

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

March 23, 2021



# Agenda



## 1. Welcome

## 2. Annual review

- a. Status updates
- b. Language on maximum number of measures per contract
- c. Consider possible new measures
- d. Consider proposed HEDIS changes

## 3. Next steps



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- 1. Welcome**
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# Status updates on follow-up items from previous meetings



1. Approach to engage community members in the health equity review
  - In February, a member of the Taskforce recommended reaching out to the Mass Coalition for Health Equity.
  - Taskforce staff have reached out to the Coalition explore whether there might be a way for them to interface with the Taskforce.
2. Quality Measure Catalogue survey results
  - We have revised how we are portraying results from the Quality Measure Catalogue survey to more accurately show adherence to the Aligned Measure Set and are in the process of conducting payer interviews
  - We will share results during the April Taskforce meeting
3. Consideration of new candidate substance use disorder measures
  - We will revisit this topic after the Substance Use Treatment Work Group meets. We will also revisit consideration of IET at this time.



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# Language on maximum number of measures per contract



- In February, the Taskforce recommended development of parameters on the total number of measures recommended for use within a global budget-based risk contract.
- We recommend the following language be added to the 2022 Measures and Implementation Parameters under Appendix B “Guiding Principles for Use of the Aligned Measure Set in Contracts”:

## *Total Number of Measure for Use in a Contract*

*The Taskforce aims to harmonize the use of quality measures across contracts and to reduce administrative burden on providers. In pursuit of those aims, the Taskforce recommends that payers and providers choosing to use the Aligned Measure Set limit the number of measures used in any given contract to 15 or fewer (this number excludes hospital measures). Contracting dyads should also consider the following:*

- *Overall measurement burden and*
- *Retaining measures addressing subpopulations experiencing disparities.*

**Do Taskforce members recommend any modifications?**



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# Annual Review Process



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Step	Timing
<b>1. Background</b> <ul style="list-style-type: none"> <li>• Measure selection criteria</li> <li>• State priorities</li> </ul>	November
<b>2. Review of the existing measure set</b> <ul style="list-style-type: none"> <li>• Opportunities to promote health equity</li> <li>• Specification changes</li> <li>• Use in contracts (through review of the Quality Catalogue)</li> <li>• Recent performance</li> </ul>	January - March
<b>3. Consideration of new measures</b> <ul style="list-style-type: none"> <li>• Revisit Prenatal and Postpartum Care: Postpartum Care and discuss Effective Contraceptive Use</li> <li>• Revisit 2020 Developmental Measures</li> <li>• New to HEDIS, the Medicaid Core Set, and MIPS</li> <li>• Others as recommended by the Taskforce</li> <li>• Substance use disorder measures scan</li> </ul>	November, March - April
<b>4. Revisit tentatively proposed changes, consider removal of measures, and finalize the Aligned Measure Set for 2022</b>	May





# Prenatal and Postpartum Care – Postpartum Care



- During the February Taskforce meeting, a Taskforce member recommended moving Prenatal and Postpartum Care – Postpartum Care from the Monitoring Set to the Menu Set given the development of robust guidelines on postpartum care and its clinical importance.
- Taskforce members who were less familiar with the measure, requested additional time to review the measure specifications.
- As a reminder, this measure lost NQF endorsement in 2016. Concerns related to the Postpartum Care component of the measure included concerns about the timing of the care visit being based on expert opinion and not evidence and the content of the visits not being assessed.
- **Does the Taskforce recommend moving Prenatal and Postpartum Care – Postpartum Care to the Menu Set?**



# Effective Contraceptive Care



- In February the Taskforce recommended removing Contraceptive Care – Postpartum but expressed interest in ambulatory-based contraceptive measures that could be applied to both the Medicaid and commercial populations.
- Taskforce staff committed to sharing an ambulatory contraceptive measure used by Oregon for the Taskforce’s consideration.
- [Measure specifications](#) were distributed to you prior to today’s meeting.
  - Numerator: Women in the denominator with evidence of female sterilization anytime throughout the claims history, or one of the following methods of contraception during the measurement year: IUD, implant, contraception injection, contraceptive pills, patch, ring, or diaphragm.
  - Denominator: All women ages 15-50 as of December 31 of the measurement year who were continuously enrolled in a MCO for the 12-month measurement period. *Exclusions outlined in specifications.*
- **Does the Taskforce wish to include this measure in the Aligned Measure Set?**



# 2020 Developmental Measure Priorities



- Our next step in the Annual Review is to consider new measures for inclusion. Prior to doing so, Taskforce staff remind the Taskforce of the eight 2020 Developmental Set priorities:
- Four of the development priorities are pediatric measures the Taskforce has recommended piloting, but for which we have received no volunteers to date:
  1. Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia
  2. Developmental Screening in the First Three Years of Life
  3. Fluoride Varnish
  4. Tobacco Use and Help with Quitting Among Adolescents
- **We will plan on asking again for pilot participants in June (although volunteers are also welcome in March).**



# 2020 Developmental Measure Priorities



- Two other developmental priorities are areas we have been monitoring; we last discussed them in August 2020:
  1. **Kindergarten readiness:** As a reminder, the Taskforce recommended monitoring development of Kindergarten Readiness by OHA.
  2. **Depression Remission or Response for Adolescents and Adults:** As a reminder, Taskforce members recommended continuing to monitor the operationalization of Depression Remission or Response for Adolescents and Adults.
- We will walk through each of these measures next.



# Kindergarten Readiness



- **October 16, 2019 Taskforce meeting:** Taskforce staff shared Oregon's Kindergarten Readiness measure strategy:
  - Use of two measures in 2020: Well-child visits for children 3-6 years old and Preventive dental visits for children 1-5 years old
    - *At the time, participants noted that Massachusetts performed well on Well-child Visits and that MassHealth has a dental measure.*
  - Work was underway to develop the two new measures addressing gaps in priority cross-sector topic areas (developmental screening and social-emotional health)
- **August 12, 2020 Taskforce meeting:** Oregon reported the timeline for the development of the two new measures was uncertain. Activities had been delayed as a result of the pandemic.
- **March 23, 2021 Taskforce update:** Social-emotional health was approved for initial pilot testing in November 2020, and a broader pilot began in February 2021.





# Kindergarten Readiness



## Health Aspects of Kindergarten Readiness Measurement Strategy Proposal

Stratification and reporting of metrics to examine disparities and for CYSHCN

**Preventive Dental Visits for Children 1-5**

- Data source: Claims.
- HAKR domain: Promotion/prevention.
- Mean score on HAKR measure criteria: 10.8 (out of 13)

**Well-Child Visits for Children 3-6**

- Data source: Claims.
- HAKR domain: Promotion/prevention.
- Mean score on HAKR measure criteria: 8.62 (out of 13)

**CCO-Level Metric Focused on Social-Emotional Health**  
(To be developed)

- Data and information provided by the CCO.
- HAKR domain: Promotion/prevention, Follow-up, and CCO cross-sector collaboration.

Potential components:

- Screen for and identify factors that impact social-emotional health.
- Assess capacity and utilization of behavioral health services.
- Address policies and payment for behavioral health services.

**Follow-Up to Developmental Screening\***

(Existing practice-level metric to be adapted for a CCO metric; proposed to replace developmental screening metric)

- Data source: EHR.
- HAKR domain: Follow-up.
- Mean score on HAKR measure criteria: 11.5 (out of 13).

**(Future) Child-Level Metric Focused on Social-Emotional Health**  
(To be developed, informed by CCO-level metric)

Potential examples:

- Screening for social-emotional health.
- Screening for social determinants of health and family factors impacting social-emotional health.
- Preventive care bundled metric.
- Dyadic behavioral health services for children 0-6.
- Metric(s) for children and youth with special health care needs.

**GOAL**

Health system behavior change, investments, and cross-sector efforts that contribute to improved kindergarten readiness.



### Estimated Year Metrics Ready for Implementation





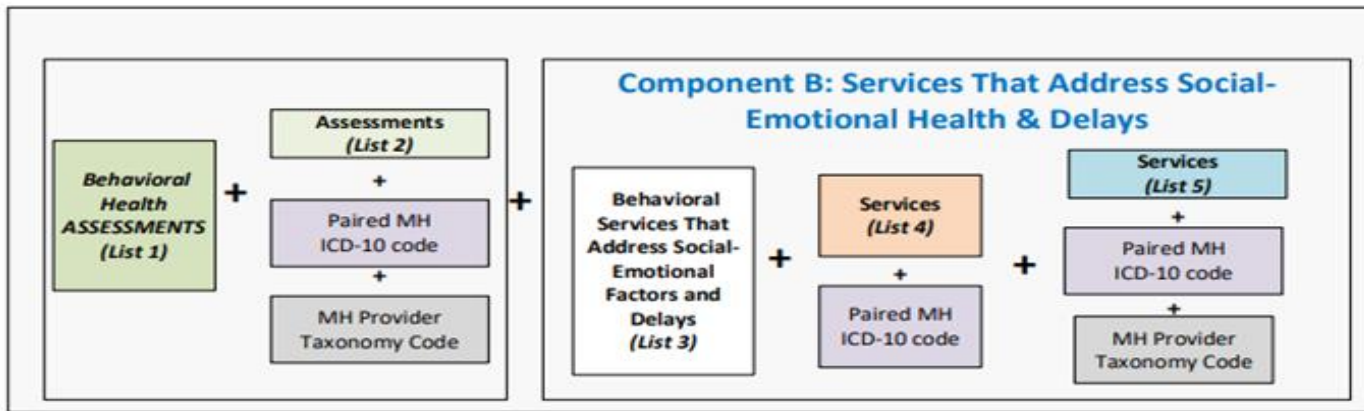
# Kindergarten Readiness



**Numerator: All members age 1-5 receiving a behavioral health assessment or service within the 12-month measurement year**

**Denominator: All attributed Children ages 1-5 within the 12-month measurement year who meet a cont. enrollment requirement**

**REACH Percentage:**  
= Proportion of attributed children age 1-5 who received an **assessment (A)** or **services (B)** in the last 12 months.



Version: 11-11-2020

Developed by Oregon Pediatric Improvement Partnership as part of the HAKR SE Metric Development in Partnership with Children's Institute and Oregon Health Authority.



**Social Determinants of Health  
Measurement Work Group  
*Final Report***

February 2021

The logo for the Oregon Health Authority, featuring the word "Oregon" in a small font above "Health" in a large, blue, serif font, with "Authority" in a smaller, orange, sans-serif font below it.





# Depression Remission or Response for Adolescents and Adults



- **October 16, 2019 Taskforce meeting:** The Taskforce recommended moving Depression Remission or Response from the Core Set to the Developmental Set based on Linda Shaughnessy's recommendation that the state first focus on screening and use of PHQ-9 then follow-up as part of a glide path to use of an outcome measure. She had shared that the rate of follow-up was too low to make Depression Remission or Response a viable measure.
- **August 12, 2020 Taskforce Meeting:** NCQA presenters shared that plans were facing the following barriers to implementing this ECDS measure: restrictions on behavioral health data sharing, unwillingness of plans, and learning how to use the data.
  - Taskforce members recommended continuing to monitor the operationalization of Depression Remission or Response for Adolescents and Adults.



# 2020 Developmental Measure Priorities



- The last two development measure priorities are measure concepts which we will further discuss:
  1. Health equity (*to be discussed next*)
  2. Care coordination (*to be discussed in April*)



# Health Equity



- June 2020: Undersecretary Peters said we were at an inflection point for the country and state and that addressing racism was top of mind for the Baker Administration
- July 2020: The Taskforce began discussing how to infuse health equity into its work.
- September 2020: The Taskforce reviewed and endorsed six steps to address health equity. These six steps are listed on the following slides.



1. **Improve the collection of RELD data by MassHealth, insurers and providers.**
  - a. Recommend to MassHealth, DOI and DPH standards and accountability mechanisms, for insurer, MassHealth and provider data collection and reporting.
    - i. This will include reviewing how data are collected in other states and at a national level to align where possible (so long as existing standards are raising the bar for collection and not lowering it).
    - ii. This will include a review of whether payers or providers are most suited to collection of these data.
  - b. Add a measure(s) to the Aligned Measure Set, that will motivate improved ACO network provider capture of RELD data, e.g., the percentage of attributed patients for which the ACO has complete RELD data and/or variation in performance on a screening or chronic disease measures by race, ethnicity, language or disability status relative to the majority population, e.g., a ratio.



2. **Recommend MassHealth and payers report on disparities on quality measures, since it has some, albeit incomplete, RELD data.**
  - a. Begin with a subset of Aligned Measure Set measures. As part of its Taskforce work group activity, DPH researched where published literature shows greatest disparities for measures within the Aligned Measure Set.
3. **Share available stratified analyses and develop a framework for interpreting stratified data.**
  - a. Start sharing analyses of stratified performance with the Taskforce.
  - b. Develop and apply a framework about how to interpret such data, being sensitive to the application of implicit biases.
3. **Add new voices to the Taskforce** through recruitment of a) representatives of racial/ethnic minority populations, b) additional disparities subject matter experts, and/or c) additional community health center representatives.
  - a. In the interim, invite subject matter experts to weigh in on topics of priority to the Taskforce.



4. **Add a disparities lens to the review of all measures.**
  - a. Add consideration of health equity implications to the measure selection criteria.
  - b. Focus the annual review of the Aligned Measure Set for implementation beginning in 2022 on how well the measure set addresses topics and health outcomes of known disparities for certain racial or ethnic populations or by disability status.
5. **Create a voluntary compact** among Massachusetts payers and providers committing to improved RELD data collection and stratification of quality measures.



- Since September, the following relevant actions have occurred:
  1. NCQA released a proposal for race and ethnicity stratifications of HEDIS measures.
  2. Bailit Health compiled examples of health equity incentive measure use in other states.
  3. Mark Friedberg proposed an additional area of equity focus for the Taskforce.
- The following slides present this information.



# NCQA Proposal for Race and Ethnicity Stratifications



- Goal: All plans to report measure performance by race and ethnicity using directly collected member data, in order to encourage health plans to integrate equity into quality measurement efforts.
- Timeline:
  - 3-year phased approach
  - 5 measures will be stratified in MY 2022
  - minimum of 15 measures stratified by MY 2024
- Race and Ethnicity Stratifications will be:
  - reported separately
  - defined according to an existing HEDIS descriptive measure, Race/Ethnicity Diversity of Membership (RDM)





# NCQA Proposal for Race and Ethnicity Stratifications



- **Direct data collection is the gold standard, using a phased approach:**
  - Plans must meet a direct data completeness threshold of 80% for race and 80% for ethnicity to report using their own direct data
  - Plans not meeting the data completeness threshold will be required to report the stratification using an approved method of indirect race and ethnicity assignment (two approaches are under consideration)
- **NCQA will convene a Health Equity Expert Work Group throughout 2021 to gather ongoing feedback and finalize the stratification specification.**



# NCQA Proposed Candidate List for Race & Ethnicity Stratification



## For Measurement Year 2022

- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care (CDC): HbA1c Control <8%
- Comprehensive Diabetes Care (CDC): Eye Exam
- Antidepressant Medication Management (AMM)
- Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)
- Adults' Access to Preventive/Ambulatory Health Services (AAP)
- Prenatal and Postpartum Care (PPC)
- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- Mental Health Utilization (MPT)

*Indicates measure is included in MA Aligned Measure Set*



# Health Equity: Approaches in Other States



- The Taskforce decided against considering a health equity measure per se for the Measure Set. For information purposes, however, we share examples of equity-focused measures in use in two states for financial incentive purposes.
- Michigan Medicaid
  - ✓ Health disparity reduction: HEDIS measures and low birthweight
    - Pairwise comparison (white reference population)
    - Index of Disparity (describes how much disparity exists in the entire population for one indicator by combining the disparity experienced by all subgroups into one measure)
- Oregon Medicaid:
  - ✓ Emergency Department Utilization for Individuals Experiencing Mental Illness
  - ✓ Meaningful Access to Health Care Services for Persons with Limited English Proficiency



# Health Equity: Mark Friedberg's Suggestion



- Proposal: Partner with a national organization(s) to develop a standard method for assessing the accuracy of the patient-level race and ethnicity data used in any equity-based performance incentive, partitioning the random and systematic components, since these have different implications for validity.
- Rationale: This issue applies to all performance measures. It is necessary to address if disparity reduction-focused measures are to be integrated into value-based contracts.



# Health Equity: Measure Option #1 RELD Data Collection



- Measure concept: Percentage of attributed patients for which the ACO has complete R, E, L, and/or D data
- Rationale: Provider organizations need to gather complete and standardized RELD data in order to measure health equity and reduce disparities in their patient population
- Special considerations:
  - EHRs typically capture REL status, but not in the same fashion, although use of OMB categories is common
  - EHRs do not capture disability status, nor is there a standard method for doing so
  - Small providers may be less likely to capture REL data, but we don't know this for certain
- RELD completeness measures are not currently used in contracts.



# Health Equity: Measure Option #2

## RELD Disparity Measurement



- Measure concept: Performance on Aligned Measure Set Measures stratified by R, E, L and or D, moving over time to reduction in disparities for selected measures, starting with three core set measures: A1c Poor Control, Controlling High Blood Pressure, Screening for Clinical Depression and Follow-up Plan
- Rationale: Stratification of quality measures is a necessary precursor to disparity identification and then reduction
- Special considerations:
  - As we have seen, at least some large MA health systems are measuring REL health disparities today using quality measures, as are FQHCs.
  - The measures may relate to those in the Aligned Measure Set but are probably not identical if generated using EHR data alone.
  - They are not using the same measures.
- RELD disparity measures are not currently used in contracts.



# HEDIS 2019/2020 Measures of Interest to the Taskforce



- **During the December 9, 2019 Taskforce meeting,** Taskforce members expressed interest in the following new 2019 and 2020 HEDIS measures once benchmark data became available.
  - As of March 2021, benchmark data are still not available for these measures, some data may become available as updated Quality Compass data are released over the summer and fall.
- **Does the Taskforce recommend revisiting these measures for inclusion during the next Annual Review process?**

Measure	LOB	Data Source	Description
Adult Immunization Status	Comm., Medicaid, Medicare	ECDS	The percentage of adults 19 years and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, Tdap, herpes zoster and pneumococcal.
Post-partum Depression Screening and Follow-up	Comm., Medicaid	ECDS	The percentage of deliveries in which members were screened for clinical depression during the postpartum period, and if screened positive, received follow-up care.





# Proposed HEDIS 2022 New Measures



- In its public comment request, NCQA shared proposed new measures for HEDIS 2022.
  - We excluded Advance Care Planning and Prescribing of Benzodiazepines in Older Adults as they are only for the Medicare product line.
- Does the Taskforce recommend adding the measure below to the Aligned Measure Set once finalized by NCQA, or revisiting this measure once performance data are available?

Measure	LOB	Data Source	Description
Antibiotic Utilization for Acute Respiratory Conditions	Comm, Medicare, Medicaid	Admin	The percentage of episodes for members 3 months of age and older with a diagnosis of an acute respiratory condition that resulted in an antibiotic dispensing event.





# New 2021 CMS Core Set Measures



- The following measure was added to the 2021 Medicaid Child Core Set.
  - We excluded Low-Risk Cesarean Delivery as it is a hospital measure.
- **Does the Taskforce recommend adding either of the measure below to the Aligned Measure Set?**

Measure	Steward	Description
Sealant Receipt on Permanent 1st Molars	American Dental Association (ADA)/Dental Quality Alliance	Percentage of children who have ever received sealants on permanent first molar teeth by their 10 <sup>th</sup> birthdate. <i>Replaced Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk, which is being retired by the steward.</i>



# Social Risk Factor Measures



- During the November 2020 Taskforce meeting, Taskforce staff shared feedback from the public recommending inclusion of a social risk factor measure in the Aligned Measure Set.
  - The Taskforce previously discussed this topic in 2018, but decided not to prioritize it.
- The Taskforce expressed interest in revisiting this topic and Taskforce staff committed to sharing the MassHealth, RI and NC measure specifications with the Taskforce for further consideration.
- **Prior to today's meeting, Taskforce staff distributed social risk factor screening [measure specifications](#) for your review.**



# Social Risk Factor Measures



## ■ Does the Taskforce wish to further consider any of these measures for inclusion?

Measure	Domains Screened	Description
Health-Related Social Needs Screening - MA	<b>Core:</b> Food, Housing, Transportation, Utility <b>Supplemental:</b> Employment, training, or education; Experience of Violence; Social Supports	ACO-attributed members 0 to 64 years of age who were screened for health-related social needs in the measurement year.
Screening for Social Determinants of Health - NC	Food Insecurity, Housing Instability, Transportation, Interpersonal Violence	All managed care enrollees for whom the Prepaid Health Plan completed a social determinants of health screening within 90 days of enrollment.
Social Determinants of Health Screening - RI	Food insecurity, Housing insecurity, Transportation, Interpersonal violence, Utility assistance	Individuals attributed to the primary care clinician who were screened for social determinants of health once per measurement year and for whom results are in the primary care clinician's EHR.



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# Proposed HEDIS Changes



- Taskforce staff have reviewed [NCQA's public comment request](#) for HEDIS measurement year 2022.
- In addition to the proposal on stratification by race and ethnicity for select HEDIS measures and new measures, we also want to share with you measures within the Aligned Measure Set with a proposed change.
  - We excluded measures without a substantive change.
- One factor we've included for your consideration is ECDS reporting. Before looking at individual measures with changes, we will review highlights from NCQA's proposed ECDS reporting roadmap.
- **As we review these proposed changes, please consider whether any of these proposed changes would influence your recommendation on retention and placement of the given measure within the Aligned Measure Set for 2022.**



# ECDS Roadmap



- ECDS is a HEDIS reporting standard introduced in 2015 that encourages the use and sharing of electronic clinical data across health care systems.
- NCQA introduced a variety of measures for ECDS reporting over the last five years, including new measures addressing behavioral health and immunizations.
- For MY 2019, NCQA allowed voluntary ECDS reporting alongside traditional reporting for three existing HEDIS measures (two of which are Menu Set measures):
  - Breast Cancer Screening (BCS)
  - Follow-Up Care for Children Prescribed ADHD Medication (ADD)
  - Colorectal Cancer Screening (COL)
- **NCQA outlined a proposed timeline to remove the Administrative reporting method for BCS and ADD for MY 2023 and for the Hybrid method in COL for MY 2024.**



# ECDS Roadmap



- NCQA also proposed expanding ECDS reporting.
- For MY2022:
  - Childhood Immunization Status (CIS)
  - Immunizations for Adolescents (IMA) and
  - Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM).
- For MY2023:
  - Cervical Cancer Screening (CCS).



# Impact of Proposed Changes on the MA Aligned Measure Set - Core Measures



Core Set	R/E Stratification	Transition to ECDS	Spec. Change
Controlling High Blood Pressure	MY 2022		

CONFIDENTIAL WORKING DRAFT - POLICY IN DEVELOPMENT





# Impact of Proposed Changes on the MA Aligned Measure Set - Menu Measures



CONFIDENTIAL WORKING DRAFT – POLICY IN DEVELOPMENT

Menu Set	R/E Stratification	Transition to ECDS	Spec. Change
Breast Cancer Screening		MY2022 -ECDS Optional MY2023 - ECDS Only	
Cervical Cancer Screening		MY2023 - ECDS Optional	
Childhood Immunization Status (Combo 10)		MY2022 - ECDS Optional	MY 2022, previous optional exclusions for contraindications to vaccinations for CIS and IMA will be respecified as required exclusions or included in the numerator to better align with their clinical intent.
Colorectal Cancer Screening		MY2022 - ECDS Optional MY2023 - ECDS Only	
Comp. Diabetes Care: Eye Exam	MY2022		Non-substantive



# Impact of Proposed Changes on the MA Aligned Measure Set - Menu Measures



CONFIDENTIAL WORKING DRAFT - POLICY IN DEVELOPMENT

Menu Set	R/E Stratification	Transition to ECDS	Spec. Change
Immunizations for Adolescents (Combo 2)		MY2022 -ECDS Optional	
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment			Numerous spec. changes to be discussed by the SUT Work Group and then revisited by the Taskforce
Metabolic Monitoring for Children and Adolescents on Antipsychotics		MY2022 -ECDS Optional	
Use of Imaging Studies for Low Back Pain			<ul style="list-style-type: none"> <li>expanding the upper age limit from 50 to 74 years of age,</li> <li>applying four additional guidelines-based clinical exclusions and</li> <li>applying existing cross-cutting exclusions for members with advanced illness/frailty and in palliative care.</li> </ul>



# Impact of Proposed Changes on the MA Aligned Measure Set - Monitoring Measures



CONFIDENTIAL WORKING DRAFT - POLICY IN DEVELOPMENT

Monitoring Set	R/E Stratification	Transition to ECDS	Spec. Change
Comprehensive Diabetes Care: Hemoglobin A1c Testing			Retired for MY2022
Prenatal & Postpartum Care: Timeliness of Prenatal Care	MY2022		
Prenatal and Postpartum Care: Postpartum Care	MY2022		
Well-Child Visits in the First 30 Months of Life	MY2022		



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# Next Steps



- **The next Taskforce meeting is scheduled for April 20<sup>th</sup> from 2:00 – 4:00 pm.**
- **During that meeting we will plan to discuss:**
  - Follow-up items from today's meeting
  - Revisit Quality Measure Catalogue survey results
  - Recommendations from the Substance Use Treatment Measure work group
  - Care coordination measures for consideration