



Measure Alignment Work Group Behavioral Health Measure Sets and Wrap-Up Meeting Summary

August 29, 2023, 2:00 P.M. to 4:00 P.M.

Summary of Recommendations:

- The Work Group recommended that OHIC convene a Work Group to discuss the various depression screening measures in use and recommend a measure(s) for the 2025 Aligned Measure Sets that assesses depression screening and follow-up in a clinically meaningful way and reduces practice administrative burden.
- The Work Group recommended that OHIC consider a work group to examine a full range of potential maternal health measures for possible ACO inclusion.
- The Work Group recommended removing *Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)* from the Behavioral Health Hospital Measure Set.
- The Work Group recommended adding *Facility Commitment to Health Equity Measure* to the Behavioral Health Hospital Menu Set.
- The Work Group recommended adding *Screening for Social Drivers of Health* and *Screen Positive Rate for Social Drivers of Health* to the Behavioral Health Hospital On-Deck Set.
- The Work Group recommended moving *Antidepressant Medication Management* from On-Deck to the Menu Set of the Outpatient Behavioral Health Measure Set.
- The Work Group recommended moving EOHHS' *Social Determinants of Health Screening* (modified for use in outpatient behavioral health settings) from the Developmental Set to the Menu Set of the Outpatient Behavioral Health Measure Set.
- The Work Group recommended adding NCQA's *Social Need Screening and Intervention* to the Developmental Set of the Outpatient Behavioral Health, Primary Care and ACO Measure Sets.
- The Work Group modified their recommendation for *Hospital Commitment to Health Equity* to Acute Care Hospital Measure Set from On-Deck to Menu.

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Meeting Notes:

1. Summary of Recommendations from August 7th Meeting

- a. Michael Bailit summarized the Work Group's August 7th recommendations regarding the ACO Measure Set.
- b. Michael said that for the four measures for which the Work Group did not reach consensus on during the August 7th meeting, OHIC is considering retaining the measures in their current status for 2024, and then convening a small group of clinicians to discuss each measure's clinical merits and make a recommendation to the Work Group for 2025.
- c. **Discussion:**
 - i. Andrea Galgay asked whether the meeting with clinicians could occur before the 2024 Aligned Measure Set was finalized, so that measures deemed clinically flawed were not available for use in the Menu Set.
 - ii. Michael said it was unlikely that the meeting would occur before the 2024 Aligned Measure Set was finalized. Michael noted that none of the measures to be discussed were Core Measures and thus were not required for use in contracts (and were not currently in use in ACO contracts).
 - iii. Andrea Galgay recommended including a pharmacist in the clinician meeting to offer feedback on *Statin Therapy for Patients with Cardiovascular Disease* and said she could suggest a pharmacist representative from Integra.

2. Follow-up Task from August 7th Meeting

CMS Screening for Depression and Follow-up Plan

- a. Michael Bailit reminded the Work Group that during the August 7th meeting, the Work Group recommended removing the NCQA depression measures from the Primary Care and ACO Measure Sets. Bailit Health asked the Work Group if it would like to consider adding CMS' *Screening for Depression and Follow-up Plan* back into the Aligned Measure Set for 2024.
- b. Michael shared performance data for *Screening for Depression and Follow-up Plan* from the AE Common Measure Slate reporting and from OHIC's PCMH recognition program. He noted that the measure specifications employed by EOHHS and by OHIC differed.
- c. **Discussion:**
 - i. Andrea Galgay emphasized that the performance rates shared were not comparable because of their data sources and noted that AE performance only reflected half of the year. Michael agreed about the lack of comparability and asked if Andrea knew what 2022 AE performance looked like. Andrea did not know but estimated that it was around 50 percent.
 - ii. Breanne DeWolfe asked whether EOHHS' modified CMS measure would be categorized in the Menu or Developmental Set. Michael said EOHHS' modified CMS measure would likely be categorized as Menu or perhaps On Deck because the specifications were fully formed.

- iii. Sheila Newquist said BCBSRI would not be ready to use EOHHS' modified CMS measure in 2024 because it would need to build it. Sheila said she was concerned that plans would put the time and resources into implementing the EOHHS' modified CMS measure and by the time it was ready, plans would be implementing the NCQA ECDS depression screening measures. Sheila recommended retaining the NCQA ECDS depression measures.
- iv. Stacey Aguiar suggested moving towards the NCQA ECDS measures.
- v. Stacey Aguiar, Andrea Galgay and David Harriman discussed the challenges with using zero charge G codes.
- vi. Andrea Galgay recommended that both CMS' and EOHHS' depression screening measures be Menu Measures. Andrea said all providers were required to report CMS' measure and expressed frustration that EOHHS modified the specifications.
- vii. Michael Bailit shared his understanding that in RI providers were reporting the CMS measure for Medicare, the EOHHS modified version of the CMS measure for Medicaid, and nothing for the commercial market. The Work Group said this was correct.
- viii. Jennifer Clair recommended adding the CMS screening measure to the Menu Set.
- ix. Michael proposed that OHIC convene a meeting about the depression screening measures with the goal of decreasing provider reporting burden, and in the meantime not including either depression measure (CMS or EOHHS) in the measure set.
- x. **Recommendation:** The Work Group recommended that OHIC convene a Work Group to discuss the various depression screening measures in use and recommend a measure(s) for the 2025 Aligned Measure Sets that assesses depression screening and follow-up in a clinically meaningful way and reduces practice administrative burden.

3. Finish Reviewing ACO Measure Set Measures

- a. Grace Flaherty presented the three ACO Measure Set measures that the Work Group did not have time to review during the August 7th meeting.

Measure Name	Recommendation	Discussion
Plan (ACO) All-Cause Readmission Menu	Retain	<ul style="list-style-type: none"> • The Work Group agreed that the measure should be retained in the Menu Set. There was no voiced opposition.
Prenatal and Postpartum Care – Postpartum Care Rate	Retain	<ul style="list-style-type: none"> • See the notes for the following measure, as the two measures were discussed together.

Measure Name	Recommendation	Discussion
Developmental		
Prenatal and Postpartum Care - Timeliness of Prenatal Care Developmental	Retain and consider a work group to examine a full range of potential maternal health measures for possible ACO inclusion	<ul style="list-style-type: none"> Garry Bliss suggested consideration of measure adoption without racial stratification. Sheila Newquist explained that approximately 80% of the data for this measure were obtained through medical review. As a result, use of this measure in ACO contracts would require extensive ACO data requests by insurers. Andrea Galgay asked if global payment was the reason for insurers depending so heavily upon medical review. Janis Farrow Pochini confirmed Andrea’s speculation. Stacey Aguiar supported adoption of the measure. Garry Bliss asked if there was interest in examining potential maternal health measures through a work group. Some members expressed interest. Andrea Galgay recommended OB/GYN clinician involvement if such a discussion were to occur. Sheila Newquist reported that any alternative measures would require significant insurer and provider administrative effort.

4. Review Behavioral Health Hospital Measure Set

- a. Grace Flaherty reminded the Work Group that due to time and resource constraints, the Work Group would be reviewing the Behavioral Health Hospital measure set this year for major status and specification changes only, and completing a full review of the measure set again in 2024.

Measure Name	Recommendation	Discussion
<i>Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification (HBIPS-5)</i> Menu	Remove	<ul style="list-style-type: none"> Grace Flaherty shared that CMS was removing <i>Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification</i> (HBIPS-5) from the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program, beginning with FY 2025 payment determination. The Work Group recommended measure removal.
<i>Facility Commitment to Health Equity Measure</i> Proposed for Addition to the Menu Set by BCBSRI	Adopt as a Menu Measure	<ul style="list-style-type: none"> Grace Flaherty said that BCBSRI proposed adding this measure to the Behavioral Health Hospital Measure Set as a Menu Measure. Sheila Newquist expressed uncertainty about when CMS will publicly report performance data, and thus when it will be available for insurers to use. Hospital representatives expressed uncertainty, but said they might be able to provide BCBSRI with a CMS “preview report.”

Measure Name	Recommendation	Discussion
		<ul style="list-style-type: none"> Breann DeWolfe asked how the measure differed from the Acute Care Hospital version of the measure. Robin Neale reported that it was no different. The group discussed whether to make the measure a Menu or Developmental Measure, and agreed to recommend making it a Menu measure because at one insurer and multiple hospitals expressed comfort using the measure as soon as CMS publishes performance.
<p><i>Screening for Social Drivers of Health</i></p> <p>Proposed for Addition to the On-Deck Set by BCBSRI</p>	Adopt as an On-Deck Measure	<ul style="list-style-type: none"> Grace Flaherty said that BCBSRI proposed adding this measure to the Behavioral Health Hospital Measure Set as an On-Deck Measure. She explained the recommendation was for the On-Deck Set because CMS will not require reporting until 2025. Sheila Newquist said that the earliest BCBSRI could consider using this measure was 2026, but urged not losing track of it. The Work Group supported the proposal.
<p><i>Screen Positive for Social Drivers of Health</i></p> <p>Proposed for Addition to the On-Deck Set by BCBSRI</p>	Adopt as an On-Deck Measure	<ul style="list-style-type: none"> Grace Flaherty said that BCBSRI proposed adding this measure to the Behavioral Health Hospital Measure Set as an On-Deck Measure. She explained the recommendation was for the On-Deck Set because CMS will not require reporting until 2025. The Work Group supported the proposal.

5. Review Outpatient Behavioral Health Measure Set

- a. Grace Flaherty reminded the Work Group that due to time and resource constraints, the Work Group would be reviewing the Outpatient Behavioral Health Measure Set this year for major status and specification changes only, and completing a full review of the measure set again in 2024.

Measure Name	Recommendation	Discussion
<p><i>Antidepressant Medication Management</i></p> <p>On Deck</p>	Adopt as a Menu Measure	<ul style="list-style-type: none"> Grace Flaherty shared that NCQA had proposed retiring this measure in MY 2024. Sheila Newquist reported that NCQA had withdrawn its proposal. Grace Flaherty asked if there was interest in moving this measure into the Measure Set. Janis Farrow Pochini said practices have trouble tracking performance for this measure if they are not an integrated practice. Sheila Newquist noted that a significant volume of antidepressant prescribing is done by primary care clinicians. Sheila and Janis Farrow Pochini supported placement of the measure in the Menu Set.

Measure Name	Recommendation	Discussion
<p><i>Social Determinants of Health Screening</i></p> <p>Developmental</p>	<p>Adopt as a Menu Measure, and adopt the NCQA version as a Developmental Measure</p>	<ul style="list-style-type: none"> • Grace Flaherty reminded the Work Group that during the 2022 Annual Review, the Work Group recommended that <i>Social Determinants of Health (SDOH) Screening</i> be modified for use in outpatient behavioral health settings, with the intention that the measure be elevated to the Outpatient Behavioral Health Menu Set for 2024. • Grace said Bailit Health had modified the <i>SDOH Screening</i> specifications for use in outpatient behavioral health setting. Those specifications were previously distributed with the meeting materials. Grace asked that the Work Group review the updated specifications and offer any feedback to Bailit Health by Friday, September 8th. • Garry Bliss asked if any of the codes would trigger a second screen for behavioral health. Janis Farrow Pochini said that they should not. • David Harriman asked if z code use was required. Stacey Aguiar explained that they were required for a positive numerator hit. • Beth Lange said that there are not enough counselors in the state, so many patients access care through telehealth. Michael Bailit clarified that the measure would only be applied if a payer had a VBP contract with a telehealth vendor. • Andrea Galgay questioned use of a homegrown measure instead of the NCQA ECDS measure that was introduced in the past year. • Grace suggested keeping EOHHS' measure in the Menu Set to support current use, and placing the NCQA measure into the Developmental Set. Work Group members voiced support for Grace's recommendation.

6. Review Proposed 2024 Aligned Measure Sets

- a. Grace Flaherty reviewed the five measure sets with proposed changes.
- b. Robin Neale recommended changing the recommendation for *Hospital Commitment to Health Equity* in the Acute Care Hospital Measure Set from On-Deck to Menu for the reason that the recommendation was made for Menu Set status for the Behavioral Health Hospital Measure Set. The Work Group supported Robin's proposal.
- c. David Harriman asked how Rhode Island's Aligned Measure Sets compared in size to comparable states. Grace reported that Connecticut and Massachusetts have slightly smaller ACO Core Sets, and larger ACO Menu Sets. Michael Bailit noted that this indicated greater alignment in Rhode Island. He also explained that these other states only maintain ACO aligned measure sets.
- d. The Work Group reviewed and confirmed the totality of its recommendations for measure set composition for 2024.

7. Public Comment

- a. There were no comments by members of the public.

8. Next Steps

- a. Grace Flaherty said that Bailit Health will share the Work Group’s recommendations with Acting Commissioner Cory King for review, and OHIC will share the final adopted 2024 Aligned Measure Sets with the Work Group in September.