

OHIC Aligned Measure Sets 2021 Annual Review

Behavioral Health Hospital Aligned Measure Set

July 14, 2021

Agenda

1. Follow-up from the July 7th Meeting
2. Review Behavioral Health Hospital Measure Set
 - 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 7th Meeting

Follow-up from the July 7th Meeting

- The Work Group reviewed the Acute Care Hospital Measure Set and made the following recommendations:
 - Move two measures from Core to Menu status:
 - *Follow-Up After Emergency Department Visit for Mental Illness (30-Day)**
 - *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (30-Day)***
 - Remove two measures from the Measure Set:
 - *Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3)****
 - *Exclusive Breast Milk Feeding (PC-05)*

*Add measure back to Core if RI performance declines in future years

**Add measure back to Core after benchmark data are available for the revised measure

*** Retain SUB-3a as a Menu Measure

Follow-up from the July 7th Meeting (Cont'd)

- The Work Group discussed final revisions to the new equity-focused criterion and outcome-focused criterion that will apply to the measure set as a whole.
 - Bailit Health made the final revisions to the criteria and OHS shared the full set of measure criteria with the Work Group prior to today's meeting.
 - The criteria can also be found in the Appendix to this presentation.
- The Work Group began discussing inclusion of an RELD measure for the Acute Care Hospital Measure Set.
 - OHIC distributed a proposal for the Acute Care Hospital RELD Measure. Work Group members are encouraged to provide feedback to Deepti (dkanneganti@bailit-health.com) and Grace (gflaherty@bailit-health.com) by Friday, July 16th.

Review Behavioral Health Hospital Measure Set Measures

The Behavioral Health Hospital Measure Set

- The 2021 Behavioral Health Hospital Measure Set includes nine measures:
 - **3 Core Measures:**
 - Follow-Up After Hospitalization for Mental Illness (7-Day)
 - Timely Transmission of Transition Record
 - Transition Record with Specified Elements Received by Discharged Patients
 - **6 Menu Measures:**
 - 30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)
 - Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3 and SUB-3a)
 - Hours of Physical Restraint Use (HBIPS-2)
 - Hours of Seclusion Use (HBIPS-3)
 - Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)
 - Screening for Metabolic Disorders

The Behavioral Health Hospital Measure Set (Cont'd)

- The Behavioral Health Hospital Aligned Measure Set is designed for use with behavioral health hospitals
- It is ***not*** intended to be used for general acute hospitals with behavioral health units.

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 no measures that had major status or specification changes in 2021.
- 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 90th percentile.

Review of Remaining Measures

- The following measures in the Behavioral Health Hospital 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.

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

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
No changes	ACO (Core) Acute Care Hospital (Core) Outpatient BH – Mental Health (Menu)	3 ACO 2 Acute Care Hospital 2 BH Hospital 2 Outpatient BH	62% (Above 90 th percentile)	54% (Between 75 th -90 th percentile)

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

Timely Transmission of Transition Record (Core)

Race/Ethnicity

Care coordination:

RI, patients who did not receive good communication about discharge information: White (9.7%), Black (9.6%), Asian (12.8%)

RI, patients who disagreed that staff took preferences into account when deciding on discharge health care: White (5.8%), Black (6.3%), multiple races (9.3%)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	ACO (Menu)	2 (BH Hospital Contracts) 1 (Outpatient BH Contract)	81%	59%

Timely Transition Record with Specified Elements Received by Discharged Patients (Core)

Race/Ethnicity

Care coordination:

RI, patients who did not receive good communication about discharge information: White (9.7%), Black (9.6%), Asian (12.8%)

RI, patients who disagreed that staff took preferences into account when deciding on discharge health care: White (5.8%), Black (6.3%), multiple races (9.3%)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	ACO (Menu)	None	87%	68%

30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF) (Menu)

Race/Ethnicity

U.S. study of post-discharge outcomes: When followed for a year post-hospital discharge, Blacks with severe mental illness experienced significantly less favorable trajectories of improvement in a variety of symptom and functional outcome as compared to Whites.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Rhode Island Performance	National Performance
Minor edit: Regular updates to codes referenced in specifications	Acute Care Hospital (Menu)	1 (Acute Care Contracts) 1 (BH Hospital Contracts) 1 (Outpatient BH Contracts)	25%	20%

Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) + Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a) (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 percentage points 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	RI Performance	National Performance
Lost NQF endorsement in 2018 because “measures are being retooled as eCQMs”	Acute Care Hospital (Menu) Note: SUB-3 proposed for removal in 2022	1 (BH Hospital Contract)	81% (SUB-3) 75% (SUB-3a)	73% (SUB-3) 62% (SUB-3a)

*NH/PI = Native Hawaiian or Other Pacific Islander

**AI/AN = American Indian or Alaska Native

Hours of Physical Restraint Use (HBIPS-2) (Menu)

Race/Ethnicity

Massachusetts General Hospital analysis of restraint in ED visits: Increased risk for Blacks compared to Whites (RR* = 1.22)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	None	1 (BH Hospital Contract)	0.46	0.56

*RR = risk ratio (value greater than 1 indicates increased risk; value less than 1 indicates reduced risk)

Hours of Seclusion Use (HBIPS-3) (Menu)

Race/Ethnicity

NY study of inpatient psychiatric facility: Asian and Black patients secluded more often than predicted based on percentages in total population; Hispanics and Whites secluded less often than expected

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	None	1 (BH Hospital Contract)	0.35	0.40

Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5) (Menu)

Race/Ethnicity

No evidence of disparities found during review. Lack of available data is not correlated with lack of disparities.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	None	1 (BH Hospital Contract)	62%	63%

Screening for Metabolic Disorders (Menu)

Race/Ethnicity

U.S. study: Blacks less likely to be monitored on all metabolic components, Hispanics less likely to have glucose and high-density-lipoprotein cholesterol monitored

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	None	None	85%	77%

Follow-up Tasks from Prior Annual Reviews

- During the 2019 Annual Review, the Work Group recommended considering two measures after learning more about the status of measure development. **Does the Work Group wish to adopt either measure?**

1. Medication Continuation Following Inpatient Psychiatric Discharge

- This measure was added to the CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program.
- It is also in regular use by Bradley Hospital.
- There is opportunity for improvement.

RI Performance	National 90 th
74.1%	82.9%

2. Pregnancy Tests for Individuals Admitted to Psychiatric Facilities

- Bradley Hospital does not regularly use this measure. Pregnancy tests are often administered in the facility in which a patient is located (e.g., Hasbro Hospital) before they are admitted to a psychiatric facility.

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

- During the 2019 Annual Review, the Work Group also recommended considering increasing from three the number of Core measures in use for Behavioral Health Hospitals.
 - **Does the Work Group recommend elevating any of the following Menu Measures to Core status?**
 - 30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)
 - Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3 and SUB-3a)
 - Hours of Physical Restraint Use (HBIPS-2)
 - Hours of Seclusion Use (HBIPS-3)
 - Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)
 - Screening for Metabolic Disorders

Discuss Work Group Proposals

- J Gates proposed replacing *Follow-up After Hospitalization for Mental Illness (7-Day)* with *ED Utilization for Individuals with Mental Illness*.
 - **Description:** Number of emergency department visits per 1,000 member months for members 18 years of age and older enrolled with the organization who are identified as having experienced mental illness.
 - Visits for mental health and chemical dependency services are excluded from the numerator.
 - **Rationale:** If also included in the ACO and Acute Care Hospital Aligned Measure Sets, the measure can incentivize medical and behavioral health providers to co-manage care for patients with mental illness.
 - ACOs will try to arrange outpatient management of medical problems.
 - Acute care hospitals will try to offer non-ER services to meet patients' needs.
 - Behavioral health hospitals will try to connect behavioral health patients with their PCP on discharge to avoid ED utilization.

Discuss Work Group Proposals (Cont'd)

- **Note:** FUH-7 is also a Core Measure in the ACO and Acute Care Hospital Measure Sets. It is a Menu Measure in the Outpatient Behavioral Health Measure Set.
 - Retaining FUH-7 in the Outpatient BH Aligned Measure Set will encourage BH providers (who have better access to necessary BH data) to follow-up with patients after discharge.
- **Note:** The Work Group recommended not making this replacement for the Acute Care Hospital Measure Set during the July 7th meeting. Work Group members did not feel the measures were comparable, especially given not all psychiatric hospitals in RI have EDs.

Discuss Health Inequity-related Gaps in the Measure Set

Behavioral Health Hospital-related Health Inequities in RI

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

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

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population
Smoking					
1654 (No longer endorsed)	Tobacco Use Treatment Provided or Offered and the Subset Measure (TOB-2) and Tobacco Use Treatment (TOB-2a)	The Joint Commission	Process	Clinical Data	Adult
1656 (No longer endorsed)	Tobacco Use Treatment Provided or Offered at Discharge and the Subset Measure (TOB-3) and Tobacco Use Treatment at Discharge (TOB-3a)	The Joint Commission	Process	Clinical Data	Adult

Both measures are currently included in the CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program for Fiscal Year 2022.

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 Behavioral Health Hospital Measure Set, and if so, which measures should be stratified?**



Public Comment

A large white rectangular area with a blue border, intended for public comments.



Next Steps



Next Steps

#5

**7/28, 1-3 pm
Outpatient Behavioral Health Set**

#6

**8/12, 1-3:30 pm
Primary Care Set**

#7

**8/26, 12-2:30 pm
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
Behavioral Health						
Mental Health (e.g., depression)	Yes	Yes	Yes	Yes	Yes	Yes
Smoking	No	No	No	No	No	No
Chronic Conditions						
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)
Hospital/Inpatient Care						
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
Maternity Care						
Infant mortality	No	No	No	Yes (prevention-focus)	No	No
Low birthweight	No	No	No	Yes (prevention-focus)	No	No
Preventive Care						
Adult vaccinations	No	No	No	No	No	No
Dental visits	Somewhat (fluoride varnish)	No	No	No	No	Somewhat (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)?
Behavioral Health		
Mental Health (e.g., depression)	Yes	<ul style="list-style-type: none"> • Adult MDD: Suicide Risk Assessment • Adult MDD: Coordination of Care of Patients with Specific Comorbid Conditions • Antidepressant Medication Management • Child and Adolescent MDD: Suicide Risk Assessment • Depression Remission at Six Months • Depression Screening and Follow-up* • Depression Remission or Response* • Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications • Follow-Up After ED Visit for Mental Illness • Follow-Up After Hospitalization for Mental Illness (7-Day) • Maternal Depression Screening • Metabolic Monitoring for Children/Adolescents on Antipsychotics • Utilization of the PHQ-9 to Monitor Depression Symptoms*

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

**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)?
Hospital/Inpatient Care		
Hospital-acquired infections (e.g., CAUTI, CLABSI, C. Diff)	Yes	<ul style="list-style-type: none"> • HAI-1: CLABSI • HAI-2: CAUTI • HAI-3: Surgical Site Infection (SSI) for Colon Surgery • HAI-4: SSI for Abdominal Hysterectomy • HAI-5: MRSA • HAI-6: C. Diff

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

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