Measure Alignment Work Group
Acute Care Hospital Measure Set
Meeting Summary

July 7, 2021, 12:00 P.M. to 2:00 P.M.

Summary of Recommendations:

- Retain *Follow-up After Emergency Department Visit for Mental Illness* but move the measure from the Core Set to the Menu Set.
- Retain *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (30-Day)* but move from the Core Set to the Menu Set.
- Remove *Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3)* but retain *Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a)*.
- Remove *Exclusive Breast Milk Feeding (PC-05)* from the Acute Care Hospital Measure Set.
- Do not add *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)* to the Acute Care Hospital Measure Set.
- Do not add *Use of Imaging Studies for Low Back Pain* to the Acute Care Hospital Measure Set.
- Do not replace *Follow-up After Hospitalization for Mental Illness (7-Day)* with *ED Utilization for Mental Illness.*
- Do not add *Enhancing Access for Patients with Chronic Conditions* to the Acute Care Hospital Measure Set.

Summary of Next Steps:

- Bailit Health will revise the equity and outcome-focused criteria using Gina Rocha's suggestions and distribute the final measure selection criteria to the Work Group.
- During a future annual review, the Work Group will consider moving *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (30-Day)* back to the Core Set after NCQA publishes performance using the revised specifications.
- Bailit Health will research alternatives to *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)* and bring them to the Work Group for

consideration during the 2021 Primary Care and ACO Measure Sets meetings. Bailit Health will research alternatives to IET for the hospital setting and bring them to the Work Group for consideration during the 2022 Annual Review of the Acute Care Hospital Measure Set.

- Revisit NCQA measure, *Follow-up After Emergency Department for Individuals with Multiple Chronic Conditions,* during a future Annual Review when there are data on opportunity for improvement.
- Bailit Health will reach out to a maternity care expert for an opinion on whether *Live Births Weighing Less than 2,5000 Grams* would apply to a hospital setting.
- Bailit Health/OHIC will email the Work Group with a proposal for the Acute Care Hospital RELD Measure.

Post-Meeting Follow-Up:

- Bailit Health researched why Hospital Wide Readmission is being used in Behavioral Health Hospital Contracts and determined that the measure specifications do not exclude admissions primarily for psychiatric disease.

Meeting Notes:

1. Marea Tumber welcomed the Work Group members to the third meeting of the 2021 Annual Review.
2. **Follow-up from June 23rd Meeting**
   a. Michael Bailit summarized the recommendations made by the Work Group during its June 23rd meeting on the Maternity Care Measure Set.
   b. **Review Revised Language for Equity and Outcome-focused Criteria**
      i. Michael reminded the Work Group that during the June 23rd meeting the Work Group discussed revisions to the proposed equity-focused criterion and outcome-focused criterion. Michael shared Bailit Health's revisions to the proposed criteria and asked the Work Group for its feedback.
         1. *Includes topics and measures for which there are known opportunities – based on RI data where available – to promote health equity by race, ethnicity, language, disability status, economic status and other important demographic and cultural characteristics.*
         2. *Includes validated outcome measures, where they exist, including measures sourced from clinical and patient-reported data.*
   c. **Discussion**:
      i. Matt Collins voiced support of Bailit Health's revisions.
      ii. Gina Rocha suggested revisions to both criteria: for the first criterion, she suggested revising to clarify that the equity assessment would be based on both RI and national data; for the second criterion she suggested revising to clarify that administrative data are included. Michael agreed with Gina's proposed revisions.

iii. **Next step:** Bailit Health will revise the criteria using Gina Rocha's suggestions and distribute the final measure selection criteria to the Work Group.

d. **New Work Group Organization**

i. Michael shared that OHIC had added the Rhode Island Quality Institute (RIQI) to the list of designated participating and voting organizations in the Work Group.

3. **Review Acute Care Hospital Measure Set Measures**

a. Michael reminded the Work Group that the 2021 Acute Care Hospital Aligned Measure Set includes 17 measures (eight Core, eight Menu, one Developmental).

b. Michael summarized the equity review and opportunity-for-improvement review that Bailit Health conducted for each measure. He shared that Bailit Health also researched measure status and specification changes and surveyed RI insurers to identify which measures they were using in contracts.

c. **Discuss Measures with Significant Specification Changes and "Topped Out" Measures**

i. Michael shared that there were no measures that had major status or specifications in 2021.

ii. Michael shared that there was one measure that partially fit the definition of "topped out," meaning it had an absolute rate of 90% or higher, or a statewide average rate that is above the national 90th percentile. *Follow-up After Emergency Department Visit for Mental Illness (*30-Day) had commercial and Medicaid performance above the 90th percentile (both rates of 76%).

d. **Discussion:**

i. Sheila Newquist said the measure's high cross-state average is driven by high performers and there is still opportunity for improvement for some low-performing hospitals. Sheila Newquist suggested moving the measure from the Core Set to the Menu Set. David Harriman, Matt Collins, and Charlie Estabrook supported Sheila's suggestion.

ii. Gina Rocha supported moving the measure to the Menu if the Work Group assesses performance again during the next annual review.

iii. Jay Buechner supported moving the measure to the Menu set and mentioned *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence* as a potential addition to the Measure Set because of its opportunity for improvement.

iv. **Recommendation:** Retain *Follow-up After Emergency Department Visit for Mental Illness* but move the measure from the Core Set to the Menu Set.

e. **Review of Remaining Measures**

Measure Name	Recommendation	Discussion
CAUTI: Catheter-Associated Urinary Tract Infection (HAI-2)	Retain	Michael flagged the opportunity for improvement on this measure, noting poor performance compared to the national average and to other nearby states over the past four years. Sheila Newquist, David Harriman, Charlie Estabrook,

Measure Name	Recommendation	Discussion
		Matt Collins, Renee Nefussy, and Victor Pinkes supported retaining the measure.
CLABSI: Central Line-Associated Blood Stream Infection (HAI-1)	Retain	Michael flagged the opportunity for improvement on this measure, noting poor performance compared to the national average and to other nearby states over the past four years. David Harriman, Sheila Newquist, Matt Collins, and Victor Pinkes supported retaining the measure.
Clostridium Difficile (C.diff.) Infections (HAI-6)	Retain	Michael flagged the opportunity for improvement on this measure, noting poor performance compared to the national average and to other nearby states over the past four years. Sheila Newquist, David Harriman, and Jay Buechner supported retaining the measure.
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (30-Day)	Retain, move from Core to Menu	Peter Hollmann noted RI's low performance on the measure. Peter suggested moving the measure to the Menu set because of specification issues related to diagnosis match. Michael noted that the measure is in both the Inpatient and Outpatient Measure Sets. David Harriman agreed with Peter Hollmann's assessment of the measure specification issues. Sheila Newquist said hospitals often have small denominators for this measure. Peter Hollman also mentioned that NCQA is proposing changes to the measure. Deepti Kanneganti described the NCQA's proposed changes to the measure for 2022, which would likely increase the numerator and denominator. Sheila Newquist said NCQA's changes would give cause to move the measure from the Core to the Menu Set on a temporary basis, given the upcoming year would create a new baseline. David Harriman said (in the chat) that the NCQA's changes will make a major difference to the measure. Matt Collins said (in the chat) that he supported moving the measure to the Menu Set, but he would not eliminate the measure given its importance relative to the opiate

Measure Name	Recommendation	Discussion
		epidemic. **Next Steps:** Michael said the Work Group can consider moving the measure back to the Core Set after NCQA publishes performance using the revised specifications.
Follow-Up After Hospitalization for Mental Illness (7-Day)	Retain	Sheila Newquist supported retaining the measure because RI's high performance compared to national performance is carried by select hospitals and there is still opportunity for improvement for some low-performing hospitals. Matt Collins, Victor Pinkes and Jay Buechner agreed with Sheila.
HCAHPS	Retain	Michael noted that overall, RI performance and national performance are close. Sheila Newquist supported retaining HCAHPS, on the grounds that some of the questions help assess quality of care (specifically, "patients who 'strongly agree' they understood their care when they left the hospital" and "staff always explained medicines"). Renee Nefussy, Jay Buechner, and David Harriman supported retaining the measure. Stacy Aguiar supported retaining the measure and mentioned that NCQA increased weighting of CAHPS measures. Michael clarified the measure in question is HCAHPS and not CAHPS. Jay Buechner said he was confused how HCAHPS performance is incentivized. Michael clarified that payers can incentivize providers to improve on certain survey questions.
Hospital-Wide Readmission	Retain	Sheila Newquist and David Harriman supported retaining the measure. Jay Buechner asked whether NCQA is the steward for this readmission measure. Deepti Kanneganti clarified that CMS is the steward for this measure and that this is *not* the HEDIS *Plan All-Cause Readmission* measure. Sheila Newquist added that the measure is applied by Medicare fee-for-service (FFS). Victor Pinkes noted (in the chat) that measure

Measure Name	Recommendation	Discussion
		performance has been trending in the wrong direction. Peter Hollmann noted that the measure is reported to CMS as part of its quality programs, and although it may be used as part of the Medicare FFS program it can also be used for general reporting. He added that time lags may be an issue. David Harriman asked how the measure is applicable to behavioral health hospitals, given it excludes admissions primarily for psychiatric disease. Michael said Bailit Health would look into this issue. **Post-Meeting Follow-Up:** Bailit Health researched why *Hospital Wide Readmission* is being used in Behavioral Health Hospital Contracts and determined that the measure specifications do not exclude admissions primarily for psychiatric disease.
30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)	Retain	No participants objected to retaining the measure.
Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) and Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a)	Remove SUB-3 and retain SUB-3a	Sheila Newquist supported retaining the measure. Peter Hollmann asked whether hospitals are routinely generating this measure. Sheila Newquist said there should be no additional burden on hospitals to use of this measure because there is publicly available data from the CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. David Harriman said (in the chat) the measure is sample-based and is collected by the Joint Commission. Jay Buechner said the measure is a pro-forma process measure and is not impactful because it only addresses whether treatment is offered, not whether patients were successfully treated. David Harriman agreed. Sheila Newquist said even if the measure is a "check-the-box" measure, the Work Group should not lose sight of

Measure Name	Recommendation	Discussion
		the substance use issue. Peter Hollmann said if there is no burden on hospitals and if performance is still not above 90% there is no harm in keeping the measure in the set. Jennifer Levy said (in the chat) there is a standard of care for offering/providing/referring for opiate treatment for all EDs in the state. Victor Pinkes agreed with Jay Buechner's assessment of the measure and directed the Work Group's attention to SUB-3a, which he felt had more substance. David Harriman said that SUB-3a is a process measure because patients may or may not follow up on the prescription for medication for treatment of alcohol or drug use or referral for addictions treatment. David Harriman said *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence* may be the more impactful follow-up measure. Sheila Newquist said the two measures differ because SUB-3 is focused on EDs and the other is focused on hospitals. David Harriman agreed the difference in setting was important. Michael Bailit proposed retaining SUB-3a and removing SUB-3. David Harriman and Jay Buechner supported this proposal.
Cesarean Rate for Nulliparous Singleton Vertex (PC-02)	Retain	Sheila Newquist noted that only one hospital's performance is available through Joint Commission. David Harriman clarified (in the chat) that there may not be data for all hospitals because hospitals can choose which measures to use for accreditation. Matt Collins, David Harriman, and Jay Buechner supported retaining the measure.
Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)	Retain	Michael Bailit mentioned that performance on this measure had improved dramatically in the past 10 years and there may not be significant opportunity for improvement in RI on this measure. Sheila Newquist said there was variability in performance across RI hospitals and supported retaining this measure

Measure Name	Recommendation	Discussion
		until CMS finalizes the new maternity care measure. David Harriman agreed with Sheila.
Exclusive Breast Milk Feeding (PC-05)	Remove	Sheila Newquist recommended removing the measure and reminded the Work Group that CMS is dropping this measure in favor of the new maternity care measure.
HAI-3: SSI: Colon - Surgical Site Infection for Colon Surgery; HAI-4: SSI: Surgical Site Infection for Abdominal Hysterectomy	Retain	Renee Nefussy, Sheila Newquist, David Harriman, and Jay Buechner recommended retaining both measures.
Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Infections (HAI-5)	Retain	Michael Bailit noted that RI's performance on this measure had been volatile over the past four years. Renee Nefussy supported retaining the measure. Sheila Newquist recommended retaining the measure for the sake of having adequate patient safety measures in the Measure Set and because the HAI measures can be used in a patient safety composite. Peter Hollman said the volatility in performance may have been due to the fallibility of the measure rather than clinical performance variability. Michael noted that one of the Work Group's measure selection criteria was opportunity for improvement, and he did not see opportunity for improvement in this measure.
Severe Sepsis and Septic Shock Management Bundle (SEP-1)	Retain	Sheila Newquist said there was opportunity for improvement across RI hospitals. Peter Hollmann said he was surprised to see that RI's performance was lower than the national average given that the RI medical community participated in the development of the measures. Peter reached out to Dr. Mitchell Levy, a founding member of the Executive Committee of the Surviving Sepsis Campaign for his opinion on the measure. Peter Hollmann reported (in the chat to Deepti) that Dr. Levy supported SEP-1 as a very

Measure Name	Recommendation	Discussion
		valid measure. David Harriman said data collection on this measure is difficult because of data availability, although it is a measure Lifespan looks at regularly.
Social Determinants of Health Screen	Retain	No participants objected to retaining the measure.

4. **Discuss Follow-up Tasks from Prior Annual Reviews**
   a. Michael reminded the Work Group that during the 2019 Annual Review, the Work Group discussed how CMS removed the HAI measures from the Hospital Inpatient Quality Reporting Program and added them to the Hospital-acquired Condition Reduction Program. The Work Group recommended monitoring how HAIs are reported publicly to ensure there are available data on the measures.
   b. Michael shared that as of June 2021, CMS was publishing hospital-specific performance on HAI measures in two places on its website, so it appeared there would be ongoing access to the HAI measures.
5. **Discuss Work Group Proposals**
   a. **Jay Buechner's proposal:** Jay Buechner proposed adding *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)* as a Core measure in the Acute Care Hospital Aligned Measure Set, with the rationale that the initial diagnoses of substance use and dependence as defined for this measure are very often made by PCPs and EDs, who are then responsible for assuring that their diagnosed patients are referred to substance abuse treatment.
      i. Deepti shared that the 2021 Massachusetts Substance Use Treatment Work Group assessed IET and unanimously recommended not including the measure 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.
      ii. Deepti also shared that NCQA is proposing several major changes to the measure.
   b. **Discussion**:
      i. Jay Buechner said substance use treatment and follow-up rates are low in RI and the proposed NCQA changes are improvements to the measure.
      ii. Peter Hollmann said that IET is problematic because there must be a 1:1 match between diagnosis and treatment and he also pointed out that a large percentage of patients do not want to get treatment.
      iii. David Harriman said (in the chat) that the measure is too problematic and although substance use is an important issue, using a faulty measure only diverts very scarce resources needed for more valid measures.

iv. Sheila Newquist said the low rates in RI are partially due to faulty measurement and said the timing is not right to make IET a Core Measure given the specification changes. She supported including IET as a Menu Measure.
v. Victor Pinkes advised against including the measure in the Core Set until NCQA adopted the revised specifications.
vi. Michael Bailit reiterated that the MA Substance Use Treatment Work Group strongly disliked IET and chose a different substance use measure. David Harriman asked (in the chat) which measure the MA Work Group chose instead. Deepti said the MA Work Group chose *Substance Use Assessment in Primary Care*.
vii. David Harriman said (in the chat) that Lifespan would prefer not to add IET as a Menu Measure.
viii. Jay Buechner pointed out that IET is a Core Measure for the Behavioral Health Outpatient Measure Set and emphasized that overdose deaths need to be addressed. Jay also said it is most important to him that the measure is included in the ACO and Primary Care Measure Sets.
ix. **Recommendation:** Do not add IET to the Acute Care Hospital Measure Set.
x. **Next Steps:** Bailit Health will research alternatives to IET and bring them to the Work Group for consideration during the 2021 Primary Care and ACO Measure Sets meetings. Bailit Health will research alternatives to IET for the hospital setting and bring them to the Work Group for consideration during the 2022 Annual Review of the Acute Care Hospital Measure Set.

c. **J Gates' proposal #1:** Add *Use of Imaging Studies for Low Back Pain* to the Acute Care Hospital Measure Set, with the rationale that most inappropriate imaging is ordered in urgent care and emergency settings.
d. **Discussion:**
   i. Peter Hollmann recommended against adding the measure because he was concerned about the overestimation of inappropriate imaging studies. David Harriman agreed with Peter.
   ii. Matt Collins said he did not recommend adding the measure but said there is evidence that some RI hospitals are high users of imaging for routine low back pain.
   iii. Jay Buechner said NHPRI had evidence that urgent care settings are particularly high users of imaging for low back pain. David Harriman said (in the chat) that urgent care settings are different than hospital settings.
   iv. **Recommendation**: Do not add *Use of Imaging Studies for Low Back Pain* to the Acute Care Hospital Measure Set.
e. **J Gates' proposal #2:** Replace *Follow-up After Hospitalization for Mental Illness (7-Day)* with *ED Utilization for Mental Illness*, with the rationale that the measure can incentivize medical and behavioral health providers to co-manage care for patients with mental illness.
f. **Discussion:**
   i. Peter Hollmann said he did not think *ED Utilization for Mental Illness* was a feasible measure, judging from its title alone.

   ii. Sheila Newquist said the two measures were looking at two entirely different things and noted that two RI psychiatric hospitals do not have EDs.
   iii. **Recommendation**: Do not replace *Follow-up After Hospitalization for Mental Illness (7-Day)* with *ED Utilization for Mental Illness.*
g. **J Gates' proposal #3:** Add a new, homegrown Developmental Measure – *Enhancing Access for Patients with Chronic Conditions*, with the rationale that the measure addresses timely access to care for high complexity patients.
h. **Discussion**:
   i. Andrea Galgay said (in comments submitted before the meeting) that there is a similar measure from NCQA, *Follow-up After Emergency Department for Individuals with Multiple Chronic Conditions.*
   ii. Peter Hollmann recommended against adding the measure and said if the Work Group were to add a measure for chronic conditions it should be an NCQA measure. Sheila Newquist agreed with Peter.
   iii. Deepti Kanneganti suggested revisiting the NCQA measure in the future when there are data on opportunity for improvement.
   iv. **Recommendation**: Do not add *Enhancing Access for Patients with Chronic Conditions.*
   v. **Next Step:** Revisit NCQA measure, *Follow-up After Emergency Department for Individuals with Multiple Chronic Conditions,* during a future Annual Review when there are data on opportunity for improvement.

6. **Discuss Health Inequity-related Gaps in the Measure Set**
   a. Deepti Kanneganti shared that Bailit Health identified health inequities in RI related to acute hospital care for (1) infant mortality, (2) low birthweight, (3) mental health, and (4) hospital-acquired infections. Deepti noted that the last two inequities were addressed in the Measure Set but not the first two inequities.
   b. Deepti shared one candidate measure the Work Group could include to address low birthweight.

Measure Name	Recommendation	Discussion
Live Births Weighing Less than 2,500 Grams	To be determined	Sheila Newquist asked whether this measure was a reflection of outpatient care or the hospital's care. David Harriman, Matt Collins, and Peter Hollmann echoed Sheila's concern that the measure was not reflective of inpatient care. **Next Step**: Bailit Health will reach out to a maternity care expert for an opinion on whether this measure would apply to a hospital setting.

7. **Discuss Inclusion of a RELD Measure**
   a. Deepti reminded the Work Group that 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).

b. Deepti asked the Work Group if it recommended adopting a RELD measure for the Acute Care Hospital Aligned Measure Set, and if so, which measures should be stratified. Deepti clarified that this stratification would be for a pay-for-reporting (P4R) status measure.

c. **Discussion:**

   i. Sheila Newquist reminded the Work Group that CMS plans to stratify *Hospital-Wide Readmission*.

   ii. David Harriman noted (in the chat) that claims-based (only) measures would be best suited for stratification.

   iii. Deepti asked whether the Work Group was interested in stratifying *Follow-Up after Hospitalization for Mental Illness*. Sheila Newquist noted that NCQA does not plan to stratify this measure.

   iv. **Next Step**: Bailit Health/OHIC will email the Work Group with a proposal for the Acute Care Hospital RELD Measure.

8. Public Comment

a. Marea Tumber asked for any public comment. There was none.

9. Next Steps

a. The Measure Alignment Work Group will reconvene on July 14th from 12:00-2:00pm to discuss OHIC's Behavioral Health Hospital Aligned Measure Set.