

OHIC Aligned Measure Sets 2021 Annual Review

Maternity Care Aligned Measure Set

June 23, 2021

Agenda

1. Follow-up from the June 9th Meeting
 - Initial Work Group Recommendations
 - Review Proposed Language for New Criteria
2. Rhode Island Maternal Psychiatry Resource Network (MomsPRN) Program
3. Review Maternity Care Aligned Measure Set Measures
 - Discuss Measures with Significant Specification Changes and “Topped Out” Measures
 - Review of Remaining Measures
 - Discuss Follow-up Tasks from Prior Annual Reviews
 - Discuss Work Group Proposals
4. Discuss Health Inequity-related Gaps in the Measure Set
5. Discuss Inclusion of a RELD Measure
6. Public Comment
7. Next Steps

Follow-up from the June 9th Meeting

Follow-up from the June 9th Meeting

- The Work Group began its 2021 annual review of the OHIC Aligned Measure Sets and made the following recommendations:
 - When discussing individual Aligned Measure Sets,
 - Discuss whether OHIC should adopt a measure that stratifies performance for existing measures by race, ethnicity, language and disability status (RELD).
 - Discuss whether to add any new measures to address identified health inequities in RI.
 - Use the proposed definition of “topped out” measure to assess whether to remove measures.
 - For the 2022 annual review,
 - Request performance data from plans for any non-HEDIS or new HEDIS measures (e.g., ECDS measures) that are not published online.
 - Reconsider whether to add any new HEDIS measures once data are available.

Follow-up from the June 9th Meeting (Cont'd)

- The Work Group discussed the measure selection criteria and recommended adding an equity-focused criterion. Commissioner Tighe advocated for promoting use of outcome measures.
- Bailit Health proposes adding the following criteria to the measure selection criteria to apply to the measure set as a whole:
 1. *Includes topics and measures for which there are known opportunities to promote health equity by race, ethnicity, language, disability status, economic status and other important demographic and cultural characteristics.*
 2. *Prioritizes health outcomes, including measures sourced from clinical and patient-reported data.*

Follow-up from the June 9th Meeting (Cont'd)

- Thundermist reported that it is a new AE as of 2021 and requested Work Group membership. OHIC has added Thundermist to the list of 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 Centers
 - 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
 - Thundermist Health Center
 - Tufts Health Plan
 - UnitedHealthcare

Rhode Island Maternal Psychiatry Resource Network (RI MomsPRN) Program

Review Maternity Care Aligned Measure Set Measures

The Maternity Care Aligned Measure Set

- The 2021 Maternity Care Aligned Measure includes seven measures:
 - **three Core measures:**
 - Behavioral Health Risk Assessment Screenings
 - Prenatal and Postpartum Care: Timeliness of Prenatal Care
 - Prenatal and Postpartum Care: Postpartum Care
 - **four Menu measures:**
 - Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)
 - Cesarean Rate for Nulliparous Singleton Vertex (PC-02)
 - Exclusive Breast Milk Feeding (PC-05)
 - Maternity Care: Post-Partum Follow-Up and Care Coordination
 - **zero Developmental measures**

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 three of four major insurers in RI (we are awaiting information from NHPRI).

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 2020

Key:	
RI Performance inferior 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 Maternity Care Aligned 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 measures status (e.g., move from Menu to Core).
- Also consider whether there are major inequities in performance that warrants the measure being stratified by race, ethnicity, language and/or disability status.

Behavioral Health Risk Assessment Screenings

Race/Ethnicity

U.S. study of provider assessment of MH and SUD: Asians least likely to be asked about mental health (11.6%) and substance use (22.3%), and the least likely to be treated (counseled 10.1%; medication recommendation 5.4%) and referred for specialty care (3.2%) compared to all other groups.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	ACO (Menu) Maternity (Core)	None	N/A	N/A

Prenatal & Postpartum Care – Timeliness of Prenatal Care

Race/Ethnicity		Disability Status		
<p>RI delayed prenatal care: 22.3% for Blacks, 21.2% for AI/AN, 18.2% for Hispanics, 13.4% for Whites</p> <p>CA Medicaid Managed Care performance: 6.3% higher for Whites than Blacks</p>		<p>CA study: Women with IDD more likely to delay prenatal care initiation (RR* = 1.21) compared to women without IDD</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor changes – added telehealth visits, updated hybrid specification to indicate that sample size reduction is allowed for MY 2021	None	None	90% (Between 75 th -90 th percentile)	94% (Between 75 th -90 th percentile)

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

Prenatal & Postpartum Care – Postpartum Care Rate

Race/Ethnicity		Disability Status		
<p>RI study of postpartum health care utilization: Hispanic women had higher odds of not having 1-week check-up (OR* = 1.73) compared to White women</p> <p>CA Medicaid Managed Care performance: 11.1% higher for Whites than Blacks</p> <p>MI Medicaid Managed Care performance: 9.2% higher for Whites than Blacks</p>		<p>MA study of postpartum hospital utilization: Women with IDD had at least 2x higher rates for any hospitalization and repeated hospitalizations compared to women without IDD</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor changes – updated hybrid specification to indicate that sample size reduction is allowed for MY 2021	ACO (Menu)	None	82% (Between 50 th -75 th percentile)	82% (Between 75 th -90 th percentile)

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

Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)

Race/Ethnicity

U.S. study: Black women had 30% higher odds of early elective cesarean, compared with Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	ACO (Menu) Acute Care Hospital (Menu)	2 (Acute Care Contracts)	1.6%	1.7%

Cesarean Rate for Nulliparous Singleton Vertex (PC-02)

Race/Ethnicity

RI cesarean delivery rates: 32.5% for White infants, 32% for Blacks, 31% for Hispanics, 30.9% for American Indian/Alaska Natives, 30.2% for Asian/Pacific Islanders

CA Medi-Cal first birth cesarean rate: 29.8% for Blacks, 25.6% for Asian/Pacific Islanders, 23.8% for Hispanics and Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	ACO (Menu) Acute Care Hospital (Menu)	1 (Acute Care Contract)	32.9%	24.8%

Exclusive Breast Milk Feeding (PC-05)

Race/Ethnicity

U.S. study of exclusive breastfeeding rates through 3 months: 53.0% for Whites, 36.0% for Blacks, and 42.2% for Hispanics.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	ACO (Menu) Acute Care Hospital (Menu)	None	57.7%	51.0%

Maternity Care: Post-Partum Follow-Up and Care Coordination

Race/Ethnicity		Disability Status		
<p>RI study of postpartum health care utilization: Hispanic women had higher odds of not having 1-week check-up (OR* = 1.73) compared to White women</p> <p>CA Medicaid Managed Care performance: 11.1% higher for Whites than Blacks</p> <p>MI Medicaid Managed Care performance: 9.2% higher for Whites than Blacks</p>		<p>MA study of postpartum hospital utilization: Women with IDD had at least 2x higher rates for any hospitalization and repeated hospitalizations compared to women without IDD</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	None	None	N/A	N/A

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

Follow-up Tasks from Prior Annual Reviews

- The Work Group recommended reconsidering two measures after it obtained information on volume and baseline performance from Women & Infants Hospital.

Measure	2019		2020	
	Volume	Performance	Volume	Performance
Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity	90 infants	99%	95 infants	100%
Late Infection in Infants 22 to 29 Weeks Gestation (risk-adjusted)*,**,***	101 infants	12.8%	101 infants	12.8%

Does the Work Group recommending adding these measures to the Maternity Care Aligned Measure Set?

*Late infection includes late bacterial infection, coagulase negative staph and/or fungal infection.

**A lower rate indicates better performance. 12.8% is considered within acceptable bounds after risk adjustment.

***The Work Group initially discussed Late Sepsis or Meningitis in Very Low Birth Weight Neonates.

Work Group Proposals

- At the last meeting, Sheila Newquist shared that CMS is introducing a measure focused on maternal mortality.
 - The Maternal Morbidity Structural Measure assesses whether hospitals have...
 - participated in a state or national **Perinatal Quality Improvement Collaborative** aimed at **improving maternal outcomes** during inpatient labor, delivery and post-partum care, and
 - implemented **patient safety practices or bundles related to maternal morbidity** to address complications (e.g., hemorrhage, severe hypertension/preeclampsia, sepsis).
 - CMS proposed a shortened, voluntary reporting period from October 1, 2021 – December 31, 2021 before implementing the measure fully in 2022.
 - BCBSRI proposes revisiting this measure during the 2023 annual review after benchmark data are available.

Discuss Health Inequity-related Gaps in the Measure Set

Maternity Care-related Health Inequities in RI

- Bailit Health's identified the following health inequities in RI related to maternity care:

Not Addressed in the Measure Set

- Infant Mortality
- Low Birthweight

Addressed in the Measure Set

- Mental Health

- The following slides identify some candidate measures the Work Group could include to address the health inequities not addressed in the Maternity Care Aligned Measure Set.

Maternity Care-related Health Inequities in RI (Cont'd)

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population	Summary of Prior Conversation
Infant Mortality						
0716 (Endorsed)	Unexpected Complications in Term Newborns (PC-06)	California Maternal Quality Care Collaborative	Outcome	Claims	Pediatric	Did not discuss
Low Birthweight						
1382 (Endorsed)	Live Births Weighing Less Than 2,500 Grams	AHRQ	Outcome	State Vital Records	Pediatric	Did not include because it is a hospital-focused measure

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, the 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 Maternity Care Aligned Measure Set, and if so, which measures should be stratified?**



Public Comment

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



Next Steps



Next Steps

#3

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

#6

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

#4

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

#7

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

#5

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

Appendix

2021 Maternity Care Aligned Measure Set

Core Measures by Domain (3)

- Prenatal Care (2)
 - Behavioral Health Risk Assessment Screenings
 - Prenatal and Postpartum Care: Timeliness of Prenatal Care
- Postpartum Care (1)
 - Prenatal and Postpartum Care: Postpartum Care

Menu Measures by Domain (4)

- Labor and Delivery (2)
 - Cesarean Rate for Nulliparous Singleton Vertex (PC-02)
 - Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)
- Postpartum Care (1)
 - Maternity Care: Post-Partum Follow-Up and Care Coordination
- Neonatal Care – Term Infants (1)
 - Exclusive Breast Milk Feeding (PC-05)

Crosswalk of Health Inequities to RI Measures

Health Inequity	Is There a Measure in RI?					
	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 RI?					
	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 RI?	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 RI?	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 RI?	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 RI?	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)