

# OHIC Aligned Measure Sets 2021 Annual Review

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Outpatient Behavioral Health Aligned Measure Sets

*August 12, 2021*

# Agenda

1. Follow-up from the July 7<sup>th</sup> and July 14<sup>th</sup> Meetings
2. Review Outpatient Behavioral Health Measure Sets
  - Discuss Measures with Significant Specification Changes and “Topped Out” Measures
  - Review Remaining Measures
  - Discuss Follow-up Tasks from Prior Annual Reviews
  - Discuss Work Group Proposals
3. Discuss Health Inequity-related Gaps in the Measure Set
4. Discuss Inclusion of a RELD Measure
5. Public Comment
6. Next Steps

## Follow-up from the July 7<sup>th</sup> Meeting

# Follow-up from the July 7<sup>th</sup> Meeting

- The Work Group began discussing inclusion of an RELD measure for the Acute Care Hospital Measure Set.
- Following the meeting, OHIC distributed a proposal recommending inclusion of an Acute Care Hospital REL measure that stratifies *Hospital-wide Readmit* (NQF #1789), which is currently a Core Measure.
  - Bailit Health received feedback on the proposal from three voting Work Group members and one non-voting Work Group member
    - 1 member expressed no opinion
    - 1 member supported the proposal
    - 2 members supported the proposal on the condition that stratified data are available from CMS

**Bailit Health recommends adding an *Acute Care Hospital REL Measure* to the Menu Set that stratifies performance for *Hospital-wide Readmit*.**

# Follow-up from the July 7<sup>th</sup> Meeting (Cont'd)

- The Work Group discussed whether to add *Live Births Weighing Less than 2,500 Grams* to the fill a low birthweight equity measure gap in the Acute Care Hospital Measure Set.
  - Bailit Health reached out to Dr. Chloe Zera (MA Quality Measure Alignment Task Force) and Drs. Maureen Hamel and Methodius Tuuli (Women & Infants), for input on whether a low birthweight measure is appropriate for a hospital setting. Their feedback is summarized on the next slide.

| NQF # / Status     | Measure Name                                     | Steward | Measure Type | Data Source   | Population |
|--------------------|--|---------|--------------|---|------------|
| 1382<br>(Endorsed) | Live Births<br>Weighing Less<br>Than 2,500 Grams | AHRQ    | Outcome      | Insurer case<br>management platform<br>or hospital report | Pediatric  |

# Follow-up from the July 7<sup>th</sup> Meeting (Cont'd)

- Dr. Zera agreed with the Work Group's assessment to not include the measure in the Acute Care Hospital Measure Set because low birthweight is a multifactorial outcome. Dr. Zera recommended the measure as a marker of social/structural determinants more than quality of care.
- Drs. Hamel and Tuuli **expressed concerns about the measure** because the measure does not assess the rationale for low birthweight (e.g., premature deliveries), is not always associated with poor health outcomes, and varies across institutions.

***Live Births Weighing Less than 2,500 Grams* will not be proposed for inclusion in the Acute Care Measure Set.**

# Follow-up from the July 14<sup>th</sup> Meeting

- The Work Group reviewed the Behavioral Health Hospital Measure Set and made the following recommendations:
  - **Move one measure from Core to Menu status:**
    - *Transition Record with Specified Elements Received by Discharged Patients (TR-1)*
  - **Remove two measures from the Measure Set:**
    - *Timely Transmission of Transition Record (TR-2)*
    - *Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3)\**
  - **Elevate one measure from Menu to Core status:**
    - *30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an IPF\*\**
  - **Add two new measures to the Menu Set:**
    - *Medication Continuation Following Inpatient Psychiatric Discharge*
    - *Tobacco Use Treatment at Discharge (TOB-3a)*

\*Retain SUB-3a as a Menu Measure

\*\*Elevated to Core in 2023

## Follow-up from the July 14<sup>th</sup> Meeting (Cont'd)

- During the July 14<sup>th</sup> meeting, the Work Group recommended applying the Behavioral Health Hospital Measure Set to all facilities that are reporting through the CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program.
  - The Measure Set would therefore apply to stand-alone behavioral health hospitals *and* inpatient psychiatric units located within general acute care hospitals.
- **Bailit Health developed the following proposal for how to implement this recommendation in collaboration with BCBSRI.**



# Follow-up from the July 14<sup>th</sup> Meeting (Cont'd)

## **Proposal for applying the Behavioral Health Hospital Measure Set to all facilities that are reporting through the CMS IPFQR Program:**

- Insurer contracts with hospitals participating in CMS' IPFQR program, including general acute care facilities, will be subject to the Behavioral Health Hospital Measure Set.
- Insurer contracts with general acute care facilities participating in CMS' IPFQR program that are newly subject to the Behavioral Health Hospital Measure Set will also be subject to the Acute Care Hospital Measure Set.

# Follow-up from the July 14<sup>th</sup> Meeting (Cont'd)

## Proposal for applying the Behavioral Health Hospital Measure Set to all facilities that are reporting through the CMS IPFQR Program (Cont'd):

- To avoid duplication between the Behavioral Health Hospital Measure Set and the Acute Care Hospital Measure Set, OHIC will remove the following behavioral health measures from the **Acute Care Hospital Set**:
  - *30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (Currently a Menu Measure)*
  - *Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a) (Currently a Menu Measure)*
- OHIC will retain *Follow-Up After Hospitalization for Mental Illness (7-Day)* as a Core measure in the Acute Care Hospital Measure Set and the Behavioral Health Hospital Measure Set. However, all hospitals participating in CMS' IPFQR program are only required to use the measure once in their contracts.

# Follow-up from the July 14<sup>th</sup> Meeting (Cont'd)

## **Proposal for applying the Behavioral Health Hospital Measure Set to all facilities that are reporting through the CMS IPFQR Program (Cont'd):**

- During future Annual Reviews, the Work Group will consider the number of Core measures in both measure sets to ensure that general acute care facilities participating in CMS' IPFQR program are not subject to too many Core measures.
- The Work Group will pay particular attention to performance variation when considering which measures to retain in the Core for both measure sets.

## Review Outpatient Behavioral Health Measure Set Measures

# The Outpatient Behavioral Health Measure Sets

- **The 2021 Outpatient Behavioral Health – Mental Health Measure Set** includes 14 measures.

- **10 Menu Measures:**

- *Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions*
- *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment*
- *Antidepressant Medication Management*
- *Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment*
- *Depression Remission at Six Months*
- *Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications*
- *Follow-Up After Emergency Department Visit for Mental Illness*
- *Follow-Up After Hospitalization for Mental Illness (7-Day)*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics*
- *Unhealthy Drug and Alcohol Use: Screening & Brief Counseling*

# The Outpatient Behavioral Health Measure Sets (Cont'd)

- **The 2021 Outpatient Behavioral Health – Mental Health Measure Set** includes 14 measures.
  - **4 Developmental Measures:**
    - *Depression Remission or Response for Adolescents and Adults*
    - *Social Determinants of Health Screen*
    - *Unhealthy Alcohol Use Screening and Follow-Up*
    - *Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults*
  - **NOTE:** EOHHS is currently using *Social Determinants of Health* in its AE program. It will share performance with OHIC once available to help the Work Group assess whether it should become a Menu measure.
    - The other three Developmental measures will be piloted in the future once IMAT completes its pilot of the *Depression Screening and Follow-up* measure.

**Does the Work Group still see value in categorizing the remaining three measures as Developmental?**

# The Outpatient Behavioral Health Measure Sets (Cont'd)

- **The 2021 Outpatient Behavioral Health – Substance Use Treatment Measure Set** includes four measures.
  - **1 Core Measure:**
    - *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (now Initiation and Engagement of Substance Use Treatment)*
  - **1 Menu Measure:**
    - *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (now Follow-up After Emergency Department Visit for Substance Use)*
  - **2 Developmental Measures:**
    - *Concurrent Use of Opioids and Benzodiazepines*
    - *Social Determinants of Health Screen*

# Process for Gathering Data for the 2021 Annual Review

- For this year's annual review, Bailit Health conducted the following research for each measure:
  - **Equity Review:** We primarily used the following sources to identify inequities in measure performance or related health outcome by race/ethnicity, disability status, language, socioeconomic status, and education:
    - [America's Health Rankings](#)
    - [Health in RI](#)
    - [AHRQ Quality and Disparities Reports](#)
    - RIDOH Reports
    - Literature review to identify any additional disparities

*Note: We only included a summary of our equity review on each slide. All information from our review can be found in the Buying Value Tool distributed with the meeting materials.*



# Process for Gathering Data for the 2021 Annual Review (Cont'd)

- **Status/Measure Specification Changes:** We summarized if there were any changes made to the measure's NQF status and/or specifications in 2021. If there were any unresolved substantive changes from the 2020 annual review, we included that information as well.
- **Use by RI Payers:** We surveyed RI insurers and asked them to identify which measures they were using in contracts. The following slides include data for the four major insurers in RI.

# Process for Gathering Data for the 2021 Annual Review (Cont'd)

- **Opportunity for Improvement:** We calculated weighted average plan performance from Quality Compass for Commercial and Medicaid and used hospital performance data from Hospital Compare and The Joint Commission.
  - **Commercial and Medicaid:** Weighted average plan performance from Quality Compass 2020

| Key:  |                       |                       |       |
|-------|-----------------------|-----------------------|-------|
| <50th | Between 50th and 75th | Between 75th and 90th | ≥90th |

- **RI and National:** Hospital performance data from Hospital Compare and The Joint Commission for 2020

| Key:  |  |   |
|---|--|---|
| RI Performance inferior to National Performance | RI Performance equal to National Performance | RI Performance superior to National Performance |

# Discuss Measures with Major Specification Changes and/or that are “Topped Out”

- There are two measures in the **Outpatient Behavioral Health – Mental Health Measure Set** that had major status or specification changes in 2020 or 2021.
  - *Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions*
  - *Unhealthy Drug and Alcohol Use: Screening & Brief Counseling*
- There is one measure that is “topped out,” i.e., has an absolute rate of 90% or higher, or a statewide average rate that is above the national 90<sup>th</sup> percentile.
  - *Follow-Up After Emergency Department Visit for Mental Illness (30-Day)*
- We will now review these three measures before examining the rest of the measure set.

# Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions (Menu)

| Race/Ethnicity  |                           | Disability Status   |                        |                      |
|---|---------------------------|---|------------------------|----------------------|
| <p><b>RI depression diagnosis rates:</b> 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p><b>U.S. study:</b> 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p> |                           | <p><b>U.S. depression prevalence:</b> Higher in adults with disabilities (24.9-41%) than adults without disabilities (22.8-27.5%)</p> |                        |                      |
| Status/Measure Specification Changes  | Presence in Other RI Sets | Use by RI Payers  | Commercial Performance | Medicaid Performance |
| No change for MY 2021. For MY 2020, however, CMS removed the measure from the MIPS measure set and expressed a preference for <i>Closing the Referral Loop: Receipt of Specialist Report</i> .  | None                      | None  | N/A                    | N/A                  |

# Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions (Menu) [Cont'd]

- *Closing the Referral Loop: Receipt of Specialist Report*
  - **Measure Type:** Process
  - **Data Source:** Clinical Data
  - **Numerator:** Number of patients with a referral, for which the referring provider received a report from the provider to whom the patient was referred
  - **Denominator:** Number of patients, regardless of age, who were referred by one provider to another provider, and who had a visit during the measurement period

# Unhealthy Drug and Alcohol Use: Screening & Brief Counseling (Menu)

## Race/Ethnicity

**RI excessive or chronic drinking rates:** 33.2% for NH/PI, 31.5% for Multiracial, 21.6% for Blacks, 20.5% for Whites, 18.5% for Hispanics, 12.3% for AI/AN

**U.S. study of treatment completion:** Blacks and Hispanics 3.5-8.1 percentages points less likely and Native Americans 4.7 percentage points less likely than Whites to complete treatment for alcohol and drugs

| Status/Measure Specification Changes   | Presence in Other RI Sets | Use by RI Payers | Commercial Performance | Medicaid Performance |
|--|---------------------------|------------------|------------------------|----------------------|
| Major changes for MY 2021: <ol style="list-style-type: none"> <li>1. Updated the lookback period to 12 months (was 24 months).</li> <li>2. Updated to include three rates: (a) patients screened in the last 12 months, (b) patients identified as unhealthy alcohol users who received brief counseling and (c) patients screened in the last 12 months AND who received brief counseling if identified as unhealthy alcohol users</li> </ol> | ACO, Primary Care (Menu)  | None             | N/A                    | N/A                  |

# Follow-Up After Emergency Department Visit for Mental Illness (30-Day) (Menu)

| Race/Ethnicity   |   | Disability Status  |   |   |
|--|---|--|---|---|
| <p><b>U.S. study of follow-up after mental health ED discharge:</b> Odds of follow-up lower for Blacks compared to Whites (OR* = 0.83 for 7-day, OR = 0.76 for 30-day)</p> |   | <p><b>U.S. study of follow-up after mental health ED discharge:</b> Odds of follow-up lower for beneficiaries who qualified for Medicaid on basis of income rather than disability (OR = 0.87 for 7-day, OR = 0.86 for 30-day)</p> |   |   |
| Status/Measure Specification Changes   | Presence in Other RI Sets   | Use by RI Payers   | Commercial Performance                        | Medicaid Performance                          |
| <p>Minor change for MY 2022:<br/>1. Clarified that members in hospice or using hospice services are a required exclusion.</p>  | <p>ACO (Menu)<br/>Acute Care Hospital (Core)</p> <p><b>Note: Proposed to move to Menu for Acute Care Hospital</b></p> | <p>2 Acute Care Hospital Contracts</p>   | <p>76% (Above 90<sup>th</sup> percentile)</p> | <p>76% (Above 90<sup>th</sup> percentile)</p> |

\*OR = odds ratio (value greater than 1 indicates higher odds; value less than 1 indicates lower odds)

# Review of Remaining Measures

- The following measures in the **Outpatient Behavioral Health – Mental Health Measure Set**:
  - have either no or minor specification changes,
  - have opportunity for improvement or unknown opportunity due to lack of publicly available performance data, and
  - were not specifically commented upon by any Work Group members when OHIC asked for feedback on the Aligned Measure Sets.
- For each measure, consider whether you recommend:
  - retaining the measure,
  - removing the measure, or
  - changing the measure’s status (e.g., move from Menu to Core).
- Please also consider whether there are major inequities in performance that warrant the measure being stratified by race, ethnicity, language and/or disability status.



# Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (Menu)

| Race/Ethnicity  |                           | Disability Status   |                        |                      |
|---|---------------------------|---|------------------------|----------------------|
| <p><b>RI depression diagnosis rates:</b> 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p><b>U.S. study:</b> 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p> |                           | <p><b>U.S. depression prevalence:</b> Higher in adults with disabilities (24.9-41%) than adults without disabilities (22.8-27.5%)</p> |                        |                      |
| Status/Measure Specification Changes  | Presence in Other RI Sets | Use by RI Payers  | Commercial Performance | Medicaid Performance |
| <p>Minor edit for MY 2021:</p> <ol style="list-style-type: none"> <li>Revised wording of the description to reflect the episode nature of the measure.</li> <li>Added guidance to recognize the appropriateness of team-based care.</li> </ol>                  | ACO (Menu)                | None  | N/A                    | N/A                  |

# Antidepressant Medication Management (Menu)

## Race/Ethnicity

**U.S. study of antidepressant utilization:** Racial-ethnic minority groups less likely than Whites to use antidepressants among persons with private coverage.

**U.S. study of adequate depression care:** Blacks and Latinos less likely to fill an antidepressant prescription than Whites. No racial or ethnic disparities in the probability of receiving an adequate trial of antidepressant medication among patients who filled at least one prescription.

| Status/Measure Specification Changes  | Presence in Other RI Sets | Use by RI Payers  | Commercial Performance  | Medicaid Performance  |
|---|---------------------------|---|---|---|
| Minor change for MY 2022:<br>1. Clarified that members in hospice or using hospice services are a required exclusion. | None                      | 2 Primary Care Contracts<br>1 Outpatient Behavioral Health Contract | <b><u>Acute Phase</u></b><br>67% (below 50th percentile)                    | <b><u>Acute Phase</u></b><br>58% (between 50 <sup>th</sup> and 75 percentiles)                      |
|   |                           |   | <b><u>Continuation Phase</u></b><br>51% (below 25 <sup>th</sup> percentile) | <b><u>Continuation Phase</u></b><br>43% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentiles) |

# Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (Menu)

## Race/Ethnicity

**RI attempted suicide (high school):**18.3% for Blacks, 17.7% for Hispanics, 12.1% for Whites

**RI considered suicide (middle school):**19.6% for Hispanics, 18.0% for Blacks, 15.3% for Whites

| Status/Measure Specification Changes | Presence in Other RI Sets | Use by RI Payers | Commercial Performance | Medicaid Performance |
|--------------------------------------|---------------------------|------------------|------------------------|----------------------|
| No change                            | ACO (Menu)                | None             | N/A                    | N/A                  |

# Depression Remission at Six Months (Menu)

| Race/Ethnicity  |                           | Disability Status   |                        |                      |
|---|---------------------------|---|------------------------|----------------------|
| <p><b>RI depression diagnosis rates:</b> 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p><b>U.S. study:</b> 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p> |                           | <p><b>U.S. depression prevalence:</b> Higher in adults with disabilities (24.9-41%) than adults without disabilities (22.8-27.5%)</p> |                        |                      |
| Status/Measure Specification Changes  | Presence in Other RI Sets | Use by RI Payers  | Commercial Performance | Medicaid Performance |
| No change   | ACO, Primary Care (Menu)  | None  | N/A                    | N/A                  |

# Depression Remission or Response for Adolescents and Adults (Developmental)

| Race/Ethnicity  |                                   | Disability Status   |                        |                      |
|---|-----------------------------------|---|------------------------|----------------------|
| <p><b>RI depression diagnosis rates:</b> 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p><b>RI youth (0-17) unable to access mental health services:</b> 75% of Blacks, 74% Hispanics, 17.2% Whites</p> <p><b>U.S. study:</b> 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p> |                                   | <p><b>U.S. depression prevalence:</b> Higher in adults with disabilities (24.9-41%) than adults without disabilities (22.8-27.5%)</p> |                        |                      |
| Status/Measure Specification Changes  | Presence in Other RI Sets         | Use by RI Payers  | Commercial Performance | Medicaid Performance |
| Minor change for MY 2022:<br>1. Updated measure logic to be expressed in FHIR.  | ACO, Primary Care (Developmental) | None  | N/A                    | N/A                  |

# Depression Remission or Response for Adolescents and Adults (Developmental) [Cont'd]

- Work Group feedback:
  - Peter Hollmann noted that the measure poses implementation challenges because it differs from *Depression Remission at Twelve Months*, which is in the CMS ACO Next Generation program.
  - Bailit Health noted this concern also applies to *Depression Remission at Six Months*, which aligns with the NCQA measure but not the CMS ACO Next Generation program or CMS MIPS program.

| Measure Name  | Remission  |
|---|--|
| <b>Depression Remission at Six Months (CMS)</b>                           | The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission <b>six months</b> (+/- 60 days) after an index visit. |
| <b>Depression Remission at Twelve Months (CMS)</b>                        | The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission <b>12 months</b> (+/- 60 days) after an index event.    |
| <b>Depression Remission or Response for Adolescents and Adults (NCQA)</b> | The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within <b>4–8 months</b> of the elevated score.                |

# Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications (Menu)

| Race/Ethnicity  | Language   |                  | Disability Status   |   |
|---|--|------------------|---|---|
| <p><b>RI diabetes prevalence:</b> 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks</p> <p><b>U.S. study of metabolic monitoring of VA patients on antipsychotics:</b> Blacks and Hispanics less likely to be monitored on metabolic components compared to Whites</p> | <p><b>RI diabetes prevalence:</b> Adults whose first language is Spanish are diagnosed with diabetes 2x more often than adults whose first language is English</p> |                  | <p><b>RI diabetes prevalence:</b> 18% of adults have disabilities, 42% of adult diabetics have disabilities</p> |   |
| Status/Measure Specification Changes  | Presence in Other RI Sets  | Use by RI Payers | Commercial Performance  | Medicaid Performance                    |
| <p>Minor change for MY 2022:</p> <ol style="list-style-type: none"> <li>1. Clarified that members in hospice or using hospice services are a required exclusion.</li> </ol>   | None   | None             | N/A   | 80% (below 50 <sup>th</sup> percentile) |

# Follow-Up After Hospitalization for Mental Illness (7-Day) (Menu)

## Race/Ethnicity

**U.S. study of follow-up treatment following inpatient psychiatric treatment:** Blacks were less likely than Whites to receive follow-up (OR\* = 0.45 for 30-days)

| Status/Measure Specification Changes  | Presence in Other RI Sets                                   | Use by RI Payers   | Commercial Performance                  | Medicaid Performance  |
|---|---|--|---|---|
| Minor changes for MY 2022:<br>1. Updated the steps for identifying acute readmission or direct transfer in the denominator.<br>2. Clarified that members in hospice or using hospice services are a required exclusion.<br>3. Added psychiatric collaborative care management to the numerator. | ACO, Acute Care Hospital, Behavioral Health Hospital (Core) | 3 ACO<br>2 Acute Care Hospital<br>2 BH Hospital<br>2 Outpatient BH | 62% (Above 90 <sup>th</sup> percentile) | 54% (Between 75 <sup>th</sup> -90 <sup>th</sup> percentile) |

\*OR = odds ratio (value greater than 1 indicates higher odds; value less than 1 indicates lower odds)



# Metabolic Monitoring for Children and Adolescents on Antipsychotics (Menu)

## Race/Ethnicity

**U.S. study (adults):** Blacks and Hispanics less likely to be monitored than Whites

| Status/Measure Specification Changes  | Presence in Other RI Sets | Use by RI Payers | Commercial Performance                  | Medicaid Performance                    |
|---|---------------------------|------------------|---|---|
| Minor change for MY 2022:<br>1. Clarified that members in hospice or using hospice services are a required exclusion. | None                      | None             | 46% (above 90 <sup>th</sup> percentile) | 35% (below 50 <sup>th</sup> percentile) |

# Social Determinants of Health Screen (Developmental)

## Race/Ethnicity

*Negative Social Determinants of Health contribute to health disparities.*

| Status/Measure Specification Changes  | Presence in Other RI Sets                              | Use by RI Payers | Commercial Performance | Medicaid Performance |
|---|--|------------------|------------------------|----------------------|
| Minor updates on attribution to AEs and an example of how to use Z codes for reporting. | Acute Care Hospital, ACO, Primary Care (Developmental) | 1 (ACO Contract) | N/A                    | N/A                  |

AE performance data won't be available for this measure until October 2021.

# Unhealthy Alcohol Use Screening and Follow-Up (Developmental)

## Race/Ethnicity

**RI excessive or chronic drinking rates:** 33.2% for NH/PI, 31.5% for Multiracial, 21.6% for Blacks, 20.5% for Whites, 18.5% for Hispanics, 12.3% for AI/AN

**U.S. study of treatment completion:** Blacks and Hispanics 3.5-8.1 percentage points less likely and Native Americans 4.7 percentage points less likely than Whites to complete treatment for alcohol and drugs

| Status/Measure Specification Changes   | Presence in Other RI Sets         | Use by RI Payers | Commercial Performance | Medicaid Performance |
|--|-----------------------------------|------------------|------------------------|----------------------|
| Minor change for MY 2022:<br>1. Updated measure logic to be expressed in FHIR. | ACO, Primary Care (Developmental) | None             | N/A                    | N/A                  |

# Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (Developmental)

| Race/Ethnicity  |  | Disability Status   |                        |                      |
|---|--|---|------------------------|----------------------|
| <p><b>RI depression diagnosis rates:</b> 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p><b>U.S. study:</b> 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p> |  | <p><b>U.S. depression prevalence:</b> Higher in adults with disabilities (24.9-41%) than adults without disabilities (22.8-27.5%)</p> |                        |                      |
| Status/Measure Specification Changes  | Presence in Other RI Sets                | Use by RI Payers  | Commercial Performance | Medicaid Performance |
| <p>Minor change for MY 2022:</p> <p>1. Updated measure logic to be expressed in FHIR.</p>   | <p>ACO, Primary Care (Developmental)</p> | <p>None</p>   | <p>N/A</p>             | <p>N/A</p>           |

# Discuss Measures with Major Specification Changes and/or that are “Topped Out”

- There are two measures in the **Outpatient Behavioral Health – Substance Use Treatment Measure Set** that had major specification changes proposed for 2022.
  - *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Core) (now Initiation and Engagement of Substance Use Treatment)*
  - *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (now Follow-up After Emergency Department Visit for Substance Use)*
- There are no measures that are “topped out,” i.e., have an absolute rate of 90% or higher, or a statewide average rate that is above the national 90<sup>th</sup> percentile.
- We will now review the two cited above measures before examining the rest of the measure set.

# Initiation and Engagement of Substance Use Treatment (Core)

## Race/Ethnicity

**RI excessive or chronic drinking rates:** 33.2% for NH/PI, 31.5% for Multiracial, 21.6% for Blacks, 20.5% for Whites, 18.5% for Hispanics, 12.3% for AI/AN

**U.S. study of treatment completion:** Blacks and Hispanics 3.5-8.1 percentage points less likely and Native Americans 4.7 percentage points less likely than Whites to complete treatment for alcohol and drugs

| Status/Measure Specification Changes   | Presence in Other RI Sets | Use by RI Payers | Commercial Performance  | Medicaid Performance  |
|--|---------------------------|------------------|---|---|
| Major changes for MY 2022 (see next slide).<br><br><b>Note:</b> Work Group members raised several comments about this measure. | ACO (Menu)                | None             | <b><u>Initiation</u></b><br>36% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentiles) | <b><u>Initiation</u></b><br>44% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentiles) |
|  |                           |                  | <b><u>Engagement</u></b><br>16% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentiles) | <b><u>Engagement</u></b><br>18% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentiles) |

# Initiation and Engagement of Substance Use Treatment (Core) [Cont'd]

## ■ Changes for MY 2022:

1. Revised measure name to Initiation and Engagement of Substance Use Treatment and updated terminology to use "substance use."
2. Changed the measure from "member-based" to "episode-based."
3. Lengthened the negative SUD look-back period from 60 days to 194 days for defining a "new episode of SUD treatment."
4. Lengthened the Continuous Enrollment criteria from 108 days to 242 days.
5. Clarified that members in hospice are a required exclusion.
6. Added a Negative Medication History to the denominator.
7. Split the current adult age stratification (18+ years of age) into 18-64 and 65+.
8. Expanded the definition of Initiation of SUD Treatment to include more treatment options.
9. Specified that long-acting SUD medication administration events meet the definition of Engagement of SUD Treatment and expanded the definition of Engagement of SUD Treatment to include more treatment options.

# Initiation and Engagement of Substance Use Treatment (Core) [Cont'd]

- Stephanie De Abreu recommended moving the measure from the Core to the Menu Set because it is difficult to measure accurately.
  - Uses a “time from diagnosis” measurement, but plans are unable to validate diagnoses from previous payers
  - Issues with small denominators
- **2021 MA Substance Use Treatment Work Group assessment of measure:** The Work Group unanimously recommended not including IET in the MA Aligned Measure Set, on the basis that the measure still needs additional refinement to address concerns about measure validity, coding issues, and the need to include additional medications used for treatment of alcohol use disorder.



# Follow-up After Emergency Department Visit for Substance Use (30-Day) (Menu)

| Race/Ethnicity   |  | Disability Status   |   |   |
|--|--|---|---|---|
| <b>U.S. study of follow-up after SUD ED discharge:</b><br>Odds of follow up higher among Blacks compared to Whites (OR = 1.34 for 7-day, OR = 1.15 for 30-day) |  | <b>U.S. study of follow-up after SUD ED discharge:</b><br>Odds of follow-up higher among beneficiaries who qualified for Medicaid on basis of income rather than disability (OR = 1.52 for 7-day, OR = 1.56 for 30-day) |   |   |
| Status/Measure Specification Changes   | Presence in Other RI Sets  | Use by RI Payers  | Commercial Performance                                      | Medicaid Performance  |
| Major changes for MY 2022 (see next slide).  | ACO (Menu),<br>Acute Care Hospital (Core)<br><br><b>Note: Proposed to move to Menu for Acute Care Hospital</b> | 2 Acute Care Hospital Contracts   | 16% (Between 50 <sup>th</sup> -75 <sup>th</sup> percentile) | 23% (Between 50 <sup>th</sup> -75 <sup>th</sup> percentile) |

\*OR = odds ratio (value greater than 1 indicates higher odds; value less than 1 indicates lower odds)

# Follow-up After Emergency Department Visit for Substance Use (30-Day) (Menu) [Cont'd]

- Changes for MY 2022:

1. Revised measure name to Follow-Up After Emergency Department Visit for Substance Use, and updated terminology to use "substance use."
2. Clarified that members in hospice or using hospice services are a required exclusion.
3. Added a pharmacy benefit requirement.
4. Revise criteria for follow-up visit to include additional follow-up options that don't require an SUD diagnosis.
5. Revise denominator to also include any diagnosis of drug overdose.

# Review of Remaining Measures

- The following measures in the **Outpatient Behavioral Health – Substance Use Treatment Measure Set**:
  - have either no or minor specification changes,
  - have opportunity for improvement or unknown opportunity due to lack of publicly available performance data, and
  - were not specifically commented upon by any Work Group members when OHIC asked for feedback on the Aligned Measure Sets.
- For each measure, consider whether you recommend:
  - retaining the measure,
  - removing the measure, or
  - changing the measure’s status (e.g., move from Menu to Core).
- Please also consider whether there are major inequities in performance that warrant the measure being stratified by race, ethnicity, language and/or disability status.

# Concurrent Use of Opioids and Benzodiazepines (Developmental)

## Race/Ethnicity

**RI opioid overdose death rates:** Blacks have higher overdose death rates (53.9 per 100,000 person-years) compared to Whites (36.0); overdose death rates are increasing fastest among Blacks and Hispanics

**U.S. study of co-prescription:** Whites and Hispanics had higher rates of co-prescription than Blacks

| Status/Measure Specification Changes | Presence in Other RI Sets         | Use by RI Payers | Commercial Performance | Medicaid Performance |
|--------------------------------------|-----------------------------------|------------------|------------------------|----------------------|
| No change                            | ACO, Primary Care (Developmental) | None             | N/A                    | N/A                  |

# Social Determinants of Health Screen (Developmental)

## Race/Ethnicity

*Negative Social Determinants of Health contribute to health disparities.*

| Status/Measure Specification Changes  | Presence in Other RI Sets                              | Use by RI Payers | Commercial Performance | Medicaid Performance |
|---|--|------------------|------------------------|----------------------|
| Minor updates on attribution to AEs and an example of how to use Z codes for reporting. | Acute Care Hospital, ACO, Primary Care (Developmental) | 1 (ACO Contract) | N/A                    | N/A                  |

AE performance data won't be available for this measure until October 2021.

# Follow-up Tasks from Prior Annual Reviews

- During the 2019 Annual Review, the Work Group recommended considering whether to elevate one of the following Menu measures to Core status for the Behavioral Health Mental Health Aligned Measure Set.
  - **Does the Work Group recommend elevating one or more of the following Menu Measures to Core status?**
    1. *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment*
    2. *Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment*
    3. *Unhealthy Drug and Alcohol Use: Screening & Brief Counseling [AMA-PCPI measure]*

# Follow-up Tasks from Prior Annual Reviews (Cont'd)

- During the 2019 Annual Review, the Work Group recommended monitoring the following measures for future consideration in the Outpatient Behavioral Health Measure Set. **Does the Work Group wish to adopt any of these measures?**

| NQF # / Status | Measure Name  | Steward | Measure Type | Data Source              | Population           |
|----------------|---|---------|--------------|--------------------------|----------------------|
| NA             | Pharmacotherapy for Opioid Use Disorder                       | NCQA    | Process      | ECDS*                    | Adolescent and Adult |
| NA             | Depression Screening and Follow-Up for Adolescents and Adults | NCQA    | Process      | ECDS*                    | Adolescent and Adult |
| 0418           | Screening for Depression and Follow-up Plan**                 | CMS     | Process      | Claims/<br>Clinical Data | Adolescent and Adult |

\*Electronic Clinical Data Systems

\*\*Proposed for reconsideration by Bailit Health, given use of the measure in the AE program.

# History of the Depression Screening Measure

- OHIC removed the CMS depression screening measure from the OHIC Aligned Measure Sets in December 2019 due to implementation challenges raised by BCBSRI.
  - The CMS specifications call for use of either **G codes** or **clinical data** to determine numerator compliance and denominator exceptions.
  - Limited practice use of G codes meant that payers and providers would need to use manual extraction of clinical data from EHRs, which is burdensome.
- The Work Group recommended adopting the NCQA ECDS measure once IMAT completed its pilot of the measure.
  - The goal was to begin the pilot in fall 2020 and implement the measure for 2022. However, the pilot is delayed due to COVID-19 and will not have data until fall 2021 at the earliest.



# CMS Depression Screening Measure Use and Guidance Document

- EOHHS is using the CMS *Depression Screening and Follow-up Plan* measure in its AE program.
- Bailit Health developed a guidance document (distributed with the meeting materials) for the CMS measure in 2021 because:
  - CMS does not identify what qualifies as a positive screen that requires follow-up, and
  - plans and providers have varying interpretations of what constitutes “follow-up.”
- There are some notable differences between the CMS and NCQA measure, as outlined in the following slides.

**Does the Work Group recommend adding the CMS depression screening measure to select Aligned Measure Sets, and if so, does it recommend using the guidance document as well?**

# Comparison between the Depression Screening Measures

|                                   | NCQA Measure  | CMS Measure  |
|-----------------------------------|---|--|
| <b>Measure Description</b>        | <p>The percentage of members 12+ years of age who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <ul style="list-style-type: none"> <li>• <i>Depression Screening</i>. The percentage of members who were screened for clinical depression using a standardized instrument.</li> <li>• <i>Follow-Up on Positive Screen</i>. The percentage of members who received follow-up care within 30 days of a positive depression screen finding.</li> </ul> | <p>Percentage of patients aged 12+ years screened for depression on the date of the encounter or up to 14 days prior to 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 eligible encounter.</p> |
| <b>Follow-up Window</b>           | Within 30 days of the positive screen.  | Within 14 days of the positive screen.   |
| <b>Positive Screen Definition</b> | Numerical scores identified for each screening tool. Member is numerator non-compliant if there is no numerical score in the EHR.   | Not defined.   |

# Comparison between the Depression Screening Measures (Cont'd)

|                             | NCQA Measure   | CMS Measure   |
|-----------------------------|--|---|
| <b>Exclusions</b>           | Members with bipolar disorder or depression in the year prior to the measurement year.   | Patients who have ever had a diagnosis of bipolar disorder or depression.   |
| <b>Follow-up Definition</b> | <ul style="list-style-type: none"> <li>• An outpatient, telephone, e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.</li> <li>• A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.</li> <li>• A behavioral health encounter, including assessment, therapy, collaborative care or medication management.</li> <li>• A dispensed antidepressant medication.</li> </ul> | <ul style="list-style-type: none"> <li>• Referral to a practitioner (e.g., psychiatrist, psychologist, social worker, mental health counselor) who is qualified to diagnose and treat depression or to a mental health service for treatment of depression (e.g., group therapy, support therapy, depression management program).</li> <li>• Pharmacological interventions.</li> <li>• Other interventions or follow-up for the diagnosis or treatment of depression (e.g., behavioral health evaluation, psychotherapy, pharmacological interventions).</li> </ul> |

## Discuss Health Inequity-related Gaps in the Measure Set

# Outpatient Behavioral Health-related Health Inequities in RI

- Bailit Health identified that **smoking**, a health inequities in RI that is related to care delivered by outpatient behavioral health providers, **is not addressed by measures in the Outpatient Behavioral Health Aligned Measure Set.**
- The following slide contains candidate measures the Work Group could include to address the smoking health inequity.

# Outpatient Behavioral Health-related Health Inequities in RI (Cont'd)

- Bailit Health researched tobacco measures and found two potential options to fill the smoking equity gap in the Outpatient Behavioral Health Measure Set:
  - **NOTE:** The Work Group removed NQF 0028 from its Aligned Measure Sets during a prior Annual Review because it was not outcome-focused and performance in the PCMH Measure Set was high.

| NQF # / Status     | Measure Name  | Steward    | Measure Type | Data Source          | Population |
|--------------------|---|------------|--------------|----------------------|------------|
| <b>Smoking</b>     |   |            |              |                      |            |
| 0028<br>(Endorsed) | Tobacco Use: Screening and Cessation Intervention         | AMA - PCPI | Process      | Claims/Clinical Data | Adult      |
| 0027<br>(Endorsed) | Medical Assistance with Smoking and Tobacco Use Cessation | NCQA       | Process      | Survey               | Adult      |

## Discuss Inclusion of a RELD Measure

# Discuss Inclusion of a RELD Measure

- Bailit Health previously shared that the Work Group can recommend stratifying measures in the Aligned Measure Sets by race, ethnicity, language and/or disability status (RELD).
  - At the outset, provider organizations would report performance using their EHR and (ideally) patient self-reported RELD to build the capacity to stratify and report stratified data.
  - Over time, our intention is to move towards measures focused on reducing disparities in performance by RELD.
- **Does the Work Group recommend adopting a RELD measure for the Outpatient Behavioral Health Measure Set, and if so, which measures should be stratified?**



## Public Comment

## Next Steps

# Next Steps



**#6**

**8/25, 12:00-2:30pm  
Primary Care Set**



**#7**

**9/9, 12:00-2:30pm  
ACO Set and Wrap-up**

# Appendix

# Criteria Specific to the Measure Set

1. Representative of the array of services provided by the program
2. Representative of the diversity of patients served by the program
3. Not unreasonably burdensome to payers or providers
4. Broadly address population health
5. Includes topics and measures for which there are known opportunities – based on RI data where available and national data otherwise – to promote health equity by race, ethnicity, language, disability status, economic status and other important demographic and cultural characteristics
6. Includes validated outcome measures, where they exist, including measures sourced from clinical, patient-reported, and administrative data

# Crosswalk of Health Inequities to RI Measures

| Health Inequity                  | Is There a Measure in Use? |                     |             |                |               |                  |
|----------------------------------|----------------------------|---------------------|-------------|----------------|---------------|------------------|
|                                  | ACO                        | Acute Care Hospital | BH Hospital | Maternity Care | Outpatient BH | Primary Care     |
| <b>Behavioral Health</b>         |                            |                     |             |                |               |                  |
| Mental Health (e.g., depression) | Yes                        | Yes                 | Yes         | Yes            | Yes           | Yes              |
| Smoking                          | No                         | No                  | No          | No             | No            | No               |
| <b>Chronic Conditions</b>        |                            |                     |             |                |               |                  |
| Cardiovascular disease           | Yes                        | No                  | No          | No             | Yes           | Yes              |
| Diabetes                         | Yes                        | No                  | No          | No             | Yes           | Yes              |
| Obesity (adult and child)        | Yes (child only)           | No                  | No          | No             | No            | Yes (child only) |
| <b>Hospital/Inpatient Care</b>   |                            |                     |             |                |               |                  |
| Hospital-acquired infections     | No                         | Yes                 | No          | No             | No            | No               |

# Crosswalk of Health Inequities to RI Measures (Cont'd)

| Health Inequity        | Is There a Measure in Use?     |                     |             |                           |               |                                |
|------------------------|--------------------------------|---------------------|-------------|---------------------------|---------------|--------------------------------|
|                        | ACO                            | Acute Care Hospital | BH Hospital | Maternity Care            | Outpatient BH | Primary Care                   |
| <b>Maternity Care</b>  |                                |                     |             |                           |               |                                |
| Infant mortality       | No                             | No                  | No          | Yes<br>(prevention-focus) | No            | No                             |
| Low birthweight        | No                             | No                  | No          | Yes<br>(prevention-focus) | No            | No                             |
| <b>Preventive Care</b> |                                |                     |             |                           |               |                                |
| Adult vaccinations     | No                             | No                  | No          | No                        | No            | No                             |
| Dental visits          | Somewhat<br>(fluoride varnish) | No                  | No          | No                        | No            | Somewhat<br>(fluoride varnish) |
| STDs                   | Yes                            | No                  | No          | No                        | No            | Yes                            |

# Crosswalk of Health Inequities to RI Measures (Cont'd)

| Health Inequity                  | Is There a Measure in Use? | If Yes, What Is the Measure(s)?   |
|----------------------------------|----------------------------|---|
| <b>Behavioral Health</b>         |                            |   |
| Mental Health (e.g., depression) | Yes                        | <ul style="list-style-type: none"> <li>• Adult MDD: Suicide Risk Assessment</li> <li>• Adult MDD: Coordination of Care of Patients with Specific Comorbid Conditions</li> <li>• Antidepressant Medication Management</li> <li>• Child and Adolescent MDD: Suicide Risk Assessment</li> <li>• Depression Remission at Six Months</li> <li>• Depression Screening and Follow-up*</li> <li>• Depression Remission or Response*</li> <li>• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications</li> <li>• Follow-Up After ED Visit for Mental Illness</li> <li>• Follow-Up After Hospitalization for Mental Illness (7-Day)</li> <li>• Maternal Depression Screening</li> <li>• Metabolic Monitoring for Children/Adolescents on Antipsychotics</li> <li>• Utilization of the PHQ-9 to Monitor Depression Symptoms*</li> </ul> |

\*Developmental measure



# Crosswalk of Health Inequities to RI Measures (Cont'd)

| Health Inequity                   | Is There a Measure in Use? | If Yes, What Is the Measure(s)?   |
|-----------------------------------|----------------------------|---|
| <b>Behavioral Health (Cont'd)</b> |                            |   |
| Smoking                           | No                         | N/A**   |
| <b>Chronic Conditions</b>         |                            |   |
| Cardiovascular disease            | Yes                        | <ul style="list-style-type: none"> <li>• Controlling High Blood Pressure</li> <li>• Metabolic Monitoring for Children/Adolescents on Antipsychotics</li> <li>• Statin Therapy for Patients with Cardiovascular Disease</li> </ul>   |
| Diabetes                          | Yes                        | <ul style="list-style-type: none"> <li>• Comprehensive Diabetes Care (CDC): Eye Exam</li> <li>• CDC: HbA1c Control</li> <li>• Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications</li> <li>• Kidney Health Evaluation for Patients with Diabetes</li> <li>• Metabolic Monitoring for Children/Adolescents on Antipsychotics</li> </ul> |
| Obesity (adult and child)         | Yes (child only)           | <ul style="list-style-type: none"> <li>• Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents</li> </ul>  |

\*\*The Work Group previously requested that Bailit Health research if there are other tobacco measures for potential consideration. It will discuss these measures in August when it reviews the Primary Care Measure Set.

# Crosswalk of Health Inequities to RI Measures (Cont'd)

| Health Inequity  | Is There a Measure in Use? | If Yes, What Is the Measure(s)?   |
|--|----------------------------|---|
| <b>Hospital/Inpatient Care</b>                                 |                            |   |
| Hospital-acquired infections<br>(e.g., CAUTI, CLABSI, C. Diff) | Yes                        | <ul style="list-style-type: none"> <li>• HAI-1: CLABSI</li> <li>• HAI-2: CAUTI</li> <li>• HAI-3: Surgical Site Infection (SSI) for Colon Surgery</li> <li>• HAI-4: SSI for Abdominal Hysterectomy</li> <li>• HAI-5: MRSA</li> <li>• HAI-6: C. Diff</li> </ul> |

# Crosswalk of Health Inequities to RI Measures (Cont'd)

| Health Inequity             | Is There a Measure in Use?                   | If Yes, What Is the Measure(s)?   |
|-----------------------------|--|---|
| <b>Maternity Care</b>       |  |   |
| Infant mortality            | Somewhat (focused on prevention)             | <ul style="list-style-type: none"> <li>• Prenatal &amp; Postpartum Care - Timeliness of Prenatal Care</li> </ul>                |
| Low birthweight             | Somewhat (focused on prevention)             | <ul style="list-style-type: none"> <li>• Prenatal &amp; Postpartum Care - Timeliness of Prenatal Care</li> </ul>                |
| <b>Preventive Care</b>      |  |   |
| Adult vaccinations          | No   | <ul style="list-style-type: none"> <li>• N/A</li> </ul>   |
| Dental visits               | Somewhat (dental-related, not dental visits) | <ul style="list-style-type: none"> <li>• Fluoride Varnish</li> </ul>  |
| STDs (e.g., chlamydia, HPV) | Yes  | <ul style="list-style-type: none"> <li>• Chlamydia Screening</li> <li>• Immunizations for Adolescents (includes HPV)</li> </ul> |