

OHIC Aligned Measure Sets 2021 Annual Review

ACO Measure Set & Wrap Up

September 29, 2021

Agenda

1. Maternity Care Measure Set Proposal
2. Follow-up from the September 9th Meeting
 - Summary of Recommendations
 - *Weight Change Over Time, Weight Assessment and Counseling*
 - Stinting Measures
 - Prescription Fill Measures
 - Substance Use Measures
 - Contraceptive Care
3. Discuss Health Inequity-related Gaps in the Primary Care Measure Set
4. Discuss Inclusion of a REL Measure in the Primary Care Measure Set

Agenda (Cont'd)

5. Review ACO Measure Set

- Review Measures (a) with prior recommended changes, (b) not in use by payers, and (c) with Work Group member feedback.
- Discuss Work Group Proposals

6. Discuss Inclusion of a REL Measure in the ACO Measure Set

7. Public Comment

8. Next Steps

Maternity Care Measure Set Proposal

- During the June 23rd meeting, the Work Group recommended adding *Live Births Weighing Less than 2,500 Grams* to the Maternity Care Menu Set to fill a low-birthweight equity gap.
 - Drs. Hamel and Tuuli from Women and Infants Hospital of Rhode Island expressed concerns that *Live Births Less than 2,500 Grams* does not assess the rationale for low birthweight (e.g., premature deliveries), is not always associated with poor health outcomes, and is not risk-adjusted.
 - Drs. Hamel and Tuuli recommended preterm births as a more appropriate low birthweight outcome measure.
- Bailit Health researched preterm birth measures and was unable to identify any validated measures.

Maternity Care Measure Set Proposal (Cont'd)

- In August, OHIC emailed the Work Group asking about **preterm birth data sources**:
 - **Rhode Island Quality Institute (RIQI)** shared that the statewide health information exchange, CurrentCare, will be transitioning from an opt-in model to an opt-out model, so in the future it will have preterm birth data from more RI patients.
 - RIQI estimates that it will take one year (or longer) for data to be available after regulation development and implementation.
 - **RIDOH** shared that it collects hospital-level data on live births prior to 37 completed weeks gestation but does not release the data at the hospital level without permission. RIDOH does not collect OB/GYN level data.
- Given the feedback received on this issue from the Work Group, **Bailit Health recommends removing *Live Births Weighing Less than 2,500 Grams* from the Maternity Care Measure Set**, but keeping pre-term births as a priority issue for the 2022 Annual Review and tracking preterm birth data availability from RIDOH and RIQI.

Follow-up from the September 9th Meeting

Follow-up from the September 9th Meeting

- During the September 9th Meeting, the Work Group reviewed the Primary Care Measure Set and made the following recommendations.
 - Add one measure to the Menu Set:
 - *Antidepressant Medication Management*
 - Remove six measures from the Menu Set:
 - *Childhood Immunization Status (Combo 10)*
 - *Depression Remission at Six Months*
 - *Emergency Department Visits per 1,000*
 - *Inpatient Visits per 1,000*
 - *Maternal Depression Screening*
 - *Unhealthy Drug and Alcohol Use: Screening and Brief Counseling*
 - Elevate one measure from Menu to Core status:
 - *Controlling High Blood Pressure*

Follow-up from the September 9th Meeting: Weight Change Over Time

- During the September 9th meeting, the Work Group discussed *Weight Change Over Time* (developed by Discern Health) as an alternative to *Weight Assessment & Counseling for Children and Adolescents*.
 - Bailit Health confirmed with Discern Health that their developmental obesity measures, including *Weight Change Over Time*, are meant for the 18-79 age group and were not designed for use in a pediatric population.
 - Regardless, is the Work Group interested in adding *Weight Change Over Time* to the **Primary Care Developmental Measure Set** as an obesity-focused measure?
 - If so, are any providers/payers interested in piloting the measure on a voluntary basis?

Measure Title and Description	Type	Source(s) of Data
Weight Change Over Time: Percent of patients with an initial BMI ≥ 25 who achieved at least a 5% percent reduction in weight within 9-12 months during the reporting period.	Outcome	EHR

Follow-up from the September 9th Meeting: Weight Assessment and Counseling

- During the September 9th meeting, the Work Group discussed the weaknesses of *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*, specifically BMI measurement, and its removal from the OHIC PCMH Measure Set for 2021 due to consistently high performance.
 - Does the Work Group **recommend removing *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*** from the Primary Care Core Measure Set?
 - If so, does the Work Group wish to **elevate any of the following pediatric measures** in the Primary Care Measure Set from Menu to Core status?
 - *Child and Adolescent Well-Care Visits*
 - *Fluoride Varnish*
 - *Immunizations for Adolescents (Combo 2)*

Follow-up from the September 9th Meeting: Weight Assessment and Counseling (Cont'd)

Measure	Commercial Performance	Medicaid Performance	Use by RI Payers	In PCMH Measure Set?
Child and Adolescent Well-Care Visits	N/A*	N/A*	2 (ACO Contracts)	Yes (Adolescent Age Ranges Only) – added in 2018
<i>Adolescent Well-Care Visits (2018)</i>	70% (90 th percentile)	64% (between 75 th and 90 th percentiles)	--	--
Fluoride Varnish	N/A	See below	None	No
Immunizations for Adolescents (Combo 2)	50% (above 90 th percentile)	47% (between 75 th and 90 th percentile)	2 (ACO Contracts)	No

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%

*Performance not available because this measure changed significantly beginning in CY 2020. NCQA indicated that performance for this measure cannot be compared with Adolescent Well-Care Visits, which was previously in the OHIC Aligned Measure Sets and PCMH Measure Set.

Follow-up from the September 9th Meeting: 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.
- During the September 12th meeting Work Group members recommended that another body review measure options and argued that stinting measures do not constitute quality measures.
- OHIC has since decided to convene a separate work group in 2022 to consider stinting measure recommendations for 2023.

Follow-up from the September 9th Meeting: 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)
- During the September 9th meeting, the Work Group recommended convening a subgroup of payers and providers prior to the 2022 Annual Review to discuss the logistics of creating monthly reports.

In the meantime, does the Work Group recommend retaining the developmental prescription fill measures in the Primary Care Measure Set?

Follow-up from September 9th Meeting: Substance Use Measures

- Jay Buechner proposed adding *Initiation and Engagement of Substance Use Treatment* as a Primary Care 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 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.

Follow-up from September 9th Meeting: Substance Use Measures (Cont'd)

- During the July 7th meeting, the 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.
 - **Note:** During the September 9th meeting, the Work Group recommended removing *Unhealthy Alcohol Use Screening and Brief Counseling* from the Primary Care Measure Set. The measure is included the following list in case the Work Group would like to reconsider its recommendation.

Follow-up from September 9th Meeting: Substance Use Measures (Cont'd)

Measure Name (Steward)	Description
Unhealthy Drug and Alcohol Use: Screening and Brief Counseling (AMA-PCPI)	Percentage of patients aged 18 years and older who were screened for unhealthy alcohol use at least once within the last 12 months AND who received brief counseling if identified as an unhealthy alcohol user.
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.

Follow-up from the September 9th Meeting: Contraceptive Care

- Upstream suggested adding *Contraceptive Care – Effective Methods and LARC* to the Primary Care 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

*The OHIC Interpretive Guidance does not dictate how financial consequences should be tied to Menu measures.

Follow-up from the September 9th Meeting: 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 Health Inequity-related Gaps in the Primary Care Measure Set

Primary Care-related Health Inequities in RI

- Bailit Health identified **adult vaccinations** and **dental visits** as health inequities in RI that are **not addressed by measures in the Primary Care Aligned Measure Set**.
- We are not proposing any measures to address **dental visits** because the OHIC Aligned Measure Sets apply to commercial contracts, which cover dental care under only limited circumstances.
 - Of note, oral health is addressed in both Measure Sets as *Fluoride Varnish* is a Menu measure. There are no measures focused solely on dental visits, however.
- **Note:** The same health inequities (adult vaccination and dental visits) were identified for the ACO Measure Set.

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

- Bailit Health identified two candidate measures the Work Group could include to address the **adult vaccination** health inequities, however, each measure poses significant data collection challenges:
 - *Adult Immunization Status* is an ECDS Measure
 - *Influenza Immunization* would require providers to track down whether their patients obtained flu shots during the vaccination window
- For these reasons, we do not recommend adopting either measure during this year's annual review.

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

Discuss Inclusion of a REL Measure in the Primary Care Measure Set

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)

- Bailit Health recommends considering at least one of the following measures for REL stratification in the Primary Care Measure Set:
 - *Comprehensive Diabetes Care: Eye Exam (RI health inequity)*
 - *Comprehensive Diabetes Care: HbA1c Control (<8.0%) (RI health inequity)*
 - *Controlling High Blood Pressure (RI health inequity)*
 - *Developmental Screening in the First Three Years of Life (EOHHS is RELD-stratifying in AE program)*
- Of note, NCQA is requiring plans to stratify the following measures in the Primary Care Aligned Measure set by race/ ethnicity for MY 2022:
 - *Controlling High Blood Pressure*
 - *Hemoglobin A1c Control for Patients with Diabetes (formerly Comprehensive Diabetes Care: HbA1c Control)*
 - *Colorectal Cancer Screening*
 - *Child and Adolescent Well-Care Visits*

Review ACO Measure Set Measures

The ACO Measure Set

- The 2021 ACO Measure Set includes 35 measures:

- **6 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*
- *Follow-Up After Hospitalization for Mental Illness (7-Day)*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents*

The ACO Measure Set (Cont'd)

- The 2021 ACO Measure Set includes 35 measures:

- **29 Menu Measures:**

- *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment*
- *Advance Care Plan*
- *Behavioral Health Risk Assessment Screenings*
- *Cervical Cancer Screening*
- *Cesarean Rate for Nulliparous Singleton Vertex (PC-02)*
- *Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment*
- *Child and Adolescent Well-Care Visits*
- *Childhood Immunization Status (Combo 10)*
- *Chlamydia Screening*
- *Controlling High Blood Pressure*
- *Depression Remission at Six Months*
- *Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)*
- *Exclusive Breast Feeding (PC-05)*
- *Fluoride Varnish*

The ACO Measure Set (Cont'd)

- The 2021 ACO Measure Set includes 35 measures:
 - **29 Menu Measures (cont'd):**
 - *Follow-Up After Emergency Department Visit for Substance Use*
 - *Follow-Up After Emergency Department Visit for Mental Illness*
 - *HCAHPS*
 - *Hospital-wide Readmit*
 - *Immunizations for Adolescents (Combo 2)*
 - *Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*
 - *Kidney Health Evaluation for Patients with Diabetes*
 - *Lead Screening in Children*
 - *Maternal Depression Screening*
 - *Plan (ACO) All-Cause Readmission*
 - *Prenatal & Postpartum Care – Postpartum Care Rate*
 - *Timely Transmission of Transition Record*
 - *Transition Record with Specified Elements Received by Discharged Patients*
 - *Unhealthy Drug and Alcohol Use: Screening & Brief Counseling*
 - *Use of Imaging Studies for Low Back Pain*

The ACO Measure Set (Cont'd)

- The 2021 ACO Measure Set includes 7 Developmental Measures in addition to the 35 Core and Menu 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*
 - *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 ACO Measure Set (Cont'd)

- Rather than presenting all 35 ACO Measures individually, we are presenting the measures that fall into one or more of the following categories:
 - a) Measures for which the Work Group **recommended changes in other Aligned Measure Sets** earlier in this year's Annual Review.
 - b) Measures that are **not in use by RI payers in ACO Contracts**.
 - c) Measures with **Work Group member feedback**.
- Details about each ACO measure can be found in the **Appendix**.

The ACO Measure Set: (Cont'd)

Measure Name	Recommendation from Prior Meeting	Rationale from Prior Meeting	In Use by RI Payers in ACO Contracts?
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (Core)	Discussed earlier in this meeting	<ul style="list-style-type: none"> BMI is a problematic measurement Nutrition/physical activity counseling not always effective 	Yes
Childhood Immunization Status (Combo 10) (Menu)	Remove from Primary Care Set	<ul style="list-style-type: none"> Measure not in use RI vaccination rates are high 	Yes
Controlling High Blood Pressure (Menu)	Move from Menu to Core of Primary Care Set	<ul style="list-style-type: none"> Measure was temporarily in Menu for baseline data collection 	Yes

The ACO Measure Set: (Cont'd)

Measure Name	Recommendation from Prior Meeting	Rationale from Prior Meeting	In Use by RI Payers in ACO Contracts?
Depression Remission at Six Months (Menu)	Remove from Primary Care Set	<ul style="list-style-type: none"> • Measure not in use • Time frame discrepancy with NCQA HEDIS measure and CMS measure 	No
Exclusive Breast Feeding (PC-05) (Menu)	Remove from Acute Care Hospital Set	<ul style="list-style-type: none"> • High performance • Measure may be replaced by CMS maternity measure 	No

The ACO Measure Set: (Cont'd)

Measure Name	Recommendation from Prior Meeting	Rationale from Prior Meeting	In Use by RI Payers in ACO Contracts?
Follow-Up After Emergency Department Visit for Substance Use (Menu)	Move from Core to Menu of Acute Care Hospital Set on a temporary basis	<ul style="list-style-type: none"> Major specification changes 	No (in use in 2 Acute Care Hospital Contracts)
Follow-Up After Emergency Department Visit for Mental Illness (Menu)	Remove from Outpatient BH Set	<ul style="list-style-type: none"> High performance Small denominator size 	No (in use in 2 Acute Care Hospital Contracts)

The ACO Measure Set: (Cont'd)

Measure Name	Recommendation from Prior Meeting	Rationale from Prior Meeting	In Use by RI Payers in ACO Contracts?
HCAHPS (Menu)	PCMH CAHPS was redefined as CG CAHPS of PCMH CAHPS in the Primary Care Set	<ul style="list-style-type: none">Allow flexibility for survey selection	Yes

- **Work Group Member Feedback:** Shelia Newquist suggested broadening HCAHPS to CAHPS for the ACO Measure Set.
 - Peter Hollmann noted that CAHPS surveys should be feasible to implement at the ACO level.
- **Does the Work Group recommend adding a range of CAHPS surveys to the ACO Measure Set beyond HCAHPS?**
 - **Potential surveys would include:** CG CAHPS, PCMH CAHPS, ACO CAHPS and HCAHPS

The ACO Measure Set: (Cont'd)

Measure Name	Recommendation from Prior Meeting	Rationale from Prior Meeting	In Use by RI Payers in ACO Contracts?
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (Menu)	Move from Core to Menu of Outpatient BH Set	<ul style="list-style-type: none">• Major specification changes• Small denominator size	No

- **Work Group Member Feedback:** Jay Buechner proposed adding *Initiation and Engagement of Substance Use Treatment* as an ACO 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 Primary Care 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.

The ACO Measure Set: (Cont'd)

Measure Name	Recommendation from Prior Meeting	Rationale from Prior Meeting	In Use by RI Payers in ACO Contracts?
Maternal Depression Screening (Menu)	Remove from Primary Care Set	<ul style="list-style-type: none"> No longer maintained by NCQA Removed from MIPS Measure Set Not in use by RI payers 	No
Timely Transmission of Transition Record (Menu)	Remove from Behavioral Health Hospital Set	<ul style="list-style-type: none"> CMS has proposed removing the measure for CY 22 	No (in use in 2 BH Hospital Contracts and 1 Outpatient BH Contract)
Unhealthy Drug and Alcohol Use: Screening & Brief Counseling (Menu)	Remove from Primary Care Set <i>Note: Reconsidered earlier in this meeting</i>	<ul style="list-style-type: none"> Work Group is moving toward ECDS measure 	No

The ACO Measure Set: (Cont'd)

Measure Name	Recommendation from Prior Meeting	Rationale from Prior Meeting	In Use by RI Payers in ACO Contracts?
Concurrent Use of Opioids and Benzodiazepines (Developmental)	<i>Note: Discussed earlier in the meeting (Primary Care Set)</i>	<ul style="list-style-type: none">• Hard for providers to obtain data for Rx fill measures	No
Statin Therapy for Patients with Cardiovascular Disease (Developmental)	<i>Note: Discussed earlier in the meeting (Primary Care Set)</i>	<ul style="list-style-type: none">• Hard for providers to obtain data for Rx fill measures	No

The ACO Measure Set: (Cont'd)

- The measures on the following slides did not have any prior recommendations or Work Group feedback and are being presented individual solely because they are **not in use by RI Payers in ACO Contracts**.

The ACO Measure Set: (Cont'd)

Measure Name	In Use by RI Payers in ACO Contracts?
Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (Menu)	No
Advance Care Plan (Menu) <ul style="list-style-type: none"> <i>Note: Peter Hollmann noted that most, if not all, adult practices have enough older adults to use this measure</i> 	No
Behavioral Health Risk Assessment Screenings (Menu)	No
Cesarean Rate for Nulliparous Singleton Vertex (PC-02) (Menu)	No (1 Acute Care Hospital Contract)
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (Menu)	No
Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01) (Menu)	No (2 Acute Care Hospital Contracts)
Fluoride Varnish (Menu)	No
Hospital-wide Readmit (Menu)	No (4 Acute Care Hospital Contracts, 1 BH Hospital Contract)
Prenatal & Postpartum Care – Postpartum Care Rate (Menu)	No

The ACO Measure Set: (Cont'd)

Measure Name	In Use by RI Payers in ACO Contracts?
Depression Remission or Response for Adolescents and Adults (Developmental)	No
Depression Screening and Follow-Up for Adolescents and Adults (Developmental)	No
Unhealthy Alcohol Use Screening and Follow-Up (Developmental)	No
Utilization of PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (Developmental)	No

Discuss Work Group Proposals

1. 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](#)).
- **Note:** The Work Group considered this request for the Primary Care Measure Set and **did not elevate the measure** because of concerns about the measure's validity, specifically related to sexual activity screening.

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	Primary Care (Menu)	1 (ACO Contract) 1 (Primary Care Contract)	67% (above 90 th percentile)	68% (between 75 th and 90 th percentiles)

Discuss Work Group Proposals (Cont'd)

2. Upstream 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 (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 Work Group Proposals (Cont'd)

3. J Gates made the following two proposals:

a. Replace *Follow-up After Hospitalization for Mental Illness (7-Day)* with *ED Utilization for Individuals with Mental Illness*.

- **Description:** Number of emergency department visits per 1,000 member months for members 18 years of age and older enrolled with the organization who are identified as having experienced mental illness. *Does not include ED visits for mental health and chemical dependency services.* (Claims-Based)
- **Rationale:** This measure is in use in the AE program. If it is also included in the Acute Care and Behavioral Health Hospital Aligned Measure Sets, the measure can incentivize medical and behavioral health providers across payers 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)

- b. Add a new developmental measure – *Enhancing Access for Patients with Chronic Conditions*
 - **Steward:** Providence Community Health Center
 - **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 proposed adding this measure to the Acute Care Hospital Measure Set as well. The Work Group **did not recommend** adding the measure to that set.

Discuss Work Group Proposals (Cont'd)

4. Peter Hollmann noted that no measure should be in the ACO Measure Set unless it is in the Primary Care Measure Set.

- **Rationale:** ACOs are based on primary care attribution. If a measure is primarily maternity or mental health at the facility level, practices may not know about the initiating event.
- **Note:** There have always been measures in the ACO Measure Set beyond those used for primary care, with the rationale being that ACOs are responsible for all patient care needs.

Discuss Work Group Proposals (Cont'd)

- The following measures are in the ACO Measure Set, but not in the Primary Care Measure Set:
 - *Adult Major Depressive Disorder (MDD): Suicide Risk Assessment*
 - *Advance Care Plan*
 - *Behavioral Health Risk Assessment Screenings*
 - *Cesarean Rate for Nulliparous Singleton Vertex (PC-02)*
 - *Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment*
 - *Elective Delivery Prior to 39 Completed Weeks Gestation (PC-01)*
 - *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 Readmit*
 - *Initiation and Engagement of Substance Use Treatment*
 - *Maternal Depression Screening*
 - *Plan (ACO) All-Cause Readmission*
 - *Prenatal & Postpartum Care Rate – Postpartum Care Rate*
 - *Timely Transmission of Transition Record*
 - *Transition Record with Specified Elements Received by Discharged Patients*
 - *Use of Imaging Studies for Low Back Pain*
- **Given Peter's observation, does the Work Group recommend removing any of the above measures from the ACO Measure Set?**

Discuss Inclusion of a REL Measure in the ACO Measure Set

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.
- **Does the Work Group recommend making the same recommendation for the ACO Measure Set as it did for the Primary Care Measure Set, discussed earlier in the meeting?**
 - The Work Group could also consider REL stratifying *Hospital Wide Readmit*, which was recommended as an REL measure for the Acute Care Hospital Measure Set.

Public Comment

Next Steps

Next Steps

1. Bailit Health will share the Work Group's recommendations with Commissioner Tighe before finalizing the 2022 OHIC Aligned Measure Sets.
2. OHIC will share the final 2022 OHIC Aligned Measure Sets in early October.
3. OHIC will convene the PCMH Measures Work Group in October to consider any relevant changes from the OHIC Aligned Measure Sets annual review process and develop recommendations for the 2022 PCMH Measure Sets.

Appendix

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	Primary Care (Core)	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

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.	Primary Care (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>Minor changes for MY 2022.</p>	<p>Primary Care (Core)</p>	<p>4 (ACO Contracts) 2 (Primary Care Contracts)</p>	<p>68% (above 90th percentile)</p>	<p>70% (above 90th percentile)</p>

Measure Steward: NCQA

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
Minor specification changes for MY 2022.	Primary Care (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

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

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	Acute Care Hospital (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)

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 The Work Group discussed removing this measure from the Primary Care Set during the 9/9 meeting and earlier in this meeting.	Primary Care (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

Adult Major Depressive Disorder (MDD): Suicide Risk Assessment (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 of predicted access to treatment and receipt of quality depression care: 33% of Whites, 25% of Latinos, 18.9% of Asians, and 10.4% of African-Americans</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 specification changes for MY 2022.	Outpatient BH Health – Mental Health (Menu)	None	N/A	N/A

Advance Care Plan (Menu)

Race/Ethnicity

MA study of advance care planning: Hispanics (aOR = 0.5), Blacks (aOR = 0.5) and non-Hispanic others (aOR* = 0.7) less likely to report having had a conversation with a healthcare provider about their end-of-life care wishes, compared to Whites.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	None	None	N/A	N/A

Work Group Member Feedback: Peter Hollmann noted that most, if not all, adult practices have enough older adults to use this measure.

Behavioral Health Risk Assessment Screenings (Menu)

Race/Ethnicity

U.S. study of provider assessment of MH and SUD: Asians least likely to be asked about mental health (11.6%) and substance use (22.3%), and the least likely to be treated (counseled 10.1%; medication recommendation 5.4%) and referred for specialty care (3.2%) compared to all other groups.

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No changes	Maternity (Core)	None	N/A	N/A

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	Primary Care (Menu)	1 (ACO Contract) 2 (Primary Care Contracts)	85% (above 90 th percentile)	72% (between 75 th and 90 th percentiles)

Cesarean Rate for Nulliparous Singleton Vertex (PC-02) (Menu)

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	Maternity Care (Menu) Acute Care Hospital (Menu)	1 (Acute Care Contract)	32.9%	24.8%

Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (Menu)

Race/Ethnicity

RI attempted suicide (high school):18.3% for Blacks, 17.7% for Hispanics, 12.1% for Whites

RI considered suicide (middle school):19.6% for Hispanics, 18.0% for Blacks, 15.3% for Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
No change	Outpatient BH – Mental Health (Menu)	None	N/A	N/A

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
Measure will be stratified by R/E beginning in MY 2022.	Primary Care (Menu)	2 (ACO Contracts)	N/A	N/A

Measure Steward: NCQA

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	Primary Care (Menu) Note: Work Group recommended removal from Primary Care Set	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.

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 	Primary Care (Menu) Note: Work Group recommended moving to Core for Primary Care Set	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	<p>Primary Care, Outpatient BH (Menu)</p> <p>Note: Work Group recommended removal from Primary Care Set</p>	None	N/A	N/A

Measure Steward: Minnesota Community Measurement

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	Maternity Care (Menu) Acute Care Hospital (Menu)	2 (Acute Care Contracts)	1.6%	1.7%

Measure Steward: The Joint Commission

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) Acute Care Hospital (Menu) Note: Work Group recommended removal from Acute Care Hospital Set	None	57.7%	51.0%

Measure Steward: The Joint Commission

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	Primary Care (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

Follow-up After Emergency Department Visit for Substance Use (30-Day) (Menu)

Race/Ethnicity		Disability Status		
<p>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)</p>		<p>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)</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Major changes for MY 2022 (see next slide).	<p>Acute Care Hospital (Core)</p> <p>Note: Work Group recommended moving to Menu for Acute Care Hospital Set</p>	2 Acute Care Hospital Contracts	16% (Between 50 th -75 th percentile)	23% (Between 50 th -75 th percentile)

Follow-up After Emergency Department Visit for Substance Use (30-Day) (Menu) [Cont'd]

- Changes for MY 2022:

1. Revised measure name to Follow-Up After Emergency Department Visit for Substance Use, and updated terminology to use "substance use."
2. Clarified that members in hospice or using hospice services are a required exclusion.
3. Added a pharmacy benefit requirement.
4. Revise criteria for follow-up visit to include additional follow-up options that don't require an SUD diagnosis.
5. Revise denominator to also include any diagnosis of drug overdose.

Follow-Up After Emergency Department Visit for Mental Illness (30-Day) (Menu)

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
Minor change for MY 2022: 1. Clarified that members in hospice or using hospice services are a required exclusion.	Outpatient BH (Menu) Acute Care Hospital (Core) Note: Work Group recommended removal from Outpatient BH Set and recommended moving to Menu for Acute Care Hospital Set	2 Acute Care Hospital Contracts	76% (Above 90 th percentile)	76% (Above 90 th percentile)

HCAHPS (Menu)

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	Acute Care Hospital (Core)	3 (ACO Contracts) 4 (Acute Care Hospital Contracts)	See next slide	See next slide

HCAHPS (Menu) [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%

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	Primary Care (Menu)	2 (ACO Contracts)	50% (above 90 th percentile)	47% (between 75 th and 90 th percentiles)

Measure Steward: NCQA

Initiation and Engagement of Substance Use Treatment (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 2022 (see next slide).	Outpatient BH (Core) Note: Work Group recommended moving from Core to Menu of Outpatient BH Set	None	<u>Initiation</u> 36% (between 50 th and 75 th percentiles)	<u>Initiation</u> 44% (between 50 th and 75 th percentiles)
			<u>Engagement</u> 16% (between 50 th and 75 th percentiles)	<u>Engagement</u> 18% (between 50 th and 75 th percentiles)

Initiation and Engagement of Substance Use Treatment (Menu) [Cont'd]

■ Changes for MY 2022:

1. Revised measure name to Initiation and Engagement of Substance Use Treatment and updated terminology to use "substance use."
2. Changed the measure from "member-based" to "episode-based."
3. Lengthened the negative SUD look-back period from 60 days to 194 days for defining a "new episode of SUD treatment."
4. Lengthened the Continuous Enrollment criteria from 108 days to 242 days.
5. Clarified that members in hospice are a required exclusion.
6. Added a Negative Medication History to the denominator.
7. Split the current adult age stratification (18+ years of age) into 18-64 and 65+.
8. Expanded the definition of Initiation of SUD Treatment to include more treatment options.
9. Specified that long-acting SUD medication administration events meet the definition of Engagement of SUD Treatment and expanded the definition of Engagement of SUD Treatment to include more treatment options.

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	Primary Care (Menu)	1 (ACO Contract)	N/A*	N/A*

Lead Screening in Children (Menu)

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	Primary Care (Core)	1 (ACO Contract) 2 (Primary Care Contracts)	N/A	78% (between 50 th and 75 th percentiles)

Measure Steward: NCQA

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	Primary Care (Menu) Note: Work Group recommended removal from Primary Care Set	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)

Plan (ACO) All-Cause Readmission (Menu)

Race/Ethnicity

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	Commercial Performance	Medicaid Performance
Minor edits	None	1 ACO Contract	0.4 (between 50 th and 75 th percentile)	N/A

Prenatal & Postpartum Care – Postpartum Care Rate (Menu)

Race/Ethnicity		Disability Status		
<p>RI study of postpartum health care utilization: Hispanic women had higher odds of not having 1-week check-up (OR* = 1.73) compared to White women</p> <p>CA Medicaid Managed Care performance: 11.1% higher for Whites than Blacks</p> <p>MI Medicaid Managed Care performance: 9.2% higher for Whites than Blacks</p>		<p>MA study of postpartum hospital utilization: Women with IDD had at least 2x higher rates for any hospitalization and repeated hospitalizations compared to women without IDD</p>		
Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Measure will be stratified by R/E beginning in MY 2022.	Maternity Care (Core)	None	82% (Between 50 th -75 th percentile)	82% (Between 75 th -90 th percentile)

Measure Steward: NCQA

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

Timely Transmission of Transition Record (Menu)

Race/Ethnicity

Care coordination:

RI, patients who did not receive good communication about discharge information: White (9.7%), Black (9.6%), Asian (12.8%)

RI, patients who disagreed that staff took preferences into account when deciding on discharge health care: White (5.8%), Black (6.3%), multiple races (9.3%)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	BH Hospital (Core) Note: Work Group recommended removal from BH Hospital Set	2 (BH Hospital Contracts) 1 (Outpatient BH Contract)	81%	59%

Measure Steward: AMA-PCPI

Timely Transition Record with Specified Elements Received by Discharged Patients (Menu)

Race/Ethnicity

Care coordination:

RI, patients who did not receive good communication about discharge information: White (9.7%), Black (9.6%), Asian (12.8%)

RI, patients who disagreed that staff took preferences into account when deciding on discharge health care: White (5.8%), Black (6.3%), multiple races (9.3%)

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	RI Performance	National Performance
No changes	BH Hospital (Menu)	None	87%	68%

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 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	Commercial Performance	Medicaid Performance
<p>Major changes for MY 2021:</p> <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 	<p>Primary Care, Outpatient BH (Menu)</p> <p>Note: Work Group recommended removal from Primary Care Set (but reconsidered earlier in this meeting)</p>	<p>None</p>	<p>N/A</p>	<p>N/A</p>

Use of Imaging Studies for Low Back Pain (Menu)

Race/Ethnicity

U.S. study: Asian and Hispanic patients less likely to be prescribed opioids to treat back pain, Black patients and other race patients more likely to receive opioid prescription, compared to Whites

U.S. study: Blacks more likely to report low back pain compared to Hispanics and Whites

Status/Measure Specification Changes	Presence in Other RI Sets	Use by RI Payers	Commercial Performance	Medicaid Performance
Major changes for MY 2022: <ol style="list-style-type: none"> Expanded to include Medicare and added age stratifications. Added required exclusions for osteoporosis, lumbar surgery, spondylopathy, fragility fractures and palliative care and exclusions for members with advanced illness and frailty. 	None	1 ACO Contract	75% (between 25 th and 50 th percentile)	71% (between 25 th and 50 th percentile)

Measure Steward: NCQA

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	Primary Care, Outpatient BH (Developmental)	None	N/A	N/A

Measure Steward: Pharmacy Quality Alliance

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 In 2021 the CMS version of this measure was built into the QRS.	Primary Care (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)

Measure Steward: NCQA

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

Concurrent Use of Opioids and Benzodiazepines (Developmental)

Statin Therapy for Patients with CVD (Developmental)

- In 2019, the Work Group noted that providers do not have access to the data required to accurately report performance on *Concurrent Use*. It recommended researching whether providers could use the **PDMP as a data source**. (The measure could be generated with claims, however.)
 - The PDMP can only provide patient-level reports on *Concurrent Use*, which does not address (a) provider reporting burden, and (b) providers having timely access to pharmacy data.
- Both *Concurrent Use* and *Statin Therapy* **rely on prescriptions filled**, which can only be obtained from health plans.
- During the September 9th meeting, the Work Group recommended convening a **subgroup of payers and providers** prior to the 2022 Annual Review to discuss the logistics of creating monthly reports.

Does the Work Group recommend adopting the same approach from the Primary Care Measure Set for the ACO Measure Set?

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	Primary Care, Outpatient BH (Developmental)	None	N/A	N/A

Measure Steward: NCQA

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	Primary Care, Outpatient BH (Developmental)	None	N/A	N/A

Measure Steward: NCQA

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	Primary Care, 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, Primary Care, 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.

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	Primary Care, Outpatient BH (Developmental)	None	N/A	N/A

Measure Steward: NCQA

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)