



# Measure Alignment Work Group Key Considerations for the Annual Review & Acute Care Hospital Measure Set Meeting Summary

July 10, 2023, 2:00 P.M. to 4:00 P.M.

## **Summary of Recommendations:**

- The Work Group recommended elevating *Follow-up After Emergency Department Visit for Mental Illness (7-Day)* and *Follow-up After Emergency Department Visit for Substance Use (7-Day)* from the Menu Set to the Core Set.
- The Work Group recommended moving *Severe Obstetric Complications* from the Menu Set to the On-Deck Set.
- The Work Group recommended moving *Hospital Commitment to Health Equity* from the Developmental Set to the On-Deck Set.
- The Work Group recommended moving *Screening for Social Drivers of Health* from the Developmental Set to the On-Deck Set.
- The Work Group recommended moving *Screen Positive Rate for Social Drivers of Health* from the Developmental Set to the On-Deck Set.

## **Summary of Next Steps:**

- OHIC and Work Group staff will review the interpretive guidance language about “topped out” and Monitoring Measures and determine how it is different than the definition presented during the meeting.
- Work Group staff will inform that Work Group about CMS’ final determination about *Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)* during a future annual review meeting.
- Work Group staff will follow-up with EOHHS to confirm 2021 Medicaid performance on this measure.

## **Meeting Notes:**

### **1. Welcome and Introductions**

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

- a. Michael Bailit welcomed Work Group members and had them introduce themselves.

## 2. Overview of the OHIC Aligned Measure Sets

- a. Michael Bailit provided an overview of the OHIC Aligned Measure Sets and the annual review process.
- b. **Discussion:**
  - i. Gary Bliss expressed his discomfort with the implications of OHIC retiring the Maternity Care Measure Set because of inequities in maternity care. Breanne DeWolf agreed with Gary.
  - ii. Michael clarified that although OHIC was no longer maintaining the Maternity Care Measure Set for use in maternity contracts, there was still an opportunity for placement of maternity measures in other measure sets to be used in other contract types.

## 3. Revisit Measure Selection Criteria

- a. Michael Bailit reviewed the Work Group's previously adopted 12 selection criteria to evaluate individual quality measures and the six criteria to evaluate the measure set as a whole. Michael said the Work Group staff did not receive any suggested revisions to the measure set criteria prior to the meeting. Michael asked the Work Group if it wished to make any additional changes to the measure selection criteria. No changes were recommended.

## 4. Review Definition of "Topped Out" Measures

- a. Michael Bailit reminded the Work Group of its previously adopted definition of a "topped out" measure, i.e., an absolute value of 90% or higher and/or a statewide average rate that is above the national 90<sup>th</sup> percentile.
- b. Michael reminded the Work Group of OHIC's definition for Monitoring Measures, i.e., measures of policy interest with performance above the 90<sup>th</sup> percentile and an absolute rate for commercial and Medicaid of 80% (rounded) or higher for HEDIS measures, and three or more consecutive years of performance above the national average for non-HEDIS measures.
- c. **Discussion:**
  - i. Sheila Newquist asked about the difference between "topped out" measures and Monitoring Measures. Michael clarified the difference between the definitions.
  - ii. Robin Neale asked how measures enter the Monitoring Measure Set: would a measure go directly to the Monitoring Set or could enter from the Measure Set? Michael clarified that measures would typically enter the Monitoring Set from the Measure Set.
  - iii. Sheila Newquist noted that the language in OHIC's interpretive guidance about "topped out" and Monitoring Measures was different than the definition presented during the meeting and was difficult to implement.

- iv. **Next Step:** OHIC and Work Group staff will review the interpretive guidance language about “topped out” and Monitoring Measures and determine how it is different than the definition presented during the meeting.

**5. Acute Care Hospital Measure Set Measures**

- a. Grace Flaherty reminded the Work Group that the 2023 Acute Care Hospital Aligned Measure Set included nineteen measures (seven Core, seven Menu, one On-Deck, three Developmental and one Monitoring).
- b. Grace summarized the equity review and opportunity-for-improvement review that Bailit Health conducted for each measure. She shared that prior to the meeting Bailit Health also researched measure status and specification changes and surveyed RI insurers to identify which measures they are using in contracts.
- c. **Discuss Measures with Significant Status or Specification Changes, and Measures that are “Topped Out” or Meet the Monitoring Definition**
  - i. Grace reported there were two measures that had major status or specification changes in 2023.
  - ii. Grace said there was one measure that was “topped out,” i.e., had an absolute rate of 90% or higher, or a statewide average rate that was above the national 90th percentile.
  - iii. Grace said there were two measures that met the “Monitoring” definition, i.e., performance above the 90th percentile and an absolute rate for commercial and Medicaid of 80% (rounded) or higher for HEDIS measures and three or more consecutive years of performance above the national average for non-HEDIS measures.

Measure Name	Recommendation	Discussion
<i>Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)</i>  Monitoring  <u>Significant Status or Specification Change</u>	The Work Group recommended delaying further discussion of this measure until CMS publishes its final rule.	Grace shared that CMS is proposing removal of this measure from the Inpatient Quality Report (IQR) reporting program beginning with the CY 2024 reporting period/FY 2026 payment determination because “measure performance is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made (that is, the measure is ‘topped out’).”  Sheila Newquist said that BCBSRI submitted a comment to CMS advocating for the retention of this measure. Sheila recommended that the Work Group retain <i>Elective Delivery Prior to 39 Completed Weeks Gestation</i> , at least until CMS makes its final determination. Breanne DeWolf agreed with this sentiment.  <b>Next Step:</b> Work Group staff will inform that Work Group about CMS’ final determination about <i>Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)</i> during a future annual review meeting.

Measure Name	Recommendation	Discussion
<p><i>Hospital-wide Readmit</i></p> <p>Core</p> <p><u>Significant Status or Specification Change</u></p>	<p>The Work Group did not come to consensus about this measure.</p>	<p>Grace shared that CMS is replacing the claims-based <i>Hospital-wide All-cause Readmission</i> (HWR) with a new hybrid <i>Hospital-wide All-cause Readmission</i> (eHWR) in its Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS). Grace also shared that CMS has proposed modifying the measure cohort to include Medicare Advantage.</p> <p>Sheila Newquist recommended retaining the hybrid measure in the Core of the Acute Care Hospital Measure Set because it was important to have a readmission measure in the Core Set and because BCBSRI can perform real time benchmarking using CMS data.</p> <p>David Harriman and Robin Neale recommended moving the new hybrid measure to the Menu Set because of uncertainty about how the specification changes will impact performance and because of the delay in CMS publishing performance data.</p> <p>Janis Farrow Pochini speculated that the specification changes would improve performance because of more accurate risk adjustment. David Harriman said that was the theory but it was not possible to be certain until the measure is implemented.</p> <p>Sheila Newquist suggested that OHIC retain the measure in the Core Set but grant flexibility in OHIC’s de minimis weighting restriction in the implementation guidance. Sheila voiced concern that moving the measure to the Menu Set would lead hospitals to be unwilling to use it in contracts. Sheila noted that the specification changes would be impactful for two years and cautioned against moving the measure to the Menu Set for two years.</p> <p>Diane Block noted that behavioral health hospitals may not be able to provide the requisite data for the hybrid measure. Sheila clarified that the measure applied only to acute care hospitals.</p> <p>Stephanie de Abreu agreed with Sheila Newquist’s recommendation that the measure be retained in the Core Set.</p>
<p><i>Follow-up After Hospitalization for Mental Illness (7-Day)</i></p> <p>Core</p> <p><u>Topped Out</u></p>	<p>Retain in Core</p>	<p>The Work Group strongly supported retaining the measure in the Core Set because although RI performance was above the National 90<sup>th</sup> percentile, there is significant opportunity for improvement in absolute performance.</p>

Measure Name	Recommendation	Discussion
<p><i>Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (HAI-4)</i></p> <p>Menu</p> <p><u>Meets Monitoring Definition</u></p>	Retain in Menu	<p>Grace Flaherty shared that Rhode Island’s performance on HAI-4 had been better than national performance since 2019.</p> <p>Robin Neale clarified that performance reflected the observed-to-expected infection ratio. Robin recommended retaining the measure because it required sustained focus to maintain performance.</p> <p>Michael Bailit noted the measure had seen significant improvement since 2019 and suggested that the measure was a good candidate for the Monitoring Set.</p> <p>Sheila Newquist recommended retaining the measure because if it was moved to the Monitoring Set there would be no flexibility to use the measures in contracts with hospitals whose performance had room for improvement.</p>
<p><i>Methicillin-resistant Staphylococcus Aureus Blood Infections (HAI-5)</i></p> <p>Menu</p> <p><u>Meets Monitoring Definition</u></p>	Retain in Menu	<p>The Work Group felt similar about this measure as it did about HAI-4 (recommended retaining in the Menu Set).</p>

**d. Review of Remaining Measures**

Measure Name	Recommendation	Discussion
<p><i>CAHPS Survey (HCAHPS)</i></p> <p>Core</p>	Retain in Core	None
<p><i>Central Line-Associated Blood Stream Infection (HAI-1)</i></p> <p>Core</p>	Retain in Core	None
<p><i>Catheter-Associated Urinary Tract Infection (HAI-2)</i></p>	Retain in Core	None

Measure Name	Recommendation	Discussion
Core		
<p><i>Clostridium Difficile (C.diff.) Infections (HAI-6)</i></p> <p>Core</p>	Retain in Core	None
<p><i>Severe Sepsis and Septic Shock: Management Bundle (SEP-1)</i></p> <p>Core</p>	Retain in Core	None
<p><i>Cesarean Rate for Nulliparous Singleton Vertex (PC-02)</i></p> <p>Menu</p>	The Work Group did not make a definitive recommendation about whether to retain or remove this measure.	<p>Grace Flaherty noted that no insurers reported using this measure in Acute Care Contracts in 2023.</p> <p>Sheila Newquist commented in response that it was difficult to use this measure in pay-for-performance contracts because it was not risk-adjusted and included medically necessary cesarean sections. Janis Farrow Pochini agreed with Sheila about the measure’s weaknesses.</p> <p>Michael asked whether health plans could benchmark against other states’ performance. Sheila Newquist and Victor Pinkes shared that benchmarking against other states would be a heavy lift for BCBSRI.</p> <p>Robin Neale said she thought this measure was an upcoming CMS measure. Robin said the measure should not be a Core Measure.</p> <p>Michael asked if there were any other preferable cesarean measures. The Work Group did not identify any alternative cesarean measures.</p> <p>Sheila Newquist noted that the Work Group had added several new maternity measures to the 2023 Aligned Measure Set as Developmental Measures, which might be able to replace <i>Cesarean Rate for Nulliparous Singleton Vertex (PC-02)</i> in the future.</p>
<p><i>Follow-up After Emergency Department Visit for Mental Illness</i></p> <p>Menu</p>	Elevate to Core	<p>Breanne DeWolf recommended moving the measure to the Core Measure Set.</p> <p>Grace asked the Work Group whether there was any concern about the measure’s dominator size. Sheila Newquist said denominator size was not a concern.</p> <p>Sheila Newquist supported elevation to the Core Measure Set.</p>

Measure Name	Recommendation	Discussion
		Gary Bliss advocated for accessible and usable discharge data being provided to ACOs and AEs.
<i>Follow-up After Emergency Department Visit for Substance Use</i>  Menu	Elevate to Core	Breanne DeWolf recommended moving the measure to the Core Measure Set.  Jim Brennan questioned whether the reported Medicaid performance was accurate. Grace shared that Medicaid performance was a weighted average of plan performance from Quality Compass but said that she could follow-up with EOHHS after confirming the rate.  <b>Next Step:</b> Work Group staff will follow-up with EOHHS to confirm 2021 Medicaid performance on this measure.
<i>Patient Safety for Selected Indicators (PSI-90)</i>  Menu	Retain in Menu	None
<i>Severe Obstetric Complications</i>  Menu	Move to On-Deck until performance data are available	Robin Neale and Sheila Newquist expressed confusion about why the measure was a Menu Measure rather than a Developmental Measure because performance data were not yet available.  Michael suggested that the measure be On Deck until performance data become available (likely in 2025).
<i>Hospital Commitment to Health Equity</i>  Developmental	Move to On-Deck	David Harriman, Robin Neale and Sheila Newquist questioned the value of the measure because hospitals were likely to attest “yes” to all domains, but did not feel strongly about retaining the measure in the Measure Set.  Breanne DeWolf recommended retaining the measure in the Measure Set to keep an eye on performance.  Michael suggested moving the measure to On Deck to maintain consistency with <i>Severe Obstetric Complications</i> .
<i>Screen Positive Rate for Social Drivers of Health</i>  Developmental	Move to On Deck	Robin Neale supported retaining the measure because hospitals were working on screening, but said that performance data may not be available until 2025 at the earliest. David Harriman agreed with Robin Neale.
<i>Screening for Social Drivers of Health</i>  Developmental	Move to On Deck	The Work Group recommended making the same determination for this measure as for <i>Screen Positive Rate for Social Drivers of Health</i> .

## 6. Public Comment

- a. Robin Neale requested further conversation before any “topped out” measure was removed from the Measure Set.

**7. Next Steps**

- a. The Measure Alignment Work Group will reconvene on July 31<sup>st</sup> from 2:00pm – 4:00pm to discuss the Aligned Primary Care Measure Set.