



## Measure Alignment Work Group Outpatient Behavioral Health Measure Sets Meeting Summary

Executive Office of Health and Human Services, Virks Building  
3 West Road, Cranston, RI

September 9, 2021, 12:00 P.M. to 2:30 P.M.

### Summary of Recommendations:

- Do not add *Antidepressant Medication Management* to the Core of the Outpatient Behavioral Health Measure Set.
- Add *Antidepressant Medication Management* to the Menu of the Primary Care Measure Set.
- Do not add an REL stratification measure to the Outpatient Behavioral Health Measure Set.
- The Work Group will 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.
- Remove *Childhood Immunization Status (Combo 10)* from the Primary Care Menu Set.
- Remove *Depression Remission at Six Months* from the Primary Care Menu Set.
- Remove *Emergency Department Visits per 1,000* from the Primary Care Menu Set.
- Remove *Inpatient Visits per 1,000* from the Primary Care Menu Set.
- Remove *Maternal Depression Screening* from the Primary Care Menu Set.
- Remove *Unhealthy Drug and Alcohol Use: Screening and Brief Counseling* from the Primary Care Menu Set.
- Elevate *Controlling High Blood Pressure* from Menu to Core status in the Primary Care Measure Set.
- The Work Group recommended that a subgroup of payers and providers convene between the 2021 and 2022 Annual Reviews to discuss the logistics of creating monthly

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reports for Rx fill measures so when the Work Group reconvenes it can make a more informed decision.

### **Summary of Next Steps:**

- OHIC will invite more behavioral health providers to participate in the 2022 Annual Review Process.
- Bailit Health will research and present additional substance use treatment measures for the Outpatient Behavioral Health Measure Set during the 2022 Annual Review.
- Bailit Health will follow-up with RIDOH about benchmarks for *Lead Screening in Children*.
- Discuss *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* during ACO Measure Set meeting.
- Bailit Health will ask Discern Health whether their obesity measures could be applied to a pediatric population.
- The Work Group will consider elevating *Immunizations for Adolescents (Combo 2)* to the Core Set during the 2022 Annual Review.
- The Work Group will revisit whether to remove *Kidney Health Evaluation for Patients with Diabetes* during the 2022 Annual Review after benchmark data are available.
- Bailit Health will confirm the existence of the law allowing opioid and benzodiazepine use data access by patient panel through the Prevent Overdose RI website.
- Bailit Health will again research alternative tobacco measures when it prepares for the 2022 Annual Review.
- OHIC will determine whether stinting measures are appropriate for the Aligned Measure Sets and whether to convene a subgroup with subject matter experts to decide on a stinting measure.
  - **Post-Meeting Follow-Up:** Following the September 9<sup>th</sup> meeting, OHIC decided to convene a separate work group in 2022 to consider stinting measure recommendations for 2023.
- OHIC will consider whether to convene a subgroup of payers and providers between the 2021 and 2022 Annual Reviews to discuss the logistics of creating monthly reports for Rx fill measures.

### **Meeting Notes:**

1. Marea Tumber welcomed the Work Group members to the sixth meeting of the 2021 Annual Review. Michael Bailit provided an overview of the meeting agenda.
2. **Follow-up from August 12<sup>th</sup> Meeting**
  - a. **Changes to the Outpatient Behavioral Health Measure Set**
    - i. Michael summarized changes to the Outpatient Behavioral Health Measure Set as recommended by the Work Group during the August 12<sup>th</sup> meeting.

- ii. Michael clarified that OHIC does not require insurer use of Core measures with insufficient denominator size in contracts.
  - iii. Michael proposed that *Antidepressant Medication Management (AMM)* be added as a Core Measure to the Outpatient Behavioral Health Measure Set.
- b. **Discussion:**
- i. Sheila Newquist said there were not many prescribers in the behavioral health setting, so the denominator was small. Sheila added that over 60% of prescribers were primary care providers. Michael asked if the denominator in the behavioral health setting was zero or just small. Sheila said BCBSRI was testing the measure in two different integrated behavioral health settings – in one setting the denominator was too small to use even when rolling up across practices and the other setting had a large enough denominator.
  - ii. David Harriman said there were non-prescribers in groups with prescribers and asked what was “significant enough” to be meaningful and valid. Sheila Newquist said BCBSRI tended to use 30 as the minimum, consistent across a 12-month period.
  - iii. Andrea Galgay cautioned against making decisions about the Outpatient Behavioral Health Measure Set without behavioral health representation at the meeting. Michael noted there is a relationship between measure use in contracts and meeting participation and agreed there should be an effort to get better behavioral health provider representation next year.
  - iv. **Recommendation:** Do not add *Antidepressant Medication Management* to the Core of the Outpatient Behavioral Health Measure Set.
  - v. **Recommendation:** Add *Antidepressant Medication Management* to the Menu of the Primary Care Measure Set.
  - vi. **Next Step:** OHIC will invite more behavioral health providers to participate in the 2022 Annual Review Process.
- c. **Substance Use Treatment Measures**
- i. Michael reminded the Work Group that during the August 12<sup>th</sup> meeting the Work Group expressed interest in considering additional substance use treatment measures for the Outpatient Behavioral Health Measure Set.
  - ii. Michael said, given the limited time remaining 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.
- d. **Next Step:** Bailit Health will research and present additional substance use treatment measures for the Outpatient Behavioral Health Measure Set during the 2022 Annual Review.
- e. **REL Stratified Measure for Outpatient Behavioral Health Measure Set**
- i. Michael reminded the Work Group that during the August 12<sup>th</sup> meeting the Work Group discussed the potential addition of an REL stratification measure for the Outpatient Behavioral Health Measure Set.

- ii. Michael said that BCBSRI tested data for HEDIS *Antidepressant Medication Management (AMM)* and compared denominator sizes for the HEDIS Behavioral Health measures.
- f. **Discussion:**
  - i. Sheila Newquist summarized BCBSRI’s findings. Sheila said for *AMM*, BCBSRI’s third-party vendor captured race, ethnicity, and language (no disability) for under 50% of members in the plan-level measure denominator (4,511). Sheila said if this was applied at the provider level, the denominator would have been much smaller. Sheila said using direct data capture (COVID-19 vaccine data from the State), there was a slightly higher match.
  - ii. Marea Tumber asked if the direct data capture included testing data. Sheila said it only included vaccinations, and thus was missing children and unvaccinated populations.
  - iii. Michael said, given the small denominator size of *AMM* and even smaller denominator sizes for the other HEDIS outpatient behavioral health measures, Bailit Health recommended not adding an REL stratification measure to the Outpatient Behavioral Health Measure Set.
- g. **Recommendation:** Do not add an REL stratification measure to the Outpatient Behavioral Health Measure Set.

**3. Review Primary Care Measure Set Measures**

- a. Michael reminded the Work Group that the 2021 Primary Care Measure Set included 28 measures (seven Core, fourteen Menu, seven Developmental). Michael reminded the Work Group that if a plan had a value-based contract it was required to use Core measures and Menu measures could be used at the discretion of payers and providers.
- b. Michael highlighted that nine of the Menu measures and all seven of the Developmental measures were not in use by any RI payers and asked the Work Group to consider during the meeting whether to remove any measures not in use in contracts.
- c. Michael shared the process for gathering data for the 2021 Annual Review and proposed that the Work Group disregard the recently published 2021 Commercial Quality Compass data (CY 2020) for quality improvement identification due to the impact of COVID-19 on quality measure performance in 2020. The group concurred with Michael’s recommendation.
- d. **Recommendation:** The Work Group will 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.

Measure Name	Recommendation	Discussion
Breast Cancer Screening (Core)	Retain	Sheila Newquist said BCBSRI supported retaining the measure in the Core Set for at least another year. She was concerned about gaps in care during the pandemic, especially given national performance was dropping

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		<p>even before the pandemic. Sheila noted that NCQA is changing its health plan rating methodology, so by doing so, these measures are going to roll up into a health plan “star” score. As a result, it is even more important for plans to have good performance.</p> <p>Michael said there has been, and will continue to be, tension between plans prioritizing measures that impact NCQA performance ratings and OHIC seeking measures that represent opportunity for improvement.</p>
Colorectal Cancer Screening (Core)	Retain	<p>Michael flagged that NCQA was stratifying this measure by race and ethnicity.</p> <p>No discussion.</p>
Comprehensive Diabetes Care: Eye Exam (Core)	Retain	<p>Michael shared that Peter Hollmann said the specification changes were not major. Michael said data capture and getting a record of eye exams was challenging.</p> <p>No discussion.</p>
Comprehensive Diabetes Care: HbA1c Control (<8.0%) (Core)	Retain	No discussion.
Developmental Screening in the First Three Years of Life (Core)	Retain	No discussion.
Lead Screening in Children (Core)	Retain	<p>Michael asked if there were implementation challenges since the measure moved into the Core Set. Sheila Newquist said BCBSRI received a file from RIDOH with 2019 data and, for their commercial members, 90% were screened before age 2. Sheila said BCBSRI was looking for benchmarks from RIDOH but had not received any yet. Sheila said there was discussion at least a year ago about using HEDIS specs to calculate a benchmark.</p> <p>Andrea Galgay said the measure was being used in the PCMH program. Deepti Kanneganti said RIDOH has the</p>

Measure Name	Recommendation	Discussion
		<p>measure programmed for reports, so it should be easy to run for all practices, not just PCMH.</p> <p><b>Next Step:</b> Bailit Health will follow-up with RIDOH about benchmarks for <i>Lead Screening in Children</i>.</p>
<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Core)</p>	<p><b>Next Step:</b> Unresolved, to be discussed at the next Work Group meeting.</p>	<p>Michael noted that Amy Katzen proposed removing the measure because of concerns about BMI measurement. Amy explained her concern was not about obesity’s health impacts on children, but rather that the measure was not effective at improving health outcomes. Amy said doctors should be able to create conditions that make food and exercise choices easier.</p> <p>Michael noted that prior to the meeting RIPIN expressed an interest in childhood obesity as a public health priority in RI but said RIPIN did not feel this measure was sufficiently focused on outcomes.</p> <p>Michael noted that the PCMH Measures Work Group removed this measure from the 2021 PCMH Measure Set due to consistently high performance.</p> <p>Andrea Galgay said performance on this measure declined in 2020 because HEDIS did not allow self-reporting (BMI is not easily measured over telemedicine).</p> <p>David Harriman said BMI is a problematic measure for the transgender population, but said the measure specified that counseling must be specific to the patient and thus the measure was dependent on how PCPs operationalized it.</p> <p>Sheila Newquist noted that even if the measure was removed, health plans would still need to collect BMI data.</p> <p>Andrea Galgay asked if the measure was “all-or-nothing” (all three components - BMI, nutrition counseling, physical activity counseling). Deepti clarified that the PCMH measure was all-or-nothing, while the OHIC measure was not.</p>

Measure Name	Recommendation	Discussion
		<p>Michael said he thought the measure was worth removing but noted the importance of having enough pediatric measures in the Primary Care Measure Set.</p> <p>Andrea Galgay said she hesitated to recommend removing the measure because it was used in incentive programs.</p> <p>David Harriman clarified that if the measure was kept in the Menu Set, plans could still incentivize practices to continue to send height and weight data.</p> <p>Michael shared that Discern Health developed four obesity quality measures and asked if the Work Group wanted to consider any of the measures as an alternative to <i>Weight Assessment and Counseling</i>.</p> <p>The Work Group expressed interest in <i>Weight Change Over Time</i>.</p> <p>Sheila Newquist said the Work Group's issue with <i>Weight Assessment and Counseling</i> was not alleviated with <i>Weight Change Over Time</i> because it still requires BMI measurement. Sheila also asked where the measure specifications would come from and if the measure applied to a pediatric population.</p> <p>Grace Flaherty said Bailit Health had the specifications for Discern Health's developmental measures and confirmed that <i>Weight Change Over Time</i> was tested on a 18-79 age range population.</p> <p><b>Next Step:</b> Bailit Health will ask Discern Health whether their obesity measures could be applied to a pediatric population.</p>
Cervical Cancer Screening (Menu)	Retain	<p>Sheila Newquist noted that BCBSRI's commercial performance decreased significantly in 2020 compared to 2019 because of the COVID-19. Charlie Estabrook asked whether the measure should be moved into the Core Set because of COVID-19. Michael said he would not recommend making a change in Core/Menu status because of COVID-19, since COVID-19's effects could prove transitory.</p>



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Child and Adolescent Well-Care Visits (Menu)	Retain	<p>Michael noted that the measure was not in use by any payers.</p> <p>Andrea Galgay said she thought the measure had merit because it promoted adolescents' transition of care to an adult provider. Andrea said it would be a good candidate to include in the Core Set if the Work Group recommended removing <i>Weight Assessment and Counseling</i>. Amy Katzen agreed.</p>
Childhood Immunization Status (Combo 10) (Menu)	Remove	<p>Michael noted the measure was not in use by any payers.</p> <p>Andrea Galgay supported removing the measure because vaccination rates are so high in RI.</p>
Chlamydia Screening (Menu)	Retain	<p>Grace Flaherty shared that Peter Hollmann submitted feedback that the measure's sexual activity definition was problematic, and the measure may affect practices differently depending on how much screening was done by gynecologists versus primary care doctors.</p> <p>David Harriman agreed that the sexual activity definition was problematic and said the measure validity was terrible. Andrea Galgay said from a self-reporting standpoint the complaints are valid, but when the measure was reported administratively the issues were mitigated. Andrea and David both supported keeping the measure in the Menu Set.</p> <p>Gary Bliss noted the racial disparities in Chlamydia rates in RI.</p> <p>Emily Decker from Upstream USA noted that the measure was recognized as being high quality and was a good indicator of whether sexual health services were widely available in a health setting. Emily supported retaining the measure.</p> <p>David Harriman asked if there was a validated measure that evaluated sexual activity in an interview in PCMH settings. Emily Decker said the ECQM version of the measure had a better definition of checking for sexual activity.</p>



Measure Name	Recommendation	Discussion
Controlling High Blood Pressure (Menu)	Retain, Move from Menu to Core	<p>Michael reminded the Work Group that the measure was previously moved into the Menu Set from the Core Set because of specification changes. Michael asked the Work Group if it wanted to move the measure back into the Core Set.</p> <p>Andrea Galgay and David Harriman supported moving the measure into the Core Set. Andrea said it was a good measure candidate for REL stratification.</p>
Depression Remission at Six Months (Menu)	Remove	<p>Michael noted the measure was not in use by any payers and was not the NCQA HEDIS measure (ECDS).</p> <p>Andrea asked why Depression Remission at Six Months was chosen rather than Depression Remission at Twelve Months because the 12-month time frame aligns better with the CMS measure. Michael reminded the Work Group that it chose the Six Months measure because it aligned more closely with NCQA time frame.</p> <p>Sheila Newquist said BCBSRI was using <i>Depression Remission at Six Months</i> in its EHR grant program, but in the behavioral health setting not primary care, so she did not feel strongly about keeping the measure in the Primary Care Measure Set.</p>
Depression Remission or Response for Adolescents and Adults (Developmental)	Retain	<p>Michael noted that a long-planned pilot was expected to begin in September 2021.</p> <p>Deepti summarized that at the August 23<sup>rd</sup> meeting the Work Group discussed whether to add CMS' <i>Screening for Depression and Follow-up Plan</i> to the Outpatient Behavioral Health Measure Set, and the Work Group decided not to include the CMS measure and to continue working on the HEDIS pilot. Deepti asked the Work Group whether it recommended including CMS' <i>Screening for Depression and Follow-up Plan</i> in the Primary Care Measure Set.</p> <p>Andrea Galgay asked whether <i>Depression Remission or Response for Adolescents and Adults</i> could be elevated to the Primary Care Core Set as a reporting-only measure to expedite measure adoption. Sheila Newquist said she did not think health plans were ready for ECDS measures.</p>

Measure Name	Recommendation	Discussion
		<p>Andrea Galgay expressed interest in testing the measure using Epic. David Harriman mentioned the coding issues with the follow-up component of the measure.</p>
<p>Emergency Department Visits per 1,000 (Menu)</p>	<p>Remove</p>	<p>Deepti shared that Peter Hollmann suggested removing Emergency Department Visits per 1,000 and Inpatient Visits per 1,000 because they are no longer used in CTC contracts. Andrea Galgay agreed.</p>
<p>Inpatient Visits per 1,000 (Menu)</p>	<p>Remove</p>	<p>See notes for <i>Emergency Department Visits per 1,000</i> above.</p>
<p>Fluoride Varnish (Menu)</p>	<p>Retain</p>	<p>Deepti reminded the Work Group that the measure was developed by RIDOH. Sam Zwetchkenbaum said RIDOH has not had the chance to market the measure, but it is an important measure because most children are not getting to the dentist by age 1 and anesthesia for dental procedures is very costly for managed care.</p> <p>Gary Bliss asked if, post-pandemic, the measure could be considered for the Core Set. Sam Zwetchkenbaum said it could certainly be considered for the Core Set.</p> <p>Andrea Galgay asked whether there are storage concerns with fluoride. Sam Zwetchkenbaum said there are no storage concerns; the fluoride kits are stable.</p> <p>Andrea Galgay asked about reimbursement. Sam Zwetchkenbaum said Medicaid claims indicate the service is being reimbursed. Andrea Galgay said she would need more feedback from pediatricians.</p>
<p>Immunizations for Adolescents (Combo 2) (Menu)</p>	<p>Retain</p>	<p>Deepti noted that RIDOH expressed support for retaining the measure. Gary Bliss asked why this measure was in the Menu rather than the Core Set and suggested the measure be put on the watch-list for the Core Set for 2023.</p> <p>Sheila Newquist said BCBSRI's performance rates were strong for this measure, despite low statewide performance.</p>

Measure Name	Recommendation	Discussion
		<b>Next Step:</b> Consider elevating <i>Immunizations for Adolescents (Combo 2)</i> to the Core Set during the 2022 Annual Review.
Kidney Health Evaluation for Patients with Diabetes (Menu)	Retain	<p>Grace Flaherty said that Peter Hollmann sent feedback that the measure was costly and not associated with positive health outcomes.</p> <p>Sheila Newquist suggested retaining the measure because it was new and recommended revisiting the measure next year once there is benchmark data.</p> <p>David Harriman said the measure specifications were problematic. Deepti asked David Harriman if the measure specification issues could be addressed through clarification from NCQA. David said yes, clarification from NCQA would help address his concerns.</p> <p><b>Next Step:</b> Revisit whether to remove <i>Kidney Health Evaluation for Patients with Diabetes</i> during the 2022 Annual Review after benchmark data are available.</p>
Maternal Depression Screening (Menu)	Remove	Sheila Newquist recommended removing the measure because it was no longer a HEDIS measure. Deepti confirmed that NCQA was moving towards prenatal and postpartum depression screening. David Harriman and Andrea Galgay also supported removing the measure.
PCMH CAHPS Survey (for Primary Care) – Questions Not Specified (Menu)	Retain, but broaden to CAHPS (potential surveys would include CG CAHPS and PCMH CAHPS)	<p>Deepti said Peter Hollmann sent feedback that CAHPS was expensive to implement but was useful if practices could afford it. Andrea Galgay agreed that cost was a barrier to measure use.</p> <p>Sheila Newquist supported retaining the measure but suggested broadening the measure to CAHPS, not specifying PCMH CAHPS.</p>
Unhealthy Drug and Alcohol Use: Screening and Brief Counseling (Menu)	Remove	<p>Deepti summarized the specification changes to the measure.</p> <p>Sheila Newquist supported removing the measure because the ECDS Developmental measure was coming down the pipeline.</p>

Measure Name	Recommendation	Discussion
Concurrent Use of Opioids and Benzodiazepines (Developmental)	Decision delayed until the Work Group discussed Rx fill measures.	<p>Deepti reminded the Work Group that in 2019 the Work Group noted that providers do not have access to the data required to accurately report performance on this measure. Deepti said RIDOH shared that providers could obtain statewide data on patients who are concurrently using opioids and benzodiazepines through the Prevent Overdose RI website, but this would require running reports on individual patients.</p> <p>Deepti said that Peter Hollmann shared that there was a law that made it easier to access data for a patient panel.</p> <p>David Harriman supported retaining this measure as Developmental.</p> <p><b>Next Step:</b> Bailit Health will confirm the existence of the law allowing opioid and benzodiazepine use data access by patient panel through the Prevent Overdose RI website.</p>
Depression Screening and Follow-Up for Adolescents and Adults (Developmental)	Retain	See discussion above for <i>Depression Remission or Response for Adolescents and Adults</i> .
Social Determinants of Health Screen (Developmental)	Retain	No discussion.
Statin Therapy for Patients with Cardiovascular Disease (Developmental)	Decision delayed until the Work Group discussed Rx fill measures.	<p>Deepti summarized the SIM Technology Group’s advancements, shared that the IMAT pilot was behind schedule, and that the CMS version of the measure was built into the QRS. Deepti asked the Work Group if it recommended removing this measure and replacing it with the CMS version of the measure.</p> <p>David Harriman recommended removing the measure.</p> <p>Andrea Galgay said it was difficult to get information from payers on this measure. Andrea said she gets real-time lists for the Medicare population but not for the Commercial population.</p>

Measure Name	Recommendation	Discussion
		Deepti recommended delaying a decision until the Work Group discussed the Rx fill measures.
Unhealthy Alcohol Use Screening and Follow-Up (Developmental)	Retain	Deepti reminded the Work Group that this is the ECDS version of the measure the Work Group removed earlier in the meeting. The Work Group recommended retaining the measure to move toward ECDS measures.  Gary Bliss asked whether this measure captures the similar information as SBIRT. Michael confirmed that it does.
Utilization of PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (Developmental)	Retain	Deepti explained that it is EOHHS' intention to pilot this measure after piloting <i>Depression Screening and Follow-up</i> because piloting this measure is contingent on doing depression screening.

**4. Discuss Follow-up Tasks from Prior Annual Reviews**

**a. Tobacco Measures**

- i. Deepti Kanneganti reminded the Work Group that 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 and expressed interest in finding a tobacco measure to replace it.
- ii. Deepti shared that Bailit Health researched but was not able to identify a suitable alternative to *Tobacco Use: Screening and Cessation Intervention*. She added that Bailit Health would continue to seek out alternative measures.

**b. Discussion:**

- i. Garry Bliss asked whether the search would include looking for a vaping measure. Deepti confirmed that existing measures do not include vaping. David Harriman added that some measures have removed vaping and focused even more on smoking.
- c. **Next Step:** Bailit Health will again research alternative tobacco measures when it prepares for the 2022 Annual Review.

**d. Stinting measures**

- i. Deepti shared that in 2020 the Payment and Care Delivery Advisory Group recommended adopting stinting measures for the Primary Care Aligned Measure Set.

- ii. Deepti shared several candidate measures the Work Group could consider for primary measure set inclusion that are focused on detecting undesirable behaviors that may arise after implementing primary care capitation models.
  - 1. *Rate of urgent care visits*
  - 2. *Rate of ED visits*
  - 3. *Rate of visits to other primary care practices*
  - 4. *Rate of specialty care visits for diagnoses typically managed in primary care*
  - 5. *A composite of all of the above per 1,000 members, compared to baseline*
- iii. Discussion:
  - 1. David Harriman noted that for *Rate of visits to other primary care practices*, evaluation, and management (E&M) codes for some types of specialty care appear as if the patient saw a PCP. Michael said presumably plans would use their PCP indicators, and not exclusively E&M billing codes.
  - 2. Mary Hickey asked if *Rate of specialty care visits for diagnoses typically managed in primary care* was defined. Michael said it was not defined. Mary said Primary Care First has clear specifications for such diagnoses.
  - 3. Sheila Newquist asked if utilization measures were within the scope of the Measure Alignment Work Group and questioned whether a stinting measure belonged in the Primary Care Aligned Measure Set.
  - 4. Andrea Galgay suggested stinging measures were more appropriate for another subgroup to consider.
  - 5. Michael said the OHIC supported adding a stinting measure to the Aligned Measure Sets.
  - 6. Gary Bliss noted that for AEs stinting measures are considered outcome measures.
  - 7. Michael asked the Work Group who they suggested should advise OHIC on stinting measures. Sheila Newquist recommended convening a subgroup with subject matter experts.
  - 8. **Follow-Up:** OHIC will determine whether stinting measures are appropriate for the Aligned Measure Sets and whether to convene a subgroup with subject matter experts to decide on a stinting measure.
  - 9. **Post-Meeting Follow-Up:** Following the September 9<sup>th</sup> meeting, OHIC decided to convene a separate work group in 2022 to consider stinting measure recommendations for 2023.

## 5. Discuss Work Group Proposals

### a. Prescription Fill Measures

- i. Deepti said that Peter Hollmann requested that plans provide monthly reports to practices for these measures.

### b. Discussion:

- i. Sheila Newquist said that BCBSRI would need to discuss internally whether they could provide monthly reports to practices, but she said they would be interested if they had the capabilities.
    - ii. Stephanie De Abreu said UnitedHealthcare would need to discuss whether they could commit to providing monthly reports.
    - iii. Andrea Galgay said Rx fill measures may be more appropriate at the ACO level.
  - c. **Recommendation:** The Work Group recommended that a subgroup of payers and providers convene between the 2021 and 2022 Annual Reviews to discuss the logistics of creating monthly reports for Rx fill measures so when the Work Group reconvenes it can make a more informed decision.
  - d. **Next Step:** OHIC will consider whether to convene a subgroup of payers and providers between the 2021 and 2022 Annual Reviews to discuss the logistics of creating monthly reports for Rx fill measures.
- 6. Public Comment**
- a. Marea Tumber asked for any public comment. There was none.
- 7. Next Steps**
- a. The Measure Alignment Work Group will reconvene on September 29th from 12:30-3:00pm to discuss OHIC's ACO Aligned Measure Set and to wrap up the 2021 Annual Review.