

OHIC Aligned Measure Sets 2022 Annual Review

Key Considerations for 2022 Annual Review & Acute Care Hospital Aligned Measure Set

July 18, 2022

Agenda

1. Key Considerations for the 2022 Annual Review

- Overview of the OHIC Aligned Measure Sets
- Revisit Measure Selection Criteria
- Review Definition of “Topped Out” Measures
- Updates on Developmental Measures
- Consider New HEDIS Measures of Interest

Agenda (Cont'd)

2. Review Acute Care Hospital Measure Set Measures

- Discuss Measures with Significant Specification Changes and “Topped Out” Measures
- Review of Remaining Measures
- Discuss Potential New Acute Care Hospital Measures
 - BCBSRI Proposal
 - CMS Health Equity and Maternity Proposals

3. Public Comment

4. Next Steps

Overview of the OHIC Aligned Measure Sets

Overview of the OHIC Aligned Measure Sets

- Rhode Island developed the Aligned Measure Sets for use in commercial provider contracts in 2015.
- The Aligned Measure Sets were developed as a CMS State Innovation Model (SIM) grant activity. They are now insurer regulatory requirements in OHIC's Affordability Standards. Medicaid has committed to voluntarily alignment with the sets.
- As of 2022, there are six measure sets:
 - ACO
 - Acute Care Hospital*
 - Behavioral Health Hospital*
 - Maternity**
 - Outpatient Behavioral Health**
 - Primary Care

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

**Measure Set first developed in 2016. OHIC will defer its review of the Maternity Set until 2023 due to resource constraints.

Overview of the OHIC Aligned Measure Sets (Cont'd)

- The Aligned Measure Sets contain Core, Menu, On-Deck*, and Developmental Measures.
 - Insurers are required to use **Core Measures** in provider contracts which incorporate quality measures with financial implications for performance.
 - Any other quality measures incorporated into contracts are limited to **Menu Measures**.
 - **On-Deck Measures** are those that OHIC plans to include in the Aligned Measure Sets in the two to three years following endorsement to give payers and providers time to prepare for reporting.
 - **Developmental Measures** are those in need of further refinement and/or testing before use in contracts.

*Measure type created during 2021 Annual Review

Overview of the Annual Review Process

- Since the creation of the Aligned Measure Sets, OHIC has held an annual review process for its Measure Alignment Work Group to recommend changes.
- This year's annual review will focus on changes for contract performance periods beginning on or after January 1, 2023.
- The 2022 OHIC Measure Alignment Work Group consists of 33 participating organizations. Only one designee from a list of OHIC Measure Alignment Work Group participating organizations has voting status. A designee must be present at the meeting in order to vote.

Designated Participating and Voting Organizations

OHIC-Designated Organizations

Blackstone Valley Community Health Center*	Providence Center
Blue Cross Blue Shield of Rhode Island*	Providence Community Health Centers*
Brown University	RI Department of Health*
Butler Hospital	RI Medical Society*
Care New England/Integra*	RI Parent Information Network*
Care Transformation Collaborative*	RI Primary Care Physicians Corporation*
Coastal Medical*	RI Quality Institute*
EOHHS/Medicaid*	CharterCARE Provider Group*
HealthCentric Advisors	RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals*
Hospital Association of RI*	Substance Use and Mental Health Leadership Council
Integrated Healthcare Partners*	Thundermist Health Center*
Kent Hospital	Tufts Health Plan*
Lifespan*	UnitedHealthcare*
Neighborhood Health Plan of RI*	Upstream
Optum	Women & Infants Hospital
PCMH-Kids*	WellOne RI
Prospect Health Services of RI*	

*Indicates organization is a voting member

Revisit Measure Selection Criteria

Revisit Measure Selection Criteria

- Following Work Group recommendation, in OHIC adopted 11 measure selection criteria in 2015 for Aligned Measure Set development. A 12th criterion was added in 2017.
- The Work Group recommended that it consider all criteria when evaluating measures, but individual measures not be required to meet each criterion for inclusion in the Measure Sets.
- Finally, the Work Group also recommended four additional criteria to evaluate each Aligned Measure Set as a whole. Two additional criteria to apply to the Aligned Measure Set were added in 2021.

Selection Criteria Specific to Individual Measures

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

Selection Criteria Specific to the Measure Set

1. Representative of the array of services provided by the program
2. Representative of the diversity of patients served by the program
3. Not unreasonably burdensome to payers or providers
4. Broadly address population health
5. Includes topics and measures for which there are known opportunities – based on RI data where available and national data otherwise – to promote health equity by race, ethnicity, language, disability status, economic status and other important demographic and cultural characteristics
6. Includes validated outcome measures, where they exist, including measures sourced from clinical, patient-reported, and administrative data

Work Group Feedback on the Criteria

- OHIC received 2022 feedback from one Work Group member on the selection criteria:
 - One member suggested that measure criteria #11 be modified as follows:
“Sufficient denominator size *for the intended use.*”
 - **Rationale:** The member proposed this edit because a measure may be applicable at the ACO level but not the practice level.
- **Does the Work Group recommend making this change to the measure selection criteria?**

Questions for Consideration

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

Revisit Definition of “Topped Out” Measures

Definition of “Topped Out” Measures

- In 2021, the Work Group agreed to define **“topped out” measures** as those with an absolute rate of 90% or higher, or a statewide average rate that is above the national 90th percentile.
- During the 2022 Annual Review, measures that meet the “topped out” definition will be flagged and discussed at the beginning of each Measure Set conversation.

Assessing Performance during 2022 Annual Review

- During the 2022 Annual Review, we will be presenting **2020 performance data** when assessing topped out measures and opportunity for improvement.
 - We will present 2021 commercial data for HEDIS measures when performance data become available from NCQA later this summer.
- Given the impacts of the COVID-19 pandemic, 2020 performance data should be regarded with caution.
- **We recommend that the Work Group does not make decisions about measures to add/remove solely based on 2020 performance data.**

Updates on Developmental Measures

Updates on Developmental Measures

- One member requested an update on the status of the Developmental Measures.
- There are nine Developmental Measures in the Aligned Measure Sets:

1. *Concurrent Use of Opioids and Benzodiazepines*
2. *Depression Remission or Response for Adolescents/Adults*
3. *Depression Screening and Follow-up for Adolescents/Adults*
4. *Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions*

5. *SDOH Screening*
6. *Statin Therapy for Patients with Cardiovascular Disease*
7. *Substance Use Assessment in Primary Care*
8. *Unhealthy Alcohol Use Screening and Follow-Up*
9. *Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents/Adults*

Updates on Developmental Measures (Cont'd)

1. Two measures were added during the 2021 Annual Review as Developmental. The Work Group will reconsider whether to elevate the measures to the Menu for 2023 when it discuss the Primary Care Measure Set.
 - *Follow-Up After Emergency Department Visit for People With High-Risk Multiple Chronic Conditions*, was added to the Primary Care and ACO Measure Sets in 2021 as an alternative to a homegrown measure (*Enhancing Access for Patients with Chronic Conditions*) suggested by a member.
 - *Substance Use Assessment in Primary Care*, was added to the Primary Care and ACO Measure Sets in 2021 as an alternative to *Initiation and Engagement of Substance Use Treatment* and because substance use is a RI public health priority.

Updates on Developmental Measures (Cont'd)

2. Four measures require **use of electronic clinical data systems**. IMAT was planning to pilot the measures (starting with Depression Screening and Follow-up) using RI's Quality Reporting System (QRS) but is delayed due to COVID, recruitment challenges, and problems with QRS data completeness.
 - Measures include: *Depression Remission or Response for Adolescents/Adults, Depression Screening and Follow-up for Adolescents/Adults, Unhealthy Alcohol Use Screening and Follow-Up, Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents/Adults*
- **Does the Work Group recommend keeping the ECDS Developmental Measures in the Aligned Measure Set and continuing to wait for the IMAT pilots?**

Updates on Developmental Measures (Cont'd)

3. Two measures previously had **challenges associated with accessing the required data** to calculate measure performance. OHIC planned to convene a work group in 2022 to discuss the logistics of creating prescription fill reports but ultimately did not due to resource constraints.
 - These measures are *Concurrent Use of Opioids and Benzodiazepines, Statin Therapy for Patients with Cardiovascular Disease*
- **Does the Work Group recommend retaining these two measures in the Measure Set as Developmental?**
- **If so, does the Work Group still recommend that OHIC convene a work group to discuss the logistics of creating prescription fill reports?**

Updates on Developmental Measures (Cont'd)

4. One measure, *SDOH Screening*, was in development when it was added to the OHIC Aligned Measure Sets. The Work Group delayed inclusion of this measure until EOHHS reported 2020 performance data.

- EOHHS has verified that the measure was operational and yielded valid results (see table below)

	AE Statewide Rate (2019)	AE Statewide Rate (2020)
SDOH Screening	13.9%	28.7%

- In this year's insurer survey, three payers indicating they are using *SDOH Screening* in ACO contracts
- **Does the Work Group recommend moving *SDOH Screening* into the Menu for 2023? (Note: We will be discussing NCQA's proposed SDOH screening measure later in the meeting.)**

Consider New HEDIS Measures of Interest

Consider New HEDIS Measures of Interest

- There are several relatively new HEDIS Measures that the Work Group recommended revisiting during the 2022 annual review when performance data were available:
 - Cardiac Rehabilitation (MY 2020/2021)
 - Follow-up after High-Intensity Care for Substance Use Disorder (MY 2019)
 - Pharmacotherapy for Opioid Use Disorder (MY 2019)
 - Postpartum Depression Screening and Follow-up (MY 2019)*
 - Prenatal Depression Screening and Follow-up (MY 2019)*
 - Prenatal Immunization Status (MY 2018)*
- Performance data are now available for some of these measures. We present the data on the following slide.

MY = Measurement year (the first year NCQA collected data on the new measures)

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

Consider New HEDIS Measures of Interest

Measure Name	Commercial Performance (2020)	Medicaid Performance (2020)
Prenatal Immunization Status	Tdap: 74.2% (between National 50 th and 75 th percentile)	Tdap: 81.8% (above National 90 th percentile)
	Influenza: 44.7% (between National 50 th and 75 th percentile)	Influenza: 54.7 (above National 90 th percentile)
	Combination: 38.4% (below National 50 th percentile)	Combination: 49.4% (above National 90 th percentile)
Pharmacotherapy for Opioid Use Disorder	31.6% (between National 50 th and 75 th percentile)	32.1% (between National 50 th and 75 th percentile)
Follow-up After High Intensity Care for Substance Use Disorder	7-day: 42.4% (below National 50 th percentile)	7-day: 42.4% (between National 50 th and 75 th percentile)
	30-day: 63.8% (below National 50 th percentile)	30-day: 65.4% (between National 75 th and 90 th percentile)

- **Does the Work Group recommend considering one or more of these measures for the applicable measure sets, given this performance?**

Consider New HEDIS Measures of Interest

- NCQA introduced four new measures of interest for MY 2023 (public comment, not final):
 - *Topical Fluoride for Children (TFC)*
 - *Oral Evaluation, Dental Services (OED)*
 - *Social Need Screening and Intervention (SNS-E)*
 - *Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes (EDH)*
 - This measure is not applicable to Aligned Measure Set because it only includes the 65+ population
- OHIC asked the Work Group to consider whether it recommended any of the measures for inclusion in the 2023 Aligned Measure Sets.

Consider New HEDIS Measures of Interest – Topical Fluoride for Children and Oral Evaluation, Dental Services

- Both *Topical Fluoride for Children* and *Oral Evaluation* are specified as Medicaid-only measures and rely on having access to dental claims. Therefore, **Bailit Health does not recommend adding either to the Aligned Measure Set.**

NQF # / Status	Measure Name	Steward	Measure Type	Description
2528 (Endorsed)	Topical Fluoride for Children (Medicaid Only)	NCQA	Process	Percentage of members 1-20 years of age who received at least two topical fluoride applications during the MY.
2517 (Endorsed)	Oral Evaluation, Dental Services (Medicaid Only)	NCQA	Process	Percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the MY.

Consider New HEDIS Measures of Interest – Topical Fluoride for Children and Oral Evaluation, Dental Services (Cont'd)

- One member suggested that RIDOH align its *Fluoride Varnish* measure (in the Primary Care Menu Set) with NCQA's *Topical Fluoride for Children*

– Below is a table with the main specification differences between the two measures.

Category	NCQA Topical Fluoride	RIDOH Topical Fluoride
Fluoride application	At least two topical fluoride applications during the measurement year	One fluoride varnish application in primary care in the 12 months preceding their first, second or third birthday
Ages	1-20 years (with four age stratifications) as of December 31 of the measurement year	Children who turn 1, 2, or 3 years of age between January 1 and December 31 of the measurement year

Consider New HEDIS Measures of Interest – SDOH Screening

- NCQA has proposed an SDOH screening measure for MY 2023.
 - Final measure specifications are scheduled to be released on August 1st.

NQF # / Status	Measure Name	Steward	Measure Type	Description
NA	Social Needs Screening and Intervention	NCQA	Process	<p>Percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive. Six rates are reported:</p> <ol style="list-style-type: none">1. Food screening2. Food intervention3. Housing screening4. Housing intervention5. Transportation screening6. Transportation intervention

Consider New HEDIS Measures of Interest – SDOH Screening (Cont'd)

- NCQA is considering phasing in the different components and modifying the follow-up time frame (currently proposed as 30 days).
- NCQA has a list of approved screening tools for each component, which it is considering expanding based on public comment.
 - NCQA also has a definition for what is considered a “positive need” based on each survey/question.
- The SDOH measure aligns with HL7 FHIR and can only be reported electronically.

Note: RI's Aligned Measure Sets already contain the homegrown *SDOH Screening* measure. We will present a summary of the differences between NCQA and RI's SDOH measures shortly.

Consider New HEDIS Measures of Interest – SDOH Screening (Cont'd)

- One member commented that OHIC should not add NCQA's *Social Needs Screening and Intervention* to the Aligned Measure Set.
 - **Rationale:** The measure seems labor-intensive and post-screening follow-ups are not cleanly tracked.
- One member supported adding *Social Needs Screening and Intervention* as a Developmental Measure and/or aligning RI's homegrown *SDOH Screening* with NCQA's measure.
- The table on the following slides summarizes the key differences between NCQA and RI's SDOH screening measures.

Consider New HEDIS Measures of Interest – SDOH Screening (Cont'd)

	NCQA	Rhode Island
Stratification	Age (<17 years, 18-64 years, 65 and older, and Total)	None
Data source	Aligns with FHIR and can only be reported electronically	Clinical data
Approved Screening Tools	List of approved screening tools for each component (NCQA is considering expanding the list based on public comment) and definition for what is considered a positive need based on each survey / question	For organizations participating in the Medicaid Accountable Entity (AE) program, the screening tool must be approved by EOHHS to count as meeting numerator requirements.
Product Lines	Medicaid, Commercial	Medicaid, Commercial, Medicare

Consider New HEDIS Measures of Interest – SDOH Screening (Cont'd)

	NCQA	Rhode Island
Exclusions	<p>Members in hospice or using hospice services during the measurement period. Members who meet either of the following:</p> <ul style="list-style-type: none"> • Enrolled in an Institutional SNP (I-SNP) • Living long-term in an institution 	<p>Patients in hospice care, refused to participate</p>
Unit of Measurement	<p>Individual level</p>	<p>Screens should be performed at the individual patient level for adults and adolescents.</p> <p>Screens may be performed at the individual patient level or the household level for all children 12 and under residing in one household, so long as the screening is documented in each child's medical record.</p>

Consider New HEDIS Measures of Interest – SDOH Screening (Cont'd)

	NCQA	Rhode Island
Event/Diagnosis	None	The patient has been seen by an AE/ACO-affiliated primary care clinician anytime within the last 12 months
Domains	<ul style="list-style-type: none"> -Food security -Housing security -Transportation 	<ul style="list-style-type: none"> -Housing insecurity -Food insecurity -Transportation -Interpersonal violence -Utility assistance
Intervention	<p>Includes intervention component for each domain</p> <p>No definition for what qualifies as an intervention except that it must be within 30 days after the positive screen</p>	None

Review Acute Care Hospital Measure Set Measures

The Acute Care Hospital Measure Set

- The 2022 Acute Care Hospital Aligned Measure includes fifteen measures:
 - **There are six Core Measures:**
 - *CAHPS Survey (HCAHPS)*
 - *Catheter-Associated Urinary Tract Infection (HAI-2)*
 - *Central Line-Associated Blood Stream Infection (HAI-1)*
 - *Clostridium Difficile (C.diff.) Infection (HAI-6)*
 - *Follow-Up After Hospitalization for Mental Illness (7-Day)*
 - *Hospital-wide Readmission (RADM-30-HOSP-WIDE)*

The Acute Care Hospital Aligned Measure Set (Cont'd)

- The 2022 Acute Care Hospital Aligned Measure includes fifteen measures:
 - **There are seven Menu Measures:**
 - *Cesarean Rate for Nulliparous Singleton Vertex (PC-02)*
 - *Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)*
 - *Follow-Up After Emergency Department Visit for Mental Illness*
 - *Follow-Up After Emergency Department Visit for Substance Use*
 - *Harmonized Procedure-Specific Surgical Site Infection (SSI) Outcome Measure – HAI-3: SSI: Colon – Surgical Site Infection for Colon Surgery and HAI-4: SSI: Hysterectomy – Surgical Site Infection for Abdominal Hysterectomy*
 - *Methicillin-resistant Staphylococcus Aureus Blood Infections (HAI-5)*
 - *Severe Sepsis and Shock: Management Bundle (SEP-1)*

The Acute Care Hospital Aligned Measure Set (Cont'd)

- The 2022 Acute Care Hospital Aligned Measure includes fifteen measures:
 - **There is one On-Deck Measure:**
 - Hospital-wide Readmission, stratified by race, ethnicity and language
 - **There is one Developmental Measure:**
 - Social Determinants of Health Screening

Process for Gathering Data for the 2022 Annual Review

- For this year's annual review, Bailit Health updated its **equity review** research for each measure:
 - 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 have 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 2022 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.
- **Use by RI Payers:** We surveyed RI insurers and asked them to identify which measures they are using in 2022 contracts. The following slides include data for the four major insurers in RI.

Process for Gathering Data for the 2022 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 the CDC, CMS and The Joint Commission.

- **Commercial and Medicaid:** Weighted average plan performance from 2020 Quality Compass

Key:			
<50th	Between 50th and 75th	Between 75th and 90th	≥90th

- **RI and National:** Hospital performance data from the CDC (2020), CMS (2020-2021) and The Joint Commission (2020-2021)

Key:		
RI performance inferior to national performance	RI performance equal 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 during the past year.
- There are five 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.
 1. *Central Line-Associated Blood Stream Infection (HAI-1)*
 2. *Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)*
 3. *Follow-Up After Hospitalization for Mental Illness (7-Day)*
 4. *Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure – HAI-3 & HAI-4*
 5. *Methicillin-resistant Staphylococcus Aureus Blood Infections (HAI-5)*

Central Line-Associated Blood Stream Infection (HAI-1) (Core)

Equity Analysis: Race/Ethnicity

U.S. study of HAI infections (including CLABSI): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No change	None	4 (Acute Care Contracts)	0.68	0.85

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

Equity Analysis: 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 (2020)	National Performance (2020)
No change	Maternity Care (Menu)	3 (Acute Care Contracts) 1 (Maternity Care Contract)	1.5%	2.2%

Follow-Up After Hospitalization for Mental Illness (7-Day) (Core)

Equity Analysis: Race/Ethnicity

U.S. study of follow-up treatment following inpatient psychiatric treatment: Blacks were less likely than Whites to receive follow-up care (OR* = 0.45 for 30-day follow-up)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2020)	Medicaid Performance (2020)
Minor changes	ACO (Core); Behavioral Health Hospital (Core); Outpatient Behavioral Health – Mental Health (Core)	3 (ACO Contracts) 2 (Acute Care Contracts) 3 (BH Hospital Contracts) 2 (Outpatient BH Contracts)	63.4% (above 90 th percentile)	56.9% (above 90 th percentile)

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

Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure – HAI-3 & HAI-4 (Menu)

Equity Analysis: Insurance Status and Income

U.S. study of surgical site infection (SSI) rates: For colectomy, Medicaid insurance status and living in a low-income zip code was associated with higher SSI rates after colectomy after risk adjustment. For hysterectomy, no social risk factors had statistically significant associations with SSI after risk adjustment.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No change	None	2 (Acute Care Contracts)	HAI-3: 0.80	HAI-3: 0.81
			HAI-4: 0.56	HAI-4: 0.90

Methicillin-resistant Staphylococcus Aureus Blood Infections (HAI-5) (Menu)

Equity Analysis: Race/Ethnicity

U.S. study of HAI infections (including MRSA): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No change	None	3 (Acute Care Contracts)	0.82	0.94

Review of Remaining Measures

- The following measures in the Acute Care Hospital Measure Set:
 - have either no or minor specification changes,
 - have opportunity for improvement or unknown opportunity due to lack of publicly available performance data.
- For each measure, consider whether you recommend:
 - retaining the measure,
 - removing the measure, or
 - changing the measure's status (e.g., move from Menu to Core).

CAHPS Survey (HCAHPS) (Core)

Equity: Race/Ethnicity	Equity: Language		Equity: Disability Status	
<p><i>CG CAHPS:</i> MA health system performance: All racial/ethnic minorities had lower scores than Whites on Care Coordination, Provider Communication, and Provider Rating; Asians had lower patient experience on all ambulatory composite</p>	<p><i>CG CAHPS:</i> MA health system performance: Non-English-speaking patients had lower scores on Care Coordination, Provider Communication, and Provider Rating</p>		<p><i>National Adult Medicaid (NAM) CAHPS*:</i> U.S. study: Dually eligible members with a disability were more likely (14%) to report being unable to get needed health care compared to those without a disability (10%)</p>	
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No change	ACO (Menu); Primary Care (Menu)	3 (Acute Care Contracts)	See next slide	See next slide

HCAHPS (Cont'd)

Survey Question	RI Performance (2020*)	National Performance (2020*)
Room was always clean	71%	73%
Nurses always communicated well	78%	80%
Doctors always communicated well	78%	81%
Patients always received help as soon as they wanted	61%	67%
Staff always explained medicines	60%	63%
Patients who "Strongly Agree" they understood their care when they left the hospital	49%	52%
Staff gave discharge information	86%	84%
Overall rating of 9 or 10	69%	73%
Always quiet at night	54%	63%
Patients would definitely recommend the hospital	70%	71%

*The January 2022 HCAHPS scores are based on three quarters of data (Q3 2020, Q4 2020, and Q1 2021) rather than the customary four quarters.

Catheter-Associated Urinary Tract infection (HAI-2) (Core)

Equity Analysis: Race/Ethnicity

U.S. study of HAI infections (including CAUTI): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No change	None	4 (Acute Care Contracts)	0.99	0.75

Clostridium Difficile (C.diff.) Infections (HAI-6) (Core)

Equity Analysis: Race/Ethnicity

U.S. study of HAI infections (including C.diff): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

U.S. study of C.diff incidence and mortality: Incidence was higher for White patients; however, Black race was associated with higher mortality (7.4% vs. 7.2%), length of stay (57% vs. 52%), and severe infection (24% vs. 19%).

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No change	None	4 (Acute Care Contracts)	0.71	0.52

Hospital-wide Readmit (READM-30-HOSP-WIDE) (Core)

Equity Analysis: Race/Ethnicity

Plan All-Cause Readmission:

CA Medicaid managed care: Readmission rate 4.4 percentage points lower for Whites than Blacks

U.S. study: Likelihood of readmission higher among Blacks than Whites (OR* = 1.05)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
Minor changes	ACO (Menu)	4 (Acute Care Contracts) 2 (BH Hospital Contracts)	16.1%	15.5%

Note: A health equity measure that stratifies performance for hospital-wide readmission is “On-Deck” to be moved to the Menu Set when CMS publishes stratified data.

*Data from the 1st and 2nd quarters of 2020 are not being reported due to the impact of the COVID-19 pandemic.

Cesarean Rate for Nulliparous Singleton Vertex (PC-02) (Menu)

Equity Analysis: 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 (2020)	National Performance (2020)
No change	Maternity Care (Menu)	1 (Acute Care Contract)	30.4%	25.4%

Follow-Up After Emergency Department Visit for Mental Illness (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
U.S. study of follow-up after mental health ED discharge: Odds of follow-up lower for Blacks compared to Whites (OR* = 0.83 for 7-day, OR = 0.76 for 30-day)		U.S. study of follow-up after mental health ED discharge: Odds of follow-up lower for beneficiaries who qualified for Medicaid on basis of income rather than disability (OR = 0.87 for 7-day, OR = 0.86 for 30-day)		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2020)	Medicaid Performance (2020)
Minor changes	ACO (Menu)	2 (Acute Care Contracts)	58.4% (7-Day)(above 90th percentile)	64.3% (7-Day)(above 90th percentile)
		2 (BH Hospital Contracts) 2 (Outpatient BH Contracts)	71.6% (30-Day)(between 75th and 90th percentiles)	75.9% (30-Day)(above 90th percentile)

Does the Work Group recommend specifying the 7-day or 30-day rate for this measure?

Follow-Up After Emergency Department Visit for Substance Use (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p>U.S. study of follow-up after SUD ED discharge: Odds of follow-up higher among Blacks compared to Whites (OR = 1.34 for 7-day, OR = 1.15 for 30-day)</p>		<p>U.S. study of follow-up after SUD ED discharge: Odds of follow-up higher among people who qualified for Medicaid on the basis of income rather than disability (OR = 1.52 for 7-day, OR = 1.56 for 30-day)</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2020)	Medicaid Performance (2020)
<p>Major changes (moved from Core to Menu Set in 2021 due to the changes). The Work Group will consider moving the measure back to the Core Set after NCQA publishes performance using revised specifications</p>	<p>ACO (Menu)</p>	<p>2 (Acute Care Contracts) 2 (BH Hospital Contracts)</p>	<p>11.0% (7-Day) (between 50th and 75th percentiles)</p>	<p>14.0% (7-Day) (between 50th and 75th percentiles)</p>
			<p>18.3% (30-Day) (between 50th and 75th percentiles)</p>	<p>23.4% (30-Day) (between 50th and 75th percentiles)</p>

Does the Work Group recommend specifying the 7-day or 30-day rate for this measure?

Severe Sepsis and Septic Shock: Management Bundle (SEP-1) (Menu)

Equity Analysis: Race/Ethnicity

U.S. rates of adverse patient safety events: Black patients contracted postoperative sepsis at a rate 2.2 cases per 1,000 at-risk discharges higher than the rate for white patients

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020*)	National Performance (2020*)
No change	None	2 (Acute Care Contracts)	53%	57%

*Data from the 1st and 2nd quarters of 2020 are not being reported due to the impact of the COVID-19 pandemic.

Social Determinants of Health Screening (Developmental)

Equity Analysis: Race/Ethnicity

Negative Social Determinants of Health contribute to health inequities.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2020)	Medicaid Performance (2020)
No change	ACO; Primary Care; Outpatient Behavioral Health – Mental Health; Outpatient Behavioral Health – Substance Use Treatment (Developmental)	3 (ACO Contracts)	NA	NA

Note: The measure specifications only include patients screened by a primary care clinician, thus it would not be applicable to the Acute Care Hospital Measure Set unless the denominator is modified.

Discuss Potential New Hospital Measures: BCBSRI Proposal and CMS Health Equity and Maternity Hospital Measure Proposals

Discuss Work Group Proposal – PSI-90

- BCBSRI has proposed that *Patient Safety Indicators (PSI-90)* be added as a Menu Measure to the Acute Care Hospital Set (see measure details on the following slide).
 - **Rationale:**
 - This measure had been raised in the past but not selected because, at the time, the conversion to ICD-10 codes was making data unstable. That issue is no longer of concern.
 - The CMS data refresh of January 2022, shows that RI performance ranges from the 2nd to the 88th percentiles. Of the 10 eligible hospitals, 8 perform below the 50th percentile suggesting room for improvement.
 - BCBSRI believes this is an important patient safety measure that would enhance the measure set.

Discuss Work Group Proposal – PSI-90 (Cont'd)

Equity Analysis: Race/Ethnicity

U.S. rates of adverse patient safety events: Black patients contracted postoperative sepsis at a rate 2.2 cases per 1,000 at-risk discharges higher than the rate for white patients

Measure Name	NQF # (Endorsement Status)	Steward	Description	Data Source
Patient Safety for Selected Indicators (PSI-90)	0531 (Endorsed)	AHRQ	A composite measure of potentially preventable adverse events for selected indicators. The weighted average of the observed-to-expected ratios for the indicators listed below.	Claims

- PSI #3 Pressure Ulcer Rate
- PSI #6 Iatrogenic Pneumothorax Rate
- PSI #8 In Hospital Fall with Hip Fracture Rate
- PSI #9 Perioperative Hemorrhage or Hematoma Rate
- PSI #10 Postoperative Acute Kidney Injury Requiring Dialysis Rate
- PSI #11 Postoperative Respiratory Failure Rate
- PSI #12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- PSI #13 Postoperative Sepsis Rate
- PSI #14 Postoperative Wound Dehiscence Rate
- PSI #15 Accidental Puncture or Laceration Rate

Discuss CMS Health Equity and Maternity Proposals

- BCBSRI suggested that the Work Group discuss CMS' Hospital Commitment to Health Equity and Maternity Designation, and specifically whether the associated Hospital Inpatient Quality Reporting (IQR) measures should be queued for future (2024) use.
 - **Background:** In April 2022, CMS issued a proposed rule for inpatient and long-term care hospitals. The proposed rule introduces three equity-focused measures in hospital quality programs, creates a hospital designation to identify “birthing friendly hospitals” and adds two additional maternal quality measures to the Hospital IQR program (summary of these proposals on the following slides).

Discuss CMS Health Equity and Maternity Proposals (Cont'd)

- ***CMS Hospital Commitment to Health Equity*** measure:
 - This measure assesses a hospital's commitment to establishing a culture of equity and delivering more equitable health care by capturing concrete activities across five key domains, including (1) strategic planning, (2) data collection, (3) data analysis, (4) quality improvement, and (5) leadership engagement.
 - CMS is proposing this measure for the CY 2023 reporting period.
- ***CMS Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health*** measures:
 - These two measures capture screening and identification of patient-level, health-related social needs (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety).
 - CMS is proposing voluntary reporting beginning in CY 2023 and mandatory reporting beginning with the CY 2024 reporting period.

Discuss CMS Health Equity and Maternity Proposals (Cont'd)

- CMS “Birthing Friendly” hospital designation:
 - Hospitals will be designated as “birthing friendly” hospitals if they report “Yes” to both questions in the Maternal Morbidity Structural measure. The measure would initially be based only on data from hospital reporting an affirmative attestation to the Maternal Morbidity Structural measure, but CMS plans to propose a more robust set of criteria in the future.
 - CMS is proposing to publicly report this designation beginning in Fall 2023.
- CMS *Cesarean Birth and Severe Obstetric Complications* eCQMs:
 - CMS is proposing that these two eCQM measures be added to the Hospital IQR Program measure set.
 - CMS is proposing these measures for the CY 2024 reporting period.
 - Both measure would be stewarded by the Joint Commission
 - **Note:** The Joint Commission’s Cesarean Rate (PC-02) is in the Acute Care Hospital and Maternity Care measure sets.

Other New Acute Care Hospital Measure Proposal

- Do any members of the Work Group wish to propose any other additions to the Acute Care Hospital Measure Set?

Public Comment

Next Steps

Next Steps

2

**7/25, 10am - 12pm
Acute Care Hospital Set (continued)
Behavioral Health Hospital Set**

3

**8/15, 10am - 12pm
Outpatient Behavioral Health Set**

4

**8/29, 10am - 12:30 pm
Primary Care Set**

5

**9/12, 10am - 12:30pm
ACO Set
Wrap-up**