



# Measure Alignment Work Group Key Considerations for the Annual Review & Acute Care Hospital Measure Set Meeting Summary

July 18, 2022, 10:00 A.M. to 12:00 P.M.

## Summary of Recommendations:

- The Work Group recommended modifying measure selection criteria #11 to read: “sufficient denominator size for the intended use.”
- The Work Group recommended retaining the ECDS measures in the Aligned Measure Sets until IMAT piloted the measures.
- The Work Group recommended a) removing *Concurrent Use of Opioids and Benzodiazepines* as a Developmental Measure, and b) having OHIC convene a work group to discuss how to obtain prescription fill reports for *Statin Therapy for Patients with Cardiovascular Disease*.
- The Work Group will consider *Prenatal Immunization Status*, *Pharmacotherapy for Opioid Use Disorder*, and *Follow-up After High Intensity Care for Substance Use Disorder* for 2023 for the applicable measure sets.
- The Work Group recommended allowing both the 7-day and 30-day rates for *Follow-up After Emergency Department Visit for Mental Illness*.

## Summary of Next Steps:

- The Work Group will consider *Topical Fluoride Varnish* for inclusion in the Primary Care Measure Set when specifications have been finalized and when performance data become available from NCQA.
- Bailit Health will follow-up with Robin Neale to confirm whether hospitals can stratify *Elective Delivery Prior to 39 Completed Weeks Gestation* by race.
- Bailit Health will follow-up with Jay Buechner about stratified performance for *Follow-Up After Hospitalization for Mental Illness (7-Day)*.

## Meeting Notes:

Protecting Consumers • Engaging Providers • Improving the System • Ensuring Solvency

## 1. Welcome and Introductions

- a. Cory King welcomed Work Group members and gave logistical meeting updates.

## 2. Overview of the OHIC Aligned Measure Sets

- a. Michael Bailit gave an overview of the OHIC aligned measure sets and the annual review process.

## 3. Revisit Measure Selection Criteria

- a. Michael reviewed the Work Group's previously adopted 12 selection criteria to evaluate individual quality measures and the six criteria to evaluate the measure set as a whole. Michael shared Peter Hollman's suggestion that measure criterion #11 be modified to read "sufficient denominator size *for the intended use.*"

### b. Discussion

- i. Sheila Newquist, Andrea Galgay, J Gates shared their perspectives on the proposal.
- ii. Cory King asked whether accepting the change would cause some measures to be dropped or have implications for insurers. Michael said the edit was primarily a clarification and recommended making the change.
- iii. **Recommendation:** The Work Group recommended modifying measure selection criteria #11 to read: "sufficient denominator size for the intended use."
- c. Michael asked the Work Group if it wished to make any additional changes to the measure selection criteria. No changes were recommended.

## 4. Review Definition of "Topped Out" Measures

- a. Michael reminded the Work Group of the group's definition of "topped out" measures, i.e., an absolute value of 90% or higher and/or a statewide average rate that is above the national 90<sup>th</sup> percentile.

### b. Discussion:

- i. Renee Altman Nefussy noted that a measure could be in the 90<sup>th</sup> percentile nationally but have low overall rates with opportunity for improvement.

## 5. Updates on Developmental Measures

- a. Michael shared updates on the electronic clinical data system (ECDS) Developmental measures in the Aligned Measure Set. Michael said that four measures required the use of ECDS, and that IMAT was planning to pilot the measures (starting with *Depression Screening and Follow-up*) using RI's Quality Reporting System (QRS) but was delayed due to COVID, recruitment challenges, and problems with QRS data completeness. Michael asked whether the Work Group recommended keeping the ECDS Developmental Measures in the Aligned Measure Set and continuing to wait for the IMAT pilots.

### b. Discussion:

- i. Gary Bliss, Sheila Newquist, and Andrea Galgay supported keeping the ECDS Developmental Measures in the Aligned Measure Sets.
  - ii. **Recommendation:** The Work Group recommended retaining the ECDS measures in the Aligned Measure Sets until IMAT piloted the measures.
- c. Michael shared updates on the prescription fill Developmental Measures in the Aligned Measure Set. Michael said 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. Michael asked if the Work Group recommended retaining *Concurrent Use of Opioids and Benzodiazepines* and *Statin Therapy for Patients with Cardiovascular Disease* in the Measure Set as Developmental; and if so, whether the Work Group still recommended that OHIC convene a work group to discuss the logistics of creating prescription fill reports.
- d. **Discussion:**
  - i. Sheila Newquist noted that *Concurrent Use of Opioids and Benzodiazepines* denominators were very small. Jay Buechner agreed.
  - ii. Jay Buechner said he thought there were better opioid-related measures than *Concurrent Use of Opioids and Benzodiazepines* but said it was important to have prescription fill information for *Statin Therapy for Patients with Cardiovascular Disease*.
  - iii. Theresa Paiva Weed recommended that if OHIC convenes a work group to discuss prescription fill measures, a pharmacy representative be included.
  - iv. **Recommendations:** The Work Group recommended a) removing *Concurrent Use of Opioids and Benzodiazepines* as a Developmental Measure, and b) having OHIC convene a work group to discuss how to obtain prescription fill reports for *Statin Therapy for Patients with Cardiovascular Disease*.
- e. Michael shared updates on the *Social Determinants of Health (SDOH) Screening* Developmental Measures in the Aligned Measure Set. Michael reminded the Work Group that it had recommended delaying inclusion of the measure until EOHHS reported 2020 performance data. Michael shared that EOHHS had verified that the measure was operational and shared 2019-2020 AE Statewide performance. Michael delayed discussion of the *SDOH Screening* measure until later in the meeting.

## 6. Consider New HEDIS Measures of Interest

- a. Michael reminded the Work Group that during the 2021 Annual Review process, it considered the following new HEDIS measures for inclusion in the Aligned Measure Sets, but recommended waiting to include any of the measures until performance data were available:
  1. *Cardiac Rehabilitation*
  2. *Follow-up after High-Intensity Care for Substance Use Disorder*
  3. *Pharmacotherapy for Opioid Use Disorder*
  4. *Postpartum Depression Screening and Follow-up*
  5. *Prenatal Depression Screening and Follow-up*
  6. *Prenatal Immunization Status*

- b. Michael shared opportunity for improvement for the new HEDIS measures with available performance (all except *Cardiac Rehabilitation* and *Prenatal and Postpartum Depression Screening*).
- c. Michael asked if the Work Group recommended considering one or more of the new HEDIS measures for the applicable measure sets given the performance data.
- d. **Discussion**
  - i. Stacey Aguiar noted that for MY 2019, NCQA allowed “COVID logic”, i.e., health plans were either able to report MY 2018 or MY 2019 depending on which rate was higher.
  - ii. Garry Bliss recommended that the new HEDIS measures be considered for the applicable measure sets.
  - iii. **Next Step:** The Work Group will consider *Prenatal Immunization Status*, *Pharmacotherapy for Opioid Use Disorder*, and *Follow-up After High Intensity Care for Substance Use Disorder* for 2023 for the applicable measure sets.
- e. Michael shared that NCQA introduced four new measures of interest for MY 2023.
  1. Topical Fluoride for Children
  2. Oral Evaluation, Dental Services
  3. Social Need Screening and Intervention
  4. Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes
- f. Michael said that Bailit Health recommended not adding *Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes* to the Aligned Measure Sets because the measure only included the 65+ population.
- g. Michael said that Bailit Health recommended against adding either *Topical Fluoride for Children* or *Oral Evaluation* to the Aligned Measure Sets because they were specified as Medicaid-only measures and relied on having access to dental claims.
- h. Michael shared that one Work Group member suggested that RIDOH align its *Fluoride Varnish* measure with NCQA’s new *Topical Fluoride for Children* measure.
- i. **Discussion**
  - i. Jay Buechner asked if OHIC regulated dental insurers. Cory King said OHIC did not have any regulations that applied to dental contracts.
  - ii. Sam Zwetchkenbaum noted that dental caries led to costly care for children and recommended retaining *Fluoride Varnish* in the Aligned Measure Sets. Sam also noted that NCQA’s measure could be applied only to primary care, and recommended aligning with NCQA’s measure in the future.
  - iii. **Next Step:** The Work Group will consider *Topical Fluoride Varnish* for inclusion in the Primary Care Measure Set when specifications have been finalized and when performance data become available from NCQA.
- j. Michael shared that NCQA had proposed an SDOH screening measure for MY 2023. Michael summarized the differences between NCQA’s SDOH screening measure and RI EOHHS’ SDOH screening measure (currently a Developmental Measure in the Aligned Measure Sets).
- k. **Discussion:**

- i. Garry Bliss noted that none of NCQA’s specified screening instruments had been validated.
- ii. Sheila Newquist noted that final measure specifications would not be released until August and benchmarks would not be available for two years. Michael said that the measure, although not finalized, may influence whether the group recommended moving the EOHHS’ *SDOH Screening* into the Menu Set.
- iii. Stacey Aguiar noted that NCQA’s SDOH measure would be a huge lift for providers.

**7. Acute Care Hospital Measure Set Measures**

- a. Michael reminded the Work Group that the 2022 Acute Care Hospital Aligned Measure Set included fifteen measures (six Core, seven Menu, and one On-Deck and one Developmental).
- b. Michael summarized the equity review and opportunity-for-improvement review that Bailit Health conducted for each measure. He shared that Bailit Health also researched measure status and specification changes and surveyed RI insurers to identify which measures they were using in contracts.
- c. **Discuss Measures with Significant Specification Changes and “Topped Out” Measures**
  - i. Michael said there were no measures that had major status or specification changes in 2022 and five measures were “topped out,” i.e., has an absolute rate of 90% or higher, and/or a statewide average rate that is above the national 90<sup>th</sup> percentile.

Measure Name	Recommendation	Discussion
Central Line-Associated Blood Stream Infection (HAI-1)	Retain	Robin Neale supported retaining the measure despite its high performance because it took years of process work to attain the high performance. Robin described the measure as “volatile” and noted that national performance slipped as a result of COVID-19. J Gates agreed with Robin.
Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)	Retain	Robin Neale spoke in favor of retaining the measure because of disparities and for the sake of maintaining the work that had gone into improving performance. Sheila Newquist supported Robin’s comments and noted that there were very few maternity measures for payers to use and said she would not want to take the “pedal off the gas.”  Michael noted that measure performance had improved significantly over time and wondered whether focusing on further improvement was a good use of energy.  Theresa Paiva Weed supported retaining the measure and said that hospitals nationally had made the measure a health equity priority.

Measure Name	Recommendation	Discussion
		<p>Michael wondered whether the measure should be modified to be an equity measure. Sheila Newquist noted that CMS had not stratified this measure.</p> <p>Pano Yeracaris noted that RI was one of the worst states in terms of perinatal morbidity.</p> <p>Michael said that RI hospitals with maternity care could stratify this measure. Robin Neale said they could report on the race of the women who failed the measure. Robin said she did not know if they could statistically report stratification because it was a low-volume measure.</p> <p><b>Next Step:</b> Bailit Health will follow-up with Robin Neale to confirm whether hospitals can stratify <i>Elective Delivery Prior to 39 Completed Weeks Gestation</i> by race.</p>
Follow-Up After Hospitalization for Mental Illness (7-Day)	Retain	<p>Jay Buechner said RI's rates are higher compared to the national rates, but he hesitated to remove the measure because the measure drives readmissions.</p> <p>J Gates noted the deep disparities by race found in the equity review. J noted that even though the measure was topped out based on national performance, there was still room for improvement.</p> <p>Michael said that if the measure was retained, providers must try to improve performance. He stated that providers can't advocate for keeping a measure because there is room for improvement, and then argue against requiring improvement because performance is high relative to national benchmarks, as sometimes has happened.</p> <p>Garry Bliss said his greatest concern was the risk to AEs if the measure applied to AEs but was removed for hospitals. Robin Neale recommended retaining the measure and said it was not easy to achieve and maintain 90<sup>th</sup> percentile performance.</p> <p>Michael asked about REL data availability. Sheila Newquist said BCBSRI's REL data availability ranged from 30-50%, varying by measure. Jay Buechner said NHPRI's enrollment file from EOHHS had about 50% REL data, but NHPRI has raised its completeness to 89% by using additional data sources. Jay said NHPRI had stratified this measure.</p> <p><b>Next Step:</b> Bailit Health will follow-up with Jay Buechner about stratified performance for <i>Follow-Up After Hospitalization for Mental Illness (7-Day)</i>.</p>

Measure Name	Recommendation	Discussion
		<p>Sheila Newquist said BCBSRI had conversations with hospitals that struggled to improve beyond the national 90<sup>th</sup> percentile but noted that the measure had been trending downwards. Sheila also said this measure was one of few behavioral health measures.</p> <p>Theresa Paiva Weed noted that performance would likely worsen due to COVID-19. Robin Neale agreed.</p> <p>Jim Brenner spoke in favor of retaining the measure because EOHHS reported the measure to CMS as part of its directed payment program.</p>
Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure – HAI-3 & HAI-4	Retain	Sheila Newquist supported retaining the measure because of opportunity for improvement.
Methicillin-resistant Staphylococcus Aureus Blood Infections (HAI-5)	Retain	Sheila Newquist supported retaining the measure because of opportunity for improvement.

**d. Review of Remaining Measures**

Measure Name	Recommendation	Discussion
CAHPS Survey (HCAHPS)	Retain	Retained due to opportunity for improvement; no comments from Work Group members.
Catheter-Associated Urinary Tract Infection (HAI-2)	Retain	Retained due to opportunity for improvement; no comments from Work Group members.
Clostridium Difficile (C.diff.) Infections (HAI-6)	Retain	Retained due to opportunity for improvement; no comments from Work Group members.
Hospital-wide Readmit	Retain	Retained due to opportunity for improvement; no comments from Work Group members.
Cesarean Rate for Nulliparous Singleton Vertex (PC-02)	Retain	Retained due to opportunity for improvement; no comments from Work Group members.

Measure Name	Recommendation	Discussion
Follow-up After Emergency Department Visit for Mental Illness	Retain, allow both the 7-day and 30-day rates	<p>Michael asked whether the group wanted to specify a 7-day or 30-day rate for this measure.</p> <p>J Gates recommended the 30-day rate because it had more room for improvement, and he said not all patients need a 7-day follow-up.</p> <p>Sheila Newquist said BCBSRI used both rates in contracts because the Aligned Measure Set did not specify a rate, there were differences in performance between the two rates, and because there were so few behavioral health-related measures.</p> <p>Garry Bliss recommended the 30-day rate because of the reporting delay.</p> <p>Robin Neale and Stephanie De Abreu recommended keeping both rates.</p> <p>The Work Group discussed who should get credit for RI's improvement on this measure. Work Group members noted that providers should get much of the credit but acknowledged that the measure required coordination.</p> <p><b>Recommendation:</b> The Work Group recommended allowing both the 7-day and 30-day rates for <i>Follow-up After Emergency Department Visit for Mental Illness</i>.</p>
Follow-up After Emergency Department Visit for Substance Use	Retain	<p>Michael asked whether the group wanted to specify a 7-day or 30-day rate for this measure.</p> <p>Jay Buechner recommended the 7-day because of greater opportunity for improvement.</p> <p>J Gates recommended the 7-day rate because it was more relevant for taking clinical action.</p> <p>Sheila Newquist said BCBSRI used both the 7-day and 30-day rate in contracts.</p> <p>The Work Group did not come to a consensus on whether to specify the 7-day or 30-day rate.</p>

**8. Public Comment**

- a. Susanne Campbell asked whether the Aligned Measure Sets included any specialist measures. Michael said the Aligned Measure Sets did not include specialist measures except for the Maternity Measure Set, which spanned facility and professional services performance. Susanne said specialist care was a cost driver. Cory King said OHIC did not have the resources to maintain a specialist measure



set. Andrea Galgay noted that primary care providers and hospitals were held accountable, but specialists were not.

**9. Next Steps**

- a. The Measure Alignment Work Group will reconvene on July 25<sup>th</sup> from 10:00am-12:00pm to continue discussing OHIC's Acute Care Hospital Measure Set and begin discussing the Behavioral Health Hospital Measure Set.