

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASURE ALIGNMENT TASKFORCE

June 21, 2021



Agenda



- 1. Welcome**
- 2. Finalizing the 2022 Aligned Measure Set**
 - a. Feedback from Secretary Sudders
 - b. Review the 2022 Implementation Parameters
 - c. Finalize specifications for the stratification measure
- 3. Incorporate Substance Use Assessment in Primary Care**
- 4. Proposal to modify the Annual Review timeline**
- 5. Revisit policy proposals**
 - a. Options for improving fidelity to the Aligned Measure Set
 - b. Proposals raised during payer Quality Catalogue interviews
- 6. Consider a BCBSMA proposal to improve equity measurement**
- 7. Next steps**



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Feedback from Secretary Sudders



- A memo regarding the Recommendations for the 2022 Aligned Measure Set was submitted by Undersecretary Lauren Peters on behalf of the Quality Measure Alignment Taskforce to Secretary Sudders on June 1st.
 - This memo was distributed to the Taskforce with the June Taskforce materials.
- The memo reviewed the Taskforce's recommended changes to the 2022 Aligned Measure Set and the rationale for the changes.
- Secretary Sudders received the memo and has [placeholder for feedback].



Implementation Parameters: Updates for 2022



- **The 2022 Implementation Parameters was attached with the meeting materials. Updates for 2022 include:**
 1. Updating the Menu, Monitoring, On Deck, and Developmental Sets. The *Core Set did not change* from 2021 – 2022.
 2. Specifying that Developmental and Innovation measures *cannot replace Core measures* for those payers and providers voluntarily adopting the Aligned Measure Set.
 3. Adding that it is considered outside of the scope of the Taskforce to specific monetary value attached to the measures; however, an insurer *may not attach a de minimis amount* to a Core Measure such that performance on the Core Measure lacks meaningful financial implication for the provider.



Implementation Parameters: Updates for 2022



- **The 2022 Implementation Parameters was attached with the meeting materials. Updates for 2022 include (continued):**
- 4. Adding information on the total number of measures for use in a contract. The Taskforce aims to align 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
 - prioritizing measures addressing subpopulations experiencing disparities.



Finalize specifications for the REL stratification measure



- Thank you for submitting feedback on the proposed race, ethnicity, and language stratification measure.
- [placeholder depending finalized specifications]



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Substance Use Measures Glide Path



2022

- **Substance Use Assessment in Primary Care** becomes an on-deck measure.
- **IET** remains in the Menu Set

2023

- **Substance Use Assessment in Primary Care** becomes a Core Set reporting-only measure.
- **IET** remains in the Menu Set.

2024

- **Substance Use Assessment in Primary Care** becomes a Core Set pay-for-performance measure.
- **IET** drops from the Menu Set if NCQA has not yet demonstrated validity.

2025

- A future measure that incorporates **follow-up** and **adults and adolescents** is introduced as an on deck or Menu Measure.



Implementing Substance Use Assessment in Primary Care



- Taskforce staff will create a proposal for outreach and education regarding how to transition Substance Use Treatment In Primary Care from an On Deck Measure to a Core Measure, and request that health plans and MassHealth distribute these recommendations. Preparation will include:
 1. highlighting this measure in an email from Lauren Peters to the Taskforce distribution list regarding the 2022 Measure Set;
 2. utilizing a stakeholder work group to develop a guidance document for provider education;
 3. requesting that payers and the Massachusetts Medical Society create messaging around the new measure and utilize the guidance document, and
 4. setting a timeline to guide implementation.

Who would like to volunteer for a work group planning call?



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Proposal for Modifying the Annual Review Timeline



- Prior to 2020, the Taskforce conducted its annual review of the Massachusetts Aligned Measure Set and finalized any recommended modifications to the measure set by 3/31 each year for the next calendar year.
 - The timeline was extended in 2020 due to COVID-19-related Taskforce meeting cancellations.
 - This year, the timeframe was extended to 5/31 for the same reason.
- EOHHS recommends permanently moving the Annual Review process timeline to end in May each year to afford the Taskforce more flexibility.
- **Are Taskforce members amenable to this change?**



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Options for improving fidelity to the Aligned Measure Set



- During the April 20th Taskforce meeting, Taskforce staff revisited the 2020 Quality Measure Catalogue results, including to review:
 - updated graphs depicting payer self-reported fidelity to the 2021 Aligned Measure Set, and
 - key themes from our interviews with payers.
- Adherence to the Measure Set was reported as:

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%



Options for improving fidelity to the Aligned Measure Set



- During its May meeting the Taskforce briefly discussed two options for improving payer/provider contract fidelity to the Aligned Measure Set:
 1. Global budget-based risk contracts should be amended annually to reflect changes to the Aligned Measure Set, i.e., the addition of a new Core Measure, or elimination of or substitution for a measure removed from the Aligned Set.
 2. Global budget-based risk contracts be amended annually to reflect only those changes to the Aligned Measure Set that reflect changes to national clinical guidelines.

- **Does the Taskforce wish to recommend either approach? What are the associated pros and cons for each one?**



Proposals raised during payer Quality Catalogue interviews



- At the April 20th Taskforce meeting, the Taskforce discussed the results of 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.



Proposals raised during payer Quality Catalogue interviews



Payers made a few suggestions for Taskforce consideration. Is the Taskforce interested in recommending any of the following?

- a. Provide plans 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 because there are still too many possible measures from which to choose (4 Core, 22 Menu, plus 1 On Deck)
- e. Facilitate plan access to EHR clinical data. Lack of access is a significant barrier to adoption of certain measures.



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BCBSMA proposal to improve equity measurement



- **BCBSMA Proposal:** To facilitate alignment on ACO contract measures of equity of quality of care, the EOHHS Measure Alignment Task Force shall agree upon the following principles:
 1. All payers and providers draw individual patient race and ethnicity data from a single “source of truth” for the purpose of calculating performance on equity measures.
 2. There should be work towards the construction of a single, best “source of truth” for individual patient race and ethnicity data.
 3. The creation of multiple, potentially conflicting datasets for individual patient race and ethnicity is discouraged.

- The creation of an action plan to operationalize these principles would require resources and scope of authority that the Taskforce doesn't have; EOHHS would need to assist in providing such support.



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Next Steps



- The next Taskforce meeting is scheduled for **July 29th from 3:00 – 5:00 pm.**