Commonwealth of Massachusetts
Executive Office of Health and Human Services

EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

Meeting #40
November 18, 2020

Agenda

1. Welcome
2. Follow-up items from October
3. Review non-measure specific public comments from 2021 annual review
4. Annual review process
5. Substance use disorder measures scan
6. Revisit inclusion of a measure in the Core Set that requires reporting of RELD data
7. Next steps

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DDS and DMH inclusion in RELD data standardization efforts

- During our October 21st health equity discussion, a Taskforce member recommended that EOHHS agencies be consistent in their definitions of RELD data and have a rationalized approach to collection in support of data exchange and stratified performance measurement. He believed it essential for there to be alignment across agencies, including DDS, DMH, and DPH.
- EOHHS will bring this question to an EOHHS interagency work group to assess whether there is an opportunity to more consistently define and collect RELD data across agencies and programs.

Implementation Parameters and Quality Measure Catalogue

- As Undersecretary Peters shared during our October meeting, Secretary Sudders has approved the Taskforce's recommended Aligned Measure Set for 2021.
- The Measures and Implementation Parameters went out to all payers and ACOs in the Commonwealth on October 30th.
  - These documents can also be found on the Taskforce website.
- The Taskforce also requested that payers complete the Quality Measure Catalogue by November 20th.
  - The Quality Measure Catalogue asks about the quality measures that payers plan to use in 2021 contracts and is used to track adoption of the Aligned Measure Set.
  - This year, the request also included a brief survey asking about the impact that the COVID-19 pandemic has had on payers' approach to quality measurement.

Request of the public and Taskforce organizations

- As we shared on October 21st, Taskforce staff plan to post a public request for topics for which inequities exist but for which there are no measures within the Aligned Measure Set.
- We also shared that Taskforce staff will share a data request with Taskforce member organizations to ask them to share any existing and readily available data on quality performance by race, ethnicity, language, and/or disability status.
  - We will review any received data as part of our annual review.

Operationalizing members' lived experience

- We also requested Taskforce members share any recommendations for how the Taskforce can operationalize members' lived experience to inform the health equity review.
  - We did not receive any feedback on this topic.

- Today, we are looking for your input on where community members should fit into our health equity review process.
- **What types of questions regarding contemplated measures and measure topics would you recommend we ask community members?**

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Review Non-Measure Specific Public Comments

- As a reminder, Taskforce staff solicited feedback from the public on the Aligned Measure Set through two channels:
  - Posting a request for feedback on the Taskforce's website
  - Emailing stakeholders on January 11th requesting their feedback.
- Taskforce staff received feedback from seven organizations:
  - Atrius Health
  - Boston Medical Center Health System
  - Cambridge Health Alliance
  - Massachusetts Health & Hospital Association
  - Massachusetts Medical Society
  - Mount Auburn Cambridge Independent Practice Association
  - Wellforce
- During the June 30th Taskforce meeting, Taskforce staff shared Core/Menu measure-specific feedback and committed to sharing all other feedback following the annual review process.

Review Non-Measure Specific Public Comments

- Substantive feedback was received in the following areas:
  - General Feedback
  - Measure Topics
- There were several comments received that are either addressed already or out of scope. These are not included for discussion.

General Feedback

- **Changes to the Aligned Measure Set:** One organization said that it was premature to modify the Aligned Measure Set as it was only recently adopted and to await experience with implementation.
  - The 2021 Annual Review resulted in only a small number of changes.
  - Some changes are required annually due to measure changes.
- **Number of Measures:** One organization recommended reducing the number of measures to, ideally to less than 15 inclusive of patient experience measures
  - The 2021 Aligned Measure Set includes four Core measures and 21 Menu measures.
  - The Menu Set is quite large. Should the Taskforce aim to reduce its size and thereby improve alignment?
- **Adequate Denominator Size:** One organization asked that the Implementation Parameters clarify what is considered an adequate denominator to report a statistically valid rate.
  - The Guiding Principles for Use of the Aligned Measure Set in Contracts touch on this topic, but don't provide the direction requested by the commenter.

Measure Topics

- **Does the Taskforce wish to consider any of these six topics in the annual review for the 2022 measure set?**

Suggested Topic	Contextual Information
1. Nonuse of antibiotics in children for upper respiratory tract infection	**12/18/17:** The Taskforce decided not to include Appropriate Treatment for Children With Upper Respiratory Infection due to high performance. (CY2019 data show weighted average commercial performance remains above the National HEDIS 90th percentile; MassHealth performance is also still topped out with average performance at 94%.
2. Nonuse of antibiotics in bronchitis for adults	**12/18/17:** The Taskforce decided not to include Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis since the measure can be gamed by altering a patient's diagnosis. Members did not think the measure reduced inappropriate antibiotics.
3. A pediatric developmental screener such as Modified Checklist for Autism in Toddlers	**2021 Annual Review:** The Taskforce committed to Developmental Screening in the First Three Years of Life as a priority developmental measure. EOHHS continues to seek volunteers to test the measure. This is a CMS Medicaid Child Core Set measure.

Measure Topics

- **Does the Taskforce wish to consider any of these topics in the annual review?**

Suggested Topic	Contextual Information
4. Social determinants of health	**9/25/18:** The Taskforce chose not to prioritize measure development in this area. **1/23/19:** The Taskforce recommended that MassHealth's Health-Related Social Needs Screening be considered an innovation measure but adopted not to adopt it. (Rhode Island has also developed an ACO social risk factor screening measure.)
5. Chronic pain	**3/12/18:** The Taskforce discussed CMS's Pain Assessment and Follow-up measure but did not endorse the measure as it seemed bureaucratic.
6. Alcohol or drug use	**2021 Annual Review:** Risk of Continued Opioid Use, Continuity of Pharmacotherapy for Opioid Use Disorder, and IET are in the Menu Set; the Taskforce committed to conducting a scan of substance use disorder measures during the next annual review.

Measure Topics

- Respondents recommended considering the following measures for the Core Set:

Suggested Topic	Contextual Information
1. Cancer screening measure	The **2021 Aligned Measure Set** does not include any cancer screening measures in the Core Set but includes the following in the Menu Set: Breast Cancer Screening, Cervical Cancer Screening, and Colorectal Cancer Screening.
2. A pediatric measure	The **2021 Aligned Measure Set** includes CG-CAHPS (includes pediatrics) and Screening for Depression (includes adolescents) in the Core Set. The Menu Set includes 13 measures applicable to children or adolescents. The Taskforce also prioritized development of four pediatric measures; they await volunteers for pilot testing

- **Does the Taskforce wish to consider any of these topics in the annual review?**

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Annual Review Process

Step	Timing
1. **Background** • Measure selection criteria • State priorities	Meeting 40
2. **Consideration of new measures** • Substance use disorder measures scan • Revisit inclusion of a measure in the Core Set that requires reporting of RELD data (from October 21st meeting) • Care coordination • Those identified from public comment	Meetings 40 - 41
3. **Review of the existing measure set** • Use in contract (through review of the Quality Catalogue) • Specification changes • Recent performance • Opportunities to promote health equity	Meetings 40 - 42
4. **Revisit tentatively proposed changes and finalize the Aligned Measure Set for 2022**	Meeting 43

Ideally Steps 2 and 3 would be reversed, but the Taskforce is starting with new measures to allow time for Taskforce member organizations to share available data on health inequities.

Background
Measure Selection Criteria

- During the October 21st Taskforce meeting, the Taskforce added consideration of health equity implications to the measure selection criteria.
  - The measure selection version we distributed in advance of the meeting reflects your feedback.
- These criteria have been developed to guide the work of Taskforce members in recommending measures to the Secretary Sudders for 2022 measure set inclusion.
- Please keep these criteria in mind throughout our annual review process.

Background
State Health Priorities

The Secretariat has identified the following as continuing state health priorities to be considered when discussing the 2022 measure set, despite the COVID-19 state of emergency:

1. Substance use disorders
2. Mental health, including pediatric mental health
3. Chronic disease, with a focus on cancer, heart disease, and diabetes
4. Housing stability/homelessness
5. Community tenure
6. Health equity

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Substance use disorder measures scan

- Last spring, the Taskforce considered the following opioid measures, two of which it adopted for use in the Menu Set for 2021.

Taskforce Status	Opioid Measures
Adopted (Menu)	1. Risk of Continued Opioid Use 2. Continuity of Pharmacotherapy for Opioid Use Disorder
Considered and Rejected	1. Use of Opioids at High Dose in Persons Without Cancer 2. Safe Use of Opioids – Concurrent Prescribing 3. Appropriate Prescribing for First Fill Of Opioids 4. Substance Use Screening and Intervention Composite 5. Discharge Prescription of Naloxone after Opioid Poisoning or Overdose

- Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment is also included in the Menu Set.
  - The Taskforce will reconsider including this measure in the Core Set after NCQA releases significant specification changes in 2021.

Substance use disorder measure scan

- In the spring, Taskforce members requested that the next annual review also consider *non-opioid-focused* substance use disorder measures.
- This fall, Taskforce staff conducted an environmental scan of substance use disorder measures the Taskforce may want to consider.
- We did so using the following sources:
  - Buying Value (includes the CMS Adult Core Set and other national sets and a scan of state measure sets)
  - Buying Value Benchmark Repository (includes innovative state measures)
- We found candidate measures for consideration in the following areas:
  - Alcohol use and misuse
  - Substance use and misuse
  - Tobacco use

Substance use disorder measure scan
SBIRT and equity

- The rate of substance abuse or dependence among individuals 12 years or age and older was highest among American Indians or Alaska Natives (21.8%), followed by Whites (8.7%), Hispanics (8.8%), African-Americans (8.9%) and individuals reporting two or more races (10.1%). Asians had lower rates of substance abuse or dependence (3.2%) as did Native Hawaiians or Other Pacific Islanders (5.4%).
- Hispanic men had greater alcohol-related problems and deaths due to cirrhosis than White men (Caetano, 2003).
- Hispanic patients screened in a Level-1 trauma unit reported heavier drinking patterns and increased drinking-related problems when compared to non-Hispanic White patients (Field, Cochran & Caetano, 2013).
- African-American men had higher rates of deaths due to cirrhosis than White men.
- Another study comparing alcohol-attributable mortality by race revealed that Native Americans experienced higher rates of death and potential years of life lost than other races; and African-Americans experienced higher alcohol-related mortality than Whites (Shield et al., 2005).

Manuel, J. K., Satre, D. D., Tsoh, J., Moreno-John, G., Ramos, J. S., McCance-Katz, E. F., & Satterfield, J. M. (2015). Adapting Screening, Brief Intervention, and Referral to Treatment for Alcohol and Drugs to Culturally Diverse Clinical Populations. *Journal of Addiction Medicine*, *9*(5), 343–351. https://doi.org/10.1097/ADM.0000000000000150

Substance use disorder measure scan
Substance use and equity

- The Substance Abuse and Mental Health Services Administration (SAMHSA) (2002) estimates that approximately 4.7 million American adults with a disability have a co-occurring substance abuse problem.
- Persons with any type of disability experience substance abuse at rates 2 to 4 times that of the general population.
- Substance abuse prevalence rates approach or exceed 50% for persons with traumatic brain injuries, spinal cord injuries, or mental illness.
- Conditions such as deafness, arthritis, and multiple sclerosis have shown substance abuse rates of at least double the general population estimates.
- Where persons with spinal cord injuries, orthopedic disabilities, vision impairment, and amputations consume alcoholic beverages, approximately 40- 50% can be classified as heavy drinkers.

Source: https://web.archive.org/web/20120813025045/http://www.christopherreeve.org:80/atf/cf/%7B173bca02-3665-49ab-9378-be009c58a5d3%7D/SUBSTANCE%20ABUSE%20AND%20DISABILITY%208-10.PDF

Substance use disorder measure scan
Substance use and equity

- People with intellectual disabilities (ID) suffer disproportionately from substance use problems, due largely to a lack of empirical evidence on what substance-related disorder prevention and treatment efforts are effective for them (Slayter, 2008; Cocco & Harper, 2002).
- Research suggests that prevalence of alcohol and illicit drug use is low among people with ID, while risk of abuse is relatively high among substance users in this population (Slayter & Steenrod, 2009; McGillicuddy & Blane, 1999).
- A study of Medicaid data showed that youths with diagnostic codes for ID and substance abuse had reduced odds of initiating or engaging in related treatment (OR = 0.9 and 0.8 respectively, $p<0.05$) and had increased odds of dropping out of treatment between initiation and engagement (OR=1.7, $p<0.001$). These findings suggest that treatment may not meet ID persons' treatment needs or that ID related barriers (e.g., lacking transportation, poor intellectual functioning, lacking motivation for treatment) interferes with treatment retention (Slayter, 2010b).

Carroll Chapman SL, Wu LT. Substance abuse among individuals with intellectual disabilities. *Res Dev Disabil*. 2012;33(4):1147-1156. doi:10.1016/j.ridd.2012.02.009

Substance use disorder measures scan
Substance use and misuse

Measure Name | Steward	Description	Previous Discussion
Substance Use Assessment in Primary Care | Inland Empire Health Plan	The percentage of members 18 years and older who were screened for substance use during the measurement year.	Not previously discussed.
Substance Use Disorder Treatment Penetration | WA DSHS	The percentage of Medicaid beneficiaries, 12 years of age and older, with a substance use disorder treatment need identified within the past two years, who received at least one qualifying substance use disorder treatment during the measurement year.	Not previously discussed.

Substance use disorder measures scan
Alcohol use and misuse

- Taskforce staff also found four measures focused primarily on alcohol use.
- The next two slides display these measures, however, we recommend holding on review of these measures until we can compare them to the new Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment specifications that will be released in 2021.
- **Does the Taskforce agree with this recommendation?**

Substance use disorder measures scan
Alcohol use and misuse

Measure Name | Steward	Description	Previous Discussion
Alcohol and Drug Misuse: Screening, Brief Intervention and Referral for Treatment (SBIRT) | Oregon Health Authority	Two rates are reported for this measure: (1) The percentage of patients who received age-appropriate screening and (2) The percentage of patients with a positive full screen who received a brief intervention, a referral to treatment, or both.	Previously, the Taskforce considered this measure and decided to delay endorsing the measure until the EHR-based version was fully developed. The 2020 specification is EHR-based. The measure has "reporting-only" status in Oregon for 2021.
Unhealthy Alcohol Use Screening and Follow-Up | NCQA	*NQF disparities sensitive status* The percentage of members 18 years of age and older who were screened for unhealthy alcohol use using a standardized instrument and, if screened positive, received appropriate follow-up care.	Not previously discussed. This is an ECDS measure.

Substance use disorder measures scan
Alcohol use and misuse

Measure Name | Steward	Description	Previous Discussion
Unhealthy Alcohol Use: Screening & Brief Counseling | AMA-PCPI	*NQF disparities sensitive status* Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use using a systematic screening method at least once within the last 24 months AND who received brief counseling if identified as an unhealthy alcohol user	The Taskforce previously rejected this measure for the following reasons: - "check-the-box" measure - redundant with IET - prefer a measure focused on alcohol and drug use
Unhealthy Alcohol and Drug Use Screening and Brief Counseling | AMA-PCPI measure modified by BCBSRI	Patients ages twelve (12) years and older who were screened at least once within the year for unhealthy alcohol and drug use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user.	Not previously discussed.

Substance use disorder measure scan
Tobacco use and equity

- Non-Hispanic Blacks tend to initiate tobacco use at a later age compared to non-Hispanic White youth, and experience inequities in smoking-related outcomes and disease later in life.
- Both non-Hispanic Black youth and adults smoke menthol cigarettes at higher rates than non-Hispanic Whites; menthol cigarettes are more addictive and harder to quit.
- Advertising for menthol products is more prevalent in areas with greater proportions of Black and low-income residents.

Source: https://www.mass.gov/doc/youth-tobacco-use-in-massachusetts-survey-results-from-1995-to-2017-0/download

- Cigarette smoking is significantly higher among adults with a disability (27.8%) compared to adults without a disability (13.4%). The percentage of adults with disabilities using E-cigarettes is also higher (8%) compared to adults without disabilities (3.9%).

Source: https://www.cdc.gov/ncbddd/disabilityandhealth/smoking-in-adults.html#:~:text=Current%20cigarette%20smoking%20is%20significantly,adults%20without%20disabilities%20(3.9%25)

Substance use disorder measure scan
Youth tobacco use

- The Taskforce has previously considered tobacco related quality measures, and during the 2021 Annual Review, the Taskforce recommended developmental work on **Tobacco Use and Help with Quitting Among Adolescents** through a pilot (topic to be revisited by the Taskforce in December 2020 and June 2021).
  - Per NQF, this measure will be reconsidered for future implementation in the Core Quality Measures Collaborative (CQMC) Pediatric Set after it is updated to include vaping and e-cigarette use.
- Since the Taskforce has already selected a measure to pilot, we will not further review other measures identified during our environmental scan (details can be found in the SUD measures crosswalk document).

Substance use disorder measure scan

- Does the Taskforce wish to further consider any of these measures?
- Are there any other substance use disorder measures Taskforce members would like the Taskforce to consider?

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Revisit including a measure in the Core Set that requires reporting of RELD data

- During the October 21st Taskforce meeting, Taskforce members discussed potentially including a measure in the Core Set that requires reporting of RELD data to motivate improved ACO network provider capture of these data.
- The Taskforce previously recommended against measuring the percentage of attributed patients for which the ACO has complete RELD data.
  - Most organization are reportedly collecting at least REL data, but are unable to report it in a standardized way.
- The Taskforce instead expressed interest in considering a requirement to report X number of measures within the Aligned Measure Set by race, ethnicity, language, and/or disability status in a specified format.
- To further explore this idea, we need to address the following questions: a) which RELD variable(s), b) how many measures c) which measure(s), d) what is the specified format?

Revisit including a measure in the Core Set that requires reporting of RELD data

- Before we begin discussing the key questions, we will note that this is an evolving conversation.
- As MassHealth shared last month, it is doing some formative work on these topics.
- As a result, we will visit this topic again in the new year when MassHealth has made some more progress in its work.
- Today, we seek your initial input on these topics.

Revisit including a measure in the Core Set that requires reporting of RELD data

Which RELD variable(s) (i.e., race, ethnicity, language, and/or disabilities)?

- Allowing use of one or some elements may make sense if ability to report on elements may depend on having standard reporting categories.
- Requiring all will provide additional insight into opportunities to promote health equity across race, ethnicity, language, and disability status.

Revisit including a measure in the Core Set that requires reporting of RELD data

How many measures?

- Focusing on fewer measures may impose less administrative burden and allow organizations to focus on establishing a reporting process.
- Focusing on more measures will provide additional insight into opportunities to promote health equity but may increase administrative burden.

Revisit including a measure in the Core Set that requires reporting of RELD data

What measures (options continue on the next slide)?

1. Measures agreed to during negotiation between payers and providers.
2. Measures with the greatest disparities (as identified by our current annual review process).

Revisit including a measure in the Core Set that requires reporting of RELD data

What measures (options continue on the next slide)?

3. Measures within the Aligned Measure Set for which there are rough MIPS eCQM equivalents, as these are more easily reported by providers

Measure	Set
Controlling High Blood Pressure	Core
Hemoglobin A1c (HbA1c) Poor Control (>9%)	Core
Screening for Clinical Depression and Follow-Up Plan	Core
Breast Cancer Screening	Menu
Childhood Immunization Status	Menu
Cervical Cancer Screening	Menu
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Menu
Chlamydia Screening	Menu
Colorectal Cancer Screening	Menu
Diabetes Eye Exam	Menu
Influenza Immunization	Menu
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Menu

Revisit including a measure in the Core Set that requires reporting of RELD data

What measures (options also listed on the previous slide)?

4. Measures identified by the 2019 DPH-convened developmental work group focused on stratifying measures by subpopulation

Measure	Set	Rationale as Identified by Work Group
Controlling High Blood Pressure	Core	Core measure with known inequities (higher prevalence among Blacks when compared to whites) and a large impact on health
Comprehensive Diabetes Care: HbA1c Poor Control	Core	Core measure with known inequities (higher prevalence among Black and Hispanic adults when compared to white adults) and a large impact on health
Screening for Clinical Depression and Follow-up Plan	Core	Core measure that all respondents reported being able to stratify
Chlamydia Screening	Menu	Participants wanted to include a screening measure for which data were available in the EMR
Prenatal & Postpartum Care – Timeliness of Prenatal Care	Monitoring	Participants wanted to include a maternity measure; most providers reported being able to stratify this measure
Well-Child Visits in the First 30 Months of Life and Child and Adolescent Well-Care Visits	Monitoring	Clinical data are available for well-care visits; prioritized collection order based on participant preferences, which were noted to be in alignment with Title 5 state priorities

Revisit including a measure in the Core Set that requires reporting of RELD data

What is the specified format?

- Allow each ACO to report by race, ethnicity, language and/or disability status (as applicable) in whatever fashion it chooses.
- Specify reporting by high-level categories where commonality of approach is largely achievable.

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- **Annual Review Topics:**
  - Review the 2021 Aligned Measure Set to consider recommended changes for 2022 (considering contract use, specification changes, performance, and opportunities to promote health equity)
  - Care coordination measures
  - Measures recommended by organizations that submitted public comment