



Measure Alignment Work Group ACO Measure Set Meeting Summary

August 7, 2023, 2:00 P.M. to 4:00 P.M.

Summary of Recommendations:

- The Work Group did not express broad interest in expanding the ACO Health Equity Measure to include a wider array of Core and Menu Measures.
- Add a *Race, Ethnicity and Language Data Completeness* measure to the ACO Measure Set.
- OHIC should explore the concept of establishing voluntary statewide race, ethnicity and language data standards.
- The Work Group recommended moving *Hospital-wide Readmission* to the ACO and Acute Care Hospital Menu Sets for 2024 and revisit whether to move the measure back to the Core Set for MY 2025 (for both the ACO and Acute Care Hospital Measure Sets).
- The Work Group did not reach consensus on how to categorize *Follow-up After Emergency Department Visit for Mental Illness (7-Day)* or *Follow-up After Emergency Department Visit for Substance Use (7-Day)* in the ACO Measure Set.
- The Work Group recommended elevating *Immunizations for Adolescents (Combo 2)* to the Primary Care and ACO Core Sets.
- The Work Group recommended elevating *Lead Screening in Children* to the ACO Core Set.
- The Work Group recommended removing the CAHPS surveys from the ACO Measure Set.
- The Work Group did not reach consensus on how to categorize *Statin Therapy for Patients with Cardiovascular Disease* in the ACO Measure Set.
- The Work Group recommended removing *Depression Screening and Follow-Up For Adolescents and Adults, Depression Remission or Response for Adolescents and Adults, and Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults* from the ACO Developmental Set.
- The Work Group did not reach consensus over whether to add CMS' *Screening for Clinical Depression and Follow-Up* to the ACO Measure Set.

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- The Work Group recommended removing *Unhealthy Alcohol Use Screening and Follow-Up* from the ACO Developmental Set.
- The Work Group did not reach consensus over whether to add *Substance Use Assessment in Primary Care* to the ACO Measure Set.
- The Work Group did not reach consensus over whether to retain or remove *Initiation and Engagement of Substance Use Treatment* from the ACO Measure Set.

Summary of Next Steps:

- Bailit Health will edit the *ACO Health Equity Measure* specifications to make clear that the measure is to be generated by ACOs (not health plans).
- Bailit Health will modify Massachusetts *Race Data Completeness Measure* to include language, for inclusion in the 2024 ACO Measure Set.
- Bailit Health will share EOHHS specifications for CMS' *Screening for Depression and Follow-Up* and Medicaid performance data from the AE program and from prior year OHIC PCMH quality reporting.

Meeting Notes:

1. Summary of Recommendations from July 31st Meeting

- a. Michael Bailit summarized the Work Group's July 31st recommendations regarding the Primary Care Measure Set.

2. Discuss Health Equity Measurement Proposals

ACO Health Equity Measure

- a. Michael Bailit shared information about the Massachusetts' Quality Measure Alignment Taskforce's recently established *Health Equity Measure*, which stratifies performance for its six Core Measures and for any six Menu Measures (selected at the discretion of a payer/provider dyad) by race, ethnicity and language (REL).
- b. Michael asked the Work Group if it was 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.
- c. **Discussion:**
 - i. Garry Bliss asked whether Massachusetts' measures stratified all 12 measures (six Core and six Menu). Michael confirmed that this was the case.
 - ii. Peter Hollman pointed out that once providers could stratify one measure by REL, they could stratify all measures by REL. Therefore, expanding the number of measures in the *ACO Health Equity Measure* should not be an issue.
 - iii. Pat Flanagan agreed with Peter Hollmann and said that the biggest issue with REL stratification was poor quality REL data. Michael pointed out that Massachusetts started stratifying with the knowledge that data quality still needed improving.
 - iv. Sheila Newquist pointed out that a measures "stratifiability" depended on the measure's data source.
 - v. Stacey Aguiar recommended aligning with NCQA stratified measures.

- vi. Gary Bliss suggested that the Work Group focus on improving data quality and completeness before expanding the measures in the *ACO Health Equity Measure*.
- vii. Sheila Newquist asked for clarification about whether providers or plans should be calculating the *ACO Health Equity Measure*. Michael confirmed that ACOs should be calculating the *ACO Health Equity Measure*. Michael noted that provider reporting of *Child and Adolescent Well-Care Visits* would be require measure specification modification because the measure is claims-based.
- viii. Stacey Aguiar noted that AEs have already been reporting stratified performance on the *ACO Health Equity Measure*.
- ix. **Next Step:** Bailit Health will edit the *ACO Health Equity Measure* specifications to make clear that the measure is to be generated by ACOs (not health plans).
- x. **Recommendation:** The Work Group did not express broad interest in expanding the *ACO Health Equity Measure* to include a wider array of Core and Menu Measures.

Race, Ethnicity and Language (REL) Data Completeness Measure

- d. Michael Bailit shared information about the Massachusetts' Quality Measure Alignment Taskforce's recently established *Race Data Completeness* measure.
- e. Michael asked the Work Group if it was interested in adding an *REL Data Completeness* measure to the 2024 ACO Measure Set.
- f. **Discussion:**
 - i. Stacey Aguiar asked whether there would be a percentage target for data completeness. Michael said there would not be a target for the first year.
 - ii. Garry Bliss asked if the Massachusetts measure calculated completeness for the attributed population. Michael confirmed this was the case.
 - iii. Pat Flanagan asked if completeness would be calculated for race, ethnicity and language separately or one rate for all three categories. Michael said there would be separate rates for each category.
 - iv. Stacey Aguiar asked who would report the measure. Michael said ACO/AEs would report the measure. Stacey said she recommended adding this measure.
 - v. Susanne Campbell and Ed McGookin supported the addition of this measure.
 - vi. **Recommendation:** Add *Race, Ethnicity and Language Data Completeness* to the ACO Measure Set.
 - vii. **Next Step:** Bailit Health will modify Massachusetts *Race Data Completeness Measure* to include language, for inclusion in the 2024 ACO Measure Set.

Health Equity Data Standards

- g. Michael Bailit shared information about the Massachusetts' Quality Measure Alignment Taskforce's recently established health equity data standards.

h. Michael asked the Work Group if it recommended that OHIC, in partnership with EOHHS and RIDOH, adopt a voluntary set of health equity data standards for Rhode Island.

i. **Discussion:**

- i. Stacey Aguiar pointed out that there is already a separate MCO, AE and IMAT work group that discusses national data standards and how they apply to Rhode Island electronic medical records. Stacey asked whether OHIC could adopt the national data standards. Michael said that the suggested effort could coordinate with the established work group.
- ii. Sheila Newquist noted that the federal data standards will be changing and suggested waiting until CMS publishes updated standards to do this work. Michael pointed out that the federal government will likely be constantly changing its guidelines, and that Rhode Island may want to establish state-specific standards to account for its unique population.
- iii. David Harriman suggested keeping in mind electronic health record capabilities.
- iv. The Work Group discussed the differences between various data standards used by Rhode Island providers (e.g., Health and Human Services standards versus the Office of Management and Budget standards). Overall, the Work Group thought it would be valuable to explore the concept.
- v. **Recommendation:** OHIC should explore the concept of establishing voluntary statewide race, ethnicity and language data standards.

3. ACO Measure Set Measures

- a. Grace Flaherty 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 ACO contracts.
- b. Grace reminded the Work Group that the 2023 ACO Measure Set includes twenty-eight measures (nine Core, 11 Menu, and eight Developmental).
- c. **Discuss ACO Measures that Appear in the Acute Care Hospital and Primary Care Measure Sets**
 - i. Grace said that most of the ACO Measure Set had already been discussed in the context of the Acute Care Hospital and Primary Care Aligned Measure Sets during the Work Group’s July 10th and July 31st meetings. Grace said the Work Group would review these measures first. Members should consider whether they had the same recommendations for the ACO Measure Set.

| Measure Name | Recommendation | Discussion |
|-------------------------|----------------|---|
| Breast Cancer Screening | Retain in Core | The Work Group recommended retaining this measure in the ACO Core Set without discussion. |
| Core | | |

| Measure Name | Recommendation | Discussion |
|---|-----------------------|--|
| <i>Child and Adolescent Well-Care Visits (Total)</i> Core | Retain in Core | The Work Group recommended retaining this measure in the ACO Core Set without discussion. |
| <i>Chlamydia Screening</i> Core | Retain in Core | Chris McMannus asked why it was necessary to conduct chlamydia screening on asymptomatic patients. Pat Flanagan explained that it was common for patients to be asymptomatic at the time of chlamydia diagnosis. |
| <i>Colorectal Cancer Screening</i> Core | Retain in Core | The Work Group recommended retaining this measure in the ACO Core Set without discussion. |
| <i>Controlling High Blood Pressure</i> Core | Retain in Core | The Work Group recommended retaining this measure in the ACO Core Set without discussion. |
| <i>Developmental Screening in the First Three Years of Life</i> Core | Retain in Core | Grace reminded the Work Group that EOHHS planned to move this measure from Pay-for-Performance to Reporting Only status in the AE Common Measure Slate. Grace said the Work Group previously recommended retaining the measure in the Primary Care Measure Set and asked if the Work Group had the same recommendation for the ACO Measure Set. Ed McGookin, Robin Neale, Breanne DeWolf and Pat Flanagan recommend retaining the measure in the Core Set. Stacey Aguiar pointed out that the measure specifications (active members only in the denominator) may be inflating Medicaid performance. Peter Hollman commented that any measure being reported by providers should be eligible for incentive payments (i.e., providers should not be subject to Reporting Only measures). |
| <i>Eye Exam for Patients with Diabetes</i> Core | Retain in Core | The Work Group recommended retaining this measure in the ACO Core Set without discussion. |
| <i>Follow-Up After Hospitalization for Mental Illness (7-Day)</i> Core | Retain in Core | Chris McManus said there were system challenges that made the 7-day rate difficult to achieve, including data consent issues. Grace noted that the 7-day rate was selected during the 2022 Annual Review because it was aspirational but challenging. Breanne DeWolf asked whether telehealth qualified for follow-up. Jennifer Clair confirmed that telehealth counted as follow-up. |

| Measure Name | Recommendation | Discussion |
|---|---|--|
| | | <p>Gary Bliss pointed out that a behavioral health provider in a primary care setting could satisfy this measure but a primary care provider could not. Gary also spoke in favor of this measure as the perfect ACO/AE measure because it required payer and provider coordination to accomplish.</p> <p>Sheila Newquist said the 30-day rate was more feasible to achieve than the 7-day rate.</p> <p>Ed McGookin said this was a very challenging measure that holds ACOs responsible for deep flaws in the delivery system.</p> |
| <p><i>HbA1c Control for Patients with Diabetes: Hba1c Control (<8.0%)</i></p> <p>Core</p> | <p>Retain in Core</p> | <p>The Work Group recommended retaining this measure in the ACO Core Set without discussion.</p> |
| <p><i>Cervical Cancer Screening</i></p> <p>Menu</p> | <p>Retain in Menu (for both Primary Care and ACO Measure Sets)</p> | <p>Grace Flaherty shared Andrea Galgay’s recommendation submitted before the meeting that this measure be retained in the Menu Set and not elevated to the Core Set because the measure is largely fulfilled by gynecologists, and she was concerned that elevating the measure to the Core Set would burden already fragile primary care practices.</p> <p>Ed McGookin and Robin Neale agreed with Andrea. Ed also pointed out that obstetricians do not release screening information without patient consent.</p> |
| <p><i>Hospital-wide Readmit</i></p> <p>Core</p> | <p>Move to the Menu Set for 2024 and revisit whether to move back to the Core Set for MY 2025 (for both the ACO and Acute Care Hospital Measure Sets)</p> | <p>Grace Flaherty reminded the Work Group that OHIC was considering temporarily moving the measure from Core to Menu status in both the Acute Care Hospital and ACO Measure Sets due to the CMS specification changes for 2024 and 2025.</p> <p>Sheila Newquist said substantive changes were primarily in 2024 and suggested revisiting whether to move the measure back to the Core Set for 2025.</p> |
| <p><i>Follow-Up After Emergency Department Visit for Mental Illness (7-Day)</i></p> <p>Menu</p> | <p>The Work Group did not reach consensus on this measure</p> | <p>Grace reminded the Work Group that it recommended elevating this measure and its substance use counterpart measure to the Acute Care Hospital Core Set and asked whether the Work Group had the same recommendation for the ACO Measure Set.</p> <p>Garry Bliss did not recommend elevating the measure to the Core Set because there were health system issues that made the measures difficult to meet. Garry asked for state leadership to improve performance on these measures.</p> |

| Measure Name | Recommendation | Discussion |
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| | | <p>Robin Neale said that if the health system was not accountable for the follow-up measures, hospitals should not be accountable either, because outpatient providers were necessary to improve performance on these measures.</p> <p>Peter Hollmann did not recommend elevating the measures because they were fundamentally flawed.</p> <p>Charlie Estabrook and Breanne DeWolf recommended elevating the measures to the Core Set to promote system collaboration to improve follow-up.</p> |
| <p><i>Follow-Up After Emergency Department Visit for Substance Use (7-Day)</i></p> <p>Menu</p> | <p>The Work Group did not reach consensus on this measure</p> | <p>See discussion about <i>Follow-Up After Emergency Department Visit for Mental Illness (7-Day)</i> above.</p> |
| <p><i>Immunizations for Adolescents (Combo 2)</i></p> <p>Menu</p> | <p>Elevate to Core for both ACO and Primary Care Measure Sets</p> | <p>Grace Flaherty reminded the Work Group that when discussing this measure in the context of the Primary Care Measure Set, the Work Group did not come to consensus on whether to elevate this measure to the Core Set.</p> <p>Jennifer Clair and Breanne DeWolf supported elevating the measure to the Primary Care and ACO Core Sets.</p> <p>Peter Hollman said it would be helpful if the measure’s status was consistent in the Primary Care and ACO Core Sets.</p> |
| <p><i>Kidney Health Evaluation for Patients with Diabetes</i></p> <p>Menu</p> | <p>Retain in Core</p> | <p>The Work Group recommended retaining this measure in the ACO Core Set without discussion.</p> |
| <p><i>Lead Screening in Children</i></p> <p>Menu</p> | <p>Elevate to Core</p> | <p>Grace Flaherty shared that this measure had Core status in the Primary Care Set but Menu status in the ACO Set.</p> <p>Breanne DeWolf proposed moving the measure to the Core Set to align with the Primary Care Measure Set.</p> <p>Michael asked if the Work Group felt the ACO Core Set was becoming too large. Ed McGookin said that the ACO Core Set has increased but provider capabilities have also increased.</p> <p>Stacey Aguiar recommended that the ACO Core Set contain no more than ten measures.</p> |

| Measure Name | Recommendation | Discussion |
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| <p><i>Social Determinants of Health Screening</i></p> <p>Menu</p> | <p>Retain in Core</p> | <p>The Work Group recommended retaining this measure in the ACO Core Set without discussion.</p> |
| <p><i>CAHPS Surveys (specifically ACO CAHPS, CG-CAHPS, HCAHPS, MIPS CAHPS, and/or PCMH CAHPS)</i></p> <p>Developmental</p> | <p>Remove from ACO Developmental Measure Set</p> | <p>Grace Flaherty reminded the Work Group that it recommended removing the CAHPS surveys from the Primary Care Developmental Set and recommended retaining HCAHPS in the Acute Care Hospital Core Set. Michael pointed out that no payers reported using the CAHPS surveys in 2023 ACO contracts.</p> <p>Stacey Aguiar said CAHPS surveys were challenging to implement because the surveys are long.</p> <p>Ed McGookin said patients were surveyed so extensively (e.g., by Coastal using Press Ganey) that adding CAHPS would not be beneficial.</p> <p>Grace asked whether HCAHPS should be retained in the ACO Measure Set. The Work Group recommended only retaining HCAHPS in the Acute Care Hospital Measure Set.</p> |
| <p><i>Statin Therapy for Patients with Cardiovascular Disease</i></p> <p>Developmental</p> | <p>The Work Group did not reach consensus on this measure</p> | <p>Grace Flaherty reminded the Work Group that there was not consensus over whether to retain this measure in the Primary Care Measure Set. Michael pointed out that the measure had been in the Developmental Measure Set for years without steps being taken to support implementation.</p> <p>Breanne DeWolf recommended retaining the measure in the ACO Measure Set because of racial disparities.</p> <p>Peter Hollmann recommended removing the measure because the adherence rate is susceptible to gaming.</p> |
| <p><i>Depression Screening and Follow-Up For Adolescents and Adults</i></p> <p>Developmental</p> | <p>Remove from the Developmental Set</p> <p>The Work Group did not come to consensus over whether to replace the NCQA depression measures with CMS' <i>Screening for Clinical Depression and Follow-Up</i></p> | <p>Grace Flaherty reminded the Work Group that it recommended removing the three NCQA depression measures from the Primary Care Developmental Set. Grace asked whether the Work Group would like to consider adding CMS' <i>Screening for Clinical Depression and Follow-Up</i>, which was previously in the Aligned Measure Set from 2016-2019 but which the Work Group recommended removing because it preferred the NCQA depression measures.</p> <p>Breanne DeWolf recommended retaining the NCQA depression measures in the Primary Care and ACO Measure Sets, or swapping in CMS' <i>Screening for Clinical Depression and Follow-Up</i> so long as there was a depression measure in the Aligned Measure Set.</p> <p>Sheila Newquist asked to see the CMS measure specifications.</p> |

| Measure Name | Recommendation | Discussion |
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| | | <p>Peter Hollmann hypothesized that the CMS measure would be topped out if it was added to the measure set.</p> <p>Jennifer Clair and David Harriman pointed out challenges with the CMS measure because of lack of clarity around what qualified as a positive screen and follow-up.</p> <p>Michael Bailit shared that EOHHS modified the CMS specification and published a guidance document to clarify what qualifies as a positive screen and as follow-up. Michael said Bailit Health could share performance for the CMS measure during the subsequent Work Group meeting.</p> <p>Next Step: Bailit Health will share EOHHS specifications for CMS' <i>Screening for Depression and Follow-Up</i> and Medicaid performance data from the AE program and from prior year OHIC PCMH quality reporting.</p> |
| <p><i>Depression Remission or Response for Adolescents and Adults</i></p> <p>Developmental</p> | <p>Remove from Developmental Set</p> | <p>See discussion above about <i>Depression Screening and Follow-Up For Adolescents and Adults</i>.</p> |
| <p><i>Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults</i></p> <p>Developmental</p> | <p>Remove from Developmental Set</p> | <p>See discussion above about <i>Depression Screening and Follow-Up For Adolescents and Adults</i>.</p> |
| <p><i>Unhealthy Alcohol Use Screening and Follow-Up</i></p> <p>Developmental</p> | <p>Remove from Developmental Set</p> <p>The Work Group did not come to consensus over whether to add <i>Substance Use Assessment in Primary Care</i> to the Primary Care and ACO Measure Sets</p> | <p>Grace Flaherty reminded the Work Group that it recommended removing this measure from the Primary Care Developmental Set. Grace asked the Work Group if it had the same recommendation for the ACO Set and, if so, if the Work Group recommended replacing this measure with <i>Substance Use Assessment in Primary Care</i>.</p> <p>Breanne DeWolf supported adding <i>Substance Use Assessment in Primary Care</i> to the Primary Care and ACO Measure Sets.</p> <p>Stacey Aguiar said she preferred NCQA's <i>Initiation and Engagement of Substance Use Treatment</i> rather than <i>Substance Use Assessment in Primary Care</i>.</p> |

| Measure Name | Recommendation | Discussion |
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| | | <p>Pat Flanagan and Ed McGookin mentioned coding and billing challenges with <i>Substance Use Assessment in Primary Care</i>.</p> <p>Sheila Newquist pointed out that <i>Substance Use Assessment in Primary Care</i> would need time to be operationalized and could not be used as soon as MY 2024.</p> <p>Peter Hollman said <i>Substance Use Assessment in Primary Care</i> could be implemented electronically using G-codes.</p> <p>David Harriman said from the Lifespan EHR perspective, <i>Substance Use Assessment in Primary Care</i> would be very difficult to implement unless they could send clinical data electronically.</p> |

d. Review of Remaining Measures

| Measure Name | Recommendation | Discussion |
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| <p><i>Initiation and Engagement of Substance Use Treatment</i></p> <p>Menu</p> | <p>The Work Group did not reach consensus on this measure</p> | <p>Stacey Aguiar recommended retaining the measure because it was an NCQA accreditation measure and was more important with recent marijuana legalization. Sheila Newquist agreed with retaining the measure because of its NCQA status.</p> <p>Michael shared that a Massachusetts substance use disorder clinician work group strongly disliked this measure because it found it to be invalid, even after recent specification changes. Ed McGookin agreed with the Massachusetts assessment of the measure.</p> <p>Leigh Nyahe said she preferred <i>Substance Use Assessment</i> over this measure. Leigh said this measure was challenging because of the multiple rates.</p> |

4. Public Comment

- a. Robin Neale clarified her prior comment about the OMB’s race and ethnicity data standards.

5. Next Steps

- a. The Measure Alignment Work Group will reconvene on August 29th from 2:00pm – 4:00pm to wrap up the ACO Measure Set review, discuss the Outpatient Behavioral Health and Behavioral Health Hospital Measure Sets and wrap up the 2023 annual review process.