Commonwealth of Massachusetts

Executive Office of Health and Human Services

EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

February 23, 2021

Agenda

1. Welcome
2. Annual review
   a. Follow-up items from January
   b. Continue review of existing measures
3. Next steps

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Substance Use Treatment Measure Work Group

- During the January meeting, we asked Taskforce members to share with us recommendations for subject matter experts to participate in a substance use treatment measure work group.
  - This work group will review candidate measures and bring back a recommendation to the Taskforce for measure(s) for inclusion in the 2022 Aligned Measure Set.
- Taskforce members requested that we distribute a written request. We shared our request with you on February 8th.
- We received recommendations and will begin outreach to the experts to confirm their interest in participation and schedule a work group meeting for March.

Measure Use in Other Programs to Inform Culling Decision

- During the January meeting, we asked if the Taskforce recommended establishing parameters for either the total or maximum number of measures in the Menu Set (currently we have 21 measures in the Menu).
- There was some interest in considering a maximum number of measures for payers to use in their contracts with ACOs, and a member of the Taskforce requested information on how many measures are used in federal programs to inform further discussion.
- Taskforce staff recommend that the Taskforce add the following statement to the implementation parameters: "As a principle, contracts should strive for parsimony, and that equates to limiting the number of measures within a contract between X and Y measures."
  - To help inform the recommended size range, Taskforce staff reviewed the following measure sets that are used for accountability purposes.

Measure Use in Other Programs to Inform Culling Decision

Measure Set | Year	# of Measures
National Sets	
CMS Medicare Shared Savings Program (MSSP) ACO and Next Generation ACO | 2020	15
CMMI Comprehensive Primary Care Plus (CPC+) *(this is a measure set for primary care, not global budget-based contracts)*	6
State Sets	
MassHealth ACO Set | 2021	22
Minnesota Integrated Health Partnership Measures | 2020	22
Oregon CCO Incentive Measures | 2020	13
Rhode Island Accountable Entity Measures | 2020	13 (excludes reporting only)

- **After seeing these data, does the Taskforce wish to recommend adding the previously mentioned principle to the implementation parameters?**
  - **If so, what do you recommend as the range?**

Quality Measure Catalogue

- During the January Taskforce meeting, Taskforce staff shared results from the most recent Quality Measure Catalogue survey.
- Taskforce members recommended obtaining **additional contextual information** from payers regarding alignment with the Aligned Measure Set, and reasons for payer use of unique measures.
- Taskforce members also recommended that Taskforce staff consider **alternative ways to display results**, highlighting what percentage of the measures used by each payer are found within the Aligned Measure Set.
- During the March meeting Taskforce staff plan will share updated findings after conducting payer interviews and re-formatting data.

Consumer Equity Lens

- Taskforce staff have been struggling with how to bring a consumer equity lens to this measure review process.
- We have, to date, been unable to identify standing advisory bodies within EOHHS or any Taskforce member organizations that could provide advice and/or feedback.
- We have Taskforce members who are advocates for persons with disabilities, but do not have a racial equity advocate.
- **Taskforce staff recommend addressing this topic by seeking a consumer racial equity advocate to the Taskforce during its next reprocurement. Does the Taskforce agree with this recommendation?**

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Annual Review Process

Step	Timing
1. **Background** • Measure selection criteria • State priorities	November
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	January - March
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	November, March – April
4. **Revisit tentatively proposed changes, consider removal of measures, and finalize the Aligned Measure Set for 2022**	May

Recap of Recommendations from January

- During the January Taskforce meeting, the Taskforce reviewed the four 2021 Core Measures and two 2021 Menu Measures (Asthma Medication Ratio and Breast Cancer Screening). The Taskforce did not recommend any changes to the status of these six measures for 2022.
- Today, we hope to complete review of the Menu and Monitoring Sets.

Cervical Cancer Screening (Menu) (used by 3 payers)

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

Race/Ethnicity	Disability Status	Income
• The Medicaid managed care cervical cancer screening rate is 8.2 percentage points **higher for Blacks than for Whites** in California, and 4.5 percentage points higher for Blacks than for Whites in Michigan. D. State Disparities Research	• Women aged 18+ with disabilities were **less likely to have had a Pap Test in the past 3 years** than women without disabilities. About 83% of women without disabilities had the test, compared with 71% of women with basic actions difficulty and only 65% of women with complex activity limitation. H. Disparities by Disability Status Literature Search https://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf	• In 2015, the percentage of women ages 21-65 years who received a Pap Test in the last 3 years **was lower for low-income women and middle-income women** compared with high-income women. F. National Healthcare Quality and Disparities Report 2018

Set/Specification Change	Commercial Performance	MassHealth Performance
No	84.7 Performance declined from 2016 by 1.4 percentage points	70.1 Performance roughly the same as prior years

Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (Menu) (used by 0 payers)

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

Disability Status

- Analyses using Wisconsin's 2012 Dane County Youth Assessment Survey data found that **youth in each disability category were 3-9 times more likely to report suicide attempts(s) (SA) relative to peers**, and the endorsement of multiple disabilities tripled the risk of SA relative to youth reporting a single disability
- Some disability sub-groups, including **youth reporting autism spectrum disorder and hearing and vision impairments reported surprisingly high rates of SA.**
- While youth with disabilities reported disproportionate exposure to adversity in every life domain examined (similar to youth reporting SA) **disability status added unique risk for suicidal behavior.**

H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/29030735/

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

Childhood Immunization Status (Combo 10) (Menu) (used by 3 payers)

Race/Ethnicity	Disability Status
• Of children 19-35 months, **non-Hispanic Whites had the highest immunization rate** (80%), followed by Hispanics (74%) and Blacks (72%). • C3 performance showed **Asian (74%) and White (69%) members have the highest percentage of children immunized by age 2.** Black/African American members have a rate of 48%. • UMass performance showed a **higher immunization rate for Asians (81%) than Black/African Americans (65%).** • Minnesota Medicaid managed care immunization rate is 11% **higher for Whites than for Blacks**. A. DPH Literature Review on Quality Measure Performance Disparities. National Immunization Survey (2000). B2. Community Care Cooperative Race, Ethnicity and Language Data January 2021 B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20. D. State Disparities Research	• Children with severe disabilities are at **greater risk for receiving less than optimal health care** than children with less debilitating conditions. H. Disparities by Disability Status Literature Search https://link.springer.com/article/10.1007%2Fs10995-016-2136-4

Set/Specification Change	Commercial Performance	MassHealth Performance
No	72.9 Performance roughly the same as prior years	49.2 Performance declined by 2.7 percentage points since 2016

Chlamydia Screening (Menu) (used by 3 payers)

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

Race/Ethnicity	Disability Status
• Medicaid managed care **chlamydia screening rates for Whites are above those for Blacks** by 17.2 percentage points in Michigan and 17 percentage points in Minnesota. D. State Disparities Research	• Young people with mild/moderate intellectual disabilities are **more likely to have unsafe sex than their peers** H. Disparities by Disability Status Literature Search https://link.springer.com/article/10.1186/s12889-018-5572-9

Set/Specification Change	Commercial Performance	MassHealth Performance
No	75.6 Performance improved by 2.7 percentage points since 2016	71.8 Performance roughly the same as prior years

Colorectal Cancer Screening (Menu) (used by 3 payers)

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

Race/Ethnicity	Disability Status
• UMass performance showed a **higher screening rate for White** (72%) than other/multi-racial patients (58%). • During 2012-2016, CRC incidence **rates in Blacks were about 20% higher than those in Asian/Pacific Islanders (APIs).** The disparity for mortality is twice that for incidence; CRC death rates in Blacks are almost 40% higher than those in NHWs and double those in APIs. B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20. American Cancer Society Colorectal Cancer Facts and Figures 2020-2022	• 34% of those with an intellectual disability, 44% of those with spinal cord injury, and 46% of those with blindness/low vision reported adherence to recommendations over time and routine screenings, compared to 48% of the U.S. population without these disabilities. **Individuals with all 3 disabilities had lower odds of adherence to screening recommendations** H. Disparities by Disability Status Literature Search https://www.ajpmonline.org/article/S0749-3797(17)30011-9/abstract

Set/Specification Change	Commercial Performance	MassHealth Performance
No	79.4 Performance improved by 2.8 percentage points since 2016	N/A – used for SCO population only

Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg) (Menu) (used by 4 payers)

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

Race/Ethnicity	Disability Status
• Compared with white adults, the prevalence of diabetes is 77% **higher among Blacks and 66% higher among Hispanic adults** in the U.S. Racial/ethnic disparities in Type 2 diabetes are associated with disparities in diabetes control, elevated rates of diabetes-related complications, and higher health care costs. • UMass performance showed **higher control for Asians** (61%) than Black/African Americans (52%). A. DPH's Literature Review on Quality Measure Performance Disparities B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20.	• Compared to adults without disability, those with physical disabilities and those with cognitive limitations **experienced more diabetes and high blood pressure.** H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/21419369/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	76.3 Performance declined by 4.3 percentage points since 2016	73.6 Performance roughly the same as prior years

Comprehensive Diabetes Care: Eye Exam (Menu) (used by 3 payers)

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

Race/Ethnicity	Disability Status
• UMass performance showed eye exam rate of 39% for Black/African Americans and 32% for other race/multi-racial people • Michigan Medicaid managed care performance is 6.4 percentage points **higher for Whites than for Blacks.** B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20. D. State Disparities Research	• Compared to adults without disability, those with physical disabilities and those with cognitive limitations **experienced more diabetes**. H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/21419369/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	73.1 Performance roughly the same as prior years	68.7 Performance improved by 5.3 percentage points since 2016

Continuity of Pharmacotherapy for Opioid Use Disorder (Menu) (used by 1 payer)

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

Race/Ethnicity	Disability Status	Income
• From 2015 to 2017, nearly all racial/ethnic groups and age groups experienced significant increases in opioid-involved and synthetic opioid–involved overdose death rates, **particularly Blacks aged 45–54 years (from 19.3 to 41.9 per 100,000) and 55–64 years (from 21.8 to 42.7)** in large central metro areas. F. National Healthcare Quality and Disparities Report 2019	• Adults with disabilities were **significantly more likely than adults without disabilities to experience past year prescription opioid use** (52.3% with disabilities vs. 32.8% without), misuse (4.4% vs. 3.4%), and use disorders (1.5% vs. 0.5%). People with disabilities were **significantly more likely to misuse opioids for and to receive opioids from a health care provider.** Among people with opioid use disorder, people with disabilities were **less likely to receive treatment for prescription opioid use**. H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/30594480	• In 2005, the rate of ED visits involving opioid-related diagnoses was 104.9 per 100,000 for poor people, and in 2016, the rate increased to 314.3. **Data from 2005 to 2016 show disparities widening between high-income and low-income people**. F. National Healthcare Quality and Disparities Report 2018

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

Follow-up After Emergency Department Visit for Mental Health (7-Day) (Menu) (used by 1 payer)

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

Disability Status

- **Adults with disabilities had high ED use,** which was most pronounced in the context of poor access to care. They also consumed other health care services at higher rates than their peers. For adults with limitations, the frequency of visits associated with back/neck conditions, hypertension, mental disorders, heart conditions, and pneumonia/bronchitis was particularly high.

H. Disparities by Disability Status Literature Search https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3724353/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	69.6 Performance roughly the same as 2018	76.7 Performance roughly the same as 2018

Follow-Up After Hospitalization for Mental Illness (Menu) (used by 1 payer)

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

Disability Status

- People with developmental disability had a mean of 1.74 (SD 1.64) hospitalizations in 2005/06, compared with 1.32 (SD 0.82) hospitalizations for people without developmental disability. The proportion of people without developmental disability having only one hospitalization was greater than that of those with developmental disability. In contrast, **people with developmental disability were more likely to have multiple hospitalizations in that timeframe**.

H. Disparities by Disability Status Literature Search https://journals.sagepub.com/doi/pdf/10.1177/070674371005501106

Version	Set/Specification Change	Commercial Performance	MassHealth Performance
30 Days	No	81.0 Performance improved by 2.7 percentage points since 2018	67.2 Performance declined by 2.9 percentage points since 2018
7 Days	No	61.1 Performance improved by 2.5 percentage points since 2018	44.4 Performance declined by 4.6 percentage points since 2018

Immunizations for Adolescents (Combo 2) (Menu) (used by 4 payers)

Race/Ethnicity	Disability Status
• California Medicaid managed care performance was **4.7% lower for Whites than for Blacks.** • Michigan Medicaid managed care performance was **1.78% higher for Whites than for Blacks.** D. State Disparities Research F. National Healthcare Quality and Disparities Report 2019	• A literature review showed that people with disabilities have **lower rates of immunization uptake** across a range of different vaccines then their typically developing peers. H. Disparities by Disability Status Literature Search https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7012164/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	29.5 Performance roughly the same as 2018	38.4 Performance improved by 2.4 percentage points since 2018

Influenza Immunization (Menu) (used by 1 payer)

Race/Ethnicity	Disability Status
• Rates of influenza vaccination among adults aged 18+ are **significantly lower among Hispanics and non-Hispanic Blacks than non-Hispanic Whites**. • Hispanic patients whose preferred language is Spanish are significantly **less likely to receive flu vaccinations** than those who prefer to speak English. • The percentage of hospital patients who received the influenza vaccination was **lower for American Indians and Alaska Natives** (82.5%) than for whites (94.1%). • MGH data shows rates of evidence-based clinical care for inpatients were **equitable across racial and ethnic groups** for influenza vaccination. • UMass performance showed adults vaccination rates were **50% for Whites and 40% for Black/African Americans**. For their pediatric population, vaccination rates were **68% for Asians and 56% for Black/African Americans**. B1. MGH, Annual Report on Equity in Health Care Quality (AREHQ) 2018-2019 B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20. F. National Healthcare Quality and Disparities Report 2019	• Men and women aged 50 years and over with disabilities are **more likely to have received an influenza vaccine** in the past 12 months than those without disabilities. 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	No data	No data

Informed, Patient-Centered Hip and Knee Replacement (Menu) (used by 0 payers)

Race/Ethnicity

- A 2016 literature review showed that of the 4781 studies screened by title, and 346 by abstract, 7 studies included race in their analysis. Results included 5570 TKA patients, 4077 Whites (89%), and 482 (11%) Blacks. **In 5 studies, US Blacks had worse pain, in 5 worse function, and in 1 less satisfaction 6 months to 2 years after TKA.**[1]
- Black patients were **less likely than white patients to express "willingness" to consider joint replacement** if the procedure was needed and recommended. This was explained by differences between the groups in expectations of hospital course, pain, and function following surgery.[2]
- Black and Hispanic individuals reported **receiving joint replacement about two-thirds less often than whites**. The odds of undergoing joint replacement among Blacks and Hispanics are 0.46 compared with Whites after adjusting for access to insurance.[3]

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

[1]https://www.jrheum.org/content/43/4/765
[2]https://oce.ovid.com/article/00000889-200209000-00020
[3]https://pubmed.ncbi.nlm.nih.gov/12555056/

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Menu) (used by 4 payers)

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

Disability Status

- Substance abuse among persons with disabilities is **more prevalent** than among other persons for most substances.
- Individuals with disabilities are **disproportionately at greater risk of substance abuse** due to multiple risk factors such as "medication and health problems, societal enabling, a lack of identification of potential problems, and a lack of accessible and appropriate prevention and treatment services".

H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/23507161 and https://naric.com/?q=en/publications/volume-6-number-1-january-2011-substance-abuse-individuals-disabilities

Component	Set/ Specification Change	Commercial Performance	MassHealth Performance
Initiation	No	36.9 Performance improved by 2.5 percentage points since 2018	48.4 Performance is roughly the same as 2018
Engagement	No	13.0 Performance is roughly the same as 2018	18.3 Performance is roughly the same as 2018

Metabolic Monitoring for Children and Adolescents on Antipsychotics (Menu) (used by 1 payer)

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

Disability Status

- Children with intellectual difficulty/autism were **more likely to be prescribed antipsychotics** (2.8% have been prescribed an antipsychotic [75% with autism] compared with 0.15% of children without intellectual difficulty). Those with intellectual disabilities/autism were **prescribed antipsychotics at a younger age and for a longer period**. Antipsychotic use was associated with a higher rate of respiratory illness for all (PERR of hospital admission: 1.55 [95% CI: 1.51–1.598] or increase in rate of 2 per 100 per year in those treated).

H. Disparities by Disability Status Literature Search https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5905863

Set/Specification Change	Commercial Performance	MassHealth Performance
No	45.4 Performance improved by 5.8 percentage points since 2016	47.6 Performance improved by 9.7 percentage points since 2016

Risk of Continued Opioid Use (Menu) (used by 0 payers)

Equity Assessment:

- See the slide "Continuity of Pharmacotherapy for Opioid Use Disorder (Menu)" for data regarding opioid use and equity.

Version	Set/ Specification Change	Commercial Performance	MassHealth Performance
15 days	No	4.5	10.5
31 days	No	1.4	4.8

Shared Decision-Making Process (Menu) (used by 0 payers)

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

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

Use of Imaging Studies for Low Back Pain (Menu) (used by 3 payers)

- No equity data available from specified sources.

Set/Specification Change	Commercial Performance	MassHealth Performance
No	83.0 Performance improved by 1.3 percentage points since 2016	79.9 Performance improved by 2.5 percentage points since 2016

Child and Adolescent Well-Care Visits (Monitoring)

Race/Ethnicity

- BCH ACO Well-Child 3-6 performance: 84% Asian compared to 79% Other Race; 83% Hispanic or Latino compared to 77% not Hispanic or Latino. AWC: 79% Asian compared to 68% multiple races; 73% Hispanic or Latino compared to 70% non-Hispanic or Latino
- UMass performance **showed higher performance for Whites than for Blacks (this was not true of the BCH ACO data)** across all age ranges:

-Well Child 3-6: 85% White; 62% Black or African American

-Well Child 7-11: 78% White, 55% Black or African American

-Well Child 12-21: 67% White; 55% Black or African American

B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20.

B4. Boston Children's Hospital ACO.

Language

- BCH ACO Well-Child 3-6 and AWC showed similar performance comparing English to non-English speakers but **lower rates for Russian speakers.**

B4. Boston Children's Hospital ACO.

Disability Status

- Children with severe disabilities are at a **greater risk for receiving less than optimal health care** than children with less debilitating conditions.
- Children with developmental disabilities have the **most profound inequality in their health care experiences.**

H. Disparities by Disability Status Literature Search https://link.springer.com/article/10.1007%2Fs10995-016-2136-4 and https://pubmed.ncbi.nlm.nih.gov/28893818/

Previous Measure	Set/Specification Change	Commercial Performance	MassHealth Performance
Well-Child-Visits in the 3rd, 4th, 5th, and 6th Years of Life	No	93.6 Performance roughly the same as 2016	80.7 Performance roughly the same as 2016
Adolescent Well-Care Visits	No	79.4 Performance improved by 1.4 percentage points since 2016	68.2 Performance roughly the same as 2016

Comprehensive Diabetes Care: Hemoglobin A1c Testing (Monitoring)

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

Race/Ethnicity	Disability Status
• UMass performance showed **higher performance for Hispanics (82%) than for Black or African Americans (78%)**. • Michigan Medicaid managed care performance was 6% **higher for Whites than it was for Blacks.** B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20. D. State Disparities Research	• Compared to adults without disability, those with physical disabilities and those with cognitive limitations **experienced more diabetes.** H. Disparities by Disability Status Literature Search https://pubmed.ncbi.nlm.nih.gov/21419369/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	94.6 Performance is roughly the same as 2016	90.3 Performance is roughly the same as 2016

Contraceptive Care – Postpartum (Monitoring)

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

Disability Status

- In the first year postpartum, women with intellectual and developmental disabilities were **provided contraceptives at a higher rate** than were other women (relative risk 1.3); the difference was significant for both nonsurgical and surgical methods (1.2 and 1.8, respectively). The higher rate of nonsurgical contraceptive provision was explained by provision of injectables (1.9); there were no differences for pills or IUDs.

H. Disparities by Disability Status Literature Search https://www.guttmacher.org/journals/psrh/2018/05/contraceptive-provision-postpartum-women-intellectual-and-developmental

Set / Specification Change	Commercial Performance	MassHealth Performance
No	No data	21-44 Most/Mod 3 days - 12.8%; Most/Mod 60 days - 48.9%; LARC 3 - 2.7%; LARC 60 days 17.7% 15-20 Most/Mod 3 days - 11.0%; Most/Mod 60 days - 50.0%; LARC 3 - 7.2%; LARC 60 days 24.8% Generally, performance has improved or remained roughly the same for these measures

Prenatal & Postpartum Care - Timeliness of Prenatal Care (Monitoring)

Race/Ethnicity	Disability Status
• California Medicaid managed care **performance for Whites was higher than for Blacks** by 6.3%. • A 2016 National Vital Statistics Report showed that **only 51.9% of Native Hawaiian or Other Pacific Islander women begin care in the first trimester** compared to 82.3% of non-Hispanic White women.[1] • In Massachusetts during 2016-2018 (average), **White (87.3%) mothers had the highest rates of early prenatal care**, followed by Asian/Pacific Islanders (84.3%), American Indian/Alaska Natives (78.1%), Hispanics (78.0%) and blacks (70.7%).[2] D. State Disparities Research [1]https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_03.pdf [2]https://www.marchofdimes.org/Peristats/ViewSubtopic.aspx?reg=25&top=5&stop=24&lev=1&slev=4&obj=1	• Compared with women without disabilities, women with intellectual and developmental disabilities are **less likely to initiate prenatal care in the first trimester.** H. Disparities by Disability Status Literature Search https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6436018/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	95.5 Break in trending for 2018-19	83.0 Break in trending for 2018-19

Prenatal & Postpartum Care - Postpartum Care (Monitoring)

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

Race/Ethnicity	Disability Status
• California Medicaid managed care performance was **higher for Whites than it was for Blacks** by 11.1%. • Michigan Medicaid managed care performance was **higher for Whites than it was for Blacks** by 9.2%. D. State Disparities Research	• There are **high rates of postpartum hospital admissions and emergency department visits** among women with intellectual and developmental disabilities and a **significantly elevated risk of hospital utilizations for psychiatric reasons** compared with medical reasons. H. Disparities by Disability Status Literature Search https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6436018/

Set/Specification Change	Commercial Performance	MassHealth Performance
No	88.4 Break in trending for 2018-19 and new to Set	77.0 Break in trending for 2018-19 and new to Set

Well-Child Visits in the First 30 Months of Life (Monitoring)

Race/Ethnicity	Language	Disability Status
• BCH ACO performance for well-child visits in the first 15 months showed **highest performance for Blacks** (75%) and **lowest performance for Other Race** (68%) and **lower rates for Hispanics** (66%) than non-Hispanics. • UMass performance for well-child visits in the first 15 months showed **higher performance in Whites (85%) than in Hispanics (73%).** B3. UMass Memorial Ambulatory Health Equity Quality Dashboard. 12/21/20 B4. Boston Children's Hospital ACO. .	• BCH ACO performance for the first 15 months of life showed similar performance for English and non-English language preference but **lower rates for Portuguese speakers**. B4. Boston Children's Hospital ACO.	• Children with severe disabilities are at a **greater risk for receiving less than optimal health care** than children with less debilitating conditions. • Children with developmental disabilities have the **most profound inequality in their health care experiences.** H. Disparities by Disability Status Literature Search https://link.springer.com/article/10.1007%2Fs10995-016-2136-4 and https://pubmed.ncbi.nlm.nih.gov/28893818/

Previous Measure	Set / Specification Change	Commercial Performance	MassHealth Performance
Well-Child Visits in the First 15 months of life (6 or more visits)	No	94.0 Performance is roughly the same as 2016	82.3 Performance declined by 4.6 percentage points since 2016

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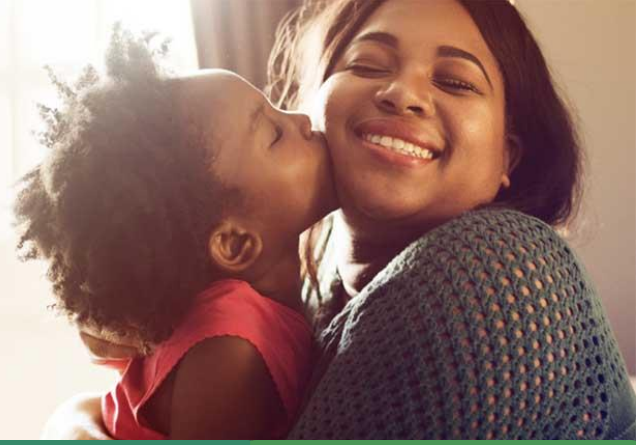
Next Steps

- **The next Taskforce meeting is scheduled for Tuesday, March 23 from 2:00 – 4:00 pm.**
- **During that meeting we will plan to discuss:**
  - Updated Quality Measure Catalogue results
  - Follow-up items from the November Taskforce meeting
  - Consideration of possible new measures

Appendix Slides

COMMUNITY CARE COOPERATIVE



Race, Ethnicity and Language Data

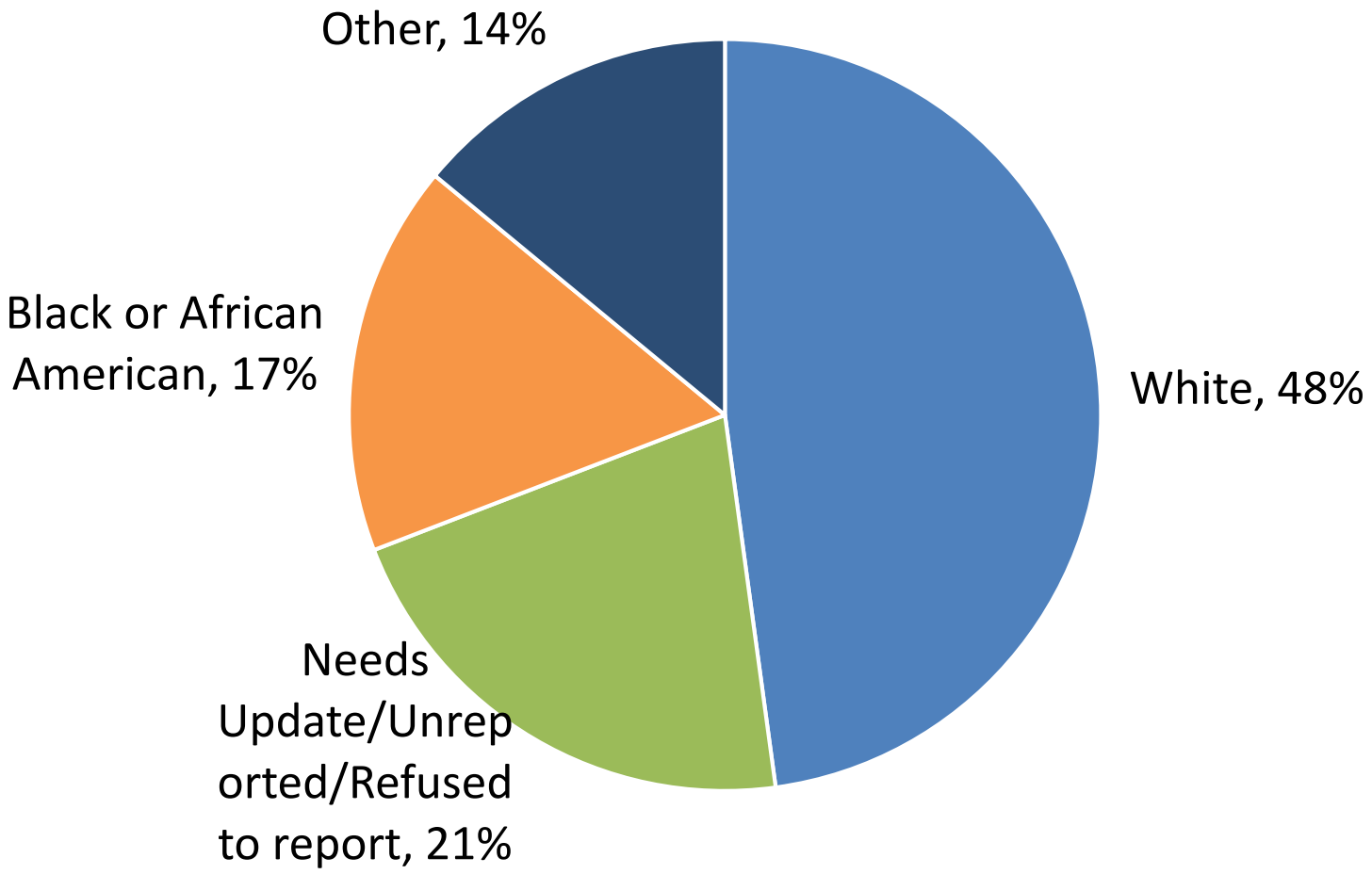
January 2021

Hypertension Data

Childhood Immunizations

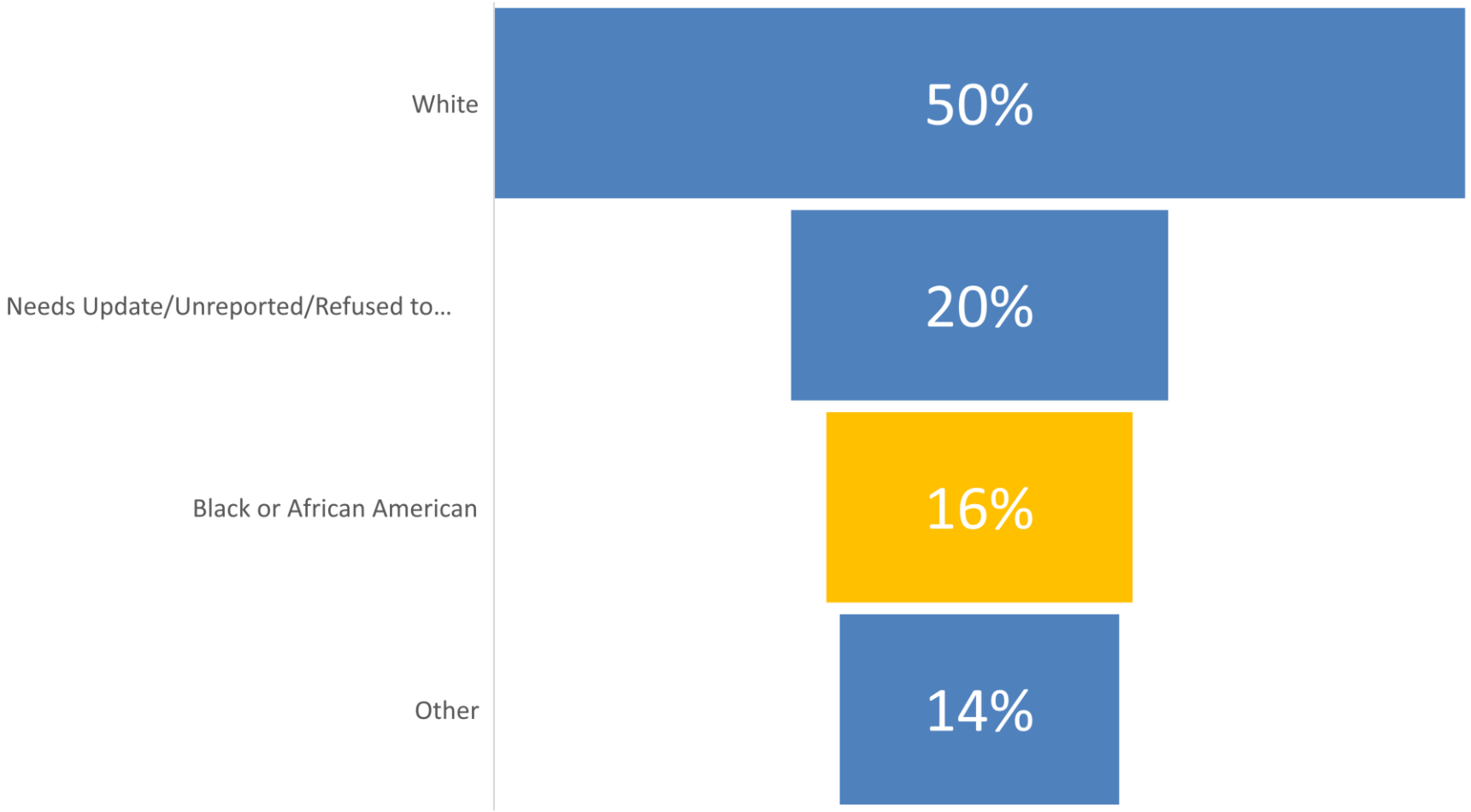
COMMUNITY CARE COOPERATIVE

HTN Patient Distribution by Race



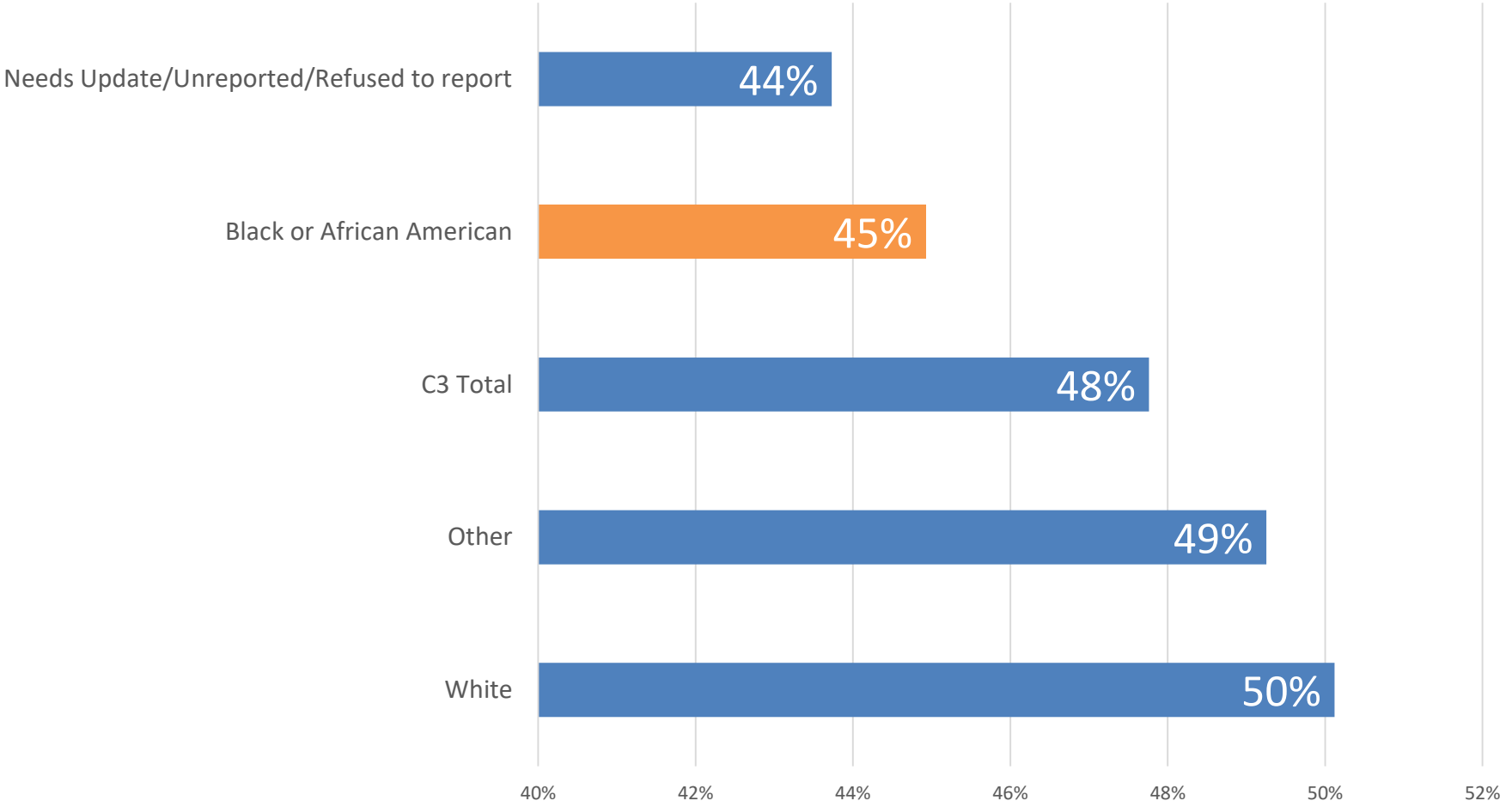
COMMUNITY CARE COOPERATIVE

Members With Controlled BP: Distribution by Race



COMMUNITY CARE COOPERATIVE

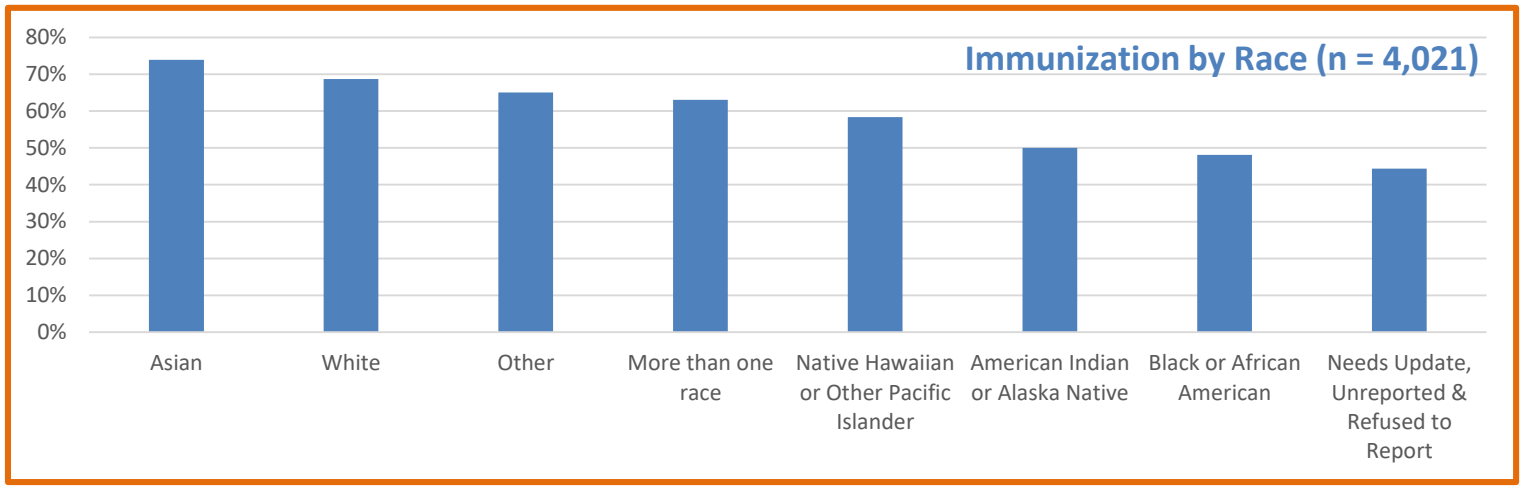
Proportion of Members With Controlled BP within Each Race:



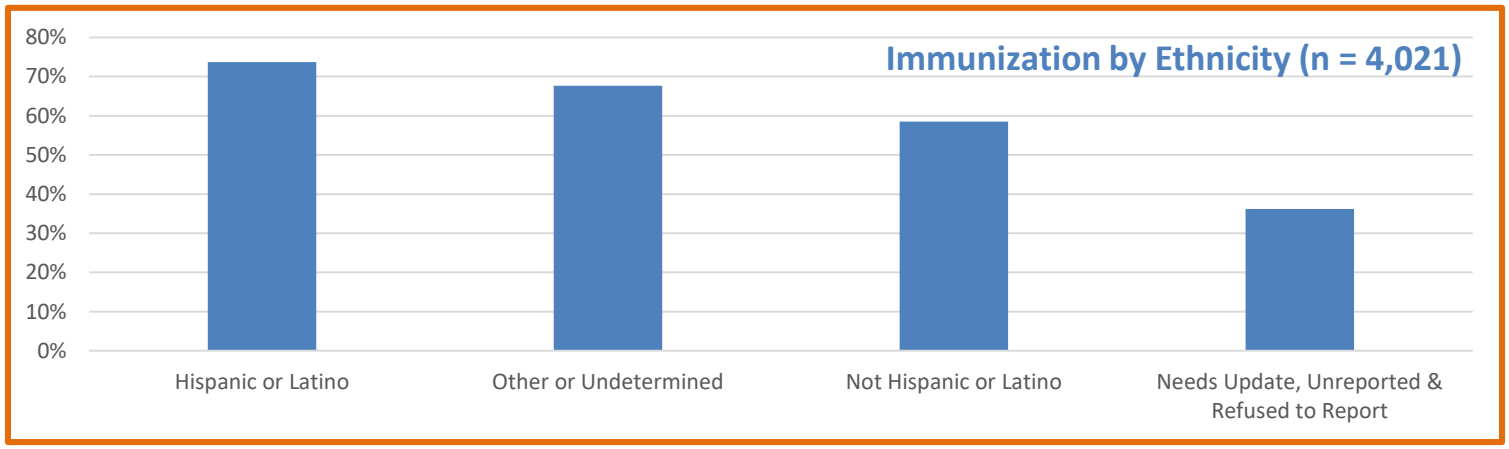
COMMUNITY CARE COOPERATIVE

Immunization Data

COMMUNITY CARE COOPERATIVE



Of the 4021 children aged 1-3 years old, Asian members and White members have the highest percentage of children who completed their immunizations by the age of 2 (74% & 69% respectively). Black/African American members have the second lowest, at 48%



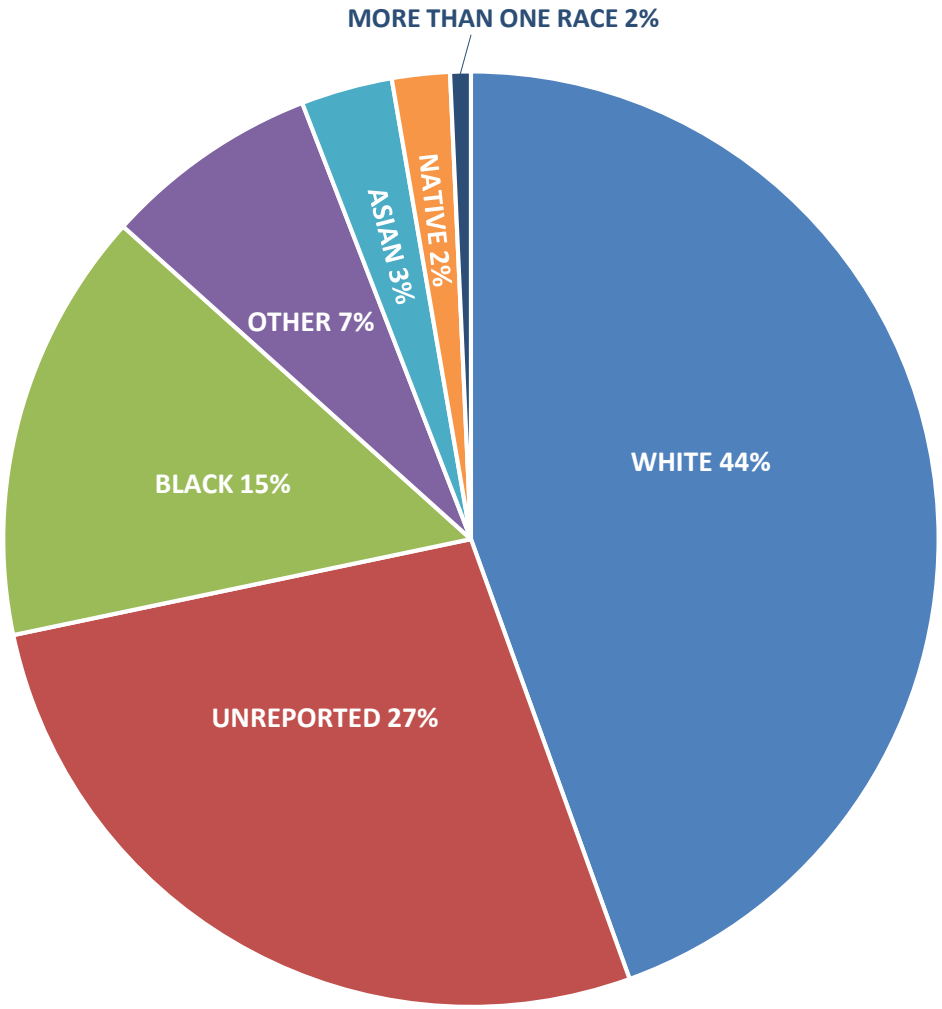
Among 1,758 Hispanic/Latinx children aged 1-3 years old, 74% have completed their immunizations by the age of 2 compared to 59% of 802 non-Hispanic children.

Quality Data

Health–related Social Needs Screening

COMMUNITY CARE COOPERATIVE

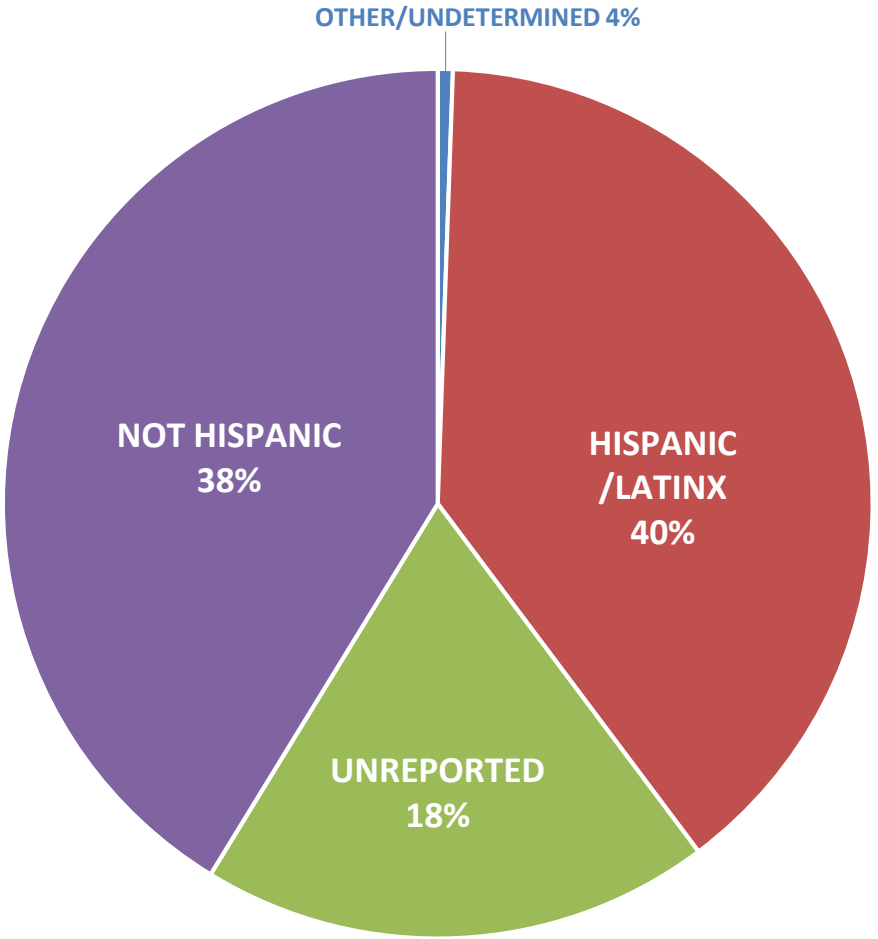
Race Data from Health-related Social Needs Screening



The distribution of C3 members who received HRSN screening across 9 health centers is consistent with the distribution of C3 members by Race. This analysis does not detect any inequities in the administration of the screening across races. However, the absence of the other 9 health centers may be skewing the data.

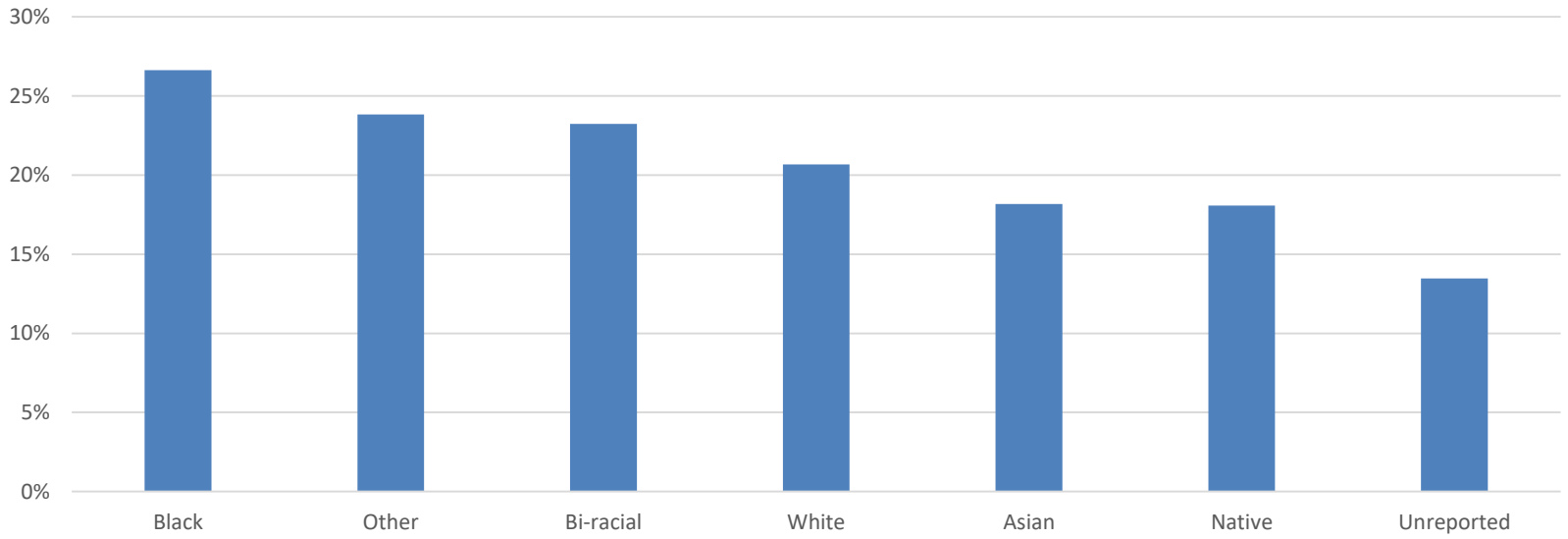
Ethnicity Data from Health-related Social Needs Screening

The distribution of C3 members who received HRSN screening across 9 health centers is consistent with the distribution of C3 members by Ethnicity. This analysis does not detect any inequities in the administration of the screening across ethnicities.



COMMUNITY CARE COOPERATIVE

NUMBER OF C3 MEMBERS WHO RECEIVED HEALTH–RELATED SOCIAL NEEDS SCREENING AS A PERCENTAGE OF ALL MEMBERS SEEN BY THE 9 HEALTH CENTERS THIS YEAR



Among all black/African American members seen across the 9 health centers this year, 27% received HRSN screening. The percentage among members with more than one race is 23% and among white members, 21%.

This analysis confirms the non-existence of disparities in HRSN screenings across race only among the nine health centers and not C3, given the absence of half of health centers

State's Request for Health Equity Data

Ambulatory Health Equity Quality Dashboard

12/21//2020

Tracey Wilkie

Office of Clinical Integration

UMass Memorial – Community Healthlink
UMass Memorial HealthAlliance-Clinton Hospital
UMass Memorial – Marlborough Hospital
UMass Memorial Medical Center
UMass Memorial Medical Group
UMass Memorial Accountable Care Organization, Inc.

Everyone, Everyday.

UMassMemorial Health Care

University of Massachusetts Medical School

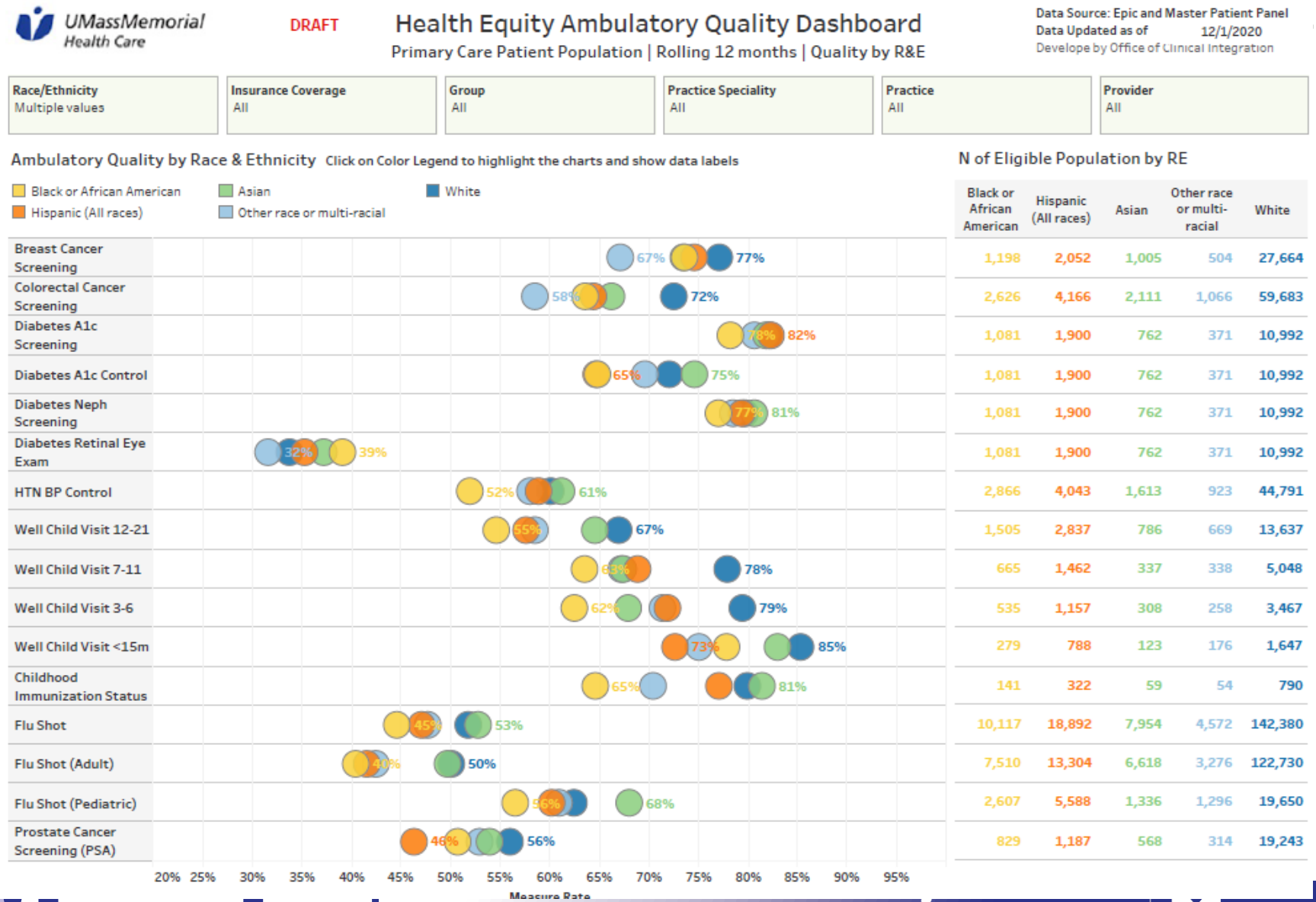
State's Quality Measure Alignment Taskforce Seeks Health Equity Data- Background

- The state's Quality Measure Alignment Taskforce is focusing on health equity.
- Therefore, it is asking that organizations share with it readily available data on quality performance by race, ethnicity, language, and/or disability status for the measures included within this Aligned Measure Set.
- Also of note: The comment period for the Aligned Measure Set ends on December 31.

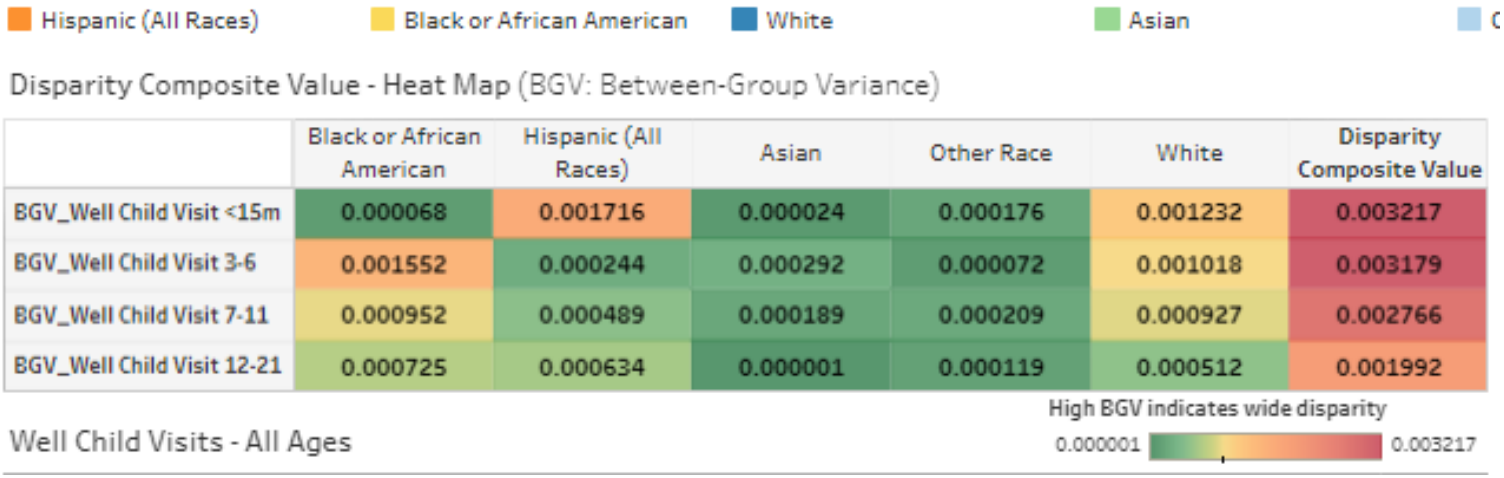
UMass Memorial Health Care
Health Equity Ambulatory Quality Dashboard

- Developed for purposes of measuring quality performance rates for each race/ethnic group
- Includes a subset of ambulatory quality HEDIS measures currently present in UMass Memorial payer contracts.
- Patient population represents all patients attributed to UMass Memorial primary care.
- The overall performance rates on the dashboard are payer blind but the dashboard has the capability of filtering by payer
- Calculating the Between Group Variance confirmed the population in the Well Child visit measures as the group to intervene with this year.

UMass Memorial Health Care
Health Equity Ambulatory Quality Dashboard

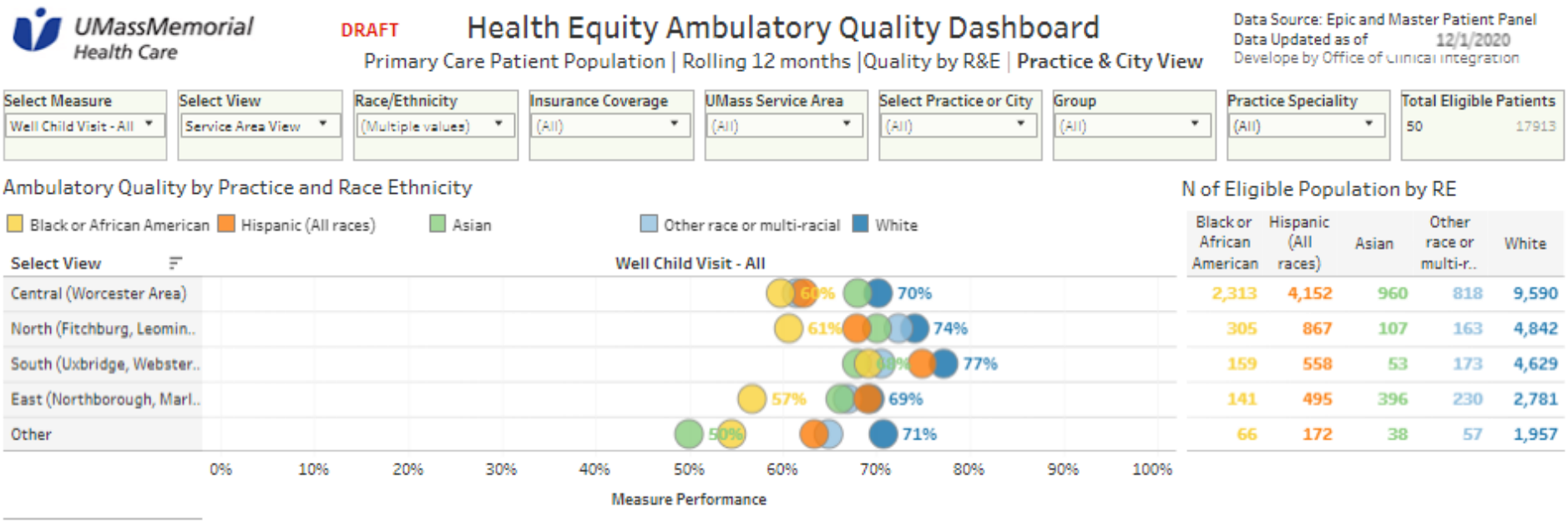


UMass Memorial Health Care
Health Equity Ambulatory Quality Dashboard
Well Child Visit Measure Improvement Initiative



Measuring the Between Group Variance identifies Well Child Visit measures as the areas for focus in FY2021

UMass Memorial Health Care
Health Equity Ambulatory Quality Dashboard
Well Child Visit Measure Improvement Initiative



Looking at the performance rates by geographic area identifies communities within out service area with more disparities.

"Each year, the state's Quality Measure Alignment Taskforce conducts an annual review of its Aligned Measure Set to recommend changes to EOHHS Secretary Marylou Sudders for adoption in contracts beginning January 1 of the following year. "

We support measurement of health equity using the HEDIS measures in the aligned measure set.

However, we have concerns with adding health equity measures to payer contracts:

- Provider healthcare systems such as UMass Memorial, participating in network contracts such as those with CMS and the Managed Care Network, do not have access to all participants' electronic medical record (EMR) systems where the data elements such as race, ethnicity and language live. Adding measures that require EMR data adds to the administrative burden on the systems.
- UMass Memorial Managed Care Network and UMass Memorial ACO are each comprised of 50% external participants; that is, only 50% of this data is found in the UMass Memorial EMR leaving the remaining 50% to be collected in a manual fashion.