



Measure Alignment Work Group Primary Care Measure Set Meeting Summary

August 29, 2022, 10:00 A.M. to 12:30 P.M.

Summary of Recommendations:

- The Work Group did not reach consensus on *Child and Adolescent Well-Care Visits*. There was general support for adding the 3-11 age range, but not unanimous support for keeping the measure in the Core Set.
- The Work Group recommended removing *Antidepressant Medication Management*.
- The Work Group recommended moving *CAHPS Surveys (specifically CG-CAHPS and/or PCMH CAHPS)* to the Developmental Set.
- The Work Group recommended elevating *Chlamydia Screening* to the Core Set.
- The Work Group did reach consensus on *Fluoride Varnish*. The Work Group did not come to consensus on whether to remove the measure, retain the measure in the Menu Set, or elevate the measure to the Core Set in MY 2024 (and move to the Developmental Set in the interim).
- The Work Group recommended removing *Concurrent Use of Opioids and Benzodiazepines*.
- The Work Group recommended removing *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions*.
- The Work Group recommended elevating EOHHS' *Social Determinants of Health Screening* to the Menu Set.
- The Work Group recommended removing *Statin Therapy for Patients with Cardiovascular Disease*.
- The Work Group recommended removing *Substance Use Assessment in Primary Care*.

Summary of Next Steps:

- Bailit Health will reach out to Andrea Galgay determine why CTC-RI specifications do not align with CMS specifications for *Developmental Screening in the First Three Years of Life*.

Meeting Notes:

1. Summary of Recommendations from August 23rd Meeting

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

- a. Michael Bailit summarized recommendations made by the Work Group during the August 23rd meeting on the Acute Care Hospital Measure Set and Behavioral Health Hospital Measure Set.

2. Review Primary Care Measure Set Measures

- a. Michael Bailit reminded the Work Group of the 25 measures included in the 2022 Primary Care Aligned Measure Set (eight core, eight menu, nine 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 primary care measures that had major status or specification changes and there were six primary care measure that met the “topped out” definitions, four of which were Core Measures.
 - ii. Michael asked the Work Group members to consider how they recommended OHIC handle “topped out” measures, especially the Core Measures. Michael observed that when high performing Core Measures were retained, lower performing Menu Measures not adopted for contracts would not be given attention.
 - iii. Stacey Aguiar noted that 2021 Medicaid Quality Compass data would be published in the next couple weeks and would update what is known about Medicaid-specific opportunities for improvement.
 - iv. Sheila Newquist noted that some of the “topped out” measures impact health plan ratings and some of the measures would soon be stratified by race, ethnicity and language (REL) in line with NCQA requirements.
 - v. Michael noted that although statewide performance was above 90th percentile for the topped-out measures, performance was likely variable at the practice level.
 - vi. Peter Hollmann said he thought RI’s high performance on the Core Measures was due to the Aligned Measure Set’s success. Peter suggested that the measures’ thresholds do not necessarily need to require continuous improvement. Peter said plans have an interest in maintaining high ratings on the measures.

Measure Name	Recommendation	Discussion
Colorectal Cancer Screening (Core)	Retain	Michael Bailit noted that there were specification changes in the MY 2022 NCQA technical update that lowered the measure’s age range from 50-75 years to 45-75 years and added the Medicaid line of business. Sheila Newquist supported keeping the measure in the Core Set because the measure impacts health plan ratings and would be reported stratified by REL. Michael noted that the Work Group could remove the measure from the Core

		<p>Set and plans would still report it stratified to NCQA.</p> <p>Susanne Campbell supported keeping the measure in the Core Set because she was concerned about the measure's health disparities and because Medicaid data were not yet available. Michael said Medicaid performance could also be above the 90th percentile if the rest of the country was also doing poorly on the measure.</p> <p>Stacey Aguiar supported keeping the measure in the Core Set because it was a state priority.</p> <p>Peter Hollmann, David Harriman and Andrea Galgay supported keeping the measure in the Core Set because of the new age range.</p>
Controlling High Blood Pressure (Core)	Retain	<p>Michael Bailit noted that the measure was a Core Measure, but only two payers reported using the measure.</p> <p>Peter Hollmann supported retaining the measure because it was a Primary Care First measure and because performance was not particularly good even though it was above the national 90th percentile. Peter also noted that the clinical standard for <i>Controlling High Blood Pressure</i> may change to become more stringent.</p> <p>Stacey Aguiar and Sheila Newquist supported retaining the measure in the Core Set because NCQA would be stratifying the measure by REL and there was room for improvement.</p> <p>Andrea Galgay noted that the measure would soon be a CMS measure.</p>
Developmental Screening in the First Three Years of Life (Core)	Retain	<p>David Harriman and Andrea Galgay noted that CTC-RI specifications were not in sync with CMS specifications (lookback period was 6 months rather than 24 months).</p> <p>Next Step: Bailit Health will reach out to Andrea Galgay determine why CTC-RI specifications do not align with CMS specifications for <i>Developmental Screening in the First Three Years of Life</i>.</p>

		<p>Stacey Aguiar and Garry Bliss supported retaining the measure in the Core Set because early identification of childhood development issues was very important, and performance dipped during the pandemic.</p> <p>Jay Buechner asked what would happen to the Accountable Entity (AE) Common Measure Slate if Core Measures were removed from the Aligned Measure Sets. Michael said EOHHS and OHIC try to align their measure sets, so there could be implications for the AE Common Measure Slate if Core Measures were removed from the Aligned Measure Sets.</p>
<p>Eye Exam for Patients with Diabetes <i>(Core)</i></p>	<p>Retain</p>	<p>Peter Hollmann supported retaining the measure because it was clinically important, and he anticipated rates would decline in 2022 because of the two-year reporting delay.</p> <p>Elizabeth Caruso said measure was high performing because there was a lot of work happening behind the scenes to maintain high performance.</p> <p>Jay Buechner suggested replacing the measure with another diabetes measure.</p>
<p>Cervical Cancer Screening <i>(Menu)</i></p>	<p>Retain</p>	<p>Randi Belhumeur said RIDOH supported elevating the measure to the Core Set.</p> <p>Peter Hollmann said he thought measure performance was correlated with which patients visit their gynecologists and that the value of cervical cancer screening has changed since HPV vaccination has increased.</p> <p>David Harriman, Stacey Aguiar and Sheila Newquist supported retaining the measure in the Menu Set.</p>
<p>Immunizations for Adolescents (Combo 2) <i>(Menu)</i></p>	<p>Retain</p>	<p>Michael Bailit noted that insurers have never reported using the measure in primary care contracts, but that during the 2021 Annual Review the Work Group suggested considering whether to elevate the measure to the Primary Care Core Set.</p>

		<p>Jay Buchner said the low rate was driven by the HPV vaccination rate; the Combo version of the measures without HPV had much higher rates.</p> <p>Stacey Aguiar supported retaining the measure because COVID-19 negatively impacted performance, because it was an important measure and because it was a heavily weighted NCQA rating measure.</p> <p>Susanne Campbell asked why payers were not using the measure in contracts. Catherine D'Angelo said BCBSRI used to use the measure in contracts but removed it in 2019 because of high performance.</p> <p>Garry Bliss asked Charlie Estabrook whether EOHHS was considering making the measure Core for the AE Common Measure Slate. Charlie said yes and said EOHHS supported retaining the measure in the Primary Care Measure Set.</p> <p>Andrea Galgay supported elevating the measure to the Core Set because it was not a heavy administrative lift for practices.</p>
--	--	---

d. Review of Remaining Measures

Measure Name	Recommendation	Discussion
Breast Cancer Screening (Core)	Retain	<p>Michael Bailit said that the measure was topped out for the commercial market but not for Medicaid. Garry Bliss voiced his opinion that until the measure was topped out for both commercial and Medicaid, it was not truly topped out.</p> <p>The Work Group recommended retaining the measure without discussion.</p>
Child and Adolescent Well-Care Visits (Adolescent Well-Care Visits Only, age bands 12-17 and 18-21) (Core)	General support for adding the 3-11 age range; not unanimous support for keeping the measure in the Core Set	Michael Bailit reminded the Work Group that the Aligned Measure Set only included the adolescent age ranges. Michael said that UnitedHealthcare had proposed adding the 3-11 and Total age ranges to the Primary Care and ACO Measure Sets and also proposed moving the measure from the Core to the Menu Set.

		<p>Stacey Aguiar explained UnitedHealthcare’s rationale, saying that the 3-11 age range was important because if children were not seeing their primary care provider, they could not close the gap on other screening and immunization measures.</p> <p>Leigh Nyahe supported adding the 3-11 age range but asked why the measure needed to move from Core to Menu if the Work Group was only adding an age range. Stacey Aguiar said UnitedHealthcare was proposing the Total range, which would be a new measure, and usually the Work Group did not add new measures to the Core Set.</p> <p>Andrea Galgay said she supported moving the Total rate to the Core Set given the measure used administrative data.</p> <p>Susanne Campbell did not support adding the 3-11 age range because she was concerned about the risk of losing focusing on the age ranges with more opportunity for improvement.</p> <p>Garry Bliss asked whether the four age bands would still be reported separately. Michael said OHIC does not regulate how measures are used in contracts for reporting, only which measures should be used when applying financial incentives for performance.</p> <p>Charlie Estabrook supported adding the 3-11 age range and retaining the measure in the Core Set.</p>
<p>Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%) <i>(Core)</i></p>	<p>Retain</p>	<p>Stacey Aguiar and Andrea Galgay supported retaining the measure in the Core Set.</p>
<p>Lead Screening in Children <i>(Core)</i></p>	<p>Retain</p>	<p>Stacey Aguiar and Garry Bliss supported retaining the measure in the Core Set because it was an important measure and because there was opportunity for improvement.</p>

		<p>The Work Group discussed how to obtain data on this measure from KIDSNET.</p> <p>Sheila Newquist noted that BCBSRI was still waiting for commercial benchmarks from RIDOH.</p>
<p>Antidepressant Medication Management <i>(Menu)</i></p>	<p>Remove</p>	<p>Michael Bailit noted Rhode Island’s poor performance on this measure relative to national benchmarks. Michael also noted that insurers had not reported using the measure in primary care contracts since 2019.</p> <p>Stacey Aguiar supported retaining the measure because it was a State-mandated measure.</p> <p>Leigh Nyahe said the measure was difficult to meet unless practices had integrated behavioral health.</p> <p>Peter Hollmann suggested removing the measure because medication adherence measures were highly susceptible to gaming.</p> <p>Jay Buchner said the majority of antidepressant prescribing came from primary care providers and noted the modest disparities by race and ethnicity.</p> <p>Susanne Campbell asked why payers were not using the measure. Sheila Newquist said BCBSRI puts more emphasis on the Core Measures.</p> <p>Lyanne Nyahe suggested keeping the measure in the Menu Set to allow plans and providers to explore using the measure.</p> <p>Charlie Estabrook noted that the measure was one of EOHHS’ Certified Community Behavioral Health Clinic (CCBHC) program measures.</p>
<p>CAHPS Surveys, Specifically CG-CAHPS and/or PCMH CAHPS <i>(Menu)</i></p>	<p>Move to Developmental Set</p>	<p>Stacey Aguiar suggested removing the measure because although patient feedback was important, the CAHPS surveys have seen a declining response rate so the feedback has not been as helpful as in the past.</p> <p>Peter Hollmann supported retaining the measure but suggested moving the measure to the</p>

		<p>Developmental Set so plans and practices could work on implementation.</p> <p>Andrea Galgay said CAHPS was more impactful for Medicare Advantage than for commercial. Andrea said having a universal statewide survey would be helpful, similar to what was used in CTC-RI.</p>
Chlamydia Screening (Menu)	Move to the Core Set	<p>Susanne Campbell supported elevating the measure to the Core Set.</p> <p>Charlie Estabrook said EOHHS supported adding the measure to the Core Set.</p> <p>Jay Buechner supported elevating the measure to the Core Set and suggested the measure become Core for Accountable Entities too.</p>
Fluoride Varnish (Menu)	The Work Group did not come to consensus on whether to remove the measure, retain the measure in the Menu Set, or elevate the measure to the Core Set in MY 2024 (and move to the Developmental Set in the interim).	<p>Michael Bailit noted that payers have never reported using the measure. Michael said NCQA introduced a new <i>Topical Fluoride for Children</i> measure, but it was not viable for medical benefits.</p> <p>Sam Zwetchkenbaum noted that dental caries were highly prevalent in RI and shared disparities by race and ethnicity.</p> <p>Sheila Newquist said if RIDOH's measure was moved to the Core Set, BCBSRI would need a year to prepare for implementation because the measure was a non-HEDIS measure.</p> <p>Jay Buechner noted that it would be difficult for practices to determine whether children already had fluoride varnish application in a dental office. Sam Zwetchkenbaum said there was no harm in repeat applications because up to four per year are permitted.</p> <p>Peter Hollmann asked if fluoride varnish application had a billing code and if dental fluoride application data were captured in KIDSNET. Sam Zwetchkenbaum said fluoride varnish application had a billing code that was covered and paid, but KIDSNET did not receive dental data.</p>

		<p>Andrea Galgay asked whether there were logistical barriers with fluoride storage and whether community health centers were doing most of the applications. Sam Zwetchkenbaum said there were no logistical challenges and there were pediatrician champions doing applications.</p> <p>Andrea Galgay supported moving the measure to the Developmental Set for MY 2023 and making the measure On-Deck for the MY 2024 Core Set.</p>
Kidney Health Evaluation for Patients with Kidney Disease <i>(Menu)</i>	Retain	<p>Michael Bailit reminded the Work Group that during the 2021 Annual Review, the Work Group expressed doubts about the measure’s value and said the measure had specification issues.</p> <p>Peter Hollmann said he did not see the value in this measure but said he was comfortable retaining it in the Menu Set.</p> <p>David Harriman said the specification issues had been corrected since the 2021 Annual Review.</p> <p>Stacey Aguiar supported retaining the measure because it is a Medicaid NCQA rating measure.</p> <p>Sheila Newquist supported retaining the measure because it is CMS Star Rating measure.</p>
Primary Care Health Equity Measure <i>(Menu)</i>	Retain	<p>Michael Bailit asked the Work Group why the measure was not being used in primary care contracts. Michael noted the challenges with REL data collection and shared that Bailit Health was organizing a meeting between BCBSMA and RI payers to share RAND’s race imputation methodology and how BCBSMA was using it.</p> <p>Sheila Newquist shared that BCBSRI had better REL data availability for primary care than for behavioral health (closer to 80% using administrative data). Sheila said the OHIC Primary Care REL measure used different measures than the NCQA REL stratified measures, which was likely why BCBSRI was not using it.</p>

		<p>Stacey Aguiar said ACOs would be reporting this for the first time for Medicaid.</p> <p>Andrea Galgay and Elizabeth Caruso said their major obstacle had been REL data extraction, not REL data capture.</p>
Concurrent Use of Opioids and Benzodiazepines <i>(Developmental)</i>	Remove	Michael reminded the Work Group that they recommended removing the measure during the first 2022 Annual Review meeting due to denominator size inadequacy.
Depression Remission or Response for Adolescents and Adults <i>(Developmental)</i>	Retain	<p>The Work Group recommended retaining the measure without discussion.</p> <p>Sheila Newquist noted that BCBSRI was advancing the measure for behavioral health but was not yet doing so for primary care.</p>
Depression Screening and Follow-up for Adolescents and Adults <i>(Developmental)</i>	Retain	The Work Group recommended retaining without discussion.
Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions <i>(Developmental)</i>	Remove	<p>Michael said this measure was added during the 2021 Annual Review as an alternative to a homegrown chronic conditions measure suggested by a Work Group member, but that the measure was a Medicare-only measure.</p> <p>The Work Group recommended removing the measure because it is Medicare-only.</p>
Social Determinants of Health Screening <i>(Developmental)</i>	Move to the Menu	<p>Michael reminded the Work Group that NCQA introduced <i>Social Need Screening and Intervention</i> as a new measure for MY 2023. Michael said the Work Group could (a) Elevate EOHHS' <i>Social Determinants of Health Screening</i> to Menu status and make NCQA's <i>Social Need Screening and Intervention</i> a Developmental Measure and work towards using electronic clinical data for reporting in the future or (b) replace EOHHS' <i>Social Determinants of Health Screening</i> with NCQA's <i>Social Need Screening and Intervention</i> as a Developmental measure and work towards using electronic clinical data for reporting.</p> <p>Andrea Galgay and Elizabeth Caruso recommended retaining EOHHS' measure</p>

		<p>because they have made a lot of headway on implementing the EOHHS' measure, and she feared if the Work Group recommended removing the measure, they would lose that progress. Andrea also noted that NCQA's measure does not include interpersonal violence screening.</p> <p>Charlie Estabrook said EOHHS supported retaining EOHHS' measure and said their goal was to move toward adding an intervention component.</p>
--	--	---

Statin Therapy for Patients with Cardiovascular Disease <i>(Developmental)</i>	Remove	Peter Hollmann and David Harriman recommended removing the measure because of its susceptibility to gaming.
Substance Use Assessment in Primary Care <i>(Developmental)</i>	Remove	Michael shared performance from Connecticut Medicaid, which was low because practices were not yet coding for the measure. Peter Hollmann suggested removing the measure because there was no code for substance use screening, only a code for substance use screening and intervention. Sheila Newquist supported removing the measure because NCQA's substance use screening measure was in the Primary Care Developmental Set.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults <i>(Developmental)</i>	Retain	Sheila Newquist supported retaining the measure because BCBSRI was working on implementing the measure. Andrea Galgay noted that the measure's time frame was different than CMS' measure and suggested removing the measure.
Unhealthy Alcohol Use Screening and Follow-Up <i>(Developmental)</i>	Retain	The Work Group recommended working on implementing this measure rather than <i>Substance Use Assessment in Primary Care</i> .

3. Public Comment

- a. Michael Bailit asked for any public comment. There was none.

4. Next Steps

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