

OHIC Aligned Measure Sets 2021 Annual Review

Primary Care Aligned Measure Set

September 9, 2021

Agenda

1. Follow-up from the August 12th Meeting
2. Review Primary Care Measure Set
 - Review Core, Menu and Developmental Measures
 - Follow-up from Prior Reviews: Tobacco Use, Stinting
 - Discuss Work Group Proposals: Substance Use, Prescription Fill, Contraception
 - Discuss Alignment with the OHIC PCMH Measure Set
3. Discuss Health Inequity-related Gaps in the Measure Set
4. Discuss Inclusion of a REL Measure
5. Public Comment
6. Next Steps

Follow-up from the August 12th Meeting

Follow-up from the August 12th Meeting

- On August 12th the Work Group reviewed the Outpatient Behavioral Health Measure Set and made the following recommendations.
 - Remove five measures:
 - *Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions*
 - *Follow-Up After Emergency Department Visit for Mental Illness (30-Day)*
 - *Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications*
 - *Metabolic Monitoring for Children and Adolescents on Antipsychotics*
 - *Follow-Up After Emergency Department Visit for Substance Use*
 - Move one measure from the Core to the Menu Set:
 - *Initiation and Engagement of Substance Use Treatment*
 - Add one Developmental measure:
 - *Depression Screening and Follow-up for Adolescents and Adults*

Follow-up from the August 12th Meeting [Cont'd]

- During the August 12th meeting, the Work Group did not recommend adding any Core measures to the Outpatient Behavioral Health – Mental Health Measure Set.
 - **Rationale:** The Work Group was concerned that providers may hesitate to engage in behavioral health contracts if Core measures had small denominators.
- **Clarification:** Core measures with insufficient denominator size are not required for use in contracts. (See *OHIC Updated Guidance on Use of Aligned Measure Sets, September 29, 2020.*)
- Bailit Health proposes that the following measure be added as a Core Measure to the Outpatient Behavioral Health – Mental Health Measure Set: *Antidepressant Medication Management*
 - **Rationale:** Among the Outpatient Behavioral Health Menu measures, this measure would likely have the largest denominator and multiple payers report using it in contracts.

Follow-up from the August 12th Meeting [Cont'd]

- During the August 12th meeting, the Work Group expressed interested in considering **additional substance use treatment measures** for the Outpatient Behavioral Health Measure Set.
- Given the limited time remaining time in the 2021 Annual Review, Bailit Health will research and present additional substance use treatment measures for the Outpatient Behavioral Health Measure Set during the **2022 Annual Review**.

Follow-up from the August 12th Meeting [Cont'd]

- During the August 12th meeting, the Work Group discussed the potential addition of an REL stratification (equity) measure for the Outpatient Behavioral Health Measure Set.
 - BCBSRI looked at its data to determine which Outpatient Behavioral Health measures have the largest denominators to model viability for stratification.

Review Primary Care Measure Set Measures

The Primary Care Measure Set

- The 2021 Primary Care Measure Set includes 28 measures:
 - **7 Core Measures:**
 - *Breast Cancer Screening*
 - *Colorectal Cancer Screening*
 - *Comprehensive Diabetes Care: Eye Exam*
 - *Comprehensive Diabetes Care: HbA1c Control (<8.0%)*
 - *Developmental Screening in the First Three Years of Life*
 - *Lead Screening in Children*
 - *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*

The Primary Care Measure Set (Cont'd)

- The 2021 Primary Care Measure Set includes 28 measures:
 - **14 Menu Measures:**
 - *Cervical Cancer Screening*
 - *Child and Adolescent Well-Care Visits*
 - *Childhood Immunization Status (Combo 10)*
 - *Chlamydia Screening*
 - *Controlling High Blood Pressure*
 - *Depression Remission at Six Months*
 - *Emergency Department Visits per 1,000*
 - *Fluoride Varnish*
 - *Immunizations for Adolescents (Combo 2)*
 - *Inpatient Visits per 1,000 (Inpatient Utilization – General Hospital/Acute)*
 - *Kidney Health Evaluation for Patients with Diabetes*
 - *Maternal Depression Screening*
 - *PCMH CAHPS Survey (for Primary Care) – Questions Not Specified*
 - *Unhealthy Drug and Alcohol Use: Screening & Brief Counseling*

The Primary Care Measure Set (Cont'd)

- The 2021 Primary Care Measure Set includes 28 measures:
 - **7 Developmental Measures:**
 - *Concurrent Use of Opioids and Benzodiazepines*
 - *Depression Remission or Response for Adolescents and Adults (ECDS)*
 - *Depression Screening and Follow-Up for Adolescents and Adults (ECDS)*
 - *Social Determinants of Health Screen*
 - *Statin Therapy for Patients with Cardiovascular Disease*
 - *Unhealthy Alcohol Use Screening and Follow-Up (ECDS)*
 - *Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (ECDS)*

The Primary Care Measure Set (Cont'd)

- The following measures are not in use by any RI Payers:

– 9 (of 14) Menu Measures:

- *Child and Adolescent Well-Care Visits*
- *Depression Remission at Six Months*
- *Emergency Department (ED) Visits per 1,000*
- *Fluoride Varnish*
- *Immunization for Adolescents (Combo 2)*
- *Inpatient Visits per 1,000 (Inpatient Utilization – General Hospital/Acute)*
- *Kidney Health Evaluation for Patients with Diabetes*
- *Maternal Depression Screening*
- *Unhealthy Drug and Alcohol Use: Screening & Brief Counseling*

– 7 Developmental Measures:

- *Concurrent Use of Opioids and Benzodiazepines*
- *Depression Remission or Response for Adolescents and Adults*
- *Depression Screening and Follow-Up for Adolescents and Adults*
- *Social Determinants of Health Screen*
- *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*

During today's review of individual measures, consider whether to remove any measures not in use in contracts.

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. We also summarized NCQA's substantive MY 2022 specification changes. 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 the 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

Bailit Health proposes that the Work Group disregard the 2021 Commercial Quality Compass data (CY 2020) for quality improvement identification due to the impact of COVID-19 on quality measure performance in 2020.

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

Key:		
RI Performance Inferior to National Performance	RI Performance Equal to National Performance	RI Performance Superior to National Performance

Breast Cancer Screening (Core)

Race/Ethnicity		Disability Status		
<p>RI mammography rates: 81% for White women, 78% for Black women</p> <p>RI breast cancer mortality: 18.8 per 100,000 for White women, 26.9 per 100,000 for Black women</p>		<p>U.S. mammography rates: 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	Medicaid Performance
Minor changes for MY 2022	None	4 (ACO Contracts) 2 (Primary Care Contracts)	81% (above 90 th percentile)	65% (between 75 th and 90 th percentile)

Measure Steward: NCQA

*ADL/IADL = limitations in activities of daily living/instrumental activities of daily living 17

Colorectal Cancer Screening (Core)

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	Medicaid Performance
Major change for MY 2022: <ul style="list-style-type: none"> Measure stratified by race and ethnicity. 	ACO (Core)	3 (ACO Contracts) 2 (Primary Care Contracts)	77% (above 90 th percentile)	N/A

Measure Steward: NCQA

Comprehensive Diabetes Care: Eye Exam (Core)

Race/Ethnicity	Language		Disability Status	
<p>RI diabetes prevalence: 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks</p> <p>MA health system performance: Eye exam rate of 39% for Blacks and 32% for other race/multi-racial</p>	<p>RI diabetes prevalence: Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English</p>		<p>RI diabetes prevalence: 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	Medicaid Performance
<p>Major changes for MY 2022:</p> <ul style="list-style-type: none"> • See next slide for details 	ACO (Core)	4 (ACO Contracts) 2 (Primary Care Contracts)	68% (above 90 th percentile)	70% (above 90 th percentile)

Measure Steward: NCQA

Comprehensive Diabetes Care: Eye Exam (Core) [Cont'd]

Summary of specification changes for MY 2022:

- Separated from Comprehensive Diabetes Care.
- Clarified that members in hospice or using hospice services are a required exclusion.
- Revised optional exclusions for polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes to be required exclusions.
- Clarified in the Hybrid Specifications that if separate samples are used for HBD, EED and BPD measures, organizations may reduce the sample size.

Comprehensive Diabetes Care: HbA1c Control (<8.0%) (Core)

Race/Ethnicity	Language		Disability Status	
RI diabetes prevalence: 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks	RI diabetes prevalence: Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English		RI diabetes prevalence: 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	Medicaid Performance
Major specification changes for MY 2022: <ul style="list-style-type: none"> See next slide for details 	ACO (Core)	4 (ACO Contracts) 2 (Primary Care Contracts)	64% (between 75 th and 90 th percentiles)	57% (between 75 th and 90 th percentiles)

Measure Steward: NCQA

Comprehensive Diabetes Care: HbA1c Control (<8.0%) (Core) [Cont'd]

Summary of specification changes for MY 2022:

- Separated from Comprehensive Diabetes Care.
- Measure stratified by race and ethnicity.
- Removed the HbA1c Testing indicator.
- Clarified that members in hospice or using hospice services are a required exclusion.
- Revised optional exclusions for polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes to be required exclusions.
- Clarified in the Hybrid Specifications that if separate samples are used for HBD, EED and BPD measures, organizations may reduce the sample size.

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

Race/Ethnicity	Language			
<p>U.S. study: Likelihood of being screened was 34.4% for White children, compared to 24.8% for Blacks and 24.3% for Hispanics</p>	<p>U.S. study: Children in non-English primary language households were 40% less likely to have received screening in the past year, compared to English households</p>			
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
<p>Minor changes for MY 2021</p>	<p>ACO (Core)</p>	<p>4 (ACO Contracts) 2 (Primary Care Contracts)</p>	<p>N/A</p>	<p>66% (above the top quartile)</p>

Measure Steward: Oregon Health & Science University

Lead Screening in Children (Core)

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
Minor changes for MY 2022	ACO (Menu)	1 (ACO Contract) 2 (Primary Care Contracts)	N/A	78% (between 50 th and 75 th percentiles)

Follow-up from 2019 Annual Review: Have there been any implementation challenges with this measure since moving it to the Core Set?

Measure Steward: NCQA

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (Core)

Race/Ethnicity		Disability Status		
RI childhood obesity: Hispanic (23%), Black (23%), White (15%), Multiple Races (16%)		U.S. study of obesity rates: Children with development disabilities (29.7%) and autism (30.4%) compared to general population (19.3%)		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor changes for MY 2022	ACO (Core)	4 (ACO Contracts) 2 (Primary Care Contracts)	BMI	
			92% (above the 90 th percentile)	91% (above the 90 th percentile)
			Nutrition Counseling	
			89% (above the 90 th percentile)	84% (between 75 th and 90 th percentiles)
		Physical Activity Counseling		
		87% (above 90 th percentile)	80% (between 75 th and 90 th percentiles)	

Measure Steward: NCQA

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (Core) [Cont'd]

- There are two Work Group member proposals for measure removal:
 - Amy Katzen (EOHHS) expressed concern about the BMI metric and its potential to generate shame and discrimination against both the pediatric and adult population. She also noted that BMI, which was developed and validated based on White men, is not an accurate marker at the individual level, especially for women and BIPOC people.*
 - Shamus Durac and Sam Salganik (RIPIN) expressed an interest in childhood obesity as a public health priority in RI, but did not feel this measure was sufficiently outcomes-focused.**
- Further, the PCMH Measures Work Group removed this measure from the 2021 PCMH Measure Set due to consistently high performance self-reported by practices (>90% for five years).

*Sources: [Is BMI a Scam?](#) (NYT); How and why weight stigma drives the obesity 'epidemic' and harms health (*BMC Medicine*); Obesity Stigma: Important Considerations for Public Health (*American Journal of Public Health*); [Overt restrictive feeding for weight management: a preliminary retrospective examination of childhood experiences](#) (*Eating & Weight Disorders*); [Parent/Adolescent Weight Status Concordance and Parent Feeding Practices](#) (*Pediatrics*); [Preventing Obesity and Eating Disorders in Adolescents](#) (*Pediatrics*); Weight Science: Evaluating the Evidence for a Paradigm Shift (*Nutrition Journal*); Weight Discrimination and Risk of Mortality (*Psychol Sci*); [County Places Obese Cleveland Heights Child in Foster Care](#) (Cleveland.com)

**Source: [RI Kids Count](#)

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (Core) [Cont'd]

- In response to this feedback, Bailit Health researched alternative obesity measures.
 - Discern Health developed four obesity quality measures for the adult population, in collaboration with the American Medical Group Association (AGMA) Obesity Care Model Collaborative.
 - In 2019, NQF posted the four measures for public comment to inform measure development
 - Discern Health assessed three of the measures for their feasibility for use in value-based care programs.
 - One measure, *Documentation of Obesity Diagnosis*, demonstrated the potential to support improvements in obesity care and was considered ready for submission to NQF based on qualitative and quantitative testing.
 - There was also significant progress made in terms of advancing the other two measures, especially *Weight Change Over Time*.
 - Discern Health did not continue its research due to lack of funding.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (Core) [Cont'd]

Measure Title and Description	Type	Source(s) of Data
Documentation of Obesity Diagnosis: Percent of patients with BMI \geq 30 and documentation of an obesity diagnosis.	Process	Claims, EHR, problem list
Weight Change Over Time: Percent of patients with an initial BMI \geq 25 who achieved at least a 5% percent reduction in weight within 9-12 months during the reporting period.	Outcome	EHR
Evidence-based Treatment for Obesity: Percent of patients with BMI \geq 25 who were prescribed an anti-obesity medication or referred to an evidence-based treatment regimen for obesity, including nutrition counseling, exercise counseling, intensive behavioral therapy, or bariatric weight loss surgery.	Process	Claims, EHR
Obesity Quality of Life Patient-Reported Outcome Performance Measure (PRO-PM): The average change in quality of life (QoL) score for patients with obesity, collected via the obesity-related problem scale (7 questions) and the obesity and weight-loss quality of life instrument (17 questions)	PRO-PM	Patient-reported surveys

Discern Health is publishing more information about these measures in the *American Journal of Managed Care* (date of release TBD).

Cervical Cancer Screening (Menu)

Race/Ethnicity		Disability Status		
<p>RI screening rates: 84.2% for White women, 83.5% for Hispanic women</p> <p>U.S. screening rates: Hispanic and non-Hispanic White women more likely to be screened than Hispanic and non-Hispanic Black women (OR* = 2.49)</p>		<p>U.S. Pap test rates: 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	Medicaid Performance
Minor changes for MY 2022	ACO (Menu)	1 (ACO Contract) 2 (Primary Care Contracts)	85% (above 90 th percentile)	72% (between 75 th and 90 th percentiles)

Measure Steward: NCQA

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

Child and Adolescent Well-Care Visits (Menu)

Race/Ethnicity		Language		
<p>MA ACO (child): Highest performance for Blacks (75%) and lowest performance for Other Race (68%); lower rates for Hispanics than non-Hispanics</p> <p>MA Health System (child): Higher performance for Whites (85%) than for Hispanics (73%)</p> <p>MA Health System (adolescent): Higher performance for Whites (67%) than Blacks (55%)</p>		<p>MA ACO (child): 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	Medicaid Performance
Major specification changes for MY 2022: <ul style="list-style-type: none"> • See next slide for details 	ACO (Menu)	2 (ACO Contracts)	N/A	N/A

Measure Steward: NCQA

Child and Adolescent Well-Care Visits (Menu) [Cont'd]

Summary of specification changes for MY 2022:

- Added a note in the description to clarify that the Guidelines for Effectiveness of Care Measures should be used when calculating this measure.
- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Added new data elements tables for race and ethnicity stratification reporting.
- Added required exclusions to the Rules for Allowable Adjustments.

Childhood Immunization Status (Combo 10) (Menu)

Race/Ethnicity

U.S. study of vaccine coverage (combo 7): Highest among Whites (72.7%) and Asians (75.1%) and lowest among Blacks (65.8%) and Hispanics (67.8%)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Major changes for MY 2022: <ul style="list-style-type: none">• See next slide for details	ACO (Menu)	2 (ACO Contracts)	77% (above 90 th percentile)	60% (above 90 th percentile)

Measure Steward: NCQA

Childhood Immunization Status (Combo 10) (Menu) [Cont'd]

Summary of specification changes for MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Revised optional exclusions for immunocompromising conditions (e.g., immunodeficiency) to be required exclusions.
- Revised optional exclusions for anaphylaxis due to vaccine to be numerator compliant for specific indicators.
- Updated value sets and logic for the MMR numerator, because single antigen vaccines are no longer used.
- Added required exclusions and removed optional exclusions in the Rules for Allowable Adjustments.

Chlamydia Screening (Menu)

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	Medicaid Performance
Minor changes for MY 2022	ACO (Menu)	1 (ACO Contract) 1 (Primary Care Contract)	67% (above 90 th percentile)	68% (between 75 th and 90 th percentiles)

Measure Steward: NCQA

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

Chlamydia Screening (Menu) [Cont'd]

- Work Group Feedback:
 - Jay Buechner proposed elevating *Chlamydia Screening in Women* from the Menu to the Core Set.
 - **Rationale:** NHPRI is currently working with the Department of Health to stem the growing number of Chlamydia infections in Rhode Island, and has identified Chlamydia as a current public health issue of consequence.
 - Over 10 recent years, the number of chlamydia cases in RI increased by 65%, from 3,480 cases in 2010 to 5,717 cases in 2019 ([RIDOH](#)).

Controlling High Blood Pressure (Menu)

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	Medicaid Performance
Major changes for MY 2022: <ul style="list-style-type: none"> See next slide for details 	ACO (Menu)	4 (ACO Contracts) 2 (Primary Care Contracts)	72% (above 90 th percentile)	75% (above 90 th percentile)

Follow-up from 2020 Annual Review: Consider moving measure back to the Core Set from the Menu Set.

Measure Steward: NCQA

Controlling High Blood Pressure (Menu) [Cont'd]

Summary of specification changes for MY 2022:

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Updated the Administrative Specification to make it consistent with the Hybrid Specification; replaced the visit type requirement with a visit type exclusion.
- Clarified in the numerator of the Hybrid Specification that blood pressure readings taken by the member are eligible for use in reporting.
- Clarified in the numerator of the Hybrid Specification that ranges and thresholds do not meet criteria.
- Clarified in the numerator of the Hybrid Specification that a blood pressure documented as an “average BP” (e.g., “average BP: 139/70”) is eligible for use.
- Added new data elements tables for race and ethnicity stratification reporting.

Depression Remission at Six Months (Menu)

Race/Ethnicity		Disability Status		
<p>RI depression diagnosis rates: 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p>U.S. study: 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p>U.S. depression prevalence: 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 change	ACO, Outpatient BH (Menu)	None	N/A	N/A

Measure Steward: Minnesota Community Measurement

Depression Remission or Response for Adolescents and Adults (Developmental)

Race/Ethnicity		Disability Status		
<p>RI depression diagnosis rates: 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p>U.S. study: 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p>U.S. depression prevalence: 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 changes for MY 2022	ACO, Outpatient BH (Developmental)	None	N/A	N/A

Measure Steward: NCQA

Depression Remission or Response for Adolescents and Adults (Developmental) [Cont'd]

- Work Group feedback:
 - Peter Hollmann noted that the measure poses implementation challenges because it differs from *Depression Remission at Twelve Months*, which is in the CMS ACO Next Generation program.
 - Bailit Health noted this concern also applies to *Depression Remission at Six Months*, which aligns with the NCQA measure but not the CMS ACO Next Generation program or CMS MIPS program.

Measure Name	Remission
Depression Remission at Six Months (CMS)	The percentage of adolescent patients (12 to 17 years of age) and adult patients (18 years of age or older) with major depression or dysthymia who reach remission six months (+/- 60 days) after an index visit.
Depression Remission at Twelve Months (CMS)	The percentage of adolescent patients 12 to 17 years of age and adult patients 18 years of age or older with major depression or dysthymia who reached remission 12 months (+/- 60 days) after an index event.
Depression Remission or Response for Adolescents and Adults (NCQA)	The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.

Depression Screening Measure

- The Work Group considered including the CMS *Screening for Depression and Follow-up Plan* measure during its review of the Outpatient Behavioral Health Measure Set, but ultimately did not recommend adding the measure.
 - The Work Group instead recommended adding NCQA’s *Depression Screening and Follow-up for Adolescents and Adults* as a Developmental Measure.
 - The Work Group also retained *Depression Remission at Six Months* as a Menu measure.
- The Work Group removed the CMS measure in December 2019 due to implementation challenges and recommended adopting the NCQA ECDS measure once IMAT completes its pilot of the measure.
- EOHHS is using the CMS measure in its AE program and developed a guidance document that identifies what qualifies as a positive screen and describes what constitutes as “follow-up.”

Would the Work Group like to adopt NCQA’s *Depression Screening and Follow-Up* as a Developmental Measure in the Primary Care Measure Set?

Emergency Department (ED) Visits per 1,000 (Menu)

Race/Ethnicity		Disability Status		
<p>RI study of non-emergent ED visits: Non-emergent visits were higher than other ED visits for Hispanics (17.9% vs 14%) and Blacks (11.7% vs 9.6%)</p> <p>U.S. ED visit rate: 87 visits per 100 persons for Blacks, 36 for Hispanics, 35 for Whites</p>		<p>U.S. survey: People with disabilities accounted for 40% of annual visits made to EDs each year</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor changes for MY 2022	None	None	<p>O/E Ratio: 0.99 (between 50th-75th percentiles)</p>	<p>Visits/1,000 MM: 49% (between 75th and 90th percentile)</p>

Measure Steward: NCQA

Inpatient Visits per 1,000 (Menu)

Race/Ethnicity

RI average patients seen by each hospital: Asians disproportionately seen by hospitals (5.7% reported, 2.9% of RI population)

Hospital discharge data from RI Hospitals: Blacks disproportionately seen by hospitals (11.1% reported, 5.7% of RI population)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Minor changes for MY 2022	None	None	N/A	See performance on next slide

Measure Steward: NCQA

Inpatient Visits per 1,000 (Menu) [Cont'd]

Measure Name	Medicaid Performance
Maternity Discharges/1000 MM	2.26 (below 50 th percentile)
Medicine Discharges/1000 MM	3.88 (between 75 th and 90 th percentile)
Surgery Discharges/1000 MM	1.71 (between 75 th and 90 th percentile)
Total Inpatient Discharges/1000 MM	7.25 (between 50 th and 75 th percentile)

Emergency Department (ED) Visits per 1,000 (Menu) Inpatient Visits per 1,000 (Menu)

- Work Group feedback:
 - Peter Hollmann proposed removing *ED Visits per 1,000* and *Inpatient Visits per 1,000* from the Primary Care Measure Set.
 - **Rationale:** The measures are not valid at assessing performance at the PCMH level because of random variation effects at standard-sized practices.
 - **Note:** These measures were initially included in the Primary Care Aligned Measure Set because they were in use by CTC-RI. CTC-RI contracts focused on PCMH transformation are expiring in June 2022.

Fluoride Varnish (Menu)

Race/Ethnicity

RI dental caries rates: 53.9% for Hispanics, 47.2% for Blacks, and 45.6% for Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	ACO (Menu)	None	N/A	See below

Proportion of children of each age having a fluoride varnish application at a physician office (Source: Medicaid Claims, RIDOH)

Age	SFY 2018	SFY 2019	SFY 2020
1	9.3%	10.1%	9.4%
2	8.5%	9.3%	8.4%
3	5.3%	5.7%	5.1%

Measure Steward: RI Department of Health

Immunizations for Adolescents (Combo 2) (Menu)

Race/Ethnicity		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	Medicaid Performance
Minor changes for MY 2022	ACO (Menu)	2 (ACO Contracts)	50% (above 90 th percentile)	47% (between 75 th and 90 th percentiles)

Measure Steward: NCQA

Kidney Health Evaluation for Patients with Diabetes (Menu)

Race/Ethnicity	Language		Disability Status	
<p>RI diabetes prevalence: 9.9% for Whites, 10.8% for Hispanics, 11.0% for Blacks</p> <p>U.S. end stage renal disease due to diabetes rates: Higher for Blacks and Hispanics compared to Whites</p>	<p>RI diabetes prevalence: Adults whose first language is Spanish diagnosed with diabetes 2x more often than adults whose first language is English</p>		<p>RI diabetes prevalence: 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	Medicaid Performance
Minor changes for MY 2022	ACO (Menu)	1 (ACO Contract)	N/A*	N/A*

Measure Steward: NCQA

* No benchmark data available because measure is new as of MY 20/21

Maternal Depression Screening (Menu)

Race/Ethnicity		Disability Status		
<p>RI prevalence of women diagnosed with PDS*: 14.9% for mothers living in a RI core city, 9.8% for mothers statewide</p> <p>MN health system PPD screening: African-Americans (OR** = 0.81), Asians (OR 0.64), Native Americans/multi-racial (OR = 0.44) less likely to be screened than Whites</p>		<p>RI prevalence of women diagnosed with PDS: 34.8% for mothers with disability, 9.8% for mothers statewide</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No change, although the measure has not been updated since 2019 after it was removed from the CMS MIPS and eCQM Measure Sets	ACO (Menu)	None	N/A	N/A

Measure Steward: NCQA

* PDS = Postpartum Depression Symptoms

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

PCMH CAHPS Survey (for Primary Care) - Questions Not Specified (Menu)

Race/Ethnicity	Language		Disability Status	
<p><i>PCMH CAHPS:</i> U.S. study of Veterans Affairs patients: Racial/ethnic differences (as compared to Whites) observed in all seven healthcare domains</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>NAM CAHPS:</i> U.S. study: 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	Commercial Performance	Medicaid Performance
No change	None	1 (Primary Care Contract)	N/A	N/A

Measure Steward: AHRQ

PCMH CAHPS Survey (for Primary Care) - Questions Not Specified (Menu) [Cont'd]

- Work Group feedback:
 - Peter Hollmann noted feasibility challenges with PCMH CAHPS but proposed retaining the measure.
 - **Rationale:** PCMH CAHPS is expensive to implement and can be difficult to interpret but is useful if practices can afford it.

Unhealthy Drug and Alcohol Use: Screening & Brief Counseling (Menu)

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 percentage 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	Commercial Performance	Medicaid Performance
Major changes for MY 2021: <ol style="list-style-type: none"> Updated the lookback period to 12 months (was 24 months). Updated to include three rates: (a) patients screened in the last 12 months, (b) patients identified as unhealthy alcohol users who received brief counseling and (c) patients screened in the last 12 months AND who received brief counseling if identified as unhealthy alcohol users 	ACO, Outpatient BH (Menu)	None	N/A	N/A

Measure Steward: AMA - PCPI

Concurrent Use of Opioids and Benzodiazepines (Developmental)

Race/Ethnicity

RI opioid overdose death rates: Blacks have higher overdose death rates (53.9 per 100,000 person-years) compared to Whites (36.0); overdose death rates are increasing fastest among Blacks and Hispanics

U.S. study of co-prescription: Whites and Hispanics had higher rates of co-prescription than Blacks

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No change	ACO, Outpatient BH (Developmental)	None	N/A	N/A

Measure Steward: Pharmacy Quality Alliance

Concurrent Use of Opioids and Benzodiazepines (Developmental) [Cont'd]

▪ Follow-up Task from Prior Annual Reviews

- In 2019, the Work Group noted that providers do not have access to the data required to accurately report performance on this measure. It recommended researching whether providers could use the PDMP as a data source. (The measure could be generated with claims, however.)
- RIDOH shared that providers can obtain statewide data (updated quarterly) on the number of patients who are concurrently using opioids and benzodiazepines through the [Prevent Overdose RI](#) website.
 - Prescribers with an active Controlled Substance Registration (CSR) license, pharmacists, and assigned delegates can run a report on any patient in the PDMP to receive an alert if a patient is dispensed either an opioid or benzodiazepine that results in them concurrently using both drugs.

Does the Work Group recommend moving this measure to the Menu Set for the Outpatient BH – Mental Health and/or Primary Care Measure Sets?

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

Race/Ethnicity		Disability Status		
<p>RI depression diagnosis rates: 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p>RI youth (0-17) unable to access mental health services: 75% of Blacks, 74% Hispanics, 17.2% Whites</p> <p>U.S. study: 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p>U.S. depression prevalence: 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 changes for MY 2022	ACO, Outpatient BH (Developmental)	None	N/A	N/A

Measure Steward: NCQA

Social Determinants of Health Screen (Developmental)

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	Acute Care Hospital, ACO, Outpatient BH (Developmental)	1 (ACO Contract)	N/A	N/A

Measure Steward: RI EOHHS

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

Statin Therapy for Patients with Cardiovascular Disease (Developmental)

Race/Ethnicity

U.S. study: Blacks with cardiovascular disease 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	Medicaid Performance
Minor changes for MY 2022	ACO (Developmental)	None	Therapy: 85% (between 50 th and 75 th percentiles)	Therapy: 83% (between 50 th and 75 th percentiles)
			Adherence: 79% (below 50 th percentile)	Adherence: 74% (between 75 th and 90 th percentile)

Statin Therapy for Patients with Cardiovascular Disease (Developmental) [Cont'd]

- **Background:**
 - In 2018, the SIM Technology Group was going to lead efforts to dispense data to providers so the Work Group would feel more comfortable adopting the measure in 2019.
 - In 2019, the measure was going to be included in the IMAT pilot, but Depression Screening was prioritized instead (and that pilot is behind schedule).
 - In 2021, *Statin Therapy for the Prevention and Treatment of Cardiovascular Disease* (CMS347v3) was built into the QRS.
- **Given this background, does the Work Group recommend removing this measure from the Primary Care Measure Set and replacing it with the CMS version of the measure?**

Unhealthy Alcohol Use Screening and Follow-Up (Developmental)

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 percentage 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	Commercial Performance	Medicaid Performance
Minor changes for MY 2022	ACO, Outpatient BH (Developmental)	None	N/A	N/A

Measure Steward: NCQA

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

Race/Ethnicity		Disability Status		
<p>RI depression diagnosis rates: 22.1% for Blacks, 20.3% for Hispanics, and 20.3% for Whites</p> <p>U.S. study: 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans accessed and received quality depression care</p>		<p>U.S. depression prevalence: 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 change	ACO, Outpatient BH (Developmental)	None	N/A	N/A

Measure Steward: NCQA

Follow-up Tasks from Prior Annual Review: Tobacco Measures

- During the 2019 Annual Review, the Work Group recommended removing *Tobacco Use: Screening and Cessation Intervention* from the Primary Care Measure Set due to consistently high performance (90%+) in the PCMH Measure Set.
 - Of note, the PCMH Measure Set assessed performance only for active patients.
 - The Work Group wanted to monitor the measure's performance through its reporting-only status in Medicaid and revisit inclusion of the measure should performance decline.
 - Based on EOHHS AE data (submitted by MCOs), 2019 performance was 63%, which was an increase from 2018's rate of 55%.
- The Work Group expressed interest in finding a tobacco measure to replace *Tobacco Use: Screening and Intervention*.
- Bailit Health researched but was not able to identify a suitable alternative.
Finding an alternative tobacco measure will remain as a follow-up action for the 2022 Annual Review.

Follow-up Tasks from Prior Annual Reviews: Stinting Measures

- In 2020, the Payment and Care Delivery Advisory Group recommended adopting standard stinting measures for the Primary Care Aligned Measure Set.
 - This is particularly pertinent now that OHIC has established regulatory requirements for adoption of prospective primary care payment models by insurers in their contracting.
- The following slide includes several candidate measures the Work Group can consider for primary care measure set inclusion.
 - The measures are focused on detecting and discouraging undesirable behaviors that may arise after implementing capitation models. They are grouped by potentially problematic behaviors.
 - The measures are mostly developmental and have not yet been tested.

Follow-up Tasks from Prior Annual Reviews: Stinting Measures (Cont'd)

Problematic Behavior	Measure Concept / Description
Increased use of capitated services delivered by non-capitated providers after implementation of capitation	<ul style="list-style-type: none">• Rate of urgent care visits• Rate of ED visits• Rate of visits to other primary care practices• Rate of specialty care visits for diagnoses typically managed in primary care• A composite of all of the above per 1,000 members, compared to baseline

Discuss Work Group Proposals: Substance Use Measures (Cont'd)

- During the July 7th meeting, the RI OHIC Measure Alignment Work Group expressed interest in considering alternatives to IET to add to the Primary Care Measure Set.
 - The following slide presents alternative substance use measures for consideration for use in the Primary Care Measure Set.

Discuss Work Group Proposals: Substance Use Measures (Cont'd)

Measure Name (Steward)	Description
Substance Use Assessment in Primary Care (Inland Empire Health Plan)	The percentage of members 18 years and older who were screened for substance use during the measurement year.
Alcohol and Drug Misuse: Screening, Brief Intervention and Referral for Treatment (SBIRT) (Oregon Health Authority)	(1) Percentage of patients who received age-appropriate screening and (2) Percentage of patients with a positive full screen who received a brief intervention, a referral to treatment, or both.

Note:

- In 2021, the MA Substance Use Treatment 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.
- The MA Substance Use Treatment Work Group recommended *Substance Use Assessment in Primary Care* as its alternative to IET, and the MA Measure Alignment Taskforce adopted the recommendation.

Discuss Work Group Proposals: Substance Use Measures (Cont'd)

- Jay Buechner proposed adding *Initiation and Engagement of Substance Use 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.
 - **Notes:** Jay proposed making this change in the ACO Measure Set as well. The Work Group has previously recommended moving IET from the Core to the Menu in the Outpatient Behavioral Health Measure Set because of major MY 2022 specification changes and small denominator size. IET is a Menu Measure in the 2021 ACO Measure Set.

Discuss Work Group Proposals: Prescription Fill Measures

- Peter Hollmann pointed out that any **measures that assess whether a prescription was filled** can only be used if the plans provide regular (i.e., monthly) reports to the practices. Otherwise, practices do not know when a prescription is filled.
- The following measures in the **Primary Care Measure Set** assess **prescriptions that are filled**:
 - *Concurrent Use of Opioids and Benzodiazepines* (Developmental)
 - *Statin Therapy for Patients with Cardiovascular Disease* (Developmental)

**Can plans provide monthly reports to practices for these measures?
If not, does the Work Group recommend retaining these developmental
measures?**

Discuss Work Group Proposals: Contraceptive Care

- Lauren Windmeyer suggested adding *Contraceptive Care – Effective Methods and LARC* to the Menu Set (reporting only):
 - **Rationale: Effective Methods** gives insight into women using a broad range of effective methods. **LARC** will provide a greater level of detail for methods that can only be administered by providers and is key for assessing any gaps for the most effective forms of contraception.
 - Both measures are included in CMS' 2021 Core Set of Adult Health Care Quality Measures for Medicaid.

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population
2903	Contraceptive Care – All Women ages 15-44, Provision of Most and Moderately Effective Methods of Contraception	U.S. Office of Population Affairs	Outcome	Claims	Adolescent and Adult
2904	Contraceptive Care – All Women ages 15-44, Access to Long-Acting Reversible Contraception (LARC)	U.S. Office of Population Affairs	Structure	Claims	Adolescent and Adult

Discuss Work Group Proposals: Contraceptive Care (Cont'd)

- The MA Measure Alignment Taskforce **removed** *Contraceptive Care – Postpartum* from its Monitoring Set in 2021.
 - **Rationale:** The MA Task Force was concerned about reproductive justice and the potential for coercion.
 - The Task Force considered a patient-reported measure, *Person-Centered Contraceptive Counseling (PCCC)* (NQF #3543), but did not add it because of perceived administrative burden.

NQF #	Measure Name	Description
2902	Contraceptive Care – Postpartum	Among women ages 15 through 44 who had a live birth , the percentage that is provided: 1) A most effective or moderately effective method of contraception within 3 and 60 days of delivery. 2) A LARC within 3 and 60 days of delivery.
2903	Contraceptive Care – All Women ages 15-44, Provision of Most and Moderately Effective Methods of Contraception	Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective or moderately effective FDA-approved methods of contraception.
2904	Contraceptive Care – All Women ages 15-44, Access to LARC	Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a LARC.

Discuss Alignment with the PCMH Measure Set

- The first iteration of the PCMH Measure Set was comprised of Core measures from the Primary Care Aligned Measure Set. This ensured that there was alignment between the two measure sets.
- However, as time went on, the PCMH Measure Set diverged from the Primary Care Aligned Measure Set in the following ways:
 - **Breast Cancer Screening** became a Primary Care Core measure for CY 2020. The PCMH Measures Work Group could not evaluate whether the measure should be added to the PCMH Measure Set at the time because of the abbreviated annual review process due to COVID-19.
 - The PCMH Measures Work Group will consider whether this measure should be added to the PCMH Measure Set in fall 2021.
 - Of note, the PCMH Measures Work Group did not recommend this measure in 2017 because performance had not changed drastically over time.

Discuss Alignment with the PCMH Measure Set (Cont'd)

- **Child and Adolescent Well-Care Visits (Adolescent Ages Only)** has always been a Primary Care Menu measure. It was added to the PCMH Measure Set for reporting in 2018.
 - ***Should this measure move to the Primary Care Core Set?***
- **Weight Assessment and Counseling** has always been a Primary Care Core measure, but was removed from the PCMH Measure Set for reporting in 2021 due to consistently high performance.
 - The Work Group discussed the status of this measure earlier in the meeting.

Discuss Health Inequity-related Gaps in the Measure Set

Primary Care-related Health Inequities in RI

- Bailit Health identified **adult vaccinations** and **dental visits** as health inequities in RI that are related to care delivered by primary care providers and are **not addressed by measures in the Primary Care Aligned Measure Set**.
 - Of note, oral health is addressed in the Measure Set as *Fluoride Varnish* is a Menu measure. There are no measures focused solely on dental visits, however.
- The following slide identifies candidate measures the Work Group could include to address the adult vaccination and dental visit health inequities.

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

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population
Adult vaccinations					
NA	Adult Immunization Status	NCQA	Process	Electronic Clinical Data Systems	Adult
0041 (Endorsed)	Influenza Immunization	AMA-PCPI	Process	Claims/Clinical Data	All Ages

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

NQF # / Status	Measure Name	Steward	Measure Type	Data Source	Population
Dental visits					
NA	Children Who Have Dental Decay or Cavities*	Maternal and Child Health Bureau, Health Resources & Services Administration	Outcome	Clinical Data	Pediatric
NA	Percentage of Eligibles Who Received Preventive Dental Services**	CMS	Process	Claims	Pediatric

*In the 2021 eCQM Measure Set.

**In the 2021 Core Set of Child Health Care Quality Measures for Medicaid

Discuss Inclusion of a REL Measure

Discuss Inclusion of a REL Measure

- Bailit Health previously shared that the Work Group can recommend stratifying measures in the Aligned Measure Sets by race, ethnicity and/or language (REL).
 - At the outset, provider organizations would report performance using their EHR and (ideally) patient self-reported REL to build the capacity to stratify and report stratified data.
 - Over time, our intention is to move towards measures focused on reducing disparities in performance by REL.
- **The following slide contains measures to consider stratifying by REL for the Primary Care Measure Set.**

Discuss Inclusion of a REL Measure (Cont'd)

- Based on its equity review, Bailit Health recommends considering the following measures for REL stratification in the Primary Care Measure Set:
 - *Comprehensive Diabetes Care: Eye Exam*
 - *Comprehensive Diabetes Care: HbA1c Control (<8.0%)*
 - *Controlling High Blood Pressure*
- Bailit Health also recommends considering the following measure, which EOHHS is RELD-stratifying in its AE program:
 - *Developmental Screening in the First Three Years of Life*

Discuss Inclusion of a REL Measure (Cont'd)

- Of note, NCQA is requiring plans to stratify the following measures in the Primary Care Aligned Measure set by race/ethnicity for MY 2022:

Core Measures

- *Controlling High Blood Pressure*
- *Hemoglobin A1c Control for Patients with Diabetes (formerly Comprehensive Diabetes Care: HbA1c Control)*

Menu Measures

- *Colorectal Cancer Screening*
- *Child and Adolescent Well-Care Visits*



Public Comment

A large white rectangular area intended for public comments, framed by a blue border.



Next Steps



Next Steps



9/29, 12:30-3:00 pm
ACO Set and Wrap-up

Appendix

Criteria Specific to the Measure Set

1. Representative of the array of services provided by the program
2. Representative of the diversity of patients served by the program
3. Not unreasonably burdensome to payers or providers
4. Broadly address population health
5. Includes topics and measures for which there are known opportunities – based on RI data where available and national data otherwise – to promote health equity by race, ethnicity, language, disability status, economic status and other important demographic and cultural characteristics
6. Includes validated outcome measures, where they exist, including measures sourced from clinical, patient-reported, and administrative data

Crosswalk of Health Inequities to RI Measures

Health Inequity	Is There a Measure in Use?					
	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 Use?					
	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 Use?	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 Use?	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 Use?	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 Use?	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)