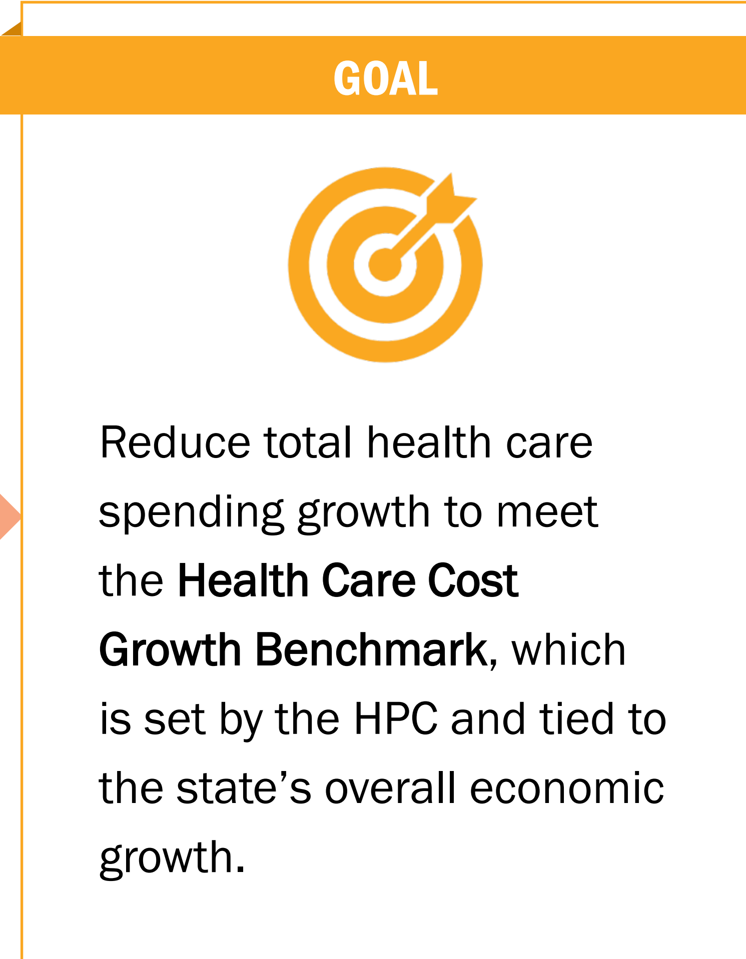
MASSACHUSETTS
HEALTH POLICY COMMISSION

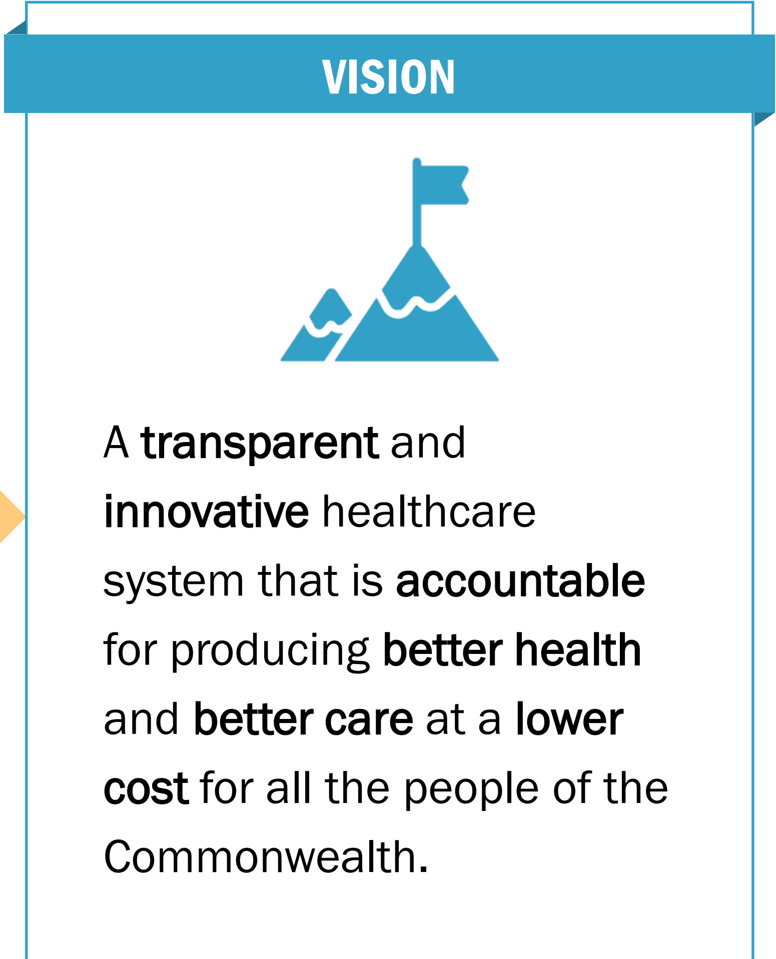
Presentation on the Massachusetts Quality Measure Alignment Taskforce and Health Equity Efforts

November 17, 2022

Prepared for Connecticut Office of Health Strategy

In 2012, Massachusetts became the first state to establish a target for sustainable health care spending growth.





The work of the HPC is overseen by an 11-member Board of Commissioners who are appointed by the Governor, Attorney General, and State Auditor.

GOVERNOR
Charles Baker

- Chair with expertise in health care delivery
- Primary care physician
- Expertise in health plan administration and finance
- Secretary of Administration and Finance
- Secretary of Health and Human Services

ATTORNEY GENERAL
Maura Healey

- Expertise as a health economist
- Expertise in behavioral health
- Expertise in health care consumer advocacy

STATE AUDITOR
Suzanne Bump

- Expertise in innovative medicine
- Expertise in representing the health care workforce
- Expertise as a purchaser of health insurance

HEALTH POLICY COMMISSION BOARD
Deborah Devaux, Chair

EXECUTIVE DIRECTOR
David Seltz

ADVISORY COUNCIL

Chapter 224 established two independent state agencies to work together and monitor the state's health care performance and make data-driven policy recommendations.

Center for Health Information and Analysis (CHIA)

Massachusetts Health Policy Commission (HPC)		Center for Health Information and Analysis (CHIA)
Policy hub	**PURPOSE**	Data hub
Independent state agency governed by an 11-member board with diverse experience in health care	**OVERSIGHT**	Independent state agency overseen by a Council chaired by the Secretary of Health and Human Services
Sets statewide health care cost growth benchmark Enforces performance against the benchmark Certifies accountable care organizations and patient-centered medical homes Registers provider organizations Conducts cost and market impact reviews Holds annual cost trend hearings Produces annual cost trends report Supports innovative care delivery investments	**DUTIES**	Collects and reports a wide variety of provider and health plan data Examines trends in the commercial health care market, including changes in premiums and benefit levels, market concentration, and spending and retention Manages the All-Payer Claims Database Maintains consumer-facing cost transparency website, CompareCare

Quality Measure Alignment Taskforce Background and Overview

- Massachusetts has been engaged in a voluntary process of aligning quality measures to reduce administrative burden on providers and payers and to focus quality improvement efforts.
- In the spring of 2017, EOHHS convened the Quality Measure Alignment Taskforce ("Taskforce") with representatives from the provider, payer, consumer, advocate and academic communities with expertise in health care quality measurement.
- Through a consensus process, the Taskforce has developed the Massachusetts Aligned Measure Set for **voluntary adoption** by Massachusetts payers and providers in their global budget-based risk contracts.
- The Taskforce is chaired by Undersecretary Lauren Peters, and is jointly staffed by the Department of Public Health, MassHealth (Massachusetts' Medicaid Agency), the Center for Health Information and Analysis (CHIA), and the Health Policy Commission (HPC). To date, the HPC has funded expert facilitation for the Taskforce by Bailit Health.

Annual Measure Review Process

Guiding Principles

The Taskforce establishes guiding principles for the selection of measures as well as the composition of the measure set as a whole.

Review Measures

The Taskforce reviews ambulatory quality measures and measure specifications and considers their inclusion in the Massachusetts Aligned Measure Set.

Make Recommendations

Through a consensus-based process, the Taskforce endorses measures for inclusion in the Massachusetts Aligned Measure Set and makes recommendations to the Secretary of Health and Human Services.

Disseminate

Once endorsed by the Secretary, measure sets and implementation parameters are sent to payers and ACOs for implementation.

Adherence to the Massachusetts Aligned Measure Set

The **overall trend in adherence** to the Massachusetts Aligned Measure Set from 2019 to 2022 **is positive**, but payer adherence is variable and there continue to be multiple measure sets used in global budget-based risk contracts.

Adherence rate is defined as the proportion of measures used in contracts that are endorsed.

Sum of instances endorsed measures were used by a given payer in their global budget-based risk contracts

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Sum of instances measures (endorsed or unendorsed) were used by a given payer in their global budget-based risk contracts

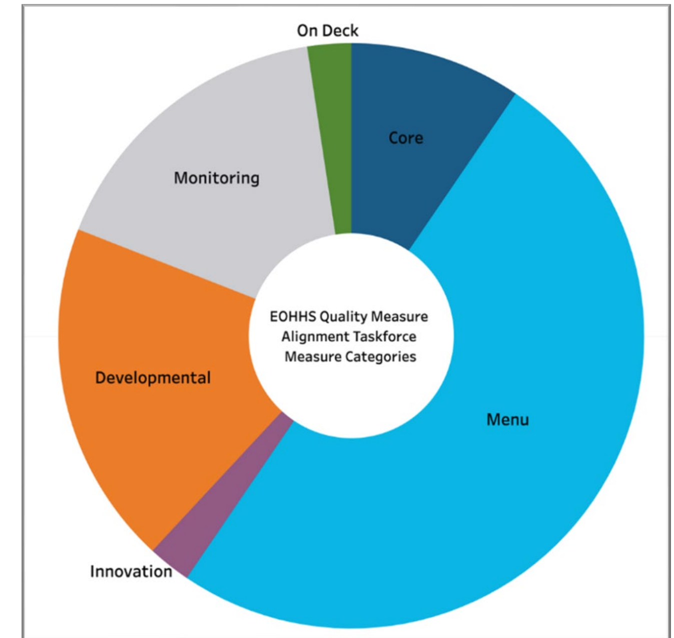
Overall	MassHealth	BCBSMA	HPHC*	THP*	AllWays	HNE	BMC HealthNet	United Healthcare
2019: 65%	100%	47%	45%	61%	N/A	35%	59%	N/A
2020: 72%	100%	62%	53%	56%	N/A	42%	57%	N/A
2021: 83%	100%	81%	85%	60%	N/A	38%	67%	N/A
2022: 85%	100%	84%	81%	75%	78%	70%	57%	39%

*A Point32Health Company

Source: 2021 Quality Measure Catalogue (QMC). The QMC is administered annually to Massachusetts payers by CHIA and the HPC on behalf of the Massachusetts Quality Measure Alignment Taskforce to assess payer adherence to the aligned measure set.

Adherence to the Massachusetts Aligned Measure Set: Core Measures

- The Massachusetts Aligned Measure Set consists of different measure categories
- Of note, Core Measures are meant to be adopted by payers and providers in all risk contracts whereas Menu Measures include additional options that payers and providers may consider including
- Currently, Core Measures have not been universally adopted by payers.



Measure Designation	Measure Name	Number of Payers Using Measure	Mass-Health	BCBSMA	BMCHP	HNE	HPHC	THP
Core	CG-CAHPS (MHQP Version)	4	●	●	○	○	●	●
	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	5	●	●	●	○	●	●
	Controlling High Blood Pressure (Core)	5	●	●	○	●	●	●
	Screening for Clinical Depression and Follow-Up Plan	3	●	○	○	●	●	○

Source: HPC DataPoints, Issue 21 | Mass.gov

Activities to Promote Measure Set Adherence

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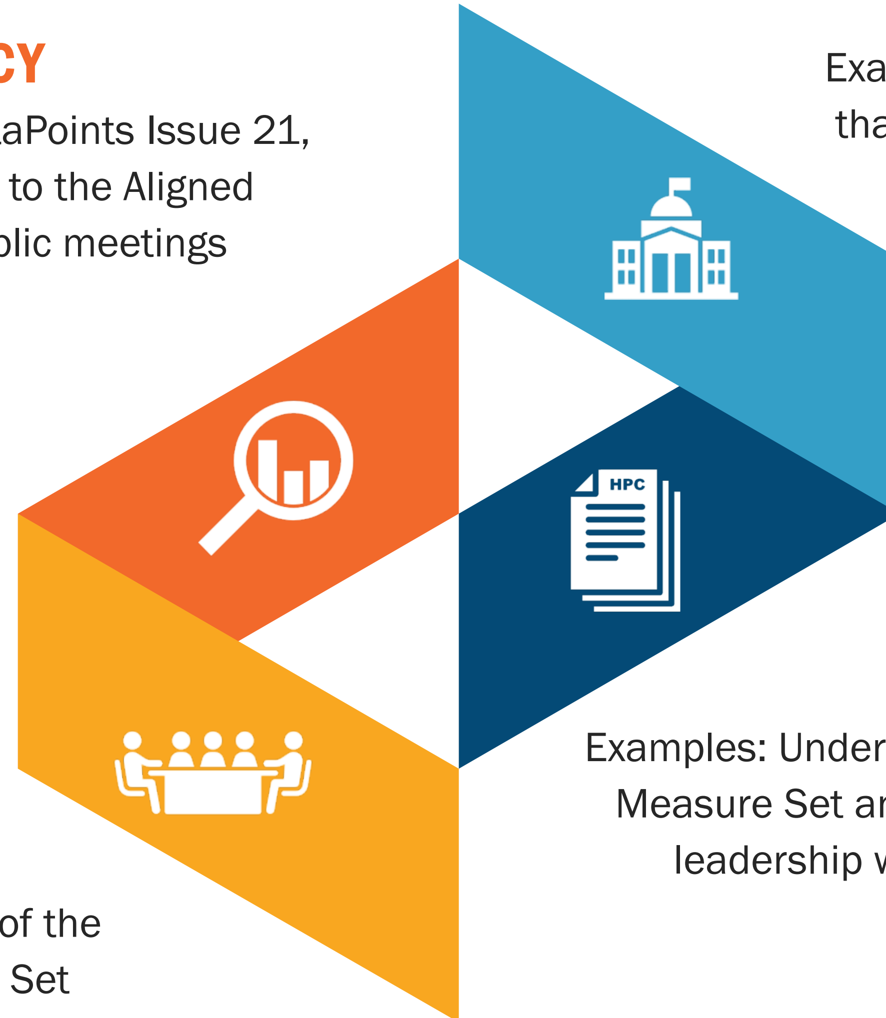
TRANSPARENCY

Examples: HPC DataPoints Issue 21, present adherence to the Aligned Measure Set at public meetings

INTRODUCE LEGISLATION

Examples: Governor Charlie Baker filed a bill that included language to codify the work of the Taskforce and require its adoption

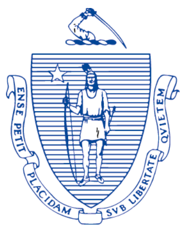


PAYER MEETINGS

Examples: Met with 4 payers to understand barriers to adoption of the Massachusetts Aligned Measure Set

COMMUNICATIONS

Examples: Undersecretary distributes Aligned Measure Set annually to payer and provider leadership with letter from the Secretary



The Taskforce's Goals Pertaining to Advancing Health Equity

HPC

QUALITY MEASURE ALIGNMENT TASKFORCE GOALS

1. Advise EOHHS on the definition and maintenance of an aligned measure set for voluntary use in global budget-based risk contracts, which are inclusive of MassHealth ACO and commercial ACO contracts.

2. Identify strategic priority areas for measure development where measure gaps exist.

3. **New 2021** Advise EOHHS on the measurement and reporting of health and health care inequities and accountability for reducing such inequities.

Prior Health Equity Activities Undertaken by the Taskforce

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APPLY A HEALTH EQUITY LENS TO MEASURE REVIEW

- Reviewed publicly available data or data provided by payers, providers or other entities stratified by race, ethnicity, language and/or disability (RELD).
- Issued request for public comment on measure topics for which health inequities exist but there are no measure within the Aligned Measure Set.

INTRODUCE HEALTH EQUITY MEASURE TO MEASURE SET

- Included a pay-for-reporting measure of health equity in the Menu set, which would require providers to report on selected measures stratified by race, ethnicity and language.

CONDUCT SURVEY OF PROVIDERS AND PAYERS TO UNDERSTAND CURRENT RELD DATA COLLECTION PRACTICES AND STANDARDS

- Administered a survey to payers and providers to gain an understanding of current practices for collection of data on race, ethnicity, language, and disability status.

EOHHS convened Health Equity Technical Advisory Groups to advance health equity data collection and accountability.

The Health Equity Technical Advisory Group (HE TAG) consisted of three subgroups:

1. Data Standards Group
2. Measurement Group (the Taskforce served in this role)
3. Accountability Group

Both HE TAGs included representatives from payer, provider, research, and consumer advocacy organizations with expertise in:

The HE TAGs were jointly staffed and funded by MassHealth, CHIA, and the HPC.

The charge of the HE TAGs was to recommend an aligned approach to:

- **standardizing data collection** related to social risk factors including (but not limited to) race, ethnicity, language, disability (RELD), sexual orientation, and gender identity, and sex (SOGIS);
- **promoting and assuring completeness and integrity** of RELD and SOGIS data;
- **measuring and reporting** on health and health care inequities;
- **introducing accountability** for reducing inequities; and
- **ensuring** providers serving populations with disproportionate social risk, and the healthcare consumers attributed to them, are **not unfairly disadvantaged** by the introduction of accountability for reducing inequities.

Health Equity Data Standards TAG Overview of Draft Recommendations

- The HE Data Standards TAG developed recommended standards for the collection of RELD and SOGIS data
- Principles for Considerations of Standards
  - Data standards should align with an existing state and/or federal standard.
  - Data standards should reflect current terminology and best practices for collecting RELD and SOGIS, while recognizing that terminology and best practices will evolve.
  - Data standards should be implemented in order to allow the State, payers, and provider organizations to better identify and intervene on health inequities.

Data Standard	Standard Source(s)
Race	Office of Management and Budget
Ethnicity	Office of Management and Budget
Granular Ethnicity	Massachusetts Superset
Language	American Hospital Association Institute for Diversity and Health Equity; American Community Survey data for languages spoken by at least 0.5% of the Massachusetts population
Disability	U.S. Department of Health and Human Services
Sexual Orientation	Centers for Disease Control and Prevention
Gender Identity	Centers for Disease Control and Prevention
Sex	Oregon Health Authority

Source: EOHHS Quality Measure Alignment Taskforce | Mass.gov "Data Standards Group DRAFT Recommendations"

Health Equity Accountability TAG Overview of Recommendations

HPC

- The HE Accountability TAG developed a recommended approach for introducing accountability for health equity measures into global budget-based risk contracts.
- Principles for Health Equity Accountability (examples)
  - Accountability can be introduced for multiple types of health equity measures simultaneously. Measures should be implemented in a stepwise fashion.
  - ACOs should only be held accountable for actions that are reasonable for them to take, and for which performance can be measured, to reduce or eliminate identified equity barriers associated with social risk factors and health-related social needs (HRSN).*

RECOMMENDED ACCOUNTABILITY FRAMEWORK

Category 1: **Measures that Assess the Collection of Health Equity Data** *Example: Percentage of patients for which an ACO has complete health equity data*	**Category 2:** **Measures that Stratify Performance Using Health Equity Data** *Example: Gap (inequity) reduction for a specific minoritized population(s)*
Category 3: **Population-level Measures Focused on Known Inequities** *Example: Prenatal care visits for Black women*	**Category 4:** **Measures that Assess Removal of Barriers to Equity** *Example: Percentage of patients with complete health-related social needs screening*

Source: EOHHS Quality Measure Alignment Taskforce | Mass.gov "Accountability Group DRAFT Recommendations"

Health Equity TAGs Timeline and Process

OCT-NOV 2021

Fall

- EOHHS issued Notice of Intent to procure for HE TAG members (October)

DEC 2021-FEB 2022

Winter

- Announced selection (January)
- Held kick off meetings for HE TAGs (February)

MAR-MAY 2022

Spring

- Held 7 HE Data Standards TAG meetings
- Held 7 HE Accountability TAG meetings

JUNE-AUG 2022

Summer

- Presented HE TAG recommendations to Taskforce (June)
- Posted recommendations for public comment
- MHQP conducted 20 interviews to support with recommended wording of questions

SEPT-DEC 2022

Conclusion

- Presented public comment to Taskforce
- Finalize and disseminate recommendations
- Implementation support