

# OHIC Aligned Measure Sets 2023 Annual Review

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ACO Aligned Measure Set

*August 7, 2023*

# Agenda

1. Summary of Recommendations from the July 31<sup>st</sup> Meeting
2. Discuss Health Equity Measurement Proposals
  - ACO Health Equity Measure
  - Race, Ethnicity and Language Data Completeness Measure
  - Health Equity Data Standards
3. Review ACO Measure Set Measures
  - Discuss Measures from Acute Care Hospital and Primary Care Measure Sets
  - Review of Remaining Measures
4. Public Comment
5. Next Steps and Next Meetings

## Summary of Recommendations from the July 31<sup>st</sup> Meeting

# Summary of Recommendations from July 31<sup>st</sup> Meeting (1 of 4)

- During the July 31<sup>st</sup> meeting, the Work Group reviewed the Primary Care Measure Set and made the following recommendations:
  - Remove five measures from the Developmental Set:
    1. *CAHPS Surveys (CG-CAHPS and PCMH CAHPS)*
    2. *Depression Screening and Follow-Up for Adolescents and Adults*
    3. *Depression Remission or Response for Adolescents and Adults*
    4. *Unhealthy Alcohol Use screening and Follow-Up*
    5. *Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults*

# Summary of Recommendations from July 31<sup>st</sup> Meeting (2 of 4)

- During the July 31<sup>st</sup> meeting, the Work Group reviewed the Primary Care Measure Set and made the following recommendations:
  - Modify the Primary Care Health Equity Measure:
    - Replace *Developmental Screening in the First Three Years of Life* with *Child and Adolescent Well-Care Visits*.

# Summary of Recommendations from July 31<sup>st</sup> Meeting (3 of 4)

- During the July 31<sup>st</sup> meeting, the Work Group discussed but did not come to consensus on recommendations for three measures:

## 1. *Cervical Cancer Screening*

- 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).

## 2. *Immunizations for Adolescents (Combo 2)*

- 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.

# Summary of Recommendations from July 31<sup>st</sup> Meeting (4 of 4)

- During the July 31<sup>st</sup> meeting, the Work Group discussed but did not come to consensus on recommendations for three measures:
  3. *Statin Therapy for Patients with Cardiovascular Disease*
    - The Work 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.

## Discuss Health Equity Measurement Proposals



# ACO Health Equity Measure Proposal (1 of 2)

- The 2023 ACO Measure Set contains an *ACO Health Equity Measure*, which 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%)

\*During the July 31<sup>st</sup> meeting, 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 for 2024* to more closely align with NCQA.

# ACO Health Equity Measure Proposal (2 of 2)

- Massachusetts' Quality Measure Alignment Taskforce recently revised its *Health Equity Measure* for 2024 to stratify performance for its 6 Core Measures and for any 6 Menu Measures (selected at the discretion of a payer/provider dyad) by race, ethnicity and language (REL).
  - Massachusetts' updated *Health Equity Measure* specifications were included with today's meeting materials.
- **Is the Work Group interested in revising the *ACO Health Equity Measure* to stratify performance for a wider array of Core and Menu measures in the fashion of Massachusetts for the 2024 OHIC Aligned Measure Set?**
  - We are making this proposal for the *ACO Health Equity Measure* and not the *Primary Care Health Equity Measure* out of sensitivity to reporting burden on individual primary care practices to generate such a measure.

# Race, Ethnicity and Language (REL) Data Completeness Measure (1 of 2)

- During the July 31<sup>st</sup> meeting, the Work Group expressed frustration that the lack of REL data completeness impeded progress towards meaningful measure stratification.
- Massachusetts' Taskforce added a *Race Data Completeness* measure to its 2024 Aligned Measure Set.
  - Massachusetts' *Race Data Completeness* specifications were included with today's meeting materials.

## Massachusetts Rate of Race Data Completeness Measure

<b>Description</b>	The percentage of ACO attributed members with self-reported race data that were collected by an ACO in the measurement year.
<b>Numerator</b>	ACO attributed members with self-reported race data that were collected by an ACO during the measurement year.
<b>Denominator</b>	ACO attributed members in the measurement year.

# Race, Ethnicity and Language (REL) Data Completeness Measure (2 of 2)

- **Is the Work Group interested in adding an REL Data Completeness Measure to the 2024 ACO Measure Set?**
  - **Note:** Massachusetts’ measure does not measure language data completeness because of a discrepancy between Massachusetts Medicaid’s language data standards and the Taskforce’s data standards; however, OHIC’s measure could include language in its specifications.

## Massachusetts Rate of Race Data Completeness Measure

<b>Description</b>	The percentage of ACO attributed members with self-reported race data that were collected by an ACO in the measurement year.
<b>Numerator</b>	ACO attributed members with self-reported race data that were collected by an ACO during the measurement year.
<b>Denominator</b>	ACO attributed members in the measurement year.

# Health Equity Data Standards (1 of 2)

- A lack of common data standards for equity-related information (i.e., race, ethnicity, language, disability status, sexual orientation, gender identity, sex) is an obstacle to measuring and reducing health disparities.
- In 2022, Massachusetts convened a Data Standards Advisory Group to its Taskforce that developed an aligned approach to standardized data collection for health equity data for use by all payers and providers in the Commonwealth. It was adopted by the state for 2024 implementation.
  - The Advisory Group's data standards recommendations were distributed with today's meeting materials.

# Health Equity Data Standards (2 of 2)

- **Does the Work Group recommend that OHIC, in partnership with EOHHS and RIDOH, adopt a voluntary set of health equity data standards?**
  - The agencies could do so by creating a Work Group that would develop recommendations for implementation by January 1<sup>st</sup>, 2025.
  - This work could build upon Massachusetts' health equity data standards, rather than starting from scratch.

## Review ACO Measure Set Measures

# 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 2022 Quality Compass for the commercial market and 2021 Quality Compass for Medicaid

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

# ACO Aligned Measure Set (1 of 4)

- The 2023 ACO Aligned Measure Set includes 28 measures:
  - **nine Core Measures:**
    - Breast Cancer Screening
    - Child and Adolescent Well-Care Visits (Total)
    - Chlamydia Screening
    - Colorectal Cancer Screening
    - Controlling High Blood Pressure
    - Developmental Screening in the First Three Years of Life
    - Eye Exam for Patients with Diabetes
    - Follow-Up After Hospitalization for Mental Illness (7-Day)
    - Hemoglobin A1c Control for Patients with Diabetes: HbA1c Control (< 8.0%)

# ACO Aligned Measure Set (2 of 4)

- The 2023 ACO Aligned Measure Set includes 28 measures:

- **11 Menu Measures:**

- 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
- Follow-Up After Emergency Department Visit for Mental Illness (7-Day)
- Follow-Up After Emergency Department Visit for Substance Use (7-Day)
- Hospital-wide Readmit
- Immunizations for Adolescents (Combo 2)
- Initiation and Engagement of Substance Use Treatment
- Kidney Health Evaluation for Patients with Diabetes

# ACO Aligned Measure Set (3 of 4)

- The 2023 ACO Aligned Measure Set includes 28 measures:
  - **11 Menu Measures (cont'd):**
    - Lead Screening in Children
    - Plan (ACO) All-Cause Readmission
    - Social Determinants of Health Screening

# ACO Aligned Measure Set (4 of 4)

- The 2023 ACO Aligned Measure Set includes 28 measures:
  - **eight Developmental Measures**
    - CAHPS Surveys
    - Depression Remission or Response for Adolescents and Adults
    - Depression Screening and Follow-up for Adolescents and Adults
    - Prenatal & Postpartum Care - Postpartum Care Rate
    - Prenatal & Postpartum Care - Timeliness of Prenatal Care
    - 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

# Discussing ACO Measures that Appear in the Acute Care Hospital and Primary Care Measure Sets

- Most of the measures in the ACO Measure Set have already been discussed in the context of the Acute Care Hospital and Primary Care Aligned Measure Sets on July 10<sup>th</sup> and July 31<sup>st</sup>.
- When presented with these measures, please consider the following questions:
  1. Was the measure recommended to be removed or recategorized in the Acute Care Hospital or Primary Care Measure Set(s), and if so, should the same be done for the ACO Measure Set?
  2. Should any measures be recategorized independent of their status in other measure sets?

# Breast Cancer Screening (Core)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI mammography rates:</b> 81% for White women, 78% for Black women</p> <p><b>RI breast cancer mortality:</b> 18.8 per 100,000 for White women, 26.9 per 100,000 for Black women</p>		<p><b>U.S. mammography rates:</b> 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 (2022)	Medicaid Performance (2021)
Minor proposed changes for MY 2024	Primary Care (Core - <b>Retained</b> )	4 (ACO Contracts) 1 (Primary Care Contracts)	82.9% (above National 90 <sup>th</sup> percentile)	61.9% (above National 90 <sup>th</sup> percentile)

**Data Source:** ECDS

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



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

Equity Analysis: Race/Ethnicity		Equity Analysis: Language		
<p><b>MA ACO (child):</b> Highest performance for Blacks (75%) and lowest performance for Other Race (68%); lower rates for Hispanics than non-Hispanics</p> <p><b>MA Health System (child):</b> Higher performance for Whites (85%) than for Hispanics (73%)</p> <p><b>MA Health System (adolescent):</b> Higher performance for Whites (67%) than Blacks (55%)</p>		<p><b>MA ACO (child):</b> 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 (2022)	Medicaid Performance (2021)
Minor proposed changes for MY 2024	Primary Care (Core - <b>Retained</b> )	4 (ACO Contracts) 2 (Primary Care Contracts)	75.9% (above National 90 <sup>th</sup> percentile)	61.0% (between National 75 <sup>th</sup> and 90 <sup>th</sup> percentile)

**Data Source:** Claims

# Chlamydia Screening (Core)

## Equity Analysis: Race/Ethnicity

**RI incidence (new cases per 100,000 population):** 1,523.7 for Blacks, 913.4 for Hispanics, and 250.4 for Whites

**U.S. study:** Black women (OR\* = 2.96) and Hispanic women (OR = 12.89) more likely to be screened, compared to White women

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2022)	Medicaid Performance (2021)
No proposed changes for MY 202	Primary Care (Core - <b>Retained</b> )	4 (ACO Contracts) 1 (Primary Care Contract)	67.0% (above National 90 <sup>th</sup> percentile)	64.2% (above National 90 <sup>th</sup> percentile)

**Data Source:** Claims

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

\*\*During the August 29<sup>th</sup> meeting, the Work Group recommended elevating *Chlamydia Screening* to the Primary Care Core Set.

# 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 (2022)	Medicaid Performance
Major proposed change for MY 2024: <ul style="list-style-type: none"> <li>Transitioning to ECDS-only reporting for MY 2024</li> </ul>	Primary Care (Core - <b>Retained</b> )	4 (ACO Contracts) 2 (Primary Care Contracts)	69.1% (above National 90 <sup>th</sup> percentile)	NA*

**Data Source:** Claims/Clinical Data

**Note:** Bailit Health reached out to NCQA to ask whether non-standard supplemental data files may be used to calculate performance on *Colorectal Cancer Screening* when it transitions to ECDS-only reporting for MY 2024.

\*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.

# 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 (2022)	Medicaid Performance (2021)
No proposed changes for MY 2024	Primary Care (Core - <b>Retained</b> )	4 (ACO Contracts) 1 (Primary Care Contracts)	71.8% (above National 90 <sup>th</sup> percentile)	70.8% (above National 90 <sup>th</sup> 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.

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

Equity Analysis: Race/Ethnicity		Equity Analysis: Language		
<p><b>U.S. study:</b> Likelihood of being screened was 34.4% for White children, compared to 24.8% for Blacks and 24.3% for Hispanics</p>		<p><b>U.S. study:</b> 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</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2021)	Medicaid Performance (2021)
No changes	Primary Care (Core - <b>Retained</b> )	4 (ACO Contracts) 2 (Primary Care Contracts)	85.0%*	79.5%* (above the National 90 <sup>th</sup> 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.

# Developmental Screening in the First Three Years of Life (Core) (Cont'd)

- EOHHS plans to move *Developmental Screening in the First Three Years of Life* from Pay-for-Performance (P4P) to Reporting Only in the AE Common Measure Slate, subject to it being removed from the Core Set of the OHIC ACO Measure Set.
- **Rationale:**
  - Rhode Island performance on this measure is high compared to national performance (above the 90<sup>th</sup> percentile) and compared to other Core Measures.
  - Moving the measure to the Menu Set would create room to add Core Measures focused on other priorities (e.g., *Colorectal Cancer Screening*).
- During the July 31<sup>st</sup> meeting, the Work Group recommended retaining *Developmental Screening in the First Three Years of Life* in the Primary Care Core Set.

# Eye Exam for Patients with Diabetes (Core)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<p><b>RI diabetes prevalence:</b> 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks</p> <p><b>MA health system performance:</b> Eye exam rate of 39% for Blacks and 32% for other race/multi-racial</p>	<p><b>RI diabetes prevalence:</b> Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English</p>		<p><b>RI diabetes prevalence:</b> 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 (2022)	Medicaid Performance (2021)
Major proposed changes for MY 2024 – NCQA diabetes denominator change	Primary Care (Core - <b>Retained</b> )	4 (ACO Contracts) 2 (Primary Care Contracts)	63.3% (above National 90 <sup>th</sup> percentile)	68.0% (above National 90 <sup>th</sup> percentile)

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

# 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 (2022)	Medicaid Performance (2021)
Minor changes proposed for MY 2024	Acute Care Hospital (Core - <b>Retained</b> ); Behavioral Health Hospital (Core); Outpatient Behavioral Health (Menu)	3 (ACO Contracts) 3 (Acute Care Contracts) 3 (BH Hospital Contracts) 2 (Outpatient BH Contracts)	56.4% (between National 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)	54.6% (above National 90 <sup>th</sup> percentile)

**Data Source:** Claims Data

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



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

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<b>RI diabetes prevalence:</b> 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks	<b>RI diabetes prevalence:</b> Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English		<b>RI diabetes prevalence:</b> 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 (2022)	Medicaid Performance (2021)
Major proposed changes for MY 2024 – NCQA diabetes denominator change & addition of glucose monitoring indicator	Primary Care (Core - <b>Retained</b> )	4 (ACO Contracts) 2 (Primary Care Contracts)	65.4% (between National 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)	57.0% (between National 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)

**Data Source:** Claims/Clinical Data

# Cervical Cancer Screening (Menu)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI screening rates:</b> 84.2% for White women, 83.5% for Hispanic women</p> <p><b>U.S. screening rates:</b> Hispanic and non-Hispanic White women more likely to be screened than Hispanic and non-Hispanic Black women (OR* = 2.49)</p>		<p><b>U.S. Pap test rates:</b> 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 (2022)	Medicaid Performance (2021)
<p>Minor changes proposed for MY 2024; major proposed change for MY 2025 (ECDS-only reporting)</p> <p><b>Data Source:</b> Claims</p>	<p>Primary Care (Menu – <b><u>no consensus, see next slide</u></b>)</p>	<p>1 (ACO Contracts)</p>	<p>80.2% (above National 90<sup>th</sup> percentile)</p>	<p>70.5% (above National 90<sup>th</sup> percentile)</p>

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

# Cervical Cancer Screening (Menu)

- When discussing *Cervical Cancer Screening* in the context of the Primary Care Measure Set during the July 31<sup>st</sup> meeting, the Work Group did not come to consensus on whether to...
  - Elevate to the Primary Care Core Set
    - Some Work Group members expressed interest in elevating this measure to the Core Set, along with the other cancer screening measures.
  - Retain in the Primary Care Menu Set
    - A Work Group member expressed concern about excessive cervical cancer screening in some provider settings.
  - Retain in the Primary Care Menu Set, but elevate to the ACO Core Set
    - A Work Group member thought the measure might be more appropriate for the ACO Core Set rather than the Primary Care Core Set.

# 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)	Acute Care (Core – <b><u>no consensus, see next slide</u></b> ); Outpatient Behavioral 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 significant specification changes to this measure:
  - Replacing the claims-based measure with the hybrid measure (2024).
  - Expand the cohort to include Medicare Advantage (2025).
- During the July 10<sup>th</sup> meeting, the Work Group discussed but did not come to consensus on whether to retain this measure in the Acute Care Hospital Core Set or temporarily move it to the Menu Set.
- **OHIC is considering temporarily moving the measure from Core to Menu status in both the Acute Care Hospital and ACO Measure Sets, as this is how OHIC has traditionally dealt with substantive measure changes.**

# Follow-Up After Emergency Department Visit for Mental Illness (7-Day) (Menu) (1 of 2)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>U.S. study of follow-up after mental health ED discharge:</b> Odds of follow-up lower for Blacks compared to Whites (OR* = 0.83 for 7-day, OR = 0.76 for 30-day)</p>		<p><b>U.S. study of follow-up after mental health ED discharge:</b> 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)</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2022)	Medicaid Performance (2021)
Minor changes proposed for MY 2024	Acute Care Hospital (Menu – <b><u>Elevate to Core, see next slide</u></b> )	2 (Acute Care Contracts) 2 (Outpatient BH Contracts)	55.3% (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 Mental Illness (7-Day) (Menu) (2 of 2)

- During the July 10<sup>th</sup> meeting, the Work Group recommended elevating *Follow-up After Emergency Department Visit for Mental Illness (7-Day)* to the Acute Care Hospital Core Set.
- **Does the Work Group recommend elevating *Follow-up After Emergency Department Visit for Mental Illness (7-Day)* to the ACO Core Set too?**
  - **Note:** The 2023 ACO Core Set contains nine measures. Should the Work Group recommend elevating this measure to the Core Set, please consider whether any measures should be moved out of the ACO Core Set.

# Follow-Up After Emergency Department Visit for Substance Use (7-Day) (Menu) (1 of 2)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>U.S. study of follow-up after SUD ED discharge:</b> Odds of follow-up higher among Blacks compared to Whites (OR = 1.34 for 7-day, OR = 1.15 for 30-day)</p>		<p><b>U.S. study of follow-up after SUD ED discharge:</b> 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 (2022)	Medicaid Performance (2021)
Minor changes proposed for MY 2024	Acute Care Hospital (Menu - <b><u>Elevate to Core, see next slide</u></b> )	2 (Acute Care Contracts)	20.1% (below National 50 <sup>th</sup> percentile)	46.0% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)

**Data Source:** Claims Data



# Follow-Up After Emergency Department Visit for Substance Use (7-Day) (Menu) (2 of 2)

- During the July 10<sup>th</sup> meeting, the Work Group recommended elevating *Follow-up After Emergency Department Visit for Substance Use (7-Day)* to the Acute Care Hospital Core Set.
- **Does the Work Group recommend elevating *Follow-up After Emergency Department Visit for Substance Use (7-Day)* to the ACO Core Set too?**
  - **Note:** The 2023 ACO Core Set contains nine measures. Should the Work Group recommend elevating this measure to the Core Set, please consider whether any measures should be moved out of the ACO Core Set.

# Immunizations for Adolescents (Combo 2) (Menu) (1 of 2)

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 (2022)	Medicaid Performance (2021)
No proposed changes for MY 2024	Primary Care (Menu - <b><u>no consensus, see next slide</u></b> )	1 (ACO Contracts)	52.1% (above National 90 <sup>th</sup> percentile)	40.1% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)

**Data Source:** Claims/Clinical Data

# Immunizations for Adolescents (Combo 2) (Menu) (2 of 2)

- When discussing *Immunizations for Adolescents (Combo 2)* in the context of the Primary Care Measure Set during the July 31<sup>st</sup> meeting, the Work Group did not come to consensus on whether to...
  - Elevate to the Primary Care Core Set
    - Some Work Group members expressed interest in elevating this measure to the Core Set because of opportunity for improvement.
  - Retain in the Primary Care Menu Set
    - A Work Group member suggested retaining this measure in the Menu Set and monitoring performance, because low rates may be due to temporary vaccine hesitancy following the COVID-19 pandemic.
    - Some Work Group members also noted that rates were depressed because of low Human papillomavirus (HPV) vaccination rates.

# Kidney Health Evaluation for Patients with Diabetes (Menu)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<p><b>RI diabetes prevalence:</b> 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks</p> <p><b>U.S. end stage renal disease due to diabetes rates:</b> Higher for Blacks and Hispanics compared to Whites</p>	<p><b>RI diabetes prevalence:</b> Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English</p>		<p><b>RI diabetes prevalence:</b> 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 (2022)	Medicaid Performance (2021)
Major proposed change for MY 2024 - NCQA diabetes denominator change	Primary Care (Menu - <b>Retained</b> )	2 (ACO Contracts) 1 (Primary Care Contracts)	39.8% (below National 50 <sup>th</sup> percentile)	39.7% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)

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

# Lead Screening in Children (Menu)

## 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	Primary Care (Core - <b>Retained</b> )	3 (ACO Contracts) 2 (Primary Care Contracts)	NA	74.4% (between National 75 <sup>th</sup> and 90 <sup>th</sup> percentile)

**Data Source:** Claims

# 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	Primary Care (Menu - <b>Retained</b> )	3 (ACO Contracts)	NA	28.7%

**Data Source:** Survey

# CAHPS Surveys, specifically ACO CAHPS, CG-CAHPS, HCAHPS, MIPS CAHPS and/or PCMH CAHPS (Developmental)

Equity Analysis: Race/Ethnicity	Equity Analysis: Language		Equity Analysis: Disability Status	
<p><i>PCMH CAHPS:</i>  <b>U.S. study of Veterans Affairs patients:</b>                      Racial/ethnic differences (as compared to Whites) observed in all seven health care domains</p>	<p><i>CG-CAHPS:</i>  <b>MA health system performance:</b>                      Non-English-speaking patients had lower scores on Care Coordination, Provider Communication, and Provider Rating</p>		<p><i>NAM CAHPS:</i>  <b>U.S. study:</b> 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	RI Performance	National Performance
No changes	Primary Care (Developmental - <b>Removed</b> ); Acute Care Hospital (Core - <b>Retained</b> )	3 (Acute Care Contracts)	See next slide for HCAHPS performance	See next slide for HCAHPS performance

Data Source: Survey

# HCAHPS Performance

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%



# Statin Therapy for Patients with Cardiovascular Disease (Developmental) (1 of 2)

## 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 (2022)	Medicaid Performance (2021)
No proposed changes for MY 2024	Primary Care (Developmental - <b><u>no consensus, see next slide</u></b> )	None <i>Insurers have never reported using this measure in Primary Care Contracts</i>	<b>Received Statin Therapy:</b> 85.4% (between National 75 <sup>th</sup> and 90 <sup>th</sup> percentiles)	<b>Received Statin Therapy:</b> 82.2% (between National 50 <sup>th</sup> and 75 <sup>th</sup> percentiles)
			<b>Statin Adherence:</b> 80.0% (below National 50 <sup>th</sup> percentile)	<b>Statin Adherence:</b> 77.4% (between National 50 <sup>th</sup> and 75 <sup>th</sup> 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) (2 of 2)

- When discussing *Statin Therapy for Patients with Cardiovascular Disease* in the context of the Primary Care Measure Set during the July 31<sup>st</sup> meeting, the Work Group did not come to consensus on whether to...
  - Retain in the Primary Care Developmental Set
    - Some Work Group members expressed interest in retaining this measure in the Developmental Set.
  - Retain only the “Received Statin Therapy” rate in the Developmental Set and remove the “Statin Adherence” rate
    - A Work Group member expressed concern about “Statin Adherence” being subject to gaming.
  - Remove from the Primary Care Developmental Set
    - The Work Group did not cite any work being done to implement this measure.

# Depression Measures

- During the July 31<sup>st</sup> meeting, the Work Group recommended removing three depression screening and follow-up measures from the Primary Care Developmental Set:
  1. *Depression Screening and Follow-Up for Adolescents and Adults*
  2. *Depression Remission or Response for Adolescents and Adults*
  3. *Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescent and Adults*
- The Work Group recommended removing the measures because work was not being done to implement them in Primary Care Contracts and because of challenging specification differences between the NCQA and CMS depression measures.

# Screening for Clinical Depression and Follow-Up Plan

- **Would the Work Group like to consider adding CMS' *Screening for Clinical Depression and Follow-Up Plan* back into the OHIC Aligned Measure Set for MY 2024?**
- Background:
  - From 2016-2019, CMS' *Screening for Clinical Depression and Follow-Up Plan* was in the ACO and Primary Care Measure Sets.
  - In 2020, OHIC removed CMS' *Screening for Clinical Depression and Follow-Up Plan* from the ACO and Primary Care Measure Sets because:
    1. The measure has specification challenges related to provider use of G-codes and what qualifies as a positive screen and follow-up.
    2. The Work Group expressed interest in working towards implementing the NCQA depression measures.

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

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

**Data Source:** ECDS

# Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (Developmental)

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

Data Source: ECDS

# Unhealthy Alcohol Use Screening and Follow-Up (Developmental) (1 of 2)

## 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	Primary Care (Developmental - <b>Remove</b> ); Outpatient Behavioral Health (Developmental)	1 (Outpatient BH Contract)  <i>Insurers have never reported using this measure in ACO Contracts</i>	NA	NA

**Data Source:** ECDS



# Unhealthy Alcohol Use Screening and Follow-Up (Developmental) (2 of 2)

- During the July 31<sup>st</sup> meeting, the Work Group recommended removing *Unhealthy Alcohol Use Screening and Follow-Up* from the Primary Care Developmental Set, because of challenges with implementing the measure electronically (i.e., as an ECDS measure).
- However, the Work Group also expressed concern about the high rates of alcohol use in Rhode Island.
  - In 2021, Rhode Island [ranked](#) 42<sup>nd</sup> out of 50 states for excessive drinking rate (19.5% of adults reported binge drinking).
- The following slides present *Substance Use Assessment in Primary Care* as an alternative alcohol use measure for the Work Group's consideration.

# Substance Use Assessment in Primary Care (1 of 2)

- **Background:**

- In 2021, the Work Group recommended adding *Substance Use Assessment in Primary Care* (Inland Empire Health Plan) to the ACO and Primary Care Aligned Measure Sets because alcohol use is a Rhode Island public health priority.
- In 2022, the Work Group recommended removing *Substance Use Assessment in Primary Care* from the ACO and Primary Care Measure Sets because the measure was not in use and because *Unhealthy Alcohol Use Screening and Follow-Up* was in the ACO and Primary Care Developmental Measure Sets.
- Given the Work Group has recommended removing *Unhealthy Alcohol Use Screening and Follow-Up*, would the Work Group like to consider adding *Substance Use Assessment in Primary Care* back into the ACO and Primary Care Measure Sets?

# Substance Use Assessment in Primary Care (2 of 2)

## ■ Measure Details:

<b>Substance Use Assessment in Primary Care</b>	
<b>Measure Steward</b>	Inland Empire Health Plan
<b>Measure Description</b>	The percentage of members 18 years and older who were screened for substance use during the measurement year.
<b>Data Source</b>	Claims
<b>Presence in other State Aligned Measure Sets</b>	<ul style="list-style-type: none"><li>• 2024 Massachusetts Aligned Measure Set</li><li>• 2024 Connecticut Aligned Measure Set</li></ul>

# Review of Remaining Measures

- The following measures in the ACO Measure Set have not been discussed in the context of the Acute Care Hospital or Primary Care Measure Set.
- 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).

# Initiation and Engagement of Substance Use Treatment (Menu)

## 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 (2022)	Medicaid Performance (2021)
No proposed changes for MY 2024	None	None ( <i>payers have not reported using this measure since 2018</i> )	<b>Engagement:</b> 14.6% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentile)	<b>Engagement:</b> 16.2% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentile)
			<b>Initiation:</b> 37.1% (below 50 <sup>th</sup> percentile)	<b>Initiation:</b> 40.4% (Between 25 <sup>th</sup> and 50 <sup>th</sup> percentile)

**Data Source:** Claims

\*AI/AN = American Indian or Alaska Native

# Plan (ACO) All-Cause Readmission (Menu)

## Equity Analysis: Race/Ethnicity

**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	Commercial Performance (2022)	Medicaid Performance (2021)
Minor changes	None	2 ACO Contracts	0.65 (below National 50 <sup>th</sup> percentile)	1.2 (below National 50 <sup>th</sup> percentile)

**Data Source:** Claims

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

# Prenatal & Postpartum Care - Timeliness of Prenatal Care (Developmental)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<b>RI delayed prenatal care:</b> 22.3% for Blacks, 21.2% for AI/AN, 18.2% for Hispanics, 13.4% for Whites <b>CA Medicaid Managed Care performance:</b> 6.3% higher for Whites than Blacks		<b>CA study:</b> Women with IDD more likely to delay prenatal care initiation (RR* = 1.21) compared to women without IDD		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2022)	Medicaid Performance (2021)
No proposed changes for MY 2024	None	None	87.6% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentile)	90.6% (between 75 <sup>th</sup> and 90 <sup>th</sup> percentile)

**Data Source:** Claims/Clinical Data

**Note:** The Work Group recommended adding this measure to the 2023 ACO Aligned Measure Set so the measure could be stratified by race, ethnicity and language in the future.

\*RR = risk ratio (value greater than 1 indicates increased risk; value less than 1 indicates reduced risk)

# Prenatal & Postpartum Care - Postpartum Care Rate (Developmental)

Equity Analysis: Race/Ethnicity		Equity Analysis: Disability Status		
<p><b>RI study of postpartum health care utilization:</b> Hispanic women had higher odds of not having one-week check-up (OR* = 1.73) compared to White women</p> <p><b>CA Medicaid Managed Care performance:</b> 11.1% higher for Whites than Blacks</p> <p><b>MI Medicaid Managed Care performance:</b> 9.2% higher for Whites than Blacks</p>		<p><b>MA study of postpartum hospital utilization:</b> Women with IDD had at least 2x higher rates for any hospitalization and repeated hospitalizations compared to women without IDD</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance (2022)	Medicaid Performance (2021)
No proposed changes for MY 2024	None	None	80.8% (between 50 <sup>th</sup> and 75 <sup>th</sup> percentile)	86.7% (above 90 <sup>th</sup> percentile)

**Data Source:** Claims/Clinical Data

**Note:** The Work Group recommended adding this measure to the 2023 ACO Aligned Measure Set so the measure could be stratified by race, ethnicity and language in the future.



## Public Comment

## Next Steps

# Next Steps and Next Meetings



**#4**

**August 29<sup>th</sup>, 2pm - 4pm**

- **Review Outpatient Behavioral Health Set and Behavioral Health Hospital Set (for any major specification changes)**
- **Review Modified Acute Care Hospital, Primary Care and ACO Measure Sets in Total**
- **Wrap-up**