

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #6
October 26, 2017



Agenda



- **Welcome**
- **Recap of 10-10-17 Meeting Decisions & Discussion of Follow-Up Items**
- **Continued Review of Candidate Measures**
- **Next Steps**



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Recap of 10-10-17 Meeting Decisions



1. The Taskforce tentatively endorsed the three following preventive care measures:

Pediatric/Adolescent

- Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists
- Chlamydia Screening (Ages 16-20)
- Chlamydia Screening (Ages 21-24)

2. The Taskforce affirmed its prior tentative endorsement of the two following pediatric behavioral health measures:

- Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics



Recap of 10-10-17 Meeting Decisions (Cont'd)



3. The Taskforce requested additional information on “Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists”

- Can the measure be operationalized?
- Is a primary care provider held accountable for knowledge of care prevention intervention by a different provider?
- The following guidance was provided by CMS:

Eligible encounters include both primary care visits and dental visits. As the intent of the measure is for children to receive the fluoride varnish application, it should be acceptable if a primary care physician reports in the EHR that the activity was completed elsewhere.



Recap of 10-10-17 Meeting Decisions (Cont'd)



4. **The Taskforce requested information regarding the evidence supporting “Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.”**
 - The measure steward indicated that overall the quality of evidence regarding use of first-line psychosocial care for children and adolescents on antipsychotics is moderate to high.
 - NQF most recently reviewed and re-endorsed this measure in May 2016.
 - More information on the evidence cited in the steward’s submission to NQF can be found in the NQF submission file distributed with the meeting materials.



Recap of 10-10-17 Meeting Decisions (Cont'd)



4. The Taskforce requested information regarding the evidence supporting “Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics.”

- MassHealth confirmed that the number of estimated ACOs that meet the denominator threshold is correct.
- *NQF 2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics*
 - 16 out of 17 ACOs have a sufficient denominator size
- *NQF 2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics*
 - 6 out of 17 ACOs have a sufficient denominator size

See slide 29 for more information on the denominator for these measures.



Recap of 10-10-17 Meeting Decisions (Cont'd)



5. The Taskforce deferred a decision on the following depression screening measures.
- One member wanted to know how NQF 0418 differed from NQF 3148.
 - NQF 0418, NQF 3148, and NQF 3132 all have the same numerator and denominator statements, but utilize different data sources.
 - NQF 0418 (parent measure): claims and clinical data
 - NQF 3148: claims and registry data
 - NQF 3132: electronic health records

NQF 0418/NQF 3148	NCQA HEDIS
<p>Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.</p> <p>Note: a PQQ-9 is an acceptable follow-up to a PHQ-2 if performed on the same day as the PHQ-2.</p>	<p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care within 30 days.</p> <p>Note: a PHQ-9 is an acceptable follow-up to a PHQ-2 only if performed on the same day as the PHQ-2 <u>and</u> if PHQ-9 results are negative.</p>



Recap of 10-10-17 Meeting Decisions (Cont'd)



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NQF#	Measure Label	Steward	Data Source	Count
Screening				
0418	Screening for Clinical Depression and Follow-Up Plan (Ages 12+)	CMS	Claims/Clinical Data	5
3148	Screening for Clinical Depression and Follow-Up Plan (Ages 12+)	CMS	Claims/Registry Data	0
3132	Screening for Clinical Depression and Follow-Up Plan (Ages 12+)	CMS	EHR Data	0
NA	Depression Screening and Follow-Up for Adolescents and Adults	NCQA HEDIS	Electronic Clinical Data Systems	0
Monitoring				
0712	Depression: Utilization of the PHQ-9 Tool	MNCM	Clinical Data	2
NA	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults ^{*,+}	NCQA HEDIS	Electronic Clinical Data Systems	1

^{*} MassHealth ACO/DSRIP measure.

⁺ MassHealth modified this measure by defining the population as MassHealth members in the ACO, excluding patients 65 and older, and permitting ACOs to report on the measure based on a sample population via medical records.



Recap of 10-10-17 Meeting Decisions (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
Remission				
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 or Response for Adolescents and Adults* ⁺	NCQA HEDIS	Electronic Clinical Data Systems	1

* MassHealth ACO/DSRIP measure.

** CMS/AHIP CQMC measure.

⁺ MassHealth modified this measure by defining the population as MassHealth members in the ACO, excluding patients 65 and older, and permitting ACOs to report on the measure based on a sample population via medical records.

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Distribution of Measure Specifications



- In advance of each meeting, Taskforce staff will distribute the specifications for each measure included in the meeting materials. Specifications will not be printed for the meeting.
- NCQA HEDIS has granted Bailit Health permission to distribute the specifications to the Taskforce:
 - *Reproduced with permission from HEDIS 2018 Volume 2: Technical Specifications for Health Plans by the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). To obtain copies of this publication, contact NCQA Customer Support at 888-275-7585 or visit www.ncqa.org/publications.*
- Please refrain from redistributing the specifications.



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 measure.

&There are also several opioid prescriber measures available (both HEDIS and non-HEDIS).



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

*MassHealth ACO/DSRIP measure.



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 measure.



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

*MassHealth ACO/DSRIP measure.

[&]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)				
0733	Operative Mortality Stratified by the 5 STAT Mortality Categories**	The Society of Thoracic Surgeons	Clinical Data	2
0715	Standardized Adverse Event Ratio for Children < 18 Years of Age Undergoing Cardiac Catheterization**	Boston Children's Hospital	Clinical Data	1
0964	Therapy with Aspirin, P2Y12 Inhibitor, and Statin at Discharge Following PCI in Eligible Patients**	American College of Cardiology	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.

#This measure does not have opportunity for improvement.



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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Chronic Illness Care Measures: Pulmonology (Multiple Ages)



NQF#	Measure Label	Steward	Data Source	Count
Adult				
0577	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	NCQA HEDIS	Claims	3
NA	COPD or Asthma Admission Rate in Older Adults*, ++	CMS	Claims	1
2856	Pharmacotherapy Management of COPD Exacerbation - Bronchodilator+++	NCQA HEDIS	Claims	0
2856	Pharmacotherapy Management of COPD Exacerbation – Systemic Corticosteroid+++	NCQA HEDIS	Claims	0

* MassHealth ACO/DSRIP-only measure.

++ Ages 40-64.

+++ Ages 40+.

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Chronic Illness Care Measures: Pulmonology (Multiple Ages) [Cont'd]



NQF#	Measure Label	Steward	Data Source	Count
Adult and Pediatric				
1799 (no longer endorsed)	Medication Management for People with Asthma**	NCQA HEDIS	Claims	6
1800	Asthma Medication Ratio	NCQA HEDIS	Claims	6
NA	Optimal Asthma Control	Minnesota Community Measurement	Clinical Data	1

**CMS/AHIP CQMC measure.

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Chronic Illness Care Measures: Cardiovascular (Adult)



NQF#	Measure Label	Steward	Data Source	Count
0018	Controlling High Blood Pressure**	NCQA	Clinical Data	4
NA	Controlling High Blood Pressure**	NCQA HEDIS	Clinical Data	8
0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic**	NCQA	Clinical Data	2
0070	Coronary Artery Disease (CAD): Beta-Blocker Therapy — Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%)**	AMA-PCPI	Clinical Data	2
0081	Heart Failure (HF): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)**	AMA-PCPI	Claims/Clinical Data	2

**CMS/AHIP CQMC measure.

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Chronic Illness Care Measures: Cardiovascular (Adult) (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
0083	Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)**	AMA-PCPI	Claims/Clinical Data	2
1525	Atrial Fibrillation and Atrial Flutter: Chronic Anticoagulation Therapy**	AMA-PCPI	Clinical Data	2
0066	Chronic Stable Coronary Artery Disease: ACE Inhibitor or ARB Therapy - Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)**	American College of Cardiology	Claims/Clinical Data	1
0067	Chronic Stable Coronary Artery Disease: Antiplatelet Therapy**	American College of Cardiology	Claims/Clinical Data	1
0119	Risk-Adjusted Operative Mortality for CABG**	The Society of Thoracic Surgeons	Clinical Data	1
2514	Risk-Adjusted Coronary Artery Bypass Graft (CABG) Readmission Rate**	The Society of Thoracic Surgeons	Claims/Clinical Data	1

**CMS/AHIP CQMC measure.



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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
Opioid Prescribing and Treatment	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



Follow-Up: Measure Assessment – Denominator Counts for Behavioral Health Measures (Cont'd)



NQF 2800: Metabolic Monitoring for Children and Adolescents on Antipsychotics (4,402 Total)

- Largest eligible population (4,402 total), broadest denominator
- Triggering event for denominator: More than one anti-psych prescription during the measurement year (i.e., one Rx on one date, a second Rx on the same or different date)

NQF 2801: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (1,228 Total)

- Event is a single Rx for antipsychotic meds, but with significant exclusions:
 - Negative medication history exclusion (does not apply to #2800/APM)
 - Members for whom first-line antipsychotic meds may be appropriate - this includes kids with schizophrenia or bipolar. (does not apply to NQF 2800)

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (3,618 Total)

- Triggering event for denominator: 90 consecutive days of any antipsychotic Rx during the year (similar to APM, but smaller denominator with the 90 consecutive days criteria)



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

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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