

MEMORANDUM

To: Trevor Abeyta, Ling Cui, Nathan Drashner, Seth Lewis, Zoe Marchand, Nicole Nyberg, Adam Schafer, Jed Ziegenhagen, Colorado Department of Health Care Policy & Financing

From: Nina Bastian, Kimberly Phu, Paul Presken, Mara Baer, Colorado Health Institute

Re: Program Year 2021 Accountable Care Collaborative Alternative Payment Model Measures, Points, and Goal Recommendations

Date: November 2, 2020

This memorandum summarizes recommendations from the Colorado Health Institute (CHI) to the Colorado Department of Health Care Policy & Financing (the Department) for the Program Year (PY) 2021 Accountable Care Collaborative (ACC) Primary Care Alternative Payment Model (APM) measure set, measure points, and measure goals.

The APM, now in its second year, provides continued investments into primary care while rewarding performance and introducing accountability for outcomes. The Department consults with stakeholders to review details of the program and the quality measures across three categories: structural, claims, and electronic clinical quality measures (eCQMs).

These recommendations are based on stakeholder input elicited during two public listening sessions, four ad hoc workgroup meetings, (which included time for public comment), requests for written feedback, a review with the ACC Program Improvement Advisory Committee (PIAC), and a review with the ACC PIAC Provider & Community Experience (P&CE) Subcommittee. Due to minimal family medicine and internal medicine provider representation in the ad hoc workgroup meetings, CHI also elicited limited provider feedback through a brief survey that received two responses. Feedback from the survey is included throughout the memo where applicable.

While most measures and points remain the same in the coming program year, stakeholders recommended several key changes and considerations. The COVID-19 pandemic also changed how many practices delivered care, which was factored into the considerations.

This memorandum is divided into seven sections:

- I. Considerations for PY2021 Due to COVID-19
- II. Recommendations for Electronic Clinical Quality Measures
- III. Recommendations for Claims Measures
- IV. Recommendations for Structural Measures
- V. Other Measure Feedback and Measures on Hold
- VI. General Program Considerations
- VII. APM Ad Hoc Workgroup Membership

Important notes about these recommendations:

- Specific point assignment recommendations for each measure are included in the measure recommendation sections (Sections II-IV). General measure feedback, concerns, and suggestions are included in the “Other Measure Feedback” section (Section V).
- Each measure’s specific point assignment recommendation is based on how easy the measure is to operationalize. Lower measure point assignments indicate relative ease of implementation, whereas higher point assignments indicate relative difficulty of implementation.

I. Considerations for PY2021 Due to COVID-19

The ongoing COVID-19 pandemic has had numerous effects on practices, including significant decreases of in-person visits and increases in care being provided through alternative modes, such as telehealth. Many stakeholders have had concerns about how the pandemic will influence APM PY2021.

- **Structural Measure Cap** – Workgroup members said that for PY2021, there should not be a cap on points that can be earned from structural measures. A cap on points for structural measures was originally implemented in PY2020 but later removed due to COVID-19. Stakeholders felt this modification should remain in place for PY2021 as the pandemic and the changes it has caused are ongoing. Notably, however, feedback from the P&CE Subcommittee suggested the opposite, stating that structural measures do not promote quality care. However, workgroup members feel that continued uncertainty due to the pandemic means **the maximum of 180 points earned from structural measures should not be re-implemented for PY2021.**
- **Baseline Data** – Workgroup members recommend using PY2020 as a baseline for PY2021 measure performance, or if feasible, blending PY2019 and PY2020 as a baseline for some measures that would be more susceptible to effects of the pandemic.
- **Addressing Telehealth** – Stakeholders suggested that telehealth should be included in many of the measure descriptions as patients are delaying in-person primary care visits. Another suggestion was to create a new structural measure around telehealth access. In reviewing with the PIAC, the advisory group for the state’s ACC, the [final ruling from CMS](#) on interoperability, information blocking, patient access to data, and electronic health record certification criteria were noted as also being relevant to ongoing efforts to incorporate telehealth. Staff at the Department shared that other workgroups are looking into how to best capture telehealth in the APM and as a benefit for Health First Colorado, the state’s Medicaid program. Further, because current measure descriptions are based off the Healthcare Effectiveness Data and Information Set (HEDIS), which is developed and maintained by the National Committee for Quality Assurance (NCQA), many measure descriptions cannot be modified.

II. Recommendations for Electronic Clinical Quality Measures

The following 15 electronic clinical quality measures (eCQMs) are recommended to be included in the PY2021 ACC APM measure set. The Measure Number column provides a hyperlink to the official measure specification documentation. The PY2021 Measure Status column indicates “Keep” if a PY2020 measure should be retained as an option for PY2021. Stakeholder feedback about selected measures is included below the table. If no feedback is listed for a measure, then no feedback was received about the measure, or feedback was unanimously in favor of the recommendation as originally suggested.

Electronic Clinical Quality Measures (eCQMs) Recommended for Inclusion in PY2021

Measure Number	Measure Description	Population Served	PY2021 Measure Status	PY2021 Measure Points*	PY2021 Department Goal
CMS 2	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Adults/Peds	Keep ⁺	30	93%
CMS 69	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up	Adults	Keep	30	88%
CMS 74	Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists	Peds	Keep	40	10%
CMS 82	Maternal Depression Screening	Women/ Peds	Keep	40	90%
CMS 117	Childhood Immunization Status	Peds	Keep	50	51%
CMS 122	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)	Adults	Keep	50	15%
CMS 125	Breast Cancer Screening	Women	Keep	40	82%
CMS 130	Colorectal Cancer Screening	Adults	Keep	30	84%
CMS 131	Diabetes: Eye Exam	Adults	Keep	30	99%
CMS 138	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Adults	Keep ^{**}	20	99%
CMS 153	Chlamydia Screening for Women	Women/ Peds	Keep	30	64%
CMS 155	Weight Assessment and Counseling for Nutrition & Physical Activity for Children & Adolescents	Peds	Keep	50	66%

CMS 161	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Adults	Keep	40	97%
CMS 165	Controlling High Blood Pressure	Adults	Keep	50	82%
CMS 177	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Peds	Keep	40	90%

- * Per the APM program design, a practice can earn half the point value for an eCQM measure if it reports data but does not achieve its close the gap performance goal.
- + The Department has recommended that beginning in PY2021, practices be required to select one of two available depression screening measures (eCQM or claims). See Section V.
- ** Preliminary recommendations from the Department suggested that the measure be removed.

Stakeholder feedback for select eQMs:

- **CMS 138: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** – Preliminary recommendations from the Department proposed the removal of this measure for PY2021 on the basis that Primary Care Medical Providers (PCMPs) are consistently high-performing and thus have little room for improvement. However, workgroup members stated that the Department should compare performance between rural and urban areas as rural areas tend to have higher rates of tobacco use, making the measure relevant for these areas. Additionally, stakeholders noted that the measure is often a point of focus for OB/GYN practices serving as PCMPs. The tobacco measure is also an eCQM that smaller practices with electronic medical records (EMRs) can successfully report. Given an overall push to use eCQM and claims measures over structural measures, removing this option would limit the ability for smaller practices to select and report on eQMs. The final workgroup recommendation is that this measure be retained for PY2021.
- **CMS 2: Preventive Care and Screening: Screening for Depression and Follow-up Plan** – Workgroup members suggested that the point value for this measure should be increased as it is time-consuming to properly document the measure in EMRs.

III. Recommendations for Claims Measures

The following 18 claims measures are recommended to be included in the PY2021 ACC APM measure set. The PY2021 Measure Status column indicates “Keep” if a PY2020 measure should be retained as an option for PY2021. The PY2021 Measure Status column indicates “Add” if a new measure is being recommended for inclusion in the measure set beginning PY2021. Stakeholder feedback about selected measures is included below the table. If no feedback is listed for a measure, then no feedback was received about the measure, or feedback was unanimously in favor of the recommendation as originally suggested.

Claims Measures Recommended for Inclusion in PY2021

Measure Description	Population Served	PY2021 Measure Status	PY2021 Points	PY2021 Department Goal
Adolescent Immunizations	Peds	Keep	50	47%
Antidepressant Medication Management	Adults	Add	40	Acute: 70% Continuation: 56%
Asthma Medication Ratio	All	Add*	40	72%
Breast Cancer Screening	Women	Keep	20	70%
Cervical Cancer Screening	Women	Add^	20	72%
Child and Adolescent Well Visits	Peds	Add*	50	80%
Childhood Immunizations Combo 7	Peds	Keep	50	68%
Chlamydia Screening	Women/Peds	Keep	10	72%
Depression Screening and Follow-up Within 30 Days of a Positive Depression Screen	All	Add ⁺⁺	Screening: 30 Follow-up: 30	Screening: 67% Follow-up: 71%
Diabetes: Medical Attention to Nephropathy	Adults	Keep	20	94%
Flu Shots, All Ages	All	Add	50	75% - TBD
Follow-Up After ED for Chronic Conditions	Adults	Add^	40	57%
Lead Screening	Peds	Keep	30	80%
Pharmacotherapy Management of COPD Exacerbation	Adults	Keep	30	90%,82%
Spirometry Testing	Adults	Keep	20	43%
Use of Imaging in Low Back Pain	Adults	Keep	30	82%

Weight Assessment and Counseling for Nutrition & Physical Activity for Children & Adolescents	Peds	Keep	40	91%,86%,81%
Well Visits in the First 30 Months of Life	Peds	Add*	50	80%

* Proposed measure replaces a retired HEDIS measure.

^ Measure should be modified before inclusion in the measure set. See additional detail in the “stakeholder feedback for select claims measures” section that follows.

+ It is recommended that beginning PY2021, practices will be required to select one of two available depression screening measures (eCQM or claims). See Section V.

Stakeholder feedback for select claims measures:

- **Antidepressant Medication Management** – Workgroup members shared concerns as to whether this measure could be used by practices with smaller patient panels. Another concern was that the measure terminology should match the NCQA measure description (“acute” and “continuation” phases as opposed to “acute” and “chronic”). With no other concerns heard, workgroup members recommend that this measure be included in the measure set beginning PY2021.
- **Asthma Medication Ratio** – Many stakeholders were concerned that this measure does not align with patient safety and care considerations, as oftentimes patients require multiple inhalers in different locations. This raises concerns regarding whether the measure is equitable for use in certain populations, such as children living in multiple households. Additionally, workgroup members felt that the recommended goal was high. However, because the measure is replacing a retired HEDIS measure, and because stakeholders also expressed that asthma control is necessary given the current climate (increased wildfires and poor air quality), the workgroup recommendation is that this measure be added to the measure set for PY2021. Workgroup members also recommend further investigation of alternative asthma measures that will better monitor asthma control to be used in future program years.
 - Feedback elicited from the provider survey echoed these sentiments. Providers stated that the measure could imply a poor ratio that is not clinically accurate when multiple rescue inhalers are prescribed to ensure the medication is available in multiple households and at schools. Additionally, providers felt the measure does not align with patient- or family-centered approaches to care and is not reflective of the reality of day-to-day life for many children.
- **Cervical Cancer Screening** – Workgroup members stated that the American Cancer Society has [updated screening recommendations](#) as of summer 2020 and that the measure description should be modified to reflect these changes before being included in the measure set for PY2021. The screening recommendations from the American Cancer Society are:
 - Cervical cancer testing (screening) should begin at age 25 for individuals with a cervix. Patients age 25 to 65 should have a primary human papillomavirus (HPV)

test every 5 years. If primary HPV testing is not available, screening may be done with either:

- A co-test that combines an HPV test with a Papanicolaou (Pap) test every 5 years, or
- A Pap test alone every 3 years

Additionally, workgroup members recommend utilizing the equivalent eCQM for this measure in future years (CMS 124 – see Section V). No other concerns were shared about the use of this measure and therefore, the workgroup recommends the measure be added to the PY2021 measure set once the description is modified to match American Cancer Society screening guidelines.

- **Child and Adolescent Well Visits** – Workgroup members voiced concern about the goal for this measure, which they said was too high and unattainable for providers given the reduction in in-person visits due to the pandemic. No other concerns were raised and because the measure is intended to replace a retired HEDIS measure, the workgroup recommends that the measure be included in the PY2021 measure set.
- **Depression Screening and Follow-up Within 30 Days of a Positive Depression Screen** – Workgroup members shared concern about the current measure description, as a validated screening tool does not exist for ages 1-8. Many suggested the measure description should be updated to reflect an appropriate age where a validated screening tool exists, such as 12 and older. The workgroup therefore recommends inclusion of the measure in the PY2021 measure set if the measure description is modified to reflect an appropriate age for depression screening. (See Section V for feedback regarding the mandatory requirement of a depression screening measure).
 - Feedback received through the provider survey included similar concerns. Providers said the measure should align with the HEDIS metric and apply to those 12 years of age or older. Another concern was that use of claims data could miss screening questionnaires that are done via email or other non-visit care. The providers also suggested that phone and video visits should be counted as clinically appropriate modes for the follow-up portion of the measure. Providers also urged that the Department must be forward-thinking in understanding that at this point in time, much of the care received by patients, such as phone calls or email, is not “claims generating” – a concept that will also become more prevalent in health care.
- **Flu Shots, All Ages** – Stakeholders stated a potential concern with this measure is that practices may not receive influenza vaccinations until November, delaying their ability to provide vaccines to patients. With no other concerns heard, workgroup members recommend this measure be added to the PY2021 measure set. They also would like to be given the option to utilize the equivalent eCQM for this measure (CMS 147 – see Section V). However, stakeholders noted that if both measures are included in the measure set, restrictions should be in place so practices may only report on one flu vaccination measure (eCQM or claims).

- Feedback provided from the provider survey stated that the measure should be based on both claims and Colorado Immunization Information System (CIIS) data, but no other concerns were received.
- **Follow-Up After ED for Chronic Conditions** – Workgroup members voiced concern regarding the definition of chronic conditions in this measure, stating that diabetes should be included, but that acute myocardial infarction, which is included, is not a chronic condition. There were no additional concerns regarding inclusion in the PY2021 measure set.
 - Feedback received through the provider survey also stated that clear definitions are necessary for this measure. This includes defining “multiple-high risk conditions”, whether the measure applies to ED visits that occurred due to a chronic condition or any ED visit, whether a seven-day follow-up is appropriate for all ED visits, and what counts as a “follow-up service”. Providers felt the measure should include all modes of care that are used for follow-up services, including phone calls.
- **Well Visits in the First 30 Months of Life** – Workgroup members voiced concern about the goal for this measure, saying it was too high and unattainable for providers given a reduction of in-person visits due to the pandemic. No other concerns were raised and because the measure is intended to replace a retired HEDIS measure, it is recommended that the measure be included in the PY2021 measure set.

The following five claims measures are recommended for removal from the PY2021 ACC APM measure set. The PY2021 Measure Status column indicates “Replace” if a PY2020 measure is being removed and replaced by a new measure. The PY2021 Measure Status column indicates “Remove” for a measure that is being removed. Stakeholder feedback about selected measures is included below the table. If no feedback is listed for a measure, then no feedback was received about the measure, or feedback was unanimously in favor of the recommendation as originally suggested.

Claims Measures Recommended for Removal in PY2021

Claims Measure Description	Population Served	PY2021 Measure Status
Adolescent Well Care	Peds	Replace (Retired HEDIS Measure)
Well Child Visits 3-6 years	Peds	Replace (Retired HEDIS Measure)
Well Child Visits in the first 15 months of life	Peds	Replace (Retired HEDIS Measure)
Medication Management for People with Asthma	All	Replace (Retired HEDIS Measure)

Appropriate Testing for Pharyngitis	Adults/Peds	Remove
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Stakeholder feedback for select claims measures:

- **Appropriate Testing for Pharyngitis** – Workgroup members shared concern over removing this measure as they felt pediatric practices would be limited in available measures they can select from. It was suggested that the measure be replaced with the equivalent eCQM (CMS 146 – See section V).

IV. Recommendations for Structural Measures

The following 31 structural measures are recommended to be included in the PY2021 ACC APM measure set. The PY2021 Measure Status column indicates “Keep” if a PY2020 measure should be retained as an option for PY2021. No stakeholder feedback on specific structural measures was received.

Structural Measure Category	Structural Measure Description	Population	PY2021 Measure Status	PY2021 Measure Points
Implement Continuous Quality Improvement Activities	Quality Improvement	All	Keep	10
	Improvement Activities	All	Keep	20
	QI Strategy & QI Plan	All	Keep	30
	Use Data Effectively	All	Keep	40
	Patient Satisfaction	All	Keep	50
Team Based Care	Empanelment	All	Keep	10
	Define Team	All	Keep	20
	Team Training	All	Keep	30
	Team Meetings	All	Keep	40
	Interdisciplinary Team	All	Keep	50
Access	Availability of Appointments	All	Keep	10
	Follow-up for Missed Appointments	All	Keep	20
	Improving Patient/Family Access	All	Keep	30
	Alternative Encounters	All	Keep	40
	Accepting New Patients	All	Keep	50
Care Management	Standing Orders	All	Keep	10
	Screening and Follow-Up	All	Keep	20
	Gaps in Care	All	Keep	30
	ED and Hospital Follow-Up	All	Keep	40
	Risk Stratification	All	Keep	50
Care Coordination	Clinical Question & Data Sharing	All	Keep	10
	Care Compacts	All	Keep	20
	Referral Tracking	All	Keep	30
	Lab & Imaging Tracking	All	Keep	40
	BH Integration	All	Keep	60
Providing Self-Management Support	Shared Decision-Making Tools	All	Keep	10
	Assess Self-Management Support Capability	All	Keep	20
	Self-Management Tools	All	Keep	30
	Implement Self-Management Support	All	Keep	40
	Individual Care Plan	All	Keep	50
Avoidable Costs	Potentially Avoidable Costs/Complications	All	Keep	40

V. Other Measure Feedback and Measures on Hold

Throughout the engagement process, stakeholders shared ideas and recommended further discussion about many measures. This feedback is summarized below.

- **Suggested changes for PY2021**
 - **Mandatory Depression Screening Measures** – Preliminary recommendation from the Department proposed that the claims measure “Depression Screening and Follow-up Within 30 Days of a Positive Depression Screen” should be mandatory for all practices. However, stakeholders in the ad hoc workgroup felt that mandating reporting on a claims measure would not produce accurate results as there is a lag time for claims measures. Additionally, workgroup members were concerned that mandating any measure limits practices’ autonomy to select measures. Some felt the mandate was merely a reaction to the COVID-19 pandemic which has exacerbated mental health needs. Workgroup members suggested that the measure should be required as a bonus 11th measure instead of one of the 10 they can choose from, in essence allowing practices to earn extra credit.

Staff at the Department expressed that depression screening is critical to address growing behavioral health needs in Colorado and that the pandemic has underscored these needs. In response to initial stakeholder feedback, a second proposal was made: Depression screening would be a mandatory measure beginning PY2021, but practices may choose between either:

Claims – Depression Screening and Follow-up Within 30 Days of a Positive Depression Screen

or

eCQM – CMS 2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan

For Federally Qualified Health Centers (FQHCs), which are required to select at least one claims measure to report, the claims measure “Depression Screening and Follow-up Within 30 Days of a Positive Depression Screen” may satisfy this requirement. However, if an FQHC chooses to report the eCQM “CMS 2: Preventive Care and Screening: Screening for Depression and Follow-Up Plan” then they must also choose another claims measure to report.

When presented with this counterproposal, workgroup members reiterated that mandating a measure would limit practices’ ability to meet the overall 200 points needed to avoid a reduction in APM rate reimbursement. Workgroup members suggested revisiting the idea of a mandatory 11th measure and suggested that structural measures could be added to the pool of mandatory depression screening measures to select from. Either of these options would allow practices to work towards a mandatory claim or eCQM measure for depression screening in the future, and would be a good first step for practices that do not have current screening processes in place.

A workgroup member also shared that the 30 points attributed to the eCQM measure was low and this point value should be modified, as the documentation that allows this measure to be captured in EMRs is time-consuming, (discussed in section II).

Overall, **stakeholders recommend depression screening measures should not be mandatory**. If they are, stakeholders recommended that it should be either an additional, 11th measure or that more measures, including structural measures, should be added to the selections to choose from.

- **Measures/ideas that should be further investigated for inclusion in PY2022**
 - Due to time constraints, lack of current data on proposed measures, and the time needed to build new measures, the workgroup has suggested the following measures or ideas be explored for possible inclusion in PY2022:
 - eCQM – [CMS 50](#): Closing the Referral Loop: Receipt of Specialist Report
 - Stakeholders supported exploration of this measure, saying that documentation guidelines should be in place for specialists upon receipt of a referral from a PCMP.
 - eCQM – [CMS 124](#): Cervical Cancer Screening
 - Stakeholders felt that because cervical cancer screening was recommended for inclusion as a claims measure, the equivalent eCQM should also be included but that practices should be limited to selecting either the claims measure or the eCQM.
 - eCQM – [CMS 146](#): Appropriate Testing for Children With Pharyngitis
 - This measure was suggested to be included as a replacement for the removed claims measure “Appropriate Testing for Pharyngitis.”
 - eCQM – [CMS 147](#): Preventive Care and Screening: Influenza Immunization
 - Stakeholders felt that because flu vaccination was being included as a claims measure, the equivalent eCQM should also be included but that practices should be limited to selecting either the claims measure or the eCQM.
 - Structural Measure – Accepting New Patients
 - A concern was raised about the number of months a practice needs to be open and accepting new Medicaid patients in order to successfully meet the requirements of the “Accepting New Patients” measure. However, many workgroup members felt that it was a good incentive to ensure patients are able to get into practices and thus the measure should not be modified. Alternatively, workgroup members suggested creating a new measure for PY2022 to track the percentage of a practice’s patient

population that is Medicaid, or to create a provider attestation form to capture the current structural measure. Many workgroup members supported the idea of an attestation form.

- Asthma control
 - Due to concerns with the Asthma Medication Ratio claims measure, stakeholders suggested other measures to monitor asthma should be explored for PY2022, such as a measure that would capture whether an asthma action plan has been documented.
- Access to care measures (adults and children)
 - Stakeholders believe that these measures should be considered for potential inclusion in PY2022 as they capture both preventive and acute visits, noting that preventive issues are often caught during acute visits. Stakeholders noted that if this measure is used for children, it would need to be age-adjusted.
- Adult/older adult well visit measure
 - While some concerns were raised about whether well visits for adults and older adults are clinically indicated, many felt this was worth exploring as a potential measure in PY2022.
- Continuity of Care Measure (Bice-Boxerman Continuity of Care Index)
 - Stakeholders suggested adding a continuity of care measure, such as the Bice-Boxerman Continuity of Care Index, which measures the dispersion of primary care visits across clinicians – patients with higher scores have most of their visits with the same clinician or a small number of clinicians.
- Developmental screening measure
 - Stakeholders stated that although NQF ID: 1448 – Developmental Screening in the First Three Years of Life is no longer an endorsed measure, they would be interested in a replacement that would increase measure options for pediatric practices and align with the American Academy of Pediatrics Bright Futures guidelines.
- Patient-Centered Primary Care Measure (PCPCM)
 - Stakeholder suggested implementing the PCPCM patient-reported outcome measure (PROM), which uses a survey to ask patients to assess 11 distinct, interrelated items regarding the care they received.
- Primary Care Provider Oral Health Screens & Fluoride Varnish

- Stakeholders suggested that more oral health measures should be included. Specific suggestions included utilizing oral health screen (D0190) and/or fluoride varnish (D1206) codes.
- Substance use screening for adolescents (SBIRT screening) and tobacco cessation/nicotine use (vaping)
 - Many stakeholders agreed that adolescent substance use screening should be included for PY2022, given high rates of adolescent vaping in Colorado. Stakeholders suggested using CPT codes 99406 and 99407 to capture adolescent tobacco screening and cessation counseling. Other billing codes that could be used are H0049, 99408 and 99409 for SBIRT screening.
- Total cost of care measure
 - Inclusion of this measure has been discussed in past years and continues to be supported by many workgroup stakeholders. The PIAC had many concerns with a total cost of care measure and whether lowering cost would produce higher quality. PIAC members also expressed that the primary focus should be on improving quality of life for patients and not saving money and making profits. Further exploration of this measure for future program years will be needed.
- **Addressing Racial Disparities Through APM** – There are racial disparities in primary care access and utilization. Stakeholders had numerous ideas on how these disparities could be addressed through quality programs like the APM. Feedback and suggestions from stakeholders include:
 - Exploring and providing research that measures what the baseline disparity is around access and utilization, as well as what specific disparities exist as related to current measures. Practices would also like data/context on the root cause of disparities so they can be effectively addressed. However, it should be noted that not all practices will have a large enough panel size of patients of specific races or ethnic groups to make a meaningful difference if a blanket solution is implemented. Disparities should therefore be measured at different population levels (at the Regional Accountable Entities (RAE) population-level, for example) to inform next steps.
 - The PIAC also shared the idea that data on disparities should be available by location, geographic, and economic stratifications.
 - Exploring and understanding how specific APM measures can be used to advance or hinder health equity in primary care. This includes considering the population served by a practice and how meeting an APM measure goal could inadvertently disincentivize efforts to reach communities in need.
 - Developing a structural measure surrounding race/ethnicity data collection.

- Stakeholders suggested that practices collecting race/ethnicity data could help build more robust datasets. However, some were unsure of how this data would be used, noting that EMRs may not be equipped to stratify quality data by race/ethnicity. Additionally, workgroup members felt requiring practices to collect this data may be burdensome and duplicative given that it is already collected when a patient enrolls in Health First Colorado. PIAC members were concerned with the feasibility of use of race/ethnicity data, with one member noting that their attribution and EMR lists often include a large percentage of patients who identify as “mixed race” and wondering how these patients would be identified and counted when looking at race and inequities.
- Many state agencies across the country participated in [NCQA’s Medicaid Quality Network \(MQN\)](#) meeting where use of a Medicaid Health Equity Report was discussed. These reports identify racial inequities in health care and patient outcomes by using audited HEDIS measures, stratified by race and ethnicity; California, Michigan, and North Carolina are among some of the states that produce a Medicaid Health Equity Report. While some states have also created health equity benchmarks and chosen to tie capitation withholds to health equity metrics, many states have not due to inconsistency of race and ethnicity data. Of the states that participated in the MQN poll, only half stratify performance measures by race/ethnicity and less than half produce a Health Equity Report.
- Exploring ways to incorporate social determinant of health screening.
 - A workgroup member suggested incentivizing the use of comprehensive tools such as the [Graham Center's Social Deprivation Index](#) to capture social determinants of health. The Social Deprivation Index is a composite measure of area level deprivation based on seven demographic characteristics collected in the American Community Survey and is used to quantify socioeconomic variation in health outcomes.
 - Other options that may be explored are: incentivizing [social needs screening](#), monitoring social service referrals, and directly addressing social needs through provision of food, transportation to medical appointments, and housing-related services. Interventions to address these options can be found on the [Social Interventions Research and Evaluation Network \(SIREN\) website](#).
- Requiring practices to explain how they will contribute to advancing equity/reducing disparity for each measure selected – notably, other payment programs are considering this method.
- Considering use of a measure for comprehensive care plans that include other, non-medical needs.
- Considering a tie to or tracking on adverse childhood experiences.
- Addressing access through RAEs as a key performance indicator (KPI).

- Prioritizing culturally competent care, particularly as it relates to cultural sensitivity and potential language barriers.
 - PIAC members stated that providing culturally competent care often comes with a large expense but was important to understand how this may affect access to services.

While states have taken many different approaches to addressing racial disparities in care, the first step is **employing efforts to focus on understanding what specific disparities exist**. A better understanding of racial/ethnic and other demographic groups and their experiences will help to inform which intervention methods may be appropriate. Community Catalyst, a nonprofit advocacy organization focused on transforming the health care system to become more equitable, [outlines five areas of focus as:](#)

1. Innovations to address social needs
 2. Condition-specific programs to reduce disparities
 3. Partnerships with community-based organizations and providers, including community health workers, peers, and social services
 4. Engaging the community in setting program priorities and design
 5. Improving cultural competency, workforce diversity, and addressing language as a barrier to care
- **Other Measure Considerations**
 - **eCQM – CMS 136: Follow-up care for children prescribed ADHD medication –**
This measure was originally proposed by the workgroup as a way to provide pediatric practices with more measures to select from. However, stakeholders noted there are numerous concerns regarding this measure. While it is consistent with current American Academy of Pediatrics’ ADHD recommendations, the description of “newly dispensed” is ambiguous in many scenarios. Another concern is regarding the number of days required by the measure – treatment can vary due to reasons that are patient-specific. Additionally, due to COVID-19 and a hybrid model of in-person and remote classes, the way children take ADHD medication may change. Therefore, the workgroup ultimately recommends this measure not be included in the PY2021 measure set.

VI. General Program Considerations

- **Considerations for Smaller Practices** – Throughout the stakeholder engagement process, the difficulty smaller practices face when trying to obtain eCQM data was a recurring theme. Smaller practices stressed that this should be considered when looking at APM program changes and shifting toward use of eCQMs.
- **Limitation of Points Earned for Similar Measures** – A workgroup member raised the concern that practices may earn a majority of their points by focusing on measures with similar descriptions that require similar effort. An example provided was the three available childhood and adolescent immunization claims measures, which total 150 points and could reward practices for similar effort. This problem could also arise if eCQM equivalent options are added for claims measures (see “Measures/ideas that should be further investigated” under Section V). Therefore, measure requirements and points should be reviewed, and selection of similar measures should be limited in future years to ensure that points are not awarded for duplicative work.
- **Reviewing Point Assignment for Measures** – A concern was raised that points for similar measures are not evenly assigned. For example, the following claims measures surrounding medication management differ in point value: Pharmacotherapy Management for COPD, Antidepressant Medication Management, and Asthma Medication Ratio (30, 40, and 40 points, respectively). It was suggested that these point assignments be reviewed to ensure equal point distribution for similar measures for future program years.
- **Measure Denominator Size** – Other feedback received from the provider survey include taking denominator sizes of measures into account. For example, if a sample size is too small because few patients fit the criteria of the measure, it would not draw meaningful conclusions in terms of clinical care. It was also suggested that large system providers should be measured across all locations.
- **Patient Centered Medical Home (PCMH)-Accredited Practice Credit** – In multiple workgroup sessions, a suggestion was made that PCMH practices should automatically receive 200 points for being PCMH-accredited, similar to the structure that awards 200 points to practices that participate in Comprehensive Primary Care Plus (CPC+).
- **Alignment with Other Value-Based Programs** – Written feedback received from the PIAC review and a workgroup member highlighted the importance of ensuring that APM metrics align with RAE metrics (KPI, BHM, and PAC measures), as this alignment is a goal of the APM, and also reduces administrative burden on PCMPs.
- **Workgroup Format** – Stakeholders suggested that the timeframe given to the workgroup is not sufficient to discuss the many suggestions and topics that have been raised. A workgroup member suggested the efforts should be ongoing and that the workgroup should meet

throughout the year on a monthly basis, to allow for more time to address the numerous issues, ideas, and measures that were brought up this year and moved to consideration for PY2022.

VII. APM Ad Hoc Workgroup Participants

Name	Title	Organization	Stakeholder Type
Valerie Nielsen	Quality Initiatives Project Manager	Colorado Community Health Network (CCHN)	Provider Association
Michelle Mills	Chief Executive Officer	Colorado Rural Health Center (CRHC)	Provider Association
Susan Mathieu / Stephanie Gold, MD	Medicaid Policy Director Assistant Professor, Department of Family Medicine	Eugene S. Farley, Jr. Health Policy Center University of Colorado Denver Health	Research / Provider
Cecile Fraley, MD	CEO	Pediatric Partners of the Southwest	Provider
David Keller, MD	Professor and Vice Chair for Clinical Strategy and Transformation Member, Board of Directors and Chair, Legislative/Policy Committee	Department of Pediatrics, University of Colorado School of Medicine and Children's Hospital Colorado American Academy of Pediatrics – Colorado Chapter	Provider
Crystal Rider	Medical and Psychiatric Clinic Supervisor	Solvista Health	Provider
Kris Hubbell, RN, CPHQ	RN Data Quality Advisor	Valley View Hospital clinics	Provider
Mindy Craig, PA-C, M.S.	Director of Strategic Initiatives and Quality Improvement	Colorado Children's Healthcare Access Program	Consumer/Advocacy Group
Christina Yebuah	Research & Policy Analyst	Colorado Center on Law and Policy	Consumer/Advocacy Group
John Radloff, PA-C, M.M.S.	Associate Medical Director - Integrated Health Services, Stout Street Health Center	Colorado Coalition for the Homeless	Consumer/Advocacy Group
Michael Crews	Policy Director	One Colorado	Consumer/Advocacy Group

Eileen Doherty	Executive Director	Colorado Gerontological Society	Consumer/Advocacy Group
Jane Reed	Practice Facilitator	Colorado Access	Regional Accountable Entity
Sarah Bennett	Practice Transformation Coach	Colorado Community Health Alliance	Regional Accountable Entity
Annie Schudy, BSN, RN	Clinical Informaticist	Rocky Mountain Health Plans	Regional Accountable Entity
Nate Koller	Provider Quality Manager	Beacon Health Options / Northeast Health Partners	Regional Accountable Entity
Julia Duffer	Director, Community Engagement	Health Colorado Inc	Regional Accountable Entity