Commonwealth of Massachusetts
Executive Office of Health and Human Services

EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

Meeting #41
January 19, 2021

Agenda

1. Welcome
2. Annual review
   a. Revisions to the annual review process
   b. Follow-up items from November
   c. Process for measure culling
   d. 2020 Quality Catalogue findings
   e. Review existing measures
3. Next steps

Agenda

1. Welcome
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3. Next steps

Annual Review Process – Revised to Review Existing Measures Before New Measures and Cull the Set

Step	Timing
1. **Background** • Measure selection criteria • State priorities	Meeting 40
2. **Review of the existing measure set** • Opportunities to promote health equity • Specification changes • Use in contracts (through review of the Quality Catalogue) • Recent performance	Meetings 41 - 43
3. **Consideration of new measures** • New to the MSSP and Medicaid Core Sets • 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, Meeting 43 - 44
4. **Revisit tentatively proposed changes, *consider removal of measures*, and finalize the Aligned Measure Set for 2022**	Meeting 45

Timeline for Annual Review

- As a reminder, Massachusetts Aligned Measure Set for Global Budget-Based Risk Contracts 2021 Measures and Implementation Parameters state that "The Taskforce will conduct an annual review of the Massachusetts Aligned Measure Set (see details in Section IV) and finalize any ***recommended modifications to the measure set by 3/31 each year for the next calendar year***."
- As you saw on the previous slide, Taskforce staff have decided to extend the timeline for this year's annual review process through May due to interruptions in the annual review process caused by the pandemic.

Reminder:
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**

Follow-up Items from Last Meeting

- Due to the December meeting cancelation, we have been able to gather health inequity information needed to review the existing measures within the Aligned Measure Set.
- Therefore, we will pause our consideration of new measures for the time being. After reviewing the existing measures, we will return to the follow-up items from November:

1. Assessment of opportunity to more consistently define and collect RELD data across EOHHS agencies and programs.
2. Approach to engage community members in the health equity review
3. Consideration of new candidate substance use disorder measures
   - In November, Taskforce members recommended creating a work group of subject matter experts on this topic.
   - Please identify subject matter experts from your organizations who may be willing to participate and email Justine (jzayhowski@bailit-health.com) by 1/29.
4. Review of candidate social determinant of health screening measures

Process for Culling

- During the November 18th Taskforce meeting, Taskforce members recommended incorporating a routine culling process into the annual review.
- Through its measure selection criteria, the Taskforce elected to limit measures in the Core Set by setting a principle that the Core Set should not be more than five in number.
- There is no parallel requirement for the Menu Set, which currently includes 21 measures, across seven domains
  - The largest of these domains is "Prevention/ Early Detection - Physical Health" with seven measures.
- **Does the Taskforce recommend establishing parameters for either the total or maximum number of measures: 1) in the Menu Set 2) in the Menu Set by domain?**

Quality Measure Catalogue: Background

- The purpose of the Quality Measure Catalogue is to capture the measures in use by payers in Massachusetts for the purposes of:
  - global budget-based risk contracts
  - tiering or limited network product methodology
  - consumer transparency

- CHIA and the HPC have been collecting these data since 2013.

Quality Measure Catalogue: Background

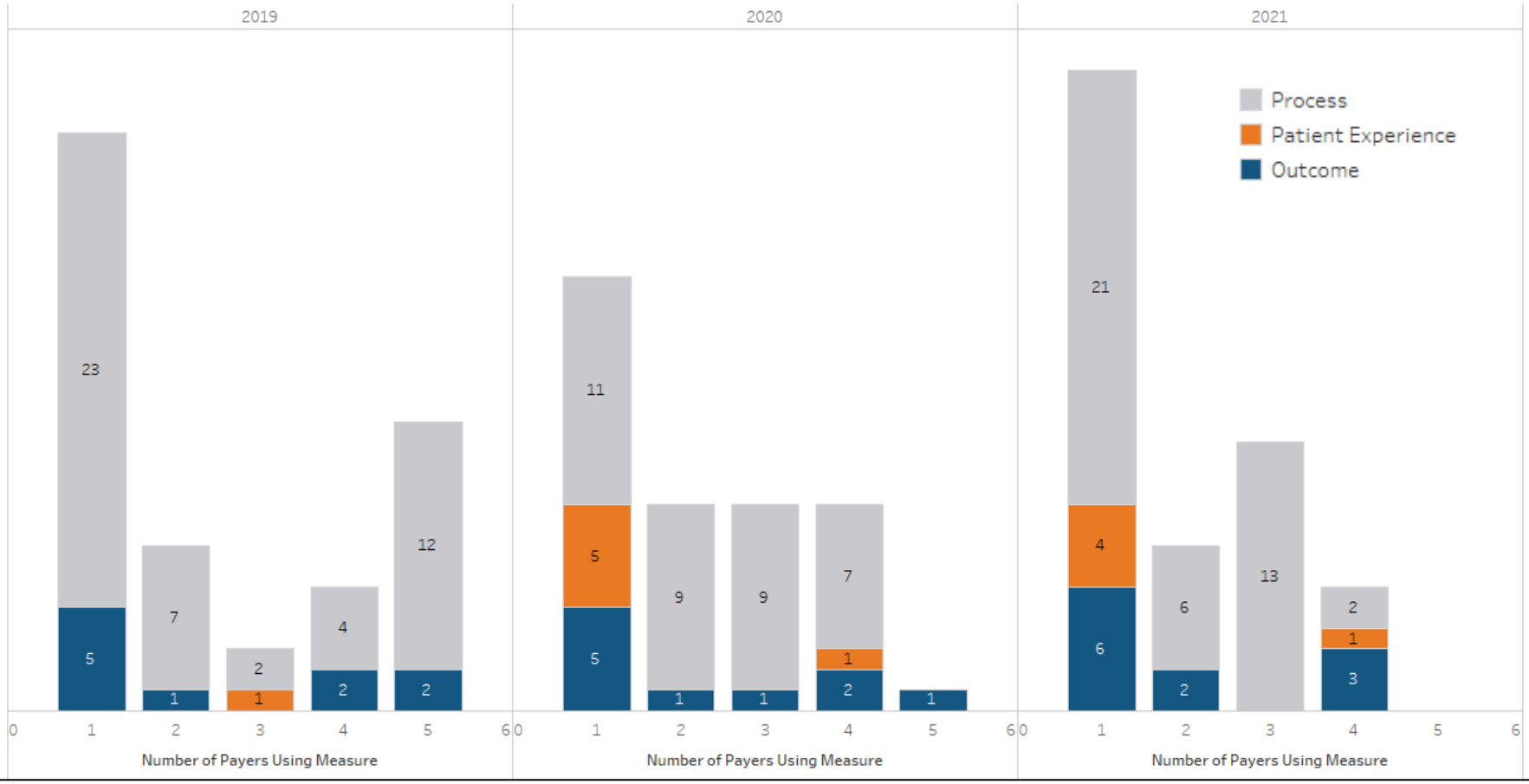
- In October 2020, the Taskforce issued a request for all Massachusetts commercial payers (N=12) to complete submissions to the Quality Measures Catalogue (QMC) by November 20, 2020.
  - Seven payers submitted responses to the QMC (UniCare were excluded from the analysis because they reported they do not use quality measures in their global budget contracts).
  - Four payers did not complete the QMC request (Aetna, Cigna, CCA, United, AllWays*).

**AllWays responded that 2021 contract negotiations were delayed due to COVID-19 so most contracts are not yet finalized. They will submit a response when they can, and Taskforce staff will share updated analysis at that time if AllWays reports use of quality measures in their global budget contracts.*

Quality Measure Catalogue: Questions

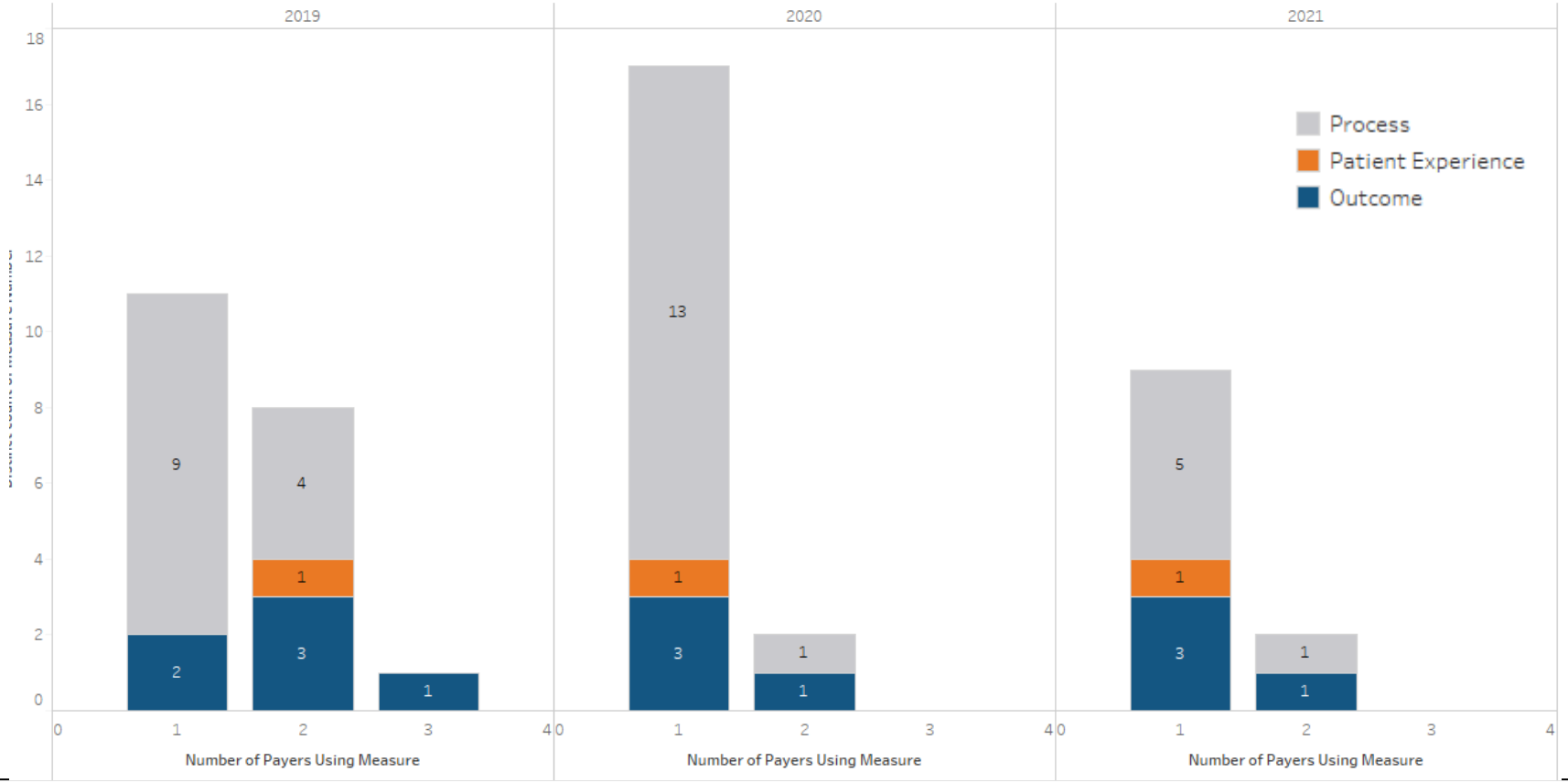
- Payers were asked to answer all of the following questions for each measure:
  1. Is this measure used in global budget contracts? (Y/N)
  1a. If yes, # of contracts (#)
  1b. Is the measure Pay for Performance in Contracts? (Y/N)
  1b. Is the measure Pay for Reporting in Contracts? (Y/N)
  2. Is the measure used for tiering or limited network product methodology? (Y/N)
  3. Is the measure used for consumer transparency information about provider performance (e.g., website)? (Y/N)
  4. Is performance risk-adjusted for this measure? (Y/N)
  5. Have you modified the externally developed specifications for this measure? (Y/N)
  6. Is this measure homegrown (Y/N)?
- If Payers answered "Y" to questions 5 and/or 6, they were asked to complete a supplemental form to provide detailed information about the modifications and/or homegrown measure specifications.
  - This process for collecting detailed information allows the HPC and CHIA to track potential Innovation measures.
- Payers were asked to add any measures not included in the spreadsheet, and to respond to the questions as applicable.

Overview of quality measures in use in any contract by MA commercial payers



- Analysis only includes measures the Taskforce has considered for inclusion in the Aligned Measure Set, so hospital measures and those added by payers are not counted.
- Analysis only includes the six payers who submitted this year, and who have submitted all three years.
- Notable increase between 2020 and 2021 in process measures used by one payer.

Overview of quality measures in use in at least 10 contracts by MA commercial payers



- Two of the six reporting plans reported use of some measures in ≥ 10 contracts in 2021
- Process measures are the most commonly used measures in ≥ 10 contracts, though fewer measures overall used in ≥ 10 contracts in 2021 than in prior years
- Two measures included by both plans in ≥ 10 contracts:
  - Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
  - Colorectal Cancer Screening

Plans Use of 2021 Core and Menu Measures in Any Contract

CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

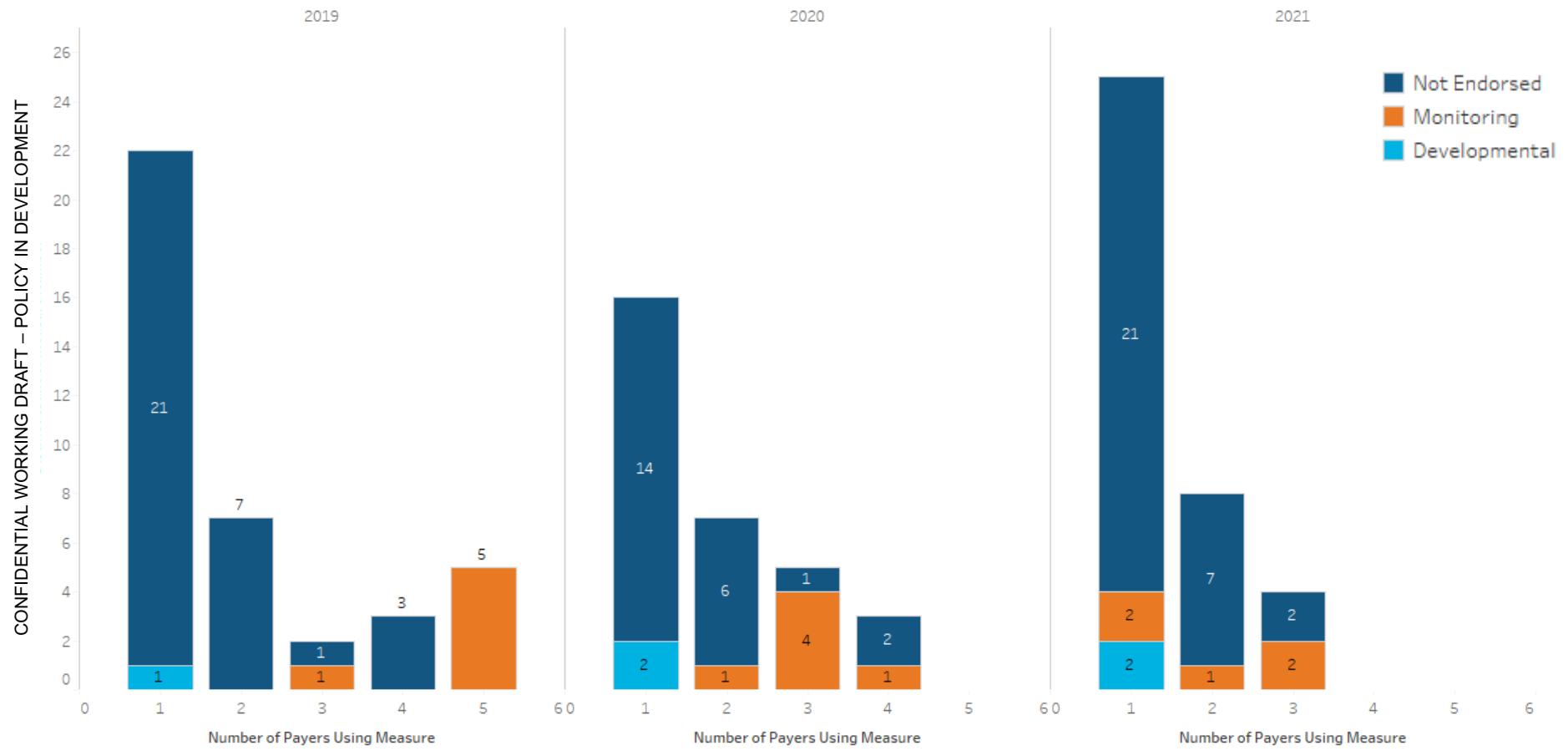
Measure Designation	Measure Name	Used in # contracts in 2021	# contracts compared to 2020	BCBSMA			BMC HealthNet			Fallon Health			HNE			HPHC			THP		
				2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021	2019	2020	2021
Core	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	4	↑	●	●	●	●	●	●	●	●	●	○	○	○	●	●	●	●	●	●
	CG-CAHPS (MHQP Version)	4	=	●	●	●	●	●	●	○	○	○	○	○	○	●	●	●	○	●	●
	Controlling High Blood Pressure	4	↑	●	●	●	●	○	○	○	○	○	○	○	●	●	●	●	●	●	●
	Screening for Clinical Depression and Follow-Up Plan	3	↑	○	○	○	●	●	●	○	○	○	○	●	●	○	○	●	○	○	○
Menu	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	4	=	●	●	●	○	○	○	●	○	○	●	●	●	●	●	●	●	●	●
	Immunizations for Adolescents (Combo 2)	4	=	○	●	●	●	●	●	●	○	○	●	●	●	●	○	○	●	●	●
	Breast Cancer Screening	3	↓	●	●	●	○	○	○	●	○	○	●	●	●	●	●	○	●	●	●
	Cervical Cancer Screening	3	↓	●	●	●	○	○	○	●	○	○	●	●	●	●	●	○	●	●	●
	Chlamydia Screening - Ages 16-24	3	↓	●	●	●	○	○	○	●	○	○	●	●	●	●	●	○	●	●	●
	Asthma Medication Ratio	3	=	●	○	●	●	●	●	○	○	○	●	○	○	●	●	○	●	●	●
	Use of Imaging Studies for Low Back Pain	3	=	●	●	●	○	○	○	●	○	○	●	●	●	●	○	○	●	●	●
	Childhood Immunization Status (Combo 10)	3	↑	○	○	○	●	●	●	●	○	○	●	○	○	●	○	●	●	●	●
	Colorectal Cancer Screening	3	=	●	●	●	○	○	○	●	○	○	○	●	●	●	○	○	●	●	●
	Comprehensive Diabetes Care: Eye Exam	3	=	●	●	●	○	○	○	●	○	○	○	○	○	●	●	●	●	●	●
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	4	=	○	●	●	●	●	●	○	○	○	○	●	●	○	●	●	○	○	○
	Follow-Up After Hospitalization for Mental Illness (7-Day)	1	↓	○	○	○	●	●	●	○	○	○	○	●	○	○	○	○	●	○	○
	Follow-up After Emergency Department Visit for Mental Health (7-Day)	1	=	○	○	○	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○
	Influenza Immunization	1	=	○	○	○	○	○	○	○	○	○	○	●	●	●	○	○	○	○	○
	Metabolic Monitoring for Children and Adolescents on Antipsychotics	1	=	○	○	○	●	●	●	○	○	○	○	○	○	○	○	○	○	○	○
	Continuity of Pharmacotherapy for Opioid Use Disorder	1	=	○	○	○	○	○	○	○	○	○	○	●	●	○	○	○	○	○	○
	Follow-Up After Hospitalization for Mental Illness (30-Day)	1	↑	○	○	○	○	○	○	○	○	○	○	○	●	○	○	○	○	○	○
	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	0	=	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Informed, Patient-Centered Hip and Knee Replacement	0	N/A			○			○			○			○			○			○
	Risk of Continued Opioid Use	0	N/A			○			○			○			○			○			○
	Shared Decision-Making Process	0	N/A			○			○			○			○			○			○

See chart comments on next slide

Plans Use of 2021 Core and Menu Measures in Any Contract

- The chart on the previous slide reflects use of the 2021 Aligned Measure Set in global budget contracts.
- There are some notable caveats:
  - Measures that were removed from the set during the 2020 measure review are not included here. The removed measures are:
    1. Depression Remission and Response for Adolescents and Adults
    2. Depression Remission at Six or Twelve Months
    3. Depression Remission at 6 or 12 Months – Progress Towards Remission
    4. Depression Screening and Follow-up for Adolescents and Adults
  - BMC HealthNet is using Controlling Blood Pressure in contracts, but has not yet adopted the 2021 specifications, so it was not counted as the core measure for this chart.
  - Initiation and Engagement of Alcohol and Other Drug Dependence Treatment moved from Core to Menu in 2021, so it is only listed in Menu here but use is tracked across years.

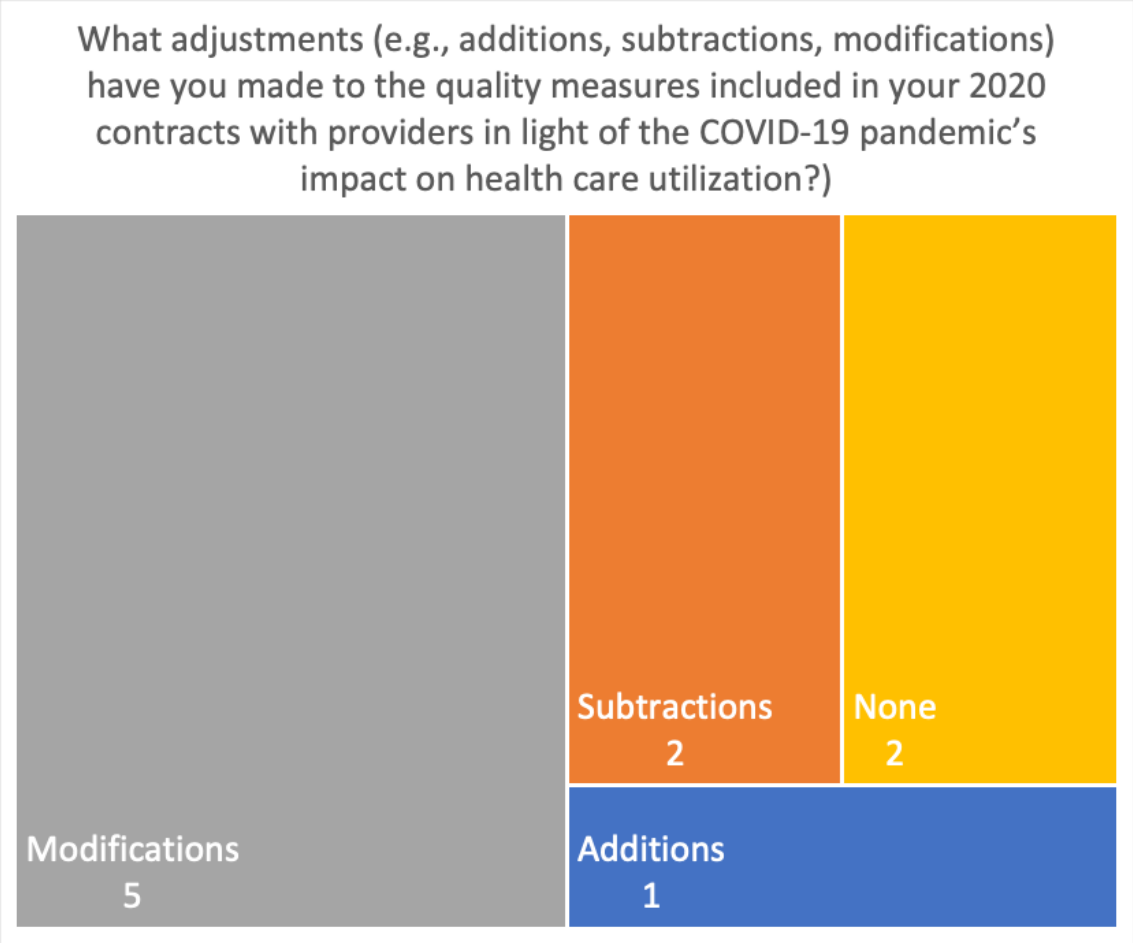
Plans report continued use of non-endorsed quality measures and developmental/monitoring measures in contracts



- Many non-aligned measures continue to be included in global budget based contracts, increasing from 31 in 2020 to 37 in 2021.
- 30 non-endorsed measures are in use in contracts in 2021 (up from 23 in 2020), and 21 by only a single payer (up from 14 in 2020)
- Developmental measures include: Community Tenure, and Depression Remission or Response for Adolescents and Adults (2020 and 2021)

Impact of COVID-19 on Quality Measurement in MA Global Budget-Based Risk Contracts

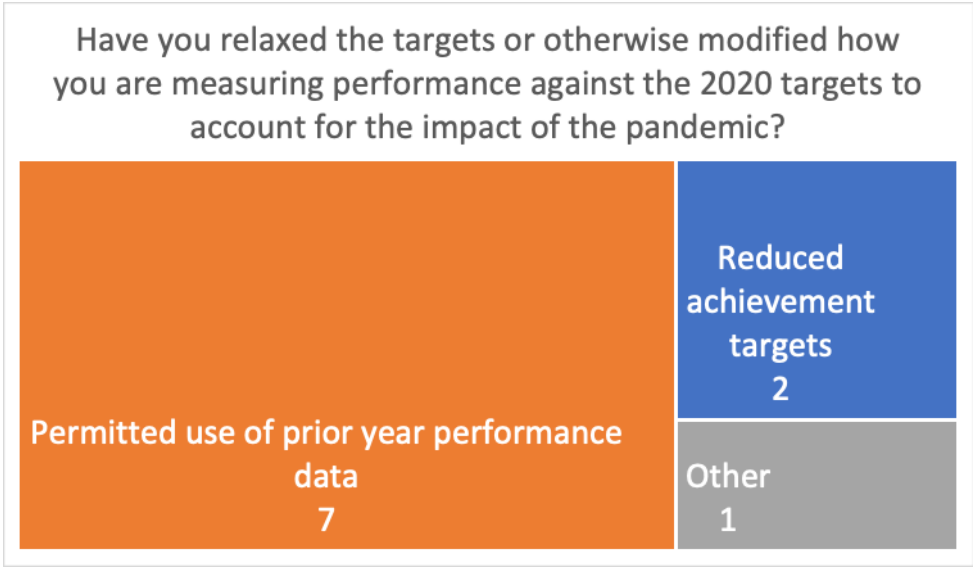
As part of this year's Quality Measure Catalogue submission, payers were asked targeted questions on the impact of the pandemic on quality measurement in their global budget-based risk contracts for 2020 and 2021.

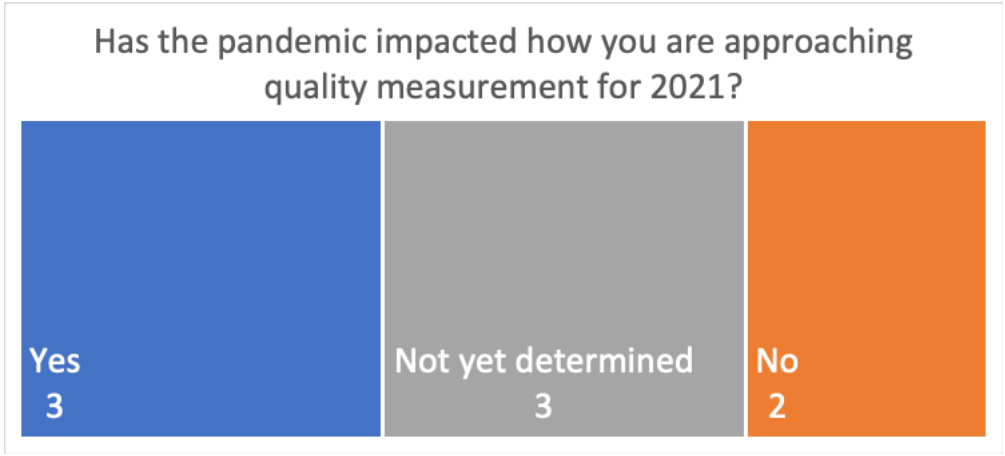


Examples:
Additions (e.g., included "non-measure" options to receive incentive)
Modifications (e.g., adjustments to benchmarks, data sources, or measure calculation approach)
Subtractions (e.g., removing preventive or patient experience measures)

No payer reported that they had eliminated quality measure-based incentives for 2020 altogether in response to the pandemic.

Impact of COVID-19 on Quality Measurement in MA Global Budget-Based Risk Contracts (Cont.)





Review of Existing Measures

- The focus of today's meeting is to begin review of the measures within the 2021 Aligned Measure Set.
- To do so, we will walk sequentially through each measure, beginning with Core measures, then Menu, then Monitoring. For each measure we will consider the following:
  - Opportunities to promote health equity
  - External measure set composition and specification changes
  - Recent performance
- Prior to this meeting, you were provided with the 2021 Aligned Measure Set Crosswalk which provides a more detailed information, including domain, condition, population, data source, previous Taskforce discussions, and performance over time.

Sources for "Opportunities to Promote Health Equity"

A. DPH 2019 Literature Review of Quality Measure Perf. Disparities

B. Taskforce member organization stratified data (solicited 12/14/20)

1. MGH, Annual Report on Equity in Health Care Quality (AREHQ) 2018-2019
2. Community Care Cooperative Race, Ethnicity and Language Data January 2021 (full set of slides in appendix)
3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20 (full set of slides in appendix)
   - UMass had a lot of information; we are only sharing the difference in performance between the highest performance race/ethnicity and the lowest
4. Boston Children's Hospital ACO. EOHHS Quality Measure Alignment Taskforce Health Equity Subcommittee Pilot Data Collection. BCH and PPOC Jan-Dec 2018 EHR data (we compared lowest to highest performing subpopulations).

C. "How States Can Use Measurement as a Foundation for Tackling Health Disparities in Medicaid Managed Care"

D. State Disparities Research conducted by Bailit Health

1. CA's Medi-Cal Managed Care External Quality Review Technical Report
2. MI's Medicaid Health Equity Project Year 7 Report
3. MN's 2017 Health Care Disparities Report

Sources for "Opportunities to Promote Health Equity"

E. Buying Value Tool: Disparities-Sensitive Measures

F. National Healthcare Quality and Disparities Report 2018

G. Public comments (solicited through 12/14/20 request) – no relevant responses received

H. Disparities by Disability Status Literature Search: The sources above focused primarily on race, ethnicity, and language without attention to disability status. Therefore, we supplemented the above work by searching for data on inequities by disability status by measure. Sources by measure can be found within the Crosswalk.

Not all results are displayed on each slide. All information can be found in the Disparities Research tab of the Crosswalk.

- Thank you to the organizations that shared their data with us!

Sources for Other Considerations

Measure set changes

- HEDIS – no changes since last annual review
- MassHealth – no changes reported by MassHealth
- Medicaid Core Sets – CMS 2021 Updates to the Child and Adult Core Health Care Quality Measurement – no changes to measures in our Set
- MSSP – MSSP Quality Measure Benchmarks for the 2020/2021 Performance Years – no changes; CMS List of Measures under Consideration for December 21, 2020

Specification changes

- We are not aware of any major specification changes at this time; we welcome you to share any major specification changes you know of for Taskforce consideration.
- HEDIS – no changes since last annual review
- Medicaid Core Sets – updated technical specifications to be released in the spring

Sources for Other Considerations

Recent performance

- MassHealth data from Paul Kirby (12/1/20) for HEDIS 2020, including PCC and MCO performance. NCQA HEDIS 2020 national Medicaid HMO percentile benchmarks were used to assess opportunity for improvement.
- Commercial population performance, weighted by enrollment for BCBSMA (HMO/POS), BCBSMA (PPO), HPHC (HMO/POS), THP (HMO/POS/EPO). Compared to National ALOB percentiles for each year.
- Prior year performance data were collected as part of prior annual review processes.
- We have noted if performance has improved, declined, or is roughly the same (within one percentage point) from prior years.

Key:				
<25th	Between 25th and 50th	Between 50th and 75th	Between 75th and 90th	≥90th

CG-CAHPS (MHQP Version) (Core)

Race/Ethnicity	Language	Disability Status
MGH performance: • **All racial/ethnic minorities lower** than Whites on: Care Coordination, Provider Communication, and Provider Rating • **Asians had lower** patient experience on all ambulatory composite B.1 MGH, Annual Report on Equity in Health Care Quality (AREHQ) 2018-2019	MGH performance: • **Non-English-speaking more likely** to recommend their provider • **Non-English-speaking lower** patient experience scores in the areas of Care Coordination, Provider Communication, and Provider Rating. B.1 MGH, Annual Report on Equity in Health Care Quality (AREHQ) 2018-2019	Dual eligible beneficiaries with a **disability were more likely** to report being unable to get needed health care compared to beneficiaries without a disability (14% versus 10%). H. Disparities by Disability Status Literature Search https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Highlight_How-Does-Disability-Affect-Access-to-Health-Care-for-Dual-Eligible-Beneficiaries.pdf

Set/Specification Change	Commercial Performance	MassHealth Performance
No	2019 data provided in the 2021 crosswalk	2018 data provided in the 2021 crosswalk

Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (Core)

- NQF has identified this to be a "disparities-sensitive measure."

Race/Ethnicity	Disability Status
• UMass performance showed **highest control for Asians** (75%) and **lowest for Blacks or African Americans** (65%) • Prevalence of diabetes 77% **higher among Blacks** and 66% **higher among Hispanics** than Whites. B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20. A. DPH Literature Review on Quality Measure Performance Disparities, Piccolo, Rebecca et al. (2016).	Diabetes: Age-Adjusted Prevalence Rates (per 1000): No disability group (3.7%); **Cognitive limitations group (18%); Physical disability group (15%).** H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/21419369/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	22.3 Performance has declined since 2016 by 1.2 percentage pts	35.8 Performance has declined since 2016 by 3.5 percentage pts

Controlling High Blood Pressure (Core)

- NQF has identified this to be a "disparities-sensitive measure."

Race/Ethnicity	Disability Status
• C3 performance showed **lower levels of BP control among Black or African American patients** (45%) than White (50%). • CA and MN Medicaid programs also reported **Black patients faring worse** on control of high blood pressure. B2. Community Care Cooperative Race, Ethnicity and Language Data January 2021 D. State Disparities Research	Compared to adults without disability, **those with physical disabilities and those with cognitive limitations experienced more high blood pressure**. High Blood Pressure: Age-Adjusted Prevalence Rates (per 1000) : No disability group (16.1%); Cognitive limitations group (27.5%); Physical disability group (67.3%). H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/21419369/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	74.3 Performance remained the same 2018-2019	68.4 Performance improved 1.7 percentage points since 2018

Screening for Clinical Depression and Follow-Up Plan (Core)

- NQF has identified this to be a "disparities-sensitive measure."

Race/Ethnicity	Language	Disability Status
• Medicaid-covered Latinx, Asian/Pacific Islander, and Black youth were **less likely to have a depression diagnosis** than white counterparts. After a new diagnosis, Native American and Latinx youth were **less likely than white youth to have received an antidepressant or a mental health specialty visit.**[1] • Black and Asian adults were **less likely to be screened for depression** than white adults. Latinx adults were **more likely to be screened for depression**. Post-screening, Black adults, Latino males, and Asian adults were less likely to receive mental health care than their white counterparts[2]		• The estimated prevalence of depression in adults with disability (24.9-41%) is higher than that of adults without disability (22.8-27.5%) • Individuals with physical disability reported more pain, depression, and anxiety and a lower quality of life. H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/28362849/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	No data	42.9

[1]https://jamanetwork.com/journals/jamapediatrics/fullarticle/481451
[2]https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4408551/

Asthma Medication Ratio (Menu)

Race/Ethnicity	Disability Status	Housing/Income
• In 2016, 1 in 12 children ages 0-17 had asthma. Among them, asthma **disproportionately affected males, non-Hispanic Black children, and children from low-income households.** F. National Healthcare Quality and Disparities Report 2019	• **Adults with physical disabilities and/or cognitive limitations experienced more asthma than adults without disability**. Age-Adjusted Prevalence Rates (per 1000) Asthma: No disability group (7.6%); Cognitive limitations group (17%); Physical disability group (71%). H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/21419369/	• **Substandard housing conditions** have been associated with poor health outcomes related to asthma. • Even after controlling for other traditional measures of socioeconomic status, children are **more likely to have asthma the closer their family is to the federal poverty line**. A. DPH's Literature Review on Quality Measure Performance Disparities. Taylor, Lauren. (2018). .

Set/Specification Change	Commercial Performance	MassHealth Performance
No	75.2 Performance declined from 2017 by 1.1 percentage points	55.6 Performance declined from 2017 by 2.2 percentage points

Breast Cancer Screening (Menu)

- NQF has identified this to be a "disparities-sensitive measure."

Race/Ethnicity	Disability Status
• UMass performance showed **higher screening rate for White** (77%) than other race/multi-racial patients (67%) • The Medicaid managed care breast cancer screening rate is 2.6 percentage points **higher for Whites than for Blacks** in Michigan, and 6 percentage points higher in Minnesota. B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20. D. State Disparities Research	• Mammography rates for women aged 50+ were **higher for women without disability** (74%) than for women with basic actions difficulty (67%) or complex activity limitation (61%). The lowest mammography rates among women aged 50+ were seen in those with cognitive difficulties (52%) and those with ADL or IADL limitations (51%). H. Disparities by Disability Status Literature Search https://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf

Set/Specification Change	Commercial Performance	MassHealth Performance
No	83.1 Performance roughly the same as prior years	69.4 Performance roughly the same as prior years

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Next Steps and Meeting 42

- **Next Steps**
- **Meeting 42 (Feb. 23rd) Annual Review Topics:**
  - Finish review of the measures in the existing Aligned Measure Set
  - Continue the consideration of new measures
  - Follow-up items from the November Taskforce meeting