

Massachusetts Quality Measure Alignment Taskforce Charter

January 31, 2024

I. Vision and Mission

- a. Vision: A coordinated quality strategy that focuses the improvement of health care quality and health outcomes, inclusive of health equity, for all residents of the Commonwealth and reduces administrative burden on provider and payer organizations.
- b. Mission: Advise EOHHS on the definition and maintenance of an aligned measure set for use in global budget-based risk contracts, which are inclusive of MassHealth ACO and commercial ACO contracts. The Taskforce shall also:
 - i. advise EOHHS on the measurement and reporting of health and health care inequities and methods for advancing accountability for reducing such inequities;
 - ii. identify measure gaps in state priority areas, and either track or sponsor measure development and testing, as appropriate, for future multi-payer and provider implementation;
 - iii. explore options for systemized means for electronic measure reporting for use in value-based contracts, and
 - iv. recommend methods to assess performance and mechanisms to promote transparency of ACO quality performance.

By so doing, the Taskforce strives to advance progress on state health priorities and reduce use of measures that don't add value, while recognizing that an aligned measure set cannot contain all measures of value.

- i. "Value" has different meanings from the perspectives of consumers, purchasers and providers, but may include patient-centeredness, evidence-based, clinical effectiveness, cost-effectiveness, and equity among other value attributes.

II. Quality Measure Alignment Taskforce Charge

In 2017, the Massachusetts Executive Office of Health and Human Services (EOHHS) established the Quality Measurement Taskforce (Taskforce). The Taskforce's charge includes:

- a. considering the relevance and applicability of the quality of care priorities to state agencies (e.g., EOHHS, the Health Policy Commission (HPC), the Department of Public Health (DPH), the Center for Health Information and Analysis (CHIA)), and stakeholders (e.g., payers, purchasers, providers, patients, and families) for a range of purposes. Such purposes may include, but are not limited to, helping to identify:
 - i. quality improvement priorities for the Commonwealth for the purposes of measure identification and selection;

- ii. quality measures for the Commonwealth to report publicly;
 - iii. a set of quality measures, measure definitions (e.g., numerator, denominator, exclusion criteria, reporting time frame), and possible benchmarks; and
 - iv. priority areas for quality measurement innovation.
- b. reaching consensus on an aligned quality measure set for payers and providers to implement in global budget-based risk contracts informed by consideration of the Measure Set Guiding Principles;
- c. making updates to the Massachusetts Aligned Measure Set on an annual basis, after consideration of changes made to national measure sets and other factors, including consideration of the Measure Set Guiding Principles, and offering associated recommendations with the Secretary of EOHHS;
- d. identifying strategic priority areas for measure development where measure gaps exist;
- e. advising EOHHS on the quality measures and methodology that may be used as part of its Managed Care Entity (MCE), Community Partner (CP), and other associated programs;
- f. advising EOHHS on the measurement and reporting of health and health care inequities and accountability for reducing such inequities;
- g. advising EOHHS on other topics related to quality measurement, including but not limited to systemized means for electronic measure reporting, as requested by EOHHS;
- h. considering any unintended consequences of its decisions for measures approved and rejected for use in the Aligned Measure Set, and
- i. reviewing and updating the guidelines governing the Taskforce.

III. Taskforce Membership

Taskforce membership includes both stakeholder organization representatives as well as state agency personnel.

- a. Taskforce members representing stakeholder organizations may include:
 - i. representatives of the commercial and Medicaid managed care health sector, in particular statewide ACOs, with experience in and responsibility for performance measurement activities related to alternative payment models (APMs);
 - ii. representatives from provider organizations (including provider trade associations and medical societies), behavioral health, and long-term services and supports providers, with experience in and responsibility for quality improvement and/or quality reporting and with clinical experience;
 - iii. representatives from community health centers serving the Medicaid population, and
- b. consumers or consumer representatives, including representatives for people with complex health conditions. The Taskforce membership also includes several

state agency representatives. These state agency representatives are expected to uphold all Taskforce Membership Responsibilities, as outlined in Section V.

IV. Term

- a. Taskforce members will serve for a term of two years. In its sole discretion, EOHHS may extend the term of members.
- b. If the individual representing an organization leaves the organization or for any other reason can no longer serve on the Taskforce, the organization must promptly notify EOHHS and may propose a replacement with equivalent background and experience for EOHHS approval.
- c. Vacancies for any cause will be filled by an appointment of the Secretary of EOHHS and will be immediately effective.

V. Taskforce Member Responsibilities

- a. Taskforce members must participate in good faith and act consistently with the Taskforce's charge.
 - i. Taskforce staff shall facilitate meetings to ensure that all members are given the opportunity to provide comments, raise questions, indicate their support or opposition to proposals before the Taskforce, and identify topics for inclusion on future agendas.
- b. Unless told otherwise by EOHHS, Taskforce members represent their organization and are expected to coordinate with their organizational colleagues so that they speak for their organizations when engaging in Taskforce discussion.
 - i. Taskforce staff shall provide advance notification of meeting topics for which Taskforce members are expected to provide input.
- c. Taskforce members serve as ambassadors of the Aligned Measure Set within their organizations.
- d. Taskforce members must participate in initial onboarding activities and trainings, be available to devote the time needed to perform the roles and responsibilities of the Taskforce, review all meeting materials in advance of meetings, complete pre-meeting and follow-up tasks as requested by the Taskforce or its staff, attend 90% of meetings, participate in the development of work plan deliverables, and provide advice and guidance to EOHHS.
- e. Taskforce members may send a representative to a meeting with prior approval from EOHHS, provided, however, that the member is expected to attend at least half of the meetings.
- f. Members must be respectful at all time of other Taskforce members, staff, and audience members. They must listen to each other to seek to understand the other's perspectives, even if they disagree.

- g. Members must refrain from personal attacks, intentionally undermining the process, and publicly criticizing or mis-stating the positions taken by any other participants during the process.
- h. The Secretary of EOHHS may remove members who are not meeting these obligations, including regular meeting attendance, or who are not qualified, and may appoint new members, as needed.

VI. Operating Procedures

a. Taskforce Meetings

- i. The Taskforce will meet at times and places proposed by the Chairperson. The Taskforce will generally meet monthly or bimonthly for approximately two hours. Meeting will occur either virtually or in-person in Boston.
- ii. Work groups, subcommittees or other advisory processes may be established by EOHHS. Meetings of these groups will be conducted in accordance with these operating procedures.
- iii. A majority of voting members, including those attending remotely, constitutes a quorum for the transaction of Taskforce business.
- iv. Meetings will be conducted in a manner deemed appropriate by the Chairperson to foster collaborative decision-making and consensus building. Robert's Rules of Order will be applied when deemed appropriate.
- v. Meetings are not public and therefore are not subject to the Open Meeting Law.
 - 1. Taskforce members may bring additional staff from their organizations where the member believes it would be beneficial the member's organization to have colleagues observe or, when so requested by the Taskforce Chairperson, participate in specific discussions. However, if a vote is called, the additional attendee(s) may not participate in the vote.
- vi. Supports, including accommodations for Taskforce members with disabilities, will be available for members who need them.
- vii. Stipends and travel reimbursements are available for Taskforce members who are not paid by a community-based or consumer advocacy organization, provider/trade association, union or another organization/affiliate to represent such entity. Receipt of a stipend is optional and the amount may be reduced upon request of the Taskforce or member.
- viii. Stipends are available for Taskforce members in the amount of \$50 per meeting and \$25 for pre-meeting preparation work, including preparing and reviewing meeting materials, participating in Taskforce trainings and onboarding activities, and participating in planning activities when

applicable. Travel will be reimbursed at \$0.62 per mile (updated annually), plus reimbursement for the cost of tolls and parking or the cost of transportation. If requested, options for pre-paid transportation will be explored by EOHHS.

- ix. EOHHS may, in its sole discretion, require a Taskforce member to recuse him or herself from review of specific matters in the event of a perceived or actual conflict of interest.
 1. Should any Taskforce member request that EOHHS review a potential conflict of interest, EOHHS legal shall provide guidance.

b. Consensus Process and Voting

- i. A consensus decision-making model will be used to facilitate the Taskforce's deliberations and to ensure that the Taskforce receives the collective benefit of the individual views, experience, background, training and expertise of its members. Consensus is a participatory process whereby, on matters of substance, the representatives strive for agreements that they can accept, support, live with, or agree not to oppose.
- ii. To aid in the consensus process, members will identify and consider potential unintended consequences of the action under consideration, consistent with Section III.h above.
- iii. Members agree that consensus has a high value and that the Taskforce should strive to achieve it. As such, decisions on Taskforce recommendations will be made by consensus of all present members unless voting is requested by a Taskforce member. Voting shall be by roll call. Final action on Taskforce recommendations requires an affirmative vote of the majority of the Taskforce members.
- iv. If no consensus is reached on an issue for proposed Taskforce recommendation, minority positions will be documented. Those with minority opinions are responsible for proposing alternative solutions or approaches to resolve differences.
- v. Members will honor decisions made and avoid re-opening issues once resolved, unless new, substantive information become available that the Chairperson believes warrants further consideration.

c. Written Communications

- i. Members agree that transparency is essential to the Taskforce's deliberations. In that regard, members are expected to include both the Chairperson and Taskforce staff in written communications commenting on the Taskforce's deliberations from/to interest groups (other than a group specifically represented by a member); these communications will be included in the public record as detailed below and copied to the full Taskforce as appropriate.

- ii. Written comments to the Taskforce, from both individual Taskforce members and from agency representatives and the public, should be directed to EOHHS staff. Written comments will be distributed by EOHHS staff to the full Taskforce in conjunction with distribution of meeting materials or at other times at the Chairperson's discretion. Written comments will be posted to the Taskforce web page.
- d. Media
 - i. While not precluded from communicating with the media, Taskforce members agree to generally defer to the Chairperson for all media communications related to the Taskforce process and its recommendations.
 - ii. Taskforce members agree not to negotiate through the media, or use the media to undermine the work of the Taskforce.
 - iii. Taskforce members agree to raise all of their concerns, especially those being raised for the first time, at a Taskforce meeting and not in or through the media.
- e. Documentation
 - i. Taskforce meeting presentations will be distributed to Taskforce members via email and will be documented on the Taskforce website at www.mass.gov/info-details/eohhs-quality-measure-alignment-taskforce.

VII. Amendment of Operating Procedures

- a. These procedures may be changed by EOHHS, with at least one day's notice of any proposed change given in writing to each member of the Taskforce.