

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

April 20, 2021



Agenda



- 1. Welcome**
- 2. Follow-up items from March**
- 3. Revisit Quality Measure Catalogue results**
- 4. Annual review**
 - a. Substance use treatment measures
 - b. Revisit health equity
 - c. Care coordination measures
 - d. Consider social risk factor measures
 - e. Consider new HEDIS and CMS measures
 - f. Consider proposed HEDIS changes
- 5. Next steps**



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Follow-up items from March



- Today, Taskforce staff will provide updates on the following action items from the March Taskforce meeting:
 1. Measures addressing patient-reported access to contraception.
 2. Consideration of a) whether Tobacco Use and Help with Quitting Among Adolescents has been modified to include vaping and b) other like measures that include vaping.
 3. Subgroup meeting to further specify the three recommendations on advancing health equity.



Measures Addressing Patient-reported Access to Contraception



- When considering measures regarding access to contraception during the January and February Taskforce meetings, members expressed concerns about potential for coercion and about reproductive justice.
- Members expressed interest in seeing whether there were any patient-reported measures on access to contraception.
- We looked for candidate measure options in the [NQF's Perinatal and Women's Health](#) 2019 and 2020 Reports and found one measure:

Measure	Description
Person-Centered Contraceptive Counseling (PCCC) measure University of California, San Francisco NQF # 3543	The PCCC is a four-item patient-reported outcome performance measure (PRO-PM) designed to assess the patient-centeredness of contraceptive counseling at the individual clinician/provider and facility levels of analysis.

- **Does the Taskforce wish to include this measure in the Aligned Measure Set? If so, in which category?**



Tobacco Use and Help with Quitting Among Adolescents



- Taskforce staff looked at **Tobacco Use and Help with Quitting Among Adolescents** to see a) if it has been modified to include vaping, and b) if other like measures exist that include vaping.
 - Response from CMS to this question 9/24/20: *“We would like to clarify that for the 2020 performance year this measure assesses tobacco use only and as such, does not include patients who vape or utilized electronic nicotine delivery systems (ENDS) as “tobacco users.” These patients would be identified as non-tobacco users and would not require tobacco cessation counseling intervention.”*
 - Bailit Health’s review of other tobacco use-related measures did not identify any that address vaping. Taskforce staff expect this to change, but the process for measure to be modified or newly introduced often lags the need to do so by multiple years.



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Revisit Quality Measure Catalogue Results



- During the January 19th Taskforce meeting we shared results from the most recent Quality Measure Catalogue survey with the Taskforce.
- During that meeting, we received:
 - feedback from Taskforce members about how we displayed results of the Quality Measure Catalogue survey, and
 - a request that we conduct interviews with payers to better understand alignment with the Aligned Measure Set, and reasons for payer use of unique measures.
- Today we will share:
 - updated graphs depicting payer self-reported fidelity to the 2021 Aligned Measure Set, and
 - key themes from our interviews with payers.



Measures Used in Contracts: Notes



- Hospital measures are excluded from all Measure Catalogue analyses since the Taskforce has not reviewed them
- Measures in the Core and Menu sets, and those designated as Developmental or Innovation measures, are considered to be in adherence with the Aligned Measure Set.
- To clarify the distinction between the two “Not Endorsed” categories:
 - **Not Endorsed – Reviewed by Taskforce:** Measures that were considered during the Taskforce annual review and were not endorsed
 - **Not Endorsed – Added by Payer:** Measures that were not considered during the Taskforce annual review and do not meet the criteria for Developmental or Innovation measures



Aligned Measure Set Adherence Rate



Statewide (All-Payer)	BMC					
	MassHealth	HPHC	BCBSMA	HealthNet	THP	HNE
2019: 61%	2019: 100%	2019: 45%	2019: 47%	2019: 59%	2019: 61%	2019: 34%
2020: 70%	2020: 100%	2020: 53%	2020: 62%	2020: 57%	2020: 56%	2020: 42%
2021: 83%	2021: 100%	2021: 85%	2021: 81%	2021: 67%	2021: 60%	2021: 38%

- Adherence rate is defined as the proportion of measures used in contracts that are endorsed (includes Core, Menu, Developmental, and Innovation measures)
- MassHealth does use measures outside the Aligned Measure Set, but the Taskforce agreed that inclusion of these MassHealth population-specific measures is appropriate and in adherence.
- Calculation accounts for frequency of measure use in contracts:

(number of instances endorsed measures were used by a given payer in their global budget-based risk contracts)

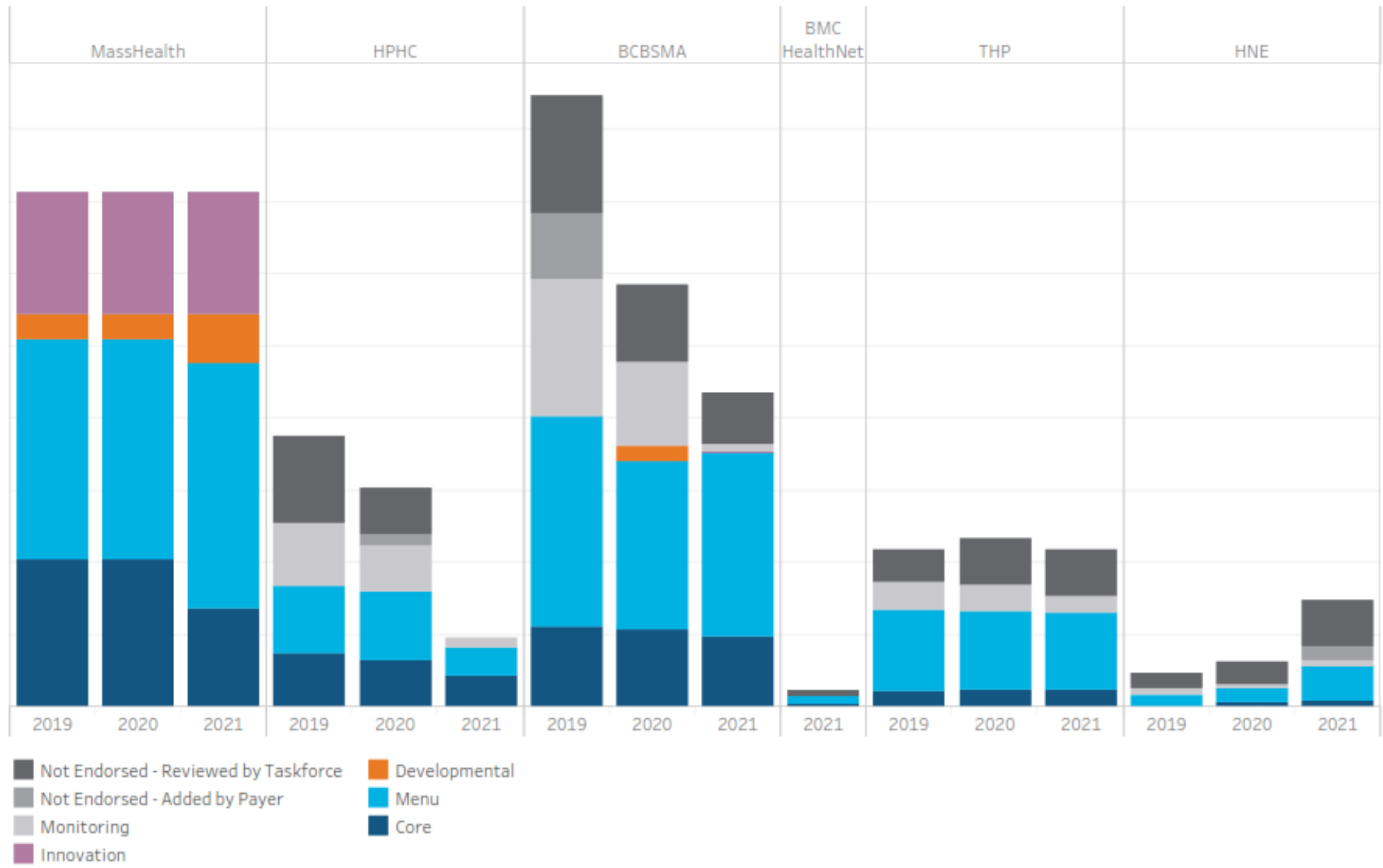
(sum of instances each measure was used by a given payer in their global budget-based risk contracts)



Measures Used in Contracts: Proportion Endorsed Measure Use



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This is a visual representation of the table on the prior slide, and also adds context to the adherence rate by highlighting variation between payers in frequency of any quality measure use in contracts.



Results from Payer Interviews on the Quality Measure Catalogue



- During March and April, we held interviews with the following four payers:
 - Blue Cross Blue Shield of Massachusetts
 - BMC HealthNet Plan
 - Health New England
 - Tufts Health Plan

- Our goals were to better understand contractual use of:
 - the Aligned Measure Set and barriers to adoption;
 - measures outside of the Aligned Measure Set, and
 - Innovation Measures (see definition on the next slide).



Innovation Measures



- The Innovation measure category includes measures which address: a) **clinical topics or clinical outcomes in the Core or Menu Sets utilizing a novel approach** or b) **clinical topics that are not addressed in the Core or Menu Sets.**
- Innovation measures are well-defined, and have been validated and tested for implementation. Innovation measures are intended to advance measure development and therefore cannot include measures that have been previously considered and rejected by the Taskforce as potential Core or Menu measures.
- Innovation measures can be used on a pay-for-performance or pay-for-reporting basis at the mutual agreement of the payer and providers.
- For payers choosing to voluntarily adopt the Massachusetts Aligned Measure Set and its associated parameters, use of Innovation measures, at the outset, will not be limited in number. The Taskforce will monitor and revisit use of Innovation measures. The Taskforce will evaluate Innovation measures, once developed and tested, for inclusion in the Menu or On Deck Sets.



Results from Payer Interviews on the Quality Measure Catalogue



- 1. Plans all claim to be trying to adopt the Aligned Measure Set. Some doing so much more strictly than others.**
 - Provider request (and market power) is a cause for some of the deviation. Providers want measures for which they perform well.
 - NCQA use of a measure for accreditation is another reason for payer deviation from the Aligned Measure Set.
- 2. Fidelity rates have improved over time for some payers as multi-year contracts expired and new contracts reflected the Aligned Measure Set.**
 - While HPHC previously did so, other payers will not change quality measures during a multi-year contract.
- 3. Payers identified a couple of problems with Aligned Measure Set:**
 - Not enough child-specific measures
 - Some measures have insufficient denominators at the ACO level



Results from Payer Interviews on the Quality Measure Catalogue



4. Payers made a few suggestions for future Taskforce attention:
 - a. Provide insurers with access to DPH's Massachusetts Immunization Information System (MIIS) to help with calculation of Childhood Immunization Status.
 - b. Add subspecialty measures to the Aligned Measure Set, starting with:
 - maternity care
 - behavioral health care
 - c. Add hospital measures.
 - d. Reduce the size of the Menu Set to further alignment. There are still too many possible measures from which to choose.
 - e. Facilitate plan access to EHR clinical data. Lack of access is a significant barrier to adoption of certain measures.



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Annual Review Process



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Step	Timing
1. Background <ul style="list-style-type: none">• Measure selection criteria• State priorities	November
2. Review of the existing measure set <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Revisit Prenatal and Postpartum Care: Postpartum Care and discuss Effective Contraceptive Use• Revisit 2020 Developmental Measures• New to HEDIS, the Medicaid Core Set, and MIPS• Others as recommended by the Taskforce• Substance use disorder measures scan	November, March - April
4. Revisit tentatively proposed changes, consider removal of measures, and finalize the Aligned Measure Set for 2022	May



Substance Use Treatment Measures



- During 2020 the Taskforce added measures addressing opioid use treatment but did not have time to conduct a full substance use treatment measures scan.
- This year, you recommended forming a work group of subject matter experts to review candidate substance use treatment measures and make recommendations to the Taskforce on which measure(s) should be considered for inclusion in the Aligned Measure Set for use in 2022.
- The Substance Use Treatment Work Group met on March 26th and April 9th to develop the recommendations on the following slides.



SUT Work Group Participants



1. **Terri Anderson**, Assistant Commissioner, Massachusetts Department of Mental Health
2. **Alice Dembner**, Program Director for Substance Use Disorders and Justice-Involved Populations, Community Catalyst
3. **Gregory Harris**, Senior Medical Director Behavioral Health, Blue Cross Blue Shield of Massachusetts
4. **Julia Lindenberg**, Assistant Professor of Medicine, Beth Israel Deaconess Medical Center
5. **Ann-Marie Matteucci**, Statistics & Evaluation Specialist for Substance Addiction, Bureau of Substance Addiction Services, MA Department of Public Health
6. **Leena Mittal**, Chief of the Division of Women's Mental Health, Brigham and Women's Hospital
7. **Barbara Spivak**, President & CEO, Mount Auburn IPA
8. **Sarah Wakeman**, Medical Director, Mass General Hospital Substance Use Disorder Initiative



Substance Use Treatment Measures: Proposed Changes to IET Measure



- The SUT Work Group reviewed NCQA's 2021 proposed changes to the **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)** measure. These changes include:
 1. Change the measure from "member-based" to "episode-based" to allow multiple treatment episodes to be measured independently.
 2. Lengthen the negative SUD look-back period from 60 days to 180 days for defining a "new episode of SUD treatment." A longer look-back period in the denominator will improve the measure's validity.
 3. Remove the measure numerator requirement that psychosocial treatment accompany pharmacotherapy for treatment of opioid and alcohol use disorders, in line with updated clinical practice guidelines.



Substance Use Treatment Measures: Proposed Changes to IET Measure



4. Add stratification for “behavioral health complexity” (co-occurring mental health or SUD diagnosis) to total SUD stratification rates. Stratification can help HEDIS users identify and evaluate early SUD treatment for select subpopulations, such as patients with co-occurring conditions.
5. Split the current adult age stratification (18+ years of age) into 18–64 and 65+, to provide a more detailed assessment.



Substance Use Treatment Measures: Work Group IET Recommendation



- The Work Group recommended against inclusion of the **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment** measure in the Aligned Measure set. Their reasoning was as follows:
 1. While the proposed changes reflect changes in practice for SUD, the **measure may not be valid**. The coding does not always capture people with active substance use disorder.
 - For opioid codes specifically, they may misclassify those with chronic pain.
 - Discussion of substance use with someone in remission would be coded, but in that circumstance treatment should not be initiated.
 - “Bad behaviors” could cause higher performance.
 2. The measure **needs to include additional medications** (e.g., Gabapentin and Trolamine) for treatment of alcohol use disorder.
 3. NCQA should show the measure is valid and that improved performance equates to improved treatment.



Substance Use Treatment Measures: Work Group Inclusion Recommendation



- The SUT Work Group recommended inclusion of **SUD Assessment in Primary Care and Continuity of Pharmacotherapy for Opioid Use Disorder**.
- **SUD Assessment in Primary Care** (new measure)
 - The Work Group supported incentivizing routine screening of substance use as starting place for measurement and liked that this is an administrative measure.
 - This measure will help to encourage universal screening and increased coding. If clinicians are not routinely coding for the measure, the measure may need a ramp-up period prior to use in the Aligned Measure Set.
 - The Work Group supported utilizing a multi-year strategy that would first implement a screening-only measure, which would be replaced with a screening and follow-up measure for alcohol and other drugs, and would include adolescents



Substance Use Treatment Measures: Work Group Inclusion Recommendation



- **Continuity of Pharmacotherapy for Opioid Use Disorder**
(currently in Aligned Measure Set)
 - The Work Group supported this measure because it will incentivize clinicians to help patients remain in treatment, it is focused on the use of medications to support OUD treatment, and because increasing member engagement may impact cost and quality outcomes.



Substance Use Treatment Measures Work Group Removal Recommendation



- **Risk of Continued Opioid Use Disorder** is currently in the Aligned Measure Set. The Work Group voiced multiple concerns about this measure and recommended against its continued inclusion in the Aligned Measure Set. Cited concerns included:
 - Illicit use, and not prescribed use, is the greatest problem. Therefore, additional focus on opioid prescribing is not warranted.
 - Discontinuation of medications may cause harm.
 - This measure may lead to discrimination against BIPOC patients.
 - There is a risk of not appropriately treating pain for new medication starts.
 - There is potential to misrepresent prescribing patterns (e.g., providers will perform well on the measure if they prescribe frequent prescriptions with small numbers of pills in each).



Revisit Health Equity



- During the March 23rd Taskforce meeting, a subgroup of Taskforce members agreed to meet to further specify the following recommendations:
 1. a new measure of ACO RELD data completeness
 2. ACO reporting of stratified measures
 3. partnering with a national organization(s) on research into methods for assessing accuracy of patient-level race and ethnicity data

- The subgroup met on April 5th. While additional work remains to be done to present a recommendation to the Taskforce, the following slides reflects the outcome of the meeting.



Revisit Health Equity: Ideas from 4/5 Subgroup Meeting



1. Addressing **RELD data collection and RELD disparity measurement** through the creation and administration of two surveys – one for payers and one for providers.
 - Use the surveys to assess the current state of RELD data capture and to have ACOs report to payers (only) stratified rates for the three proposed Core Measures plus one pediatric measure (TBD).
2. Supporting Mark as he seeks a national funding partner willing to support **development of a standard method for assessing the accuracy of the patient-level R/E data** used in any equity-based performance incentive, partitioning the random and systematic components, since these have different implications for validity.
 - Taskforce members can support this work by attending summer virtual meeting on this topic.



Social Risk Factor Screening 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	Core: Food, Housing, Transportation, Utility Supplemental: 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.



Care Coordination Measures



- **During the September 9, 2020 Taskforce meeting**, Taskforce members agreed with Clara Filice's recommendation to add care coordination as a developmental priority given MassHealth's interest in the topic.
- Taskforce staff conducted an environmental scan of care coordination measures the Taskforce may want to consider.
- We did so using the following sources:
 - National Quality Forum environmental scan of measures and measure concepts related to care coordination
 - Agency for Healthcare Research and Quality Care Coordination Measures Atlas
 - Centers for Medicare & Medicaid Services' Merit-Based Incentive Payment System 2020 measures list



Care Coordination Measures: Background Information



- Clara Filice asked that the Taskforce consider the inclusion of care coordination measures during the 2020-21 annual review.
- Historical context: The Taskforce first considered the topic of care coordination measures on 2-27-18.
 - At that time, Rich explained that *care coordination* is the set of activities that go with co-creating and implementing a care plan with a patient, family, and caregiver. *Care integration* is related to the experience of an outcome (e.g., communication with care team, access to appointments, linkage to the community).
 - Rich described two complementary surveys for consideration.
 - **Patient Perceptions of Integrated Care (PPIC)**: For adult patients. Focuses on a primary care provider as the entity that anchors care, even for individuals with complex care needs.
 - **Pediatric Integrated Care Survey (PICS)**: For pediatric patients. Allows a patient, family, or caregiver to evaluate the entirety of a care team, and not only a primary care provider.



Care Coordination Measures: Background Information



- Three other surveys - Care Coordination Quality Measure for Primary Care (CCQM-PC), Client Perception of Coordination Questionnaire (CPCQ) and Family Experiences with Coordination of Care (FECC) – were briefly discussed but not endorsed.
- Barbra advocated for including one or more surveys to test in addition to CG-CAHPS. She said care coordination was partially addressed within CAHPS, but integration was not. Others agreed.
- The Taskforce endorsed the following as a developmental measure:
 - A version of CG-CAHPS that supplements, modifies, or substitutes questions, potentially including questions from the following surveys:
 - i. Patient Perceptions of Integrated Care (PPIC) survey
 - ii. Pediatric Integrated Care Survey (PICS)
- No subsequent work was ever performed to develop and test this developmental measure.



Care Coordination Measures Scan



- More recently, Taskforce staff conducted an environmental scan of care coordination measures the Taskforce may want to consider.
- We did so using the following sources:
 - National Quality Forum (NQF) environmental scan of measures and measure concepts related to care coordination
 - Agency for Healthcare Research and Quality (AHRQ) Care Coordination Measures Atlas
 - Centers for Medicare & Medicaid Services' (CMS) Merit-Based Incentive Payment System (MIPS) 2020 measures list



Care Coordination Domains



COORDINATION ACTIVITIES

- Establish accountability or negotiate responsibility
- Facilitate transitions
- Assess needs and goals
- Create a proactive plan of care
- Monitor, follow-up and respond to change
- Support self-management goals
- Link to community resources
- Align resources with patient and population needs

BROAD APPROACHES

- Teamwork focused on coordination
- Health care home
- Care management
- Medication management
- Health IT-enabled coordination

PATIENT/FAMILY PERSPECTIVE

- Patient report of satisfaction with coordination of care
- Family report of confusion or hassle
- Patient report of unnecessary care

HEALTH CARE

PROFESSIONAL(S) PERSPECTIVE

- Nurses reports of confusion or hassle
- Physician survey of effectiveness of medication management process at averting drug interaction complications

SYSTEM REPRESENTATIVE(S)

PERSPECTIVE

- Quality of care measured through analysis of medical chart data, HER or administrative data
- Health care utilization by a group of patients
- Costs



Overview of Findings



- Overall, researchers and measurement experts note significant gaps due to the complexity of the construct itself, and the difficulty in collecting data on care coordination activities.
- Literature on care coordination measures emphasize the importance of considering three perspectives on care coordination:
 - patient/family
 - health care providers
 - health care system
- Most measures assess performance on care coordination from only one of the three perspectives.
- Some condition-specific measures that are based on administrative data could be considered as care coordination measures.
- The *vast majority* of measures that specifically look at care coordination are *survey-based*.



Criteria for Identifying Candidate Measures



Taskforce staff outlined the following criteria for identifying candidate measures:

- Developed and validated (i.e., “ready for prime time”) based on generally accepted criteria
- Minimizes member and plan/ ACO data collection burden
- Because the request came from MassHealth, addresses member scenarios prevalent in the MassHealth population, including:
 - Mental health and substance use disorder
 - Multiple chronic conditions
 - Children with medical complexity
 - Social complexity alone or in combination with above conditions



Measures That Meet Criteria



Based on the identified criteria, we found the following candidate measures for consideration:

1. Closing the referral loop
 2. Care coordination questions in the MHQP version of the CAHPS Clinician & Group Survey (CG-CAHPS)
 - Someone from provider's office followed up with patient to give results of blood test, x-ray, or other test
 - Provider was informed and up-to-date about care the patient received from other specialists.
- These candidate measures do not provide a comprehensive assessment of care coordination. Rather, they focus on one element.



Potential Measures That Meet Criteria



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Measure Name Steward	Description	Previous Discussion
Closing the Referral Loop: Receipt of Specialist Report CMS	The percentage of patients with referrals, regardless of age, for which the referring provider receives a report from the provider to whom the patient was referred.	Not previously discussed.
MHQP version of the CAHPS Clinician & Group Surveys (CG-CAHPS) AHRQ	<p>The MHQP version of CG-CAHPS includes two questions that could be used to measure care coordination:</p> <ul style="list-style-type: none"> • In the last 12 months, how often did your provider seem informed and up-to-date about the care you got from specialists? • In the last 12 months, when your provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider’s office follow up to give you these results? 	Not previously discussed.



Measures That Did Not Meet Criteria but May Merit Consideration



Other measures of care coordination that could be considered if the criteria were broadened include:

- Client Perception of Coordination Questionnaire
- Care Coordination Quality Measure for Primary Care
- Family Experiences with Coordination of Care



Candidate Measures Utilizing Survey Data



Measure Name Steward	Description	Previous Discussion
Client Perception of Coordination Questionnaire AHRQ	31-item questionnaire to measure patient-centered care and care coordination in health care delivery from a consumer perspective. Addresses identification of need, access to care, patient participation, patient-provider communication, and global assessments of care.	Previously presented, but not discussed.
Care Coordination Quality Measures for Primary Care AHRQ	Survey of adult patients' experiences with care coordination in primary care settings.	Previously discussed, determined by Taskforce to be too long.

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Candidate Measures Utilizing Survey Data



Measure Name Steward	Description	Previous Discussion
Family Experiences with Coordination of Care Measure Set Center of Excellence on Quality of Care Measures for Children with Complex Needs	Survey developed to gather information needed to score 20 separate and independent quality measures that assess the quality of care coordination services received by children with medical complexity.	Not previously discussed.

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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 were not available for these measures; some data may become available as updated Quality Compass data are released during 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.

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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 /Dental Quality Alliance	Percentage of children who have ever received sealants on permanent first molar teeth by their 10 th birthdate. <i>Replaced Dental Sealants for 6-9-Year-Old Children at Elevated Caries Risk, which is being retired by the steward.</i>



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 (discussed during the March meeting), 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 Measurement Year (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 has proposed a 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 has also proposed expanding voluntary ECDS reporting.
 - For MY2022:
 - Childhood Immunization Status (CIS)
 - Immunizations for Adolescents (IMA)
 - 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		

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



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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	For MY 2022, proposal for previous optional exclusions for contraindications to vaccinations for CIS and IMA to 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



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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			See earlier discussion.
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"> Expanding the upper age limit from 50 to 74 years of age Applying four additional guidelines-based clinical exclusions Applying existing cross-cutting exclusions for members with advanced illness/frailty and in palliative care.



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



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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 **May 18th from 2:00 – 4:00 pm.**
- During that meeting we plan to finalize the Aligned Measure Set for 2022.