

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #5
October 10, 2017



Agenda



- **Welcome**
- **Recap of 9-11-17 Meeting Decisions & Discussion of Follow-Up Items**
- **Continued Review of Candidate Measures**
- **Next Steps**



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Recap of 9-11-17 Meeting Decisions



1. Tentatively endorse the six following preventive care measures:

Pediatric

- Childhood Immunization Status
- Immunizations for Adolescents

Adult

- Colorectal Cancer Screening
- Cervical Cancer Screening
- Breast Cancer Screening

Adult and Pediatric

- Influenza Immunization

2. Tentatively endorse the following two pediatric behavioral health measures:

- Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
- Follow-Up Care for Children Prescribed ADHD Medication – Continuation & Maintenance Phase



Recap of 9-11-17 Meeting Decisions (Cont'd)



3. Tentatively endorse the following as a “developmental measure” to allow for more opportunity to determine the feasibility of implementation:
 - Institute for Clinical Systems Improvement (ICSI) “3a” obesity measure: 5% reduction in weight
4. **Research the availability of performance data for this measure and the clinical advisability of a 5% weight reduction.**
 - Neither Bailit Health nor ICSI could identify anyone using the measure.
 - The American Association of Clinical Endocrinologists and American College of Endocrinology have recommended anywhere from a 5% to a 15% (or more) weight-loss goal for individuals with a BMI ≥ 25 and a “detectable weight-related complication” (e.g., prediabetes, hypertension, etc.).¹
 - A 2016 NIH study found that a 5% weight loss in obese individuals was significant enough to produce desirable health outcomes.²

¹ www.aace.com/files/guidelines/ObesityExecutiveSummary.pdf

² www.nih.gov/news-events/nih-research-matters/benefits-moderate-weight-loss-people-obesity



Recap of 9-11-17 Meeting Decisions (Cont'd)



- In addition, Bailit Health identified several additional potential obesity-related measures from the Healthy People 2020 objectives.
 - proportion of adults who are at a healthy weight
 - proportion of adults who are obese
 - proportion of children and adolescents who are considered obese
 - inappropriate weight gain in youth and adults (developmental)

Source: www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives



Recap of 9-11-17 Meeting Decisions (Cont'd)



5. Do not endorse “Oral Evaluation, Dental Services,” but consider alternate oral health measures specific to the primary care office setting.

NQF#	Measure Label	Steward	Data Source	Count
NA	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	CMS	Clinical Data	1



Recap of 9-11-17 Meeting Decisions (Cont'd)



6. **Defer making a decision on the following chlamydia screening measures.** The Taskforce requested more information regarding what constitutes “follow-up” in NQF 1395. Bailit Health was unable to find detailed specifications for NQF 1395, but found a very similar MIPS measure that looks at follow-up at age 16 instead of 18.
- ***Numerator instructions:*** Documentation of a chlamydia screening with proper follow-up must include a note indicating the date and each of the following: A chlamydia test result AND for abnormal or indeterminate results, evidence of confirmatory testing, referral or treatment.

NQF#	Measure Label	Steward	Data Source	Count
0033	Chlamydia Screening (Ages 16-20)	NCQA HEDIS	Claims	10
0033	Chlamydia Screening (Ages 21-24)	NCQA HEDIS	Claims	6
1395 (no longer endorsed)	Chlamydia Screening and Follow-Up (Age 18)**	NCQA	Claims	1
NA	Chlamydia Screening and Follow Up (Age 16)	NCQA	Claims/Clinical Data	1

**CMS/AHIP CQMC measure.



Recap of 9-11-17 Meeting Decisions (Cont'd)



7. Defer making a decision on the following tobacco use measures and research alternate measures that address tobacco quit rates.

- The measures below were discussed during the last meeting.

NQF#	Measure Label	Steward	Data Source	Count
0028	Tobacco Use: Screening and Cessation Intervention*	AMA-PCPI	Claims/Clinical Data	5
0027	Medical Assistance with Smoking and Tobacco Use Cessation**	NCQA HEDIS	Survey	2

* This measure **does not** include e-cigarettes as either tobacco use or a cessation aid, which aligns with USPSTF recommendations.

** NCQA **does not** explicitly include the term “e-cigarettes” and instead allows the member to interpret whether e-cigarettes are considered smoking or using tobacco when answering the survey.



Recap of 9-11-17 Meeting Decisions (Cont'd)



The following measures/measure concepts address tobacco quit rates. More information about each measure has been distributed in advance of the meeting.

NQF#	Measure Label	Steward	Data Source	Count
NA	Risk reduction - smoking or tobacco use quit rate (RRS)	NCQA	Survey	0
NA	Standard Quit Rates	North American Quitline Consortium	Survey	0
NA	Tobacco Quit Rates	Navy Medicine Health Promotion Programs	Survey	0
NA	Youth Tobacco Cessation Intervention Questions	CDC	Survey	0
NA	Tobacco Quitline Abstinence Rate	North American Quitline Consortium	Survey	0
NA	Tobacco Initiative Evaluation System Quit Rate	Center for Tobacco Policy Research	Survey	0

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Recap of 9-11-17 Meeting Decisions (Cont'd)



8. **Defer making a decision on the following cervical cancer screening measure.** The Taskforce was uncertain if a) the following measure’s specifications were readily available and b) claims could accurately capture the measure.
- Resolution Health, Inc. is no longer maintaining the measure, so Taskforce staff were unable to find any additional information on the measure.
 - Taskforce staff, therefore, do not recommend NQF 0579 for endorsement.
 - As a reminder, the Taskforce tentatively endorsed NQF 0032: Cervical Cancer Screening at the previous meeting.

NQF#	Measure Label	Steward	Data Source	Count
0579 (no longer endorsed)	Annual Cervical Cancer Screening or Follow-Up in High-Risk Women**	Resolution Health, Inc.	Claims/Clinical Data	1

***CMS/AHIP CQMC-only measure.*



Recap of 9-11-17 Meeting Decisions (Cont'd)



9. Review available data from MassHealth to determine the number of MassHealth ACOs that might meet the denominator for select behavioral health measures.
 - Overall, MassHealth compared member volume for 17 ACOs to MCOs.
 - Total ACO member volume: 850K+
 - Total MCO member volume (in CY2015): 836,580
 - 11 ACOs have volume similar to the lowest volume MCO.
 - MassHealth estimated if there will be sufficient denominator size for the behavioral health measures tentatively endorsed during the last meeting:
 - NQF 1365: there will be sufficient denominator sizes for **all ACOs**.
 - NQF 0108 - Continuation & Maintenance: there will be sufficient denominator size for **only 5 out of 17 ACOs**.
 - The denominator for additional behavioral health measures will be shared as we continue our review of candidate measures. More information about MassHealth's estimates can be found in reference slides at the end of the PowerPoint.



Recap of 9-11-17 Meeting Decisions (Cont'd)



10. Review available surveillance data from the Department of Public Health for the remaining domains.

- Kate will present DPH population health data and identify areas where the Commonwealth has room for improvement once the Taskforce has completed its first pass review of the candidate measures.



Agenda



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Behavioral Health Care Measures: Pediatric



NQF#	Measure Label	Steward	Data Source	Count
Mental Health				
2800	Metabolic Monitoring for Children and Adolescents on Antipsychotics	NCQA HEDIS	Claims	2
2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA HEDIS	Claims	2
NA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	NCQA HEDIS	Claims	2

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Behavioral Health Care Measures: Adult



NQF#	Measure Label	Steward	Data Source	Count
Mental Health				
0418	Screening for Clinical Depression and Follow-Up Plan (Ages 12+)	CMS	Claims/Clinical Data	5
0712	Depression: Utilization of the PHQ-9 Tool	MNCM	Clinical Data	2
0710	Depression: Remission at Twelve Months	MNCM	Clinical Data	2
1885	Depression: Response at Twelve Months - Progress Towards Remission**	MNCM	Clinical Data	1
NA	Depression Remission Measure Set* ⁺ (Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults and Depression Remission or Response for Adolescents and Adults)	MA EOHHS (adapted from NCQA HEDIS)	Clinical Data	1

* MassHealth ACO/DSRIP-only measure.

**CMS/AHIP CQMC-only measure.

+ Ages 12-64.



Behavioral Health Care Measures: Adult (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
Mental Health				
0105	Antidepressant Medication Management - Effective Acute Phase Treatment	NCQA HEDIS	Claims	7
0105	Antidepressant Medication Management - Effective Continuation Phase Treatment	NCQA HEDIS	Claims	5
Substance Abuse				
NA	Opioid Addiction Counseling*.&	AMA-PCPI (Adapted)	Clinical Data	1

**MassHealth ACO/DSRIP-only measure.
&There are also several opioid prescriber measures available (both HEDIS and non-HEDIS).*

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Behavioral Health Care Measures: Adult (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
Utilization				
NA	Emergency Department Utilization for Severe Mental Illness/Substance Use Disorder (SMI/SUD) Population*	MA EOHHS	Claims	1
NA	Hospital Admissions for Severe Mental Illness/Substance Use Disorder (SMI/SUD) Population*	MA EOHHS	Claims	1
NA	Utilization of Behavioral Health Community Partner (BH CP) Support(s) by BH CP Assigned Members*	MA EOHHS	Claims	1

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Behavioral Health Care Measures: Adult and Pediatric



NQF#	Measure Label	Steward	Data Source	Count
Mental Health				
0576	Follow-Up After Hospitalization for Mental Illness (30-Day)	NCQA HEDIS	Claims	7
0576	Follow-Up After Hospitalization for Mental Illness (7-Day)	NCQA HEDIS	Claims	7
Utilization				
NA	Utilization of Outpatient Behavioral Health Services for Population at Risk for Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), and/or Substance Use Disorder (SUD)*	MA EOHHS	Claims	1

**MassHealth ACO/DSRIP-only measure.*

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Behavioral Health Care Measures: Adult and Adolescent



NQF#	Measure Label	Steward	Data Source	Count
Substance Abuse				
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment - Initiation	NCQA HEDIS	Claims/Clinical Data	5
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment – Engagement	NCQA HEDIS	Claims/Clinical Data	3
NA	Substance Use Disorder (SUD) Evaluation in the ED following Naloxone Administration or Suspected SUD ^{&}	MA Department of Public Health	Claims/Clinical Data	0

[&]This measure does not meet our criteria for consideration, but is brought forward for consideration because it has been proposed by DPH and fills a gap in care

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Acute Care Measures: Cardiovascular (Adult)



NQF#	Measure Label	Steward	Data Source	Count
Cardiovascular				
0071	Persistence of Beta-Blocker Treatment After a Heart Attack**	NCQA HEDIS	Claims	4
Cardiovascular (Facility-based)				
0964	Therapy with Aspirin, P2Y12 Inhibitor, and Statin at Discharge Following PCI in Eligible Patients**	American College of Cardiology	Clinical Data	1
0715	Standardized Adverse Event Ratio for Children < 18 Years of Age Undergoing Cardiac Catheterization**	Boston Children's Hospital	Clinical Data	1
0733	Operative Mortality Stratified by the 5 STAT Mortality Categories**	The Society of Thoracic Surgeons	Clinical Data	1
2459	In-hospital Risk-Adjusted Rate of Bleeding Events for Patients Undergoing PCI**	American College of Cardiology	Clinical Data	1

**CMS/AHIP CQMC measure.

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Acute Care Measures: Cardiovascular (Adult) (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
Cardiovascular (Facility-based)				
0535	30-day All-cause Risk-standardized Mortality Rate Following Percutaneous Coronary Intervention (PCI) for Patients without ST Segment Elevation Myocardial Infarction (STEMI) and without Cardiogenic Shock**	American College of Cardiology	Claims/Clinical Data	1
0536	30-day All-cause Risk-standardized Mortality Rate following Percutaneous Coronary Intervention (PCI) for Patients with ST Segment Elevation Myocardial Infarction (STEMI) or Cardiogenic Shock**	American College of Cardiology	Claims/Clinical Data	1

***CMS/AHIP CQMC measure.*

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Acute Care Measures: Orthopedic Care (Adult)



NQF#	Measure Label	Steward	Data Source	Count
NA	Total Knee Replacement: Identification of Implanted Prosthesis in Operative Report	American Association of Hip and Knee Surgeons	Clinical Data	1
NA	Total Knee Replacement: Preoperative Antibiotic Infusion with Proximal Tourniquet	American Association of Hip and Knee Surgeons	Clinical Data	1
NA	Total Knee Replacement: Shared Decision-Making: Trial of Conservative (Non-surgical) Therapy	American Association of Hip and Knee Surgeons	Clinical Data	1
NA	Total Knee Replacement: Venous Thromboembolic and Cardiovascular Risk Evaluation	American Association of Hip and Knee Surgeons	Clinical Data	1
NA	Functional Status Assessment for Total Knee Replacement	CMS	Clinical Data	1
NA	Functional Status Assessment for Total Hip Replacement	CMS	Clinical Data	1

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Acute Care Measures: Pulmonology (Multiple Ages)



NQF#	Measure Label	Steward	Data Source	Count
Adult				
0058	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	NCQA HEDIS	Claims/Clinical Data	7
Pediatric				
0069	Appropriate Treatment for Children with Upper Respiratory Infection [#]	NCQA HEDIS	Claims/Clinical Data	7
0002 (no longer endorsed)	Appropriate Testing for Children with Pharyngitis [#]	NCQA HEDIS	Claims	6

[#]This measure does not have opportunity for improvement.



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Next Steps: Meeting Schedule



Domain	Estimated Schedule
Preventive Care	Meeting #3 and #4
Behavioral Health Care	Meeting #4 and #5
Acute Care (<i>e.g., cardiac care and orthopedic care</i>)	Meeting #5 and #6
Chronic Illness Care (<i>including cancer care</i>)	Meeting #6 and #7
Maternity Care	Meeting #7
Care Coordination	Meeting #8
Integration	Meeting #8
Team-based Care	Meeting #8
Equity (<i>disparities</i>)	Meeting #8
Social Determinants of Health	Meeting #8
Health Behaviors	Meeting #8
Patient/Provider Communication	Meeting #9
Patient Engagement	Meeting #9
Patient Experience	Meeting #9
Relationship-Centered Care	Meeting #9
Hospital Care	Meeting #9 (TBD)

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Reference Slides



The following slides may be helpful to have available for reference during today's meeting.



Follow-Up: Measure Assessment – Denominator Counts for Behavioral Health Measures



■ Overall:

- Member volume for 17 ACOs was compared to MCOs.
- Total ACO member volume: 850K+; Total MCO member volume (in CY2015): 836,580.
- 11 ACOs have volume similar to the lowest-volume MCO.

■ Measure-level:

- **0108-C&M:** 12 ACOs would be unlikely to meet a denominator threshold of 30. Need a minimum of 40K total membership to meet a threshold of 30.
- **2800, NA:** 1 ACO would be at risk of not meeting the denominator threshold of 30. Its member volume is significantly lower than the smallest MCO.
- **2801:** 11 ACOs would be unlikely to meet the denominator threshold of 30. Need a minimum of 60K total membership to meet a threshold of 30.
- **1365:** Major Depressive Disorder has a denominator of 9,159 for a population of 836K. Given similar ACO volume, there would be sufficient denominator (range: 142-1,435).

NQF#	Measure Label	Steward	Data Source	MassHealth Member Volume (CY2015)	Measure Denominator*			
					All MCOs	Low member volume MCO	Low-Mid member volume MCO	High member volume MCO
0108	Follow-Up Care for Children Prescribed ADHD Medication-Initiation Phase	NCQA HEDIS	Claims	5,017	3,346	90	128	1,337
0108	Follow-Up Care for Children Prescribed ADHD Medication-Con't and Maintenance	NCQA HEDIS	Claims	1,113	672	23	26	193
2800	Metabolic Monitoring for Children and Adolescents on Antipsychotics	NCQA HEDIS	Claims	4,402	2,064	72	329	434
2801	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	NCQA HEDIS	Claims	1,228	657	16	83	145
NA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents	NCQA HEDIS	Claims	3,618	1,671	61	263	348
105	Antidepressant Medication Management	NCQA HEDIS	Claims	24,159	18,280	555	902	5,663
4	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	NCQA HEDIS	Claims/Clinical	43,203	32,396	1,354	2,214	10,599
1365	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	AMA-PCPI	Clinical	10,443	9,159			
	Total MassHealth member count (not measure-specific)			1,202,129	836,580	31,024	80,856	187,240

*Source: HEDIS 2016 data



Behavioral Health Screening: CY2014 – 2017 (1Q2017)



2014-2017								
	TOTAL_VISITS	TOTAL_SCREENS	SCREENS_W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
2014	552,326	402,862	392,407	71.05%	97.40%	401,434		
2015	555,651	393,820	381,089	68.58%	96.77%	392,944		
2016	574,137	396,997	384,839	67.03%	96.94%	395,467		
JAN - MAR 2017	132,007	89,648	87,189	66.05%	97.26%	89,461	9.46%	0.08%

Reference/Resources:

Header Definitions: www.mass.gov/eohhs/docs/masshealth/cbhi/reports/bh-screening-data-heading-definitions.pdf

Modifiers: www.mass.gov/eohhs/docs/masshealth/bull-2011/all-211.pdf

Screening requirement, list of MassHealth-approved screening tools, regulations and training resources for providers:

www.mass.gov/eohhs/consumer/insurance/cbhi/cbhi-screening/

Reports: www.mass.gov/eohhs/consumer/insurance/cbhi/cbhi-data-and-reports/cbhi-data-reports.html



Behavioral Health Screening: Current and Cumulative by Age Group



Quarter 1: January 1 2017 - March 31 2017								
AGEGRPVISIT	TOTAL_VISITS	TOTAL_SCREENINGS	SCREENINGS_W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 <6mos	24,365	11,181	11,037	45.30%	98.71%	11,165	2.63%	0.11%
2 6mos to 2yrs	35,408	28,128	27,720	78.29%	98.55%	28,045	7.52%	0.09%
3 3yrs to 6 yrs	21,465	16,531	16,153	75.25%	97.71%	16,508	11.30%	0.06%
4 7 yrs to 12 yrs	25,706	19,007	18,228	70.91%	95.90%	18,970	12.42%	0.06%
5 13 yrs to 17 yrs	17,855	12,100	11,583	64.87%	95.73%	12,081	12.42%	0.03%
6 18 yrs to 20 yrs	7,208	2,701	2,468	34.24%	91.37%	2,692	12.67%	0.19%
Summary: December 31 2007 - March 31 2017								
AGEGRPVISIT	TOTAL_VISITS	TOTAL_SCREENINGS	SCREENINGS_W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 <6mos	882,434	344,196	336,179	38.10%	97.67%	325,868	1.75%	5.20%
2 6mos to 2yrs	1,253,701	884,892	869,428	69.35%	98.25%	828,654	5.17%	6.15%
3 3yrs to 6 yrs	776,570	576,398	562,311	72.41%	97.56%	543,916	9.45%	5.47%
4 7 yrs to 12 yrs	911,693	687,384	666,266	73.08%	96.93%	651,215	10.78%	5.09%
5 13 yrs to 17 yrs	673,212	469,811	453,187	67.32%	96.46%	444,204	10.58%	5.26%
6 18 yrs to 20 yrs	224,180	83,215	78,552	35.04%	94.40%	78,906	11.48%	4.97%



Behavioral Health Screening: CY2014 – CY2016 by Age Group



2014								
AGEGRPVISIT	TOTAL_VISITS	TOTAL_SCREENINGS	SCREENINGS_W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 <6mos	92,323	42,523	41,462	44.91%	97.50%	42,384		0.33%
2 6mos to 2yrs	141,261	111,775	109,806	77.73%	98.24%	111,413		0.32%
3 3yrs to 6 yrs	93,846	76,856	75,053	79.97%	97.65%	76,595		0.34%
4 7 yrs to 12 yrs	112,617	94,337	91,470	81.22%	96.96%	94,031		0.32%
5 13 yrs to 17 yrs	81,227	64,106	61,944	76.26%	96.63%	63,833		0.43%
6 18 yrs to 20 yrs	31,052	13,265	12,672	40.81%	95.53%	13,178		0.66%
2015								
AGEGRPVISIT	TOTAL_VISITS	TOTAL_SCREENINGS	SCREENINGS_W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 <6mos	96,806	46,155	44,406	45.87%	96.21%	46,058		0.21%
2 6mos to 2yrs	137,626	110,058	107,425	78.06%	97.61%	109,823		0.21%
3 3yrs to 6 yrs	91,997	73,296	71,222	77.42%	97.17%	73,141		0.21%
4 7 yrs to 12 yrs	115,560	91,240	88,175	76.30%	96.64%	91,032		0.23%
5 13 yrs to 17 yrs	82,756	60,379	57,885	69.95%	95.87%	60,248		0.22%
6 18 yrs to 20 yrs	30,906	12,692	11,976	38.75%	94.36%	12,642		0.39%
2016								
AGEGRPVISIT	TOTAL_VISITS	TOTAL_SCREENINGS	SCREENINGS_W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 <6mos	98,325	45,547	44,444	45.20%	97.58%	45,427		0.26%
2 6mos to 2yrs	142,885	115,410	112,923	79.03%	97.85%	114,911		0.43%
3 3yrs to 6 yrs	92,558	72,461	70,376	76.03%	97.12%	72,208		0.35%
4 7 yrs to 12 yrs	121,336	91,098	87,975	72.51%	96.57%	90,770		0.36%
5 13 yrs to 17 yrs	86,413	59,773	57,260	66.26%	95.80%	59,495		0.47%
6 18 yrs to 20 yrs	32,620	12,708	11,861	36.36%	93.33%	12,656		0.41%



Behavioral Health Screening: Current and Cumulative by Region



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Quarter 1: January 1 2017 - March 31 2017								
REGION	TOTAL_VI SITS	TOTAL_SC REENS	SCREENS_ W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 - Western Region	20,635	18,140	17,595	85.27%	97.00%	18,134	12.52%	0.01%
2 - Central Region	12,479	9,293	9,023	72.31%	97.09%	9,275	9.51%	0.00%
3 - Northeast Region	19,942	13,872	13,436	67.38%	96.86%	13,836	9.94%	0.14%
4 - Metro West Region	14,159	6,886	6,756	47.72%	98.11%	6,869	10.93%	0.00%
5 - Southeast Region	24,820	18,625	18,354	73.95%	98.54%	18,605	5.60%	0.00%
6 - Boston Region	28,938	17,716	17,003	58.76%	95.98%	17,647	10.01%	0.26%
N/A	10,905	5,036	4,942	45.32%	98.13%	5,015	7.58%	0.02%
Out of State	129	80	80	62.02%	100.00%	80	0.00%	0.00%
Summary: December 31 2007 - March 31 2017								
REGION	TOTAL_VI SITS	TOTAL_SC REENS	SCREENS_ W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 - Western Region	782,503	594,244	580,191	74.15%	97.64%	578,372	10.07%	2.60%
2 - Central Region	407,323	272,288	263,175	64.61%	96.65%	266,311	8.92%	2.02%
3 - Northeast Region	719,541	453,622	436,833	60.71%	96.30%	429,196	8.30%	5.09%
4 - Metro West Region	533,589	278,612	273,909	51.33%	98.31%	249,868	4.96%	10.15%
5 - Southeast Region	929,598	673,868	663,431	71.37%	98.45%	657,139	6.43%	2.35%
6 - Boston Region	1,134,471	657,790	635,343	56.00%	96.59%	580,068	8.01%	11.56%
N/A	212,417	114,232	111,836	52.65%	97.90%	110,620	6.60%	3.01%
Out of State	2,348	1,240	1,205	51.32%	97.18%	1,189	11.77%	3.79%



Behavioral Health Screening: CY2014 - CY2016 by Region



CONFIDENTIAL WORKING DRAFT - POLICY IN DEVELOPMENT

2014								
REGION	TOTAL_VI SITS	TOTAL_SC REENS	SCREENS_ W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 - Western Region	81,454	67,884	66,353	81.46%	97.74%	67,849		0.05%
2 - Central Region	51,379	37,829	36,573	71.18%	96.68%	37,699		0.34%
3 - Northeast Region	86,056	60,394	57,859	67.23%	95.80%	60,187		0.34%
4 - Metro West Region	64,153	38,817	38,186	59.52%	98.37%	38,743		0.19%
5 - Southeast Region	103,914	84,862	83,752	80.60%	98.69%	84,761		0.12%
6 - Boston Region	126,114	88,648	85,735	67.98%	96.71%	87,792		0.97%
N/A	39,058	24,411	23,939	61.29%	98.07%	24,395		0.07%
Out of State	198	17	10	5.05%	58.82%	8		52.94%

2015								
REGION	TOTAL_VI SITS	TOTAL_SC REENS	SCREENS_ W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 - Western Region	84,340	71,651	69,993	82.99%	97.69%	71,624		0.04%
2 - Central Region	53,220	39,396	37,749	70.93%	95.82%	39,268		0.32%
3 - Northeast Region	84,171	60,929	57,597	68.43%	94.53%	60,810		0.20%
4 - Metro West Region	61,519	33,919	33,396	54.29%	98.46%	33,854		0.19%
5 - Southeast Region	103,979	82,339	80,926	77.83%	98.28%	82,246		0.11%
6 - Boston Region	123,583	85,025	81,261	65.75%	95.57%	84,623		0.47%
N/A	44,448	20,412	20,023	45.05%	98.09%	20,375		0.18%
Out of State	391	149	144	36.83%	96.64%	144		3.36%

2016								
REGION	TOTAL_VI SITS	TOTAL_SC REENS	SCREENS_ W_VISIT	% VISITS W/SCREENS	% SCREENS W/VISITS	TOTAL SCREENS W/MODIFIER	% BHNEED	% W/O MODIFIER
1 - Western Region	86,360	71,317	69,808	80.83%	97.88%	71,298		0.03%
2 - Central Region	55,197	41,458	40,037	72.53%	96.57%	41,294		0.40%
3 - Northeast Region	87,320	65,890	62,079	71.09%	94.22%	65,414		0.72%
4 - Metro West Region	62,313	31,450	31,004	49.76%	98.58%	31,375		0.24%
5 - Southeast Region	107,334	82,541	81,397	75.84%	98.61%	82,431		0.13%
6 - Boston Region	123,952	80,488	77,048	62.16%	95.73%	79,952		0.67%
N/A	51,105	23,555	23,181	45.36%	98.41%	23,421		0.57%
Out of State	556	298	285	51.26%	95.64%	282		5.37%



Criteria for Candidate Set



- **Candidate measures were selected using the following methodology:**
 1. Included in a domain identified by the Taskforce
 2. Found in at least 2 “alignment” measure sets
 3. Found in the CMS/AHIP Core Quality Measures Collaborative (CQMC) and/or the MassHealth ACO/DSRIP measure sets*

- **We are reviewing candidate measures by domain, and within domain, grouped by age and measure focus, if applicable.**

**MassHealth ACO/DSRIP and CMS/AHIP CQMC measures are included for consideration even if they are not found in at least 2 “alignment” measure sets.*



Candidate Measure Sources



- **Measures currently in use in APM contracts by providers and payers:**
 - Harvard Pilgrim Health Care (2017)
 - Blue Cross Blue Shield of MA (2017)
 - Tufts Health Plan (2017)
- **Measures found in local and state measure sets:**
 - Boston Public Health Commission (2016)
 - MassHealth ACO (DSRIP)
 - MassHealth MCO (Payment)
 - Standard Quality Measure Set
- **Measures found in national measure sets:**
 - CMS/AHIP Core Quality Measures Collaborative (CQMC) [ACO/PCMH]
 - CMS Medicaid Child Core Set
 - CMS Medicaid Adult Core Set
 - CMS Medicare Part C & D Star Ratings Measures
 - CMS Merit-based Incentive Payment System (MIPS)
 - NCQA Health Plan Ranking