

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #4  
September 11, 2017



# Agenda



- **Welcome**
- **Recap of 8-10-17 Meeting Decisions & Review of Alternative Obesity-Related Measures**
- **Continued Review of Candidate Measures**
- **Next Steps**



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# Recap of 8-10-17 Meeting Decisions



1. Keep open the options of a core and/or menu set approach and re-visit the topic after the Taskforce completes a first pass through the measures.
2. Include measures without opportunity for improvement for consideration, but clearly identify such measures.
3. Tentatively endorse the three following preventive care measures:

## Pediatric

- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life

## Adolescent

- Adolescent Well-Care Visits



# Recap of 8-10-17 Meeting Decisions (Cont'd)



4. **Do not endorse the following measures. While the measures address an important health issue (obesity), the processes captured by the measures do not have a strong causal link to a desirable clinical outcome.**
  - Weight Assessment and Counseling for Nutrition and Physical Activities for Children/ Adolescents
  - Adult BMI Assessment
  - BMI Screening and Follow-Up
  
5. **Consider alternate measures that address obesity, as identified by Bailit Health. (The following slides present the measure research findings.)**



# Review of Alternative Obesity-Related Measures



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Measure Label	Steward	Data Source	Measure Type
<b>Alternative Obesity-Related Measures: Adult</b>			
<b>Measurement 2a:</b> Percentage of patients with a BMI > 25 who received education and counseling for weight-management strategies that include nutrition, physical activity, lifestyle changes, medication therapy and/or surgical considerations	ICSI	Clinical Data	Process
<b>Measurement 3a:</b> Percentage of patients with a BMI ≥ 25 who have reduced their weight by 5%	ICSI	Clinical Data	Outcome
<b>Measurement 3b:</b> Percentage of patients with a BMI > 25 who have 30 minutes of any type of physical activity five times per week documented.	ICSI	Clinical Data	Process
<b>Measurement 3c:</b> Percentage of patients with a BMI > 25 who have reduced their weight by 10%	ICSI	Clinical Data	Outcome
<b>Measurement 3d:</b> Percentage of patients with a BMI > 40 who have been provided with a referral to a bariatric specialist	ICSI	Clinical Data	Process

ICSI = Institute for Clinical Systems Improvement



# Review of Alternative Obesity-Related Measures (Cont'd)



Measure Label	Steward	Data Source	Measure Type
<b>Alternative Obesity-Related Measures: Pediatric (Ages 2-17)</b>			
<b>Measurement 3a:</b> Percentage of patients with BMI screening percentile > 85 whose BMI percentile decreased within 12 months of screening	ICSI	Clinical Data	Outcome

ICSI = Institute for Clinical Systems Improvement

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# Recap of 8-10-17 Meeting Decisions (Cont'd)



6. **Tentatively endorse “Developmental Screening for Behavioral Health Needs: Under Age 21” as a developmental measure because:**
  - the measure is a priority area of focus for all populations, and
  - there is concern about the need to a) validate this “homegrown” measure, b) better define the data sources, and c) confirm the screening instruments included in the measure.
  
7. **Research and report upon MassHealth’s experience with “Developmental Screening for Behavioral Health Needs: Under Age 21.” (See materials distributed prior to the meeting.)**





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# Continued Review of Candidate Measures



- Please remember...as we consider measure candidates we are seeking to define an aligned measure set. Alignment is not our *only* objective, however.
- Per our principles, we also seek measures that, among other things:
  1. Significantly advance the delivery system toward the goals of safe, timely, effective, efficient, equitable, patient-centered (STEEEP) care
  2. Promote value for consumers, purchasers, and providers
  3. Are important to consumers and support the triple aim of better care, better health and lower cost
  4. Prioritize health outcomes, including measures sourced from clinical and patient-reported data
  5. Provide a largely complete and holistic view of the ACO being evaluated and the services for which it is accountable



# Preventive Care Measures: Pediatric



NQF#	Measure Label	Steward	Data Source	Count
<b>Immunizations and Screenings</b>				
0038	Childhood Immunization Status	NCQA HEDIS	Claims/Clinical Data	8
1407	Immunizations for Adolescents (includes HPV)	NCQA HEDIS	Claims/Clinical Data	8
<b>Dental</b>				
2517	Oral Evaluation, Dental Services*	Dental Quality Alliance	Claims	1
<b>Access</b>				
NA	Child and Adolescents' Access to Primary Care Practitioners <sup>+</sup>	NCQA HEDIS	Claims	3

*\*MassHealth ACO/DSRIP-only measure.  
<sup>+</sup>This measure does not have opportunity for improvement.*

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# Preventive Care Measures: Adult and Adolescent



NQF#	Measure Label	Steward	Data Source	Count
<b>Immunizations and Screenings</b>				
0033	Chlamydia Screening (Ages 16-20)	NCQA HEDIS	Claims	10
0033	Chlamydia Screening (Ages 21-24)	NCQA HEDIS	Claims	6
1395	Chlamydia Screening and Follow-Up (Ages 18+)**	NCQA	Claims	1

*\*\*CMS/AHIP CQMC-only measure.*

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# Preventive Care Measures: Adult



NQF#	Measure Label	Steward	Data Source	Count
<b>Immunizations and Screenings</b>				
0039 (No longer endorsed)	Flu Vaccinations for Adults Ages 18–64	NCQA HEDIS	Survey	2
0041	Influenza Immunization ( <i>All Ages</i> )	AMA-PCPI	Claims/Clinical Data	2
<b>Cancer Screening</b>				
0034	Colorectal Cancer Screening	NCQA HEDIS	Claims/Clinical Data	9
0032	Cervical Cancer Screening	NCQA HEDIS	Claims/Clinical Data	8
2372	Breast Cancer Screening	NCQA HEDIS	Claims	8

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# Preventive Care Measures: Adult (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Tobacco Use</b>				
0028	Tobacco Use: Screening and Cessation Intervention	AMA-PCPI	Claims/Clinical Data	5
0027	Medical Assistance with Smoking and Tobacco Use Cessation	NCQA HEDIS	Survey	2
<b>Access</b>				
NA	Adults' Access to Preventive/Ambulatory Health Services	NCQA HEDIS	Claims	3

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# Preventive Care Measures: Adult (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Specialty Care</b>				
0658	ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	American Gastroenterological Association	Claims/Clinical Data	2
0659	ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	American Gastroenterological Association	Claims/Clinical Data	2
NA	Screening Colonoscopy Adenoma Detection Rate	American Society for Gastrointestinal Endoscopy	Clinical Data	2

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# Preventive Care Measures: Adult and Adolescent



NQF#	Measure Label	Steward	Data Source	Count
<b>Specialty Care</b>				
0579	Annual Cervical Cancer Screening or Follow-Up in High-Risk Women**	Resolution Health, Inc.	Claims	1

*\*\*CMS/AHIP CQMC-only measure.*

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# Behavioral Health Care Measures: Pediatric



NQF#	Measure Label	Steward	Data Source	Count
<b>Mental Health</b>				
0108	Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase	NCQA HEDIS	Claims	6
0108	Follow-Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance Phase	NCQA HEDIS	Claims	4
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	AMA-PCPI	Clinical Data	2
2800	Metabolic Monitoring for Children and Adolescents on Antipsychotics	NCQA HEDIS	Claims	2
2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA HEDIS	Claims	2
NA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	NCQA HEDIS	Claims	2

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# Behavioral Health Care Measures: Adult



NQF#	Measure Label	Steward	Data Source	Count
<b>Mental Health</b>				
0418	Screening for Clinical Depression and Follow-Up Plan (Ages 12+)	CMS	Claims/Clinical Data	5
0712	Depression: Utilization of the PHQ-9 Tool	MNCM	Clinical Data	2
0710	Depression: Remission at Twelve Months	MNCM	Clinical Data	2
1885	Depression: Response at Twelve Months - Progress Towards Remission**	MNCM	Clinical Data	1
NA	Depression Remission Measure Set* <sup>+</sup> (Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults and Depression Remission or Response for Adolescents and Adults)	MA EOHHS (adapted from NCQA HEDIS)	Clinical Data	1

\* MassHealth ACO/DSRIP-only measure.

\*\*CMS/AHIP CQMC-only measure.

+ Ages 12-64.



# Behavioral Health Care Measures: Adult (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Mental Health</b>				
0105	Antidepressant Medication Management - Effective Acute Phase Treatment	NCQA HEDIS	Claims	7
0105	Antidepressant Medication Management - Effective Continuation Phase Treatment	NCQA HEDIS	Claims	5
<b>Substance Abuse</b>				
NA	Opioid Addiction Counseling* <sup>++</sup>	AMA-PCPI (Adapted)	Clinical Data	1

*\*MassHealth ACO/DSRIP-only measure.  
 +There are also several opioid prescriber measures available (both HEDIS and non-HEDIS).*

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# Behavioral Health Care Measures: Adult (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
<b>Utilization</b>				
NA	Emergency Department Utilization for Severe Mental Illness/Substance Use Disorder (SMI/SUD) Population*	MA EOHHS	Claims	1
NA	Hospital Admissions for Severe Mental Illness/Substance Use Disorder (SMI/SUD) Population*	MA EOHHS	Claims	1
NA	Utilization of Behavioral Health Community Partner (BH CP) Support(s) by BH CP Assigned Members*	MA EOHHS	Claims	1

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# Behavioral Health Care Measures: Adult and Pediatric



NQF#	Measure Label	Steward	Data Source	Count
<b>Mental Health</b>				
0576	Follow-Up After Hospitalization for Mental Illness (30-Day)	NCQA HEDIS	Claims	7
0576	Follow-Up After Hospitalization for Mental Illness (7-Day)	NCQA HEDIS	Claims	7
<b>Utilization</b>				
NA	Utilization of Outpatient Behavioral Health Services for Population at Risk for Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), and/or Substance Use Disorder (SUD)*	MA EOHHS	Claims	1

*\*MassHealth ACO/DSRIP-only measure.*

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# Behavioral Health Care Measures: Adult and Adolescent



NQF#	Measure Label	Steward	Data Source	Count
<b>Substance Abuse</b>				
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation	NCQA HEDIS	Claims/Clinical Data	5
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Engagement	NCQA HEDIS	Claims/Clinical Data	3

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# Acute Care and Chronic Illness Care Measures



- Which medical specialties does the group want to focus on for the Acute Care and Chronic Illness Care domains? For example:
  - Cardiac Care
  - Cancer Care
  - Gastroenterology
  - Infectious Disease (e.g., HIV and Hepatitis C)
  - Ophthalmology
  - Orthopedic Care



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# Next Steps: Meeting Schedule



Domain	Estimated Schedule
Preventive Care	Meeting #3 and #4
Behavioral Health Care	Meeting #4 and #5
Acute Care ( <i>e.g., cardiac care and orthopedic care</i> )	Meeting #5 and #6
Chronic Illness Care ( <i>including cancer care</i> )	Meeting #6 and #7
Maternity Care	Meeting #7
Care Coordination	Meeting #8
Integration	Meeting #8
Team-based Care	Meeting #8
Equity ( <i>disparities</i> )	Meeting #8
Social Determinants of Health	Meeting #8
Health Behaviors	Meeting #8
Patient/Provider Communication	Meeting #9
Patient Engagement	Meeting #9
Patient Experience	Meeting #9
Relationship-Centered Care	Meeting #9
Hospital Care	Meeting #9 (TBD)

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# Reference Slides



**The following slides may be helpful to have available for reference during today's meeting.**



# Criteria for Candidate Set



- **Candidate measures were selected using the following methodology:**
  1. Included in a domain identified by the Taskforce
  2. Found in at least 2 “alignment” measure sets
  3. Found in the CMS/AHIP Core Quality Measures Collaborative (CQMC) and/or the MassHealth ACO/DSRIP measure sets\*
- **We are reviewing candidate measures by domain, and within domain, grouped by age and measure focus, if applicable.**

*\*MassHealth ACO/DSRIP and CMS/AHIP CQMC measures are included for consideration even if they are not found in at least 2 “alignment” measure sets.*



# Candidate Measure Sources



- **Measures currently in use in APM contracts by providers and payers:**
  - Harvard Pilgrim Health Care (2017)
  - Blue Cross Blue Shield of MA (2017)
  - Tufts Health Plan (2017)
- **Measures found in local and state measure sets:**
  - Boston Public Health Commission (2016)
  - MassHealth ACO (DSRIP)
  - MassHealth MCO (Payment)
  - Standard Quality Measure Set
- **Measures found in national measure sets:**
  - CMS/AHIP Core Quality Measures Collaborative (CQMC) [ACO/PCMH]
  - CMS Medicaid Child Core Set
  - CMS Medicaid Adult Core Set
  - CMS Medicare Part C & D Star Ratings Measures
  - CMS Merit-based Incentive Payment System (MIPS)
  - NCQA Health Plan Ranking