



## Cambridge Health Alliance Hospital Quality and Equity Incentive Program (CHA-HQEIP)

### Performance Year 1 (PY1) Deliverable: Mid-Point Assessment – Stratified Reporting of Quality Data

#### Context:

Hospitals participating in the MassHealth HQEIP are incentivized to meet performance requirements for the Stratified Reporting of Quality Data metric, as specified in the Performance Year 1 Implementation Plan and associated technical specifications. By collecting and stratifying quality measures by social risk factors, hospitals, and care systems can identify where health care disparities exist—and then focus interventions to reduce observed disparities and promote equitable care.

There are two performance requirements for this measure for PY1 pertaining to stratification of quality measures included in Table 1 (see Appendix).

**Performance Requirement 1.** For EHR measures in Table 1: CHA must submit via the MassQEX portal aggregate rates of performance separately for both the Medicaid and served uninsured patient populations (where applicable). Both overall rates and rates stratified by self-reported race and ethnicity data must be submitted using the submission template provided by MassHealth.

**Performance Requirement 2.** Mid-Point Assessment – Stratified Reporting of Quality. Report must respond to all the following elements:

#### **1. Section 1: Reporting Information**

- a. Name of the Hospital
- b. Name and title of individual(s) responsible for completing this deliverable
- c. Name and email address of individual(s) submitting this deliverable

#### **2. Section 2: Stratifying Quality Data**

- a. Does CHA currently stratify performance on the quality measures in Table 1 by demographic factors and/or social risk factors?
  - i. If yes, please describe:
    1. For what purpose(s) are stratified quality measure performance data generated, and by which team(s)?
    2. Which demographic and/or social risk factors are used for stratification?
    3. To which stakeholders are stratified quality performance data communicated, and when? Please include both internal and external stakeholders, as applicable.

4. For each Claims-based measure in Table 1 (or proxy measures<sup>3</sup> identified by the hospital), submit a report of stratified performance to MassHealth. Stratified performance may be calculated using imputed or other sources of data for race and ethnicity stratification only where self-reported race and ethnicity are not available. For these measures, share aggregate data, for example, in a table format or as screenshots, in this template.
  - ii. If no, does the Hospital plan to build capacity to stratify quality data?  
If so, how and when?
- b. What challenges does the Hospital experience with:
  - i. stratifying quality data by demographic and social risk factors, and
  - ii. using stratified data to understand health disparities?
- c. After completing Performance Requirement 1:
  - i. Please share any observations on the data. How are different patient populations performing on the quality measures?
  - ii. Are there any differences and/or disparities in any of the quality measures to highlight or further investigate? Are there areas of opportunity for improvement?

#### **Submission Instructions:**

**Performance Requirement 1:** Report to EOHHS via the MassQEX Portal by June 29, 2024. Additional submission details are included in the EOHHS-provided reporting template.

**Performance Requirements 2.** Please report to EOHHS via OnBase by June 29, 2024. Please submit as a Word document with the following file name:  
HospitalAbbreviation\_StratifiedMidReport\_YYYYMMDD.

## Appendix:

Table 1. Measures Identified For Inclusion In This HQEIP ‘Quality Performance Disparities Reduction Measure’

Domain	Measure Type	Measure
Perinatal Care	EHR	PC-02: Cesarean Birth, NTSV (NQF 0471, Joint Commission) <i>*Only applicable for the Medicaid population</i>
Perinatal Care	EHR	PC-06: Unexpected Newborn Complications in Term Infants (NQF 0716, Joint Commission) <i>*Only applicable for the Medicaid population</i>
Care Coordination	EHR	TOB-1: Tobacco Use Screening (NQF 1651, Joint Commission) (for CHA medical, surgical, and maternity inpatient units)
Care Coordination	EHR	TOB-2: Tobacco Use Treatment Provided or Offered (NQF 1654, Joint Commission) (for CHA medical, surgical, and maternity inpatient units)
Care Coordination	EHR	TOB-3: Tobacco Use Treatment Provided or Offered at Discharge (NQF 1656, Joint Commission) (for CHA medical, surgical, and maternity inpatient units)
Care Coordination	Claims-based (Medicaid)	NCQA: Follow-up After ED Visit for Mental Illness (NQF 3489) (7 & 30-Day) <i>*CHA will report an EHR-based measure for a) the served uninsured patient population with an index ED visit at CHA and b) for the served uninsured patient population on CHA’s primary care panel with an index ED visit at CHA.</i>
	EHR (served uninsured)	
Care Coordination	Claims-based (Medicaid)	NCQA: Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence (NQF 3488) (7 & 30-Day) <i>*CHA will report an EHR-based measure for a) the served uninsured patient population with an index ED visit at CHA and b) for the served uninsured patient population on CHA’s primary care panel with an index ED visit at CHA.</i>
	EHR (served uninsured)	
Care Coordination	EHR	Follow-up After Hospitalization (medical-surgical discharges) for primary care patients in the public hospital’s primary care system. NQF 0576 is adapted to medical-surgical admissions (7-Day). Description: The percentage of active primary care patients in the public hospital’s primary care system who had a medical-surgical discharge from a CHA hospital and received a follow-up contact or CHA visit (ambulatory or specialty care) within seven calendar days of the discharge. Numerator: Follow-up contact or CHA visit (ambulatory or specialty care) within seven calendar days after the discharge from the denominator. Denominator: Medical-surgical discharges for active primary care patients from a CHA Hospital during the measurement period. <i>*Only applicable for the served uninsured patient population</i>

Domain	Measure Type	Measure
Acute & Chronic Conditions	EHR	SUB-2: Alcohol Use – Brief Intervention Provided/Offered (NQF 1663, Joint Commission)
Acute & Chronic Conditions	EHR	SUB-3: Alcohol & Other Drug Use d/o – treatment prov/offered at d/c* (NQF 1664, Joint Commission)
Behavioral Health	Claims-based (Medicaid)  EHR (served uninsured)	CMS IPFQR: Follow-up After Psychiatric Hospitalization (7-Day and 30-Day)  <i>*CHA will report an EHR-based measure for a) the served uninsured population with an index hospitalization at CHA and b) for the serveduninsured patient population on CHA's primary care panel with an index hospitalization at CHA.</i>
Behavioral Health	EHR	CMS IPFQR: Screening for Metabolic Disorders <i>*This measure is reported for an all payer population.</i>