

# OHIC Aligned Measure Sets 2021 Annual Review

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Key Considerations for the Annual Review

*June 9, 2021*

# Agenda

1. Overview of the OHIC Aligned Measure Sets
2. Discuss How to Incorporate Equity into the Measure Sets
3. Revisit Measure Selection Criteria
4. Define “Topped Out” Measures
5. Revisit New HEDIS Measures of Interest
6. Discuss Additional Work Group Feedback
7. Update on HEDIS ECDS Developmental Measures
8. Public Comment
9. Next Steps

## Overview of the OHIC Aligned Measure Sets

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- Rhode Island developed the Aligned Measure Sets for use in commercial provider contracts in 2015.
- The Aligned Measure Sets were developed as a SIM grant activity. They are now insurer regulatory requirements in OHIC's Affordability Standards. Medicaid has committed to voluntarily aligning with the measure sets.
- As of 2021, there are six measure sets:
  - ACO
  - Acute Care Hospital\*
  - Behavioral Health Hospital\*
  - Maternity\*\*
  - Outpatient Behavioral Health\*\*
  - Primary Care

\*The Hospital Aligned Measure Set was divided into two measure sets in 2019.

\*\*Measure Set first developed in 2016.

## Overview of the Annual Review Process

- Since the creation of the Aligned Measure Sets, OHIC has held an annual review process for its Measure Alignment Work Group to recommend changes.
- This year's annual review will focus on changes for contract performance periods beginning on or after January 1, 2022.
- Only one designee from a list of OHIC Measure Alignment Work Group participating organizations has voting status. A designee must be present at the meeting in order to vote.

## Designated Participating and Voting Organizations

- Blackstone Valley CHC
- Blue Cross Blue Shield of RI
- Care New England/Integra
- Care Transformation Collaborative
- Coastal Medical
- EOHHS/Medicaid
- Hospital Association of Rhode Island
- Integrated Healthcare Partners
- Lifespan
- Neighborhood Health Plan of RI
- PCMH-Kids
- Prospect/CharterCare
- Providence Community Health Ctrs
- Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities and Hospitals
- Rhode Island Dept. of Health
- Rhode Island Medical Society
- Rhode Island Parent Information Network
- Rhode Island Primary Care Physicians Corporation
- Tufts Health Plan
- UnitedHealthcare

## Discuss How to Incorporate Equity into the Measure Sets

## How to Incorporate Equity into the Measure Sets

- Several states have prioritized incorporating equity into their performance measure sets over the last year.
- OHIC has interest in doing the same.
- One Work Group member recently recommended prioritizing measures that are:
  - are **aligned with the state's quality achievement goals**,
  - are **high-priority public health** measures,
  - are **outcomes-focused** and
  - address the [RI Foundation's population health](#) and [RIDOH health equity priorities](#).



## How to Incorporate Equity into the Measure Sets (Cont'd)

- Bailit Health recommends incorporating equity and RI's statewide priorities into the OHIC Aligned Measure Sets in the following fashion:
  1. **Perform an equity review of each measure.** Bailit Health has conducted a literature review to identify if there is evidence of disparities in performance for all measures in the Aligned Measure Sets. It will present these findings during meetings #2 – #7.
  2. **Inclusion of an equity-focused measure selection criterion.** There are currently no equity-specific criteria to apply to either individual measures or the measure set as a whole.
    - *We will discuss inclusion of such a criterion later in today's meeting.*

## How to Incorporate Equity into the Measure Sets

- 3. Development of a measure to stratify performance by RELD\*.** EOHHS is developing specifications to stratify select measures in the AE program by RELD. Several other states (e.g., MA, CA) are pursuing similar strategies.
- EOHHS is having AEs report stratified performance for Comprehensive Diabetes Care: Eye Exam, Comprehensive Diabetes Care: HbA1c Control and Controlling High Blood Pressure. There will likely be a pediatric measure as well.
  - AEs will report using data from their EHRs on patients seen during the measurement year. They are encouraged to use patient self-reported REL data. MCOs will provide disability status data using EOHHS eligibility categories.
  - The specifications are still being refined, but can be shared with the Work Group when finalized.
  - ***Is this something the Work Group wishes to consider, and if so, for which measure sets?***

\*RELD: Race, ethnicity, language and disability

## How to Incorporate Equity into the Measure Sets (Cont'd)

4. **An assessment of RI's greatest health inequalities.** We focused on measures with significant differences in performance by race/ethnicity, education status, and income.
  - We cross-walked these inequalities against the Aligned Measure Sets to confirm that the measures are addressing these important issues.
  - We focused on measures that could be applied in contracts between payers and providers. Many health equity measures, including those identified by [RIDOH](#), are public health measures that can only be applied at the state level.
  - We primarily used the following sources to identify inequalities:
    - [America's Health Rankings](#)
    - [Health in RI](#)
    - [AHRQ Quality and Disparities Reports](#)
    - RIDOH Reports
    - Literature review to identify additional disparities by race/ethnicity, disability status, language, socioeconomic status and education

## How to Incorporate Equity into the Measure Sets (Cont'd)

- Of the health inequalities we identified, the following are not addressed in any of the OHIC Aligned Measure Sets:
  - Adult obesity
  - Adult vaccinations
  - Dental visits
  - Infant mortality
  - Low birthweight
  - Smoking
- The following slides include a crosswalk of all inequalities to measures in the OHIC Aligned Measure Sets. A list of measures that address each inequality can be found in the Appendix.

# Crosswalk of Health Inequalities to RI Measures

Health Inequality	Is There a Measure in RI?					
	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 Inequalities to RI Measures (Cont'd)

Health Inequality	Is There a Measure in RI?					
	ACO	Acute Care Hospital	BH Hospital	Maternity Care	Outpatient BH	Primary Care
<b>Maternity Care</b>						
Infant mortality	No	No	No	Yes (prevention-focus)	No	No
Low birthweight	No	No	No	Yes (prevention-focus)	No	No
<b>Preventive Care</b>						
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

## Revisit Measure Selection Criteria

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- Following Work Group recommendation, in 2015 OHIC adopted 11 measure selection criteria for Aligned Measure Set development. A 12<sup>th</sup> criterion was added in 2017.
- The Work Group recommended that it consider all criteria when evaluating measures, but individual measures not be required to meet each criterion for inclusion in the Measure Sets.
- Finally, the Work Group also recommended four additional criteria to evaluate each Aligned Measure Set as a whole.



## Criteria Specific to Individual Measures

1. Evidence-based and scientifically acceptable
2. Has a relevant benchmark (use regional/community benchmark, as appropriate)
3. Not greatly influenced by patient case mix
4. Consistent with the goals of the program
5. Useable and relevant
6. Feasible to collect
7. Aligned with other measure sets
8. Promotes increased value
9. Presents an opportunity for quality improvement
10. Transformative potential
11. Sufficient denominator size
12. Utilizes HEDIS specifications when multiple options exist

## 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

## Work Group Feedback on the Criteria

- OHIC received feedback from three Work Group members on the criteria:
  - One member recommended including an **affordability-focused criterion**.
  - One member recommended including a criterion that states a **preference for outcome-based measures rather than process-based measures**.
  - One member noted that the **criteria are still relevant and appropriate**. The member highlighted that **equity was a concern but** was unsure if there are equity-focused quality measures.
- In addition, Bailit Health previously identified that the Work Group could recommend inclusion of an **equity-focused criterion**, which would be best applied to the measure set as a whole.

## Questions for Consideration

- **Does the Work Group wish to make any changes to the measure selection criteria? If so,**
  1. Which criteria should be modified and/or added?
  2. What language does it recommend using?
  3. Should the criteria be applied to individual measures, or the measure set as a whole?

## Define “Topped Out” Measures

## Proposed Definition for “Topped Out” Measures

- The Work Group annually reviews whether measures have opportunity for improvement.
  - It has not, however, developed a set of decision rules regarding what levels of performance would qualify a measure’s removal from the Aligned Measure Sets due to high performance.
- Bailit Health proposed use of the following definition of “topped out” measures:
  - Measures that lack significant opportunity for improved performance due to a) an absolute rate of 90% or higher or b) a statewide average rate that is above the national 90<sup>th</sup> percentile.
  - Such measures could not be used in contracts between payers and providers, even if the provider’s rate does not meet the above criteria, because it would not represent where there is greatest opportunity in RI.

## Work Group Feedback on the Proposed Definition

- OHIC received feedback from four Work Group members on the proposed definition:
  - One member supported the definition, noting that it generally aligns with NCQA.
  - One member suggested that the definition may not go far enough in certain circumstances and recommended that the definition not be seen as exclusive.
  - Two members disagreed with removing “topped out” measures because 1) the measure could still represent good care and 2) there may be variability in performance among provider organizations.
- **Should measures with little opportunity for improvement be removed from the Aligned Measure Sets?**
- **If so, how should we define “topped out” measures?**

## Revisit New HEDIS Measures of Interest



## Revisit New HEDIS Measures of Interest

- There were several new HEDIS measures that the Work Group recommended revisiting during the 2021 annual review, including:
  - Cardiac Rehabilitation (MY 2020/2021)
  - Follow-up after High-Intensity Care for Substance Use Disorder (MY 2019)
  - Pharmacotherapy for Opioid Use Disorder (MY 2019)
  - Postpartum Depression Screening and Follow-up (MY 2019)\*
  - Prenatal Depression Screening and Follow-up (MY 2019)\*
  - Prenatal Immunization Status (MY 2018)\*
- OHIC asked the Work Group to consider whether it recommended any of the measures for inclusion in the 2022 Aligned Measure Sets.

\*Measure requires use of electronic clinical data systems (ECDS).

## Revisit New HEDIS Measures of Interest (Cont'd)

- OHIC received feedback from two Work Group members on the new HEDIS measures:
  - One member highlighted that the new measures will be re-evaluated by NCQA after it receives sufficient data from plans. The member noted that if measures were to be included, they would likely be developmental.
    - Note: NCQA has not yet published data on these measures as of June 2021. It is unclear whether data will be available in the 2021 Quality Compass release.
  - One member noted that several of the new measures are ECDS measures, which plans likely cannot report.
  
- **Does the Work Group recommend adding any of the new HEDIS measures? If yes, which measure(s)?**

## Discuss Additional Work Group Feedback

## Additional Work Group Feedback

- OHIC received one additional note from a Work Group member that did not fit into any of the previous agenda item topics.
- The member recommended establishing a “glide path” with specified implementation timelines for transitioning Developmental measures into Menu and/or Core measures.
  - There are seven Developmental measures in the Aligned Measure Sets:
    1. Concurrent Use of Opioids and Benzodiazepines
    2. Depression Remission or Response for Adolescents/Adults
    3. Depression Screening and Follow-up for Adolescents/Adults
    4. SDOH Screening
    5. Statin Therapy for Patients with Cardiovascular Disease
    6. Unhealthy Alcohol Use Screening and Follow-Up
    7. Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents/Adults

## Additional Work Group Feedback (Cont'd)

- There are various reasons why measures are Developmental.
  1. Four measures require **use of electronic clinical data systems** and cannot be advanced until IMAT pilots the measures using the state's Quality Reporting System (QRS). We will discuss the status of the pilot later today.
    - Measures include: Depression Remission or Response for Adolescents/Adults, Depression Screening and Follow-up for Adolescents/Adults, Unhealthy Alcohol Use Screening and Follow-Up, Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents/Adults
  2. Two measures previously had **challenges associated with accessing the required data** to calculate measure performance.
    - Concurrent Use of Opioids and Benzodiazepines: We will discuss whether the Prescription Drug Monitoring Program can be used to obtain opioid/benzodiazepine data during this year's annual review.
    - There is no concrete timeline for discussing how to obtain timely and accurate data for Statin Therapy for Patients with Cardiovascular Disease.

## Additional Work Group Feedback (Cont'd)

3. One measure, SDOH Screening, was in development when it was added to the OHIC Aligned Measure Sets. The Work Group will revisit inclusion of this measure in 2022 after EOHHS reports obtains 2020 performance data in October.

- **Should the Work Group recommend action steps, a timeline and associated responsible parties for determining whether these measures should be adopted, and if so, when?**

## Update on HEDIS ECDS Developmental Measures

## Update on HEDIS ECDS Developmental Measures

- The Work Group previously recommended pursuing a pilot with IMAT for five HEDIS measures that require use of electronic clinical data systems (ECDS):
  - Depression Screening and Follow-up for Adolescents and Adults
  - Depression Remission or Response for Adolescents and Adults
  - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
  - Unhealthy Alcohol Use Screening and Follow-up
  - Statin Therapy for Patients with Cardiovascular Disease
- IMAT is pursuing an initial pilot for one ECDS measure – Depression Screening and Follow-up for Adolescents and Adults.
  - It will also be piloting SDOH Screening (an EOHHS measure for AEs).

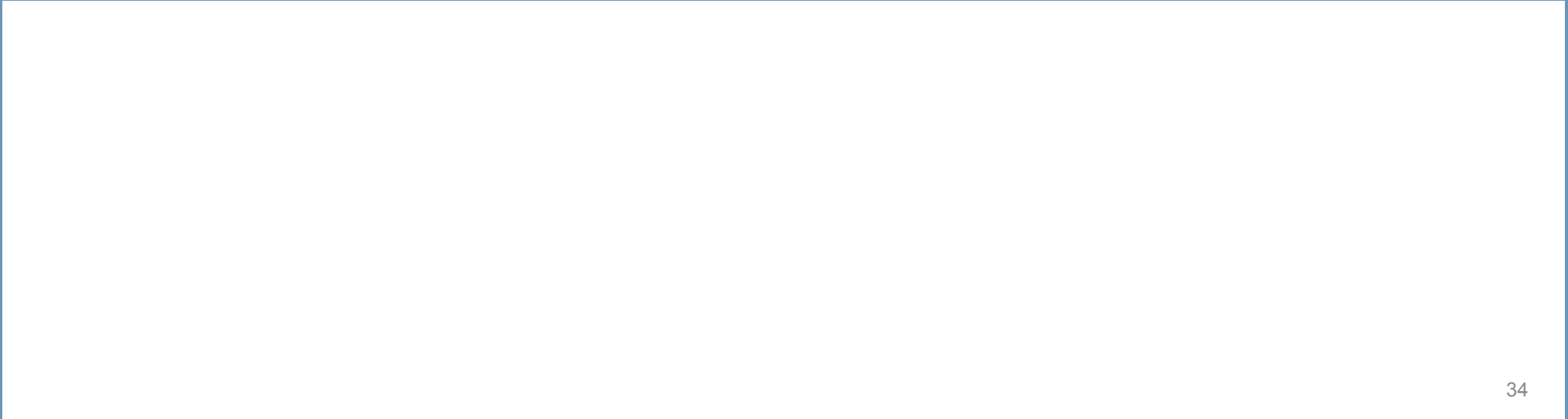


## Update on HEDIS ECDS Developmental Measures (Cont'd)

- Unfortunately, COVID-19 delayed the planned start date of fall 2020 for the pilot.
- IMAT delayed the pilot to July 2021. However, IMAT is realizing further delays because the deadline for having AEs establish clinical data exchange was pushed back to September 2021 (from June 2021).
- In addition, IMAT is still facing challenges in recruiting practices to participate in the pilot. It will update OHIC on its progress in fall 2021.



## Next Steps



## Next Steps

**#2**

**6/23, 1-3 pm  
Maternity Care Set**

**#3**

**7/7, 12-2 pm  
Acute Care Hospital Set**

**#4**

**7/14, 12-2 pm  
Behavioral Health  
Hospital Set**

**#5**

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

**#6**

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

**#7**

**8/26, 12-2:30pm  
ACO Set and Wrap Up**

## Appendix

# Crosswalk of Health Inequalities to RI Measures

Health Inequality	Is There a Measure in RI?	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 Inequalities to RI Measures (Cont'd)

Health Inequality	Is There a Measure in RI?	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 Inequalities to RI Measures (Cont'd)

Health Inequality	Is There a Measure in RI?	If Yes, What Is the Measure(s)?
<b>Hospital/Inpatient Care</b>		
Hospital acquired infections (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 Inequalities to RI Measures (Cont'd)

Health Inequality	Is There a Measure in RI?	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>