

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



EOHHS QUALITY MEASUREMENT ALIGNMENT TASKFORCE

Meeting #8
December 18, 2017



Agenda



- **Welcome**
- **Recap of 11-14-17 Meeting Decisions & Discussion of Follow-Up Items**
- **Measure Review Progress Update**
- **Continued Review of Candidate Measures**
- **Next Steps**



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Recap of 11-14-17 Meeting Decisions



- 1. The Taskforce tentatively endorsed the three following behavioral health and opioid treatment measures:**
 - Follow-Up After Hospitalization for Mental Illness
 - Follow-Up After ED Visit for Mental Illness
 - Continuity of Pharmacotherapy for Opioid Use Disorder



Recap of 11-14-17 Meeting Decisions (Cont'd)



2. The Taskforce created a new “monitoring” category of measures. Monitoring measures were defined as assessing a) high priority care processes and outcomes for which recent performance has been high relative to benchmark or b) performance on measures for which data are not currently available.

The Taskforce will monitor performance in future years. The Taskforce may consider introducing monitoring measures into the aligned measure set as payment/accountability measures in future years.

The Taskforce tentatively endorsed the following two monitoring measures:

- Prenatal & Postpartum Care – Timeliness of Prenatal Care
- Incidence of Episiotomy



Recap of 11-14-17 Meeting Decisions (Cont'd)



3. **The Taskforce deferred a decision on two measures and requested additional data on statewide maternity care performance.**
 - Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)
 - Cesarean Rate for Nulliparous Singleton Vertex (PC-02)



Recap of 11-14-17 Meeting Decisions (Cont'd)



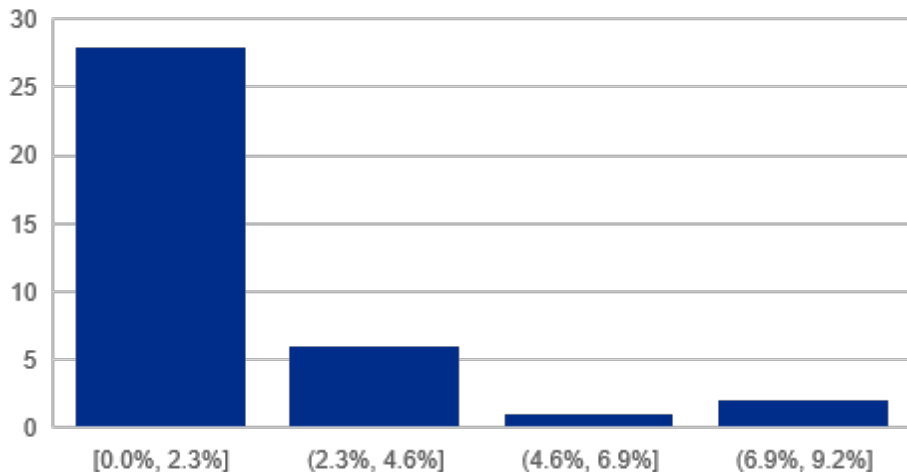
Statewide Quality Data from CHIA 2017 Annual Report Quality Databook (source: The Leapfrog Group).

Performance Period: January 2016 – December 2016

Number of Hospitals Reporting: 37

Note: Hospital-specific data can be found in the meeting materials.

Early Elective Deliveries



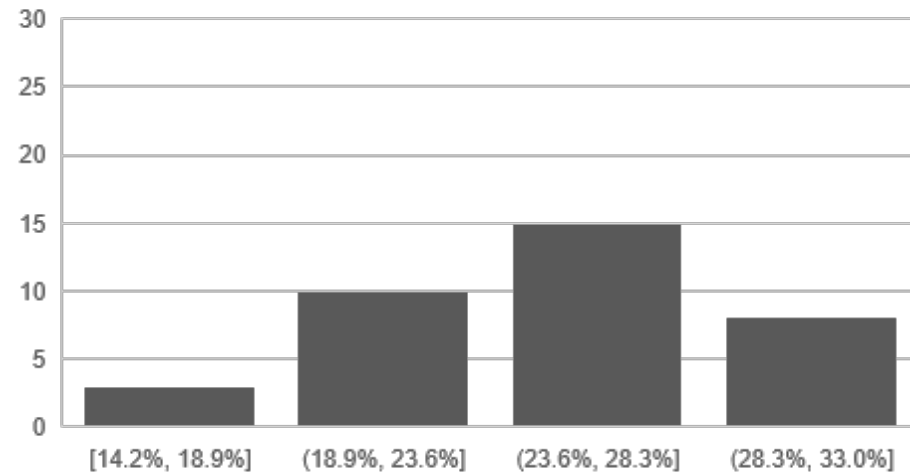
MA median rate: 0.0%

MassHealth median rate: 0%

National Rate (Joint Commission): 1.9%

Leapfrog Group target: 0.0%

Cesarean Section (NSV)



MA median rate: 25.3%

MassHealth median rate: 25.0%

National rate (Joint Commission): 26.1%

Leapfrog Group target: 23.9%



Recap of 11-14-17 Meeting Decisions (Cont'd)



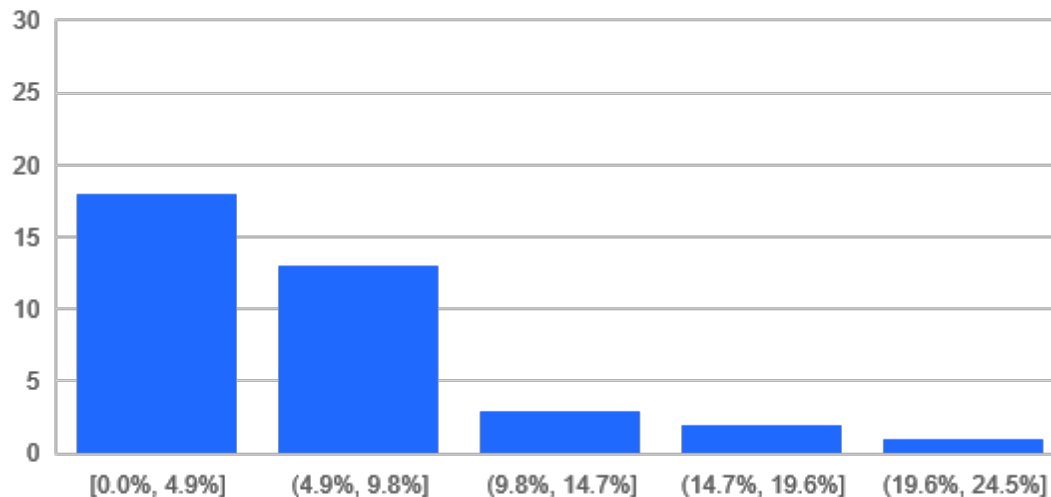
Statewide Quality Data from CHIA 2017 Annual Report Quality Databook (source: The Leapfrog Group).

Performance Period: January 2016 – December 2016

Number of Hospitals Reporting: 37

Note: Hospital-specific data can be found in the meeting materials.

Incidence of Episiotomy



MA median rate: 5.0%

National rate (2012 JAMA study): <12%

Leapfrog Group target (2015): 5.0%



Recap of 11-14-17 Meeting Decisions (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
Labor & Delivery				
0469	Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)**	The Joint Commission	Clinical Data	3
0471	Cesarean Rate for Nulliparous Singleton Vertex (PC-02)**	The Joint Commission	Claims/Clinical Data	3

***CMS/AHIP CQMC measure.*

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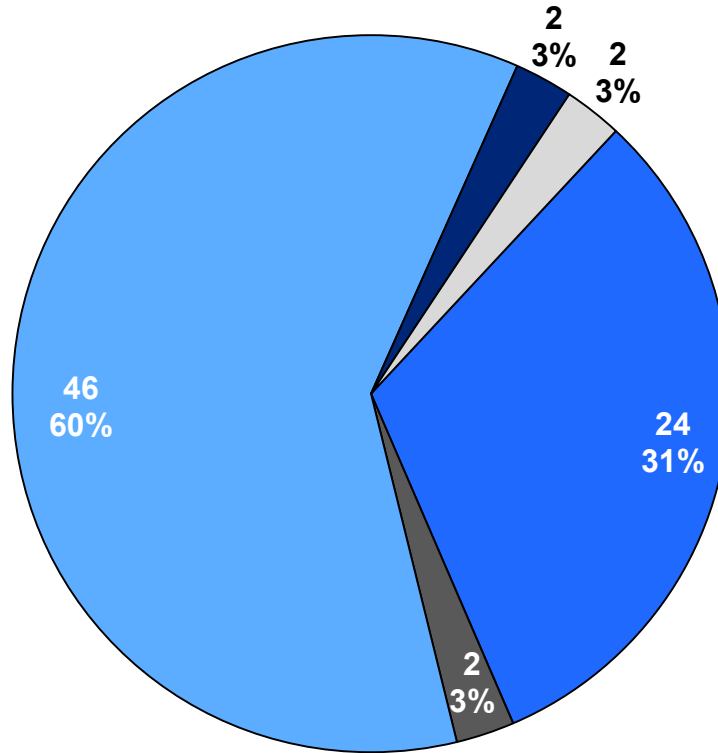
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Measure Review Progress Update



Measures Reviewed by the Taskforce
N = 76



- Tentatively Endorsed
- Deferred a Decision
- Did Not Endorse
- Developmental
- Monitoring



Measure Review Progress Update (Cont'd)



- The Taskforce has so far identified the following potential categories of measures:
 - Core and/or Menu
 - core: measures that all payers and ACOs use
 - menu: measures from which payers and ACOs choose
 - Monitoring – measures for which performance should be tracked, either because a) current performance is high or b) data are not currently available (e.g., some opioid measures).
 - Developmental – measure concepts that address important areas of health/outcomes but for which a specific measure has not been defined and/or is not yet validated and/or tested
 - e.g., weight loss, tobacco quit rate



Measure Review Progress Update (Cont'd)



■ Here is where the Taskforce stands in terms of its first pass review of the performance measure domains:

Complete (3):

- Preventive Care
- Behavioral Health
- Opioid Prescribing and Treatment

In Progress (1):

- Maternity Care

Not Yet Started (12):

- Acute Care
- Chronic Illness Care

- Care Coordination
- Integration
- Team-based Care
- Equity
- Social Determinants of Health
- Health Behaviors
- Patient/Provider Communication
- Patient Engagement
- Patient Experience
- Relationship-Centered Care



Measure Review Progress Update (Cont'd)



- Taskforce staff reached out to payers requesting their feedback on whether to include inpatient care measures in the measure set.
- We received four responses, all of which recommended not including inpatient care measures in the first aligned measure set for the following reasons:
 - There are already many ambulatory care measures to consider.
 - MassHealth is still in the process of determining how to align its hospital P4P program with the ACO program.
 - Reporting hospital data by ACO or individual payers is burdensome and may not generate an adequate sample size to evaluate performance.
- Insurers were not opposed to considering inpatient care measures in the future for measure set inclusion.



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Maternity Care Measures (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
Labor & Delivery (Cont'd)				
NA	Vaginal Birth After Cesarean Delivery Rate, Uncomplicated (IQI-22) ⁺	AHRQ	Clinical Data	0
Postpartum Care				
1517 (no longer endorsed)	Prenatal & Postpartum Care - Postpartum Care*	NCQA HEDIS	Claims/Clinical Data	4
2902	Contraceptive Care - Postpartum	U.S. Office of Population Affairs	Claims	2
NA	Effective Contraceptive Use Among Women at Risk of Unintended Pregnancy	Oregon Health Authority	Claims	0

⁺The 2015 national VBAC rate was 11.9% per the U.S. National Center for Health Statistics. See: <http://www.nationalpartnership.org/research-library/maternal-health/cesarean-section-trends-1989-2014.pdf>

*MassHealth ACO/DSRIP measure.

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Maternity Care Measures (Cont'd)



NQF#	Measure Label	Steward	Data Source	Count
Neonatal Care				
0476	Appropriate Use of Antenatal Steroids (PC-03)**	The Joint Commission	Claims/Clinical Data	2
0480	Exclusive Breast Milk Feeding (PC-05)**	The Joint Commission	Claims/Clinical Data	1
Other				
0567 (no longer endorsed)	Appropriate Work Up Prior to Endometrial Ablation Procedure**	Health Benchmarks-IMS Health	Claims	2

**CMS/AHIP CQMC measure.

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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.

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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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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.



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, #4, and #5
Behavioral Health Care	Meeting #5, #6, and #7
Opioid Prescribing and Treatment	Meeting #7
Maternity Care	Meeting #7
Acute Care (<i>e.g., cardiac care and orthopedic care</i>)	Meeting #7 and #8
Chronic Illness Care (<i>including cancer care</i>)	Meeting #8 and #9
Care Coordination	Meeting #10
Integration	Meeting #10
Team-based Care	Meeting #10
Equity (<i>disparities</i>)	Meeting #10
Social Determinants of Health	Meeting #10
Health Behaviors	Meeting #10
Patient/Provider Communication	Meeting #11
Patient Engagement	Meeting #11
Patient Experience	Meeting #11
Relationship-Centered Care	Meeting #11
Hospital Care	Meeting #11 (TBD)



Reference Slides



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



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