



# Leveraging the Buying Value Resources to Advance Health Equity Measurement

Tuesday, August 1, 2023

2:00 – 3:00 p.m.

*Please stand by, this webinar will begin shortly*

**STATE**  
Health & Value  
**STRATEGIES**

*Driving Innovation  
Across States*

*A grantee of the Robert Wood Johnson Foundation*



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Bailit Health

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# About State Health and Value Strategies

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State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at [www.shvs.org](http://www.shvs.org).

**Questions?** Email Heather Howard at [heatherh@Princeton.edu](mailto:heatherh@Princeton.edu).

*Support for this webinar was provided by the Robert Wood Johnson Foundation.  
The views expressed here do not necessarily reflect the views of the Foundation.*

# About Bailit Health: Webinar Presenter

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**Deepti Kanneganti**



[dkanneganti@bailit-health.com](mailto:dkanneganti@bailit-health.com)

Working with state agencies and their partners  
to improve health care system performance for all.

<http://www.bailit-health.com/>

# Housekeeping Details

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- Use the 'Q&A' function in Zoom to submit questions and comments to the meeting facilitators. **Note that you must select to submit a question anonymously.** The meeting facilitators will address questions and comments verbally in a manner that maintains the anonymity of the state.
- All participant lines are muted. Use the 'raise hand' feature in Zoom if you would like to speak during the discussion portion. The meeting facilitators will then unmute you.
- After the webinar, the slide deck and a recording will be available at [www.shvs.org](http://www.shvs.org).

# Agenda

- **Overview of Buying Value**

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- **The Buying Value Measure Selection Tool**

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- **The Buying Value Benchmark Repository**

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- **State Perspectives**

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- **Discussion**



# Overview of Buying Value

# What is Buying Value?

- A suite of publicly available resources for purchasers to a) find standard measures, as well as innovative non-HEDIS or homegrown measures and associated benchmarks, and b) help develop aligned measure sets.
  - Groundbreaking research on the lack of quality measure alignment (2013)
  - The Buying Value Measure Selection Tool (2015)
  - The Buying Value Benchmark Repository (2018)
- Visit: [www.buyingvalue.org](http://www.buyingvalue.org)

**BUYING VALUE**  
Measure Selection Tool

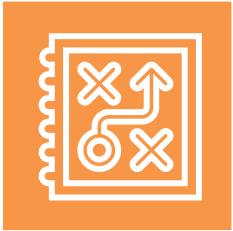
Helping Purchasers Define Aligned Measure Sets





# **The Buying Value Measure Selection Tool**

# The Buying Value Measure Selection Tool

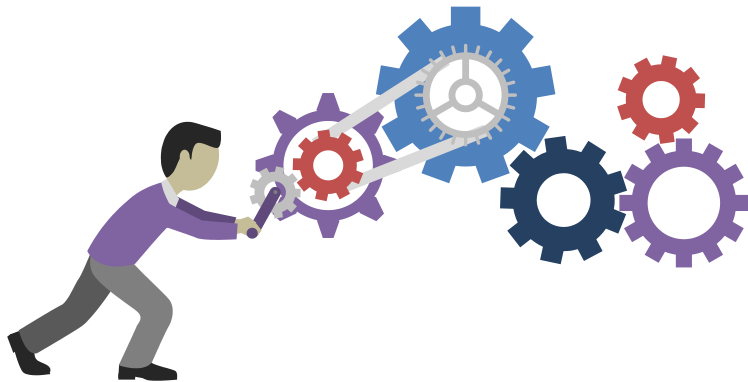


Developed in response to provider complaints about being increasingly subject to growing numbers of measures from payers and regulators.



A suite of resources that enables state agencies, private purchasers, and other stakeholders to select measures and develop aligned measure sets.

# The Buying Value Measure Selection Tool




## Key Features

- Over **800 measures** that can be filtered by 17 domains, 20 conditions, 7 measure types, 9 populations and 13 data sources.
- A **disparities-sensitive status indicator** that allows users to identify measures with evidence of inequity in the provision of care captured by the measure.
- Functionality to **crosswalk measures to 19 federal, national and state measures sets** and **systematically score** measures against a state's overarching goals for the measure set.

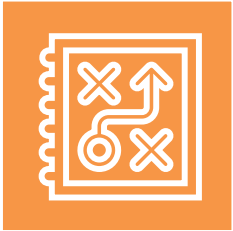
# Buying Value Measure Selection Tool Tutorial

AutoSave On 5-Buying-Value-Measure-Selection-Tool 2022 3-31 Saved Search (Alt+Q) Deepti Kanneganti											
File Home Insert Page Layout Formulas Data Review View Developer Help ACROBAT											
O2											
Measure Crosswalk											
	BV Library #	Measure Name	NQF #	NQF Endorsement Status as of February 2022	Steward	CMS Quality ID	CMS eCQM ID as of May 2021	Description	Domain	Condition	Measure Type
1	BV-81	Prenatal & Postpartum Care	1517	No Longer Endorsed	National Committee for Quality Assurance			Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women,	Prevention/Early Detection	Pregnancy	Process
2	BV-66	Substance Use Assessment in Primary Care	NA	NA	Inland Empire Health Plan			Percentage of members 18 years and older who were screened for substance use during the measurement year	Prevention/Early Detection	Substance Use Disorder	Process
3	BV-587	Child and Adolescent Well-Care Visits	NA	NA	National Committee for Quality Assurance			Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Prevention/Early Detection	NA	Process
4	BV-339	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	0057	Endorsed	National Committee for Quality Assurance			Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year	Chronic Illness Care	Diabetes	Process
5	BV-822	Well-Child Visits in the First 30 Months of Life	NA	NA	National Committee for Quality Assurance			Percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:	Prevention/Early Detection	NA	Process
6	BV-423	Asthma Medication Ratio	1800	Endorsed	National Committee for Quality Assurance			Percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of	Medication Management	Respiratory	Process
7											
8											
9											
Summary Sheet Measure Crosswalk Links to Source Documents											
Ready Accessibility: Investigate											



# **The Buying Value Benchmark Repository**

# The Buying Value Benchmark Repository

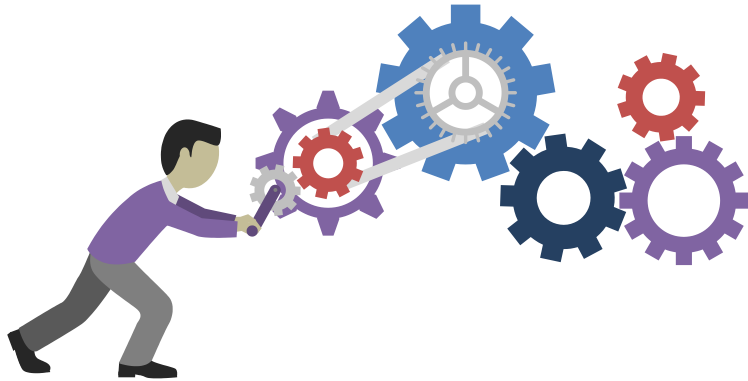


States have had difficulty finding measures that address their program priorities and implementing non-HEDIS measures into value-based arrangements due to the lack of national benchmarks against which to assess performance.



A spreadsheet repository that includes innovative homegrown measures as well as state and regional health improvement collaborative performance on non-HEDIS measures.

# The Buying Value Benchmark Repository



## Key Features

- Information on over 60 measures in use by other states and performance data (when available), including:
  - Innovative homegrown measures.
  - Non-HEDIS measures that are *not* homegrown and for which benchmark data are not otherwise available.

# Buying Value Benchmark Repository Tutorial

AutoSaveOffBuying-Value-Benchmark-Repository-External-2021-6-17

Search (Alt+Q)

Deepti Kanneganti

FileHomeInsertPage LayoutFormulasDataReviewViewDeveloperHelpACROBAT

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1

Buying Value Benchmark Repository - High-Level Summary

2

3

#

Submitting Organization

Measure Name

NQF Number

Condition

Deviations from Measure Steward

Coverage Type

Performance Level Reported to the Repository

Availability of Performance Data

Performance Period 1 Start Date

16

13

Oregon Health Authority Health Analytics

Comprehensive Diabetes Care: HbA1c Poor Control

0059

Diabetes

Measure does deviate from the steward (eCQM specs call for all-payer data; OHA prefers, but doesn't require, Medicaid only data.)

Medicaid

State

Performance data are available.

01/01/2019

17

14

MN Community Measurement

Optimal Asthma Control - Adults

No NQF Number

Respiratory

No deviations from the measure steward (2018 report year (2017 dates of service))

Medicaid, Medicare, Commercial, Dual Medicaid/ Medicare, Other

State

Performance data are available.

01/01/2018

18

15

MN Community Measurement

Optimal Asthma Control - Children

No NQF Number

Respiratory

No deviations from the measure steward (2019 report year (2018 dates of service))

Medicaid, Medicare, Commercial, Dual Medicaid/ Medicare, Other

State

Performance data are available.

01/01/2018

19

16

Integrated Healthcare Association

Concurrent Use of Opioids and Benzodiazepines

3389

Substance Abuse

Measure does deviate from the steward (Modified PQA measure so value sets are in alignment with HEDIS digital measure formatting)

Medicaid, Medicare, Commercial

Aggregated rate for providers (e.g., primary care practices, hospitals)

Performance data are available.

01/01/2018

20

17

MassHealth Office of Clinical Affairs

Community Tenure

No NQF Number

Mental Health

Not applicable - measure is homegrown

Medicaid

TBD

Data are expected to be available by: TBD - measure results anticipated in late 2021.

Performance data are not available at this time.

21

18

MassHealth Office of Clinical Affairs

Emergency Department Visits for Adults with Mental Illness and/or Substance Addiction

No NQF Number

Mental Health, Substance Abuse

Not applicable - measure is homegrown

Medicaid

TBD

Data are expected to be available by: TBD - measure results anticipated in late 2021.

Performance data are not available at this time.

High-Level Summary

Detailed Responses

Ready

Accessibility: Investigate



# Health Equity Measure Highlights

- The newest version of the Buying Value Benchmark Repository features several innovative measures focused on health equity.

## Stratification Measures

- MA's REL Stratification Measure
- RI's RELD Measure

## Social Needs Screening Measures

- MA's HRSN Screening Measure
- OR's Social Needs Screening and Referral Measure
- RI's SDOH Screening Measure

## Social Need and Intervention Measures

- OR's Meaningful Access to Health Care Services Measure for Persons with Limited English Proficiency
- WA's Homelessness and Arrests Measures

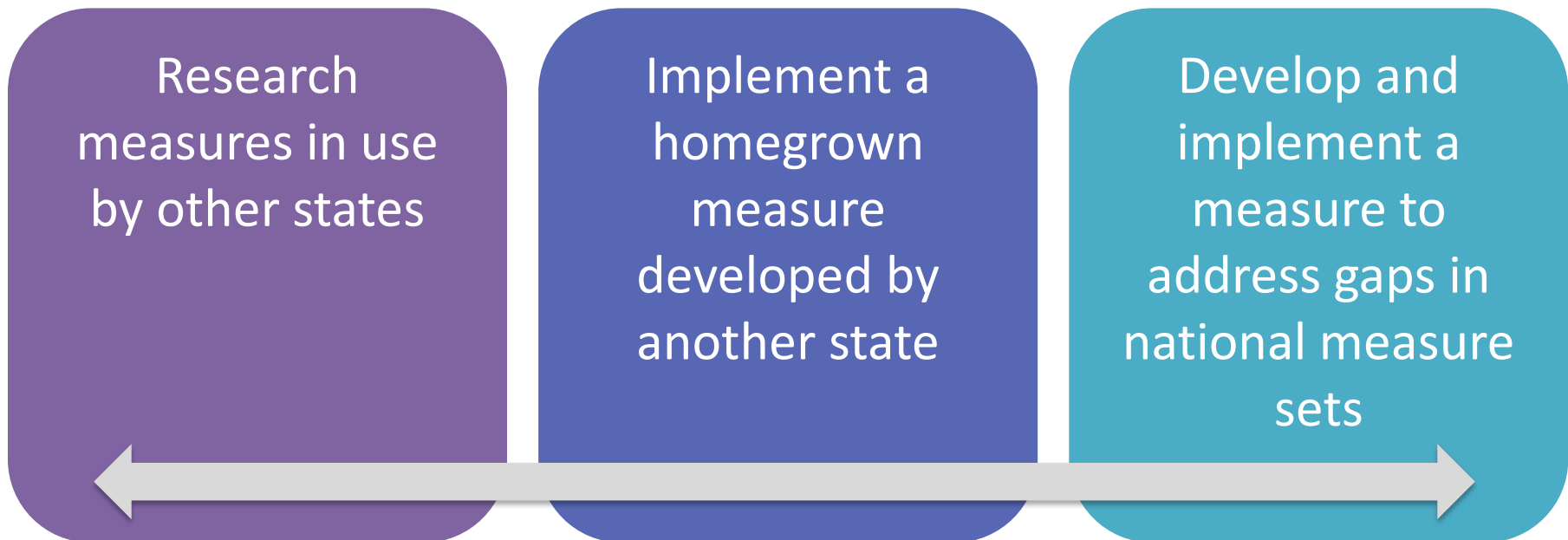
HRSN: Health-related Social Needs  
REL: Race, Ethnicity and Language

RELD: Race, Ethnicity, Language and  
Disability Status

SDOH: Social Determinants of Health

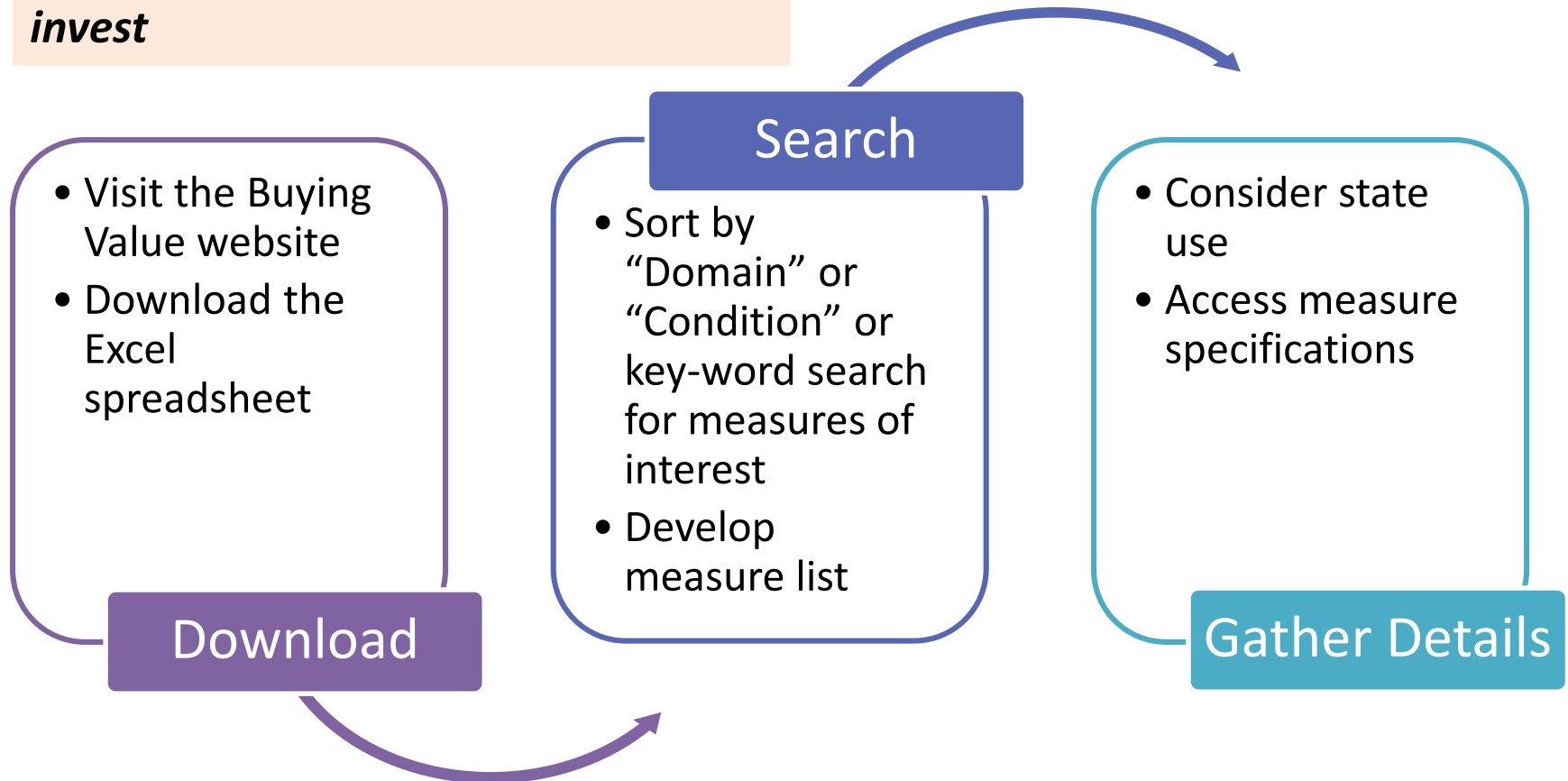
# How to Use the Buying Value Benchmark Repository

- The Benchmark Repository can meet the needs of a variety of states interested in researching and implementing measures focused on health equity.



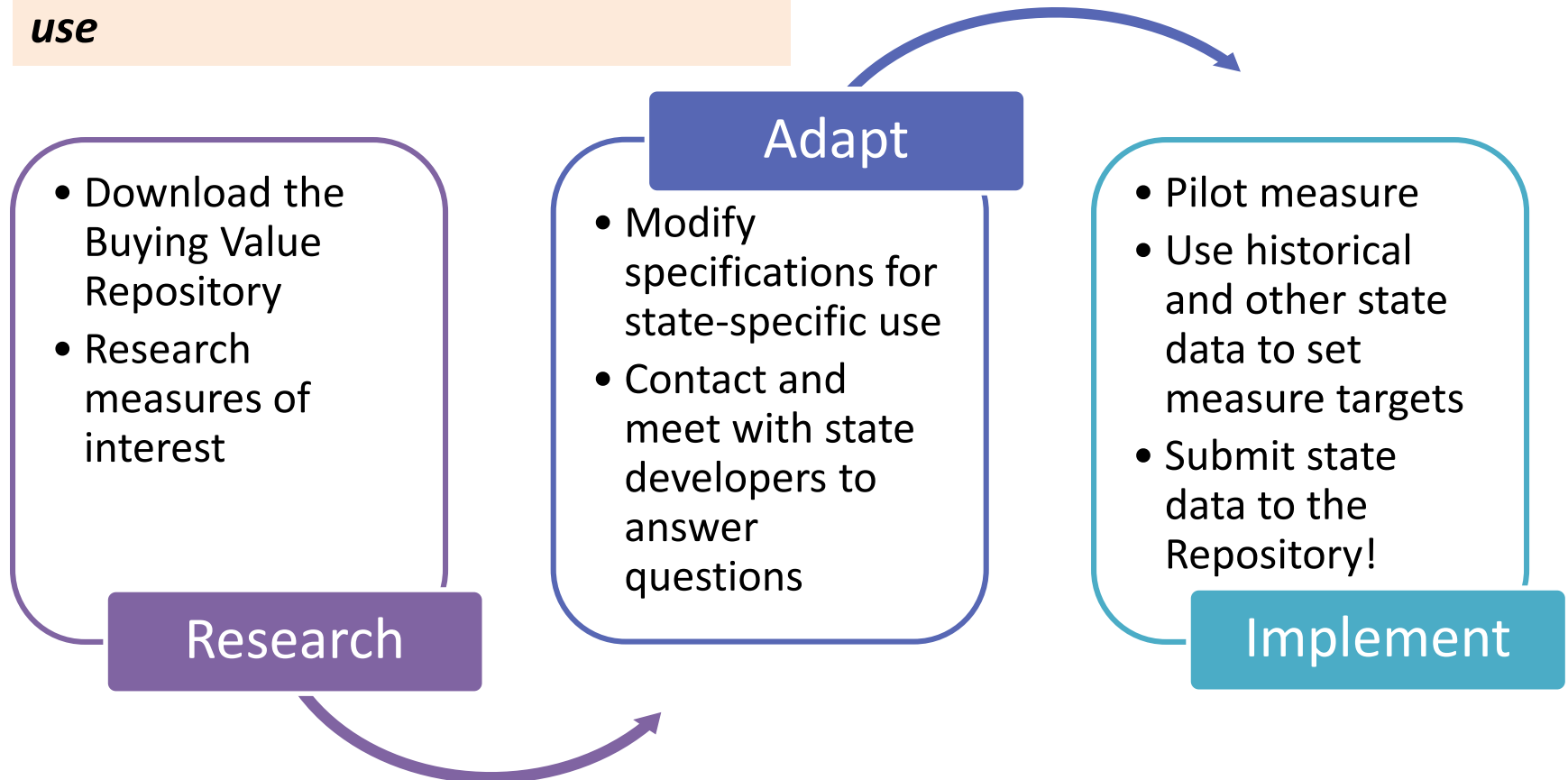
# How to Use the Buying Value Benchmark Repository: *Researching Measures*

***For states interested in other state efforts, but have limited time to invest***



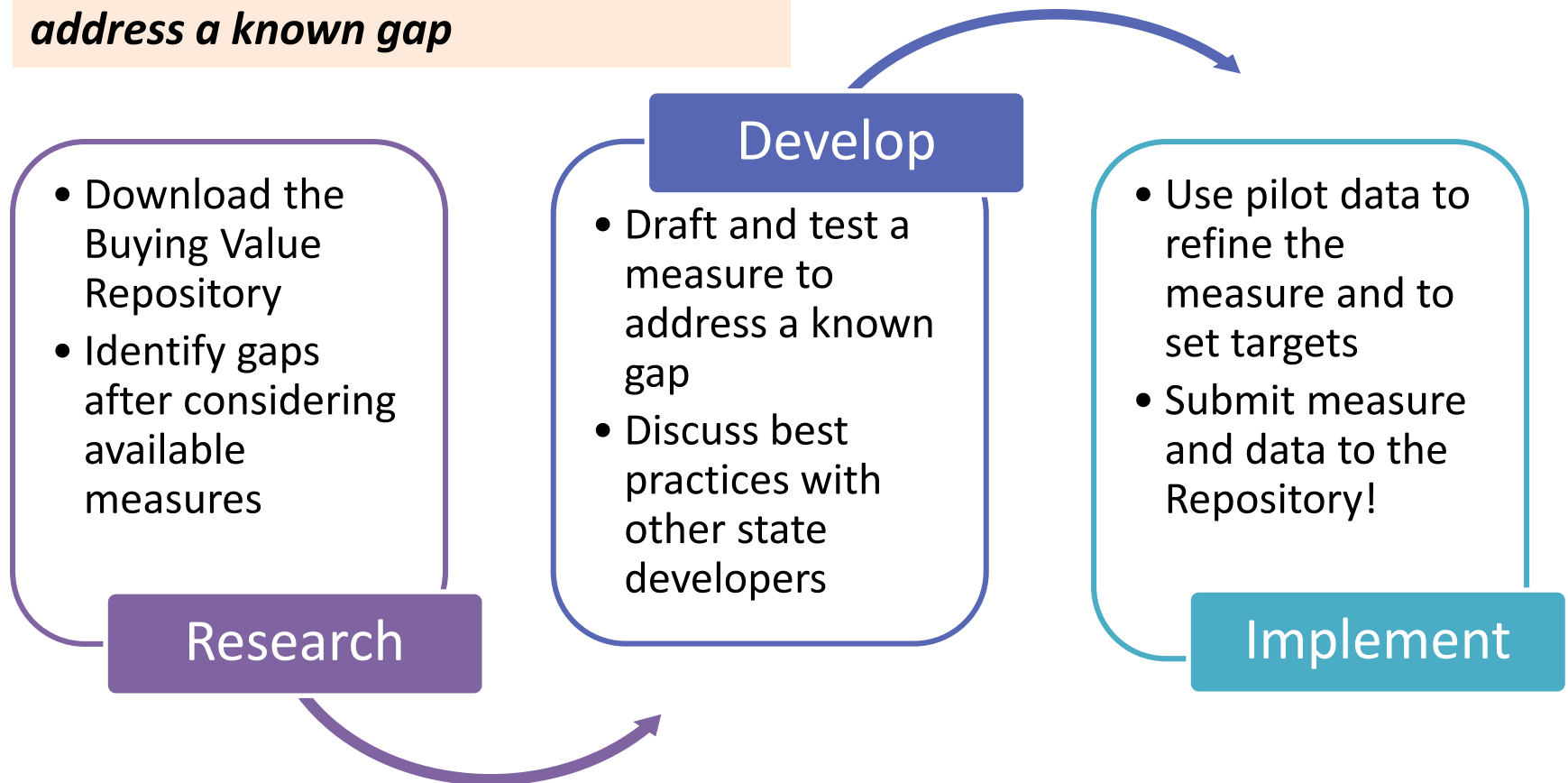
# How to Use the Buying Value Benchmark Repository: *Implementing Measures*

*For states with time to adapt a homegrown measure for their own use*



# How to Use the Buying Value Benchmark Repository: *Developing Measures*

*For states with time and resources to develop a homegrown measure to address a known gap*





## State Perspectives

# About Our State Presenters

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## **David Mancuso**

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**MassHealth's Approach to Adapting  
Oregon's *Health Equity Measure:*  
*Meaningful Access to Health Care  
Services for Persons with Limited  
English Proficiency and Persons Who  
Are Deaf or Hard of Hearing***



# Washington State

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Laura Pennington, MHL, Quality Measurement and Improvement Manager, Washington State Health Care Authority

David Mancuso, PhD, Senior Research Scientist, Washington Department of Social and Health Services, Research and Data Analysis



# Washington State legislative priorities

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- ▶ 2013: Address Washington's priorities to incentivize crosssystem collaboration for the purpose of:
  - ▶ **Reducing client involvement with the criminal justice system**
  - ▶ Reducing avoidable costs in hospitals, emergency rooms, crisis services, jails and prisons
  - ▶ **Increasing stable housing in the community**
  - ▶ Improving client satisfaction with quality of life
  - ▶ Reducing population-level health disparities
- ▶ 2021: Provides incentives to reverse worsening trends for interactions between persons with behavioral health disorders and the criminal justice system
- ▶ 2022: Provides incentives for cross-system collaboration to prevent homelessness among Medicaid clients discharging from inpatient behavioral settings
- ▶ Required the Performance Measure Coordinating Committee (PMCC) to establish performance measures to be added to the Washington State Common Measure Set that:
  - ▶ Track rates of criminal justice involvement among Medicaid clients with an identified behavioral health need including, but not limited to rates of arrest and rates of incarceration
  - ▶ Track rates of homelessness and housing instability among Medicaid clients

# PMCC process to “establish” measures

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- ▶ Convened two ad hoc workgroups of stakeholders including HCA, MCOs, and others with expertise in:
  - ▶ The criminal justice system and behavioral health
  - ▶ Housing for low-income populations and with experience understanding the impacts of homelessness and housing instability on health
- ▶ The charge of the workgroups was to review current performance measures that have been adopted in other states or nationally to inform this effort
- ▶ Conducted an environmental scan using an established set of criteria, for example:
  - ▶ Measures should be clinically impactful (morbidity, mortality, quality of life, and health equity)
  - ▶ Measures should be amenable to influence by accountable entities
  - ▶ Measures assess overall system performance, including outcomes and cost
- ▶ The workgroups considered necessary elements and provided feedback to DSHS-RDA, who:
  - ▶ Developed a set of measures that track rates of criminal system involvement
  - ▶ Modified an existing homegrown homelessness measure
- ▶ The final measures were presented to the PMCC and added to the WSCMS in 2022



# Criminal Justice Measures

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Washington State  
Department of Social  
& Health Services

*Transforming lives*

## Proposed Measures

1. **Variation of existing state-defined arrest measure** that restricts population to Medicaid beneficiaries with identified behavioral health needs.
2. **Variation of HEDIS FUA** where index event is a discharge from a DOC correctional facility or jail setting.
3. **Variation of HEDIS FUM** where index event is a discharge from a DOC correctional facility or jail setting.

# Metric Specification Overview: FUA/FUM Variations

- **Index events:** release from a DOC facility or local jail
- **Qualifying mental health or SUD condition identified in claims in 90-day window beginning with date of release (state-defined Tx rate denominator criteria)**
- **Medicaid coverage required in 30-day post-release window**
- **Numerator criteria:**
  - FUM variation: any event meeting numerator criteria for HEDIS FUM or existing state-defined MH Tx rate measure
  - FUA variation: any event meeting numerator criteria for HEDIS FUA or existing state-defined MH Tx rate measure

# Final Set of Criminal Justice Measures

## 1. Arrest Rate for Medicaid Beneficiaries with an Identified Behavioral Health Need

Rate 1: The percentage of members arrested at least once in the measurement year and had an identified mental health treatment need

Rate 2: The percentage of members arrested at least once in the measurement year and had an identified substance use disorder treatment need

## 2. Timely Receipt of Substance Use Disorder Treatment for Medicaid Beneficiaries Released from a Correctional Facility\*:

2a. within 7 Days of Release from a Department of Corrections Correctional Facility

2b. within 30 Days of Release from a Department of Corrections Correctional Facility

2c. within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

2d. within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

## 3. Timely Receipt of Mental Health Treatment for Medicaid Beneficiaries Released from a Correctional Facility\*:

3a. within 7 Days of Release from a Department of Corrections Correctional Facility

3b. within 30 Days of Release from a Department of Corrections Correctional Facility

3c. within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

3d. within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

\*Of persons released with identified treatment need from release date through 90 days post-release.



# Homelessness Measure

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# Leveraging Existing State-Defined Homelessness Measure

- ▶ **Description:** The percentage of Medicaid enrollees who were homeless or unstably housed in at least one month in the measurement year (Broad and Narrow versions)
- ▶ **Attribution to accountable entities:** A minimum of 7 months of enrollment with the accountable Medicaid MCO
- ▶ **Denominator criteria**
  - Enrolled in Medicaid for at least 7 months in the measurement year. Some beneficiaries may not meet MCO attribution criteria.
  - Calculated for all age ranges; reported separately for ages 0-17, 18-64, and 65+.
  - No exclusion due to dual eligibility or 3<sup>rd</sup> party liability

The full measure specifications can be found at: <https://www.dshs.wa.gov/sites/default/files/rda/reports/cross-system/DSHS-RDA-Medicaid-Homelessness.pdf>

# Leveraging Existing State-Defined Homelessness Measure *continued*

## ► “Broad” numerator criteria

- **ACES living arrangement criterion.** One of the following values appears in at least one coverage month in the measurement year: “Homeless without Housing”, “Emergency Shelter”, “Battered Spouse Shelter”, or “Homeless with Housing”
- **ProviderOne/ACES address criteria.** One or more of the following is indicated for at least part of the measurement year:
  - ✓ Homelessness is indicated based on the client’s address format code;
  - ✓ The term “homeless” or “couch surfing” appears at any point in a client’s address line text;
  - ✓ The term “General Delivery” appears in a field containing additional address information address (e.g., “care of,” “attention,” etc.); or
  - ✓ The client’s mailing address was the address of their assigned CSO.
- **Diagnosis criterion.** ICD-10 diagnosis code Z59.0 appears on at least one encounter line associated with a service date in the measurement year

## Leveraging Existing State-Defined Homelessness Measure *continued*

### ► “Narrow” numerator criteria

- **ACES living arrangement criterion.** One of the following values appears in at least one coverage month in the measurement year: “Homeless without Housing”, “Emergency Shelter”, or “Battered Spouse Shelter”
- **ProviderOne/ACES address criteria.** One or more of the following is indicated for at least part of the measurement year:
  - ✓ Homelessness is indicated based on the client’s address format code;
  - ✓ The terms “homeless” appears at any point in a client’s address line text;
- **Diagnosis criterion.** ICD-10 Dx code Z59.0 appears on at least one encounter line associated with a service date in the measurement year

# Thank you!

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For additional questions please contact:

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- Washington State Health Care Authority
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# Discussion

The slides and a recording of the webinar will be available at  
[www.shvs.org](http://www.shvs.org) after the webinar



# Thank You

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# Appendix



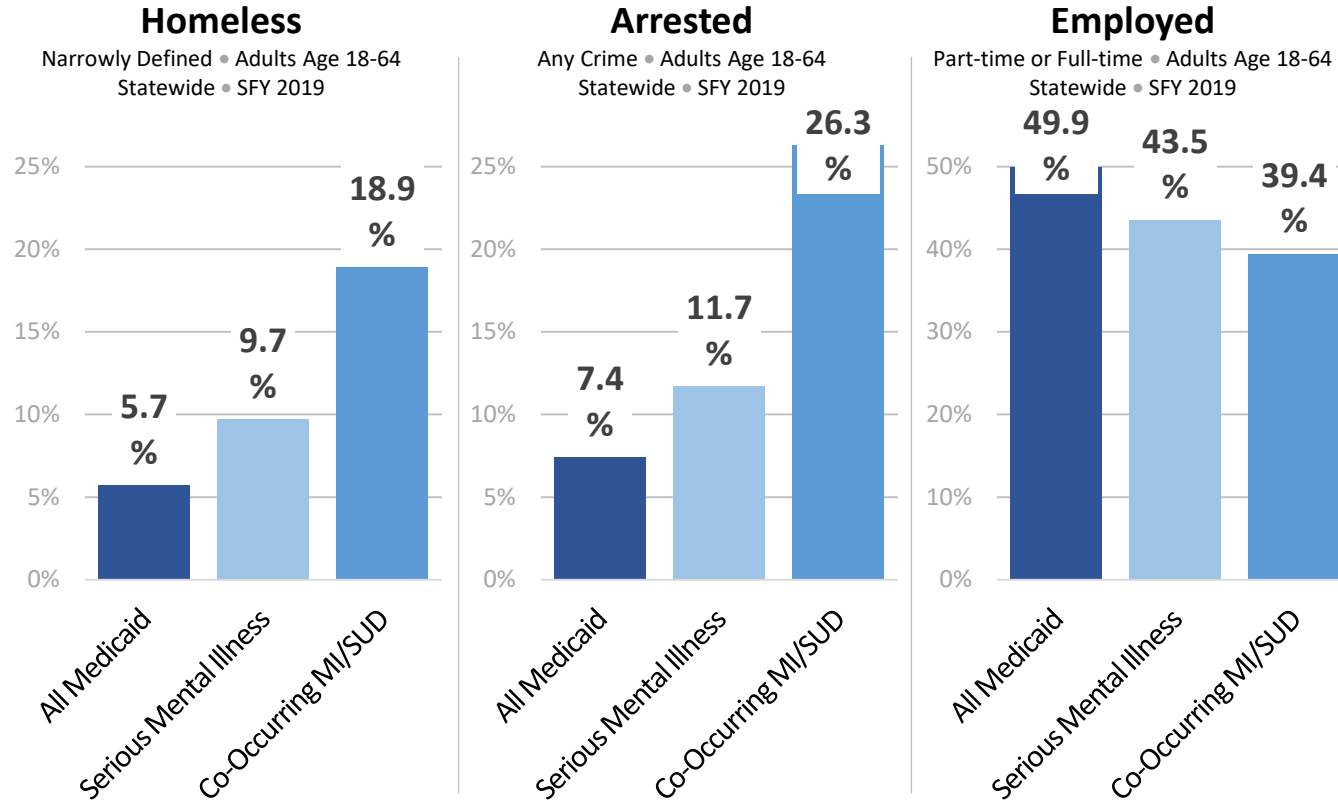
# Appendix: Additional Measurement Context

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# Social Outcomes

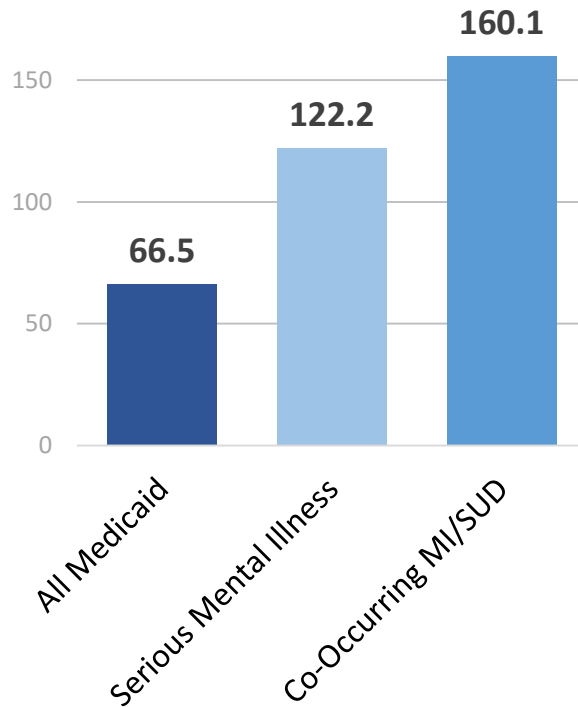


SOURCE: DSHS Integrated Client Databases, May 2020.

# Medical Service Utilization

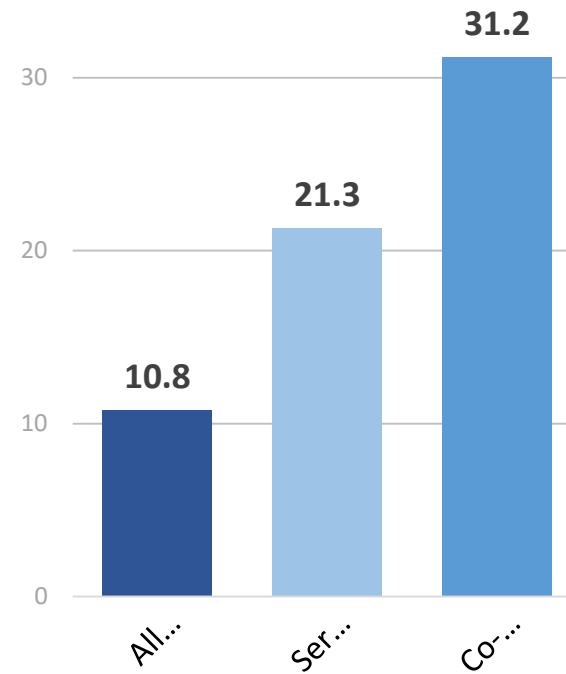
## Emergency Department Visits

Per 1,000 MM • Adults Age 18-64  
Statewide • SFY 2019



## Inpatient Admissions

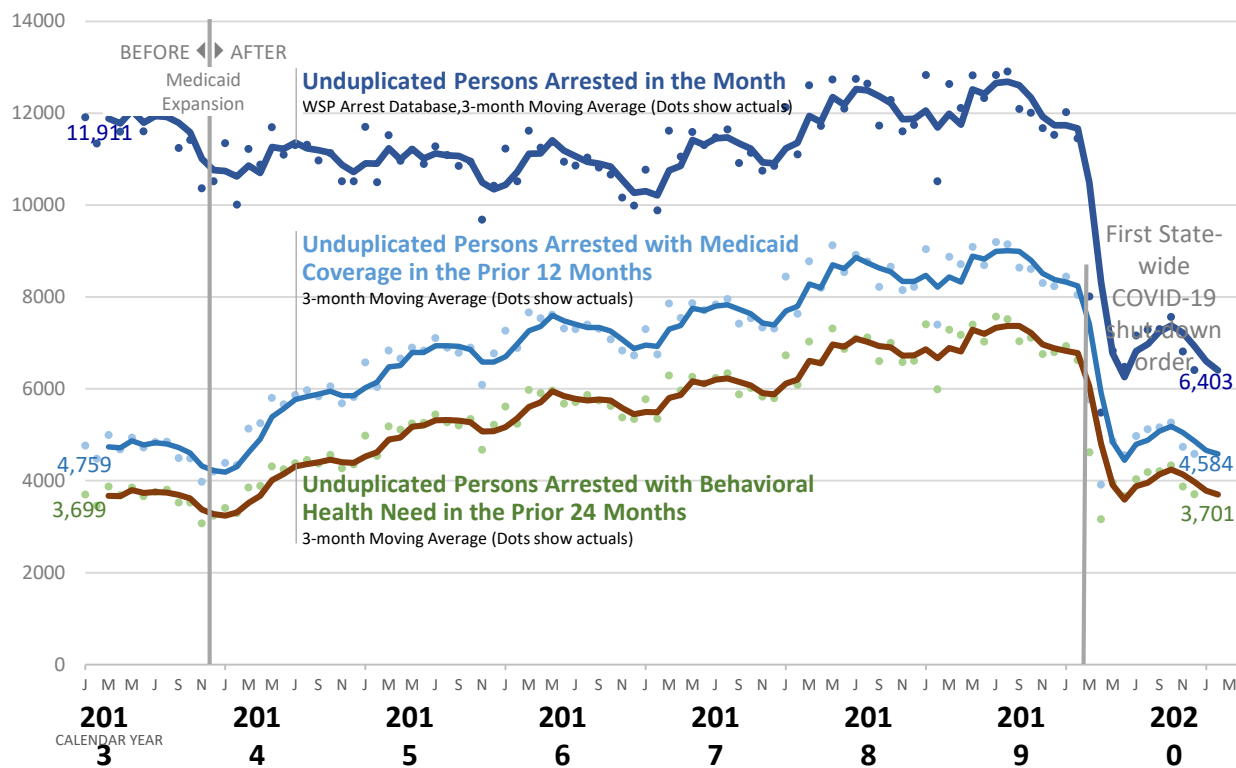
Medical and Psychiatric per 1,000 MM • Adults Age 18-64  
Statewide • SFY 2019



SOURCE: DSHS Integrated Client Databases, May 2020.

# Most Arrests in Washington State Are of Persons with Current or Recent Medicaid Coverage and Evidence of Behavioral Health Needs

Monthly Trend in Arrests in Washington State

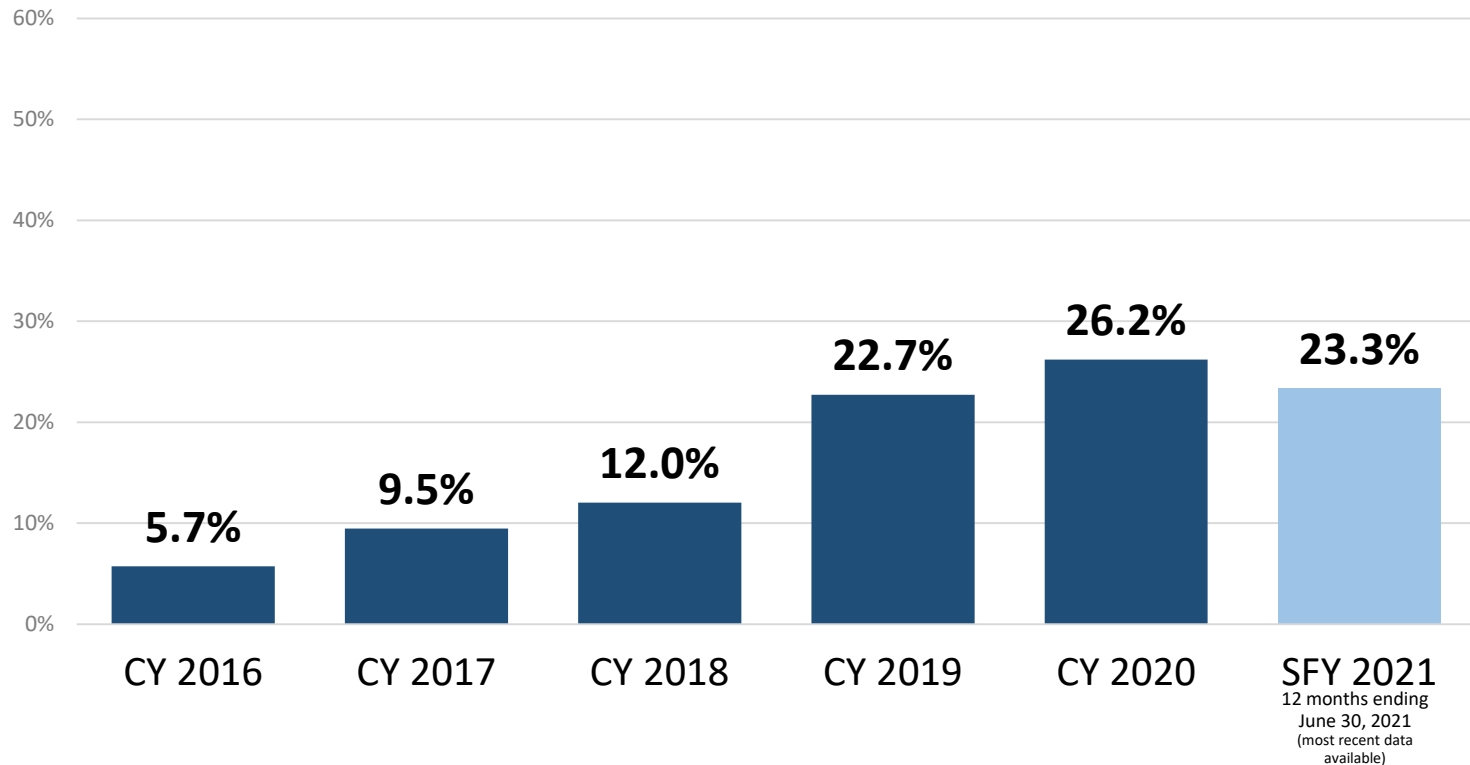


**DATA SOURCES:** DSHS Research and Data Analysis Division, Client Outcomes Database and Washington State Patrol Arrest Database, FES modules in Cache database (WSH), MILO database (ESH), Pierce County,

MEASURE 2a

## Receipt of Substance Use Disorder Treatment within 7 Days of Release from a Department of Corrections Correctional Facility

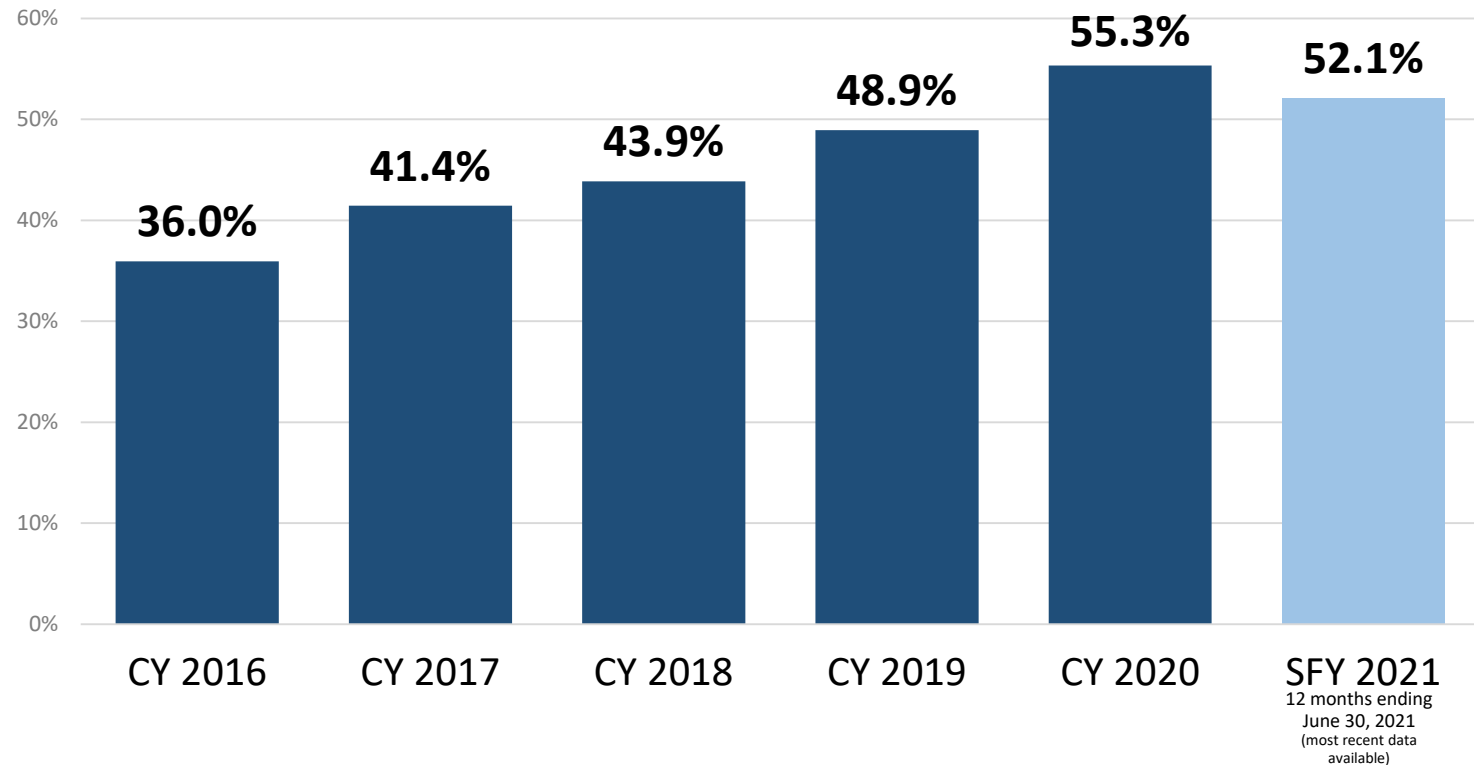
Of persons released with identified treatment need from release date through 90 days post-release



MEASURE 2b

## Receipt of Substance Use Disorder Treatment within 30 Days of Release from a Department of Corrections Correctional Facility

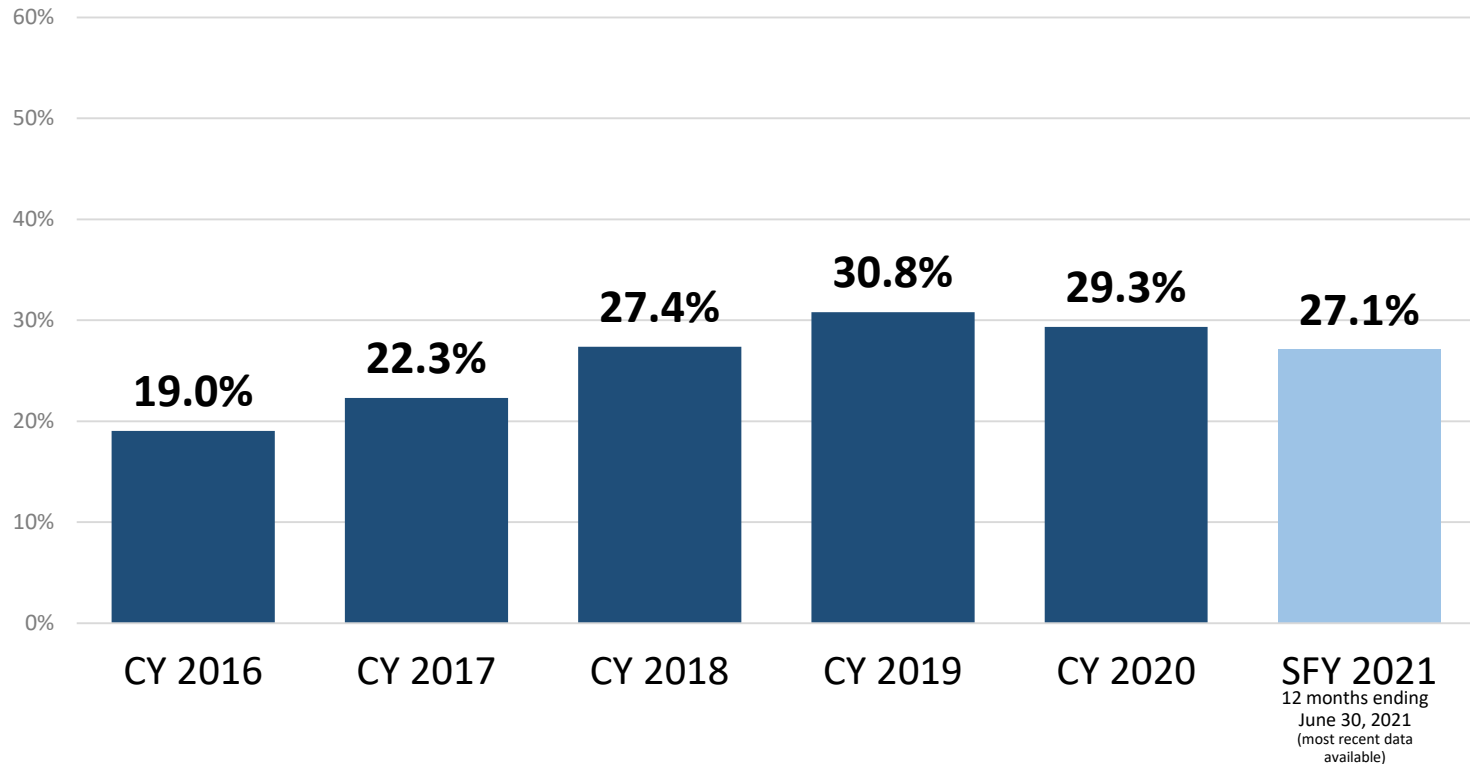
Of persons released with identified treatment need from release date through 90 days post-release



MEASURE 2c

## Receipt of Substance Use Disorder Treatment within 7 Days of Release from a Local Jail Facility while in Department of Corrections Custody

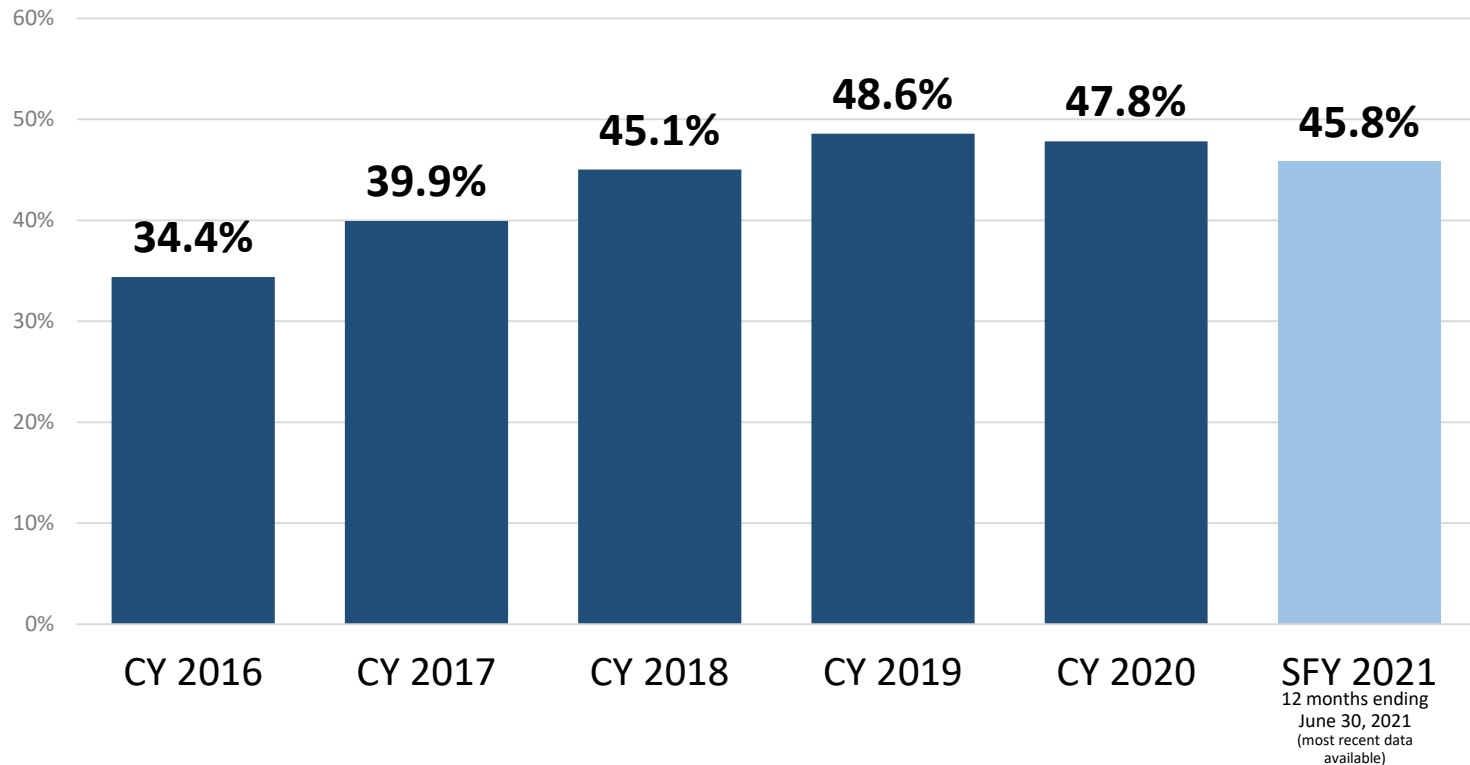
Of persons released with identified treatment need from release date through 90 days post-release



MEASURE 2d

## Receipt of Substance Use Disorder Treatment within 30 Days of Release from a Local Jail Facility while in Department of Corrections Custody

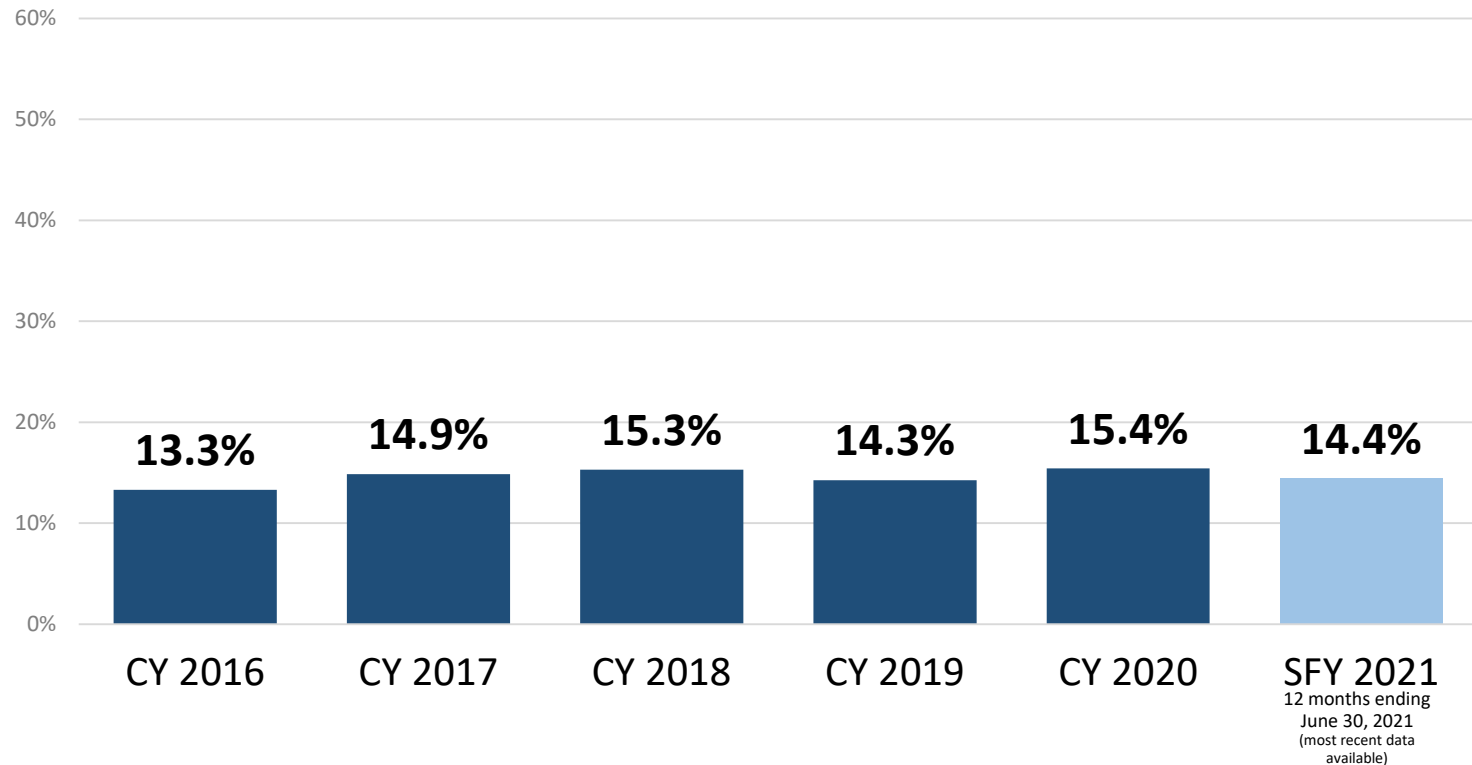
Of persons released with identified treatment need from release date through 90 days post-release



MEASURE 3a

## Receipt of Mental Health Treatment within 7 Days of Release from a Department of Corrections Correctional Facility

Of persons released with identified treatment need from release date through 90 days post-release

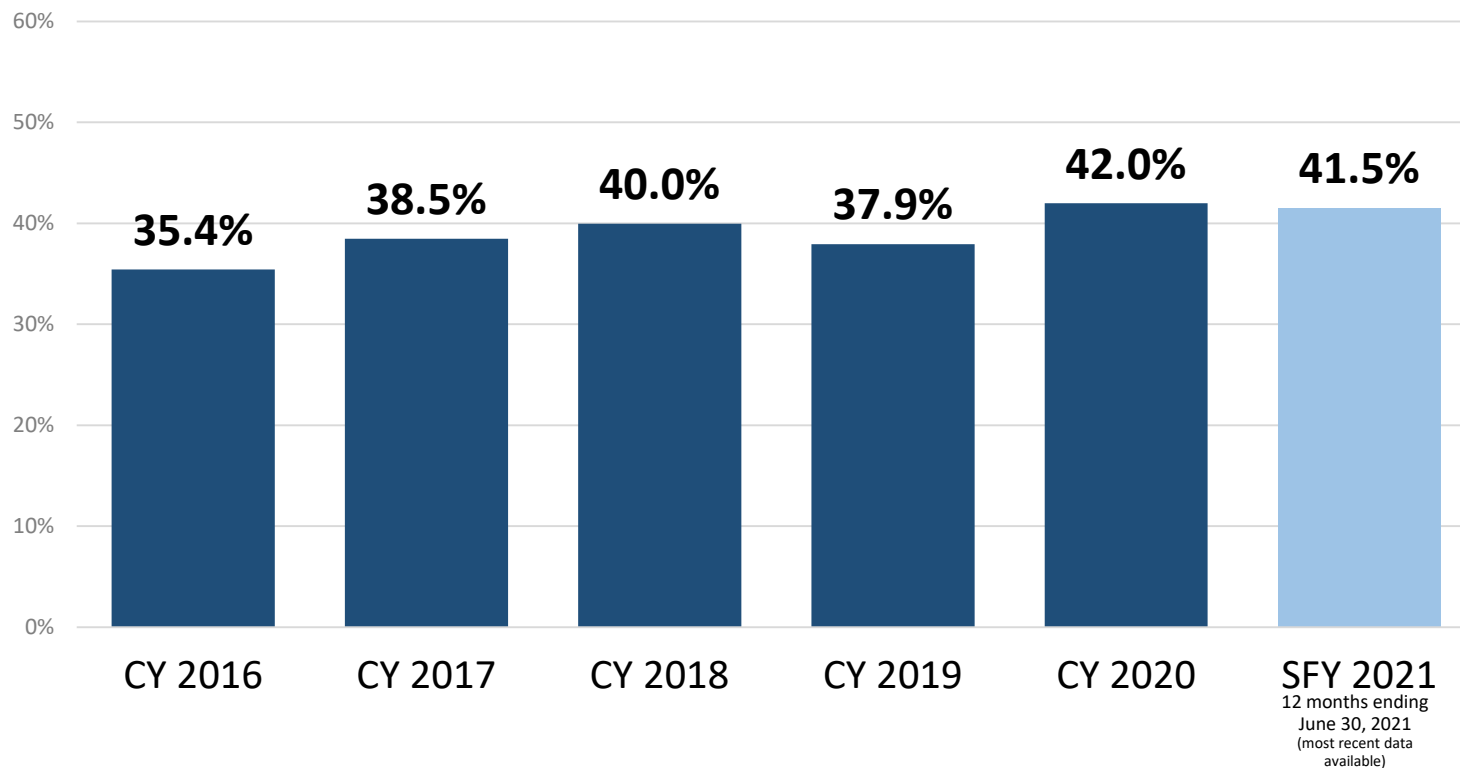




MEASURE 3b

## Receipt of Mental Health Treatment within 30 Days of Release from a Department of Corrections Correctional Facility

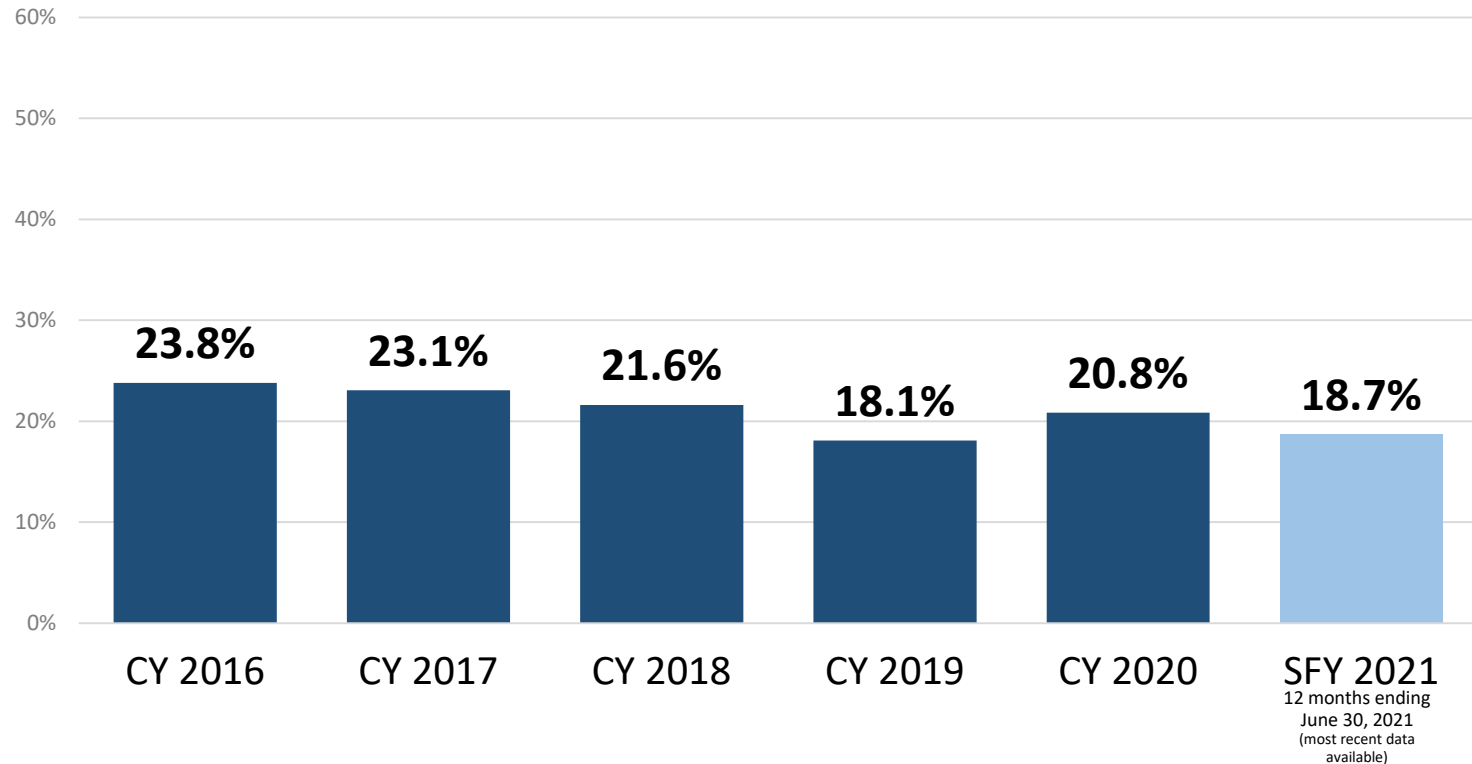
Of persons released with identified treatment need from release date through 90 days post-release



MEASURE 3c

## Receipt of Mental Health Treatment within 7 Days of Release from a Local Jail Facility while in Department of Corrections Custody

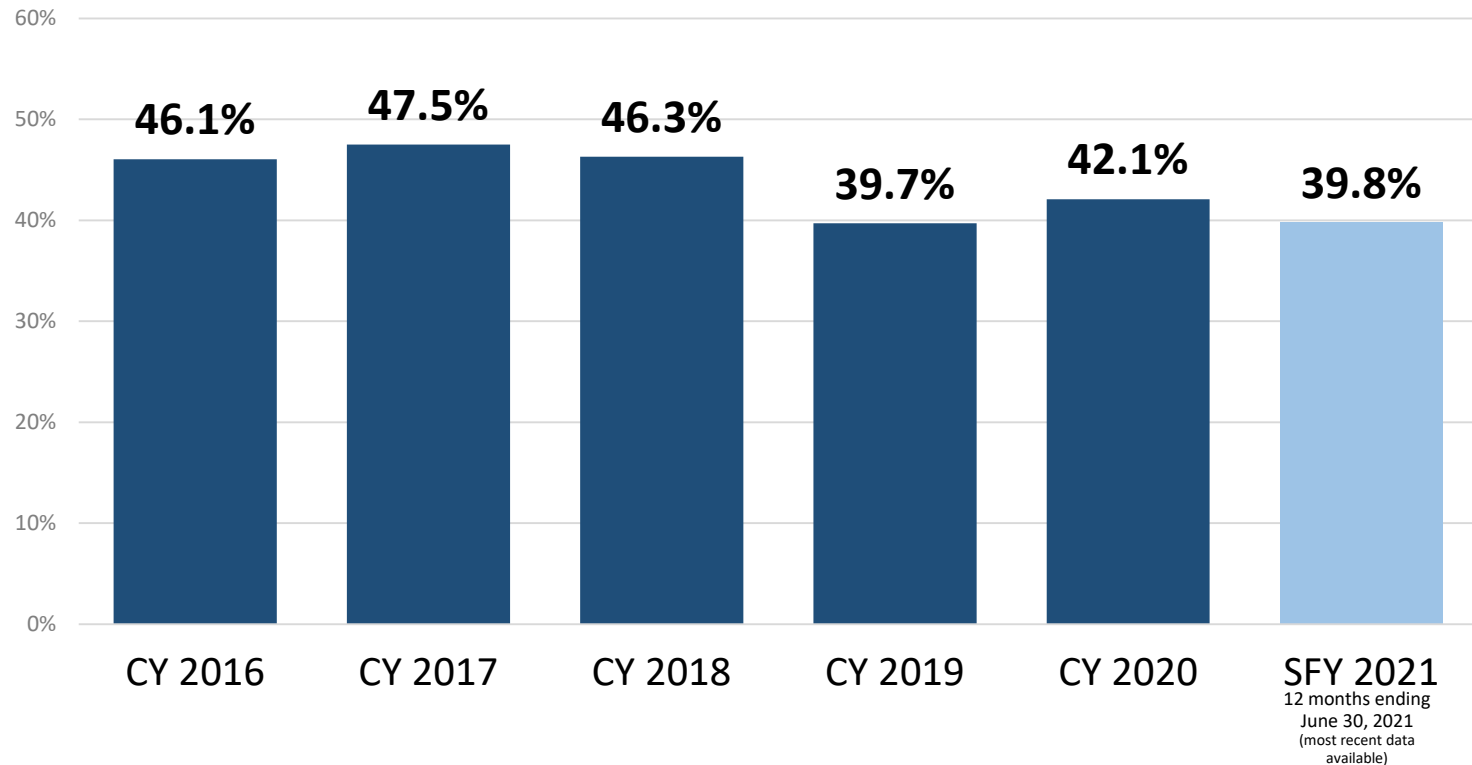
Of persons released with identified treatment need from release date through 90 days post-release



MEASURE 3d

## Receipt of Mental Health Treatment within 30 Days of Release from a Local Jail Facility while in Department of Corrections Custody

Of persons released with identified treatment need from release date through 90 days post-release



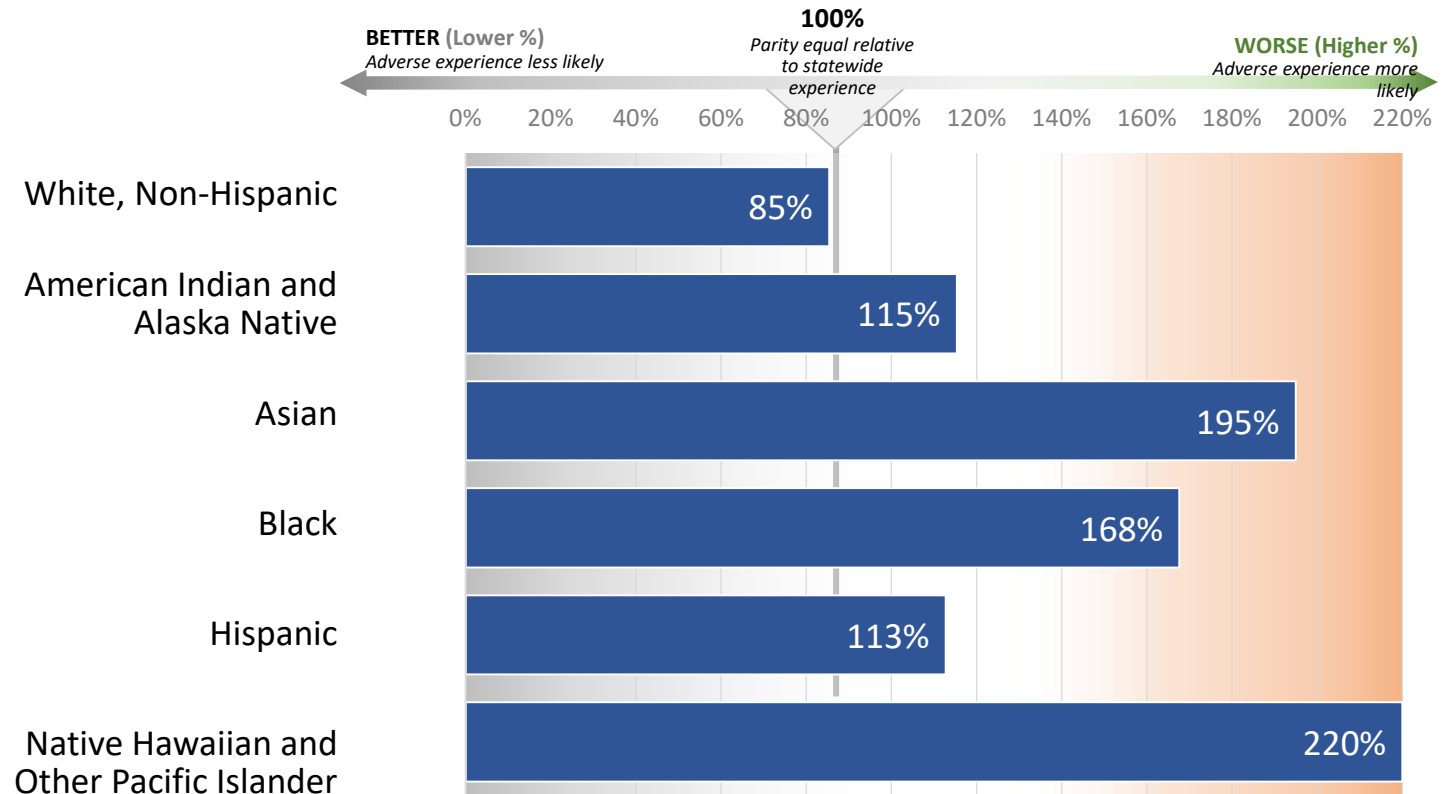


# Disparities by Race/Ethnicity

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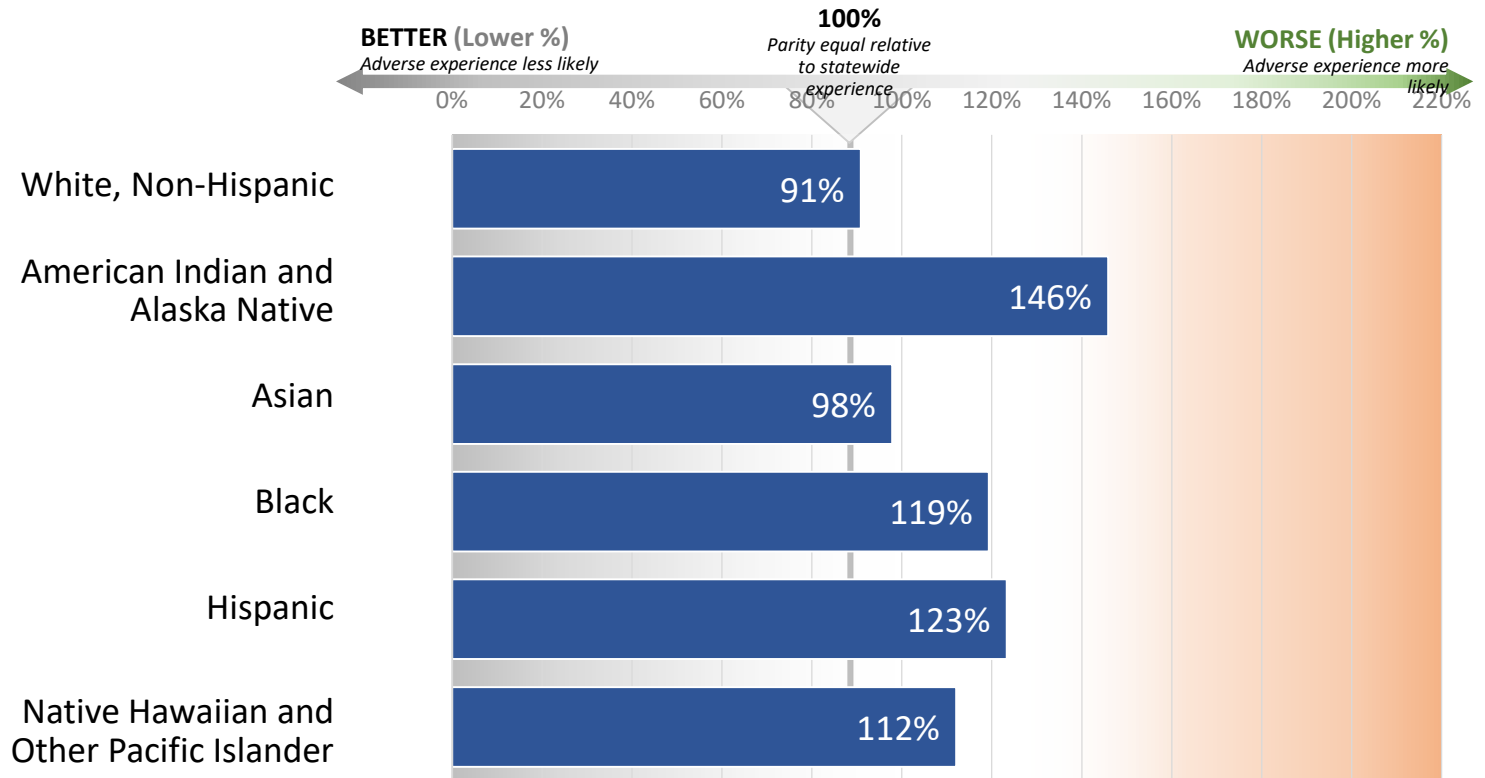
# Differences in 7-Day Follow-up After ED Visit for AOD Dependence

Washington State Medicaid Recipients Meeting Inclusion Criteria • Age 18-64 • 12 Months Ending 2020 Q1



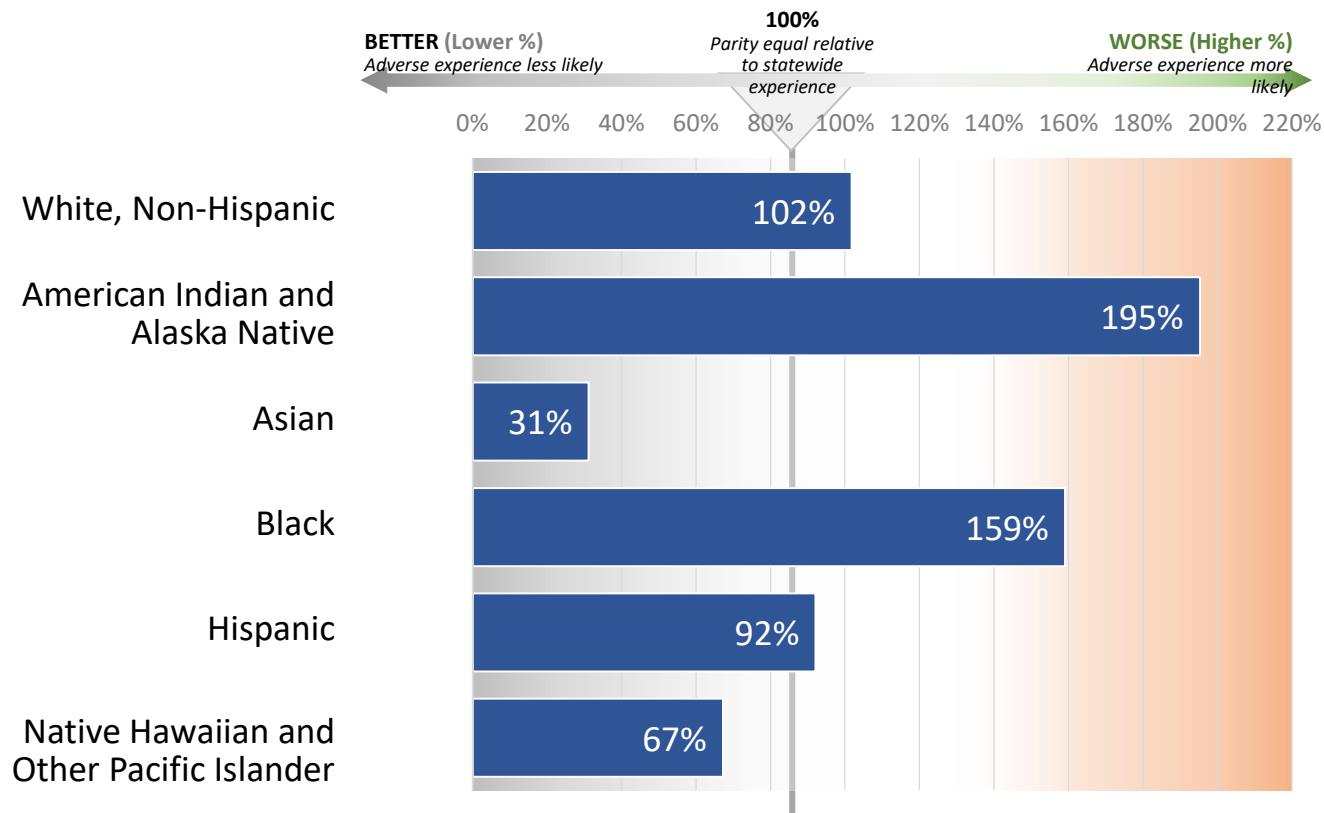
# Differences in 7-Day Follow-up After ED Visit for Mental Illness

Washington State Medicaid Recipients Meeting Inclusion Criteria • Age 18-64 • 12 Months Ending 2020 Q1



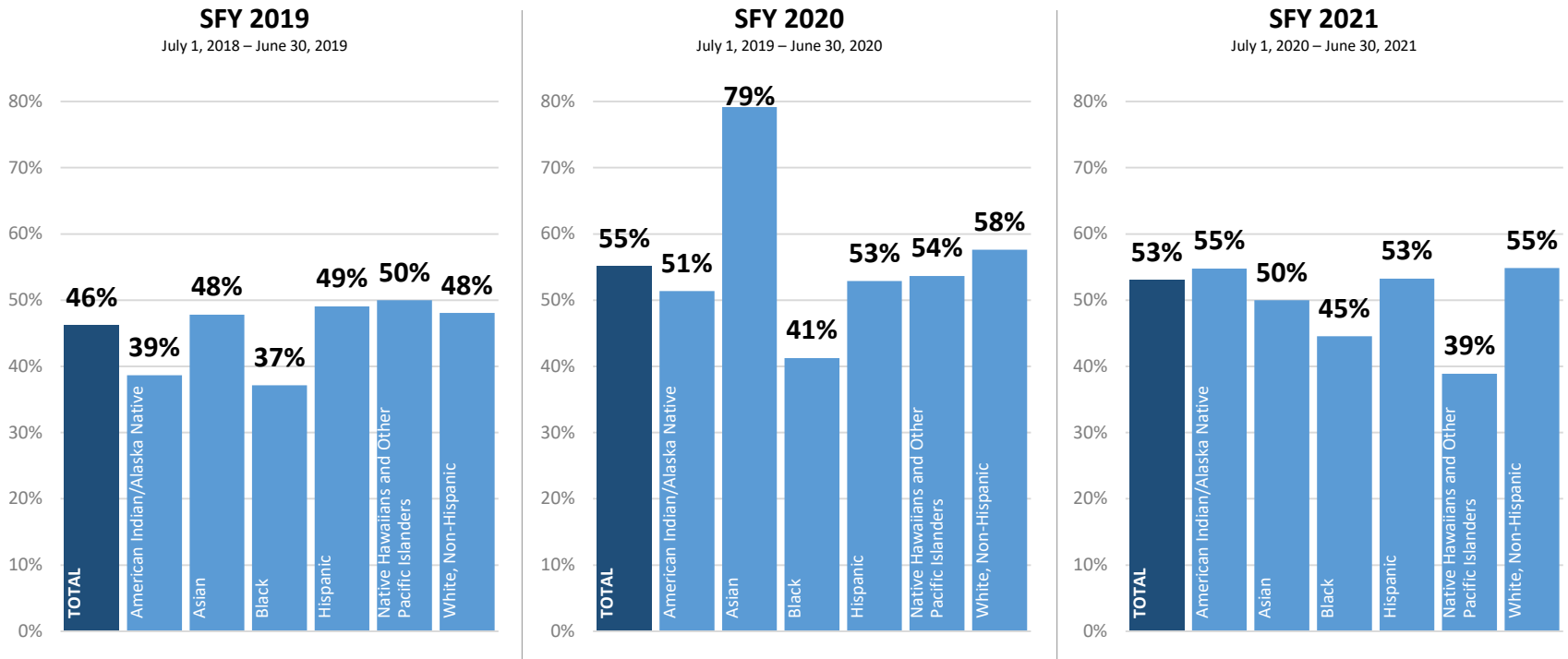
## Differences in Percent Arrested

Washington State Medicaid Recipients Meeting Inclusion Criteria • Age 18-64 • 12 Months Ending 2020 Q1



MEASURE 1b

# Receipt of Substance Use Disorder Treatment within 30 Days of Release for Persons Released from a Department of Corrections Facility

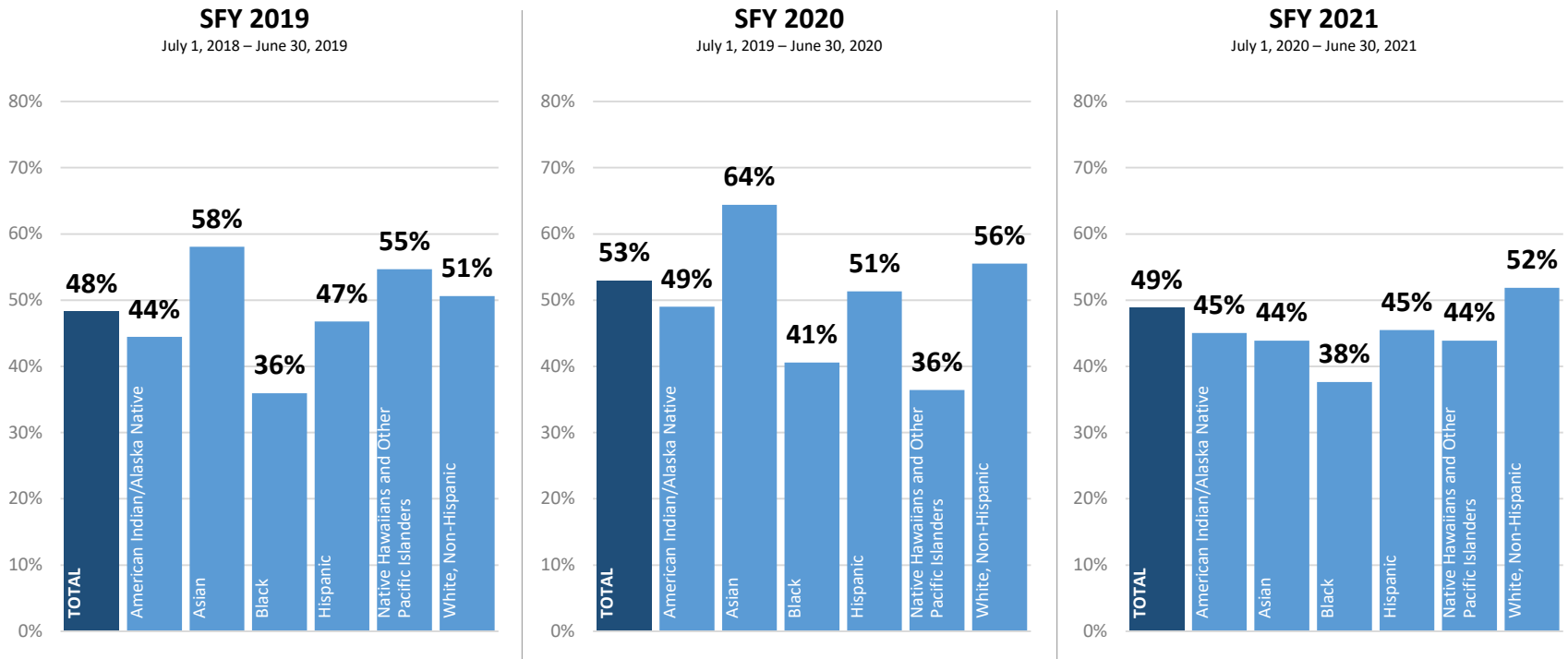


**NOTES:** 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.  
2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.



# MEASURE 1d

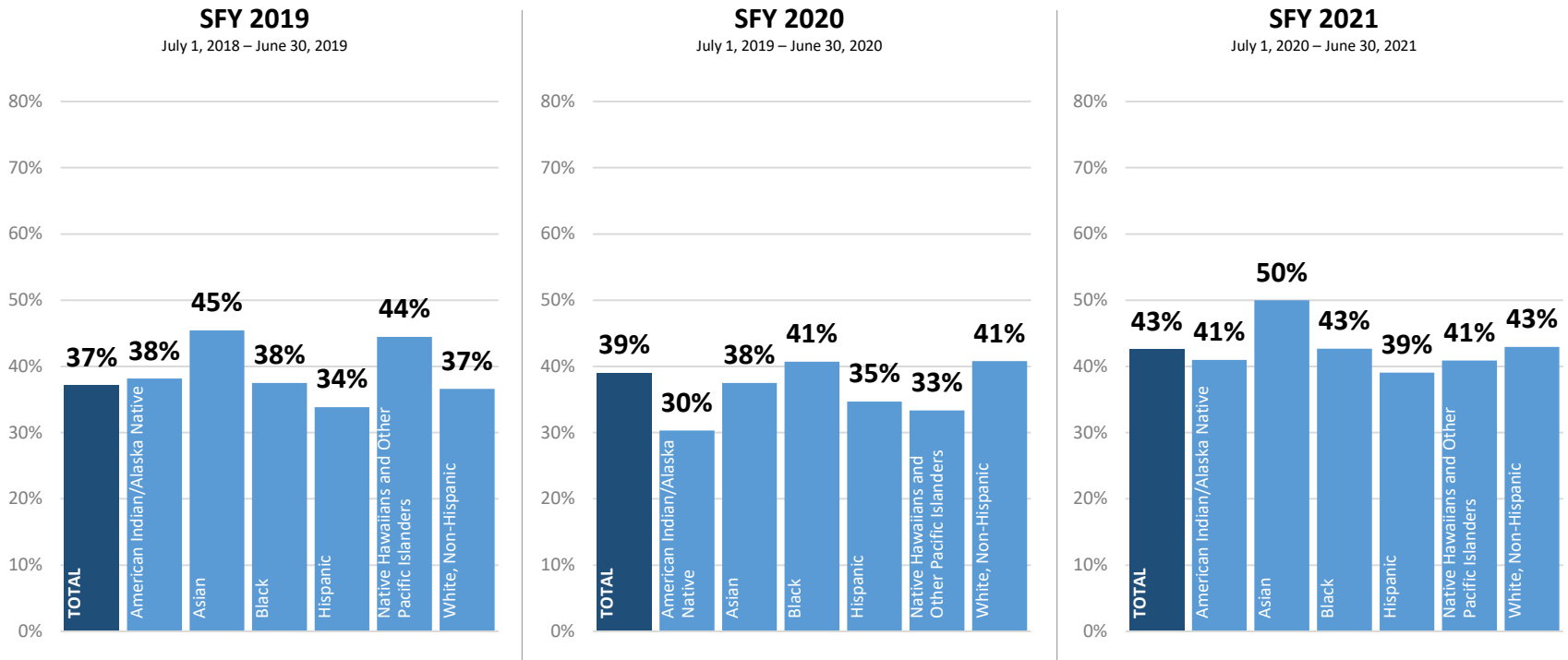
## Receipt of Substance Use Disorder Treatment within 30 Days of Release for Persons Released from a Local Jail while in Department of Corrections Custody



**NOTES:** 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.  
 2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.

MEASURE 2b

# Receipt of Mental Health Treatment within 30 Days of Release for Persons Released from a Department of Corrections Facility



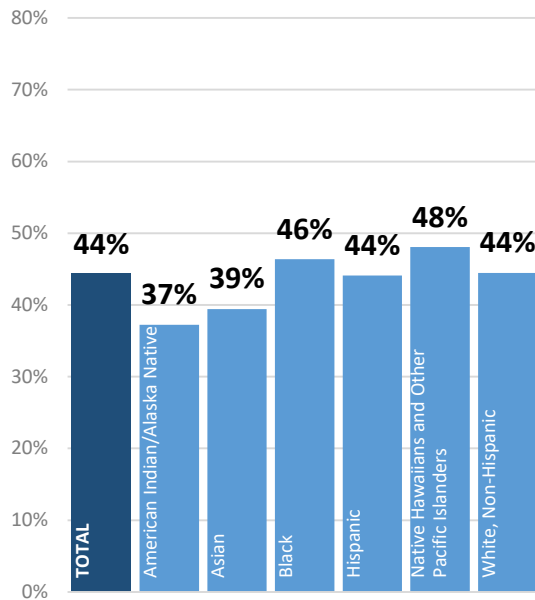
**NOTES:** 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.  
 2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.

MEASURE 2d

# Receipt of Mental Health Treatment within 30 Days of Release for Persons Released from a Local Jail while in Department of Corrections Custody

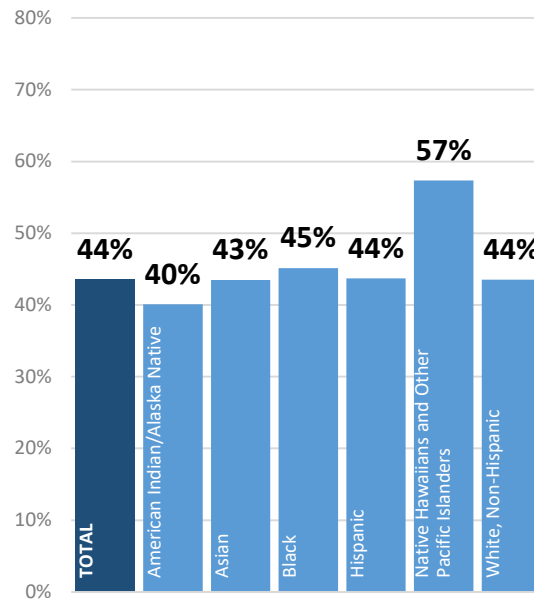
## SFY 2019

July 1, 2018 – June 30, 2019



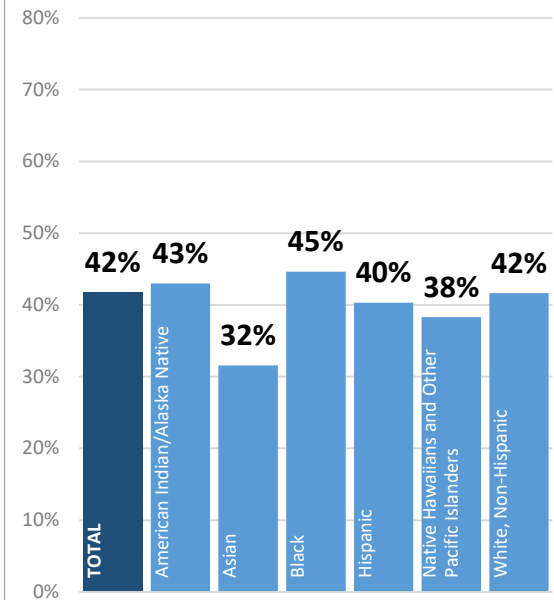
## SFY 2020

July 1, 2019 – June 30, 2020



## SFY 2021

July 1, 2020 – June 30, 2021



**NOTES:** 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.  
 2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.

# Differences in Percent Homeless

Washington State Medicaid Recipients Meeting Inclusion Criteria • Age 18-64 • 12 Months Ending 2020 Q1 • Narrow Definition

