

# OHIC Aligned Measure Sets 2022 Annual Review

---

Primary Care Aligned Measure Set

*August 29, 2022*

# Agenda

1. Summary of Recommendations from August 23<sup>rd</sup> Meeting
2. Review Primary Care Measure Set Measures
  - Discuss Measures with Significant Specification Changes and “Topped Out” Measures
  - Review Remaining Measures
3. Public Comment
4. Next Steps

## Summary of Recommendations from August 23<sup>rd</sup> Meeting

# Summary of Recommendations from August 15<sup>th</sup> Meeting

- During the August 23<sup>rd</sup> meeting, the Work Group finished reviewing the **Acute Care Hospital Measure Set** and made the following recommendations to OHIC:
  1. **Add** CMS' *Hospital Commitment to Health Equity* to the Menu Set.
  2. **Add** CMS' *Severe Obstetric Complications* to the Developmental Set and consider moving to the Menu Set when performance data become available.
  3. **Specify** that insurers may use either *Cesarean Rate for Nulliparous Singleton Vertex (PC-02)* or CMS' new *Cesarean Section eCQM*.
  4. **Remove** the EOHHS' *Social Determinants of Health Screening* and **add** CMS' *Screening for Social Drivers of Health* and *Screen Positive Rate for Social Drivers of Health* to the Developmental Set.

# Summary of Recommendations from August 15<sup>th</sup> Meeting (Cont'd)

- During the August 23<sup>rd</sup> meeting, the Work Group finished reviewing the **Acute Care Hospital Measure Set** and made the following recommendations to OHIC (cont'd):
  5. **Did not come to consensus** over whether to move *Severe Sepsis and Shock* (SEP-1) into the Core Set.
  6. **Did not come to a consensus** over whether to add *Patient Safety Indicators* (PSI-90) to the measure set.

# Summary of Recommendations from August 15<sup>th</sup> Meeting (Cont'd)

- During the August 23<sup>rd</sup> meeting, the Work Group reviewed the **Behavioral Health Hospital Measure Set** and made the following recommendations to OHIC:
  1. **Add** *Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)* to the Menu Set.
  2. **Move** *30-Day All Cause Unplanned Readmission* to the Core Set for MY 2023 but waive de minimis weighting requirement for one year.
  3. **Remove** *Tobacco Use Treatment at Discharge (TOB-3a)*.
  4. **Did not reach consensus** on whether to remove *Transition Record with Specified Elements Received by Discharged Patients* because of limited opportunity for improvement.
  5. **Explore** sharing REL data between Lifespan and BCBSRI to stratify *Follow-Up After Hospitalization for Mental Illness (7-Day)*.

## Review Primary Care Measure Set Measures

# 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

# The Primary Care Aligned Measure Set

- The 2022 Primary Care Aligned Measure includes 25 measures:
  - **eight Core Measures:**
    - Breast Cancer Screening
    - Child and Adolescent Well-Care Visits (Adolescent Well-Care Visits Only, age bands 12-17 and 18-21)
    - Colorectal Cancer Screening
    - Controlling High Blood Pressure
    - Developmental Screening in the First Three Years of Life
    - Eye Exam for Patients with Diabetes
    - Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%)
    - Lead Screening in Children

# The Primary Care Aligned Measure Set (cont'd)

- The 2022 Primary Care Aligned Measure includes 25 measures:
  - **eight Menu Measures:**
    - Antidepressant Medication Management
    - CAHPS Surveys, specifically CG-CAHPS and/or PCMH CAHPS
    - Cervical Cancer Screening
    - Chlamydia Screening
    - Fluoride Varnish
    - Health Equity Measure (*stratifies the following measures by REL*):
      1. Controlling High Blood Pressure
      2. Developmental Screening in the First Three Years of Life
      3. Eye Exams for Patients with Diabetes
      4. Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%)
    - Immunizations for Adolescents (Combo 2)
    - Kidney Health Evaluation for Patients with Kidney Disease

# The Primary Care Aligned Measure Set (cont'd)

- The 2022 Primary Care Aligned Measure includes 25 measures:
  - **nine Developmental Measures:**
    - Concurrent Use of Opioids and Benzodiazepines
    - Depression Remission or Response for Adolescents and Adults
    - Depression Screening and Follow-Up for Adolescents and Adults
    - Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions
    - Social Determinants of Health Screening
    - Statin Therapy for Patients with Cardiovascular Disease
    - Substance Use Assessment in Primary Care
    - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
    - Unhealthy Alcohol Use Screening and Follow-Up

# Discuss Measures with Major Specification Changes and/or that are “Topped Out”

- No measures had major status or specification changes during the past year.
- There are six measures that are “topped out,” i.e., have an absolute rate of 90% or higher, and/or a statewide average rate that is above the national 90<sup>th</sup> percentile.
  1. *Colorectal Cancer Screening (Core)*
  2. *Controlling High Blood Pressure (Core)*
  3. *Developmental Screening in the First Three Years of Life (Core)*
  4. *Eye Exam for Patients with Diabetes (Core)*
  5. *Cervical Cancer Screening (Menu)*
  6. *Immunizations for Adolescents (Combo 2) (Menu)*

# Colorectal Cancer Screening (Core)

## Equity Analysis: Race/Ethnicity

**RI screening rates:** 78.1% for Whites, 76.2% for Blacks, and 49.2% for Hispanics

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2021)	Medicaid Performance
Minor changes for MY 2023 ( <b>Note:</b> In the MY 2022 technical update, the age range was revised from 50-75 years to 45-75 years.)	ACO (Core)	3 (ACO Contracts) 3 (Primary Care Contracts)	76.6% (above 90 <sup>th</sup> percentile)	NA*

**Data Source:** Claims/Clinical Data

\*NCQA added the Medicaid product line for *Colorectal Cancer Screening* for MY 2022. NCQA may publish Medicaid MY 2022 performance as soon as 2023 but will certainly publish MY 2023 data in 2024.

# Controlling High Blood Pressure (Core)

## Equity Analysis: Race/Ethnicity

**RI high blood pressure rates\***: 53.0% for Multiracial, 45.6% for Other Race, 35.7% for Blacks, 34.3% for Whites, 26.0% for Hispanics, and 15.2% for Asians

**U.S. hypertension control prevalence\*\***: 55.7% for Whites, 48.5% for Blacks, 47.4% for Hispanics, and 43.5% for Asians

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)	4 (ACO Contracts) 2 (Primary Care Contracts)	71.6% (above 90 <sup>th</sup> percentile)	70.5% (above 90 <sup>th</sup> percentile)

**Data Source:** Claims/Clinical Data

\*Percentage of adults who reported being told by a health professional that they had high blood pressure.

\*\*Rate of individuals with systolic blood pressure less than 140 mmHg and diastolic blood pressure less than 90 mmHg among those with hypertension.



# Developmental Screening in the First Three Years of Life (Core)

Equity Analysis: Race/Ethnicity		Equity Analysis: Language		
<b>U.S. study:</b> Likelihood of being screened was 34.4% for White children, compared to 24.8% for Blacks and 24.3% for Hispanics		<b>U.S. study:</b> Children in non-English primary language households were 40% less likely to have received screening in the past year than those in English primary language households		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance (2019)
No change for MY 2023	ACO (Core)	4 (ACO Contracts) 3 (Primary Care Contracts)	NA	66% (above the top quartile)*

**Data Source:** Claims/Clinical Data

\*2020 performance is not available because CMS removed this measure from the CY 2020 MIPS Measure Set.

# Eye Exam for Patients with Diabetes (Core)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<p><b>RI diabetes prevalence:</b> 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks</p> <p><b>MA health system performance:</b> Eye exam rate of 39% for Blacks and 32% for other race/multi-racial</p>	<p><b>RI diabetes prevalence:</b> Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English</p>		<p><b>RI diabetes prevalence:</b> 18% of adults have disabilities, 42% of adult diabetics have disabilities</p>	
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)	4 (ACO Contracts) 3 (Primary Care Contracts)	65.73% (above 90 <sup>th</sup> percentile)	67.7% (above 90 <sup>th</sup> percentile)

**Data Source:** Claims/Clinical Data

# Cervical Cancer Screening (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI screening rates:</b> 84.2% for White women, 83.5% for Hispanic women</p> <p><b>U.S. screening rates:</b> Hispanic and non-Hispanic White women more likely to be screened than Hispanic and non-Hispanic Black women (OR* = 2.49)</p>		<p><b>U.S. Pap test rates:</b> 83% for women without disabilities, 71% for women with basic actions difficulty, 63% of women with complex activity limitation</p>		
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 (Menu)	1 (ACO Contract), 1 (Primary Care Contract)	79.6% (above 90 <sup>th</sup> percentile)	70.8% (above 90 <sup>th</sup> percentile)

**Data Source:** Claims

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

# Immunizations for Adolescents (Combo 2) (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
MI Medicaid Managed Care performance: 1.8% higher for Whites than for Blacks		U.S. literature review: People with disabilities have lower rates of immunization uptake across range of vaccines than typically developing peers		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2021)	Medicaid Performance (2020)
Minor change for MY 2023: <ul style="list-style-type: none"> <li>Added race and ethnicity stratification</li> </ul>	ACO (Menu)	2 (ACO Contracts) <i>Insurers have never reported using this measure in Primary Care Contracts</i>	54.6% (above 90 <sup>th</sup> percentile)	50.7% (above 90 <sup>th</sup> percentile)

**Data Source:** Claims/Clinical Data

During the 2021 Annual Review, the Work Group recommended considering whether to elevate this measure to the Core Set during the 2022 Annual Review.

# 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).

# Breast Cancer Screening (Core)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI mammography rates:</b> 81% for White women, 78% for Black women</p> <p><b>RI breast cancer mortality:</b> 18.8 per 100,000 for White women, 26.9 per 100,000 for Black women</p>		<p><b>U.S. mammography rates:</b> 74% for women without disability, 67% for women with basic actions difficulty, 61% for complex activity limitation, 52% for cognitive difficulties, 51% for ADL/IADL*</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2021)	Medicaid Performance (2020)
<p>Minor changes for MY 2023:</p> <ul style="list-style-type: none"> <li>Added race and ethnicity stratification</li> <li>ECDS-only reporting starting in MY 2023</li> </ul>	ACO (Core)	<p>4 (ACO Contracts)</p> <p>2 (Primary Care Contracts)</p>	81.0% (above 90 <sup>th</sup> percentile)	62.0% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)

**Data Source:** Claims

\*ADL/IADL = limitations in activities of daily living/instrumental activities of daily living

# Child and Adolescent Well-Care Visits (Adolescent Well-Care Visits Only, age bands 12-17 and 18-21) (Core)

Equity Analysis: Race/Ethnicity		Equity Analysis: Language		
<p><b>MA ACO (child):</b> Highest performance for Blacks (75%) and lowest performance for Other Race (68%); lower rates for Hispanics than non-Hispanics</p> <p><b>MA Health System (child):</b> Higher performance for Whites (85%) than for Hispanics (73%)</p> <p><b>MA Health System (adolescent):</b> Higher performance for Whites (67%) than Blacks (55%)</p>		<p><b>MA ACO (child):</b> Similar performance for English and non-English preference individuals, lower rates for Portuguese speakers</p>		
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)	4 (ACO Contracts) 2 (Primary Care Contracts)	Ages 12-17: 80.3% (above 90 <sup>th</sup> percentile)	Ages 12-17: 53.2% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentile)
			Ages 18-21: 57.3% (above 90 <sup>th</sup> percentile)	Ages 18-21: 34.7% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentile)

**Data Source:** Claims

# Child and Adolescent Well-Care Visits (Adolescent Well-Care Visits Only, age bands 12-17 and 18-21) (Core) (Cont'd)

- UnitedHealthcare has proposed **adding the 3-11 and “Total” age ranges** to the Primary Care and ACO Measure Sets and **moving the measure from the Core to Menu Set** (because of the addition of the new rates).
  - UnitedHealthcare has also made this proposal for the EOHHS AE Common Measure Slate, which currently includes the 12-21 age bands, consistent with the OHIC Aligned Measure Sets.
- **Background:**
  - In MY 2021, NCQA combined *Adolescent Well-Care Visits* with *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* into one measure – *Child and Adolescent Well-Care Visits*.
  - The Work Group recommended including only the adolescent age bands for *Child and Adolescent Well-Care Visits* in the OHIC Aligned Measure Sets because it was the closest replacement for *Adolescent Well-Care Visits* and there was greater opportunity for improvement.



# Child and Adolescent Well-Care Visits (Adolescent Well-Care Visits Only, age bands 12-17 and 18-21) (Core) (Cont'd)

- Performance for all three age bands and the Total rate are below:

Measure Name	Commercial Performance (2021)	Medicaid Performance (2020)
Child and Adolescent Well-Care Visits	<b>Ages 3-11:</b> 84.8% (above 90 <sup>th</sup> percentile)	<b>Ages 3-11:</b> 60.1% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)
	<b>Ages 12-17:</b> 80.3% (above 90 <sup>th</sup> percentile)	<b>Ages 12-17:</b> 53.2% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)
	<b>Ages 18-21:</b> 57.3% (above 90 <sup>th</sup> percentile)	<b>Ages 18-21:</b> 34.7% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)
	<b>Total:</b> 76.1% (above 90 <sup>th</sup> percentile)	<b>Total:</b> 53.6% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)

- Does the Work Group recommend adding the ages 3-11 and Total age ranges to the Aligned Measure Sets?**

# Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%) (Core)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<b>RI diabetes prevalence:</b> 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks	<b>RI diabetes prevalence:</b> Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English		<b>RI diabetes prevalence:</b> 18% of adults have disabilities, 42% of adult diabetics have disabilities	
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)	4 (ACO Contracts) 3 (Primary Care Contracts)	62.4% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)	50.8% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)

**Data Source:** Claims/Clinical Data

# Lead Screening in Children (Core)

## Equity Analysis: Race/Ethnicity

**RI elevated blood lead levels:** Children in the four core cities (4%) were more likely than children in the rest of the state (1%) to have elevated blood lead levels

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance (2020)
Minor change for MY 2023	ACO (Menu)	3 (ACO Contracts) 2 (Primary Care Contracts)	NA	75.2% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentile)

**Data Source:** Claims

# Antidepressant Medication Management (Menu)

## Equity Analysis: Race/Ethnicity

**U.S. study of antidepressant utilization:** Racial-ethnic minority groups less likely than Whites to use antidepressants among persons with private coverage.

**U.S. study of adequate depression care:** Blacks and Latinos less likely to fill an antidepressant prescription than Whites. No racial or ethnic disparities in the probability of receiving an adequate trial of antidepressant medication among patients who filled at least one prescription.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2021)	Medicaid Performance (2020)
Minor changes for MY 2023	Outpatient Behavioral Health – Mental Health (Menu)	3 (Outpatient BH Contracts*)  <i>Insurers have not reported using this measure in Primary Care Contracts since 2019</i>	<b>Acute Phase:</b> 76.5% (below 50 <sup>th</sup> percentile)	<b>Acute Phase:</b> 60.1% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)
			<b>Continuation Phase:</b> 57.1% (below 50 <sup>th</sup> percentile)	<b>Continuation Phase:</b> 46.1% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)

**Data Source:** Claims

\*One payer indicated that this measure is not currently tied to performance targets, but is being vetted for clinical data collection.

\*One payer indicated that it is using a proxy measure.

# CAHPS Surveys, specifically CG-CAHPS and/or PCMH CAHPS (Menu)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<p><i>PCMH CAHPS:</i>  <b>U.S. study of Veterans Affairs patients:</b> Racial/ethnic differences (as compared to Whites) observed in all seven health care domains</p>	<p><i>CG-CAHPS:</i>  <b>MA health system performance:</b> Non-English-speaking patients had lower scores on Care Coordination, Provider Communication, and Provider Rating</p>		<p><i>NAM CAHPS:</i>  <b>U.S. study:</b> Dual-eligible beneficiaries with a disability 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	Commercial Performance	Medicaid Performance
No changes	ACO (Menu)	1 (Primary Care Contract)	NA	NA

**Data Source:** Survey

# Chlamydia Screening (Menu)

## Equity Analysis: Race/Ethnicity

**RI incidence (new cases per 100,000 population):** 1,523.7 for Blacks, 913.4 for Hispanics, and 250.4 for Whites

**U.S. study:** Black women (OR\* = 2.96) and Hispanic women (OR = 12.89) more likely to be screened, compared to White women

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 (Menu)	1 (ACO Contract) <i>Insurers have not reported using this measure in Primary Care Contracts since 2019</i>	61.8% (above 90 <sup>th</sup> percentile)	62.3% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentile)

**Data Source:** Claims

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

# Fluoride Varnish (Menu)

## Equity Analysis: Race/Ethnicity

**RI dental caries rates:** 53.9% for Hispanics, 47.2% for Blacks, and 45.6% for Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	None	None (payers have never reported using this measure)	NA	See below

**Data Source:** Clinical Data

## Proportion of children of each age having a fluoride varnish application at a physician office (Source: Medicaid Claims, RIDOH)

Age	SFY 2018	SFY 2019	SFY 2020
1	9.3%	10.1%	9.4%
2	8.5%	9.3%	8.4%
3	5.3%	5.7%	5.1%

# Fluoride Varnish (Menu) (Cont'd)

- During the July 18<sup>th</sup> Meeting, the Work Group recommended considering the new NCQA measure, ***Topical Fluoride for Children***, for inclusion in the Primary Care Measure Set when specifications had been finalized and when performance data were available from NCQA.
  - NCQA released final specifications on August 1<sup>st</sup>. Below is a table with the main specification differences between RIDOH's Fluoride Varnish and NCQA's Topical Fluoride for Children.

Category	NCQA Topical Fluoride for Children*	RIDOH Fluoride Varnish
Fluoride application	Two or more 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
Benefit	Medical or Dental	Medical



# Kidney Health Evaluation for Patients with Kidney Disease (Menu)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<p><b>RI diabetes prevalence:</b> 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks</p> <p><b>U.S. end stage renal disease due to diabetes rates:</b> Higher for Blacks and Hispanics compared to Whites</p>	<p><b>RI diabetes prevalence:</b> Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English</p>		<p><b>RI diabetes prevalence:</b> 18% of adults have disabilities, 42% of adult diabetics have disabilities</p>	
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2021)	Medicaid Performance
Minor changes for MY 2023	ACO (Menu)	1 (ACO Contract)* <i>Insurers have never reported using this measure in Primary Care Contracts</i>	40.4% (below 50 <sup>th</sup> percentile)	NA

**Data Source:** Claims/Clinical Data

\*In addition to the one payer using this measure in ACO Contracts, a second payer indicated it was planning to use this measure in ACO Contracts and Primary Care Contracts for 2023.

# Kidney Health Evaluation for Patients with Kidney Disease (Menu) (Cont'd)

- During the 2021 Annual Review, several Work Group members expressed concerns about this measure:
  - One member said the measure was costly and not associated with positive health outcomes.
  - One member said the measure specifications were problematic.
- The Work Group ultimately recommended revisiting whether to remove this measure after benchmark data became available.
- **Now that Commercial 2021 benchmark data are available and show opportunity for improvement, does the Work Group recommend retaining or removing this measure?**

# Primary Care Health Equity Measure

The Primary Care Health Equity Measure stratifies four measures by race, ethnicity and language (REL):

- 1) Controlling High Blood Pressure
- 2) Developmental Screening in the First Three Years of Life
- 3) Eye Exams for Patients with Diabetes
- 4) Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor changes to the individual measure specifications for MY 2023	ACO (Menu)	2 (ACO Contracts)	NA	NA

This measure was developed for use in primary care contracts, but it is only in use by payers in ACO contracts. **Why is this measure not in use in primary care contracts?**

# Concurrent Use of Opioids and Benzodiazepines (Developmental)

## Equity Analysis: Race/Ethnicity

**RI opioid overdose death rates:** Blacks have higher overdose death rates (53.9 per 100,000 person-years) compared to Whites (36.0); overdose death rates are increasing fastest among Blacks and Hispanics

**U.S. study of co-prescription:** Whites and Hispanics had higher rates of co-prescription than Blacks

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	ACO (Developmental)	None (payers have not reported using this measure since 2018)	NA	NA

**Data Source:** Claims

During Meeting #1, the Work Group recommended removing this measure from the Aligned Measure Sets due to denominator size inadequacy.

# Depression Remission or Response for Adolescents and Adults (Developmental)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI depression diagnosis rates:</b> 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p><b>RI youth (0-17) unable to access mental health services:</b> 75% of Blacks, 74% Hispanics, 17.2% Whites</p> <p><b>U.S. study:</b> 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p><b>U.S. depression prevalence:</b> Higher in adults with disabilities (24.9-41%) than adults without disabilities (22.8-27.5%)</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor changes for MY 2023	ACO (Developmental); Outpatient Behavioral Health – Mental Health (Developmental)	1 (Outpatient BH Contract*) <i>Insurers have never reported using this measure in Primary Care Contracts</i>	NA	NA

**Data Source:** ECDS

\*One payer indicated that this measure is not currently tied to performance targets, but is being vetted for clinical data collection.

# Depression Screening and Follow-Up for Adolescents and Adults (Developmental)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI depression diagnosis rates:</b> 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p><b>RI youth (0-17) unable to access mental health services:</b> 75% of Blacks, 74% Hispanics, 17.2% Whites</p> <p><b>U.S. study:</b> 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p><b>U.S. depression prevalence:</b> Higher in adults with disabilities (24.9-41%) than adults without disabilities (22.8-27.5%)</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor changes for MY 2023	ACO (Developmental); Outpatient Behavioral Health – Mental Health (Developmental)	2 (ACO Contracts) 1 (Outpatient BH Contract*)	NA	NA

**Data Source:** ECDS

\*One payer indicated that this measure is not currently tied to performance targets, but is being vetted for clinical data collection.

# Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (Developmental)

## Race/Ethnicity

**U.S. study:** Prevalence of multiple chronic conditions was highest among non-Hispanic white adults (30.6%) and non-Hispanic Black adults (27.0%) and lowest among non-Hispanic Asian (16.4%) and Hispanic adults (17.7%).

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor changes for MY 2023	ACO (Developmental)	None (payers have never reported using this measure)	NA	NA

**Data Source:** Claims

This measure was added to the Primary Care Measure Set in 2021 as an alternative to a homegrown chronic conditions measure suggested by a Work Group member.

The Work Group recommended revisiting whether to move this measure into the Menu Set when there were data available to assess opportunity for improvement.

# Social Determinants of Health Screening (Developmental)

## Equity Analysis

*Negative Social Determinants of Health contribute to health inequities.*

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance (AE Statewide Rate 2020)
No changes	ACO; Acute Care Hospital; Outpatient Behavioral Health – Mental Health; Outpatient Behavioral Health – Substance Use Treatment (Developmental)	3 (ACO Contracts)  <i>Insurers have never reported using this measure in Primary Care Contracts</i>	NA	28.7%



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

- As discussed during the July 18<sup>th</sup> meeting, NCQA has created an SDOH screening measure for MY 2023.
  - Final measure specifications were released on August 1<sup>st</sup>.

Measure Name	Steward	Description
Social Need Screening and Intervention	NCQA	<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"><li>1. Food screening</li><li>2. Food intervention</li><li>3. Housing screening</li><li>4. Housing intervention</li><li>5. Transportation screening</li><li>6. Transportation intervention</li></ol>

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

- NCQA is not phasing in the different components or modifying the 30-day follow-up time frame (which they indicated they may do following the comment period).
- NCQA has a list of approved screening tools for each component.
  - 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.

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

- The Work Group has multiple options to consider. Please evaluate each of the following:
  - a. Elevate EOHHS' *Social Determinants of Health Screening* to Menu status. Make NCQA's *Social Need Screening and Intervention* a Development Measure and work towards using electronic clinical data for reporting in the future.
  - b. Replace EOHHS' *Social Determinants of Health Screening* with NCQA's *Social Need Screening and Intervention* and categorize it as Developmental. Work towards using electronic clinical data for reporting in the future.

# Statin Therapy for Patients with Cardiovascular Disease (Developmental)

## Equity Analysis: Race/Ethnicity

**U.S. study:** Blacks with cardiovascular disease were less likely to be prescribed a statin compared with Whites (OR\* = 0.38)

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 (Developmental)	1 (ACO Contract)  <i>Insurers have never reported using this measure in Primary Care Contracts</i>	<b>Received Statin Therapy:</b> 87.0% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)	<b>Received Statin Therapy:</b> 82.2% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)
			<b>Statin Adherence:</b> 84.7% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)	<b>Statin Adherence:</b> 78.2% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)

**Data Source:** Claims

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

# Substance Use Assessment in Primary Care (Developmental)

## Equity Analysis: Race/Ethnicity

**U.S. study:** Of individuals who need treatment for substance use disorders, White individuals receive treatment 23.5% of the time, while Black and Hispanic individuals receive treatment 18.6% of 17.6% of the time, respectively.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	ACO (Developmental)	None (payers have never reported using this measure)*	NA	NA (see below for CT Medicaid performance)

**Data Source:** Claims

	Connecticut Medicaid Performance**
<b>2019</b>	0.95%
<b>2020</b>	0.89%
<b>2021</b>	1.07%

\*This measure was added to the Aligned Measure Set during the 2021 Annual Review

\*\* CT DSS speculates that the low rates are due to providers not coding for substance use assessment screening.

# Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (Developmental)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI depression diagnosis rates:</b> 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p><b>U.S. study:</b> 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p><b>U.S. depression prevalence:</b> Higher in adults with disabilities (24.9-41%) than adults without disabilities (22.8-27.5%)</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No major changes for MY 2023	ACO (Developmental); Outpatient Behavioral Health – Mental Health (Developmental)	None (payers have never reported using this measure)	NA	NA

**Data Source:** ECDS

# Unhealthy Alcohol Use Screening and Follow-Up (Developmental)

## 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	Commercial Performance	Medicaid Performance
No major changes for MY 2023	ACO (Developmental); Outpatient Behavioral Health – Mental Health (Developmental)	1 (Outpatient BH Contract*) <i>Insurers have never reported using this measure in Primary Care Contracts</i>	NA	NA

**Data Source:** ECDS

\*One payer indicated that this measure is not currently tied to performance targets, but is being vetted for clinical data collection.

## Public Comment



## Next Steps

# Next Steps



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