

OHIC Aligned Measure Sets 2022 Annual Review

Behavioral Health Hospital Aligned Measure Set

August 23, 2022

Agenda

1. Summary of Recommendations from August 15th Meeting
2. Finish Reviewing Acute Care Hospital Measure Set
 - Review of Remaining Measures
 - Discuss Potential New Acute Care Hospital Measures
 - BCBSRI Proposal
 - CMS Health Equity and Maternity Measures

Agenda (Cont'd)

3. Review Behavioral Health Hospital Measure Set Measures

- Discuss Measures with Significant Specification Changes and “Topped Out” Measures
- Review of Remaining Measures
- Discuss Work Group Proposals
- Discuss Follow-up Steps from the 2021 Annual Review

4. Public Comment

5. Next Steps

Summary of Recommendations from August 15th Meeting

Summary of Recommendations from August 15th Meeting

- During the August 15th meeting, the Work Group reviewed the **Outpatient Behavioral Health Measure Sets** and made the following recommendations to OHIC:
 1. Retain the ECDS Developmental Measures in the 2023 Outpatient Behavioral Health Mental Health Measure Set.
 2. Move two measures from the Outpatient Mental Health Menu Set to the Developmental Measure Set and revisit whether to move the measures back to the Menu Set when EOHHS has experience implementing the measures through the new CCBHC program.
 - *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment*
 - *Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment*

Summary of Recommendations from August 15th Meeting (Cont'd)

- During the August 15th meeting, the Work Group reviewed the **Outpatient Behavioral Health Measure Sets** and made the following recommendations to OHIC:
 3. Remove two measures because they have never been used by insurers, insurers don't intend to use them, and the measures will be replaced by ECDS measures:
 - *Depression Remission at Six Months*
 - *Unhealthy Alcohol Use: Screening & Brief Counseling*
 4. No longer maintain the Outpatient Behavioral Health Substance Use Treatment measure set because it has not been used, and insurers did not express an intention to apply value-based payment to outpatient substance use treatment provider contracts.

Summary of Recommendations from August 15th Meeting (Cont'd)

- During the August 15th meeting, the Work Group reviewed the **Outpatient Behavioral Health Measure Sets** and made the following recommendations to OHIC:
 5. Do not add a race, ethnicity and language (REL) stratified measure to the Outpatient Behavioral Health Measure Sets due to small denominators and low rates of insurer REL data completeness.

Summary of Recommendations from August 15th Meeting (Cont'd)

- During the August 15th meeting, when reviewing the **Outpatient Behavioral Health Measure Sets** the Work Group discussed but did not come to consensus on:
 6. Whether to elevate *Antidepressant Medication Management* to the Core Set for MY 2023 or MY 2024.
 7. Whether to retain, modify or remove *Social Determinants of Health Screening*.

Finish Reviewing Acute Care Hospital Measure Set

The Acute Care Hospital Measure Set

- The 2022 Acute Care Hospital Aligned Measure includes fifteen measures (highlighted measures will be reviewed during this meeting):
 - **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 (**highlighted** measures will be reviewed during this meeting):
 - **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 (**highlighted** measures will be reviewed during this meeting):
 - **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 2022.
- **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.
 - **Note:** When measures are not in use, we have indicated whether payers have ever reported using the measure since OHIC began surveying payers in 2018 (OHIC did not survey insurers in 2020 due to COVID-19).

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 2021 Quality Compass for Commercial and 2020 Quality Compass for Medicaid

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

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 Source: Clinical Data

*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

Data Source: Survey

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.

Social Determinants of Health Screening (Developmental) (Cont'd)

- CMS has finalized two SDOH Screening Measures for the IQR program: (1) *Screening for Social Drivers of Health* and (2) *Screen Positive Rate for Social Drivers of Health*
 - CMS is adopting this measure, with voluntary reporting beginning in CY 2023 and mandatory reporting beginning with the CY 2024 reporting period.
 - See the following slide for measure details.

Social Determinants of Health Screening (Developmental) (Cont'd)

Measure Name	Steward	Description
Screening for Social Drivers of Health	CMS	<p>The number of inpatients admitted to hospital who are 18 years or older at time of admission and who are screened for <u>one or all</u> of the following five HRSNs:</p> <ol style="list-style-type: none">1. Food insecurity2. Housing instability3. Transportation needs4. Utility difficulties5. Interpersonal safety
Screen Positive Rate for Social Drivers of Health	CMS	<p>The number of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, who were screened and who screen positive for having a need in one or more of the following five HRSNs (calculated separately):</p> <ol style="list-style-type: none">1. Food insecurity2. Housing instability3. Transportation needs4. Utility difficulties5. Interpersonal safety

Social Determinants of Health Screening (Developmental) (Cont'd)

- For the Acute Care Hospital Measure Set, the Work Group could choose to:
 1. Modify the denominator of the **RI EOHHS *Social Determinants of Health Screening Measure*** to include hospitals and elevate the measure from Developmental to Menu status.
 2. Remove the **RI EOHHS *Social Determinants Screening Measure*** and add the **CMS *Screening for Social Drivers of Health and/or Screen Positive Rate for Social Drivers of Health***.

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 post-operative 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 considered for future use.
 - **Background:** In August 2023, CMS issued a final rule for inpatient and long-term care hospitals. The 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 (a summary of these proposals follows).

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 adopting this measure for the **CY 2023** reporting period.
- *CMS Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health*
 - These measures were discussed earlier in this meeting.
 - CMS is adopting this measure, with **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 will initially be based only on hospital’s 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 will be publicly reporting this designation beginning in Fall 2023.

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

- *CMS Cesarean Birth and Severe Obstetric Complications eCQMs*
 - CMS has added two eCQM measures to the Hospital IQR Program measure set.
 - Both measures will 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.
 - CMS is adopting these measures with **mandatory reporting beginning with the CY 2024** reporting period (with data likely not available until 2026).
 - BCBSRI noted in its feedback that it would **not recommend adding the Cesarean Birth eCQM** to the Aligned Measure Sets for pay-for-performance because it includes medically appropriate C-sections, but **would recommend Severe Obstetric Complications** when data become available.

Review Behavioral Health Hospital Measure Set Measures

Behavioral Health Hospital Aligned Measure Set

- The 2022 Behavioral Health Hospital Aligned Measure includes nine measures:
 - **one Core Measure:**
 - Follow-Up After Hospitalization for Mental Illness (7-Day)
 - **eight Menu Measures:**
 - Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a)
 - Hours of Physical Restraint Use (HBIPS-2)
 - Hours of Seclusion Use (HBIPS-3)
 - Medication Continuation Following Inpatient Psychiatric Discharge
 - Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)
 - Tobacco Use Treatment at Discharge (TOB-3a)

Behavioral Health Hospital Aligned Measure Set

- The 2022 Behavioral Health Hospital Aligned Measure includes nine measures:
 - **eight Menu Measures (cont'd):**
 - Transition Record with Specified Elements Received by Discharged Patients
 - 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization
 - **zero Developmental Measures**

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 is one measure that is “topped out,” i.e., has an absolute rate of 90% or higher, and/or a statewide average rate that is above the national 90th percentile.
 1. *Follow-Up After Hospitalization for Mental Illness (7-Day)*

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 (2021)	Medicaid Performance (2020)
Minor changes for MY 2023	ACO (Core); Acute Care Hospital (Core); Outpatient Behavioral Health – Mental Health (Core)	3 (ACO Contracts) 2 (Acute Care Contracts) 3 (BH Hospital Contracts) 2 (Outpatient BH Contracts)	62.6% (above 90 th percentile)	56.9% (above 90 th percentile)

Data Source: Claims

Note: The Work Group recommended retaining this measure for the 2023 Acute Care Hospital Measure Set.

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

Review of Remaining Measures

- The following measures in the Behavioral Health 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).

Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a) (Menu)

Equity Analysis: Race/Ethnicity

RI excessive or chronic drinking rates: 31.5% for Multiracial, 21.6% for Blacks, 20.5% for Whites, 18.5% for Hispanics, 12.3% for AI/AN*

U.S. study of treatment completion: Blacks and Hispanics 3.5-8.1 percentage points and Native Americans 4.7 percentage points less likely than Whites to complete treatment for alcohol and drugs

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No changes (lost NQF endorsement in 2018 because “measures are being retooled as eCQMs”)	None	1 (BH Hospital Contract)	75%	63%

Data Source: Clinical Data

**AI/AN = American Indian or Alaska Native

Hours of Physical Restraint Use (HBIPS-2) (Menu)

Equity Analysis: Race/Ethnicity

Massachusetts General Hospital analysis of restraint in ED visits: Increased risk for Blacks compared to Whites (RR* = 1.22)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No changes	None	1 (BH Hospital Contract)	1.18	0.30

Data Source: Clinical Data

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

Hours of Seclusion Use (HBIPS-3) (Menu)

Equity Analysis: Race/Ethnicity

NY study of inpatient psychiatric facility: Asian and Black patients secluded more often than predicted based on percentages in total population; Hispanics and Whites secluded less often than expected

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No changes	None	1 (BH Hospital Contract)	0.46	0.29

Data Source: Clinical Data

Medication Continuation Following Inpatient Psychiatric Discharge (Menu)

Equity Analysis

No evidence of inequities found during review. Lack of available data is not indicative of a lack of inequities.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2019*)	National Performance (2019*)
No changes	None	1 (BH Hospital Contract)	73.2%	73.1%

Data Source: Claims

*CMS did not report 2020 data for this measure. Due to COVID-19's impacts, CMS is using the measurement period of July 1, 2019 through December 1, 2019 for performance or payment programs.

Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5) (Menu)

Equity Analysis

CA study of prescribing practices among psychiatric patients: African-Americans were more likely to receive antipsychotic agents and receive a greater number of doses.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No changes	None	1 (BH Hospital Contract)	70%	64%

Data Source: Claims/Clinical Data

Tobacco Use Treatment at Discharge (TOB-3a) (Menu)

Equity Analysis: Race/Ethnicity

RI smoking rates (2021): Highest among the multiracial population (33.4%), followed by the White population (14.3%) and Hispanic population (10.8%). Data were not available for the Black or Asian populations for 2021, but in 2019 the smoking rate among the Black population was 13.8% and in 2017 the smoking rate among the Asian population was 32.2%.

US study of tobacco cessation services: Hispanics were more likely than non-Hispanic Whites to receive a referral to a cessation specialist (OR = 2.34) and tobacco-cessation counseling (OR = 2.68). Non-Hispanic Blacks were also more likely than non-Hispanic Whites to receive cessation counseling (AOR = 3.61).

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No changes (lost endorsement in 2018 because the developer requested endorsement removal of the measure to focus on retooling Substance Use measures to eCQMs)	None	1 (BH Hospital Contract)	5%	22%

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

Transition Record with Specified Elements Received by Discharged Patients (Menu)

Equity Analysis: Race/Ethnicity

Care coordination:

RI patients who did not receive good communication about discharge information: White (9.7%), Black (9.6%), Asian (12.8%)

RI patients who disagreed that staff took preferences into account when deciding on discharge health care: White (5.8%), Black (6.3%), multiple races (9.3%)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
No changes (lost endorsement in 2017 because of a lack of current data provided on opportunity for improvement)	None	1 (BH Hospital Contract)	83%	69%

Data Source: Clinical Data

30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization (Menu)

Equity Analysis

U.S. study of post-discharge outcomes: When followed for a year post-hospital discharge, Blacks with severe mental illness experienced significantly less favorable trajectories of improvement in a variety of symptom and functional outcome as compared to Whites.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2019*)	National Performance (2019*)
No changes	None	3 (BH Hospital Contracts)**	25%	20%

Data Source: Claims

During the 2021 Annual Review, a Work Group member recommended elevating the measure to the Core Set, but the Work Group decided to wait to elevate the measure until 2023 because of the two-year measurement period.

*CMS did not report 2020 data for this measure. Due to COVID-19's impacts, CMS is using the measurement period of July 1, 2019 through December 1, 2019 for performance or payment programs.

**One payer reported using the measure as reporting only and one payer reported using a proxy measure

30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization (Menu) (Cont'd)

- In feedback leading up to this year's annual review, BCBSRI suggested that if this measure is assigned Core status for 2023, it may be appropriate to consider flexibility in the weighting of this measure in quality payment programs.*
 - **Rationale:** Hospitals will not have an impact on their program scores for 2023 because of the two-year measurement period, in addition to CMS' usual delayed publishing of data.
 - BCBSRI suggested that 2024 may be a more appropriate year to apply a meaningful weight contribution towards payment (see the timeline on the following slide with BCBSRI's attached timeline for this measure).

*OHIC's regulations require that Core Measures not have payment with a de minimis weight attached to the measure, such that performance on the Core Measure lacks meaningful financial implication for the provider.

30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization (Menu) (Cont'd)

- BCBSRI shared the table below to demonstrate the gap in hospitals' ability to impact scores in 2023.

READM-30-IPF Inpatient Psychiatric 30 Day All Cause Readmissions Timeline				
Measurement Period	Gap*	Program Year	Reconciliation	Status
7/1/2019 - 6/30/2021	32 mos	2022	Jul-23	Report Only - No Pay
7/1/2020 - 6/30/2022	18 mos	2023	Jul-24	Core - P4P
7/1/2021 - 6/30/2023	6 mos	2024	Jul-25	Core - P4P
7/1/2022 - 6/30/2024	0 mos	2025	Jul-26	Core - P4P

* "Gap" measures the hospital's inability to impact from commencement of measure in BCBSRI's Hospital Quality Program in 2022

Discuss Work Group Proposals

Discuss Work Group Proposal – Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

- BCBSRI has proposed that *Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)* be added as a Menu Measure to the Behavioral Health Hospital Measure Set (see next slide for measure details).
 - **Rationale:**
 - Butler Hospital has a viable denominator with room for improvement having performance at the 50th percentile for the 7-day measure, and at the 25th percentile for the 30-day rate (HEDIS MY2021).
 - BCBSRI believes this measure would be a good compliment to the other Follow-Up measures, promoting improved transitions of care.

Commercial Performance (2021)	Medicaid Performance (2020)
7-day: 41.5% (below National 50 th percentile)	7-day: 42.4% (between National 50 th - 75 th percentile)
30-day: 62.0% (below National 50 th percentile)	30-day: 65.4% (between National 75 th - 90 th percentile)

Discuss Work Group Proposal – Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) (Cont'd)

Equity Analysis: Race/Ethnicity			Equity Analysis: Disability Status	
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)			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)	
Measure Name	NQF # (Endorsement Status)	Steward	Description	Data Source
Follow-Up After High Intensity Care for Substance Use Disorder (FUI)	Not Endorsed	NCQA	Rate of acute inpatient hospitalizations, residential treatment or detoxification visits for substance use disorder for persons aged 13 years and older resulting in a follow-up visit or service for substance use disorder (7-Day and 30-Day rates are reported).	Claims

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

Discuss Follow-up Steps from the 2021 Annual Review

Discuss Follow-up Steps from the 2021 Annual Review – Adding a Behavioral Health Hospital Health Equity Measure

- During the 2021 Annual Review, the Work Group did not select any measures from the Behavioral Health Hospital Measure Set to stratify by race, ethnicity and language (REL).
 - The Work Group recommended revisiting whether to stratify any of the Behavioral Health Hospital Measures by REL during the 2022 Annual Review.
- Does the Work Group recommend stratifying any of the Behavioral Health Hospital Measures by REL for the 2023 Aligned Measure Set? (see the next slide for a full list of measures)

Discuss Follow-up Steps from the 2021 Annual Review – Adding a Behavioral Health Hospital Health Equity Measure (Cont'd)

- **Core measures (1):**

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

- **Menu measures (8):**

- Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a)*
- Hours of Physical Restraint Use (HBIPS-2)*
- Hours of Seclusion Use (HBIPS-3)
- Medication Continuation Following Inpatient Psychiatric Discharge*
- Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)*
- Tobacco Use Treatment at Discharge (TOB-3a)
- Transition Record with Specified Elements Received by Discharged Patients
- 30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization*

Public Comment

Next Steps

Next Steps

4

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

5

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

Appendix

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 for the intended use
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