



Measure Alignment Work Group Behavioral Health Hospital Measure Set Meeting Summary

July 14, 2021, 12:00 P.M. to 2:00 P.M.

Summary of Recommendations:

- Remove *Timely Transmission of Transition Record (TR-2)* from the Behavioral Health Hospital Measure Set.
- Retain *Transition Record with Specified Elements Received by Discharged Patients (TR-1)* but move 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 *Screening for Metabolic Disorders* from the Behavioral Health Hospital Measure Set.
- Add *Medication Continuation Following Inpatient Psychiatric Discharge* to the Menu Set.
- Move *30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)* from the Menu Set to the Core Set for 2023.
- Add *Tobacco Use Treatment at Discharge (TOB-3a)* to the Menu Set.
- Apply the Behavioral Health Hospital Measure Set to facilities that are reporting through the CMS IPFQR program.

Summary of Next Steps:

- The Work Group will revisit J Gates' proposal to add *ED Utilization for Mental Illness* to the Menu Set during the ACO Measure Set meeting.
- The Work Group will revisit whether to stratify any of the Behavioral Health Hospital Measures by REL during a future annual review.
- Bailit Health will look for CMS's IPFQR final rules released in August for any guidance on future stratification efforts.

Post-Meeting Follow-Up:

Protecting Consumers • Engaging Providers • Improving the System • Ensuring Solvency

- Bailit Health researched the discrepancy in HBIPS performance data and confirmed that Bailit Health calculated a weighted average of RI hospital performance using data from the Joint Commission, which is available for two RI hospitals. The CMS IPFQR Hospital Compare data Sheila Newquist referenced is an average of performance across four RI hospitals.

Meeting Notes:

1. Michael Bailit welcomed the Work Group members to the third meeting of the 2021 Annual Review.
2. **Follow-up from July 7th Meeting**
 - a. Michael summarized the recommendations made by the Work Group during its July 7th meeting on the Acute Care Hospital Measure Set.
 - b. Michael reminded the Work Group that during the July 7th meeting the Work Group discussed final revisions to the new equity-focused and outcome-focused criteria and OHIC emailed the full set of measure criteria to the Work Group with the meeting materials.
 - c. Michael reminded the Work Group that during the July 7th meeting the group began discussing inclusion of an RELD Measure to the Acute Care Hospital Measure Set and OHIC distributed a proposal for the Acute Care Hospital RELD Measure and Work Group members should provide feedback to Deepti Kanneganti and Grace Flaherty by Friday, July 16th.
3. **Review Behavioral Health Hospital Measure Set Measures**
 - a. Michael reminded the Work Group that the 2021 Behavioral Health Hospital Aligned Measure Set includes nine measures (three Core, six Menu), and that the Measure Set is designed for use with behavioral health hospitals and is not intended for use in general acute hospitals with behavioral health units.
 - b. **Discussion:**
 - i. Sheila Newquist suggested applying the Behavioral Health Hospital Measure Set to acute care hospitals where the data are already being reported, given there would not be additional burden on the hospitals and especially given there is room for improvement.
 - ii. David Harriman said Lifespan's understanding was that the Behavioral Health Hospital Measure Set applied to psychiatric units within acute care hospitals, as they are licensed and accredited like separate psychiatric facilities.
 - iii. Jay Buechner noted that the Accountable Entity (AE) measures apply to both freestanding psychiatric hospitals and psychiatric units within hospitals. Jay also suggested that if the Work Group extends the Behavioral Health Hospital measures to psychiatric units within acute care hospitals, the measures should be appropriate for those settings.

- iv. Michael said the Work Group would return to the question of whether the Behavioral Health Measure Set should apply to acute care hospital psychiatric units later in the meeting.
- c. 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.
- d. **Discuss Measures with Significant Specification Changes and “Topped Out” Measures**
 - i. Michael shared that there were no measures in the measure set that had major status or specification changes in 2021, and no measures fit the definition of “topped out,” meaning they had an absolute rate of 90% or higher, or a statewide average rate that is above the national 90th percentile.
- e. **Review of Remaining Measures**

Measure Name	Recommendation	Discussion
Follow-Up After Hospitalization for Mental Illness (7-Day)	Retain	<p>Sheila Newquist supported retaining the measure and suggested moving it to the Menu Set because select hospitals demonstrate high performance compared to national performance, but there is still opportunity for improvement for some low-performing hospitals. J Gates agreed with Sheila.</p> <p>Jay Buechner supported retaining the measure because it is an AE quality measure and in the past the Work Group has aligned AE measures with Core Measures. Stacey Aguiar, David Harriman, and Jecova Smiley supported retaining the measure.</p> <p>J Gates suggested adding the ACO quality measure <i>ED Utilization for Mental Illness</i> to the Measure Set because it would encourage closer connection between behavioral health hospitals and primary care.</p> <p>Jay Buechner suggested stratifying the measure by RELD.</p>
Timely Transmission of Transition Record (TR-2)	Remove	<p>Sheila Newquist suggested removal because CMS has proposed removing the measure as of calendar year 2022 so data will no longer be available. Sheila added that collecting data on this measure used to be very problematic for hospitals, leading to low performance, which has since improved.</p>

Measure Name	Recommendation	Discussion
Transition Record with Specified Elements Received by Discharged Patients (TR-1)	Retain but move to Menu	<p>Sheila Newquist recommended retaining the measure in the Menu Set because although RI performance is high, data across hospitals shows wide variation in performance. Sheila said that, unlike TR-2, CMS plans to retain this measure.</p> <p>Jay Buechner pointed out that variation in performance does not automatically mean a measure is not useful, or that the incentive for good performers should be removed. Michael said opportunity for improvement is one of the Work Group’s measure selection criteria. Sheila Newquist said variation in performance is an argument to keep the measure in the set, but also, the Work Group should prioritize measures with consistently low performance. Jay Buechner said one strategy is to give a smaller incentive to high performers on more variable measures. Sheila Newquist said OHIC’s guidance says payers cannot attached minimal incentives to a Core measure.</p> <p>David Harriman, Jay Buechner, and Jecova Smiley supported moving the measure to the Menu Set.</p> <p>Jecova Smiley said (in the chat) that the measure has been challenging to implement because it is a non-claims-based measure that needs custom processes, and only two facilities Optum partners with require the measure, making it even more burdensome.</p> <p>Liv King said she has heard from behavioral health hospitals that this measure is a challenge to implement, and the high statewide performance may be obscuring low performance from behavioral health hospitals.</p>
30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)	Retain	<p>J Gates supported retaining the measure and suggested moving it to the Core Set because RI’s BH Readmissions are 125% of the national rate. Michael suggested waiting until later in the meeting to discuss moving the measure to the Core Set.</p>

Measure Name	Recommendation	Discussion
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 but retain SUB-3a	<p>Michael Bailit reminded the Work Group that during the Acute Care Hospital meeting, the group recommended removing SUB-3 from the Measure Set but keeping SUB-3a because it is the more impactful measure. He suggested doing the same in this instance.</p> <p>No members objected to removing SUB-3 and retaining SUB-3a.</p>
Hours of Physical Restraint Use (HBIPS-2)	Retain	<p>David Harriman and Sheila Newquist supported retaining the measure.</p> <p>Sheila Newquist pointed out a discrepancy between the HBIPS performance data presented by Bailit Health and the CMS performance data.</p> <p>Post-Meeting Follow-Up: Bailit Health researched the discrepancy in HBIPS performance data and confirmed that Bailit Health calculated a weighted average of RI hospital performance using data from the Joint Commission, which is available for two RI hospitals. The CMS IPFQR Hospital Compare data Sheila Newquist referenced is an average of performance across four RI hospitals.</p>
Hours of Seclusion Use (HBIPS-3)	Retain	David Harriman and Sheila Newquist recommended retaining the measure because of room for improvement.
Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)	Retain	Sheila Newquist recommended retaining the measure because of room for improvement.
Screening for Metabolic Disorders	Remove	<p>Michael suggested removing the measure because of high RI performance. Sheila Newquist noted that performance is comparable across hospitals.</p> <p>David Harriman, Garry Bliss, Jecova Smiley, and Sheila Newquist supported removing the measure.</p>

Measure Name	Recommendation	Discussion
		<p>Jay Buchner suggested that the Work Group consider adding a HEDIS measure with room for improvement that addresses metabolic monitoring for all patients prescribed antipsychotics during a future annual review.</p> <p>Post-Meeting Follow-Up: Bailit Health followed-up with Jay Buchner to confirm that adding a HEDIS measure that addressed metabolic monitoring for all patients prescribed antipsychotics would include patients primarily treated in outpatient settings, thus not appropriate for</p>

4. Discuss Follow-up Tasks from Prior Annual Reviews

- a. Deepti Kanneganti reminded the Work Group that during the 2019 Annual Review, the Work Group recommended considering two measures after learning more about the status of measure development at Bradley Hospital. Deepti asked if the Work Group wished to adopt either measure in the Behavioral Health Hospital Measure Set.

Measure Name	Recommendation	Discussion
Medication Continuation Following Inpatient Psychiatric Discharge	Add to Menu	<p>Deepti noted that this measure is in regular use by Bradley Hospital and there is opportunity for improvement for RI performance compared to the national 90th percentile.</p> <p>Sheila Newquist noted that the national average is the same as RI performance and performance across the BCBSRI network was comparable.</p> <p>David Harriman, Sheila Newquist, J Gates, and Jay Buechner supported adding the measure to the Menu Set.</p> <p>J Gates noted that the measure was complementary to <i>30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)</i>.</p> <p>Jay Buechner said there is strong evidence supporting the benefits of medication compliance.</p>
Pregnancy Tests for Individuals Admitted to Psychiatric Facilities	Do not add	<p>Deepti shared that Bradley Hospital does not use the measure because it is not suited to a psychiatric facility. J Gates confirmed that EDs usually administer pregnancy tests prior to transfer.</p>

Measure Name	Recommendation	Discussion
		<p>Sheila Newquist said (in the chat) that she was not sure where data or benchmarks would come from.</p> <p>David Harriman said (in the chat) that he was strongly opposed to adding the measure.</p>

b. Elevating Measures from the Menu Set to the Core Set

- i. Deepti reminded the Work Group that during the 2019 Annual Review, the Work Group recommended considering increasing the number of Core measures in use for Behavioral Health Hospitals. Deepti asked if the Work Group recommended elevating any of the Menu Measures to Core status.
- ii. J Gates suggested elevating *30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)* to the Core Set.

c. Discussion:

- i. Jay Buechner and David Harriman supported elevating the measure to the Core Set.
- ii. Jay Buechner noted that the measure is an all-cause readmission measure. Jecova Smiley asked (in the chat) if there was an option to look at just behavioral health readmissions as opposed to all-cause readmissions. Deepti and Sheila Newquist said they were aware of a measure focused only on behavioral health readmissions.
- iii. Sheila Newquist said the measure’s two-year measurement period would make it problematic to implement if it were to become a Core Measure because one year of the measurement period would be of the hospital’s control. Michael suggested a staged introduction with a grace period, for example, making the measure a Core Measure for 2023. Jay Buechner and Sheila Newquist supported the measure becoming a Core Measure for 2023.
- iv. Laurie Sevigny asked Sheila Newquist how the measure would work in one-year contracts. Sheila said that, provided the measure is implemented in 2023, providers would have one year to prepare for implementation and the data would come from CMS.
- v. David Harriman noted that the coding logistics would be difficult because the measure is claims-based and clarified that the measure would not apply to Bradley Hospital. J Gates noted that the coding is not as difficult if *Hospital-Wide Readmission* coding is already established.
- vi. Deepti noted that RI performance is above (i.e., worse than) the national average across facilities so there is room for improvement.
- vii. **Recommendation:** Move *30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)* from the Menu Set to the Core Set for 2023.

5. Applying the Behavioral Health Hospital Measure Set to Inpatient Behavioral Health Units

- a. Michael asked whether the Work Group recommended applying the Behavioral Health Hospital Measure Set to inpatient behavioral health units within general acute care hospitals.
 - b. David Harriman said the Measure Set should not apply to all units that treat behavioral health patients, but only to inpatient psychiatric units distinguished as separate hospitals. J Gates agreed.
 - c. Sheila Newquist supported expanding the Measure Set to psychiatric units within general acute care hospitals and clarified that the CMS IPFQR program applies to such psychiatric units.
 - d. **Recommendation:** Apply the Behavioral Health Hospital Measure Set to facilities that are reporting through the CMS IPFQR program.
- 6. Discuss Work Group Proposals**
- a. **J Gates' proposal:** Add *ED Utilization for Mental Illness* to the Menu Set, with the rationale that the measure could incentivize medical and behavioral health providers to co-manage care for patients with mental illness.
 - b. **Discussion:**
 - i. Jay Buechner and David Harriman said they were not sure how behavioral health hospitals would be able to control whether behavioral health patients are using other hospitals' EDs. Sarah Fleury, Jecova Smiley, and Laurie Sevigny agreed.
 - ii. Victor Pinkes asked how the measure aligned with behavioral health if the numerator excludes mental health and chemical dependency.
 - iii. Sheila Newquist pointed out that neither of RI's psychiatric hospitals have an ED.
 - iv. Deepti suggested that the Work Group revisit the proposal when considering the ACO Measure Set.
 - v. **Next Step:** The Work Group will revisit J Gates' proposal to add *ED Utilization for Mental Illness* to the Menu Set during the ACO Measure Set meeting.

7. Discuss Health Inequity-related Gaps in the Measure Set

- a. Deepti Kanneganti shared that Bailit Health identified that smoking, a source of health inequity in RI related to care delivered by behavioral health hospitals, is not addressed by measures in the Behavioral Health Hospital Measure Set.
- b. Deepti shared two candidate measures the Work Group could include to address smoking.

Measure Name	Recommendation	Discussion
Tobacco Use Treatment Provided or Offered and the Subset Measure (TOB-2) and Tobacco Use Treatment (TOB-2a)	Do not add	Deepti shared that CMS had proposed removing TOB-2 and TOB-2a in 2024.
Tobacco Use Treatment Provided or Offered at Discharge and the Subset Measure (TOB-3) and Tobacco Use Treatment at Discharge (TOB-3a)	Add TOB-3a to Menu	Grace Flaherty shared that there is opportunity for improvement on TOB-3 and TOB-3a. Sheila Newquist supported adding TOB-3a to the Menu Set, because TOB-3a is the treatment component. David Harriman agreed.

8. 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). Deepti said stratification would be by race, ethnicity, and language (REL) for behavioral health hospitals.
- b. Deepti asked the Work Group if it recommended adopting an REL measure for the Behavioral Health Hospital Aligned Measure Set, and if so, which measures should be stratified.
- c. **Discussion:**
 - i. Jay Buechner suggested stratifying *Follow-up After Hospitalization for Mental Illness (7-day)*.

- ii.* Sheila Newquist reminded the Work Group that NCQA recommended five measures for stratification in 2022, none of which are in OHIC's Behavioral Health Hospital Measure Set. Sheila said plans will not be able to stratify behavioral health measures unless CMS provides stratified IPFQR data. Sheila said that CMS has not indicated that it plans to stratify measures in the IPFQR proposed rules and instead CMS will issue an RFI to vet stratification capabilities with facilities.
- iii.* David Harriman said Lifespan tried stratifying HBIPS-2 and HBIPS-3 by REL but it was very difficult to do because there were many patients categorized in "other" categories.
- iv.* Jordan White (in the chat) supported stratifying HBIPS-2 and HBIPS-3, if possible.
- v.* **Next Step:** The Work Group will revisit whether to stratify any of the Behavioral Health Hospital Measures by REL during a future annual review.
- vi.* **Next Step:** Bailit Health will look for CMS's IPFQR final rules released in August for any guidance on future stratification efforts.

9. Public Comment

- a. Deepti Kanneganti asked for any public comment. There was none.

10. Next Steps

- a. The Measure Alignment Work Group will reconvene on July 28th from 1:00-3:00pm to discuss OHIC's Outpatient Behavioral Health Aligned Measure Set.