OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND

Measure Alignment Work Group
Outpatient Behavioral Health Measure Sets
Meeting Summary

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

August 12, 2021, 1:00 P.M. to 3:30 P.M.

Summary of Recommendations:

- Add an REL measure that stratifies *Hospital-wide Readmit* with "On Deck" status to the Acute Care Hospital Measure Set, and move the measure into the Menu Set when CMS publishes stratified data.
- *Live Births Weighing Less than 2,500 Grams* will not be proposed for inclusion in the Acute Care Hospital Measure Set.
- Work Group members endorsed Bailit Health's recommendation for applying the Behavioral Health Hospital Measure Set to all facilities that are reporting through the CMS IPFQR Program.
- Remove *Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions* from the Outpatient Behavioral Health – Mental Health Measure Set.
- Remove *Follow-Up After Emergency Department Visit for Mental Illness (30-Day)* from the Outpatient Behavioral Health – Mental Health Measure Set.
- Remove *Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications* from the Outpatient Behavioral Health – Mental Health Measure Set.
- Remove *Metabolic Monitoring for Children and Adolescents on Antipsychotics* from the Outpatient Behavioral Health – Mental Health Measure Set.
- Do not elevate any Outpatient Behavioral Health – Mental Health Menu Measures to Core status.
- Move *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment* (now *Initiation and Engagement of Substance Use Treatment*) from the Core to the Menu of the Outpatient Behavioral Health – Substance Use Treatment Measure Set.

- Remove *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence* (now *Follow-Up After Emergency Department Visit for Substance Use*) from the Outpatient Behavioral Health – Substance Use Treatment Measure Set.
- Add *Depression Screening and Follow-up for Adolescents and Adults* as a Developmental Measure to the Outpatient Behavioral Health – Mental Health Measure Set and revisit whether to move into the Menu when ECDS measures become more feasible to use.
- Revisit whether to add an RELD measure to the Outpatient Behavioral Health Measure Set in the future when HEDIS ECDS measures are more feasible.

Summary of Next Steps:

- During the 2022 Annual Review, the Work Group will consider the number of Core Measures in the Behavioral Health Hospital and Acute Care Hospital Measure Sets to ensure that general acute care facilities participating in CMS' IPFQR program are not subject to too many measures. The Work Group will pay particular attention to performance variation when considering which measures to retain in the Core for both measure sets.
- Bailit Health will research additional substance use treatment measures for the Outpatient Behavioral Health – Substance Use Treatment Measure Set and bring options back to the Work Group.
- Bailit Health will ask RIDOH who can access the quarterly reports on concurrent use of opioids and benzodiazepines and the Work Group will revisit the measure for the Outpatient Behavioral Health Measure Set and Primary Care Measure Set at a future meeting this summer.
- BCBSRI will look at its data and determine which Outpatient Behavioral Health measures have the largest denominators and have potential to stratify by RELD.

Meeting Notes:

1. Cory King welcomed the Work Group members to the fifth meeting of the 2021 Annual Review. Michael Bailit provided an overview of the meeting agenda.
2. **Follow-up from July 7th and July 14th Meetings**
   a. **Acute Care Hospital RELD Measure**
      i. Michael reminded the Work Group that during the July 7 meeting, the Work Group began discussing inclusion of an RELD measure (health equity measure) for the Acute Care Hospital Measure Set and following the meeting OHIC distributed a proposal recommending inclusion of an Acute Care Hospital REL measure that stratifies *Hospital-wide Readmit*.
      ii. Michael said Bailit Health recommended adding an Acute Care Hospital REL Measure to the Menu Set that stratifies performance for *Hospital-wide Readmit* and asked the Work Group if it agreed.
   b. **Discussion:**
      i. Peter Hollmann asked if hospitals are responsible for reporting data for *Hospital-wide Readmit*, or if the hospitals are dependent on CMS for the data.

ii. Sheila Newquist clarified that hospitals cannot report their own scores; the data are pulled down from CMS' database. Sheila shared that CMS' proposed rule indicated CMS would give confidential data to hospitals in Spring 2022.
iii. Michael suggested treating the measure as an "On Deck" measure, meaning that the measure would be moved into the Menu Set only when CMS publishes stratified data.
iv. Gary Bliss asked if the stratified measure would be reporting-only. Michael clarified that under his modified proposal the measure would not be added to the measure set until CMS has reported stratified data.

c. **Recommendation**: Add an REL measure that stratifies *Hospital-wide Readmit* with "On Deck" status to the Acute Care Hospital Measure Set, and move the measure into the Menu Set when CMS publishes stratified data.

d. **Live Births Weighing Less than 2,500 Grams**
i. Michael reminded the Work Group that during the July 7 meeting, the Work Group discussed whether to add *Live Births Weighing Less than 2,500 Grams* to fill a low birthweight equity gap in the Acute Care Hospital Measure Set. At that time the Work Group recommended reaching out to maternity care experts for feedback on whether the measure should be included in the Acute Care Hospital Measure Set.
ii. Michael summarized feedback from maternity experts Dr. Chloe Zera, Dr. Maureen Hamel and Dr. Methodius Tuuli. Dr. Zera recommended to not include the measure in the Acute Care Hospital Measure Set because low birthweight is a multifactorial outcome, and the measure is a marker of social/structural determinants more than of quality of care. Dr. Hamel, and Dr. Tuuli expressed concerns about the measure because it does not assess the rationale for low birthweight, is not always associated with poor health outcomes, and is not risk-adjusted.
iii. Deepti Kanneganti added that Drs. Hamel and Tuuli asked the Work Group to reconsider the prior recommendation to include the measure in the Maternity Care Set and recommended adding a preterm birth measure. Deepti shared that Bailit Health was not able to find a validated preterm birth measure, although the National Center for Health Statistics has preterm birth data available on state and county level.

e. **Discussion:**
i. Matt Collins mentioned *Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks* but acknowledged it would not capture preterm births as Drs. Hamel and Tuuli intended.
ii. Sheila Newquist suggested keeping watch on the proposed CMS Maternal Morbidity Structural Measure to see if it might address preterm births.

f. **Recommendation**: *Live Births Weighing Less than 2,500 Grams* will not be proposed for inclusion in the Acute Care Hospital Measure Set.

g. **Behavioral Health Hospital Measure Set Proposal**

i. Michael reminded the Work Group that during the July 14th meeting the Work Group recommended applying the Behavioral Health Hospital Measure Set to all facilities that are reporting through the CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program. Michael shared Bailit Health's proposal for how to implement the recommendation:

ii. *Insurer contracts with hospitals participating in CMS' IPFQR program, including general acute care facilities, will be subject to the Behavioral Health Hospital Measure Set.*

iii. *Insurer contracts with general acute care facilities participating in CMS' IPFQR program that are newly subject to the Behavioral Health Hospital Measure Set will also be subject to the Acute Care Hospital Measure Set.*

iv. *To avoid duplication between the Behavioral Health Hospital Measure Set and the Acute Care Hospital Measure Set, OHIC will remove the following behavioral health measures from the Acute Care Hospital Set:*

   a. *30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (Currently a Menu Measure)*
   b. *Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a) (Currently a Menu Measure)*

v. *OHIC will retain Follow-Up After Hospitalization for Mental Illness (7-Day) as a Core measure in the Acute Care Hospital Measure Set and the Behavioral Health Hospital Measure Set. However, all hospitals participating in CMS' IPFQR program are only required to use the measure once in their contracts.*

vi. *During future Annual Reviews, the Work Group will consider the number of Core measures in both measure sets to ensure that general acute care facilities participating in CMS' IPFQR program are not subject to too many Core measures.*

vii. *The Work Group will pay particular attention to performance variation when considering which measures to retain in the Core for both measure sets.*

h. **Discussion:**

   i. Matt Collins supported removing *30-Day All-Cause Unplanned Readmission* from the Acute Care Hospital Measure Set because it applies to inpatient psychiatric facilities but questioned whether *Alcohol & Other Drug Use Disorder Treatment* should be removed given behavioral health is a top driver of readmissions.

   ii. Sheila Newquist agreed with Matt's concern about removing *Alcohol & Other Drug Use Disorder Treatment* in concept but explained that performance data on the measure is pulled from the IPFQR data set, so only acute care hospitals billing as psych units report on the measure.

   iii. Peter Hollmann asked how many general acute care hospitals without psych units have patients hospitalized for mental illness and could report on *Follow-Up After Hospitalization for Mental Illness*. Sheila Newquist said almost all hospitals have data on the measure and there are enough patients in this category to warrant its inclusion in the Acute Care Hospital Measure Set.

i. **Recommendation:** Work Group members endorsed Bailit Health's recommendation for applying the Behavioral Health Hospital Measure Set to all facilities that are reporting through the CMS IPFQR Program.

j. **Next Steps:** During the 2022 Annual Review, the Work Group will consider the number of Core Measures in the Behavioral Health Hospital and Acute Care Hospital Measure Sets to ensure that general acute care facilities participating in CMS' IPFQR program are not subject to too many measures. The Work Group will pay particular attention to performance variation when considering which measures to retain in the Core for both measure sets.

3. **Review Outpatient Behavioral Health Measure Set Measures**
   a. Michael reminded the Work Group that the 2021 Behavioral Health – Mental Health Measure Set includes 14 measures (10 Menu, four Developmental) and the 2021 Behavioral Health – Substance Use Treatment Measure Set includes four measures (one Core, one Menu, two Developmental).
   b. Michael highlighted that the Behavioral Health – Mental Health Measure Set does not have any Core Measures and invited the Work Group to consider which measures might be elevated to Core.
   c. Deepti noted that three of the Developmental measures are HEDIS Electronic Clinical Data System (ECDS) measures and asked the Work Group about readiness to implement ECDS measures.
   d. **Discussion:**
      i. Sheila Newquist said BCBSRI was not ready to go live with any ECDS measures, although data feeds were starting to come in. Sheila noted that the data produced very low scores that probably were not reflective of actual care. Sheila advised the Work Group to be cognizant that NCQA has to-date only published benchmarks for one ECDS measure. Sheila said BCBSRI was closest to having data for *Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults.*
      ii. Peter Hollmann said the ECDS measures were not reliable, and specifically noted that the depression screening results were invalid.
      iii. Sheila Newquist noted that most HEDIS behavioral health measures were ECDS, and not claims-based.
   e. **Discuss Measures with Significant Specification Changes and "Topped Out" Measures (Outpatient Behavioral Health - Mental Health Measure Set)**
      i. Michael shared that there were two measures in the Outpatient Behavioral Health – Mental Health Measure Set that had major status or specification changes in 2021, and one measure that met the definition of "topped out," i.e., it had an absolute rate of 90% or higher, or a statewide average rate that was above the national 90th percentile.

Measure Name	Recommendation	Discussion
Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with	Remove	Michael said CMS had dropped this MIPS measure and recommended use of *Closing the Referral Loop*. Michael observed that this measure seemed more suited to primary care than outpatient behavioral health, however, because it measured primary care receipt of specialist

Measure Name	Recommendation	Discussion
Specific Comorbid Conditions *(Menu)*		information. Peter Hollmann agreed with Michael. Sheila Newquist noted that because the measure was removed from MIPS and there is no data source.
Unhealthy Drug and Alcohol Use: Screening & Brief Counseling *(Menu)*	Retain	Sheila Newquist said data were not publicly reported for the measure and must come from behavioral health providers, who do not often have EHRs that can report quality data to payers. Sheila shared that BCBSRI is investing in behavioral health providers' EHR infrastructure and was close to obtaining *Depression Remission at Six Months* data from pilot practices. Peter Hollmann supported retaining the measure so providers could continue to work toward collecting the data through their EHRs. Matt Collins said a lack of measurement is recognized in the behavioral health world. Stephanie De Abreu supported retaining the measure in the Menu Set.
Follow-Up After Emergency Department Visit for Mental Illness (30-Day) *(Menu)*	Remove	Michael shared that both Commercial and Medicaid performance were above 90th percentile. Peter Hollmann said the measure was not specified for use at the individual provider level and behavioral health providers were not likely to know their patients are in the ED. Gary Bliss said the measure was good for health systems. Sheila Newquist said denominators would be small at the provider level and the measure was better suited for ACO/AEs.

a. Review of Remaining Measures (Outpatient Behavioral Health - Mental Health Measure Set)

Measure Name	Recommendation	Discussion
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment *(Menu)*	Retain	Peter Hollmann asked whether this was a HEDIS measure and Deepti confirmed it was non-HEDIS and that AMA-PCPI was the steward. Sheila Newquist said providers would need to report performance data for the measure.
Antidepressant Medication Management *(Menu)*	Retain	Sheila Newquist supported retaining the measure because it was in use in BCBSRI contracts. Peter Hollmann noted that medication adherence measures are difficult to track and said that providers game the system by prescribing 90 days of a medication. Peter said he wanted to use this measure in the former R.I. Chronic Care Sustainability Initiative (CSI) but could not because practices were dependent on plans to provide fill records.
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment *(Menu)*	Retain	Sheila Newquist said providers would need to report performance data for the measure.
Depression Remission at Six Months *(Menu)*	Retain	Michael noted that the Work Group had conversations during past Annual Reviews about moving from CMS depression measures to NCQA measures. Michael summarized feedback received from Andrea Galgany prior to the meeting - Andrea supported moving toward the NCQA version of the measure. Sheila Newquist says BCBSRI wanted to get to the NCQA version. Sheila said when BCBSRI developed its EHR infrastructure grant program, *Depression Remission at Six Months* was a MIPS measure, and the measure is the one BCBSRI is on the verge of potentially collecting data for in the fall. Sheila explained that BCBSRI chose *Depression Remission at Six Months* instead of *Depression Remission at*

Measure Name	Recommendation	Discussion
		Twelve Months because *Six Months* falls within the range of the NCQA measure. Sheila supported retaining the measure. Peter Hollmann said because of the time period discrepancy between the CMS and NCQA measure only one of the two should be a Core Measure.
Depression Remission or Response for Adolescents and Adults *(Developmental)*	Retain	Michael summarized Peter Hollmann's feedback submitted prior to the meeting that the CMS and NCQA Depression Remission measures had different time periods for remission.
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications *(Menu)*	Remove	Sheila Newquist said the measure denominator was very small for individual providers and small even at the group level. Peter Hollmann said the measure would be used with prescribers, but there aren't many prescribers with contracts with payers. Gary Bliss said the critical mass needed would only be at the community mental health center level. Michael recommended removing the measure if there were not adequate denominators for a commercial population.
Follow-Up After Hospitalization for Mental Illness (7-Day) *(Menu)*	Retain	Matt Collins noted that national performance was low. Peter Hollmann asked how payers were using the measure. Sheila Newquist said BCBSRI tried to use the measure in a pilot, but the denominators were too low. Michael recommended retaining the measure because it was in use by two payers. Gary Bliss said the measure made more sense in an ACO Setting. Michael noted that the measure was in use in three ACO contracts.
Metabolic Monitoring for Children and Adolescents on	Remove	Sheila Newquist said BCBSRI had interest in using this measure, but found denominators were too small. Matt Collins said the more important issue to monitor was

Measure Name	Recommendation	Discussion
Antipsychotics *(Menu)*		children prescribed antipsychotics, not necessarily the metabolic monitoring component. Michael recommended removing the measure because of its small denominator size.
Social Determinants of Health Screen *(Developmental)*	Retain	Michael noted that initial performance data on AE performance would be available this fall.
Unhealthy Alcohol Use Screening and Follow-Up *(Developmental)*	Retain	The Work Group opted to keep the ECDS measures in the Measure Set in the Developmental Set until they become feasible to implement.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults *(Developmental)*	Retain	The Work Group opted to keep the ECDS measures in the Measure Set in the Developmental Set until they become feasible to implement.

b. Michael presented the Work Group with the newly updated Outpatient Behavioral Health – Mental Health Measure Set based on the meeting conversation and asked the Work Group 1) if it wanted to retain all six measures and 2) if it wanted to elevate any of the Menu measures to Core Status. Deepti noted that *Antidepressant Medication Management* and *Follow-up After Hospitalization for Mental illness (7-Day)* were the only measures currently used in contracts.

c. **Discussion**:
   - **i.** Sheila Newquist said it would be hard to elevate any measures to Core status because payers and providers would not be able to create new contracts if behavioral health providers were not able to report on a Core Measure due to technical challenges.

d. **Recommendation:** Do not elevate any Outpatient Behavioral Health – Mental Health Menu Measures to Core status.

e. **Discuss Measures with Significant Specification Changes and "Topped Out" Measures (Outpatient Behavioral Health – Substance Use Treatment Measure Set)**
   - **i.** Deepti shared that there were two measures in the Outpatient Behavioral Health – Substance Use Treatment Measure Set that had major status or specification changes in 2021, and no measures that fit the definition of "topped out," meaning

they had an absolute rate of 90% or higher, or a statewide average rate that was above the national 90th percentile.

Measure Name	Recommendation	Discussion
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (now Initiation and Engagement of Substance Use Treatment) *(Core)*	Retain, move to Menu Set	Deepti summarized the measure's significant specification changes for MY 2022, including the movement to measuring episodes. Gary Bliss asked what constituted an episode. Deepti clarified that the episode was an encounter during the Intake Period with a diagnosis of SUD and for visits that result in an inpatient stay, the inpatient discharge is the SUD episode. Sheila Newquist recommended moving the measure from Core to Menu for a year and monitoring performance trends following the specification changes. Deepti shared that Stephanie De Abreu recommended moving the measure from the Core to the Menu Set because of small denominators and because the measure used a "time from diagnosis" measurement but plans could not validate diagnoses from previous payers. Deepti also said the Massachusetts Substance Use Treatment Work Group did not look favorably upon the measure. Peter Hollmann said the measure would need to be heavily modified to be used in the outpatient behavioral health setting.
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (now Follow-Up After Emergency Department Visit for Substance Use) *(Menu)*	Remove	Deepti summarized the measure's significant specification changes for MY 2022. Sheila Newquist said the measure's denominators were small and the measure was more suitable for ACO/AEs. Matt Collins noted the measure's relevance given the opioid crisis. Deepti noted that if the measure was removed from the Core Set there would only be one measure in the Menu Set. **Next Step**: Bailit Health will research additional substance use treatment measures and bring options back to the Work Group.

a. **Review of Remaining Measures (Outpatient Behavioral Health – Substance Use Treatment Measure Set)**

Measure Name	Recommendation	Discussion
Concurrent Use of Opioids and Benzodiazepines *(Developmental)*	Retain	Deepti reminded the Work Group that in 2019 the Work Group noted that providers did not have access to the data to accurately report performance on this measure. Deepti said that RIDOH shared that providers can obtain data on the number of patients who are concurrently using opioids and benzodiazepines through a quarterly prescription report sent to all providers in RI. Sheila Newquist noted that data collection would still be burdensome for providers. Deepti recommended going back to RIDOH to see who has ability to access the quarterly reports and revisiting the measure for the Outpatient Behavioral Health and Primary Care Measure Sets at a future meeting this summer. **Next Step**: Bailit Health will ask RIDOH who can access the quarterly reports on concurrent use of opioids and benzodiazepines and the Work Group will revisit the measure for the Outpatient Behavioral Health Measure Set and Primary Care Measure Set at a future meeting this summer.
Social Determinants of Health Screen *(Developmental)*	Retain	Michael again noted that initial performance data on AE performance would be available this fall.

4. Discuss Follow-up Tasks from Prior Annual Reviews

a. Deepti Kanneganti reminded the Work Group that during the 2019 Annual Review, the Work Group recommended considering three measures for inclusion in the Outpatient Behavioral Health Measure Set.

Measure Name	Recommendation	Discussion
Pharmacology for Opioid Use Disorder	Revisit measure when ECDS measures become more feasible to use	Sheila Newquist noted that the measure posed the same implementation challenges as the other ECDS measures.

Measure Name	Recommendation	Discussion
Depression Screening and Follow-up for Adolescents and Adults	Add as a Developmental Measure and revisit whether to move into the Menu when ECDS measures become more feasible to use	Deepti reminded the Work Group that the Work Group recommended adopting the NCQA ECDS measure once IMAT completed its pilot of the measure. She reported the pilot was delayed due to COVID-19 and will not have data until Fall 2021 at the earliest. Sheila Newquist and Matt Collins recommended adopting the NCQA measure. Matt said BCBSRI saw a lower screening rate for Blacks in an internal disparities report. Peter Hollmann supported moving towards the NCQA measure.
Screening for Depression and Follow-up Plan	Do not add	Deepti reminded the Work Group that OHIC removed this CMS measure from the Aligned Measure Sets in December 2019 due to implement challenges raised by BCBSRI, specifically because data collection was burdensome. Deepti shared that EOHHS is using the CMS measure in its AE program. Deepti shared that Bailit Health developed a guidance document for the CMS measure in 2021 because CMS did not identify what qualifies as a positive screen that required follow-up and plans and providers had varying interpretations of what constituted "follow-up." Deepti summarized the differences between the CMS and NCQA measure specifications. Peter Hollmann noted that CMS is going to continue the Web interface measures for a couple years.

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

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

Measure Name	Recommendation	Discussion
Tobacco Use: Screening and Cessation Intervention	Do not add	Deepti shared that the Work Group removed this measure from its Aligned Measure Sets during a prior Annal Review because it was not outcome-focused and performance in the OHIC PCMH Measure Set was high.
Medical Assistance with Smoking and Tobacco Use Cessation	Do not add	Sheila Newquist said it would be difficult to implement the measure because it is survey-based.

6. **Discuss Inclusion of a RELD Measure**
   a. Deepti reminded the Work Group that Bailit Health previously shared that the Work Group can recommend stratifying measures in the Aligned Measure Sets by race, ethnicity, language, and/or disability status (RELD).
   b. Deepti asked the Work Group if it recommended adopting an RELD measure for the Outpatient Behavioral Health Aligned Measure Sets, and if so, which measures should be stratified.
   c. **Discussion:**
      i. Peter Hollmann suggested stratifying the ECDS measure because of the shift toward ECDS measures and because RELD data would be easier to collect electronically.
      ii. Sheila Newquist said NCQA had not announced plans to stratify ECDS measures but agreed with Peter that the opportunity to stratify measures in the Outpatient Behavioral Health Measure Set would be greatest for ECDS measures.
      iii. Deepti suggested that an RELD measure could be created based solely on clinical data.
      iv. Matt Collins asked which measure had the greatest disparities by RELD. Michael said answering that question would require modeling. Sheila said as a health plan, BCBSRI did not have good collection of RELD.
      v. Deepti suggested applying statewide race and ethnicity estimates to the behavioral health measures with the largest denominator to model which measures may be viable for stratification. Sheila Newquist offered to look at BCBSRI's data and determine which Outpatient Behavioral Health measures have the largest denominators.
      vi. Michael asked which RI outpatient behavioral health providers were the largest. Sheila Newquist, Matt Collins, and Peter Hollmann mentioned The Providence Center, Gateway, and Thundermist.
   d. **Next Step:** BCBSRI will look at its data and determine which Outpatient Behavioral Health measures have the largest denominators.

e. **Recommendation:** Revisit whether to add an RELD measure to the Outpatient Behavioral Health Measure Set in the future when HEDIS ECDS measures are more feasible.

7. **Public Comment**
   a. Deepti Kanneganti asked for any public comment.
   b. Peter Hollmann said he thought having in-person OHIC Measure Alignment meetings during the ongoing COVID-19 pandemic was inappropriate, a poor example to set as health care organizations, and exclusionary for people with underlying health conditions. Peter said the remote Measure Alignment meetings were effective and it was possible for people without internet to access remote meetings. Peter noted the projections for COVID-19 hospitalizations in Rhode Island.
   c. Sheila Newquist and Stephanie De Abreu agreed with Peter.
   d. Cory King explained that RI law states that members of a public body cannot attend public meetings virtually.
8. **Next Steps**
   a. The Measure Alignment Work Group will reconvene on September 9 from 12:00-2:30pm to discuss OHIC's Primary Care Aligned Measure Set.