

# OHIC Aligned Measure Sets 2022 Annual Review

---

ACO Aligned Measure Set & Annual Review Wrap-up

*September 12, 2022*

# Agenda

1. Summary of Recommendations from the August 29<sup>th</sup> Meeting
2. Review ACO Measure Set Measures
  - Discuss Measures with Significant Specification Changes and “Topped Out” Measures
  - Review Remaining Measures
  - Discuss Work Group Proposals
3. Draft OHIC Aligned Measure Set Decisions
4. Public Comment
5. Next Steps

## Summary of Recommendations from the August 29<sup>th</sup> Meeting

# Summary of Recommendations from the August 29<sup>th</sup> Meeting

- During the August 29<sup>th</sup> meeting, the Work Group finished reviewing the **Primary Care Aligned Measure Set** and made the following recommendations to OHIC:
  1. **Elevate** EOHHS' *Social Determinants of Health Screening* to the Menu Set.
  2. **Remove** the following measures:
    - *Antidepressant Medication Management*
    - *Concurrent Use of Opioids and Benzodiazepines*
    - *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions*
    - *Statin Therapy for Patients with Cardiovascular Disease*
    - *Substance Use Assessment in Primary Care*
  3. **Move** the *CAHPS Surveys (CG-CAHPS and/or PCMH CAHPS)* to the Developmental Set.

# Summary of Recommendations from the August 29<sup>th</sup> Meeting (Cont'd)

- During the August 29<sup>th</sup> meeting, the Work Group finished reviewing the **Primary Care Aligned Measure Set** but did not reach consensus on two measures:
  1. Whether to add the 3-11 years age range for *Child and Adolescent Well-Care Visits* or whether to retain the measure (with the added age range) in the Core Set.
  2. Whether to a) remove *Fluoride Varnish*, b) retain the measure in the Menu Set or c) move the measure to the Developmental Set and elevate it to the Core Set in MY 2024.

## Review ACO 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

# ACO Aligned Measure Set

- The 2022 ACO Aligned Measure Set includes 30 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
    - Follow-up After Hospitalization for Mental Illness (7-Day)
    - Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%)

# ACO Aligned Measure Set (cont'd)

- The 2022 ACO Aligned Measure Set includes 30 measures:
  - **13 Menu Measures:**
    - CAHPS, specifically ACO CAHPS, CG-CAHPS, HCAHPS, MIPS CAHPS, and/or PCMH CAHPS
    - Cervical Cancer Screening
    - Chlamydia Screening
    - Follow-up After Emergency Department Visit for Mental Illness
    - Follow-up After Emergency Department Visits for Substance
    - 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%)*

# ACO Aligned Measure Set (cont'd)

- The 2022 ACO Aligned Measure Set includes 30 measures:
  - **13 Menu Measures (cont'd):**
    - Hospital-wide Readmit
    - Immunizations for Adolescents (Combo 2)
    - Initiation and Engagement of Substance Use Treatment
    - Kidney Health Evaluation for Patients with Kidney Disease
    - Lead Screening in Children
    - Plan (ACO) All-Cause Readmission
    - Use of Imaging Studies for Low Back Pain

# ACO Aligned Measure Set (cont'd)

- The 2022 ACO Aligned Measure Set includes 30 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
    - Unhealthy Alcohol Use Screening and Follow-up
    - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults

# Framework for Discussing ACO Measure Set Measures

- The measures in the ACO Measure Set have already been discussed in the context of the other Aligned Measure Sets.
- When presented with each ACO Measure Set measure, please consider the following questions:
  1. Was the measure recommended to be removed or recategorized in another measure set(s), and if so, should the same be done for the ACO Measure Set?
  2. For Menu Measures, is the measure in use in ACO contracts, and if not, why should it be retained?
  3. Should any measures be recategorized independent of their status in other measure sets?

# 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 seven 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. *Follow-up After Hospitalization for Mental Illness (7-day) (Core)*
  6. *Cervical Cancer Screening (Menu)*
  7. *Immunizations for Adolescents (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.)	Primary Care (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	Primary Care (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	Primary Care (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 RI did not report this measure to CMS for the Child Core Set or reported using non-Core Set specifications.

# 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	Primary Care (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

# 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	Primary Care (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 <sup>th</sup> percentile)	56.9% (above 90 <sup>th</sup> 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)

# 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	Primary Care (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		
<b>MI Medicaid Managed Care performance:</b> 1.8% higher for Whites than for Blacks		<b>U.S. literature review:</b> 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>	Primary Care (Menu)	2 (ACO Contracts)	54.6% (above 90 <sup>th</sup> percentile)	50.7% (above 90 <sup>th</sup> percentile)

**Data Source:** Claims/Clinical Data

# Review of Remaining Measures

- The following measures in the ACO 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>	Primary Care (Core)	4 (ACO Contracts) 2 (Primary Care Contracts)	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



# 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	Primary Care (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

# CAHPS Surveys, specifically ACO CAHPS, CG-CAHPS, HCAHPS, MIPS 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	RI Performance	National Performance
No changes	Primary Care (Menu); Acute Care Hospital (Core)	1 (Primary Care Contract)	See next slide for HCAHPS performance	See next slide for HCAHPS performance

Data Source: Survey

# CAHPS Surveys, specifically ACO CAHPS, CG-CAHPS, HCAHPS, MIPS CAHPS and/or PCMH CAHPS (Menu) (Cont'd)

HCAHPS Survey Question	RI Performance (2020*)	National Performance (2020*)
Room was always clean	71%	73%
Nurses always communicated well	78%	80%
Doctors always communicated well	78%	81%
Patients always received help as soon as they wanted	61%	67%
Staff always explained medicines	60%	63%
Patients who "Strongly Agree" they understood their care when they left the hospital	49%	52%
Staff gave discharge information	86%	84%
Overall rating of 9 or 10	69%	73%
Always quiet at night	54%	63%
Patients would definitely recommend the hospital	70%	71%

\*The January 2022 HCAHPS scores are based on three quarters of data (Q3 2020, Q4 2020, and Q1 2021) rather than the customary four quarters.

# 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	Primary Care (Menu)**	1 (ACO Contract)	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)

\*\*During the August 29<sup>th</sup> meeting, the Work Group recommended elevating *Chlamydia Screening* to the Primary Care Core Set.

# Follow-Up After Emergency Department Visit for Mental Illness (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<b>U.S. study of follow-up after mental health ED discharge:</b> Odds of follow-up lower for Blacks compared to Whites (OR* = 0.83 for 7-day, OR = 0.76 for 30-day)		<b>U.S. study of follow-up after mental health ED discharge:</b> Odds of follow-up lower for beneficiaries who qualified for Medicaid on basis of income rather than disability (OR = 0.87 for 7-day, OR = 0.86 for 30-day)		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2020)	Medicaid Performance (2020)
Minor changes	Acute Care Hospital (Menu)**	2 (Acute Care Contracts)	58.4% (7-Day)(above 90th percentile)	64.3% (7-Day)(above 90th percentile)
		2 (BH Hospital Contracts) 2 (Outpatient BH Contracts)	71.6% (30-Day) (between 75th and 90th percentiles)	75.9% (30-Day) (above 90th percentile)

**Data Source:** Claims

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

\*\*During the July 18<sup>th</sup> meeting, the Work Group recommended allowing both the 7-day and 30-day rates for *Follow-up After Emergency Department Visit for Mental Illness*.

# Follow-Up After Emergency Department Visit for Substance Use (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>U.S. study of follow-up after SUD ED discharge:</b> Odds of follow-up higher among Blacks compared to Whites (OR* = 1.34 for 7-day, OR = 1.15 for 30-day)</p>		<p><b>U.S. study of follow-up after SUD ED discharge:</b> 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)</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2020)	Medicaid Performance (2020)
<p>Major changes (moved from Core to Menu Set in 2021 due to the changes). The Work Group will consider moving the measure back to the Core Set after NCQA publishes performance using revised specifications</p>	<p>Acute Care Hospital (Menu)**</p>	<p>2 (Acute Care Contracts) 2 (BH Hospital Contracts)</p>	<p>11.0% (7-Day) (between 50th and 75th percentiles)</p>	<p>14.0% (7-Day) (between 50th and 75th percentiles)</p>
			<p>18.3% (30-Day) (between 50th and 75th percentiles)</p>	<p>23.4% (30-Day) (between 50th and 75th percentiles)</p>

**Data Source:** Claims

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

\*\*During the July 18<sup>th</sup> meeting, the Work Group did not come to a consensus on whether to specify the 7-day or 30-day rates for *Follow-up After Emergency Department Visit for Substance Use*.

# ACO Health Equity Measure (Menu)

The ACO 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	Primary Care (Menu)	2 (ACO Contracts)	NA	NA

# Hospital-wide Readmit (READM-30-HOSP-WIDE) (Menu)

## Equity Analysis: Race/Ethnicity

*Plan All-Cause Readmission:*

**CA Medicaid managed care:** Readmission rate 4.4 percentage points lower for Whites than Blacks

**U.S. study:** Likelihood of readmission higher among Blacks than Whites (OR\* = 1.05)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2020)	National Performance (2020)
Minor changes	Acute Care Hospital (Core)	4 (Acute Care Contracts) 2 (BH Hospital Contracts)	16.1%	15.5%

**Data Source:** Claims

\*Data from the 1st and 2nd quarters of 2020 are not being reported due to the impact of the COVID-19 pandemic.



# Initiation and Engagement of Substance Use Treatment (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	Commercial Performance (2021)	Medicaid Performance (2020)
Minor changes for MY 2023  <b>Note:</b> This measure was moved from Core to Menu during the 2021 Annual Review due to significant MY 2022 specification changes.	Outpatient BH – Substance Use Treatment (Menu)**	None (payers have not reported using this measure since 2018)	<b>Engagement:</b> 13.3% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentile)	<b>Engagement:</b> 16.4% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentile)
			<b>Initiation:</b> 31.9% (below 50 <sup>th</sup> percentile)	<b>Initiation:</b> 42.1% (below 50 <sup>th</sup> percentile)

**Data Source:** Claims

\*AI/AN = American Indian or Alaska Native

\*\*During the August 15<sup>th</sup> meeting, the Work Group recommended that OHIC does not continue to maintain the Outpatient BH Substance Use Treatment Measure Set.

# 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	Primary Care (Menu)	1 (ACO Contract)*	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.

# Lead Screening in Children (Menu)

## 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	Primary Care (Core)	3 (ACO Contracts) 2 (Primary Care Contracts)	NA	75.2% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentile)

**Data Source:** Claims

# Plan (ACO) All-Cause Readmission (Menu)

## Equity Analysis: Race/Ethnicity

**CA Medicaid managed care:** Readmission rate 4.4 percentage points lower for Whites than Blacks

**U.S. study:** Likelihood of readmission higher among Blacks than Whites (OR\* = 1.05)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2021)	Medicaid Performance (2020)
Minor changes	None	2 ACO Contracts	0.60 (below National 50 <sup>th</sup> percentile)	1.14 (below National 50 <sup>th</sup> percentile)

**Data Source:** Claims

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

# Use of Imaging Studies for Low Back Pain (Menu)

## Equity Analysis: Race/Ethnicity

**U.S. study:** Asian and Hispanic patients less likely to be prescribed opioids to treat back pain, Black patients and other race patients more likely to receive opioid prescription, compared to Whites

**U.S. study:** Blacks more likely to report low back pain compared to Hispanics and Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2021)	Medicaid Performance (2020)
Minor changes for MY 2023  Measure lost endorsement in 2017 because it did not pass NQF's validity sub-criterion	None	None (payers last reported using this measure in 2021)	75.7% (below National 50 <sup>th</sup> percentile)	71.3% (below National 50 <sup>th</sup> percentile)

**Data Source:** Claims

# 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	Primary Care; Outpatient BH – Substance Use Treatment (Developmental)*	None (payers have not reported using this measure since 2018)	NA	NA

**Data Source:** Claims

\*During Meeting #1, the Work Group recommended removing *Concurrent Use of Opioids and Benzodiazepines* 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	Primary Care (Developmental); Outpatient BH – Substance Use Treatment (Developmental)	1 (Outpatient BH Contract*)	NA	NA

\*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	Primary Care (Developmental); Outpatient BH – Substance Use Treatment (Developmental)	2 (ACO Contracts) 1 (Outpatient BH Contract*)	NA	NA

\*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	Primary Care (Developmental)*	None (payers have never reported using this measure)	NA	NA

**Data Source:** Claims

\*During the August 29<sup>th</sup> meeting, the Work Group recommended removing *Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions* from the Primary Care Measure Set because it is a Medicare-only measure.

# 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	Primary Care*; Acute Care Hospital; Outpatient BH– Mental Health; Outpatient BH– Substance Use Treatment (Developmental)	3 (ACO Contracts)	NA	28.7%

**Data Source:** Survey

\*During the August 29<sup>th</sup> meeting, the Work Group recommended elevating *Social Determinants of Health* to the Primary Care Menu Set.

# 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	Primary Care (Developmental)*	1 (ACO Contract)	<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)

\*During the August 29<sup>th</sup> meeting, the Work Group recommended removing *Statin Therapy for Patients with Cardiovascular Disease* from the Primary Care Measure Set.

# 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	Primary Care (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.

\*\*\*During the August 29<sup>th</sup> meeting, the Work Group recommended removing *Substance Use Assessment in Primary Care* from the Primary Care Measure Set.

# 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	Primary Care (Developmental); Outpatient Behavioral Health – Mental Health (Developmental)	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.

# 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	Primary Care (Developmental); Outpatient Behavioral Health – Mental Health (Developmental)	None (payers have never reported using this measure)	NA	NA

**Data Source:** ECDS

## Discuss Work Group Proposals

# Prenatal and Postpartum Care & Patient Engagement

- EOHHS has proposed adding two measures to the ACO Measure Set:
  1. *Prenatal and Postpartum Care (Timeliness of Prenatal Care and Postpartum Care Rates)* (NCQA)
    - **Rationale:** EOHHS is interested in adding Prenatal and Postpartum Care to the ACO Common Measure Slate because of inequities by race/ethnicity.
  2. *Patient Engagement* (EOHHS)
    - **Rationale:** This is a new AE Measure for MY 2023.



# Prenatal & Postpartum Care – Timeliness of Prenatal Care

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI delayed prenatal care:</b> 22.3% for Blacks, 21.2% for AI/AN, 18.2% for Hispanics, 13.4% for Whites</p> <p><b>CA Medicaid Managed Care performance:</b> 6.3% higher for Whites than Blacks</p>		<p><b>CA study:</b> Women with IDD more likely to delay prenatal care initiation (RR* = 1.21) compared to women without IDD</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	Maternity Care (Core)	None	88.5% (between 75 <sup>th</sup> -90 <sup>th</sup> percentile)	93.4% (above 90 <sup>th</sup> percentile)

**Data Source:** Claims/Clinical Data

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

# Prenatal & Postpartum Care – Postpartum Care Rate

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI study of postpartum health care utilization:</b> Hispanic women had higher odds of not having one-week check-up (OR* = 1.73) compared to White women</p> <p><b>CA Medicaid Managed Care performance:</b> 11.1% higher for Whites than Blacks</p> <p><b>MI Medicaid Managed Care performance:</b> 9.2% higher for Whites than Blacks</p>		<p><b>MA study of postpartum hospital utilization:</b> Women with IDD had at least 2x higher rates for any hospitalization and repeated hospitalizations compared to women without IDD</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	Maternity Care (Core)**	None	88.4% (between 75 <sup>th</sup> -90 <sup>th</sup> percentile)	87.0% (above 90 <sup>th</sup> percentile)

**Data Source:** Claims/Clinical Data

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

\*\**Postpartum Care Rate* was removed from the ACO Measure Set during the 2021 Annual Review because it was not in use. 50

# Patient Engagement

- *Patient Engagement* is a homegrown EOHHS measure, new for MY 2023.
  - **Note:** EOHHS recognizes that patient engagement with an AE may extend beyond what is captured by this measure (e.g., visits with a care manager, care coordinator, integrated behavioral health specialist, etc.). The intent of this measure, however, is to focus exclusively on visits with an AE primary care provider.

Measure Name	NQF #	Steward	Description	Data Source
Patient Engagement	N/A	RI EOHHS	The percentage of attributed patients who have engaged with an AE primary care provider (i.e., one or more ambulatory, preventive or outpatient visits) as of December 31 of the measurement year during the last twelve months for attributed members.	Claims

## Draft OHIC Aligned Measure Set Decisions

# Draft OHIC Aligned Measure Set Decisions – Measures without Agreement

- During the 2022 Annual Review Process, the Work Group **has not achieved a significant majority opinion, let alone consensus, regarding several quality measures.**
- The following slides include OHIC's draft decisions on the measures where there was not a clear message from the Work Group.
- We will pause for discussion of each measure.

# Draft OHIC Aligned Measure Set Decisions – Measures without Agreement (Cont'd)

<b>Measure Name</b>	
<b>Antidepressant Medication Management</b>	
<b>Applicable Measure Set(s)</b>	<b>Work Group Discussion</b>
Outpatient Behavioral Health – Mental Health (Menu)	The Work Group did not come to agreement on whether to elevate the measure to the Outpatient Behavioral Health – Mental Health Core Set for MY 2023 or MY 2024.
<b>OHIC Draft Decision</b>	
On Deck for inclusion in the MY 2024 Core Set to allow payers and providers time to implement the measure.	

# Draft OHIC Aligned Measure Set Decisions – Measures without Agreement (Cont'd)

<b>Measure Name</b>	
<b>Child and Adolescent Well-Care Visits</b> (Adolescent Well-Care Visits Only, age bands 12-17 and 18-21)	
<b>Applicable Measure Set(s)</b>	<b>Work Group Discussion</b>
ACO (Core); Primary Care (Core)	There was general support among Work Group members for adding the 3-11 age range to the measure; not unanimous support for keeping the measure in the Core Set.
<b>OHIC Draft Decision</b>	
Add the 3-11 age range and retain the measure in the Primary Care and ACO Core Sets because of a lack of Core pediatric measures and because the measure uses administrative data.	

# Draft OHIC Aligned Measure Set Decisions – Measures without Agreement (Cont'd)

<b>Measure Name</b>	
<b>Fluoride Varnish</b>	
<b>Applicable Measure Set(s)</b>	<b>Work Group Discussion</b>
Primary Care (Menu)	The Work Group did not come to agreement 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).
<b>OHIC Draft Decision</b>	
Move to the Developmental Set for MY 2023 to allow payers and providers to work towards implementation and elevate the measure to the Core Set in MY 2024.	



# Draft OHIC Aligned Measure Set Decisions – Measures without Agreement (Cont'd)

Measure Name	
Follow-up After Emergency Department Visit for Substance Use	
Applicable Measure Set(s)	Work Group Discussion
Acute Care Hospital (Menu); ACO (Menu)	The Work Group did not come to agreement on whether to specify the 7-day or 30-day rate for this measure.
OHIC Draft Decision	
Specify the 7-day rate for this measure, <b>as well as</b> for <i>Follow-up After Emergency Department Visit for Mental Illness</i> , because of greater opportunity for improvement and because short-term follow-up is important for averting avoidable return visits.	

# Draft OHIC Aligned Measure Set Decisions – Measures without Agreement (Cont'd)

<b>Measure Name</b>	
<b>Patient Safety Indicators (PSI-90)</b>	
<b>Applicable Measure Set(s)</b>	<b>Work Group Discussion</b>
Acute Care Hospital (not included, proposed for addition to the Menu Set by BCBSRI)	The Work Group did not come to agreement on whether to add the measure to the Menu Set, as suggested by BCBSRI.
<b>OHIC Draft Decision</b>	
Add to the Menu Set because of opportunity for improvement and because CMS' recently finalized hospital inpatient prospective payment systems (IPPS) rule mitigates some of the concerns raised by Work Group members about the measure.	

# Draft OHIC Aligned Measure Set Decisions – Measures without Agreement (Cont'd)

<b>Measure Name</b>	
<b>Severe Sepsis and Shock: Management Bundle (SEP-1)</b>	
<b>Applicable Measure Set(s)</b>	<b>Work Group Discussion</b>
Acute Care Hospital (Menu)	The Work Group recommended retaining the measure but did not come to agreement on whether to move the measure from the Menu to the Core Set.
<b>OHIC Draft Decision</b>	
Elevate to the Core Set because of significant opportunity for improvement and because BCBSRI's use of the measure with its hospitals suggests low denominators will not be an issue.	

# Draft OHIC Aligned Measure Set Decisions – Measures without Agreement (Cont'd)

<b>Measure Name</b>	
<b>Social Determinants of Health (SDOH) Screening (EOHHS)</b>	
<b>Applicable Measure Set(s)</b>	<b>Work Group Discussion</b>
Outpatient Behavioral Health – Mental Health (Developmental)	The Work Group did not come to agreement on whether to retain the measure and modify the denominator to include behavioral health providers or remove the measure.
<b>OHIC Draft Decision</b>	
Retain as Developmental for MY 2023 and modify the denominator to include outpatient behavioral health prior to the 2023 Annual Review with the intention that modified measure would be elevated to the Menu Set for MY 2024.	

# Draft OHIC Aligned Measure Set Decisions – Topped Out Measures

- During the 2022 Annual Review Process, the Work Group **has recommended retaining measures that meet the group’s “topped out” definition.**
- The following slides contain OHIC’s proposal for handling topped-out measures in a manner that:
  - keeps the Aligned Measure Sets focused on measures where there is considerable opportunity for improvement; and
  - takes into account that while state performance may be topped out, performance by individual provider organization varies.

# Draft OHIC Aligned Measure Set Decisions – Topped Out Measures (Cont'd)

- OHIC is considering establishing a **Monitoring Set** for topped out measures that meeting the following criteria:
  - For HEDIS measures, performance above the 90th percentile and an absolute rate for commercial and Medicaid of 80% (rounded) or higher;
  - For non-HEDIS measures, three or more consecutive years of performance above the national average.
- OHIC would annually track performance for Monitoring Set measures to ensure performance does not decline, and report annually on multi-year performance trends.
  - If performance significantly declines, the Work Group will be invited to reconsider the measures for reintroduction into the Core or Menu Set.

# Draft OHIC Aligned Measure Set Decisions – Topped Out Measures (Cont'd)

The table on this slide includes topped out measures that OHIC is considering moving to the Monitoring Set.

Measure Name	Applicable Measure Set(s)	Commercial/RI Performance	Medicaid/National Performance
<b>Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)</b>	Acute Care Hospital (Core); Maternity Care (Core)	<u>RI Performance</u> (2020): 1.5%	<u>National Performance</u> (2020): 2.2%
<b>Transition Record with Specified Elements Received by Discharged Patients</b>	Behavioral Health Hospital (Menu)	<u>RI Performance</u> (2020): 83%	<u>National Performance</u> (2020): 69%

# Draft OHIC Aligned Measure Set Decisions – Topped Out Measures (Cont'd)

- For measures that meet the topped out definition that are retained in the Aligned Measure Sets, OHIC will include guidance in the **Implementation Parameters** that:
  1. Payers should not reward maintenance of prior year performance for more than two topped out measures per year when the provider's rate is at or above the national benchmark.



## Public Comment

## Next Steps

# Next Steps

1. Bailit Health will share the Work Group's recommendations with Commissioner Tigue for review. His approval is required to finalize the 2023 OHIC Aligned Measure Sets.
2. OHIC will share the final 2023 OHIC Aligned Measure Sets in early October.

# 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