Health Equity: Race, Ethnicity, and Language Stratification Measure

Steward: MA EOHHS Quality Measure Alignment Taskforce
As of July 18, 2023

SUMMARY OF CHANGES FOR 2024

- Updated the background.
- Updated the description to specify the new measures included for race, ethnicity, and language stratification.
- Clarified the organizations responsible and data sources used for reporting performance.
- Included required data categories for reporting stratified race, ethnicity, and language performance.
- Included additional information on how to access specifications for measures in the 2024 Massachusetts Aligned Measure Set.
- Revised the denominator and numerator to apply to all measures in the 2024 Massachusetts Aligned Measure Set.

Background

The Massachusetts Quality Measure Alignment Taskforce (Taskforce) adopted a Health Equity measure beginning in 2022 focused on stratifying performance for select measures from the Massachusetts Aligned Measure Set.[1] The Health Equity measure initially focuses on stratifying performance by race, ethnicity, and language (REL) to encourage provider organizations to collect REL data and use REL data to stratify measure performance. The Taskforce aims to include a Health Equity measure focused on reducing disparities in performance in the future once provider organizations have more robust REL data.

Description

Performance for 6 Core measures and 6 Menu measures (up to the discretion of a payer/provider dyad) from the 2024 Massachusetts Aligned Measure Set, stratified by race, ethnicity, and language (REL).

General Guidelines

Organizations Responsible and Data Source Used for Reporting Performance	For measures that use electronic clinical data and provider-implemented survey data, provider organizations should use their own EHR-based clinical data, patient age and sex data, and REL data to report stratified performance. For measures that use administrative data, provider organizations should leverage payer-provided data and their own REL data to report stratified performance. For example, payers could share a spreadsheet with information on which patients meet the numerator for the measure. Provider organizations could use this information to

[1] For more information on the Massachusetts Quality Measure Alignment Taskforce and the Massachusetts Aligned Measure Set, see: https://www.mass.gov/info-details/eohhs-quality-measure-alignment-taskforce.

	update data in their EHRs and report performance on the measure. Alternatively, provider organizations could report performance for measures that use administrative data using data from their EHRs if it includes the required information. The limitation of this approach, however, is that EHR data likely would not contain information on care patients received from another provider organization. For more information on the data source for each measure, see the "Measure Specifications" section below.
Overall Parameters for Stratification	Provider organizations should report stratified performance: • for each race, ethnicity, and language stratification category separately (e.g., within race, report measure performance separately for White, Black or African American, etc.; within ethnicity, report measure performance separately for Hispanic/Latino and non-Hispanic/Latino; within language, report measure performance separately for English, Spanish, etc.); • using patient self-reported data gathered by the provider organization wherever possible rather than imputing a patient's REL; • for their entire patient population meeting each measure's specifications, across health plans and lines of business, and • only for measures relevant to the population served by the provider organization (e.g., a pediatric provider organization will not be expected to report performance for a measure that is only applicable for an adult population).
Data Completeness Threshold	There is no data completeness threshold for reporting performance stratified by REL. Organizations should report on all patients for whom they have REL data.
Required REL Reporting Categories	Organizations should report stratified performance for the REL categories specified in the Health Equity Data Standards.[2] ***For race***: Use the following categories for reporting: • American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • My race is not listed (please specify) • I choose not to answer • I am not sure / don't know ***For ethnicity***: Use the following categories for reporting:[3] • Hispanic or Latino • Not Hispanic or Latino • I choose not to answer

[2] For more information on the Health Equity Data Standards, see: https://www.mass.gov/doc/eohhs-qmat-health-equity-data-standards-updated-march-2023/download.

[3] This measure focuses only on ethnicity, defined using the Office of Management and Budget (OMB) response options, and does not require stratifying performance using granular ethnicity.

	• I am not sure / don't know ***For language***: Use the following categories for reporting spoken language:[4] • English • Spanish • Portuguese • Chinese • Haitian • Sign Language, such as ASL • French • Vietnamese • Russian • Arabic • My language is not listed (please specify) • I choose not to answer • I am not sure / don't know ***Note**: Each of the categories within each ethnicity and language stratification **are** mutually exclusive. Therefore, the sum of all stratifications for these variables should equal the total population (e.g., the sum of all four ethnicity stratifications should equal the total population). The categories for race stratification **are not** mutually exclusive.*

Measure Specifications

Provider organizations can report stratified performance using the electronic clinical data version, the administrative version, or the provider-implemented survey version of measure specifications, as available. Providers can refer to the "Specifications for Core, Menu, and Monitoring Measures in the 2024 Aligned Measure Set" document for the measure specifications.[5] Provider organizations can access measure specifications for CMS eCQM measures here: https://ecqi.healthit.gov/sites/default/files/EC-eCQM-2023-05.zip

If provider organizations are reporting stratified performance using the administrative data source, they can exclude any continuous enrollment and allowable gap requirements.

The following table categorizes the 2024 Massachusetts Aligned Measure Set by data source.

Electronic Clinical Data Measures	Menu Measures • Behavioral Health Risk Assessment (for Pregnant Women) • Colorectal Cancer Screening
Electronic Clinical Data *or* Administrative Measures	Core Measures • Childhood Immunization Status (Combo 10) • Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%) • Controlling High Blood Pressure • Screening for Clinical Depression and Follow-Up Plan (CMS or MassHealth-modified CMS)

[4] This measure does not require stratifying performance using written language.
[5] To request a copy of the measure specifications, please email Quality.Alignment@chiamass.gov.

	Menu Measures • Breast Cancer Screening • Cervical Cancer Screening • Chlamydia Screening – Ages 16-24 • Colorectal Cancer Screening • Eye Exam for Patients with Diabetes • Health-Related Social Needs Screening • Initiation and Engagement of Substance Use Treatment (either the Initiation or Engagement Phase) • Kidney Health Evaluation for Patients with Diabetes
Administrative Measures	Core Measures • Substance Use Assessment in Primary Care Menu Measures • Asthma Medication Ratio • Blood Pressure Control for Patients with Diabetes • Child and Adolescent Well-Care Visits • Developmental Screening in the First Three Years of Life • Follow-up After Emergency Department Visit for Mental Illness (7-Day) • Follow-up After Hospitalization for Mental Illness (7-Day) • Immunizations for Adolescents (Combo 2) • Pharmacotherapy for Opioid Use Disorder • Prenatal and Postpartum Care • Use of Imaging Studies for Low Back Pain • Well-Child Visits in the First 30 Months of Life
Survey Measures	Core Measures • CG-CAHPS (MHQP version)[6] Menu Measures • Informed, Patient-centered Hip and Knee Replacement • Shared Decision-making Process

Denominator

Denominator Statement	The denominator statement, as outlined in the steward's measure specifications, including any denominator exclusions and exceptions.
Rate 1	The denominator statement.
Rate 2	The denominator statement. Separately report the percentage of patients in the denominator statement for which the provider organization has complete race data.
Rate 3	The denominator statement. Separately report the percentage of patients in the denominator statement for which the provider organization has complete ethnicity data.
Rate 4	The denominator statement. Separately report the percentage of patients in the denominator statement for which the provider organization has complete language data.

[6] MHQP will stratify CG-CAHPS performance on behalf of provider organizations.

Numerator

Numerator Statement	The numerator statement, as outlined in the steward's measure specifications, including any numerator exclusions.
Rate 1	The numerator statement.
Rate 2	The numerator statement, stratified by race.
Rate 3	The numerator statement, stratified by ethnicity.
Rate 4	The numerator statement, stratified by language.