



Measure Alignment Work Group Acute Care Hospital Measure Set & Behavioral Health Hospital Meeting Summary

August 23, 2022, 1:00 P.M. to 3:00 P.M.

Summary of Recommendations:

- The Work Group recommended retaining *Severe Sepsis and Shock: Management Bundle (SEP-1)* in the Acute Care Hospital Measure Set but did not come to consensus over whether to move the measure from the Menu to the Core Set.
- Remove EOHHS' *Social Determinants of Health Screening* from the Acute Care Hospital Measure Set add CMS' *Screening for Social Drivers of Health* and *Screen Positive Rate for Social Drivers of Health* to the Developmental Set
- The Work Group did not come to a consensus on whether to add *Patient Safety Indicators (PSI-90)* to the Acute Care Hospital Menu Set.
- Add CMS' *Hospital Commitment to Health Equity* to the Acute Care Hospital Menu Set.
- Do not add CMS' *Birthing Friendly Hospital Designation* to the Acute Care Hospital Measure Set.
- Specify that insurers may use either may use either *Cesarean Rate for Nulliparous Singleton Vertex (PC-02)* or CMS' new *Cesarean Section eQCM* in the Acute Care Hospital Measure Set.
- Add CMS' *Severe Obstetric Complications* to the Acute Care Hospital Developmental Set and consider moving to the Menu when performance data become available.
- Remove *Tobacco Use Treatment at Discharge (TOB-3a)* from the Behavioral Health Hospital Measure Set.
- The Work Group did not come to consensus on whether to remove *Transition Record with Specified Elements Received by Discharged Patients* from the Behavioral Health Hospital Measure Set due to limited opportunity for improvement.
- Move *30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization* to the Behavioral Health Hospital Core Set but allow one year of de minimis weighting.
- Add *Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) (7-Day)* to the Behavioral Health Menu Set.

Summary of Next Steps:

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

- Bailit Health will share information about CMS' *Screening for Social Drivers of Health* and *Screen Positive Rate for Social Drivers of Health* measures with the Work Group.
- Explore sharing REL data between Care New England and BCBSRI to stratify *Follow-Up After Hospitalization for Mental Illness (7-Day)*.

Meeting Notes:

1. Summary of Recommendations from August 15th Meeting

- a. Michael Bailit summarized recommendations made by the Work Group during the August 15th meeting.

2. Finish Reviewing Acute Care Hospital Measure Set

a. Review of Remaining Measures

- i. Michael Bailit reminded the Work Group of the nine measures included in the 2022 Acute Care Hospital Aligned Measure Set (one core, seven menu, one on-deck, one developmental) and highlighted the measures that would be reviewed during the meeting.
- ii. 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.

Measure Name	Recommendation	Discussion
Severe Sepsis and Shock: Management Bundle (SEP-1) (Menu)	The Work Group recommended retaining the measure but did not come to consensus over whether to move the measure from the Menu to the Core Set.	<p>Sheila Newquist supported retaining the measure and proposed moving it into the Core Set.</p> <p>Cindy from Lifespan did not support moving the measure into the Core Set because hospitals have low denominators for this measure. Michael Bailit said OHIC's guidance is that Core Measures with low denominators at an individual payer/provider level do not have to be used in value-based contracts.</p> <p>Sheila Newquist added that CMS reports this measure for every hospital, which suggests that there is not a denominator issue. Sheila said BCBSRI's network is in the 42nd percentile for performance on this measure. BCBSRI uses the measure with all of their hospitals.</p> <p>Stephanie De Abreu suggested retaining the measure in the Menu Set.</p> <p>Michael explained that moving the measure to the Core Set would send a stronger signal to hospitals because it would be included in all contracts.</p>

<p>Social Determinants of Health Screening <i>(Developmental)</i></p>	<p>Remove and add CMS' <i>Screening for Social Drivers of Health</i> and <i>Screen Positive Rate for Social Drivers of Health</i> to the Developmental Set</p>	<p>Michael Bailit noted that the measure specifications for EOHHS' <i>Social Determinants of Health Screening</i> measure 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 was modified.</p> <p>Michael introduced CMS' new social determinants of health screening measures for the IQR program: <i>Screening for Social Drivers of Health</i> and <i>Screen Positive Rate for Social Drivers of Health</i>.</p> <p>Sheila Newquist said October 2025 would be the earliest performance data would be available on CMS' measures, but they were a good option. Michael suggested adding CMS' measures to the Developmental Set.</p> <p>Next Step: Bailit Health will share information about CMS' <i>Screening for Social Drivers of Health</i> and <i>Screen Positive Rate for Social Drivers of Health</i> measures with the Work Group.</p>
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b. Discuss Potential New Acute Care Hospital Measures

i. BCBSRI Proposal - PSI-90

1. Michael Bailit shared that BCBSRI had proposed that *Patient Safety Indicators (PSI-90)* be added as a Menu Measure to the Acute Care Hospital Measure Set.
2. Sheila Newquist said that the measure had been raised for consideration in the past but had not been selected because, at the time, the conversation to ICD-10 codes was making data unstable. She explained that this was no longer of concern. Sheila also said the measure had opportunity for improvement.
3. **Discussion:**
 - a. Robin Neale opposed adding the measure because the measure's individual rates were volatile and because of the data delay. Robin also expressed concern about OHIC's prior guidance regarding "sufficiently challenging" performance targets for hospital incentive measures.
 - b. Cory said the "sufficiently challenging" guidance had been temporarily suspended. He explained that OHIC will engage providers and payers when reconsidering the guidance.
 - c. Michael Bailit asked how volatile the measure would be at the hospital level. Sheila Newquist said she did not know and she was not sure how much historical data she could

access. Robin Neale noted that at least one of the component measure specifications had changed over the years so historical performance may not be comparable.

4. **Recommendation:** The Work Group did not come to a consensus on whether to add *Patient Safety Indicators (PSI-90)* to the Menu Set.

ii. **CMS Health Equity and Maternity Proposals**

1. Michael said that BCBSRI suggested that the Work Group discuss CMS' Hospital Commitment to Health Equity and Maternity Designation. Michael summarized the proposals.

Measure Name	Recommendation	Discussion
Hospital Commitment to Health Equity	Add to the Menu Set	<p>Sheila Newquist said performance data would likely not be available until October 2024, but the measure could conceivably be used for 2023 programs if they know the data will be available to reconcile.</p> <p>Jay Buechner suggested adding the measure to the Developmental Set until performance data are available.</p> <p>Robin Neale from Care New England and Cindy from Lifespan supported adding the measure to the Menu Set.</p>
Birthing Friendly Hospital Designation	Do not add to the Acute Care Hospital Measure Set	<p>Sheila Newquist said Q4 2021 - May 2022 performance will be reported beginning in the Fall 2023.</p> <p>Michael Bailit said he thought the measure was weak because it was self-attestation and suggested waiting until the measure becomes more robust, as CMS has suggested it might.</p> <p>Sheila Newquist said she thought the measure currently indicated whether hospitals are participating in a perinatal collaborative. Sheila supported adding the measure because there are so few maternity measures.</p> <p>Robin Neale noted that participating in a perinatal collaborative is a tremendous amount of work.</p> <p>Randi Belhumeur said RIDOH recommended delaying adding the measure until it had more robust requirements.</p>

Cesarean Section	Specify that insurers may use either may use either <i>Cesarean Rate for Nulliparous Singleton Vertex</i> (PC-02) or CMS' new Cesarean Section eCQM.	Sheila Newquist said the only difference between <i>Cesarean Rate for Nulliparous Singleton Vertex</i> (PC-02) and the new eCQM is the way they are reported. Michael Bailit suggested specifying that insurers can use either <i>Cesarean Rate for Nulliparous Singleton Vertex</i> (PC-02) or CMS' new Cesarean Section eCQM.
Severe Obstetric Complications	Add to the Developmental Set and consider moving to the Menu when performance data become available.	The Work Group recommended adding the measure to the Developmental Set with no discussion.

3. Review Behavioral Health Hospital Measure Set Measures

- a. Michael Bailit reminded the Work Group of the nine measures included in the 2022 Behavioral Health Hospital Aligned Measure Set (one core and eight menu).
- b. **Discuss Measures with Significant Specification Changes and “Topped Out” Measures**
 - i. Michael said there were no measures that had major status or specification changes and there was one measure that met the “topped out” definition (*Follow-Up After Hospitalization for Mental Illness, 7-Day*).

Measure Name	Recommendation	Discussion
Follow-Up After Hospitalization for Mental Illness (7-Day) (Core)	Retain	<p>Michael Bailit said the group previously recommended retaining the measure for the Acute Care Hospital Measure Set. Michael expressed his opinion that if a “topped out” measure is recommended for retention because there is continued opportunity for improvement, there should be an expectation that the contractual use of the measure is to reward improvement rather than maintained performance. Cory King clarified that OHIC had not issued formal guidance that providers need to improve on topped out measures.</p> <p>Robin Neale said the measure may be topped out for some hospitals but not for others and noted that maintaining high performance is difficult.</p> <p>Diane Block agreed that it is a lot of work to maintain high performance on the measure.</p> <p>Jay Buechner noted that there are large disparities across race and ethnicity for this measure. (In a follow-up communication after the meeting, Jay shared that the disparities were more moderate than he had suggested during the meeting.)</p> <p>Garry Bliss said he worried that if the measure were removed from the Behavioral Health Measure Set but retained in AE Common Measure Slate it would have a negative impact on <i>All-Cause Readmission</i> rates.</p>

c. Review of Remaining Measures

Measure Name	Recommendation	Discussion
Alcohol & Other Drug Use Disorder Treatment at Discharge (SUC-3a) (Menu)	Retain	<p>Sheila Newquist suggested retaining the measure because of opportunity for improvement. Sheila noted that BCBSRI’s data showed their network in the 66th percentile.</p> <p>Diane Block supported retaining the measure.</p>

Hours of Physical Restraint Use (HBIPS-2) <i>(Menu)</i>	Retain	The Work Group recommended retaining the measure because of continuing opportunity for improvement.
Hours of Seclusion Use (HBIPS-3) <i>(Menu)</i>	Retain	The Work Group recommended retaining the measure because of continuing opportunity for improvement.
Medication Continuation Following Inpatient Psychiatric Discharge <i>(Menu)</i>	Retain	The Work Group recommended retaining the measure without discussion. Diane Block noted that hospitals are not able to make a significant impact on the measure unless they bring patients to a pharmacy.
Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5) <i>(Menu)</i>	Retain	Sheila Newquist recommended retaining the measure because of continuing opportunity for improvement. Sheila noted that BCBSRI's data showed their network in the 56 th percentile.
Tobacco Use Treatment at Discharge (TOB-3a) <i>(Menu)</i>	Remove	Diane Block said Butler had been working on this measure for years without success. Diane said the release-signing process is very complicated and patients are not interested in the RIDOH QuitWorks treatment program. Diane noted that Butler patients are largely all engaged in nicotine replacement. Grace Flaherty reminded the Work Group that this measure was added to fill a tobacco measure gap and the TOB-3a rate was added instead of the TOB-3 rate because the Work Group wanted to focus on treatment rather than only screening. Michael Bailit wondered why Rhode Island's performance was so poor compared to the National Average (5% compared to 20%).

<p>Transition Record with Specified Elements Received by Discharged Patients</p> <p>(Menu)</p>	<p>Did not reach consensus on this measure</p>	<p>Sheila Newquist said the measure seemed topped out (83%).</p> <p>Diane Block said this remained an important measure and patients are still impacted by suboptimal care coordination because of issues sharing information between inpatient and outpatient providers. Diane said a change in an electronic medical record system can significantly impact performance on this measure.</p> <p>Robin Neale agreed with Diane and said the measure can go awry due to transitions in the medical record or field changes; it requires maintenance and high attention.</p> <p>Michael Bailit noted that removing a measure because of high performance does not mean the measure is not important.</p> <p>Garry Bliss asked whether performance is still tracked after a measure is dropped from the Aligned Measure Set due to high performance. Michael said another state (Massachusetts) puts topped-out measures into a monitoring set and checks performance each year to determine whether the measure needs to be brought back into the measure set. Michael also noted that most of the Behavioral Health Hospital measures are CMS measures so hospitals will continue to track them.</p>
<p>30-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization</p> <p>(Menu)</p>	<p>Move to Core but allow one year of de minimis weighting.</p>	<p>Sheila Newquist suggested that the measure transition to the Core Set as had been recommended during the 2021 Annual Review but that OHIC delay the expectation that it be tied to performance by allowing a one-year allowance for de minimis weighting in contractual incentive methodologies.</p> <p>Michael suggested retaining the measure in the Menu Set for an additional year as an alternative. Sheila Newquist said insurers may have difficulty getting hospitals to agree to use the measure if it is in the Menu Set.</p>

		<p>Diane Block asked whether COVID-19 data would create aberrant rates for 2020. Sheila Newquist said the pay-for-performance period would be 7/1/2020-6/30/2022.</p> <p>Robin Neale took issue with moving this measure to the Core for MY 2024 automatically because hospitals would be graded based on a year of performance during the COVID-19 time period that had greatest impact on hospital utilization.</p> <p>Cory King said OHIC would be comfortable granting a one-year allowance for de minimis contractual weighting.</p>
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d. **Discuss Work Group Proposals – Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)**

- i. Michael Bailit shared that BCBSRI 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.
- ii. Sheila Newquist said BCBSRI’s rationale was that Butler Hospital had a viable denominator with opportunity for improvement, and that the measure would be a good compliment to the other Follow-Up measures, promoting improved transitions of care.
- iii. Michael asked if the Work Group recommended specifying the 7-day and/or 30-day rate for the measure.
- iv. **Discussion:**
 - 1. Diane Block suggested adding the 30-day rather than 7-day rate because of follow-up challenges and different resource levels in different areas of the state.
 - 2. Sheila Newquist said BCBSRI preferred the 7-day rate because it is better for patient care and helps with readmissions.
 - 3. Jay Buechner supported adding the 7-day rate because a) it focuses on substance use care, b) it is easy to calculate and c) there are resources in Rhode Island that would support action within the 7-day period.
- v. **Recommendation:** Add *Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) (7-Day)* to the Menu Set.

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

- i. Michael Bailit reminded the Work Group that 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).
- ii. Michael asked if the Work Group recommended stratifying any of the Behavioral Health Hospital Measures by REL for the 2023 Aligned Measure Set.

iii. **Discussion:**

1. Robin Neale suggested considering topped out measures.
2. Jay Buechner suggested *Follow-Up After Hospitalization for Mental Illness (7-Day)*.
3. Sheila Newquist said BCBSRI's denominator is small for FUH-7 (only 368) and it only had 52% REL data completeness. Sheila said the other measures are CMS measures, for which CMS does not provide stratified data.
4. Michael Bailit asked if insurers could obtain race data from the hospitals. Robin Neale said Care New England had race and ethnicity data for its patients.
5. Sheila Newquist said in order to share data they would need to send the list of members that fall into the denominator to hospitals, and the hospitals would need to match the members with their REL data.
6. Cory King suggested using CurrentCare, which will be switching from an opt-in to an opt-out method and thus will be more complete.
7. Michael suggested beginning with payer and hospital REL data sharing for FUH-7 to see what stratification looks like.
8. Garry Bliss noted that data collection for AEs has been a challenge and suggested focusing on collection before moving on to stratification.

- iv. **Recommendation:** Explore sharing REL data between Care New England and BCBSRI to stratify *Follow-Up After Hospitalization for Mental Illness (7-Day)*.

4. **Public Comment**

- a. Cory King asked for any public comment. There was none.

5. **Next Steps**

- a. The Measure Alignment Work Group will reconvene on August 29th from 10:00am-12:30pm to discuss OHIC's Primary Care Measure Set.