce distribution list (this includes insurers and ACOs that are not represented on the Taskforce).



# Agenda



1. Welcome
2. Finalize Guiding Principles for Use of the Aligned Measure Set in Contracts
3. Continue Discussing Taskforce's Role Advancing Health Equity
4. Discuss Proposed Abbreviated Annual Review for 2022
5. Next Steps



# Finalize Guiding Principles for Use of the Aligned Measure Set in Contracts



- During the June 30<sup>th</sup> 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 12<sup>th</sup> and September 9<sup>th</sup> Taskforce meetings, Taskforce members provided feedback on the draft guiding principles.
- Prior to today's meeting, we distributed revised guiding principles, with the following examples italicized "Furthermore, the overall quality incentive program (*through bonus payments, improvement points, or benchmarks*) should not be set in a way that penalizes providers for caring for populations with higher clinical and/or social risk."
- **Does the Taskforce wish to include or exclude these examples?**
- **Does the Taskforce recommend finalizing this document?**



# Agenda



1. Welcome
2. Finalize Guiding Principles for Use of the Aligned Measure Set in Contracts
3. Continue Discussing Taskforce's Role Advancing Health Equity
4. Discuss Proposed Abbreviated Annual Review for 2022
5. Next Steps



# Continue Discussing Taskforce's Role Advancing Health Equity



- During the July 28<sup>th</sup> and September 9<sup>th</sup> Taskforce meetings, Taskforce members reviewed ideas for actions the Taskforce could take that could contribute to the reduction of health inequities in Massachusetts.
- Since the September 9<sup>th</sup> meeting, Taskforce staff have discussed current work happening at various state agencies on this topic.
- Today, state staff will share briefly state agency work to advance health equity:
  - CHIA
  - DPH
  - HPC
  - MassHealth



# Massachusetts Department of Public Health

## DPH Health Equity High Level Overview for Quality Alignment Taskforce

October 21, 2020

Sabrina Selk, Director, Office of Health Equity



### VISION

Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.

### MISSION

The mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury, and premature death; to ensure access to high quality public health and health care services; and to promote wellness and health equity for all people in the Commonwealth.

### DATA

We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

### DETERMINANTS

We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

### DISPARITIES

We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.

EVERYDAY EXCELLENCE

PASSION AND INNOVATION

INCLUSIVENESS AND COLLABORATION



**Racial Equity Movement:** participate in, support, and guide RE efforts by bureaus and offices, provide an equity frame for data to inform action.



**Health Equity Action Dashboards:** coordinating DPH-wide efforts to develop population-based health equity dashboards within PHIT.



**Data Standards:** ensure consistency in data collection for key populations, including defining standards and implementation of standards (e.g. RELD, SOGI, Denominators, Privacy, Rural)



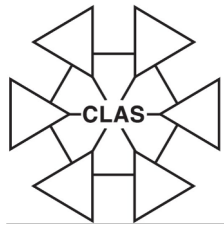
**Interagency Health Equity Team (IHET):** brings together senior leaders across EHS agencies to discuss how agencies use data for health equity and identify areas for strategic alignment.



**EHS Quality Alignment Taskforce (QAT):** supports EHS efforts to develop recommendations for stratifying quality measures using demographic and health-related social needs metrics.



**Health Equity Advisory Group (HEAG):** key stakeholders from communities and populations disproportionately impacted by COVID-19 to provide recommendations on DPH response.



**CLAS Initiative:** Helps DPH programs and vendors meet CLAS standards by developing, implementing and evaluating tools and practices









**Health and Disability Program:** funds, trains, and guides public health staff, partners, and stakeholders to be disability inclusive. Convenes Health and Disability Partnership, a statewide advisory board




**Housing Stability:** align work across DPH that relates to housing instability and homelessness, with a focus on populations that experience SUD and SMI.



**Interpreter Services:** conducts language access assessments, provides guidance, and sets conditions to ensure health providers, including DON applicants, comply with laws and regulations.

Data Standard	At Work Group for Development or Revision	At Steering Committee for Review	At Senior Leadership for Review & Approval	Approved for Implementation	In Implementation or Piloting for Implementation
UMDI Population Denominators					
Sexual Orientation and Gender Identity (SOGI)					
Rural & Urban Definitions					
Race, Ethnicity, & Language					
People with Disabilities					
Housing Instability & Homelessness					
Cell Suppression	On Hold				

Data Standard	At Work Group for Development or Revision	At Steering Committee for Review	At Senior Leadership for Review & Approval	Approved for Implementation	In Implementation or Piloting for Implementation
SOGI					

## Data Standards

	Question	When and Where to Ask
<b>Sexual Orientation Identity: Recommended DPH Version</b>	<p>Which of the following best describes your sexual orientation?</p> <p><input type="checkbox"/> Asexual</p> <p><input type="checkbox"/> Bisexual and/or Pansexual</p> <p><input type="checkbox"/> Gay or lesbian</p> <p><input type="checkbox"/> Heterosexual (straight)</p> <p><input type="checkbox"/> Queer</p> <p><input type="checkbox"/> Questioning/I am not sure of my sexuality</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><input type="checkbox"/> I don't understand what this question is asking</p> <p><input type="checkbox"/> I prefer not to answer</p>	<p><u>When</u> and <u>where</u> other socio-demographic characteristics are collected.</p> <p>Note: Only include free text "Other" option if you will be able to utilize this data.</p>

## Two Health Equity Style Guides

### Health Equity Style Guide: Sexual Orientation

#### Topic Overview:

Sexual orientation refers to how a person describes their emotional and/or sexual attraction towards others.<sup>1</sup> It is often conceptualized as a multi-dimensional construct with three principal components: sexual or romantic attraction, sexual behavior (i.e., with different and/or same-gender persons) and identity (the way a person self-identifies with a sexual orientation). [Sexual orientations](#) include straight, gay, lesbian, bisexual, queer, pansexual, and asexual.<sup>2</sup> Same-sex or same-gender sexual behavior does not always coincide with a lesbian, gay, or bisexual identity. Both identification and behavior can be fluid and change over time. Labels used to describe one's sexual orientation also vary in meaning and use among ethnic, racial, cultural, socioeconomic, and age groups.

SOGI (Sexual Orientation/Gender Identity) data collection has increased with greater recognition of the inequities in health and health care that sexual minority individuals experience. These inequities are often a result of stigma, discrimination, denial of rights, and lack of provider awareness.<sup>3</sup> They may also be more pronounced for people of color, or as a result of factors such as income, geographic location, and immigration status.<sup>4</sup> Inequities also often differ within the LGBTQ community; for example, studies suggest that bisexual women report lower levels of mental and emotional well-being than both lesbian and heterosexual women.<sup>5</sup> To address health and health care inequities for LGBTQ individuals and families, the Massachusetts Department of Public Health has established SOGI data collection standards for publicly funded services to characterize and inform responses to address them.

#### General Recommendations:

*Below are some recommendations for how to talk about this topic in your work.*

- Ask the individual or group for their preferred terminology regarding sexual orientation (including how they refer to their relationships or partners).
- Because health risks and concerns can differ depending on sexual orientation, avoid grouping people of different sexual orientations together (e.g. grouping bisexual, lesbian, and gay participants together into one 'LGB' group).<sup>6</sup>
- Avoid conflating sexual orientation with gender identity. Though the commonly used umbrella acronym "LGBTQ" (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) refers to both sexual orientation and gender identity, these concepts are distinct and not correlated.
- Avoid language and sentence structure that perpetuate stigma (e.g., in the sentence, "Program staff work with special populations such as gay men, drug abusers, and the currently incarcerated" the parallel grammatical structure suggests equivalence between being gay, using drugs, and committing a crime).
- Reduce heterosexual bias (sometimes known as heterosexism) in writing:

# Connect with DPH



@MassDPH



Massachusetts Department of Public Health

DPH blog

<https://blog.mass.gov/publichealth>



[www.mass.gov/dph](http://www.mass.gov/dph)





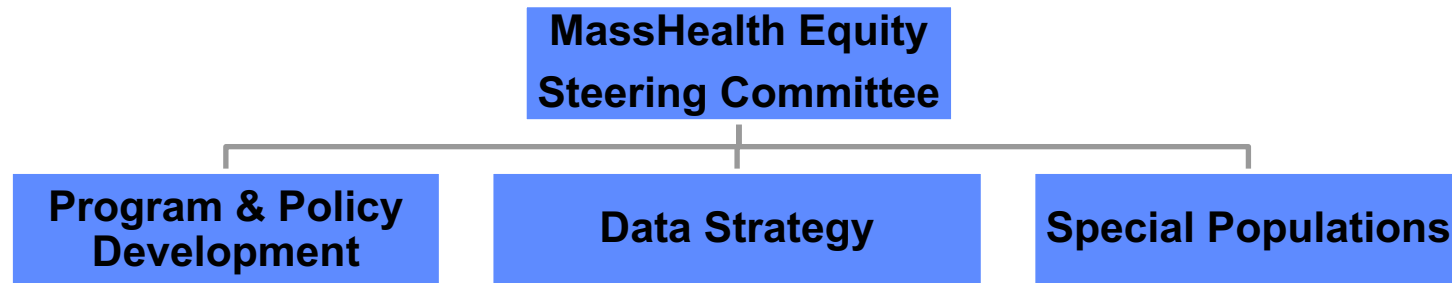
# MassHealth: Health Equity Workgroup

## Proposed Vision, Mission Goal:

Vision: Everyone in Massachusetts can achieve their full potential for health and wellbeing across the lifespan

Mission: To promote, and strengthen MassHealth's efforts to integrate health equity into all programs, policies and communication to eliminate all disparities in health and healthcare

Overarching goal is to eliminate health disparities, and achieve health equity



## Activity:

- Provide recommendations to explicitly incorporate health equity framework into specific policies and programs for 2023-27 waiver, and
- Develop a checklist for high priority workstream leaders to explicitly incorporate health equity into all of our programs, policies, practices and funding
- Develop a 5-year roadmap to guide MassHealth (Enterprise)-wide efforts through a unified vision of equity to eliminate health and health care disparities with
  - a strategy for advancing a health equity framework in all policies and programs
  - a process to integrate health equity into all programs, policies and practices



# CHIA Work Streams Related to Health Equity



## ■ Accounting for Social Risk Factors in Public Reporting

- Convened multi-stakeholder advisory group to expand risk-adjustment model to incorporate patient and community-level social risk factors into Readmissions reporting. CHIA plans to update the enhanced model by refining the data elements used and linking to additional data sources, including the APCD

## ■ Linking CaseMix to Census and ResDAC Medicare data, and exploring linking to APCD

## ■ MA Health Insurance Survey (MHIS)

- Bi-annual survey of MA residents (2020 report included ~5000 responses) that includes self-reported data on race/ethnicity, education, employment, income, and other information

## ■ Collaboration with HPC to explore potential improvement to RELD data in APCD (very early exploratory discussions)

- Enhanced payer reporting on the front end
- Linking to more detailed geographic data that could allow for probabilistic matching





# HPC's current and planned health equity work relevant to the Taskforce strategies



## ■ HPC ACO Certification program (relevant to strategy 1b)

- The next iteration of ACO Certification criteria is under development.
- The HPC is considering a requirement that ACOs stratify by race/ethnicity or other socioeconomic factors of data collected by ACOs to
  - 1) Monitor patient experiences (AC-1)
  - 2) Understand the needs of patients for population health management programs (AC-4)
- Supplemental information questions will gather data on ACO activities and priorities to promote health equity (e.g., data collection, program development)

## ■ Research (relevant to strategy 3)

- Collaborate with CHIA to improve availability of RELD data in APCD
- Pursue primary research questions related to health equity as well as subpopulation analyses
- Tailor and adopt new methodologies to support equity objectives
- Develop a “Best Practices” style guide to refine the ways in which we interpret, contextualize, and report on health equity findings



# Continue Discussing Taskforce's Role Advancing Health Equity



- Given all the state efforts in this area, Taskforce staff are trying to determine the best way for the Taskforce to complement rather than duplicate existing efforts.
- For the time being, we are planning on incorporating a health equity lens as part of the annual review.



# Agenda



1. Welcome
2. Finalize Guiding Principles for Use of the Aligned Measure Set in Contracts
3. Continue Discussing Taskforce's Role Advancing Health Equity
4. Discuss Proposed Abbreviated Annual Review for 2022
5. Next Steps



# Discuss Proposed Abbreviated Annual Review for 2022



- Given the prolonged review process for the 2021 set caused by COVID-19, we recommend conducting an abbreviated annual review this year, focusing on the following topics:
  - perform routine annual review of information such as new measure specification updates and consideration of changes to the MassHealth ACO set
  - conduct a substance use disorder measures scan, as previously recommended
  - consider any topics recommended by the Taskforce based on public feedback from the 2021 annual review
  - perform a health equity review of existing measures (*recommended approach to be discussed next!*)
- Does the Taskforce agree that we should focus on the above-listed topics?



# Discuss Proposed Abbreviated Annual Review for 2022 – Health Equity Review



- To conduct our health equity review, we specifically recommend that the Taskforce:
  1. Add consideration of health equity implications to the measure selection criteria for both individual measures and the set.
  2. When reviewing each individual measure within the Aligned Measure Set, consider denominator eligibility by race, ethnicity, language, and disability status and discuss whether there are inequities in performance by subpopulation.
  3. Identify measure topics for which inequities exist but for which there are no measures in the Aligned Measure Set.



# Proposed Abbreviated Annual Review for 2022 – Health Equity Review



1. Add consideration of health equity implications to the measure selection criteria for both individual measures and the set.
- Current criterion:
    6. *Represents an opportunity to improve population health at the total population and/or subpopulation level.*
      - a. *When reviewing individual measures, the Taskforce will examine performance stratified by race, ethnicity, language and disability status where data are available.*
  - Proposed criterion revision:
    6. *Represents an opportunity to improve population health.*
    7. *Represents an opportunity to decrease health inequities.*
      - a. *When reviewing individual measures, the Taskforce will examine performance stratified by race, ethnicity, language and disability status where data are available.*
      - b. *Taskforce staff will request stratified data from state agencies and Taskforce members and look for stratified data from other states and the research literature.*
  - Does the Taskforce have feedback on these recommended edits?



# Proposed Abbreviated Annual Review for 2022 – Health Equity Review



1. Add consideration of health equity implications to the measure selection criteria for both individual measures and the set.
  - **Current criterion.**
    - There is no criterion focused on health equity to be applied to the measure set as a whole.
  - **Proposed criterion**
    - *Includes topics and measures for which there are opportunities for reduction in health inequities by race, ethnicity, language and/or disability status.*
  - **Does the Taskforce have feedback on this recommended addition?**



# Proposed Abbreviated Annual Review for 2022 – Health Equity Review



2. Consider denominator eligibility by race, ethnicity, language and disability status and discuss whether there are inequities in performance by subpopulation.

- To do so, Taskforce staff ask that Taskforce member organizations share any existing and readily available data on quality performance by race, ethnicity, language, and/or disability status.
  - Following this meeting, we will email individual members with a formal request for such information.
- Taskforce staff will also survey published health inequity reports from other states and the literature to inform this discussion.
- **Do Taskforce members recommend any edits to this proposed approach?**





# Proposed Abbreviated Annual Review for 2022 – Health Equity Review



3. Identify topics for which inequities exist but for which there are no measures in the Aligned Measure Set.
- This conversation will be informed by members' lived experience and by a literature review conducted by Taskforce staff.
  - We will also seek public comment on this topic.
  - Once topics are identified and prioritized, Taskforce staff will bring forth recommended measures for review and potential inclusion in the Set.
  - **Do Taskforce members recommend any edits to this proposed approach?**



# Agenda



1. Welcome
2. Finalize Guiding Principles for Use of the Aligned Measure Set in Contracts
3. Continue Discussing Taskforce's Role Advancing Health Equity
4. Discuss Proposed Abbreviated Annual Review for 2022
5. Next Steps



## Next Meeting



- **November 18<sup>th</sup> from 2:30pm-4:30pm**
- **Annual Review Topics:**
  - Review findings from the 2020 Quality Catalogue survey
  - Perform routine annual review of information such as new measure specification updates and consideration of changes to the MassHealth ACO set
  - Begin review of the substance use disorder measure scan