OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND

Measure Alignment Work Group
Key Considerations for the Annual Review
Meeting Summary

June 9, 2021, 1:00 P.M. to 3:00 P.M.

Summary of Recommendations:

- The Work Group will consider the feasibility of stratifying at least one measure in each measure set by race, ethnicity, language, and disability status (RELD).
- Bailit Health will revisit the health inequalities in RI assessment when discussing each Aligned Measure Set so the Work Group can consider whether it should recommend adding measures to address any specific inequalities.
- Bailit Health will flag "topped out" measures for the Work Group during the annual review process and the Work Group will handle potentially "topped out" measures on a case-by-case basis.
- The Work Group will not establish an official glide path for Developmental measures to become Menu or Core measures. Instead, for each developmental measure, Bailit Health will create a plan for how the measure will be tested so the Work Group can make a decision about whether to recommend including the measure in the Menu or Core sets.

Summary of Next Steps:

- OHIC will consider Thundermist's request to be added to the list of participating and voting organizations in advance of the next meeting.
- Jay Buechner will share performance data from Neighborhood Health Plan (NHPRI) that NHPRI analyzed by race and ethnicity for the Medicaid population to identify disparities.
- Bailit Health will look into the CMS maternal morbidity measure suggested by Sheila Newquist.
- Work Group members will reach out to OHIC and Bailit Health with any additional thoughts on how health inequalities are represented, or not, in each measure set.
- Bailit Health will share a proposal at the next meeting for how to add equity, and potentially affordability and outcomes, to the measure selection criteria.

- Prior to next year's annual review, Bailit Health will gather data from plans and other data sources to assess how Rhode Island is doing in the areas related to new HEDIS measures and determine to what extent there are opportunities for improvement.

Meeting Notes:

1. **Welcome and Introductions**
    a. Marea Tumber welcomed Work Group members and gave an overview of the schedule of Work Group meetings.
    b. Commissioner Patrick Tigue expressed his appreciation for the Work Group and encouraged the group to consider shifting towards outcome measures and measures that address population health and health equity.
    c. Michael Bailit gave an overview of the OHIC aligned measure sets and the annual review process.
    d. Participants new to the annual review process introduced themselves, including:
        i. Margo Katz, Rhode Island Department of Health (RIDOH), Substance Exposed Newborns Program
        ii. Charlie Estabrook and Amy Katzen, Executive Office of Health and Human Services (EOHHS) AE Program
        iii. Lauren Windmeyer, Upstream USA
        iv. Jordan White and Jennifer Levy, Community Health and Equity RIDOH
    e. Cynthia Skevington requested that Thundermist be added as a voting organization because it became an independent Accountable Entity (AE) in 2021.
    f. **Next Step:** OHIC will consider adding Thundermist to the list of participating and voting organizations in advance for the next meeting.

2. **Discuss How to Incorporate Equity into the Measure Sets**
    a. Deepti Kanneganti shared that as a part of this year's annual review, OHIC is interested in incorporating an equity lens into the measure sets. Deepti summarized Bailit Health's work to date on integrating equity into the 2021 annual review process, which included performing an equity review of each measure and assessing RI's greatest health inequities. Deepti offered Bailit Health's recommendations for how equity could be incorporated into the measure sets, which included adding an equity-focused measure selection criteria and developing a measure to stratify performance by race, ethnicity, language and disability (RELD). Deepti presented a crosswalk of all the RI health inequalities and any corresponding quality measures that were identified during Bailit Health's research.
    b. Deepti asked the Work Group if it wanted to consider developing a measure to stratify performance by RELD, and if so, for which measure sets?
    c. **Discussion**
        i. Jay Buechner said more time was needed to consider this proposal and that advanced notice would have been helpful.
        ii. Peter Hollmann said that it would take considerable work to standardize which RELD categories to us and determine how the measure would be reported. Peter asked whether the measure would be contractual and if

OHIC was considering populations other than commercial (i.e., Medicare, Medicaid).

1. Michael Bailit clarified that the aligned measure sets apply to the commercial population and Medicaid, and not to Medicare.
2. Deepti said the EOHHS measure allows AEs to use any RELD categories they already collect but will likely create a standardized framework for reporting data to EOHHS.

iii. Andrea Galgay said she was concerned about reporting, specifically that it would be challenging to reconcile the RELD data with the clinical numerator and denominator data.

1. Michael Bailit said developing an RELD measure would only be an initial step on a long journey to bringing attention to issues of disparities and closing gaps in performance.

iv. Sheila Newquist mentioned an NCQA survey that indicated that commercial plans have a long way to go on race and ethnicity data collection compared to Medicaid plans. Sheila said BCBSRI would like to prioritize the measures NCQA and CMS are going to stratify first. BCBSRI is also interested in improving data collection and sharing from providers.

v. Matt Collins expressed strong support from BCBSRI to move toward RELD stratification to close equity gaps, mentioned BCBSRI's focus on equity in severe maternal morbidity and behavioral health, and expressed interested in collecting RELD data from providers.

1. Michael Bailit said the reason the data would need to come from providers is because commercial plans have barely any RELD data and Medicaid data are incomplete.
2. Deepti said the three measures EOHHS chose for reporting stratified performance (Comprehensive Diabetes Care: Eye Exam, Comprehensive Diabetes Care: HbA1c Control and Controlling Blood Pressure) are from NCQA's list.

vi. Deepti asked the Work Group to which of the six measure sets the Work Group was interested in adding a RELD stratification measure.

1. Andrea Galgay suggested stratifying Child and Adolescent Well-Care Visits.
    a. Deepti and Stacey Aguiar said it would be challenging for providers to report the measure because it relies on administrative data.
2. Michael Bailit clarified that the question was which of the measure sets should include stratification of one or more measures.
3. Stacey Aguiar recommended starting small, with the three proposed measures (Comprehensive Diabetes Care: Eye Exam, Comprehensive Diabetes Care: HbA1c Control and Controlling Blood Pressure) from NCQA's list so performance can be benchmarked against other plans.
4. Sheila Newquist said it would be challenging to add a RELD stratification measure to the Hospital Aligned Measure Set because it

heavily relies on publicly reported CMS data, which cannot be stratified by RELD.
    a. Michael noted that there are some hospital measures that use hospital-reported data that could be stratified.
5. Peter Hollmann said the Work Group will figure out feasibility by going through each Aligned Measure Set.
6. Andrea Galgay said the Work Group should focus on measures on NCQA's list to prioritize alignment.
7. **Next Step**: Jay Buechner offered to share performance data from Neighborhood Health Plan (NHPRI) that NHPRI analyzed by race and ethnicity for the Medicaid population to identify disparities.

vii. **Recommendation**: The Work Group will consider the feasibility of stratifying at least one measure in each Aligned Measure Set by RELD.

d. Deepti summarized how Bailit Health assessed RI's health inequalities and mapped them onto the Aligned Measure Sets. Deepti asked the Work Group to look at a crosswalk of health inequalities and RI measures and share any additional inequalities that may have been missed in Bailit Health's review.
    i. Peter Hollmann said population-level disparities are different than practice-level disparities.
    ii. Jay Buechner asked for clarification on Bailit Health's specific request of the Work Group related to the crosswalk.
        1. Deepti gave an example using infant mortality, which had significant health inequalities. There is only a measure related to infant mortality in the Maternity Care Aligned Measure Set. Deepti asked Work Group members to consider whether there should be measures related to infant mortality in any of the other measure sets.
    iii. Andrea Galgay said the Work Group should also look at whether the measures that address disparities are Core, Menu, or Developmental measures.
    iv. Matt Collins said adding measures associated with disparities to other measure sets may not address the disparities themselves.
        1. Michael clarified, using the previous example, that the Work Group would not necessarily add an infant morality measure to other measure sets, but could add a stratified measure that targets one of the contributors to infant mortality, such as hemorrhage management.
    v. Jay Buechner asked about the sources of the equity review.
        1. Michael and Deepti clarified that the sources for the review of RI health inequalities were all RI-specific, and indicated that hyperlinks to sources could be found in the PowerPoint presentation.
    vi. Sheila Newquist suggested the Work Group look into a new CMS maternal morbidity measure. She noted that CMS will start collecting data for the measure in 2021 but did not know if the measure will be stratified.
        1. **Next Step**: Bailit Health will look into the CMS maternal morbidity measure suggested by Sheila Newquist.

vii. **Next Steps**: Work Group members will reach out to OHIC and Bailit Health with any additional thoughts on how health inequalities are represented, or not, in each measure set.
viii. **Recommendation**: Bailit Health will revisit the health inequalities in RI assessment when discussing each Aligned Measure Set so the Work Group can consider whether it should recommend adding measures to address any specific inequalities.

3. Revisit Measure Selection Criteria

a. Deepti reminded the Work Group of the 12 selection criteria the group will use to evaluate individual quality measures and the four criteria that will be applied to the measure set as a whole. Deepti summarized the feedback Bailit Health received from Work Group members, which was solicited in the weeks leading up to the 2021 annual review process. Deepti also identified that the Work Group could recommend inclusion of an equity-focused criterion, which would be applied to the measure set as whole.

b. Deepti asked the Work Group if it wished to make any changes to the measure selection criteria and, if so, which criteria should be modified and/or added and should the criteria be applied to individual measures or the measure set as a whole. Deepti suggested discussing affordability, outcome measures, and equity as potential additional criterion based on the Work Group's feedback.

c. Discussion

i. Matt Collins said equity and assessing measures for disparities should be part of the selection criteria.

1. Michael asked Matt Collins if he thought there should be at least one equity focused measure in each measure set.
2. Matt Collins said there should be some equity filter on each measure set and an opportunity to identify disparities in RI population.
3. Michael clarified that there is a difference between having a measure with inequities and a measure that is focused on reducing inequities.
4. Amy Katzen added that improvement in measures with disparities may only target populations that are at an advantage and not necessarily the populations with the greatest inequalities in performance.

ii. Jay Buechner confirmed that measures do not have to satisfy all criteria to be included in a measure set. He added that including equity as a 13th criterion was appropriate as long as it did not forbid the Work Group from including measures without inequities.
iii. Jennifer Levy *(in the chat)* said premature birth is the largest contributor to infant mortality and low birth weight.
iv. Liv King said adding equity criteria to both individual measures and the measure set as a whole made sense, but the Work Group should be more specific than asking "does this address health inequities?" She recommended thinking more critically about whether there is something in the measure set that can address the health inequities.

1. Amy Katzen said there is evidence that performance improvement does not improve equally for all populations and, in some cases, evidence has shown improvement in performance can make disparities worse.
2. Michael said the purpose of the measure set equity criterion is to ensure there is at least one measure within each measure set that serves to reduce one or more health disparities.
3. Liv King said it is more effective to have the criteria apply to the measure set, as opposed to applying the criteria to each individual measure.

v. Adrian Bishop *(in the chat)* reminded the Work Group that low birthweight is a UDS measure reported by all FQHCs and is not stratified by race and ethnicity.

vi. Peter Hollmann said the Work Group seemed to agree that the equity criterion should be applied to the measure set and said equity may already be a part of the existing criterion, but not explicitly. For example, reducing disparities in performance could be integrated into the "opportunity for quality improvement" criterion. Peter also said outcome measures could have an equity focus if they are risk-adjusted on the basis of race/ethnicity and disability. He emphasized that the Work Group should certainly consider inclusion of good outcome measures.

d. **Next Steps**: Bailit Health will share a proposal at the next meeting for how to add equity, and potentially affordability and outcomes, to the measure selection criteria.

4. Define "Topped Out" Measures

a. Michael Bailit reminded the Work Group that, as a part of the annual review process, the group reviews whether measures have opportunity for improvement; however, there are no rules defining what would qualify a measure for removal from the measure sets due to high performance ("topped out"). Michael shared Bailit Health's proposed definition of "topped out" measures – measures having an absolute value of 90% or higher or a statewide average rate that is above the national 90th percentile. Michael summarized feedback received on the definition from Work Group members in the weeks leading up to the 2021 annual review process.

b. Michael asked the Work Group if measures with little opportunity for improvement should be removed from the aligned measure sets and, if so, how "topped" measures should be defined.

c. Discussion

i. Jay Buechner said it would be good to have a criterion for "topped out" measures, but suggested it be a filtering process rather than automatic reason for removing measures. He noted there are considerations of equity, wherein some high-performing measures may have differences in performance based on population.

1. Peter Hollmann, David Harriman and Stacey Aguiar agreed with Jay.

ii. Renee Nefussy said if there is any room at all for improvement in a measure, even 10%, it is better to keep measures in, especially if the measures are in the HEDIS measure set.
    1. Michael noted that there are many measures where a performance rate of 100% is not possible and that national performance as a benchmark is not always an indicator of good performance.

iii. **Recommendation**: Bailit Health will flag "topped out" measures for the Work Group during the annual review process and the Work Group will handle potentially "topped out" measures on a case-by-case basis.

5. Revisit New HEDIS Measures of Interest

a. Michael asked the Work Group to consider whether it recommended including any of the following new HEDIS measures for inclusion in the 2022 aligned measure sets.
    1. Cardiac Rehabilitation (MY 2020/2021)
    2. Follow-up after High-Intensity Care for Substance Use Disorder (MY 2019)
    3. Pharmacotherapy for Opioid Use Disorder (MY 2019)
    4. Postpartum Depression Screening and Follow-up (MY 2019)
    5. Prenatal Depression Screening and Follow-up (MY 2019)
    6. Prenatal Immunization Status (MY 2018)

ii. Peter Hollmann said he was interested in the Cardiac Rehabilitation measure.

iii. Matt Collins said he thought all measures were good content areas, expressed interest in the Pharmacotherapy for Opioid Use Disorder measure, and said he was interested in learning how RI is doing on the three maternal measures (Postpartum Depression Screening and Follow-up, Prenatal Depression Screening and Follow-up, and Prenatal Immunization Status).

iv. David Harriman and Patty Kelly-Flis said the Work Group should wait until HEDIS publishes data on the measures.

v. Jay Buechner said NHPRI was reporting all measures that require use of electronic clinical data systems (ECDS) to HEDIS and noted that NHPRI may have better data in a year.

vi. Jim Beasley said RIDOH is collecting data on maternal depression screening through its partners from the RI Maternal Psychiatry Resource Network (RI MomsPRN) program and would like to collaborate with other health plans to assess performance elsewhere in the state.

vii. Pano Yeracaris supported moving forward with reporting on the maternal measures.

viii. Sheila Newquist suggested starting by adding ECDS measures that NCQA prioritized for reporting (i.e., Breast Cancer Screening and ADHD Medication for 2022 and Colorectal Cancer Screening for 2023) and expanding as EHR and data collection capabilities expand.
    1. Michael shared that MA has already adopted the pharmacotherapy measure because it is a priority for the state to have an opioid overuse measure.

ix. **Next Step**: Prior to next year's annual review Bailit Health will gather data from plans and other data sources to assess how Rhode Island is doing in the areas related to new HEDIS measures and determine to what extent there is opportunity for improvement.

6. **Discuss Additional Work Group Feedback**

   a. Michael shared additional Work Group member feedback received in the lead-up to the 2021 annual review process related to the process for transitioning a measure from the Developmental Set to the Menu and/or Core Measure Set. The Work Group member recommended establishing a "glide path" for transitioning Developmental measures, of which there are currently seven, into Menu and/or Core measures.

   b. Michael asked the Work Group if it should recommend actions steps, a timeline and associated responsible parties for determining whether these measures should be adopted, and if so, when?

   c. Discussion:

      i. Stacy Aguiar asked, if a glide path is put into place for Developmental measures, will they automatically move into the Menu or Core Sets, or could the measures be dropped from the measure set.
         1. Michael clarified that a timeline would include an assessment of whether Developmental measures are ready for implementation in the Core or Menu Sets.

      ii. Andrea Galgay said there should be a reporting period before measures are added to Menu or Core Measure Sets so the state can see how it is doing.
         1. Michael said the Work Group could add a principle that it will not add a measure to Menu or Core if there are no data on performance.

      iii. Jay Buechner said NHPRI had performance data for most of the Developmental measures that are also HEDIS measures.

      iv. Peter Hollman agreed with Andrea that there should be a reporting period for a measure at the level it will be reported because taking a measure designed for a health plan and applying to a practice is not fair.

      v. Stephanie De Abreu *(in the chat)* said the Work Group should assess each measure individually and consider whether it meets the Work Group's main objectives of creating alignment and easing reporting burden for providers.

      vi. Michael summarized that Work Group members sounded reluctant to have a defined implementation glide path because there are significant concerns about implementation and assessing baseline performance.

   d. **Recommendation**: The Work Group will not establish an official glide path for Developmental measures to become Menu or Core measures. Instead, for each Developmental measure, Bailit Health will create a plan for how the measure will be tested so the Work Group can make a decision about whether to recommend including the measure in the Menu or Core Measure Sets.

7. **Update on HEDIS ECDS Developmental Measures**

a. Michael reminded the Work Group that it had previously recommended pursuing a pilot with IMAT for five HEDIS measures that require use of electronic clinical data systems (ECDS). Michael shared that IMAT is pursuing an initial pilot for Depression Screening and Follow-up for Adolescents and Adults and for Social Determinants of Health (SDOH) screening and noted that IMAT has experienced delays in the pilot process due to the COVID-19 pandemic and recruiting challenges.

b. **Discussion:**
    i. Matt Collins asked if Rhode Island Quality Institute (RIQI) has any part to play in the testing.
    ii. Darlene Morris said she had not heard about the measures before the meeting. Said she was not surprised by the delays and asked why practices were choosing not to participate.
        1. Deepti said she thought it was due mainly to resources and bandwidth.
        2. **Next Step**: Bailit Health will confirm why practices are not participating in the IMAT pilots and report back to the group.
        3. **Post-meeting Note:** Bailit Health confirmed that practices are not participating in the pilot due to competing priorities.

c. David Harriman *(in the chat)* said Lifespan is seriously considering participating in an IMAT pilot for at least one measure, although it is going through a lengthy legal process. He shared that resource constraints and bandwidth, as well as working with payers with different requirements for supplemental data submission, are barriers to participation.

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 June 23rd from 1:00-3:00pm to discuss OHIC's Maternity Care Aligned Measure Set.