

OHIC Aligned Measure Sets 2023 Annual Review

Primary Care Aligned Measure Set

July 31, 2023

Agenda

1. Summary of Recommendations from July 10th Meeting
2. Review Primary Care 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

Summary of Recommendations from July 10th Meeting

Summary of Recommendations from July 10th Meeting (1 of 5)

- During the July 10th meeting, the Work Group reviewed the Acute Care Hospital Measure Set and made the following recommendations:
 - Elevate two measures from the Menu Set to the Core Set:
 1. *Follow-up After Emergency Department Visit for Mental Illness (7-Day)*
 2. *Follow-up After Emergency Department Visit for Substance Use (7-Day)*
 - Move one measure from the Menu Set to the On-Deck Set*:
 1. *Severe Obstetric Complications*

*This measure will be moved to the Menu Set when CMS publishes performance data.

Summary of Recommendations from July 10th Meeting (2 of 5)

- During the July 10th meeting, the Work Group reviewed the Acute Care Hospital Measure Set and made the following recommendations (cont'd):
 - Move three measures from the Developmental Set to the On-Deck Set*:
 1. *Hospital Commitment to Health Equity*
 2. *Screening for Social Drivers of Health*
 3. *Screen Positive Rate for Social Drivers of Health*

Summary of Recommendations from July 10th Meeting (3 of 5)

- During the July 10th meeting, the Work Group discussed but did not come to consensus on recommendations for three measures:

1. *Hospital-wide Readmission Rate*

- CMS has [proposed](#) significant specification changes to this measure:
 - Replacing the claims-based measure with the hybrid measure (2024).
 - Expand the cohort to include Medicare Advantage (2025).
- **OHIC is considering temporarily moving the measure from Core to Menu status, as this is how OHIC has traditionally dealt with substantive measure changes.**

Summary of Recommendations from July 10th Meeting (4 of 5)

- During the July 10th meeting, the Work Group discussed but did not come to consensus on recommendations for three measures (cont'd):
 2. *Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)*
 - CMS has [proposed](#) removing this measure from the Inpatient Quality Report (IQR) program because “measure performance is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made.”
 - **OHIC will raise this measure for the Work Group’s consideration again after CMS releases the final rule for the IQR program.**

Summary of Recommendations from July 10th Meeting (5 of 5)

- During the July 10th meeting, the Work Group discussed but did not come to consensus on recommendations for three measures (cont'd):

3. *Surgical Site Infection for Abdominal Hysterectomy (HAI-4)*

- Bailit Health flagged HAI-4 as a candidate for the Monitoring Set because Rhode Island's performance as published by the CDC has been better than national performance since 2019.
- Following the July 10th meeting, Bailit Health assessed Rhode Island state and hospital-level performance on HAI-4 using data from CMS and found that in 2021, there were zero eligible HAI-4 infections in Rhode Island facilities.
- **Due to this high performance across facilities, OHIC is considering moving this measure into the Monitoring Set.**

Review Primary Care Measure Set Measures

The Primary Care Aligned Measure Set (1 of 3)

- The 2023 Primary Care Aligned Measure includes 21 measures:
 - **There are nine Core Measures:**
 - Breast Cancer Screening
 - Child and Adolescent Well-Care Visits (Total)
 - Colorectal Cancer Screening
 - Controlling High Blood Pressure
 - Developmental Screening in the First Three Years of Life
 - Eye Exam for Patients with Diabetes
 - Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%)
 - Lead Screening in Children

The Primary Care Aligned Measure Set (2 of 3)

- The 2023 Primary Care Aligned Measure includes 21 measures:
 - **There are five Menu Measures:**
 - Primary Care 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%)
 - Cervical Cancer Screening
 - Immunizations for Adolescents (Combo 2)
 - Kidney Health Evaluation for Patients with Diabetes
 - Social Determinants of Health Screening

The Primary Care Aligned Measure Set (3 of 3)

- The 2023 Primary Care Aligned Measure includes 21 measures:
 - **There are seven Developmental Measures*:**
 - CAHPS Surveys
 - Depression Remission or Response for Adolescents and Adults
 - Depression Screening and Follow-Up for Adolescents and Adults
 - Fluoride Varnish (*Core for MY 2024*)
 - Statin Therapy for Patients with Cardiovascular Disease
 - Unhealthy Alcohol Use Screening and Follow-Up
 - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults

**When we discuss the Developmental measures, please consider (a) whether they should be retained in the Measure Set and, if so, (b) what steps need to be taken for the measure to be implemented.*

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 four measures that had a major status or specification changes during the past year:
 - *Colorectal Cancer Screening (Core)*
 - *Eye Exam for Patients with Diabetes (Core)*
 - *Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%) (Core)*
 - *Kidney Health Evaluation for Patients with Diabetes (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
Major proposed change for MY 2024: <ul style="list-style-type: none"> Transitioning to ECDS-only reporting for MY 2024 	ACO (Core)	4 (ACO Contracts) 2 (Primary Care Contracts)	76.6% (above National 90 th 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 September 2023 but will certainly publish MY 2023 data in 2024.

Eye Exam for Patients with Diabetes (Core)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<p>RI diabetes prevalence: 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks</p> <p>MA health system performance: Eye exam rate of 39% for Blacks and 32% for other race/multi-racial</p>	<p>RI diabetes prevalence: Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English</p>		<p>RI diabetes prevalence: 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 (2021)
Major proposed changes for MY 2024 (see next slide)	ACO (Core)	4 (ACO Contracts) 2 (Primary Care Contracts)	65.7% (above National 90 th percentile)	68.0% (above National 90 th percentile)

Data Source: Claims/Clinical Data (NCQA has proposed removing the hybrid reporting methodology for MY 2024)

Eye Exam for Patients with Diabetes (Core) (Cont'd)

- NCQA has proposed updating the method for identifying diabetes for all HEDIS diabetes measures in MY 2024:

Method	Description
Current claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, or• Dispensed at least one diabetes medication
Revised claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two diagnoses of diabetes on different dates of service (in any setting), or• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

- Bailit Health inquired with a RI provider about this change, who indicated that they did not think this change would have a significant impact on diabetes measure performance.

Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%) (Core)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
RI diabetes prevalence: 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks	RI diabetes prevalence: Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English		RI diabetes prevalence: 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 (2021)
Major proposed changes for MY 2024 (see next slide)	ACO (Core)	4 (ACO Contracts) 2 (Primary Care Contracts)	62.4% (between National 75 th and 90 th percentiles)	57.0% (between National 75 th and 90 th percentiles)

Data Source: Claims/Clinical Data

Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%) (Core) (Cont'd)

- NCQA has proposed updating the method for identifying diabetes for all HEDIS diabetes measures in MY 2024:

Method	Description
Current claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, or• Dispensed at least one diabetes medication
Revised claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two diagnoses of diabetes on different dates of service (in any setting), or• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

- Bailit Health inquired with a RI provider about this change, who indicated that they did not think this change would have a significant impact on diabetes measure performance.

Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%) (Core) (Cont'd)

- NCQA is also proposing to modify *HbA1c Control for Patients with Diabetes* for MY 2024:
 - Adding glucose management indicator (GMI) as an option to meet numerator criteria, in order to align with the American Diabetes Association's recently updated guidelines and to recognize those who manage diabetes using continuous glucose monitoring (CGM).
 - Updating the measure title (*Glycemic Status Assessment for Patients with Diabetes - GSD*)
- Bailit Health inquired with a RI provider about this change, who indicated that their main concerns were (1) the feasibility of getting GMI data from the patient into the medical record, and (2) coverage for CGM differing across plans.

Kidney Health Evaluation for Patients with Diabetes (Menu)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<p>RI diabetes prevalence: 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks</p> <p>U.S. end stage renal disease due to diabetes rates: Higher for Blacks and Hispanics compared to Whites</p>	<p>RI diabetes prevalence: Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English</p>		<p>RI diabetes prevalence: 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 (2021)
Major proposed change for MY 2024 (see next slide)	ACO (Menu)	2 (ACO Contracts) 1 (Primary Care Contracts)	40.4% (below National 50 th percentile)	39.7% (between National 50 th and 75 th percentiles)

Data Source: Claims/Clinical Data (NCQA has proposed removing the hybrid reporting methodology for MY 2024)

Kidney Health Evaluation for Patients with Diabetes (Menu) (Cont'd)

- NCQA has proposed updating the method for identifying diabetes for all HEDIS diabetes measures in MY 2024:

Method	Description
Current claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two outpatient encounters, or one inpatient encounter with a diagnosis of diabetes, or• Dispensed at least one diabetes medication
Revised claims/encounter or pharmacy method	<ul style="list-style-type: none">• At least two diagnoses of diabetes on different dates of service (in any setting), or• Dispensed at least one diabetes medication and at least one diagnosis of diabetes (in any setting)

- Bailit Health inquired with a RI provider about this change, who indicated that they did not think this change would have a significant impact on diabetes measure performance.

Measures “Topped Out” or Meeting the “Monitoring” Definition (1 of 2)

- During the July 10th Meeting, the Work Group expressed confusion about the difference between the “topped out” and Monitoring Measure definitions that were applied to the Acute Care Hospital Measure Set.
- OHIC and Bailit Health are discussing potential modifications to the definitions and will bring a proposal to the Work Group for consideration during the next Work Group meeting.

Measures “Topped Out” or Meeting the “Monitoring” Definition (1 of 2)

- For today’s meeting, we have flagged three measures with absolute rates of 90% or higher, or a statewide average rate that is above the national 90th percentile for both markets (commercial and Medicaid):
 1. *Breast Cancer Screening (Core)*
 2. *Controlling High Blood Pressure (Core)*
 3. *Cervical Cancer Screening (Menu)*

Breast Cancer Screening (Core)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p>RI mammography rates: 81% for White women, 78% for Black women</p> <p>RI breast cancer mortality: 18.8 per 100,000 for White women, 26.9 per 100,000 for Black women</p>		<p>U.S. mammography rates: 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 (2021)
Minor proposed changes for MY 2024	ACO (Core)	4 (ACO Contracts) 1 (Primary Care Contracts)	80.9% (above National 90 th percentile)	61.9% (above National 90 th percentile)

Data Source: ECDS

*ADL/IADL = limitations in activities of daily living/instrumental activities of daily living

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 (2021)
No proposed changes for MY 2024	ACO (Core)	4 (ACO Contracts) 1 (Primary Care Contracts)	71.6% (above National 90 th percentile)	70.8% (above National 90 th 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.

Cervical Cancer Screening (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p>RI screening rates: 84.2% for White women, 83.5% for Hispanic women</p> <p>U.S. screening rates: Hispanic and non-Hispanic White women more likely to be screened than Hispanic and non-Hispanic Black women (OR* = 2.49)</p>		<p>U.S. Pap test rates: 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 (2021)
Minor changes proposed for MY 2024; major proposed change for MY 2025 (ECDS-only reporting)	ACO (Menu)	1 (ACO Contracts)	79.6% (above National 90 th percentile)	70.5% (above National 90 th percentile)

Data Source: Claims

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

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).

Child and Adolescent Well-Care Visits (Total) (Core)

Equity Analysis: Race/Ethnicity		Equity Analysis: Language		
<p>MA ACO (child): Highest performance for Blacks (75%) and lowest performance for Other Race (68%); lower rates for Hispanics than non-Hispanics</p> <p>MA Health System (child): Higher performance for Whites (85%) than for Hispanics (73%)</p> <p>MA Health System (adolescent): Higher performance for Whites (67%) than Blacks (55%)</p>		<p>MA ACO (child): Similar performance for English and non-English preference individuals, lower rates for Portuguese speakers</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2021)	Medicaid Performance (2021)
Minor proposed changes for MY 2024	ACO (Core)	4 (ACO Contracts) 2 (Primary Care Contracts)	76.1% (above National 90 th percentile)	61.0% (between National 75 th and 90 th percentile)

Data Source: Claims

Developmental Screening in the First Three Years of Life (Core)

Equity Analysis: Race/Ethnicity		Equity Analysis: Language		
U.S. study: Likelihood of being screened was 34.4% for White children, compared to 24.8% for Blacks and 24.3% for Hispanics		U.S. study: 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 (2021)	Medicaid Performance (2021)
No changes	ACO (Core)	4 (ACO Contracts) 2 (Primary Care Contracts)	85.0%*	79.5%* (above the National 90 th percentile in FFY 2020**)

Data Source: Claims/Clinical Data

***Data Source:** RI OHIC ACO/AE Quality Reporting

****Data Source:** CMS Child Core Set Reporting, n=30 states, FFY 2021 data not yet available.

Lead Screening in Children (Core)

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 (2021)
No proposed changes for MY 2024	ACO (Menu)	3 (ACO Contracts) 2 (Primary Care Contracts)	NA	74.4% (between National 75 th and 90 th percentile)

Data Source: Claims

Primary Care Health Equity Measure (Menu)

The Primary Care 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
No changes	ACO (Menu)	2 (ACO Contracts)	NA	NA

* NCQA stratified by race/ethnicity in MY 2022 and MY 2023

** NCQA has indicated this is a race/ethnicity candidate measure for MY 2024

Primary Care Health Equity Measure (Menu) (Cont'd)

- During the 2022 Annual Review, the Work Group recommended considering whether to align the Primary Care Equity Measure more closely with NCQA's race/ethnicity stratified measures.

Category	Measures
Measures NCQA stratified by race/ethnicity in MY 2022 and MY 2023 that are Core or Menu Measures in OHIC's 2023 Primary Care Aligned Measure Set	<ul style="list-style-type: none">• <i>Breast Cancer Screening</i>• <i>Child and Adolescent Well Care Visits</i>• <i>Colorectal Cancer Screening</i>• <i>Immunizations for Adolescents</i>
Measures NCQA has indicated are candidates for race/ethnicity stratification for MY 2024	<ul style="list-style-type: none">• <i>Kidney Health Evaluation for Patients with Diabetes</i>

Immunizations for Adolescents (Combo 2) (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
MI Medicaid Managed Care performance: 1.8% higher for Whites than for Blacks		U.S. literature review: 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 (2021)
No proposed changes for MY 2024	ACO (Menu)	1 (ACO Contracts) <i>Insurers have never reported using this measure in Primary Care Contracts</i>	54.6% (above National 90 th percentile)	40.1% (between National 50 th and 75 th percentiles)

Data Source: Claims/Clinical Data

Social Determinants of Health Screening (Menu)

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)
Minor changes for MY 2023	ACO (Menu)	3 (ACO Contracts) <i>Insurers have never reported using this measure in Primary Care Contracts</i>	NA	28.7%

Data Source: Survey

CAHPS Surveys, specifically CG-CAHPS and/or PCMH CAHPS (Developmental)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<p><i>PCMH CAHPS:</i> U.S. study of Veterans Affairs patients: Racial/ethnic differences (as compared to Whites) observed in all seven health care domains</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>NAM CAHPS:</i> U.S. study: 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	Commercial Performance	Medicaid Performance
No changes	ACO (Developmental)	None	NA	NA

Data Source: Survey

CAHPS Surveys, specifically CG-CAHPS and/or PCMH CAHPS (Developmental) (Cont'd)

- During the 2022 Annual Review, the Work Group indicated that the cost associated with administering CAHPS surveys in the primary care setting was prohibitive.
- The Work Group expressed interest in Rhode Island coordinating a statewide survey like the survey administered by Massachusetts Health Quality Partners (MHQP).
 - MHQP's survey is sponsored by health plans and providers (at differing rates depending on population and level of reporting).
- Bailit Health obtained a cost estimate from MHQP for a similar survey administered in Rhode Island, the specifics of which were distributed with today's meeting materials (see next slide for summary).

CAHPS Surveys, specifically CG-CAHPS and/or PCMH CAHPS (Developmental) (Cont'd)

Category	Summary of Assumptions
Survey	<ul style="list-style-type: none">• CG-CAHPS or PCMH CAHPS
Instrument/Materials	<ul style="list-style-type: none">• English and six additional languages
Scope/Frequency/Mode	<ul style="list-style-type: none">• Adult-only or Adult and Child primary care practices• Electronic dissemination only (email to web survey)
Sample Frame & Sample	<ul style="list-style-type: none">• MHQP sample frame specifications, including patient email• Electronic sample frame file provided by four commercial health plans
Provider Hierarchy	<ul style="list-style-type: none">• Hierarchy provided by State of Rhode Island
Fielding Protocol	<ul style="list-style-type: none">• Up to five emails disseminated
Reporting	<ul style="list-style-type: none">• Scores calculated at the practice site, medical group, health system/network and statewide levels• Benchmarks developed and implemented at every survey composite level• Web-based reporting available to stakeholders

CAHPS Surveys, specifically CG-CAHPS and/or PCMH CAHPS (Developmental) (Cont'd)

- MHQP provided the following cost estimates, based on survey frequency and population (adult only or adult and child).

Survey Frequency	Adult Only	Adult & Child
Annual Survey	\$255,000	\$295,000
3-Times-a-Year Survey	\$380,000	\$435,000

Depression Screening and Follow-Up for Adolescents and Adults (Developmental)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p>RI depression diagnosis rates: 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p>RI youth (0-17) unable to access mental health services: 75% of Blacks, 74% Hispanics, 17.2% Whites</p> <p>U.S. study: 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p>U.S. depression prevalence: 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 proposed change for MY 2024	ACO (Developmental); Outpatient Behavioral Health – Mental Health (Developmental)	1 (Outpatient BH Contract)	NA	NA

Data Source: ECDS

Depression Remission or Response for Adolescents and Adults (Developmental)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p>RI depression diagnosis rates: 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p>RI youth (0-17) unable to access mental health services: 75% of Blacks, 74% Hispanics, 17.2% Whites</p> <p>U.S. study: 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p>U.S. depression prevalence: 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 proposed changes for MY 2024	ACO (Developmental); Outpatient Behavioral Health – Mental Health (Developmental)	1 (Outpatient BH Contract) <i>Insurers have never reported using this measure in Primary Care Contracts</i>	NA	NA

Data Source: ECDS

Fluoride Varnish (Developmental)

Equity Analysis: Race/Ethnicity

RI dental caries rates: 53.9% for Hispanics, 47.2% for Blacks, and 45.6% for Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	None	None (<i>insurers have never reported using this measure</i>)	NA	See below

Data Source: Clinical Data

Proportion of children of each age having a fluoride varnish application at a physician office (Source: Medicaid Claims, RIDOH)

Age	SFY 2018	SFY 2019	SFY 2020
1	9.3%	10.1%	9.4%
2	8.5%	9.3%	8.4%
3	5.3%	5.7%	5.1%

Fluoride Varnish (Developmental) (Cont'd)

- Fluoride Varnish is slated to become a Core Measure in 2024.
- **Background:**
 - During the 2022 Annual Review, the Work Group did reach consensus on whether to (a) remove *Fluoride Varnish* from the Primary Care Measure Set, (b) retain *Fluoride Varnish* in the Primary Care Menu Set, or (c) elevate *Fluoride Varnish* to the Core Set in MY 2024 and move it to the Developmental Set in the interim.
 - OHIC ultimately recommended moving *Fluoride Varnish* 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. The Work Group generally supported this decision.

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 (2021)
No proposed changes for MY 2024	ACO (Developmental)	None <i>Insurers have never reported using this measure in Primary Care Contracts</i>	Received Statin Therapy: 87.0% (between National 75 th and 90 th percentiles)	Received Statin Therapy: 82.2% (between National 50 th and 75 th percentiles)
			Statin Adherence: 84.7% (between National 75 th and 90 th percentiles)	Statin Adherence: 77.4% (between National 50 th and 75 th percentiles)

Data Source: Claims

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

Statin Therapy for Patients with Cardiovascular Disease (Developmental) (Cont'd)

- During prior Annual Review cycles, the Work Group has expressed concerns about this measure:
 - Medication adherence can only be reported by plans and practices do not receive prescription fill information.
 - Medication adherence is subject to gaming, such as by writing prescriptions for 90 days to increase dispensing adherence, even if the patient is not taking the prescription.
 - The measure excludes certain conditions, such as muscular pain.
- **Does the Work Group recommend retaining the measure, despite these challenges?**

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 proposed changes for MY 2024	ACO (Developmental); Outpatient Behavioral Health (Developmental)	1 (Outpatient BH Contract) <i>Insurers have never reported using this measure in Primary Care Contracts</i>	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>RI depression diagnosis rates: 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p>U.S. study: 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p>U.S. depression prevalence: 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 proposed change for MY 2024	ACO (Developmental); Outpatient Behavioral Health (Developmental)	1 (Outpatient Behavioral Health Contract) <i>Insurers have never reported using this measure in Primary Care Contracts</i>	NA	NA

Public Comment

Next Steps

Next Steps and Next Meetings

#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**