OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND

Measure Alignment Work Group
ACO Measure Set
Meeting Summary

Executive Office of Health and Human Services, Virks Building
3 West Road, Cranston, RI

September 29, 2021, 12:30 P.M. to 3:00 P.M.

Summary of Recommendations:

- The Work Group did not come to consensus about whether to remove or retain *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* in the Primary Care or ACO Measure Sets.
- Elevate *Child and Adolescent Well Care Visit* from Menu to Core of the Primary Care Measure Set.
- Retain *Concurrent Use of Opioids and Benzodiazepines* and *Statin Therapy for Patients with Cardiovascular Disease* in the Primary Care Measure Set.
- Add an REL Measure that stratifies *Comprehensive Diabetes Care: Eye Exam*, *Comprehensive Diabetes Care: HbA1c Control (<8.0%)*, *Controlling High Blood Pressure*, and *Developmental Screening in the First Three Years of Life* to the Menu of the Primary Care and ACO Measure Sets.
- Remove *Child Immunization Status* from the ACO Menu Set.
- Move *Controlling High Blood Pressure* from the Menu to the Core of the ACO Measure Set.
- Remove *Depression Remission at Six Months* from the ACO Measure Set.
- Remove *Exclusive Breast Feeding (PC-05)* from the ACO Menu Set.
- Broaden *HCAHPS* in the ACO Menu Set to include CG CAHPS, PCMH CAHPS, ACO CAHPS and HCAHPS, and MIPS CAHPS.
- Adopt the same recommendation for the ACO Measure Set as for the Primary Care Measure Set for *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment* based on Work Group member feedback.
- Remove *Maternal Depression Screening* from the ACO Menu Set.

- Remove *Transition Record with Specified Elements Received by Discharged Patients* from the ACO Menu Set.
- Adopt the same recommendation for the ACO Measure Set as the Primary Care Measure Set for *Unhealthy Drug and Alcohol Use: Screening & Brief Counseling* based on Work Group member feedback.
- Remove *Adult Major Depressive Disorder (MDD) Suicide Risk Assessment* from the ACO Menu Set.
- Remove *Advance Care Plan* from the ACO Menu Set.
- Remove *Behavioral Risk Assessment Screenings* from the ACO Menu Set.
- Remove *Cesarean Rate for Nulliparous Singleton Vertex (PC-02)* from the ACO Menu Set.
- Remove *Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment* from the ACO Menu Set.
- Remove *Elective Delivery Prior to 39 Weeks Completed Gestation (PC-01)* from the ACO Menu Set.
- Remove *Fluoride Varnish* from the ACO Menu Set.
- Remove *Prenatal & Postpartum Care - Postpartum Care Rate* from the ACO Menu Set.
- Add *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions* as a Developmental Measure for 2022 and reconsider it for the Primary Care and ACO Menu Measure Sets for 2023.

Summary of Next Steps:

- Keep pre-term births as a priority topic for the 2022 Annual Review and track preterm birth quality measures as well as data available from RIDOH and RIQI.
- Bailit Health will ask RIDOH why hospital-level data on live births prior to 37 completed weeks gestation are protected information.
- Work Group members will review the measure specifications and email OHIC indicating whether they support adding *Initiation and Engagement of Substance Use Treatment* as a Menu Measure in the Primary Care Measure Set, and whether they support adding *Unhealthy Drug and Alcohol Use: Screening and Brief Counseling* and/or *Substance Use Assessment in Primary Care* to the Primary Care Measure Set as Menu or Developmental Measures.
    - *See the* **Addendum** *on Page 21 for a summary of Work Group member feedback.*

Meeting Notes:

1. Marea Tumber welcomed the Work Group members to the seventh and final meeting of the 2021 Annual Review. Michael Bailit provided an overview of the meeting agenda.
2. **Maternity Care Measure Set Proposal**
    a. Michael reminded the Work Group that during the June 23rd meeting, the Work Group recommended adding *Live Births Weighing Less than 2,500 Grams* to the Maternity Care Menu Set to fill a low-birthweight equity gap.
    b. Michael shared that Drs. Hamel and Tuuli from Women and Infants Hospital expressed concerns about *Live Births Less than 2,500 Grams* and recommended preterm births as a more appropriate low birthweight outcome measure topic.

c. Michael shared that Bailit Health researched preterm birth measures and was unable to identify any validated measures. It then reached out to the Work Group asking about preterm birth data sources.
d. Michael said that the Rhode Island Quality Institute (RIQI) shared that the statewide health information exchange, CurrentCare, will be transitioning from an opt-in model to an opt-out model, so in the future it will have preterm birth data from more RI patients.
e. Michael said that the Rhode Island Department of Health (RIDOH) collects hospital-level data on live births prior to 37 completed weeks gestation but it does not release the data at the hospital level without permission.
f. Michael said that Bailit Health recommended not adding *Live Births Weighing Less than 2,500 Grams* to the Maternity Care Measure Set but keeping pre-term births as a priority topic for the 2022 Annual Review and tracking preterm quality measures as well as preterm birth data available from RIDOH and RIQI.
g. **Discussion:**
    i. Jay Buchner expressed surprise that RIDOH considers hospital information protected because it is not person-level information.
h. **Recommendation:** Do not add *Live Births Weighing Less than 2,500 Grams* to the Maternity Care Measure Set.
i. **Next Step:** Keep pre-term births as a priority topic for the 2022 Annual Review and track preterm birth quality measures as well as data available from RIDOH and RIQI.
j. **Next Step:** Bailit Health will ask RIDOH why hospital-level data on live births prior to 37 completed weeks gestation are protected information.

3. Follow-up from September 9th Meeting

a. **Summary of Recommendations**
    i. Michael summarized changes to the Primary Care Measure Set as recommended by the Work Group during the September 9th meeting. Michael reminded the Work Group that it added one measure, removed six measures, and elevated one measure from Menu to Core status.
b. **Weight Change Over Time, Weight Assessment and Counseling**
    i. Michael reminded the Work Group that during the September 9th meeting, the Work Group discussed *Weight Change Over Time* (developed by Discern Health) as an alternative to *Weight Assessment and Counseling for Children and Adolescents.*
    ii. Michael shared that Bailit Health confirmed with Discern Health that it did not design its obesity measures, including *Weight Change Over Time*, for use in the pediatric population.
    iii. Michael asked if the Work Group was interested in adding *Weight Change Over Time* to the Primary Care Developmental Measure Set and, if so, if there were any providers or payers interested in piloting the measure on a voluntary basis.
    iv. Deepti Kanneganti noted that the Work Group removed NCQA's *BMI Assessment* from the Primary Care Measure Set in 2020.
    v. **Discussion:**
        1. Andrea Galgay, Peter Hollmann, and David Harriman did not support adding *Weight Change Over Time* to the Primary Care Measure Set. Peter

expressed concerns about measure complexity. David Harriman said patients have goals regarding their weight other than solely weight loss.

vi. **Recommendation**: Do not add *Weight Change Over Time* to the Primary Care Measure Set.

vii. Michael reminded the Work Group that during the September 9th meeting, the Work Group discussed the weaknesses of *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents,* specifically BMI measurement, and its removal from the OHIC PCMH Measure Set for 2021 due to consistently high performance.

viii. Michael asked the Work Group if it recommended removing *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)* from the Primary Care Core Measure Set, and if so, if the Work Group recommended elevating any of the following pediatric measures in the Primary Care Measure Status from Menu to Core status:

1. *Child and Adolescent Well-Care Visits*
2. *Fluoride Varnish*
3. *Immunization for Adolescents (Combo 2)*

ix. **Discussion**:

1. Sheila Newquist said she would prefer to keep *WCC* in the Primary Care Measure Set because it is more comprehensive than *Child and Adolescent Well Care* and because *Child and Adolescent Well Care* only records if there was a visit and not the content of the visit. Sheila also said that although *WCC* performance was high, scores went down in 2020.
2. Stacey Aguiar suggested keeping *WCC* because it was part of United's ACO Medicaid contract. Amy Katzen noted that the AE Program looks to OHIC for guidance on what to include in its Medicaid contracts.
3. Andrea Galgay said she was in favor of adding *Child and Adolescent Well Care* to the Primary Care Measure Set because it encourages adolescents to seek care, which would be helpful especially at Butler Hospital.
4. Jay Buchner said Neighborhood Health Plan's preliminary data on *Child and Adolescent Well Care* showed surprisingly low numbers.
5. Peter Hollmann said he thought *Child and Adolescent Well Care* was reasonable to add but noted that it had attribution challenges and said *Child and Adolescent Well Care* was a health plan measure. Michael clarified that commercial insurers do not assign patients to providers when the patients had not seen the providers. Andrea Galgay said *Child and Adolescent Well Care* incentivizes providers to see their attributed patients.
6. Michael summarized that the Work Group seemed of mixed opinion on *WCC* but among the child and adolescent measures, the Work Group seemed to favor *Child and Adolescent Well Care.*

c. **Recommendation:** The Work Group did not come to consensus about whether to remove or retain *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*.

d. **Recommendation:** Elevate *Child and Adolescent Well Care Visit* from Menu to Core of the Primary Care Measure Set.

e. **Stinting Measures**
   i. Michael reminded the Work Group that in 2020 OHIC's Payment and Care Delivery Advisory Group recommended adopting standard stinting measures for the Primary Care Measure Set.
   ii. Michael reminded the Work Group that during the September 9th meeting the Work Group recommended that another body review measure options and argued that stinting measures do not constitute quality measures.
   iii. Michael reported that OHIC has decided to convene a separate work group in 2022 to consider stinting measure recommendations for 2023.

f. **Prescription Fill Measures**
   i. Michael shared that Peter Hollmann argued that any measures that assess whether a prescription was filled could only be used if plans provide regular (i.e., monthly) reports to the practices; otherwise, practices do not know when a prescription is filled.
   ii. Michael reminded the Work Group that during the September 9th meeting, the Work Group recommended convening a subgroup of payers and providers prior to the 2022 Annual Review to discuss the logistics of creating monthly reports.
   iii. Michael asked the work Group if it recommended retaining the two developmental prescription fill measures – *Concurrent Use of Opioids and Benzodiazepines* and *Statin Therapy for Patients with Cardiovascular Disease* – in the Primary Care Measure Set for the 2022 Aligned Measure Set.

g. **Discussion:**
   i. Sheila Newquist said that if there was going to be an Rx fill subgroup, it made sense to retain the measures for the time being.
   ii. Jay Buechner asked how measures move from the Developmental Measure Set to the Menu Measure Set. Michael said they must be demonstrated to be feasible, usually following a pilot.

h. **Recommendation:** Retain *Concurrent Use of Opioids and Benzodiazepines* and *Statin Therapy for Patients with Cardiovascular Disease* in the Primary Care Measure Set.

i. **Substance Use Measures**
   i. Michael shared that Jay Buechner proposed adding *Initiation and Engagement of Substance Use Treatment (IET)* as a Primary Care Core Measure, with the rationale that the initial diagnoses of substance use and dependence are very often made by PCPs and ED physicians, who are then responsible for assuring that they refer their diagnosed patients to substance abuse treatment.
   ii. Michael reminded the Work Group that during the July 7th meeting, the Work Group expressed interest in considering alternatives to IET to add to the Primary Care Measure Set. Michael presented the following measures for consideration:
      1. *Unhealthy Drug and Alcohol Use: Screening and Brief Counseling*
      2. *Substance Use Assessment in Primary Care*

3. *Alcohol and Drug Misuse: Screening, Brief Intervention and Referral for Treatment (SBIRT)*

iii. Michael reminded the Work Group that during the September 9th meeting, the Work Group recommended removing *Unhealthy Alcohol Use Screening and Brief Counseling* from the Primary Care Measure Set but explained that Bailit Health listed the measure in case the Work Group wanted to reconsider its recommendation.

iv. **Discussion**:

1. Andrea Galgay said providers do not get enough information about substance use treatment to use IET. Michael clarified that Jay Buechner proposed IET be used for patients diagnosed with SUD by their primary care provider. Jay Buechner said NHPRI's data suggest that the majority of new SUD diagnoses come from primary care.
2. Sheila Newquist said the Work Group traditionally did not add measures with major specification changes to the Core Set. Sheila also said IET has look-back period issues and small denominator size at the practice level.
3. Victor Pinkes said that although it is important to screen and engage patients in SUD treatment, there are many problems with IET. Victor said the measure has validity issues because it mixes outpatient, inpatient, and specialty engagement.
4. Michael shared that in 2021 the MA Substance Use Treatment Work Group recommended *Substance Use Assessment in Primary Care* as its alternative to IET due to IET validity concerns, and the MA Measure Alignment Taskforce adopted the recommendation.
5. Jay Buechner said screening for SUD is not enough – it is important to make sure patients get to treatment and stay in treatment. Jay said NCQA has experts on its panels who have recommended IET. Jay also said NHPRI uses IET with Integrity, NHPRI's integrated plan for Medicare/Medicaid dual eligibles.
6. Stephanie DeAbreu supported retaining IET as a Menu Measure and not adding any of the other three substance use measures.
7. Peter Hollmann said he supported adding a substance use screening measure. Peter also said he was interested in knowing where the majority of SUD diagnoses come from, how many times a different diagnosis is used during a follow-up visit, and the average wait time for a referral. David Harriman said it was very difficult to get a two-week referral visit.
8. Ed McGookin supported *Substance Use Assessment in Primary Care* and said he worried IET was too paternalistic in that it implies if a provider diagnoses a patient with SUD, the patient wants to go to treatment.
9. David Harriman agreed with Ed and said he preferred *Substance Use Assessment in Primary Care* and did not support IET.
10. Sheila Newquist asked about the data source for *Substance Use Assessment in Primary Care* and was told it utilizes claim data.

11. Stacey Aguiar suggested that *Substance Use Assessment in Primary Care* be added as a Developmental Measure.
12. David Harriman said *Substance Use Assessment in Primary Care* would require providers to code their claims differently to indicate they performed a screen.

v. **Next step:** Work Group members will review the measure specifications and email OHIC indicating whether they support adding *Initiation and Engagement of Substance Use Treatment* as a Menu Measure in the Primary Care Measure Set, and whether they support adding *Unhealthy Drug and Alcohol Use: Screening and Brief Counseling* and/or *Substance Use Assessment in Primary Care* to the Primary Care Measure Set as Menu or Developmental Measures.

j. **Contraceptive Care**

i. Michael shared that Upstream suggested adding two Contraceptive Care Measures to the Primary Care Menu Set as reporting-only measures:
   1. *Contraceptive Care – All Women ages 15-44, Provision of Most and Moderately Effective Methods of Contraception*
   2. *Contraceptive Care – All Women ages 15-44, Access to Long-Acting Reversible Contraception (LARC)*

ii. Michael clarified that OHIC Interpretive Guidance does not specify whether Menu measures are to be assessed on performance or reporting only.

iii. Michael share that the MA Measure Alignment Taskforce removed Contraceptive Care – Postpartum from its Monitoring Set in 2021 because the Taskforce was concerned about reproductive justice and potential for coercion.

iv. Liz Henry from Upstream spoke in support of the measures. Liz said that the two measures are NQF-endorsed and used in CMS' Adult and Child Sets. Liz said the measures would bring attention to the barriers to providing contraceptive care in RI. Liz said there are 13 other states that are monitoring these measures, with no benchmarks. Liz said Upstream is mindful of coercion and reproductive justice concerns, which is why they recommended the measures be used on a reporting-only basis.

v. Andrea Galgay asked whether other states have used the measures as claims-based or self-reporting. Liz Henry said the measure has always been claims-based and mentioned that Upstream is building out capacity for them to be ECQMs.

vi. David Harriman clarified that given plans would be providing the claims-based information, the measures would be intended for public policy purposes and never intended to be pay-for-performance. Liz Henry confirmed that David was correct.

vii. Michael said the OHIC Measure Sets were meant to hold providers accountable, so the contraceptive care measures as proposed by Upstream did not qualify for measure set inclusion.

viii. Peter Hollmann pointed out that primary care providers do not provide the majority of contraceptive care. Liz Henry said that Upstream was trying to improve contraceptive care in primary care.

ix. **Recommendation:** Do not add *Contraceptive Care – All Women ages 15-44, Provision of Most and Moderately Effective Methods of Contraception* or *Contraceptive Care – All*

Women ages 15-44, Access to Long-Acting Reversible Contraception (LARC) to the Primary Care Measure Set.

4. **Discuss Health Inequity-related Gaps in the Primary Care Measure Set**
   a. Michael said that Bailit Health identified adult vaccinations and dental visits as health inequities in RI that are not addressed by measures in the Primary Care Aligned Measure Set. Michael noted that the same inequities applied to the ACO Measure Set.
   b. Michael said that Bailit was not proposing any measures to address dental visits because the OHIC Aligned Measure Sets apply to commercial contracts, which cover dental care under only limited circumstances.
   c. Michael shared that Bailit Health identified two candidate measures the Work Group could endorse to address the adult vaccination health inequities, however, each measure posed significant data collection challenges.
      i. *Adult Immunization Status* is an ECDS Measure.
      ii. *Influenza Immunization* would require providers to track down whether their patients obtained flu shots during the vaccination window.
   d. Michael said that for these reasons, Bailit Health did not recommend adopting either measure during the 2021 Annual Review.
   e. **Recommendation:** Do not add *Adult Immunization Status* or *Influenza Immunization* to the Primary Care Measure Set.
5. **Discuss Inclusion of a REL Measure in the Primary Care Measure Set**
   a. Michael reminded the Work Group that it could recommend stratifying measures in the Aligned Measure Sets by race, ethnicity, and/or language (REL). Michael shared that at the outset, provider organizations would report performance using their EHR and, ideally, patient self-reported REL to build the capacity to stratify and report stratified data. Michael said over time the intention was to move towards measures focused on reducing disparities in performance by REL.
   b. Michael shared candidate measures for REL stratification in the Primary Care Measure Set, selected because they address a health inequity in RI and are REL-stratified in the Medicaid AE program:
      i. *Comprehensive Diabetes Care: Eye Exam*
      ii. *Comprehensive Diabetes Care: HbA1c Control (<8.0%)*
      iii. *Controlling High Blood Pressure*
      iv. *Developmental Screening in the First Three Years of Life*
   c. Michael noted that NCQA is requiring health plans to stratify the following measures in the Primary Care Aligned Measure Set by race/ethnicity for MY 2022:
      i. *Controlling High Blood Pressure*
      ii. *Hemoglobin A1c Control for Patients with Diabetes (formerly Comprehensive Diabetes Care: HbA1c Control)*
      iii. *Colorectal Cancer Screening*
      iv. *Child and Adolescent Well-Care Visits*
   d. **Discussion**:

i. Sheila Newquist supported having an REL measure that aligns with NCQA's stratified measures (*Controlling High Blood Pressure* and *Comprehensive Diabetes Care: HbA1c Control (<8.0%)*. Sheila Newquist also reminded the Work Group about payers' low REL data capture rates, which the Work Group discussed in the context of *Antidepressant Medication Management* at the last meeting. Michael clarified that for the REL measure being discussed, practices would be reporting REL data out of their EHRs. Michael added that Bailit Health had just surveyed MA provider organizations and payers about REL data capture and provider organizations collect far more REL data than health plans.
ii. Stacey Aguiar said that reporting REL data is much more challenging than collecting REL data. Michael said the REL measure is meant to help providers "build muscle" to report REL data.
iii. Garry Bliss supported aligning the REL measure with the AE program and suggested that 2022 could be a planning year.
iv. Sheila Newquist supported making the REL measure Developmental.
v. Deepti Kanneganti said Bailit Health developed a reporting template and specifications for the REL measure for the ACO/AE program, which she offered to be sent out to OHIC Work Group members. Amy Katzen agreed that the AE resources could be leveraged for the OHIC Aligned Measure Set REL measures. Stacey Aguiar noted that the AE specifications were not written for the HEDIS measures.
vi. Stephanie DeAbreu supported adding the REL measure as Developmental and suggested waiting until AE program data are available.
vii. Michael supported the idea of using 2022 as a planning year, with the REL measure entering the Primary Care Measure Set in 2023.
viii. Andrea Galgay advocated for adding the REL Measure for 2022 because waiting until 2023 would delay any progress towards collecting and reporting better REL data. Garry Bliss agreed.
ix. **Recommendation**: Add an REL Measure that stratifies *Comprehensive Diabetes Care: Eye Exam*, *Comprehensive Diabetes Care: HbA1c Control (<8.0%)*, *Controlling High Blood Pressure*, and *Developmental Screening in the First Three Years of Life* to the Menu of the Primary Care Measure Set.

6. Review ACO Measure Set

a. Deepti Kanneganti reminded the Work Group that the 2021 ACO Measure Set included 35 measures (six Core, twenty-nine Menu, seven Developmental).
b. Deepti said that rather than presenting all 35 ACO Measures individually, Bailit Health would be presenting the measures that fall into one or more of the following categories:
    i. Measures for which the Work Group recommended changes in other Aligned Measure Sets earlier in this year's Annual Review.
    ii. Measures that are not in use by RI payers in ACO Contracts.
    iii. Measures with Work Group member feedback.

Measure Name	Recommendation	Discussion
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Core)	The Work Group did not come to consensus about whether to remove or retain *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* in the ACO Set. The Work Group recommended making a consistent decision for both the Primary Care and ACO Sets.	Deepti said that given there was not consensus about whether to remove *Weight Assessment and* Counseling from the Primary Care Set, OHIC should decide and apply the same decision for the ACO Set as well. Deepti said if *Weight Assessment and Counseling* is removed, there is a potential that it will be replaced by *Child and Adolescent Well Care Visits.*
Childhood Immunization Status (Menu)	Remove from ACO Set	Deepti reminded the Work Group that this measure was removed from the Primary Care Measure Set because it was not in use and RI vaccination rates are high. The Work Group agreed to remove the measure from the ACO Set too, without discussion.
Controlling High Blood Pressure (Menu)	Move from Menu to Core of ACO Set	Deepti reminded the Work Group that this measure was moved from the Menu to the Core of the Primary Care Set because the measure was temporarily in the Menu Set for baseline data collection following significant specification changes. The Work Group agreed to move the measure from Menu to the Core of the ACO Set too, without discussion.
Depression Remission at Six Months (Menu)	Remove from ACO Set	Deepti reminded the Work Group that this measure was removed from the Primary Care Measure Set because it was not in use and there was a time frame discrepancy with the NCQA HEDIS measure and the CMS measure. The Work Group agreed to remove the measure from the ACO Set too, without discussion.

Measure Name	Recommendation	Discussion
Exclusive Breast Feeding (PC-05) (Menu)	Remove from the ACO Set	Deepti reminded the Work Group that this measure was removed from the Acute Care Hospital Measure Set because of high performance and because CMS indicated the measure would be replaced by a new maternity care measure. The Work Group agreed to remove the measure from the ACO Set too, without discussion.
Follow-Up After Emergency Department Visit for Substance Use (Menu)	Retain in Menu	Deepti reminded the Work Group that this measure was moved from the Core to Menu of the Acute Care Hospital Set on a temporary basis due to major specification changes. The Work Group recommended retaining the measure in the ACO Menu Set, without discussion.
Follow-Up After Emergency Department Visit for Mental Illness (Menu)	Retain in Menu	Deepti reminded the Work Group that this measure was removed from the Outpatient Behavioral Health Measure Set because of high performance and small denominator size. The Work Group recommended retaining the measure in the ACO Menu Set, without discussion.
HCAHPS (Menu)	Broaden to include CG CAHPS, PCMH CAHPS, ACO CAHPS and HCAHPS, and MIPS CAHPS.	Deepti reminded the Work Group that it recommended redefining PCMH CAHPS as CG CAHPS for the Primary Care Measure Set. Deepti asked the Work Group if it would like to adopt a similar approach for the ACO Measure Set, broadening HCAHPS to CG CAHPS, PCMH CAHPS, ACO CAHPS and HCAHPS. Sheila Newquist supported broadening HCAHPS to CG CAHPS, PCMH CAHPS, ACO CAHPS and HCAHPS. Peter Hollmann noted CAHPS surveys are easier to implement at the ACO level than the PCMH level. Peter also suggested adding MIPS CAHPS because it is used by Medicare ACOs. Stacey Aguiar confirmed that by adding more surveys the Work Group intended to offer more flexibility, not require more surveys. Deepti confirmed this was correct. It would be a Menu option, and thus not required by OHIC for contract use.

Measure Name	Recommendation	Discussion
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Menu)	Adopt same recommendation as the Primary Care Set	Deepti summarized the Work Group's conversation about this measure from earlier in the meeting. Deepti asked if the Work Group wanted to retain the measure and/or include an alternative substance use screening measure in the ACO Measure Set. Andrea Galgay suggested OHIC wait until the Work Group submits feedback on the Primary Care Measure Set substance use measures before making a decision.
Maternal Depression Screening (Menu)	Remove from ACO Set	Deepti reminded the Work Group that this measure was removed from the Primary Care Measure Set because it was no longer maintained by NCQA, it was removed from the MIPS Measure Set, and it was not in use by RI payers. The Work Group agreed to remove the measure from the ACO Set too, without discussion.
Transition Record with Specified Elements Received by Discharged Patients (Menu)	Remove from ACO Set	Deepti reminded the Work Group that this measure was removed from the Behavioral Health Hospital Measure Set because CMS proposed removing the measure for CY 2022. The Work Group agreed to remove the measure from the ACO Set too, without discussion.
Unhealthy Drug and Alcohol Use: Screening & Brief Counseling (Menu)	Adopt same recommendation as the Primary Care Set	Deepti recommended postponing a decision until Work Group members submitted feedback on the substance use measures and adopting a decision that aligned with the Primary Care Set. The Work Group agreed.
Concurrent Use of Opioids and Benzodiazepines (Developmental)	Retain as Developmental	Deepti reminded the Work Group that it recommended retaining the measure as Developmental in the Primary Care Measure Set while OHIC convenes a work group on prescription fill measures. The Work Group agreed to retain the measure in the ACO Set too, without discussion.
Statin Therapy for Patients with Cardiovascular Disease	Retain as Developmental	Deepti reminded the Work Group that it recommended retaining the measure as Developmental in the Primary Care Measure Set while OHIC convenes a work group on prescription fill measures. The Work Group agreed to retain the measure in the

Measure Name	Recommendation	Discussion
(Developmental)		ACO Set too, without discussion.
Adult Major Depressive Disorder (MDD) Suicide Risk Assessment (Menu)	Remove from ACO Set	The Work Group recommended removing this measure from the ACO Measure Set because it was not in use, without discussion.
Advance Care Plan (Menu)	Remove from ACO Set	Peter noted that most adult practices have enough older adults to use this practice. The Work Group recommended removing this measure from the ACO Measure Set because it was not in use.
Behavioral Health Risk Assessment Screenings (Menu)	Remove from ACO Set	The Work Group recommended removing this measure from the ACO Measure Set because it was not in use, without discussion.
Cesarean Rate for Nulliparous Singleton Vertex (PC-02)	Remove from ACO Set	The Work Group recommended removing this measure from the ACO Measure Set because it was not in use, without discussion.
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment	Remove from ACO Set	The Work Group recommended removing this measure from the ACO Measure Set because it was not in use, without discussion.
Elective Delivery Prior to 39 Weeks Completed Gestation (PC-01) (Menu)	Remove from ACO Set	The Work Group recommended removing this measure from the ACO Measure Set because it was not in use, without discussion.
Fluoride Varnish (Menu)	Remove from ACO Set	The Work Group recommended removing this measure from the ACO Measure Set because it was not in use, without discussion.
Hospital-wide Readmit (Menu)	Retain in Menu	Peter Hollmann said hospitals were using this measure and it seemed like a reasonable measure for an ACO Contract. Sheila Newquist said that practically there is no way to do attribution to an ACO, but it might be worth keeping in the Menu Set and further exploring how to implement at the ACO level.
Prenatal & Postpartum Care –	Remove from ACO Set	The Work Group recommended removing this measure from the ACO Measure Set because it was not

Measure Name	Recommendation	Discussion
Postpartum Care Rate (Menu)		in use, without discussion.
Depression Remission or Response for Adolescents and Adults (Developmental)	Retain as Developmental	The Work Group recommended retaining this measure as Developmental because there are ongoing efforts to support implementation.
Depression Screening and Follow-Up for Adolescents and Adults (Developmental)	Retain	The Work Group recommended retaining this measure as Developmental because it was being piloted.
Unhealthy Alcohol Use Screening and Follow-Up (Developmental)	Retain	The Work Group recommended retaining this measure as Developmental because there are ongoing efforts to support implementation.
Utilization of PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (Developmental)	Retain	The Work Group recommended retaining this measure as Developmental because there are ongoing efforts to support implementation.

7. **Discuss Work Group Proposals**
   a. **Chlamydia Screening**
      i. Jay Buechner proposed elevating *Chlamydia Screening in Women* from the Menu to the Core Set with the rationale that Chlamydia is a growing public health concern.
   b. **Discussion:**
      i. Jay Buechner said cases of Chlamydia, and other STIs, have been increasing. Jay said there are proven ways to do a better job at screening, which can happen in any number of settings and are inexpensive to implement.
      ii. Deepti noted the minor specification changes, noted that it was a Menu measure in the Primary Care Set, in use in an ACO contract, there is opportunity for improvement, and evidence of inequities.
      iii. Jay Buechner said providers with the best rates screening rates screen all women without asking about sexual activity.
      iv. Stephanie De Abreu supported moving *Chlamydia Screening* to the Core Set.

v. Sheila Newquist reminded the Work Group that at its last meeting there was lengthy discussion about the issue with defining sexual activity. Sheila supported retaining the measure in the Menu Set. Andrea Galgay agreed.
vi. Peter Hollmann said the measure could not be calculated at the practice level, and plans would need to calculate it. Stacey Aguiar confirmed this was true.
vii. Jay Buechner asked whether measures could be in the AE measure slate if they were not Core Measures in the OHIC Measure Set. Deepti clarified that Menu Measures could be added to the AE measure slate.

c. **Recommendation:** Retain *Chlamydia Screening* in the Menu of the ACO Measure Set.
d. **Contraceptive Care**
   i. Deepti reminded the Work Group that Upstream suggested adding two Contraceptive Care Measures to the ACO Menu Set a reporting-only, and summarized the prior conversation.
   ii. **Recommendation:** Do not add *Contraceptive Care – All Women ages 15-44, Provision of Most and Moderately Effective Methods of Contraception* or *Contraceptive Care – All Women ages 15-44, Access to Long-Acting Reversible Contraception (LARC)* to the ACO Measure Set.
e. **ED Utilization for Individuals with Mental Illness**
   i. Deepti shared that J Gates proposed replacing *Follow-up After Hospitalization for Mental Illness (7-Day)* with *ED Utilization for Individuals with Mental Illness* with the rationale that FUH was in use in the AE program and if it was also included in the Acute Care and Behavioral Health Hospital Aligned Measure Sets, the measure could incentivize medical and behavioral health providers across payers to co-manage care for patients with mental illness.
   ii. **Discussion:**
      1. Garry Bliss recommended against including *ED Utilization for Individuals with Mental Illness* until the ED reports contained mental illness information. Other Work Group members agreed.
   iii. **Recommendation:** Do not replace *Follow-up After Hospitalization for Mental Illness (7-Day)* with *ED Utilization for Individuals with Mental Illness* in the ACO Measure Set.
f. **Enhancing Access for Patients with Chronic Conditions**
   i. Deepti shared that J Gates proposed adding a new developmental measure *Enhancing Access for Patients with Chronic Conditions* to the ACO Measure Set with the rationale that the measure addressed timely access to care for high complexity patients.
   ii. **Discussion:**
      1. Andrea Galgay said she would not endorse a homegrown measure but said she would support adding *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions* as Developmental for 2022 and reconsider it for the Menu Set for 2023.

2. Sheila Newquist asked if *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions* would be appropriate for Primary Care. Work Group members said it was appropriate.
3. Michael asked whether practices and plans would work together to implement *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions.* Andrea said she would work towards implementing the measure.
4. **Next step:** Check-in with Andrea Galgay next year on progress implementing *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions.*

iii. **Recommendation:** Add *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions* as a Developmental Measure for 2022 and reconsider it for the Primary Care and ACO Menu Measure Sets for 2023.

g. **Overlap between ACO Measure Set and Primary Care Measure Set**

i. Peter Hollmann argued that no measure should be in the ACO Measure Set unless it is in the Primary Care Measure Set, with the rationale that ACOs are based on primary care attribution and if a measure was primarily maternity or mental health at the facility level, practices would not know about the initiating event.

ii. Deepti shared the list of the measures that were in the ACO Measure Set and not the Primary Care Measure Set, noting that most of these measures had been recommended for removal earlier in the meeting.

iii. **Discussion:**

1. Peter Hollmann suggested that *Advance Care Plan* be added to the Primary Care Measure Set during a future Annual Review.
2. Peter suggested removing *Imaging for Low Back Pain* from ACO Set. Deepti shared that *Imaging for Low Back Pain* was in use in an ACO Contract.
3. The Work Group questioned how *Timely Transmission of Transition Record* is being used by payers in ACO contracts for the 2022 Annual Review.

iv. **Next Step:** Prior to the 2022 Annual Review, OHIC will investigate how *Timely Transmission of Transition Record* is being used by payers in ACO contracts.

h. **UnitedHealthcare Measure Proposals**

i. Deepti shared that UnitedHealthcare suggested that eight measures (see table below) be added to the ACO Measure Set as Menu Measures.

ii. Stephanie De Abreu shared that the eight measures are part of UnitedHealthcare's Quality Gate program. Tinisha Richards added that it was becoming a struggle to adapt UnitedHealthcare's national program to OHIC's Aligned Measure Sets.

iii. Peter Hollmann asked whether the Work Group should consider the measures individually or consider whether they were amenable to UnitedHealthcare's proposal.

iv. Michael Bailit reminded the participants that the OHIC Measure Alignment Work Group's purpose was to increase alignment across payers for providers and to promote quality improvement by selecting measures on their merit. Deepti added that opportunity for improvement was an OHIC Aligned Measure Set selection

criteria and UnitedHealthcare's suggested measures had varying degrees of opportunity for improvement.

v. Sheila Newquist asked said if the Work Group should consider the measures for both the ACO Measure Set and the Primary Care Measure Set. Deepti replied yes.

vi. Sheila Newquist asked whether UnitedHealthcare was using the measures as a composite. Tinisha said she would need to confirm but said increasing alignment with their national model would decrease the need for attestation and audits for providers at the end of the measurement period.

Measure Name	Recommendation	Discussion
Appropriate Testing for Children with Pharyngitis	Do not add	Deepti shared that the Work Group considered this measure during the 2017 Annual Review and did not recommend including it because members noted the measure was easy to meet and highly dependent on coding correctly and where care was delivered (e.g., urgent care facilities do not count).
Appropriate Treatment for Children with Upper Respiratory Infection	Do not add	Deepti shared that the Work Group considered this measure in 2015 and did not recommend it due to performance being above 90%. Since then, NCQA expanded the age range to members 3 months and older, changed the measure to an episode-based denominator, and added telehealth. Deepti said performance was still over 90%.
Asthma Medication Ratio Total – Commercial (5-85 years)	Do not add	Deepti shared that although *Asthma Medication Ratio* (AMR) was never in OHIC's Aligned Measure Sets, the Work Group considered adding AMR to the ACO set as a replacement for *Medication Management for People with Asthma* when the latter lost NQF endorsement, but ultimately did not decide to replace the measure. Andrea Galgay said the measure had merit given opportunity for improvement. Deepti reminded the Work Group that there were concerns about how asthma medication prescriptions are filled, depending on where the prescriptions are filled. Peter Hollmann said control of asthma medications has improved. Garry Bliss said asthma is a significant public health problem in Rhode Island, causing chronic absenteeism in schools. Garry said asthma should be a priority for the

Measure Name	Recommendation	Discussion
		Work Group. Garry Bliss reminded the Work Group that during a prior annual review the Work Group conducted a scan of asthma measures but did not choose to add any. Deepti suggested performing another scan in 2022. **Next Step:** Research asthma measures for the ACO Measure Set prior to the 2022 Annual Review. If no suitable alternatives are identified, the Work Group will reconsider *Asthma Medication Ratio.*
Bronchitis, Acute Avoidance of Antibiotic Treatment in Adults	Do not add	Deepti reminded the Work Group that it considered this measure in 2015 and did not recommend it because there were "inherent coding issues." Since then, NCQA 1) expanded the age range to members 3 months and older, 2) changed the measure to an episode-based denominator, 3) shortened the negative competing diagnosis time frame and 4) added telehealth. Peter Hollmann said the measure was easily gamed by avoiding a bronchitis diagnosis and still prescribing antibiotics. Peter pointed out that urgent care centers are particularly bad at antibiotic prescription. Ed McGookin agreed with Peter and said pneumonia was a common diagnostic substitution.
Comprehensive Diabetes Care (HbA1c testing)	Do not add	Deepti shared that Comprehensive Diabetes Care: HbA1c Control (<8%) and Eye Exam are currently Core Measures in the ACO Measure Set. Deepti also noted that NCQA retired this measure for MY 2022.
OUD: Use of Opioids at High Dosage	Do not add	Deepti reminded the Work Group that it considered the PQA version of this measure during the 2016 Annual Review and did not recommend the measure because it 1) was less restrictive than RI legislation (which limited treatment for an acute episode to an opioid prescription of 30mg for 5-days), 2) may focus more on chronic opioid abuse vs. opioids for acute treatment and 3) uses claims data, which may make it challenging for providers to impact performance.
Persistence of Beta-Blocker Treatment	Do not add	Deepti reminded the Work Group that it considered this measure in 2015 and did not recommend it because beta

Measure Name	Recommendation	Discussion
After a Heart Attack		blockers are not appropriate for all patients following a heart attack. Deepti said that since then NCQA added telehealth to the measure.
Well-Child Visit in the First 30 Months of Life (W30)	Do not add	Deepti said that the Work Group considered the previous version of this measure in 2015 and did not recommend it due to an absolute rate of 80%+. Deepti said that since then, NCQA updated the measure to consider well-visits in the first 30 months of life. Deepti said that performance on the 15-month metric is still high.

8. **Discuss Inclusion of a REL Measure**
   a. **Recommendation:** Add an REL Measure that stratifies *Comprehensive Diabetes Care: Eye Exam*, *Comprehensive Diabetes Care: HbA1c Control (<8.0%)*, *Controlling High Blood Pressure*, and *Developmental Screening in the First Three Years of Life* to the Menu of the ACO Measure Set.
9. **Public Comment**
   a. Marea Tumber asked for any public comment. There was none.
10. **Next Steps:**
    a. Bailit Health will share the Work Group's recommendations with Commissioner Tigue before finalizing the 2022 OHIC Aligned Measure Sets.
    b. OHIC will share the final 2022 OHIC Aligned Measure Sets in early October with the Work Group.

Addendum:

Below is a summary of Work Group member feedback received on Substance Use Measures and Transition Record Measures in the ACO and Primary Care Measure Sets. Text from the request is in black and Work Group member feedback is in blue.

Substance Use Measures:

During today's meeting the Work Group considered whether to add Initiation and Engagement of Substance Use Treatment (IET) to the Primary Care Measure Set. The Work Group acknowledged IET's shortcomings, including measure validity concerns and major specification changes for MY 2022. The Work Group still expressed a desire to have a substance use-focused measure in the Primary Care Measure Set.

Today we presented three alternative substance use measures for consideration: (1) *Unhealthy Drug and Alcohol Use: Screening and Brief Counseling* (steward: AMA-PCPI, not NCQA), (2) *Substance Use Assessment in Primary Care,* and (3) *Alcohol Drug Misuse: Screening, Brief Intervention, and Referral for Treatment* (SBIRT). Of the three measures, the Work Group preferred *Unhealthy Drug and Alcohol Use: Screening and Brief Counseling* and *Substance Use Assessment in Primary Care*. The Work Group requested time to consider the measure specifications and decide whether to recommend adding either of them to the Primary Care Measure Set.

Please consider the attached measure specifications and respond to the following questions by the end of the day on Wednesday, October 6:

1. Do you support adding *Initiation and Engagement of Substance Use Treatment* (IET) as a Menu Measure in the Primary Care Measure Set?
    a. **Sheila Newquist (BCBS):**
        a. Did not support IET for use at this time. She suggested reconsideration of it after plans have data following the MY2022 measure specification changes.
    b. **Libby Bunzli (EOHHS):**
        a. Did not support adding IET to the Primary Care Set.
    c. **Renee Nefussy (Point32Health):**
        a. Supported adding IET as a Menu Measure in the Primary Care Set.
    d. **David Harriman (Lifespan):**
        a. Did not support adding IET to the Primary Care Set, because of the significant specification issues and how those issues would be exacerbated in a primary care practice not otherwise associated with a larger ACO.
    e. **RIDOH:**
        a. Support IET as being important to providing quality care, inclusive of referral to treatment, but felt that adding the measure should have further discussion, perhaps during next year's Annual Review process.
    f. **Jay Buechner (NHP):**

    a. Supported adding IET as a Menu measure to the Primary Care Set because he argued it is the only SUD measure that represents appropriate support for patients diagnosed with SUD.

g. Stephanie De Abreu (UHC):

a. Did not oppose adding IET to the Menu of the Primary Care Measure Set.

2. Do you support retaining Initiation and Engagement of Substance Use Treatment as a Menu Measure in the ACO Measure Set or do you recommend moving the measure to Core?

a. **Sheila Newquist (BCBS):**

a. Did not support IET for Menu or Core of the ACO Set. She suggested reconsideration of it after plans have data following the MY2022 measure specification changes.

b. **Libby Bunzli (EOHHS):**

a. Supported leaving IET as a Menu Measure, not Core, for the ACO Set.

c. **Renee Nefussy (Point32Health):**

a. Supported IET as a Menu Measure, not a Core measure in the ACO Set.

d. **David Harriman (Lifespan):**

a. Supported maintaining IET as Menu only in the ACO Set.

e. RIDOH:

a. Supported moving IET to the Core of the ACO Core Set.

f. Jay Buechner (NHP):

a. Supported moving IET to the Core of the ACO Set. He argued that the measure definition and specification changes can be dealt with in the contracting process and said it is essential that SUD treatment be addressed more successfully and urgently by ACOs.

g. Stephanie De Abreu (UHC):

a. Supported maintaining IET as Menu only in the ACO Set.

3. Do you support adding Unhealthy Drug and Alcohol Use: Screening and Brief Counseling and/or Substance Use Assessment in Primary Care to the Primary Care Measure Set? If so, do you support (a) adding them as Menu or Developmental Measures and (b) also adding them to the ACO Measure Set?

a. **Ed McGookin (Coastal Medical):**

a. Supported *Substance Use Assessment in Primary Care* as the screening tool (did not specify Primary Care or ACO Set).

b. **Sheila Newquist (BCBS)**:

a. Did not support adding *Unhealthy Drug and Alcohol Use.* She said it does not appear to capture any of the elements of the ECDS DRR-E *Depression Remission or Response for Adolescents and Adults* measure they hope to eventually use.

b. Supported adding *Substance Use Assessment in Primary Care* as Menu to both the Primary Care and ACO measure sets. She said there are at least five codes in common with the value set in the ECDS DRR-E *Depression Remission or Response for Adolescents and Adults* measure for numerator compliance which would support eventual use of the latter.

c. **Libby Bunzli (EOHHS):**

- Supported the addition of *Substance Use Assessment in Primary Care* as a Menu measure for both the Primary Care Measure Set and ACO Measure Set.

d. **David Harriman (Lifespan):**
   - Supported adding *Substance Use Assessment in Primary Care* to the Primary Care Set as Developmental with specific focus on working with plans to develop Standardized Supplemental Data File (SSDF) reporting mechanism to report $0 charge numerator codes mapped to numerator events as an alternative to reporting solely via claims.
   a. Supported adding *Substance Use Assessment in Primary Care* to the ACO Set as Developmental with specific focus on working with plans to develop Standardized Supplemental Data File (SSDF) reporting mechanism to report $0 charge numerator codes mapped to numerator events as an alternative to reporting solely via claims.

e. **RIDOH:**
   - Supported adding one of the screening measures as Developmental (did not express a preference for a specific measure).

f. **Jay Buechner (NHP):**
   - Did not support adding either of the screening measures because he preferred IET, per his comments above.

g. **Stephanie De Abreu (UHC):**
   - Supported adding one of the screening measures as Developmental (did not express a preference for a specific measure).

Transition Record Measures:

Also, during today's meeting, the Work Group discussed Timely Transmission of Transition Record and Transition Record with Specified Elements Received by Discharged Patients – both Menu Measures in the ACO Measure Set. Following the meeting, we realized that there was an error in how we presented the measures.

We presented that Timely Transmission of Transition Record (Menu) was not in use by payers, and the Work Group recommended removing it from the ACO Measure Set. We presented that Transition Record with Specified Elements Received by Discharged Patients was in use by multiple payers, and the Work Group recommended OHIC investigate how it is in use by payers in ACO contracts for the 2022 Annual Review. In reality, Timely Transmission of Transition Record is in use by payers, and Transition Record with Specified Elements Received by Discharged Patients is not in use by payers. Both measures are stewarded by AMA-PCPI and are included in the Hospital Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program.

To remedy this mistake, we recommend removing Transition Record with Specified Elements Received by Discharged Patients from the ACO Measure Set, and investigating how Timely Transmission of Transition Record is being used by payers in ACO contracts for the 2022 Annual Review. We apologize for this error. Please let us know if you are opposed to this approach.

We recommended removing *Transition Record with Specified Elements Received by Discharged Patients* from the ACO Measure Set, and investigating how *Timely Transmission of Transition Record* is being used by payers in ACO contracts for the 2022 Annual Review.

a. **Ed McGookin (Coastal Medical):**
    a. Supported the aforementioned approach.
b. **Sheila Newquist (BCBS):**
    a. Argued for removing both measures. She pointed out that although *TR-2 Timely Transmission of Transition Record* has been used in contracts, it has now been dropped by CMS as of MY2022 data collection. She reminded us that the Work Group removed it from the BH Hospital set for that reason so the same should apply for the ACO set.
c. **Diane Block (Butler Hospital):**
    a. Supported the recommendation to use the *Timely Transmission of Transition Record* versus the *Transition Record with Specified Elements Received by Discharged Patients*