



Measure Alignment Work Group Primary Care Measure Set Meeting Summary

July 31, 2023, 2:00 P.M. to 4:00 P.M.

Summary of Recommendations:

- The Work Group did not reach consensus on whether to elevate *Cervical Cancer Screening* to the Primary Care Core Set or retain the measure in the Menu Set (with the potential to elevate the measure to the ACO Core Set).
- The Work Group recommended replacing *Developmental Screening in the First Three Years of Life* with *Child and Adolescent Well-Care Visits* in the Primary Care Health Equity Measure.
- The Work Group did not reach consensus on whether to elevate *Immunizations for Adolescents (Combo 2)* to the Primary Care Core Set or retain in the Menu Set and monitor performance.
- The Work Group recommended removing the *CAHPS Surveys, specifically CG-CAHPS and PCMH CAHPS*, from the Primary Care Developmental Set.
- The Work Group recommended removing *Depression Screening and Follow-Up For Adolescents and Adults* from the Primary Care Developmental Set.
- The Work Group recommended removing *Depression Remission or Response for Adolescents and Adults* from the Primary Care Developmental Set.
- The group did not reach consensus on whether to retain *Statin Therapy for Patients with Cardiovascular Disease* in full in the Primary Care Developmental Set, retain only the “Received Statin Therapy” rate, or remove the measure entirely.
- The Work Group recommended removing *Unhealthy Alcohol Use Screening and Follow-Up* from the Primary Care Developmental Set.
- The Work Group recommended removing *Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults* from the Primary Care Developmental Set.

Summary of Next Steps:

- Bailit Health will research whether NCQA would allow non-standard supplemental data to calculate *Colorectal Cancer Screening* rates when the measure becomes ECDS-only in MY 2024.

Meeting Notes:

1. Welcome and Introductions

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

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

2. Summary of Recommendations from July 10th Meeting

- a. Michael Bailit summarized the Work Group’s July 10th recommendations regarding the Acute Care Measure Set. Michael shared OHIC’s tentative thinking for the measures where the Work Group did not come to consensus.
- b. **Discussion:**
 - i. Regarding the Work Group’s recommendation to elevate *Follow-up After Emergency Visit for Mental Illness (7-Day)* and *Follow-up After Emergency Department Visit for Substance Use (7-Day)* to the Acute Care Core Set, Peter Hollmann asked whether the hospital representatives were comfortable with this recommendation. Michael confirmed that the hospitals were represented at the meeting and were comfortable with the recommendation.
 - ii. Regarding OHIC’s tentative decision to temporarily move *Hospital-wide Readmission Rate* to the Acute Care Menu Set due to specification changes, Stacey Aguiar said she was surprised that CMS was moving towards hybrid specifications while NCQA was moving towards electronic specifications. Sheila Newquist clarified that CMS’ hybrid specifications would technically be electronic because information would be extracted from the electronic medical record.

3. Primary Care Measure Set Measures

- a. Grace Flaherty reminded the Work Group that the 2023 Primary Care Measure Set included twenty-one measures (nine Core, five Menu, and seven Developmental).
- 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 four measures that had major status or specification changes in 2023.
 - ii. Grace said four measures had absolute rates of 90% or higher, or a statewide average rate that was above the national 90th percentile for both markets (commercial and Medicaid).

Measure Name	Recommendation	Discussion
<i>Colorectal Cancer Screening</i> Core	Retain in Core	Grace explained that NCQA was transitioning this measure to electronic clinical data systems (ECDS)-only reporting for measurement year (MY) 2024. David Harriman said that the change would result in lower rates because many practices still rely on data extraction.

Measure Name	Recommendation	Discussion
<p><u>Significant Status or Specification Change</u></p>		<p>Andrea Galgay wondered whether NCQA would allow non-standard supplemental data to calculate this measure, as it does for some other ECDS measures. Andrea also wondered whether plans would accept non-standard supplemental data.</p> <p>Next Step:</p> <ul style="list-style-type: none"> Bailit Health will research whether NCQA would allow non-standard supplemental data to calculate <i>Colorectal Cancer Screening</i> rates when the measure becomes ECDS-only in MY 2024.
<p><i>Eye Exam for Patients with Diabetes</i></p> <p>Core</p> <p><u>Significant Status or Specification Change</u></p>	<p>Retain in Core</p>	<p>Grace explained that NCQA has proposed updating the method for identifying diabetes for all HEDIS diabetes measures in MY 2024. Grace said the current method specifies two ways to identify members with diabetes: by claims data or by pharmacy data. Grace said the revised method would simplify the claims-based approach and revise the pharmacy-based approach to require a diagnosis of diabetes.</p> <p>Peter Hollmann said this change would increase measure performance because individuals without diabetes being prescribed diabetes medications will be removed from the denominator.</p>
<p><i>Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (<8.0%)</i></p> <p>Core</p> <p><u>Significant Status or Specification Change</u></p>	<p>Retain in Core</p>	<p>Grace said NCQA has proposed the same denominator change for this measure as for <i>Eye Exam for Patients with Diabetes</i>, and NCQA has also proposed to modify <i>HbA1c Control for Patients with Diabetes</i> by adding glucose management indicator (GMI) as an option to meet the numerator criteria and to update the measure title to <i>Glycemic Status Assessment for Patients with Diabetes</i>.</p> <p>Stacey Aguiar recommended retaining the measure in the Core Set but said benchmarks should be modified accordingly. Stacey noted that the issue with adding GMI as an option to meet the numerator is that patients may not use the device at home and may not report their results correctly.</p> <p>Peter Hollmann said the GMI addition would likely result in a minor increase in performance (less so than the denominator change).</p>
<p><i>Kidney Health Evaluation for Patients with Diabetes</i></p> <p>Menu</p>	<p>Retain in Menu</p>	<p>The Work Group made the same recommendation for this measure as for <i>Eye Exam for Patients with Diabetes</i> because the specification change was the same.</p>

Measure Name	Recommendation	Discussion
<u>Significant Status or Specification Change</u>		
<i>Breast Cancer Screening</i> Core <u>High Performing</u>	Retain in Core	Gary Bliss noted the disparity between commercial and Medicaid performance, despite both being above their respective national 90 th percentile benchmarks. The Work Group recommended retaining the measure in the Core Set because of disparities in performance between the commercial and Medicaid market.
<i>Chlamydia Screening</i>	Retain in Core	Pat Flanagan and Gary Bliss recommended retaining this measure in the Core Set because of Rhode Island’s high chlamydia rates and disparities by geography.
<i>Controlling High Blood Pressure</i> Core <u>High Performing</u>	Retain in Core	Stacey Aguiar recommended retaining this measure in the Core Set because NCQA weights it highly for Medicaid accreditation. Peter Hollmann recommended retaining the measure in the Core Set because of the profound impact of high blood pressure on health status and the measure’s wide use across national performance measure sets.
<i>Cervical Cancer Screening</i> Menu <u>High Performing</u>	Did not reach consensus on whether to elevate the measure to the Primary Care Core Set or retain in the Menu Set (with the potential to elevate the measure to the ACO Core Set)	Grace noted that insurers did not report using this measure in primary care contracts. Jennifer Clair and Breanne DeWolf recommended elevating the measure to the Core Set with the other cancer screening measures. Sheila Newquist suggested that the measure might be better suited for the ACO Core Set rather than the Primary Care Core Set. Peter Hollmann noted that patients are already being screened in excess in certain settings.

d. Review of Remaining Measures

Measure Name	Recommendation	Discussion
<i>Child and Adolescent Well-Care Visits (Total)</i> Core	Retain in Core	Andrea Galgay asked whether the measure included all age bands. Grace confirmed that the measure was for the total rate (i.e., all age bands). Gary Bliss noted that Medicaid’s performance was strikingly poor, especially given that half Rhode Island children are on Medicaid. Peter Hollmann noted that the disparity between commercial and Medicaid performance could be a result of the COVID-19 suspension of the Medicaid redetermination process any many

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		people remaining on (and not using) Medicaid after obtaining commercial coverage. Michael agreed and said that Medicaid rates may rise after the redetermination process is complete.
<p><i>Developmental Screening in the First Three Years of Life</i></p> <p>Core</p>	Retain in Core	<p>Grace shared that the Executive Office of Health and Human Services (EOHHS) wished to move this measure from a Pay-for-Performance measure to a Reporting-Only measure in its Accountable Entity (AE) Common Measure Slate due to high performance and a desire to make room for other measures. Grace asked the Work Group if it would like to recommend moving the measure from the Primary Care (and by association ACO) Core Set to the Menu Set for the same reason.</p> <p>The Work Group was reluctant to move Developmental Screening to the Menu Set because of (a) the few pediatric measures in the measure set (b) the developmental declines seen in children during the COVID-19 pandemic and (c) disparities in performance for certain populations (i.e., non-English speaking). However, the Work Group acknowledged that removing the measure from the Core Set might make things easier for plans and providers because Developmental Screening is a more difficult measure to implement because it's not a HEDIS measure.</p> <p>The Work Group asked EOHHS what measure would replace <i>Developmental Screening</i> in the AE Common Measure Slate. EOHHS shared that it planned to replace <i>Developmental Screening</i> with <i>Colorectal Cancer Screening</i>.</p>
<p><i>Lead Screening in Children</i></p> <p>Core</p>	Retain in Core	The Work Group recommended retaining this measure in the Core Set because of Rhode Island's ongoing issues with lead paint in old buildings.
<p><i>Primary Care Health Equity Measure</i></p> <p>Menu</p>	Replace <i>Developmental Screening in the First Three Years of Life</i> with <i>Child and Adolescent Well-Care Visits</i> in the Primary Care Health Equity Measure	<p>Grace reminded the Work Group that 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. Grace asked whether the Work Group was interested in replacing <i>Developmental Screening in the First Three Years of Life</i> in this measure with one of NCQA's stratified measures.</p> <p>Pat Flanagan said she would be comfortable replacing <i>Developmental Screening in the First Three Years of Life</i> with <i>Child and Adolescent Well-Care Visits</i> in the Primary Care Health Equity Measure.</p> <p>Stacey Aguiar supported aligning with NCQA's stratified measures because of the ability to benchmark performance.</p>

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		<p>Peter Hollmann noted that for certain racial and ethnic categories primary care practice-level denominators would be too small to be meaningful.</p> <p>The Work Group noted the challenges with race and ethnicity data completeness and the obstacles with reporting stratified measures. Michael suggested that race and ethnicity data completeness could be incentivized as a separate measure.</p>
<p><i>Immunizations for Adolescents (Combo 2)</i></p> <p>Menu</p>	<p>The group did not reach consensus on whether to elevate this measure to the Core Set or retain in Menu and monitor performance</p>	<p>Jennifer Clair and Breanne DeWolf recommended elevating the measure to the Core Set.</p> <p>Stacey Aguiar suggested waiting to elevate the measure to the Core Set because measure performance might improve with vaccination re-education following the COVID pandemic.</p> <p>The Work Group agreed that low levels of HPV immunization was depressing measure performance.</p>
<p><i>Social Determinants of Health Screening</i></p> <p>Menu</p>	<p>Retain in Menu</p>	<p>The Work Group recommended retaining in the Menu without discussion.</p>
<p><i>CAHPS Surveys, specifically CG-CAHPS and PCMH CAHPS</i></p> <p>Developmental</p>	<p>Remove</p>	<p>Grace reminded the Work Group that during the 2022 Annual Review, the Work Group expressed interest in Rhode Island coordinating a statewide survey like the survey administered by Massachusetts Health Quality Partners (MHQP) in Massachusetts. Grace shared that Bailit Health obtained a cost estimate from MHQP for a similar survey to be administered in Rhode Island. Grace shared the specifications and proposed cost for the survey.</p> <p>Stacey Aguiar recommended against pursuing a statewide survey because of public survey fatigue.</p> <p>Andrea Galgay recommended against pursuing a statewide survey because RIPCPC already receives patient feedback through other incentive programs and practice surveys.</p> <p>Sheila Newquist said there were methods for surveying patients that were less costly than a statewide survey.</p> <p>David Harriman noted that electronic dissemination, as proposed by MHQP, presents challenges for surveying children.</p>
<p><i>Depression Screening and Follow-Up For Adolescents and Adults</i></p>	<p>Remove</p>	<p>Andrea Galgay recommended against retaining this measure because of the differences between this measure and CMS' depression screening measure.</p>

Measure Name	Recommendation	Discussion
Developmental		<p>Sheila Newquist shared that BCBSRI is working on implementing this measure with outpatient behavioral health providers, but not in primary care contracts. Sheila also noted that benchmarks were not available for this measure.</p> <p>Jennifer Clair questioned the value of using this measure with outpatient behavioral health providers but not primary care providers.</p> <p>Peter Hollmann noted that depression screening was widely done (above 90 percent), just not necessarily documented through this measure.</p> <p>Pat Flanagan wondered whether the measure was difficult to calculate in practices with integrated behavioral health.</p>
<p><i>Depression Remission or Response for Adolescents and Adults</i></p> <p>Developmental</p>	Remove	<p>The Work Group had similar thoughts about this measure as <i>Depression Screening and Follow-up for Adolescents and Adults</i>.</p>
<p><i>Fluoride Varnish</i></p> <p>Developmental</p>	Retain in Developmental	<p>Grace reminded the Work Group that this measure was slated to become a Core Measure in MY 2024.</p> <p>Sam Zwetchkenbaum spoke in support of retaining the measure, but not placing it in the Core Set yet. Sam noted the measure is in the CMS Child Core Set. He commented that managed care organizations (MCOs) are impacted by the cost of expensive dental surgeries because of a lack of preventative dental care. Sam said RIDOH has not made as much progress as planned with supporting measure implementation due to the agency's resource constraints.</p> <p>Stacey Aguiar and Peter Hollmann noted challenges with obtaining the requisite data to calculate this measure.</p> <p>Pat Flannagan and Gary Bliss noted practice workflow implementation challenges with the measure.</p> <p>Andrea Galgay said that pediatricians think this measure is important but they are stretched thin due to workforce shortages.</p> <p>Sheila Newquist wondered why the Aligned measure Set included the RIDOH measure rather than the HEDIS <i>Topical Fluoride</i></p>

Measure Name	Recommendation	Discussion
		measure. [Following the meeting, Bailit Health confirmed that the HEDIS measure was not viable for a medical benefit plan.]
<i>Statin Therapy for Patients with Cardiovascular Disease</i> Developmental	The group did not reach consensus on whether to retain the measure in full in the Developmental Set, retain only the “Received Statin Therapy” rate, or remove the measure entirely.	Breanne DeWolf and Breanna Lemieux recommended retaining the measure. Peter Hollmann said he supported retaining the “Received Statin Therapy” rate but not the “Statin Adherence” rate which was subject to gaming.
<i>Unhealthy Alcohol Use Screening and Follow-Up</i> Developmental	Remove	The Work Group agreed that the primary challenge with implementing this measure was the ECDS specifications.
<i>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults</i> Developmental	Remove	Sheila Newquist said BCBSRI was exploring implementing this measure with outpatient behavioral health providers but not in primary care contracts.

4. Public Comment

- a. Cory King thanked the Work Group members for their participation.

5. Next Steps

- a. The Measure Alignment Work Group will reconvene on August 7th from 2:00pm – 4:00pm to discuss the ACO Measure Set.