

OHIC Aligned Measure Sets 2021 Annual Review

Acute Care Hospital Aligned Measure Set

July 7, 2021

Agenda

- Follow-up from the June 23rd Meeting
- Review Acute Care Hospital Measure Set
 - Discuss Measures with Significant Specification Changes and “Topped Out” Measures
 - Review of Remaining Measures
 - Discuss Follow-up Tasks from Prior Annual Reviews
 - Discuss Work Group Proposals
- Discuss Health Inequity-related Gaps in the Measure Set
- Discuss Inclusion of a RELD Measure
- Public Comment
- Next Steps

Follow-up from the June 23rd Meeting

Follow-up from the June 23rd Meeting

- The Work Group reviewed the Maternity Care Measure Set and made the following recommendations:
 - Continue maintaining the Maternity Care Measure Set and retain all seven measures currently included in the Set.
 - Add *Live Births Weighing Less than 2,500 Grams* to the Maternity Care Measure Set as a Menu measure.
 - Adopt a *Maternity Care RELD Measure* that stratifies performance for *Prenatal & Postpartum Care* and *Behavioral Health Risk Assessment Screening* as a Menu measure.

Follow-up from the June 23rd Meeting (Cont'd)

- Bailit Health proposed an equity-focused criterion and an outcome-focused criterion to apply to the measure set as a whole. Based on Work Group recommendations, the two new criteria have been revised to read:
 1. *Includes topics and measures for which there are known opportunities – based on RI data where available – to promote health equity by race, ethnicity, language, disability status, economic status and other important demographic and cultural characteristics.*
 2. *Includes validated outcome measures, where they exist, including measures sourced from clinical and patient-reported data.*

Follow-up from the June 23rd Meeting (Cont'd)

- Rhode Island Quality Institute (RIQI) has been added to the list of designated participating and voting organizations.
 - Blackstone Valley CHC
 - Blue Cross Blue Shield of RI
 - Care New England/Integra
 - Care Transformation Collaborative
 - Coastal Medical
 - EOHHS/Medicaid
 - Hospital Association of Rhode Island
 - Integrated Healthcare Partners
 - Lifespan
 - Neighborhood Health Plan of RI
 - PCMH-Kids
 - Prospect/CharterCare
 - Providence Community Health Centers
 - Rhode Island Dept. of Behavioral Healthcare, Developmental Disabilities and Hospitals
 - Rhode Island Dept. of Health
 - Rhode Island Medical Society
 - Rhode Island Parent Information Network
 - Rhode Island Primary Care Physicians Corporation
 - Rhode Island Quality Institute
 - Thundermist Health Center
 - Tufts Health Plan
 - UnitedHealthcare

Review Acute Care Hospital Measure Set Measures

The Acute Care Hospital Measure Set

- The 2021 Acute Care Hospital Measure Set includes 17 measures:
 - **8 Core Measures:**
 - Catheter-Associated Urinary Tract Infection (HAI-2)
 - Central Line-Associated Blood Stream Infection (HAI-1)
 - Clostridium Difficile Infections (HAI-6)
 - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence
 - Follow-Up After Emergency Department Visit for Mental Illness
 - Follow-Up After Hospitalization for Mental Illness (7-Day)
 - HCAHPS
 - Hospital-wide Readmissions (READM-30-HOSP-WIDE)

The Acute Care Hospital Measure Set (Cont'd)

- The 2021 Acute Care Hospital Measure Set includes 17 measures:
 - **8 Menu Measures:**
 - 30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)
 - Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) and Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB3-a)
 - Cesarean Rate for Nulliparous Singleton Vertex (PC-02)
 - Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)
 - Exclusive Breast Milk Feeding (PC-05)
 - Harmonized Procedure Specific Surgical Site Infection (SSI) Outcome Measure
 - HAI-3: SSI: Colon - Surgical Site Infection for Colon Surgery
 - HAI-4: SSI: Surgical Site Infection for Abdominal Hysterectomy
 - Methicillin-resistant Staphylococcus Aureus (or MRSA) Blood Infections (HAI-5)
 - Severe Sepsis and Septic Shock Management Bundle (SEP-1)
 - **1 Developmental Measure**
 - Social Determinants of Health

Process for Gathering Data for the 2021 Annual Review

- For this year's annual review, Bailit Health conducted the following research for each measure:
 - **Equity Review:** 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 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 2021 Annual Review (Cont'd)

- **Status/Measure Specification Changes:** We summarized if there were any changes made to the measure's NQF status and/or specifications in 2021. If there were any unresolved substantive changes from the 2020 annual review, we included that information as well.
- **Use by RI Payers:** We surveyed RI insurers and asked them to identify which measures they were using in contracts. The following slides include data for four major insurers in RI.

Process for Gathering Data for the 2021 Annual Review (Cont'd)

- **Opportunity for Improvement:** We calculated weighted average plan performance from Quality Compass for Commercial and Medicaid and used hospital performance data from Hospital Compare and The Joint Commission.
 - **Commercial and Medicaid:** Weighted average plan performance from Quality Compass 2020

Key:			
<50th	Between 50th and 75th	Between 75th and 90th	≥90th

- **RI and National:** Hospital performance data from Hospital Compare and The Joint Commission 2020

Key:		
RI Performance inferior to National Performance	RI Performance equal to National Performance	RI Performance superior to National Performance

Discuss Measures with Major Specification Changes and/or that are “Topped Out”

- There are no measures that had major status or specification changes in 2021.
- There is one measure that is partially “topped out,” i.e., has an absolute rate of 90% or higher, or a statewide average rate that is above the national 90th percentile.
 - Follow-up After Emergency Department Visit for Mental Illness (30-Day)

Follow-Up After Emergency Department Visit for Mental Illness

Race/Ethnicity		Disability Status		
U.S. study of follow-up after mental health ED discharge: Odds of follow-up lower for Blacks compared to Whites (OR* = 0.83 for 7-day, OR = 0.76 for 30-day)		U.S. study of follow-up after mental health ED discharge: 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)		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	ACO (Menu) Outpatient BH - Mental Health (Menu)	2 (Acute Care Hospital Contracts)	7-Day: 61% (Above 90 th percentile)	7-Day: 64% (Between 75 th -90 th percentile)
			30-Day: 76% (Above 90 th percentile)	30-Day: 76% (Above 90 th percentile)

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

Review of Remaining Measures

- The following measures in the Acute Care Hospital Measure Set:
 - have either no or minor specification changes,
 - have opportunity for improvement or unknown opportunity due to lack of publicly available performance data, and
 - were not specifically commented upon by any Work Group members when OHIC asked for feedback on the Aligned Measure Sets.
- For each measure, consider whether you recommend:
 - retaining the measure,
 - removing the measure, or
 - changing the measure's status (e.g., move from Menu to Core).
- Please also consider whether there are major inequities in performance that warrant the measure being stratified by race, ethnicity, language and/or disability status.

CAUTI: Catheter-Associated Urinary Tract Infection (HAI-2)

Race/Ethnicity

U.S. study of HAI infections (including CAUTI): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	None	4 (Acute Care Hospital Contracts)	1.10	0.741

CLABSI: Central Line-Associated Blood Stream Infection (HAI-1)

Race/Ethnicity

U.S. study of HAI infections (including CLABSI): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	None	4 (Acute Care Hospital Contracts)	0.78	0.69

Clostridium Difficile (C.diff.) Infections (HAI-6)

Race/Ethnicity

U.S. study of HAI infections (including C.diff): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

U.S. study of C.diff incidence and mortality: Incidence was higher for White patients; however, Black race was associated with higher mortality (7.4% vs. 7.2%), length of stay (57% vs. 52%), and severe infection (24% vs. 19%).

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	None	4 (Acute Care Hospital Contracts)	0.92	0.58

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (30-Day)

Race/Ethnicity		Disability Status		
U.S. study of follow-up after SUD ED discharge: Odds of follow-up higher among Blacks compared to Whites (OR = 1.34 for 7-day, OR = 1.15 for 30-day)		U.S. study of follow-up after SUD ED discharge: Odds of follow-up higher among beneficiaries who qualified for Medicaid on basis of income rather than disability (OR = 1.52 for 7-day, OR = 1.56 for 30-day)		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	ACO (Menu) Outpatient BH - Substance Use Treatment (Menu)	2 (Acute Care Hospital Contracts)	7-Day: 11% (Between 50 th -75 th percentile)	7-Day: 12% (Between 50 th -75 th percentile)
			30-day: 16% (Between 50 th -75 th percentile)	30-Day: 23% (Between 50 th -75 th percentile)

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

Follow-Up After Hospitalization for Mental Illness (7-Day)

Race/Ethnicity

U.S. study of follow-up treatment following inpatient psychiatric treatment: Blacks were less likely than Whites to receive follow-up (OR* = 0.45 for 30-days)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	ACO (Core) BH Health Hospital (Core) Outpatient BH – Mental Health (Menu)	3 (ACO) 2 (Acute Care Hospital) 2 (BH Hospital) 2 (Outpatient BH)	62% (Above 90 th percentile)	54% (Between 75 th -90 th percentile)

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

HCAHPS

Race/Ethnicity	Language		Disability Status	
<p><i>CG CAHPS:</i> MA health system performance: All racial/ethnic minorities had lower scores than Whites on Care Coordination, Provider Communication, and Provider Rating; Asians had lower patient experience on all ambulatory composite</p>	<p><i>CG CAHPS:</i> MA health system performance: Non-English-speaking patients had lower scores on Care Coordination, Provider Communication, and Provider Rating</p>		<p><i>National Adult Medicaid (NAM) CAHPS*:</i> U.S. study: Dually eligible members 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	ACO (Menu)	3 (ACO Contracts) 4 (Acute Care Hospital Contracts)	See next slide	See next slide

HCAHPS (Cont'd)

Survey Question	RI Performance	National Performance
Room was always clean	76%	76%
Nurses always communicated well	82%	81%
Doctors always communicated well	81%	82%
Patients always received help as soon as they wanted	67%	70%
Staff always explained medicines	64%	66%
Patients who "Strongly Agree" they understood their care when they left the hospital	53%	54%
Always quiet at night	55%	62%
Staff gave discharge information	87%	85%
Overall rating of 9 or 10	72%	73%
Patients would definitely recommend the hospital	75%	72%

Hospital-Wide Readmission

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	National Performance
Minor edit: Regular updates to codes referenced in specifications	ACO (Menu)	4 (Acute Care Hospital Contracts) 1 (BH Hospital Contract)	17.3%	15.6%

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

30-Day All-Cause Unplanned Readmission following Psychiatric Hospitalization in an Inpatient Psychiatric Facility (IPF)

Race/Ethnicity

U.S. study of post-discharge outcomes: When followed for a year post-hospital discharge, Blacks with severe mental illness experienced significantly less favorable trajectories of improvement in a variety of symptom and functional outcome as compared to Whites.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Rhode Island Performance	National Performance
Minor edit: Regular updates to codes referenced in specifications	BH Hospital (Menu)	3 (Acute Care, BH Hospital, Outpatient BH Contracts)	25.0%	20.1%

Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB-3) and Alcohol & Other Drug Use Disorder Treatment at Discharge (SUB-3a)

Race/Ethnicity

RI excessive or chronic drinking rates: 33.2% for NH/PI*, 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 percentages points less likely 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	RI Performance	National Performance
Lost NQF endorsement in 2018 because “measures are being retooled as eCQMs”	BH Hospital (Menu)	1 (BH Hospital Contract)	81% (SUB-3) 75% (SUB-3a)	73% (SUB-3) 62% (SUB-3a)

*NH/PI = Native Hawaiian or Other Pacific Islander
 **AI/AN = American Indian or Alaska Native

Cesarean Rate for Nulliparous Singleton Vertex (PC-02)

Race/Ethnicity

RI cesarean delivery rates: 32.5% for White infants, 32% for Blacks, 31% for Hispanics, 30.9% for American Indian/Alaska Natives, 30.2% for Asian/Pacific Islanders

CA Medi-Cal first birth cesarean rate: 29.8% for Blacks, 25.6% for Asian/Pacific Islanders, 23.8% for Hispanics and Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	ACO (Menu) Maternity Care (Menu)	1 (Acute Care Hospital Contract)	32.9%	24.8%

Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)

Race/Ethnicity

U.S. study: Black women had 30% higher odds of early elective cesarean, compared with Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	ACO (Menu) Maternity Care (Menu)	2 (Acute Care Hospital Contracts)	1.6%	1.7%

Exclusive Breast Milk Feeding (PC-05)

Race/Ethnicity

U.S. study of exclusive breastfeeding rates through 3 months: 53.0% for Whites, 36.0% for Blacks, and 42.2% for Hispanics.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	ACO (Menu) Maternity Care (Menu)	None	57.7%	51.0%

HAI-3: SSI: Colon - Surgical Site Infection for Colon Surgery; HAI-4: SSI: Surgical Site Infection for Abdominal Hysterectomy

Disparities

U.S. study of surgical site infection (SSI) rates: For colectomy, Medicaid insurance status and living in a low-income zip code associated with higher SSI rates after colectomy after risk adjustment. For hysterectomy, no social risk factors had statistically significant associations with SSI after risk adjustment.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	None	2 (Acute Care Hospital Contracts)	HAI-3: 1.05	HAI-3: 0.86
			HAI-4: 0.97	HAI-4: 0.98

Methicillin-resistant Staphylococcus Aureus (MRSA) Blood Infections (HAI-5)

Race/Ethnicity

U.S. study of HAI infections (including MRSA): Odds of infection compared to Whites were 1.19 for Native Americans, but 0.94 for Blacks, 0.92 for Hispanics, and 0.93 for Asian/Pacific Islander.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No change	None	3 (Acute Care Hospital Contracts)	2017: 0.54	2017: 0.86
			2018: 1.21	2018: 0.84
			2019: 0.62	2019: 0.81

Severe Sepsis and Septic Shock Management Bundle (SEP-1)

Race/Ethnicity

U.S. rates of adverse patient safety events: Black patients contracted postoperative sepsis at a rate 2.2 cases per 1,000 at-risk discharges higher than the rate for white patients

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No change	None	2 (Acute Care Hospital Contracts)	51%	60%

Social Determinants of Health Screen

Race/Ethnicity

Negative Social Determinants of Health contribute to health disparities.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor updates on attribution to AEs and an example of how to use Z codes for reporting	ACO, Primary Care, Outpatient BH – Mental Health & Substance Use Treatment (Developmental)	1 (ACO Contract)	N/A	N/A

AE performance data won't be available for this measure until October 2021.

Follow-up Tasks from Prior Annual Reviews

- During the 2019 Annual Review, the Work Group discussed how CMS removed the HAI measures from the Hospital Inpatient Quality Reporting Program and added them to the Hospital-acquired Condition Reduction Program.
 - The Work Group recommended monitoring how HAIs are publicly reported to ensure there are publicly available data on the measures.
 - As of June 2021, CMS publishes hospital-specific performance on HAI measures on data.cms.gov in two places:
 - [Healthcare Acquired Infections – Hospital](#)
 - [Hospital-acquired Condition Reduction Program](#)

Discuss Work Group Proposals

- Jay Buechner proposed adding *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment as a Core Measure*.
 - **Rationale:** The initial diagnoses of substance use and dependence as defined for this measure are very often made by PCPs and EDs, who are then responsible for assuring that their diagnosed patients are referred to substance abuse treatment.
 - Only a minority of the initial diagnoses are made by outpatient BH Providers.
 - **Note:** Jay proposes making this change in the ACO Measure Set as well. IET is currently a Core Measure in the Outpatient Behavioral Health Measure Set and a Menu Measure in the ACO Measure Set.
 - **2021 MA Substance Use Treatment Work Group assessment of measure:** The Work Group unanimously recommended not including IET in the MA Aligned Measure Set, on the basis that the measure still needs additional refinement to address concerns about measure validity, coding issues, and the need to include additional medications used for treatment of alcohol use disorder.

Discuss Work Group Proposals (Cont'd)

- J Gates made the following three proposals:
 1. *Add Use of Imaging Studies for Low Back Pain* to the Acute Care Hospital Measure Set.
 - **Rationale:** Most inappropriate imaging is ordered in urgent care and emergency settings.
 - **Note:** This is currently a Menu Measure in the ACO Measure Set.

Discuss Work Group Proposals (Cont'd)

2. Replace *Follow-up After Hospitalization for Mental Illness (7-Day)* with *ED Utilization for Individuals with Mental Illness*.
 - **Rationale:** If also included in the ACO and Behavioral Health Hospital Aligned Measure Sets, the measure can incentivize medical and behavioral health providers to co-manage care for patients with mental illness.
 - ACOs will try to arrange outpatient management of medical problems.
 - Acute care hospitals will try to offer non-ER services to meet patients' needs.
 - Behavioral health hospitals will try to connect behavioral health patients with their PCP on discharge to avoid ED utilization.
 - **Note:** FUH-7 is also a Core Measure in the ACO and Behavioral Health Hospital Measure Sets. It is a Menu Measure in the Outpatient Behavioral Health Measure Set.
 - Retaining FUH-7 in the Outpatient BH Aligned Measure Set will encourage BH providers (who have better access to necessary BH data) to follow-up with patients after discharge.

Discuss Work Group Proposals (Cont'd)

3. Add a new developmental measure – *Enhancing Access for Patients with Chronic Conditions*.
 - **Rationale:** The measure addresses timely access to care for high complexity patients.
 - Description: percentage of patients with 2 or more chronic conditions with an ER or medical hospital discharge who have either:
 - » a nurse medication history within 7 days of discharge AND a PCP, OB/Gyn, physical therapy, or dental visit in <14 days OR
 - » a PCP visit in <7 days
 - Chronic conditions include: moderate or severe asthma (any age), depression, COPD, CHF, diabetes with last A1c \geq 8.5, bipolar disorder, hypertension, one or more identified SDOH insecurities, dental problem resulting in an antibiotic prescription and low back pain resulting in an imaging study
 - **Note:** J Gates proposes adding this measure to the ACO Measure Set as well.

Discuss Health Inequity-related Gaps in the Measure Set

Acute Care Hospital-related Health Inequities in RI

- Bailit Health has identified the following health inequities in RI related to Acute Care Hospital:

Not Addressed in the Measure Set

- Infant Mortality
- Low Birthweight

Addressed in the Measure Set

- Mental Health
- Hospital-acquired infections

- The following slides identify some candidate measures the Work Group could include to address the health inequities not addressed in the Acute Care Hospital Aligned Measure Set.

Acute Care Hospital-related Health Inequities in RI (Cont'd)

- At the June 23rd meeting, the Work Group discussed two measures to fill the infant mortality and low birthweight equity gaps in the Maternity Care Measure Set.
 - The Work Group discussed, but ultimately decided not to include, *Unexpected Complications in Newborns (PC-06)* in the Maternity Care Measure Set.
 - The Work Group recommended including *Live Births Weighing Less than 2,500 Grams* in the Maternity Care Measure Set.

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population
Low Birthweight					
1382 (Endorsed)	Live Births Weighing Less Than 2,500 Grams	AHRQ	Outcome	Insurer case management platform or hospital report	Pediatric

Discuss Inclusion of a RELD Measure

Discuss Inclusion of a RELD Measure

- Bailit Health previously shared that the Work Group can recommend stratifying measures in the Aligned Measure Sets by race, ethnicity, language and/or disability status (RELD).
 - At the outset, provider organizations would report performance using their EHR and (ideally) patient self-reported RELD to build the capacity to stratify and report stratified data.
 - Over time, the intention is to move towards measures focused on reducing disparities in performance by RELD.
- **Does the Work Group recommend adopting a RELD measure for the Acute Care Hospital Measure Set, and if so, which measures should be stratified?**

Public Comment

Next Steps

Next Steps

#4

**7/14, 12-2 pm
Behavioral Health
Hospital Set**

#6

**8/12, 1-3:30 pm
Primary Care Set**

#5

**7/28, 1-3 pm
Outpatient Behavioral
Health Set**

#7

**8/26, 12-2:30pm
ACO Set and Wrap Up**

Appendix

Crosswalk of Health Inequities to RI Measures

Health Inequity	Is There a Measure in RI?					
	ACO	Acute Care Hospital	BH Hospital	Maternity Care	Outpatient BH	Primary Care
Behavioral Health						
Mental Health (e.g., depression)	Yes	Yes	Yes	Yes	Yes	Yes
Smoking	No	No	No	No	No	No
Chronic Conditions						
Cardiovascular disease	Yes	No	No	No	Yes	Yes
Diabetes	Yes	No	No	No	Yes	Yes
Obesity (adult and child)	Yes (child only)	No	No	No	No	Yes (child only)
Hospital/Inpatient Care						
Hospital-acquired infections	No	Yes	No	No	No	No

Crosswalk of Health Inequities to RI Measures (Cont'd)

Health Inequity	Is There a Measure in RI?					
	ACO	Acute Care Hospital	BH Hospital	Maternity Care	Outpatient BH	Primary Care
Maternity Care						
Infant mortality	No	No	No	Yes (prevention-focus)	No	No
Low birthweight	No	No	No	Yes (prevention-focus)	No	No
Preventive Care						
Adult vaccinations	No	No	No	No	No	No
Dental visits	Somewhat (fluoride varnish)	No	No	No	No	Somewhat (fluoride varnish)
STDs	Yes	No	No	No	No	Yes

Crosswalk of Health Inequities to RI Measures (Cont'd)

Health Inequity	Is There a Measure in RI?	If Yes, What Is the Measure(s)?
Behavioral Health		
Mental Health (e.g., depression)	Yes	<ul style="list-style-type: none"> • Adult MDD: Suicide Risk Assessment • Adult MDD: Coordination of Care of Patients with Specific Comorbid Conditions • Antidepressant Medication Management • Child and Adolescent MDD: Suicide Risk Assessment • Depression Remission at Six Months • Depression Screening and Follow-up* • Depression Remission or Response* • Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications • Follow-Up After ED Visit for Mental Illness • Follow-Up After Hospitalization for Mental Illness (7-Day) • Maternal Depression Screening • Metabolic Monitoring for Children/Adolescents on Antipsychotics • Utilization of the PHQ-9 to Monitor Depression Symptoms*

*Developmental measure

Crosswalk of Health Inequities to RI Measures (Cont'd)

Health Inequity	Is There a Measure in RI?	If Yes, What Is the Measure(s)?
Behavioral Health (Cont'd)		
Smoking	No	N/A**
Chronic Conditions		
Cardiovascular disease	Yes	<ul style="list-style-type: none"> Controlling High Blood Pressure Metabolic Monitoring for Children/Adolescents on Antipsychotics Statin Therapy for Patients with Cardiovascular Disease
Diabetes	Yes	<ul style="list-style-type: none"> Comprehensive Diabetes Care (CDC): Eye Exam CDC: HbA1c Control Diabetes Screening for People with Schizophrenia or Bipolar Disorder who Are Using Antipsychotic Medications Kidney Health Evaluation for Patients with Diabetes Metabolic Monitoring for Children/Adolescents on Antipsychotics
Obesity (adult and child)	Yes (child only)	<ul style="list-style-type: none"> Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents

**The Work Group previously requested that Bailit Health research if there are other tobacco measures for potential consideration. It will discuss these measures in August when it reviews the Primary Care Measure Set.

Crosswalk of Health Inequities to RI Measures (Cont'd)

Health Inequity	Is There a Measure in RI?	If Yes, What Is the Measure(s)?
Hospital/Inpatient Care		
Hospital acquired infections (e.g., CAUTI, CLABSI, C. Diff)	Yes	<ul style="list-style-type: none">• HAI-1: CLABSI• HAI-2: CAUTI• HAI-3: Surgical Site Infection (SSI) for Colon Surgery• HAI-4: SSI for Abdominal Hysterectomy• HAI-5: MRSA• HAI-6: C. Diff

Crosswalk of Health Inequities to RI Measures (Cont'd)

Health Inequity	Is There a Measure in RI?	If Yes, What Is the Measure(s)?
Maternity Care		
Infant mortality	Somewhat (focused on prevention)	<ul style="list-style-type: none"> • Prenatal & Postpartum Care - Timeliness of Prenatal Care
Low birthweight	Somewhat (focused on prevention)	<ul style="list-style-type: none"> • Prenatal & Postpartum Care - Timeliness of Prenatal Care
Preventive Care		
Adult vaccinations	No	<ul style="list-style-type: none"> • N/A
Dental visits	Somewhat (dental-related, not dental visits)	<ul style="list-style-type: none"> • Fluoride Varnish
STDs (e.g., chlamydia, HPV)	Yes	<ul style="list-style-type: none"> • Chlamydia Screening • Immunizations for Adolescents (includes HPV)