

OHIC Aligned Measure Sets 2023 Annual Review

Key Considerations for 2023 Annual Review & Acute Care Hospital Aligned Measure Set

July 10, 2023

Agenda

1. Key Considerations for the 2023 Annual Review
 - Overview of the OHIC Aligned Measure Sets
 - Revisit Measure Selection Criteria
 - Review Definitions of “Topped Out” Measures and Monitoring Measures
2. Review Acute Care Hospital Measure Set Measures
 - Discuss Measures with Significant Status or Specification Changes
 - Discuss Measures that Meet the “Topped Out” and Monitoring Measure Definitions
 - Review of Remaining Measures
3. Public Comment
4. Next Steps and Next Meetings

Overview of the OHIC Aligned Measure Sets

Overview of the OHIC Aligned Measure Sets (1 of 4)

- Rhode Island developed the Aligned Measure Sets for use in commercial provider contracts in 2015.
- The Aligned Measure Sets were developed as a CMS State Innovation Model (SIM) grant activity.
- The Aligned Measure Sets are now insurer regulatory requirements contained in OHIC's Affordability Standards.
- Medicaid has committed to voluntarily alignment with the Aligned Measure Sets.

Overview of the OHIC Aligned Measure Sets (2 of 4)

- As of 2023, there are five measure sets:
 1. ACO
 2. Acute Care Hospital*
 3. Behavioral Health Hospital*
 4. Outpatient Behavioral Health**
 5. Primary Care
- OHIC is retiring the Maternity Care measure set because payers have reported that they have not used maternity value-based contracts for several years and only one payer is planning on doing so in the future.

*The Hospital Aligned Measure Set was divided into two measure sets in 2019.

**Measure Set first developed in 2016.

Overview of the OHIC Aligned Measure Sets (3 of 4)

- During the 2023 annual review, due to time and resource constraints, the Work Group will be reviewing the ACO, Primary Care and Acute Care Hospital measure sets in detail.
- We will only review the Behavioral Health Hospital and Outpatient Behavioral Health measure sets this year for major specification changes. The Work Group will review the measure sets in full in 2024.

Overview of the OHIC Aligned Measure Sets (Cont'd)

- The Aligned Measure Sets contain Core, Menu, On-Deck*, Developmental, and Monitoring** Measures.
 - Insurers are required to use **Core Measures** in provider contracts which incorporate quality measures with financial implications for performance.
 - Any other quality measures incorporated into contracts are limited to **Menu Measures**.
 - **On-Deck Measures** are those that OHIC plans to include in the Aligned Measure Sets in the two to three years following endorsement to give payers and providers time to prepare for reporting.
 - **Developmental Measures** are those in need of further refinement and/or testing before use in contracts.
 - **Monitoring Measures** are those that OHIC has moved out of the Aligned Measure Set due to high performance and should not be used in contracts.

*Measure type created during 2021 Annual Review

**Measure type created during 2022 Annual Review

Overview of the Annual Review Process

- Since the creation of the Aligned Measure Sets, OHIC has held an annual review process for its Measure Alignment Work Group to recommend changes.
- This year's annual review will focus on changes for contract performance periods beginning on or after January 1, 2024.
- The 2023 OHIC Measure Alignment Work Group consists of 31 participating organizations. Only one designee from a list of OHIC Measure Alignment Work Group participating organizations has voting status. A designee must be present at the meeting in order to vote.

Designated Participating and Voting Organizations

OHIC-Designated Organizations	
Blackstone Valley Community Health Center*	Prospect Health Services of RI*
Blue Cross Blue Shield of Rhode Island*	Providence Center
Brown University	Providence Community Health Centers*
Butler Hospital	RI Department of Health*
Care New England/Integra*	RI Medical Society*
Care Transformation Collaborative*	RI Parent Information Network*
Coastal Medical*	RI Primary Care Physicians Corporation*
EOHHS/Medicaid*	RI Quality Institute*
HealthCentric Advisors	RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals*
Hospital Association of RI*	Substance Use and Mental Health Leadership Council
Integrated Healthcare Partners*	Thundermist Health Center*
Kent Hospital	Tufts Health Plan*
Lifespan*	UnitedHealthcare*
Neighborhood Health Plan of RI*	Women & Infants Hospital
Optum	WellOne RI
PCMH-Kids*	

*Indicates organization is a voting member

Revisit Measure Selection Criteria

Revisit Measure Selection Criteria

- Following Work Group recommendation, OHIC adopted 11 measure selection criteria in 2015 for Aligned Measure Set development. A 12th criterion was added in 2017.
- The Work Group recommended that it consider all criteria when evaluating measures, but individual measures not be required to meet every criterion for inclusion in the Measure Sets.
- Finally, the Work Group also recommended four additional criteria to evaluate each Aligned Measure Set as a whole. Two additional criteria to apply to the Aligned Measure Set were added in 2021.

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

Questions for Consideration

- OHIC did not receive any feedback from Work Group members on the selection criteria prior to the commencement of this 2023 annual review process.
- **Do any Work Group members wish to propose changes to the measure selection criteria? If so,**
 1. Which criteria should be modified and/or added?
 2. What language does it recommend using?
 3. Should the criteria be applied to individual measures, or the measure set as a whole?

Review Definition of “Topped Out” and “Monitoring” Measures

Definition of “Topped Out” and “Monitoring” Measures

- In 2021, the Work Group agreed to define “**topped out**” measures as those with an absolute rate of 90% or higher, or a statewide average rate that is above the national 90th percentile. A measure being “topped out” implies that measure performance is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made.
- In 2022, OHIC established the **Monitoring Measure** category, defined as measures of policy interest with 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).
- During the 2023 Annual Review, measures that meet the “topped out” definition or that meet the “Monitoring Measure” definition will be flagged and discussed at the beginning of each Measure Set review.

Assessing Performance during 2023 Annual Review

- During the 2023 Annual Review, we will be presenting **2021 performance data** (or 2022 performance data, when available) to assess topped out measures and opportunity for improvement.
 - We will present 2022 commercial data for HEDIS measures when performance data become available from NCQA later this summer.

Review Acute Care Hospital Measure Set Measures

The Acute Care Hospital Aligned Measure Set (1 of 3)

- The 2023 Acute Care Hospital Aligned Measure includes nineteen measures:
 - **There are seven Core Measures:**
 1. *CAHPS Survey (HCAHPS)*
 2. *Catheter-Associated Urinary Tract Infection (HAI-2)*
 3. *Central Line-Associated Blood Stream Infection (HAI-1)*
 4. *Clostridium Difficile (C.diff.) Infection (HAI-6)*
 5. *Follow-Up After Hospitalization for Mental Illness (7-Day)*
 6. *Hospital-wide Readmission (RADM-30-HOSP-WIDE)*
 7. *Severe Sepsis and Septic Shock Management Bundle (SEP-1)*

The Acute Care Hospital Aligned Measure Set (2 of 3)

- The 2023 Acute Care Hospital Aligned Measure includes nineteen measures:
 - **There are seven Menu Measures:**
 1. *Cesarean Rate for Nulliparous Singleton Vertex (PC-02)*
 2. *Follow-Up After Emergency Department Visit for Mental Illness (7-day)*
 3. *Follow-Up After Emergency Department Visit for Substance Use (7-day)*
 4. *Harmonized Procedure-Specific Surgical Site Infection (SSI) Outcome Measure – HAI-3: SSI: Colon – Surgical Site Infection for Colon Surgery and HAI-4: SSI: Hysterectomy – Surgical Site Infection for Abdominal Hysterectomy*
 5. *Methicillin-resistant Staphylococcus Aureus Blood Infections (HAI-5)*
 6. *Patient Safety for Selected Indicators (PSI-90)*
 7. *Severe Obstetric Complications*

The Acute Care Hospital Aligned Measure Set (3 of 3)

- The 2023 Acute Care Hospital Aligned Measure includes nineteen measures:
 - **There is one On-Deck Measure:**
 1. Hospital-wide Readmission, stratified by race, ethnicity and language
 - **There are three Developmental Measures:**
 1. Hospital Commitment to Health Equity
 2. Screen Positive Rate for Social Drivers of Health
 3. Screening for Social Drivers of Health
 - **There is one Monitoring Measure:**
 1. Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)

Process for Gathering Data for the 2023 Annual Review (1 of 3)

- Bailit Health conducted an equity review of all Aligned Measure Set measures for the first time in 2021 and performed a full update of the equity review in 2022. For this year's annual review, Bailit Health updated its **equity review** research for new measures.
 - 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 2023 Annual Review (2 of 3)

- **Status/Measure Specification Changes:** We summarized if there were any changes made to the measure's specifications in 2023 and whether the measure's endorsement had been removed (as reported through Batelle's Partnership for Quality Measurement).
- **Use by RI Payers:** We surveyed the four major RI insurers and asked them to identify which measures they are using in 2023 contracts. We also reviewed historical measure use to identify measures that have not been in use by any insurers for multiple consecutive years.

Process for Gathering Data for the 2023 Annual Review (3 of 3)

– **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

Key:			
<50th	Between 50th and 75th	Between 75th and 90th	≥90th

- **RI and National:** Hospital performance data from the CDC (2021), CMS (2021-2022) and The Joint Commission (2021-2022)

Key:		
RI performance inferior to national performance	RI performance equal to national performance	RI performance superior to national performance

Measures with Major Status or Specification Changes

- There are two measures that had a major status or specification changes during the past year:
 - *Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)* (Monitoring)
 - *Hospital-wide Readmit (READM-30-HOSP-WIDE)* (Core)

Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01) (Monitoring)

Equity Analysis: Race/Ethnicity

U.S. study: Black women had 30% higher odds of early elective cesarean, compared with Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2021)	National Performance (2021)
No change	Maternity Care (Menu)	2 (Acute Care Contracts)	2.4%	2.4%

Data Source: Claims/Clinical Data

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’)”.

Hospital-wide Readmit (READM-30-HOSP-WIDE) (Core) (1 of 2)

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 (2021)	National Performance (2021)
Major changes (see next slide)	ACO (Core); Outpatient Behavioral Health – Mental Health (Core	4 (Acute Care Contracts)	15.8%	15.0%

Data Source: Claims Data

Note: A health equity measure that stratifies performance for hospital-wide readmission is “On-Deck” to be moved to the Menu Set when CMS publishes stratified data.

Hospital-wide Readmit (READM-30-HOSP-WIDE) (Core) (2 of 2)

- CMS has proposed replacing the claims-based *Hospital-wide all-cause readmission (HWR)* with hybrid *Hospital-wide all-cause readmission (eHWR)* in its Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS).
- This change will be new for 2024 then modified again to expand the cohort to include Medicare Advantage, which will likely break trend for 2025.
- **Does the Work Group recommend moving the measure from Core to Menu during this transition?**

Measures “Topped Out” or Meeting the “Monitoring” Definition

- There is one measure that is “topped out,” i.e., has an absolute rate of 90% or higher, or a statewide average rate that is above the national 90th percentile.
 1. *Follow-Up After Hospitalization for Mental Illness (7-Day)*
- There are two measures that meet 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.
 1. *Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure (HAI-4)*
 2. *Methicillin-resistant Staphylococcus Aureus Blood Infections (HAI-5)*

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 (2021)
Minor changes proposed for MY 2024	ACO (Core); Behavioral Health Hospital (Core); Outpatient Behavioral Health – Mental Health (Menu)	3 (ACO Contracts) 3 (Acute Care Contracts) 3 (BH Hospital Contracts) 2 (Outpatient BH Contracts)	62.6% (above National 90 th percentile)	54.6% (above National 90 th percentile)

Data Source: Claims Data

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

Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure – HAI-3 (Colectomy) & HAI-4 (Hysterectomy) (Menu) (1 of 2)

Equity Analysis: Insurance Status and Income

U.S. study of surgical site infection (SSI) rates: For colectomy, Medicaid insurance status and living in a low-income zip code was associated with higher SSI rates after colectomy after risk adjustment. For hysterectomy, no social risk factors had statistically significant associations with SSI after risk adjustment.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2021)	National Performance (2021)
No change	None	2 (Acute Care Contracts)	HAI-3: 1.11	HAI-3: 0.83
			HAI-4: 0.33	HAI-4: 0.99

Data Source: Clinical Data

Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure – HAI-3 (Colectomy) & HAI-4 (Hysterectomy) (Menu) (2 of 2)

- Rhode Island's HAI-4 rate has been superior to the national average for the past three years.

Category	2016	2017	2018	2019	2020	2021
Rhode Island	1.61	1.59	0.95	0.97	0.56	0.33
All US	0.87	0.89	0.94	0.98	0.89	0.99

Methicillin-resistant Staphylococcus Aureus Blood Infections (HAI-5) (Menu) (1 of 2)

Equity Analysis: Race/Ethnicity

U.S. study of HAI infections (including MRSA): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2021)	National Performance (2021)
No change	None	3 (Acute Care Contracts)	0.86	1.07

Data Source: Clinical Data

Methicillin-resistant Staphylococcus Aureus Blood Infections (HAI-5) (Menu) (2 of 2)

- Rhode Island's HAI-5 rate has been superior to the national average since 2016, except for one year (2018) when it was inferior.

Category	2016	2017	2018	2019	2020	2021
Rhode Island	0.71	0.54	1.21	0.62	0.82	0.86
All US	0.94	0.86	0.84	0.82	0.94	1.07

Review of Remaining Measures

- The following measures in the Acute Care Hospital Measure Set:
 - have either no or minor specification changes,
 - have opportunity for improvement or unknown opportunity due to lack of publicly available performance data.
- For each measure, please consider whether you recommend:
 - retaining the measure,
 - removing the measure, or
 - changing the measure's status (e.g., move from Menu to Core).

CAHPS Survey (HCAHPS) (Core) (1 of 2)

Equity: Race/Ethnicity	Equity: Language		Equity: Disability Status	
<p><i>CG CAHPS:</i> MA health system performance: All racial/ethnic minorities had lower scores than Whites on Care Coordination, Provider Communication, and Provider Rating; Asians had lower patient experience on all ambulatory composite</p>	<p><i>CG CAHPS:</i> MA health system performance: Non-English-speaking patients had lower scores on Care Coordination, Provider Communication, and Provider Rating</p>		<p><i>National Adult Medicaid (NAM) CAHPS:</i> U.S. study: Dually eligible members with a disability were 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 (2021-2022)	National Performance (2021-2022)
No change	ACO (Developmental); Primary Care (Developmental)	3 (Acute Care Contracts)	See next slide	See next slide

Data Source: Survey

CAHPS Survey (HCAHPS) (Core) (2 of 2)

Survey Question	RI Performance (2022)	National Performance (2022)
Room was always clean	74%	72%
Nurses always communicated well	79%	79%
Doctors always communicated well	80%	80%
Patients always received help as soon as they wanted	62%	66%
Staff always explained medicines	60%	62%
Patients who "Strongly Agree" they understood their care when they left the hospital	50%	51%
Staff gave discharge information	86%	84%
Overall rating of 9 or 10	69%	71%
Always quiet at night	53%	62%
Patients would definitely recommend the hospital	70%	69%

Central Line-Associated Blood Stream Infection (HAI-1) (Core)

Equity Analysis: Race/Ethnicity

U.S. study of HAI infections (including CLABSI): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2021)	National Performance (2021)
No change	None	4 (Acute Care Contracts)	0.69	0.92

Data Source: Clinical Data

Catheter-Associated Urinary Tract Infection (HAI-2) (Core)

Equity Analysis: Race/Ethnicity

U.S. study of HAI infections (including CAUTI): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2021)	National Performance (2021)
No change	None	4 (Acute Care Contracts)	0.90	0.80

Data Source: Clinical Data

Clostridium Difficile (C.diff.) Infections (HAI-6) (Core)

Equity Analysis: Race/Ethnicity

U.S. study of HAI infections (including C.diff): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

U.S. study of C.diff incidence and mortality: Incidence was higher for White patients; however, Black race was associated with higher mortality (7.4% vs. 7.2%), length of stay (57% vs. 52%), and severe infection (24% vs. 19%).

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2021)	National Performance (2021)
No change	None	4 (Acute Care Contracts)	0.51	0.50

Data Source: Clinical Data

Severe Sepsis and Septic Shock: Management Bundle (SEP-1) (Core)

Equity Analysis: Race/Ethnicity

U.S. rates of adverse patient safety events: Black patients contracted postoperative sepsis at a rate 2.2 cases per 1,000 at-risk discharges higher than the rate for white patients

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2022)	National Performance (2022)
No change	None	2 (Acute Care Contracts)	49%	58%

Data Source: Clinical Data

Cesarean Rate for Nulliparous Singleton Vertex (PC-02) (Menu)

Equity Analysis: Race/Ethnicity

RI cesarean delivery rates: 32.5% for White infants, 32% for Blacks, 31% for Hispanics, 30.9% for American Indian/Alaska Natives, 30.2% for Asian/Pacific Islanders

CA Medi-Cal first birth cesarean rate: 29.8% for Blacks, 25.6% for Asian/Pacific Islanders, 23.8% for Hispanics and Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2021)	National Performance (2021)
Minor changes for MY 2024	None	None*	34.8%	25.6%

Data Source: Claims Data

**Insurers have not reported using this measure in Acute Care Contracts since 2022.*

Follow-Up After Emergency Department Visit for Mental Illness (7-Day) (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
U.S. study of follow-up after mental health ED discharge: Odds of follow-up lower for Blacks compared to Whites (OR* = 0.83 for 7-day, OR = 0.76 for 30-day)		U.S. study of follow-up after mental health ED discharge: 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 (2021)	Medicaid Performance (2021)
Minor changes proposed for MY 2024	ACO (Menu)	2 (Acute Care Contracts) 2 (Outpatient BH Contracts)	57.0% (between National 75th and 90th percentile)	59.9% (between National 75th and 90th percentile)

Data Source: Claims Data

Follow-Up After Emergency Department Visit for Substance Use (7-Day) (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p>U.S. study of follow-up after SUD ED discharge: Odds of follow-up higher among Blacks compared to Whites (OR = 1.34 for 7-day, OR = 1.15 for 30-day)</p>		<p>U.S. study of follow-up after SUD ED discharge: 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 (2021)	Medicaid Performance (2021)
Minor changes proposed for MY 2024	ACO (Menu)	2 (Acute Care Contracts)	11.7% (between National 50th and 75th percentiles)	46.0% (between National 50th and 75th percentiles)

Data Source: Claims Data

This measure was moved from Core to Menu in 2021 due to major measure specification changes. The Work Group recommended considering moving the measure back to the Core Set after NCQA published performance using revised specifications. **Does the Work Group recommend moving this measure back to the Acute Care Hospital Core Set for MY 2024?**

Patient Safety for Selected Indicators (PSI-90) (Menu)

Equity Analysis: Race/Ethnicity

U.S. rates of adverse patient safety events: Black patients contracted postoperative sepsis at a rate 2.2 cases per 1,000 at-risk discharges higher than the rate for white patients

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance (2021)*	National Performance (2021)*
No change	None	1 (Acute Care Contract)	0.99 (between National 50 th and 75 th percentiles)	0.98

Data Source: Claims Data

**Data are from 7/1/2019 – 6/30/2021 with data from the 1st and 2nd quarters of 2020 not being reported due to the impact of the COVID-19 pandemic. RI and National performance are not weighted.*

Severe Obstetric Complications (Menu)

Equity Analysis: Race/Ethnicity

RI severe maternal morbidity rate per 10,000 delivery hospitalizations (2021): Higher among Hispanic (114.2) and Black (97.3) patients than White (75.4) patients.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No change	None	None*	NA (required reporting begins 2024)	NA (required reporting begins 2024)

Data Source: Electronic Clinical Data Systems (ECDS)

**This measure was added to the Acute Care Hospital Measure Set in 2022.*

Hospital Commitment to Health Equity (Developmental)

Equity Analysis: Race/Ethnicity

NA

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No change	None	None*	NA (required reporting begins 2023)	NA (required reporting begins 2023)

Data Source: Attestation

**This measure was added to the Acute Care Hospital Measure Set in 2022.*

Screening for Social Drivers of Health (Developmental)

Equity Analysis: Race/Ethnicity

Negative Social Determinants of Health contribute to health inequities.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No change	None	None*	NA (required reporting begins 2024)	NA (required reporting begins 2024)

Data Source: Survey

**This measure was added to the Acute Care Hospital Measure Set in 2022.*

Screen Positive Rate for Social Drivers of Health (Developmental)

Equity Analysis: Race/Ethnicity

Negative Social Determinants of Health contribute to health inequities.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No change	None	None*	NA (required reporting begins 2024)	NA (required reporting begins 2024)

Data Source: Survey

**This measure was added to the Acute Care Hospital Measure Set in 2022.*

Public Comment

Next Steps

Next Steps and Next Meetings

#2

July 31st, 2pm - 4pm

- **Primary Care Set**

#3

August 7th, 2pm - 4pm

- **ACO Set**

#4

August 29th, 2pm - 4pm

- **Outpatient Behavioral Health Set and Behavioral Health Hospital Set (for any major specification changes)**
- **Wrap-Up**