OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND

TO: OHIC PCMH Measures Work Group
FROM: Michael Bailit, Deepti Kanneganti, Cory King, Marea Tumber
DATE: January 4, 2021
RE: Final 2021 PCMH Measure Set and Review of Practice Performance from the 2020 PCMH Measures Survey

I. Introduction

The OHIC PCMH Measures Work Group was invited to provide comment on the proposed changes to the 2021 PCMH Measure Set and methodology in October 2020. OHIC reviewed feedback submissions and data from the 2020 PCMH Measures Survey before finalizing the 2021 PCMH Measure Set. This memo reviews the changes made to the 2021 PCMH Measure Set and methodology for assessing practice performance in 2021, provides the updated specifications for the 2021 PCMH Measure for the Work Group's review, summarizes practice performance from the 2020 PCMH Measures Survey and outlines next steps for the PCMH Measures Work Group when it convenes in spring 2021.

II. Summary of Changes to the 2021 PCMH Measure Set and Methodology for Assessing Practice Performance

A. Changes to the 2021 PCMH Measure Set

OHIC reviewed feedback submitted by the PCMH Measures Work Group before finalizing the 2021 PCMH Measure Set.[1] The changes to the Measure Set include:

1. adopting the revised specifications for Controlling High Blood Pressure and moving the measure to reporting-only status for the 2020-2021 performance year,
2. adopting the adolescent age ranges only (i.e., 12-21 years of age) for the new HEDIS Child and Adolescent Well-Care Visits measure, replacing the retired HEDIS Adolescent Well-Care Visits measure,
3. moving Lead Screening in Children from reporting-only status to performance status, as intended when the measure was first introduced in 2019, and
4. removing Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents.

Table 1 below includes the final 2021 PCMH Measure Set.

[1] OHIC received feedback from five members of the PCMH Measures Work Group. Two members supported the changes and had no additional comments to provide. **Appendix A** summarizes OHIC's response to the feedback from the three members with comments.

Table 1: 2021 PCMH Measure Set

Adult Measures	Pediatric Measures
1. Colorectal Cancer Screening 2. Comprehensive Diabetes Care: Eye Exam 3. Comprehensive Diabetes Care: HbA1c Control (<8.0%) 4. Controlling High Blood Pressure*	1. Child and Adolescent Well-Care Visits (adolescent age ranges only) 2. Developmental Screening in the First Three Years of Life 3. Lead Screening in Children

* reporting-only measure

B. Changes to the Methodology for Assessing Practice Performance in 2021

OHIC updated its proposed methodology from the October 8th memo to the PCMH Measures Work Group given new data from the 2020 PCMH Measures Survey. When OHIC drafted its proposed methodology, it hypothesized that COVID-19 would disproportionately impact preventive care measures that focused on the general population (e.g., Developmental Screening in the First Three Years of Life) compared to chronic care measures that evaluate only patients who received a visit during the measurement year (e.g., Controlling High Blood Pressure). However, data for the 2019-2020 performance period from the 2020 PCMH Measures Survey indicated that median performance for all measures declined. This suggests that COVID-19 has a negative impact on performance for all measures.

OHIC, therefore, is modifying its proposed methodology to treat all measures as COVID-19-impacted measures. Further, it is adjusting its improvement assessment so that practices no longer need to demonstrate a three percentage point improvement over one or two years to meet the improvement requirement. Practices only need to demonstrate that 2020-2021 performance is higher than 2018-2019 performance.[2,3] In addition, OHIC previously recommended adopting the same high-performance benchmarks that were initially defined for the 2019-2020 performance period.

The final methodology for the 2020-2021 performance year is as follows:

1. practices must meet a high-performance benchmark as summarized in Table 2 below ***or***
2. practice performance for the 2020-2021 performance period must be higher than the 2018-2019 performance period.

As mentioned in the October 8th memo, OHIC will reconvene the PCMH Measures Work Group in spring 2021 to assess whether any changes need to be made to this methodology after reviewing the effects of COVID-19 on health care utilization in early 2021.

Table 2: High-Performance Benchmarks for the 2020-2021 Performance Period

Measure	2021 Benchmark	Benchmark Source[4]
Measures for Adult Practices		

[2] As a reminder, the PCMH Measures Work Group previously recommended utilizing 2018-2019 performance to assess improvement for the 2020-2021 performance period.
[3] This methodology is consistent with what EOHHS is using to assess performance for the AE Quality Program for 2021, as of December 17, 2020. EOHHS is also reviewing its methodology in spring 2021.
[4] HEDIS national and New England data are from Quality Compass 2019 (CY 2018).

Measure	2021 Benchmark	Benchmark Source[4]
Colorectal Cancer Screening	Commercial: 60.83% Medicaid: 48.66%	*Commercial*: National commercial 50th percentile *Medicaid*: 80% of the commercial value
Comprehensive Diabetes Care: Eye Exam	49.39%	National commercial 50th percentile
Comprehensive Diabetes Care: HbA1c Control (<8)	Commercial: 64.96% Medicaid: 59.37%	*Commercial*: National commercial 90th percentile *Medicaid*: National commercial 66th percentile
Measures for Pediatric Practices		
Child and Adolescent Well-Care Visits (adolescent age ranges only)	Commercial: 76.15% Medicaid: 54.79%	*Commercial*: New England commercial 90th percentile *Medicaid*: National commercial 75th percentile
Developmental Screening in the First Three Years of Life	69.98%	2018 performance year benchmark (i.e., 25th RI percentile from 10/1/2016 – 9/30/2017)
Lead Screening in Children	TBD after OHIC obtains data from RIDOH	TBD after OHIC obtains data from RIDOH

III. Updated Measure Specifications for the 2021 PCMH Measure Set

OHIC revised the specifications for the measures included in the 2021 PCMH Measure Set to align with the updated specifications issued by the measure stewards. It also included telehealth codes in the definition of an active patient, which is applicable to all measure denominators. The specifications also newly include an "Updates to Measure Specifications" section at the beginning of each measure specification to quickly summarize any changes for practices and plans. OHIC is distributing clean and red-lined versions of the measure specifications with the memo. If any members of the PCMH Measures Work Group have feedback on the revised specifications, please email Cory King (Cory.King@ohic.ri.gov) and Deepti Kanneganti (dkanneganti@bailit-health.com) by January 6, 2021.

While updating the measure specifications for the 2020-2021 performance year, Bailit Health expressed concern that practices may be unable to update their reporting to adhere to many of the technical specification changes. Andrea Galgay, who annually assists with updating the measure specifications, shares this concern, noting that practices frequently rely on standard dashboards from EHR vendors that may not be updated in a timely manner. OHIC will include this topic on the agenda for the PCMH Measures Work Group meeting in spring 2021.

IV. Overview of Practice Performance from the 2020 PCMH Measures Survey

In addition to providing the final 2021 PCMH Measure Set and methodology for assessing practice performance in 2021, this memo also summarizes practice performance from the 2020 PCMH Measures Survey. 190 practices responded to the Survey in 2020, up from 187 practices in 2019. While we

continue to await practice lead screening performance information from RIDOH[5], the major findings from the Survey prior to assessment of that information include:

1. **100 percent, or all of the 190 reporting practices, met OHIC's meaningful improvement definition for the OHIC PCMH Measures Set by reporting performance to OHIC.** This is up from prior years because OHIC relaxed the meaningful improvement definition in 2020 to account for COVID-19. Therefore, practices met the OHIC PCMH "meaningful performance improvement" definition by reporting performance rather than meeting a high-performance benchmark or demonstrating a three percentage point improvement over one or two years.
2. **Median performance on the 2020 PCMH Measures Set declined for all measures, presumably due to COVID-19, as summarized in Appendix B**, **Table 3.** This is a departure from OHIC's initial hypothesis, as described in section II.B. In addition, median performance for more experienced practices (i.e., practices reporting for the first time in 2016) was higher than less experienced practices (i.e., practices reporting for the first time in 2020) for most measures.
3. **There continues to be significant variation in performance for all measures in the 2020 PCMH Measures Set.** This suggests that there is still substantial opportunity for improvement for some practices on these measures moving forward. See **Appendix B**, **Table 4** for more information.
4. **There remain big inequities for patients receiving care from Medicaid-focused practices compared to those served by commercial-focused practices, similar to 2019.** The median rates for commercial-focused practices were more than three percentage points higher than for Medicaid-focused practices for five of seven measures, which supports the need for differential benchmarks for Medicaid-focused practices compared to commercial-focused practices for these measures. See **Appendix B**, **Table 5** for more information.

OHIC also requested data from practices on behavioral health integration activities and how they were capturing depression screening data electronically. Major findings include:

1. **Most practices submitting data for the OHIC PCMH Measures Survey are not engaging in behavioral health integration activities.** Forty percent, or 76 practices, that submitted data met OHIC's definition of behavioral health integration, which required practices to either receive or participate in NCQA's Behavioral Health Distinction program or CTC's Integrated Behavioral Health program or complete a behavioral health integration self-assessment tool and develop an action plan for improving the practice's level of integration. Practices engaging in behavioral health integration activities were more likely to be practices with several years of PCMH recognition, Medicaid-focused practices and/or dual specialty practices.
2. **Almost all practices are currently capturing depression screening data in a format that supports use of the HEDIS Depression Screening and Follow-up Measure, but only half are capturing follow-up activities in a similar format.** The HEDIS measure is favorable to other depression screening measures because it has a more robust definition of follow-up. However, it

[5] Pediatric and dual specialty practices granted the RI Department of Health (RIDOH) approval to share practice-specific data from KIDSNET for the Lead Screening in Children measure to OHIC. RIDOH indicated that it would not be able to provide these data until February 2021 due to competing COVID-19 priorities. Therefore, OHIC assumed that all practices that granted RIDOH permission to share data had data in KIDSNET, and therefore would meet OHIC's reporting-only requirement for 2020.

requires reporting through electronic clinical data systems (ECDS), such as the statewide Quality Reporting System (QRS), that can only pull data from practice EMRs if required data elements are in defined fields. Practices will need to revise how they are collecting data on follow-up activities if they are to utilize the QRS to report performance on this measure in 2022 (see **Appendix C** for more information). OHIC recommends discussing this topic further during a January 2021 meeting with the PCMH Measures Work Group and Liv King from EOHHS.

IV. Next Steps

The PCMH Measures Work Group should review and provide any feedback it has on the measure specifications for the 2021 PCMH Measure Set to Cory King (Cory.King@ohic.ri.gov) and Deepti Kanneganti (dkanneganti@bailit-health.com) by January 6, 2020.

The PCMH Measures Work Group will reconvene in January 2021 to discuss how to make progress towards using the HEDIS Depression Screening and Follow-up measure in light of the new data on current practice efforts to capture depression screening electronically. It will reconvene again in spring 2021 to finalize the methodology for the 2020-2021 performance period after reviewing 2019-2020 data reported in fall 2020 and the progression of COVID-19 on health care utilization, discuss challenges associated with practices aligning with the measure specification updates and assess for which measures OHIC should adopt differential benchmarks for Medicaid-focused practices compared to commercial-focused practices.

We hope you find this memo to be helpful and look forward to discussing these topics with you.

Enclosed: Revised Measure Specifications Adult and Pedi CTC-OHIC December 2020 redline
Revised Measure Specifications Adult and Pedi CTC-OHIC December 2020 clean

Appendix A: Summary of Work Group Feedback to Proposed Changes to the 2021 PCMH Measure Set and Methodology

Proposed Action	Work Group Member's Feedback	OHIC's Response
Adopt the revised specifications for Controlling High Blood Pressure and temporarily move the measure to reporting-only status for 2020-2021.	There were no concerns raised regarding this recommendation.	N/A
Consider inclusion of Breast Cancer Screening for the PCMH Measure Set during the 2021 Annual Review.	There were no concerns raised regarding this recommendation.	N/A
Adopt the adolescent age stratifications for Child and Adolescent Well-Care Visits and adjust the 2021 benchmark for the measure to account for the difference in performance between the administrative and hybrid data collection methods.	Can you clarify if this NCQA measurement change that includes 7-11 well child visits will be included in the core measure? Will pediatric practices be expected to measure and show improvement inclusive of the 7-11 well child visits? Can you clarify if Pediatric practices will be expected to measure and show improvement in the two adolescent age ranges? Children generally leave pediatric practices at age 18. We recommend that the first adolescent age range (12-17) be included in the core measure.	OHIC will only include the adolescent ages ranges, i.e., 12-21 years, in the PCMH Measure Set. Practices will not be expected to measure and show improvement for patients ages 7-11. Pediatric practices will be expected to measure and show improvement for patients in the 12-21 age range. If children leave the pediatric practice at age 18, they will not be included in the denominator for the measure (i.e., active patients 12-21 years of age at the end of the measurement year) and therefore the practice will not be held accountable for those patients.
Remove Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents for 2020-2021.	PCMH-Kids incentive program is ending 6/30/22, not 2021. We recommend keeping BMI Weight Assessment and Counseling until the completion of the PCMH Kids program.	One part of OHIC's PCMH definition is for practices to demonstrate clinical quality performance attainment. Practices have been reporting extremely high performance, i.e., at or near 90 percent, since the measure was first included in 2016. This measure, therefore, cannot be used to assessment performance improvement, since little opportunity exists and will be removed from the PCMH Measure Set for 2021. OHIC confirmed the reasonableness of this decision with Pat Flanagan and Beth Lange.

Proposed Action	Work Group Member's Feedback	OHIC's Response
	[We are] supportive of this recommendation; however, the document from OHIC does not make clear which of the three components of the measure is being removed from the PCMH list.	The measure previously included in the PCMH Measure Set was a modified version of the HEDIS measure. It was an all-or-nothing measure, i.e., practices were required to have evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity. The proposal recommended removing the modified HEDIS measure.
Include telehealth codes in 2020-2021 measure specifications.	There were no concerns raised regarding this recommendation.	N/A
Temporarily adopt the proposed methodology and benchmarks for assessing performance for 2020-2021 and revisit the proposal in spring 2021.	[We agree], with the exception of the proposal for how the Developmental Screening measure will be handled. [Our] preliminary admin rate for Developmental Screening as of Q3 2020 is 69.54% compared to the Q3 2019 admin rate of 63.35%. The rate for Q3 2020 is the highest admin rate we have seen for this measure. We recommend Developmental Screening be treated the same as the two Diabetes measures for 2020-2021.	This recommendation is reasonable, especially given that the measure denominator requires a patient to have a visit with a clinician, similar to the chronic condition measures in the PCMH Measure Set. After reviewing this feedback, however, OHIC received data from the 2019-2020 PCMH Measures Survey, which showed that performance for all measures decreased. Therefore, OHIC is modifying the methodology for all measures, as described in section II.B.
Miscellaneous	At this point, nearly every PCMH practice is in an ACO and AE contract and therefore they must submit patient level data on all of the core quality measures as part of those contracts. Could these practices be excluded from the annual submission process and have their performance be based on how they do with all of those contracts?	OHIC raised this topic for discussion with the Payment and Care Delivery Advisory Committee in fall 2020. This approach was not supported by the Advisory Committee, and has previously been supported by the Work Group when discussed in 2019 because individual practices may be negatively harmed if the ACO to which it belongs fails to meet the requirement and because there is a lot of variation in practice performance within an AE.

Appendix B: Practice Performance Data from the 2020 PCMH Measures Survey

Table 3: Comparison of 2016 – 2020 Median Rates

	2020	2019	2018	2017	2016
Adult Measures					
Colorectal Cancer Screening	67% (n=133)	70% (n=123)	N/A	N/A	N/A
Comprehensive Diabetes Care: Eye Exam[6]	37% (n=148)	38% (n=140)	N/A	N/A	N/A
Comprehensive Diabetes Care: HbA1c Control	63% (n=129)	67% (n=140)	66% (n=136)	64% (n=117)	69% (n=99)
Controlling High Blood Pressure	72% (n=150)	N/A	N/A	N/A	N/A
Pediatric Measures					
Adolescent Well-Care Visits	75% (n=47)	81% (n=44)	N/A	N/A	N/A
Developmental Screening	75% (n=44)	79% (n=36)	89% (n-30)	81% (n=25)	76% (n=21)
Lead Screening in Children	TBD	N/A	N/A	N/A	N/A
Weight Assessment and Counseling	81% (n=49)	89% (n=47)	89% (n=35)	89% (n=24)	90% (n-21)

Table 4: Comparison of 2020 Percentile Rates

	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Adult Measures				
Colorectal Cancer Screening	56%	67%	78%	83%
Comprehensive Diabetes Care: Eye Exam	24%	37%	57%	65%
Comprehensive Diabetes Care: HbA1c Control	54%	63%	68%	74%
Controlling High Blood Pressure	66%	72%	81%	86%

[6] OHIC recalculated 2019 median performance for this measure to include practices with rates of less than 40 percent. OHIC retained practices with rates less than 40 percent for this measure (which it typically defines as aberrant for other measures) because performance for this measure is significantly lower than for other measures due to challenges obtaining data from eye care providers. A rate of less than 40 for this measure does not necessarily indicate aberrant performance as it may for other higher-performing measures. The 2019 median rate included in this memo may therefore not align with older documents.

	25th Percentile	50th Percentile	75th Percentile	90th Percentile
Pediatric Measures				
Adolescent Well-Care Visits	63%	75%	82%	98%
Developmental Screening	51%	75%	89%	96%
Lead Screening in Children	TBD	TBD	TBD	TBD
Weight Assessment and Counseling	67%	81%	98%	100%

Table 5: Comparison of 2020 Median Rates for Commercial- and Medicaid-Focused Practices

	Commercial-Focused Practice Rate	Medicaid-Focused Practice Rate
Adult Measures		
Colorectal Cancer Screening	71% (n=107)	57% (n=26)
Comprehensive Diabetes Care: Eye Exam	39% (n=118)	34% (n=30)
Comprehensive Diabetes Care: HbA1c Control	63% (n=103)	61% (n=26)
Controlling High Blood Pressure	74% (n=120)	68% (n=30)
Pediatric Measures		
Adolescent Well-Care Visits	78% (n=27)	63% (n=20)
Developmental Screening	83% (n=24)	72% (n=20)
Lead Screening in Children	TBD	TBD
Weight Assessment and Counseling	80% (n=26)	81% (n=23)

Appendix C: Practice Efforts to Collect Depression Screening Electronically

Table 6: Format for Capturing Results of Depression Screening Electronically

Format	Practices Utilizing this Format
A PHQ-9 score that includes a numeric value for every answer	81% (153/189)
A PHQ-9 total score	55% (104/189)
Positive/negative check box or similar yes/no method	6% (12/189)
Scanned copy of completed survey	6% (12/189)
A score using another assessment tool	5% (9/189)
Free text	4% (7/189)
Other	4% (7/189)
Not applicable	0% (0/189)

Note: Responses are not mutually exclusive. Other assessment tools include PHQ-2, PHQ for ages 11 and older, and screening embedded into a progress and/or wellness note. Other efforts include capturing reports through practice EHRs and utilizing "Smart Forms" to populate screens into a patient record.

Table 7: Format for Capturing Follow-up Activities Performed by Someone within the Practice/ACO

Format	Practices Utilizing this Format
Order or referral stored electronically in the EHR	45% (84/188)
Free text	36% (68/188)
A drop-down menu or check boxes with specified follow-up actions	29% (55/188)
A check-off box indicating follow-up was performed (without detail)	7% (13/188)
Other (please specify)	3% (6/188)
Not applicable	0% (0/188)

Note: Responses are not mutually exclusive. Other formats include monthly reports for identifying which patients need to be re-screened and consultations with a physician to discuss the benefits of counseling.

Table 8: Format for Capturing Follow-up Activities Performed by Someone outside of the Practice/ACO

Format	Practices Utilizing this Format
Scanned consultation note into media	81% (145/180)
Closed order or referral	78% (140/180)
Free text	61% (109/180)
Other (please specify)	18% (32/180)
Not applicable	0% (0/180)

Note: Responses are not mutually exclusive. Other formats include utilize EMR faxes or notes, establishing compacts with other provider groups and utilizing follow-up visits to capture this information.

Table 9: Additional Practice Activities to Capture Depression Screening Information Electronically

Activity	Practices Partaking in the Activity
Administer electronic screening prior to and/or at the beginning of appointments	48% (22/46)
Utilize PHQ-2 scores to capture initial depression screening information before administering the PHQ-9	22% (10/46)
Leveraging data from warm hand-off reports to capture needed information	20% (9/46)