Performance Measures Coordinating Committee

Friday, January 21, 2022

2:00 – 4:00 p.m.

Online Only

Washington State Health Care Authority

Housekeeping

- No formal break, so feel free to step out briefly if needed.
- For committee members:
  - Please keep your phone line muted when not speaking.
- For members of the public:
  - Please keep your phone line muted at all times.
  - There will be dedicated time for questions and comments.
  - Please use the chat box to submit your question/comment and it will be addressed in the order received.

Public Process

- Maintaining a transparent process is important.
- Public comment opportunities:
  - PMCC meetings are open to the public.
  - There is time on the agenda for public comment prior to action on measures.
  - Meeting materials are posted on the Health Care Authority website.
  - Comments can be submitted to HCA anytime.

Today's Objectives

- Consider additional changes to improve the State Common Measure Set – Follow up from October meeting.
- Discuss how current measures impact health equity and role of PMCC.
- Review and approve mechanism to track historical changes to SCMS.

Welcome & Introductions

- Please share the following:
  - Your Name
  - Your Role
  - Your organization

Judy Zerzan-Thul, MD/ Emily Transue, MD

Follow up to Evaluation of Statewide Common Measure Set

Recap of the October 2021 PMCC Meeting

- Evaluation of the SCMS:
  - General feedback that there are too many measures on the SCMS.
  - Reviewed the measures using data from the current Community Check Up.
- Asked committee members to submit other measures that are appropriate for removal.
- Deferred for future discussion:
  - Adults Access to Preventive/ Ambulatory Health Services (AAP)
  - Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)
  - NQF-0326: Advance Care Planning
  - CG-CAHPS

Adult Access to Preventative/Ambulatory Services (AAP)

- Description:
  - The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.
  - Denominator:
    - The eligible population.
  - Numerator:
    - Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
    - Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.
  - Reported rates:
    - 20–44 years
    - 45–64 years
    - 65 years and older, and
    - Total

Adult Access to Preventative/Ambulatory Services (AAP)

- Doing well in both Commercial and Medicaid.
- Not a very useful measure to assess access as a whole.
- There are no similar measures that NCQA has or is currently consider to measure access to primary care.

Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)

- Description:
  - The percentage of individuals 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement year.
  - Denominator:
    - The number of individuals who met the PDC threshold of 80 percent during the measurement year.
  - Numerator:
    - Individuals age 18 years and older as of the first day of the measurement year, with at least two prescription claims for medication(s) within a specific therapeutic category (Diabetes; RASA; Statins) on different dates of service during the treatment period and are continuously enrolled during the treatment period, which begins on the index prescription start date (IPSD) and extends through whichever comes first: the last day of the measurement year, death or disenrollment. The IPSD should occur at least 91 days before the end of the enrollment period.
  - Report rates for each of the following:
    - ~~Diabetes All Class (PDC-DR)~~
    - ~~Renin Angiotensin System Antagonists (PDC-RASA)~~
    - Statins (PDC-STA)
      - **PMCC previously approved this measure to require only adherence to Statins.**

Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)

- HCA previously used this measure, along with the following measure in ERB contracts for VBP to track prescribed statins and adherence to statin therapy:
  - Statin Therapy for Patients with Cardiovascular Disease (SPC)
    - **Originally approved for prescribed rate only in SCMS.**
- Since NCQA updated the above measure to include an adherence component, we only use SPC in contracts now for simplification.
- Current rates reported:
  - 2 Rates: Prescribed and Adherence 80%
- Not universally used and there are not benchmarks,
- Therefore, recommend removal of Medication Adherence measure.

Advance Care Planning (ACP)

- Advance Care Planning (ACP)
  - Measure Steward: NCQA (HEDIS measure added for MY2022 reporting for Medicare Only)
- Description:
  - The percentage of adults 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year.
  - Denominator:
    - The eligible population
  - Numerator:
    - Members 66 and older as of December 31 of the measurement year who had documented evidence of advance care planning during the measurement year.
  - Exclusions include members in hospice or using hospice services anytime during the measurement year.

Advanced Care Planning

- NQF 0326 Advance Care Plan
  - Measure Steward is NCQA, but not currently a required reporting measure.
- Measure Description:
  - Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
- Numerator Statement:
  - Patients who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
- Denominator Statement:
  - All patients aged 65 years and older
- No Exclusions

Brief Public Comment on proposed changes

- Please enter your question or comment into the chat box.
- If you prefer to speak, enter your name into the chat box and unmute yourself when called upon.
- If speaking, please limit your comments to 2 minutes.

Decision/Vote

1. Do we want to remove/replace any of the following measures from the Statewide Common Measure Set?
   - Adult Access to Ambulatory/Preventative Care (AAP)
   - Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)
2. Do we want to add a measure that addresses advance care planning?

Two options:

- Advance Care Planning (ACP) – Recently added to required HEDIS measure reporting for Medicare only
- NQF-0326 Advance Care Plan (NCQA is the steward, but this not a required measure currently, as it is in the process of being reviewed and update

Action:

- Vote for each separately.

CAHPS Patient Satisfaction Survey

- CG-CAHPS and H-CAHPS are currently in Statewide Common Measure Set
  - Patient Experience with Primary Care: How Well Providers Communicate with Patients (CG-CAHPS) (Clinician Groups)
  - Patient Experience with Primary Care: How Well Providers Use Information to Coordinate Patient Care (CG-CAHPS) (Clinician Groups)
  - Patient Experience with Hospital Care: Discharge Information and Communication About Medicines (H-CAHPS) (Hospital)
- Appropriate for Clinician Groups and Hospitals only
  - Not relevant for HCA purchasing contracts.
- HP-CAHPS is currently in HCA contracts to assess satisfaction with health plans
- Discussion:
  - Consider adding HP-CAHPS to SCMS, as it is more appropriate for our purchasing contracts.

Comparison of questions in CG and HP versions – Provider Communication

CG-CAHPs 4.0	HP-CAHPS 5.1H (NCQA version)
Composite: How well providers communicate with patients (4 questions)	
Q14. During your most recent visit, did this provider explain things in a way that was easy to understand?	Q12. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?
Q15. During your most recent visit, did this provider listen carefully to you?	Q13. In the last 12 months, how often did your personal doctor listen carefully to you?
Q16. During your most recent visit, did this provider show respect for what you had to say?	Q14. In the last 12 months, how often did your personal doctor show respect for what you had to say?
Q17. During your most recent visit, did this provider spend enough time with you?	Q15. In the last 12 months, how often did your personal doctor spend enough time with you?

Comparison of questions in CG and HP versions – Provider Coordination of Care

CG-CAHPs 4.0	HP-CAHPS 5.1H (NCQA version)
Providers' Use of Information to Coordinate Patient Care (3 items)	
Q18. During your most recent visit, did this provider have the medical information they needed about you?	Q16. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?
Q19. During your most recent visit, did this provider order a blood test, x-ray, or other test for you?	Q17. In the last 12 months, how often did your personal doctor seem informed and up to date about the care you got from these doctors or other health providers?
Q20. Did someone from this provider's office follow up to give you those results?	Q20. In the last 12 months, how often did you get an appointment with a specialist as soon as you needed

Patient Experience with Hospital Care: Discharge Information and Communication About Medicines (H-CAHPS) (Hospital)

- Discharge information and communication about medicines
  - During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
  - When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
  - When I left the hospital, I clearly understood the purpose for taking each of my medications.

Brief Public Comment on proposed changes

- Please enter your question or comment into the chat box.
- If you prefer to speak, enter your name into the chat box and unmute yourself when called upon.
- If speaking, please limit your comments to 2 minutes.

Decision/Vote

1. Do we want to add the following CAHPS measure to the SCMS to align with HCA purchasing contracts? If so, are there certain areas of interest for public reporting?
   - HP-CAHPS Patient Experience with Health Plans (5 composite areas)
     - Getting needed care
     - Getting care quickly
     - How well doctors communicate
     - Health plan customer service
     - How people rated their health plan
2. In addition, do we want to retain or remove the following measures from the SCMS?
   - Patient Experience with Primary Care: How Well Providers Communicate with Patients (CG-CAHPS) (Clinician Groups)
   - Patient Experience with Primary Care: How Well Providers Use Information to Coordinate Patient Care (CG-CAHPS) (Clinician Groups)
   - Patient Experience with Hospital Care: Discharge Information and Communication About Medicines (H-CAHPS) (Hospital)

- Action:
  - Vote for each separately.

Emily Transue, MD/Judy Zerzan-Thul, MD

Health Equity and the Statewide Common Measure Set

Washington State Health Care Authority

Health equity and the SCMS
(Deferred from October)

- How can our current measures be used to inform health equity conversations?
- How can we utilize our current data resources to drive change?
- Examples of how existing measures are currently being used to track disparities in care:
  - Annual EQRO Comparative Analysis Report
  - Medicaid Maternal and Child Health Measures Dashboard
  - WA Medicaid Telehealth Evaluation Progress Report
  - Washington Health Alliance – Area Deprivation Index

Annual EQRO Comparative Analysis Report

Figure 54. Variation in Rates by Race/Ethnicity, RY 2020.*

↓ ↑ Statistically significant difference from **Statewide**

		Statewide	American Indian/Alaska Native	Asian	Black	Hawaiian/Pacific Islander	Hispanic	Not Provided	White
Access / Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Total	76.5%	79.2% ↑	74.5% ↓	75.0% ↓	68.7% ↓	79.0% ↑	71.7% ↓	76.7% ↑
	Children's Access to Primary Care Practitioners (CAP), 7-11 Years	90.8%	90.9%	88.8% ↓	88.4% ↓	80.9% ↓	93.2% ↑	88.1% ↓	90.2% ↓
Behavioral Health	Antidepressant Medication Management (AMM), Acute Phase	53.5%	49.7%	50.6%	43.2% ↓	47.8%	46.4% ↓	58.6% ↑	56.1% ↑
	Antidepressant Medication Management (AMM), Continuation Phase	38.4%	36.3%	35.6%	28.5% ↓	28.8% ↓	30.5% ↓	43.5% ↑	41.1% ↑
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	43.9%	40.9%	39.1%	36.4% ↓	31.3%	41.1% ↓	36.7% ↓	47.4% ↑
Overuse / Appropriateness	Use of Opioids at High Dosage (HDO) (lower is better)	7.1%	6.2%	4.8%	8.8% ↓	7.3%	4.2% ↑	9.1% ↓	7.3% ↓
Prevention and Screening	Breast Cancer Screening (BCS)	52.0%	45.5% ↓	65.3% ↑	48.4% ↓	52.1%	62.3% ↑	53.2%	48.8% ↓
	Chlamydia Screening (CHL), Total	53.6%	56.1%	53.0%	62.6% ↑	55.5%	56.1% ↑	49.3% ↓	51.1% ↓
Respiratory Conditions	Asthma Medication Ratio (AMR), Total	55.0%	57.8%	60.3% ↑	51.9% ↓	59.7%	55.1%	60.5% ↑	54.3% ↓
	Medication Management for Asthma (MMA), Compliance 75%, 5-11 Yrs	30.4%	38.7%	27.1%	22.4% ↓	47.4% ↑	26.8% ↓	23.8%	35.7% ↑

**The "Not Provided" category means a member's race was not provided by the member at the time of enrollment. This group comprises approximately 9% of Apple Health enrollment.*

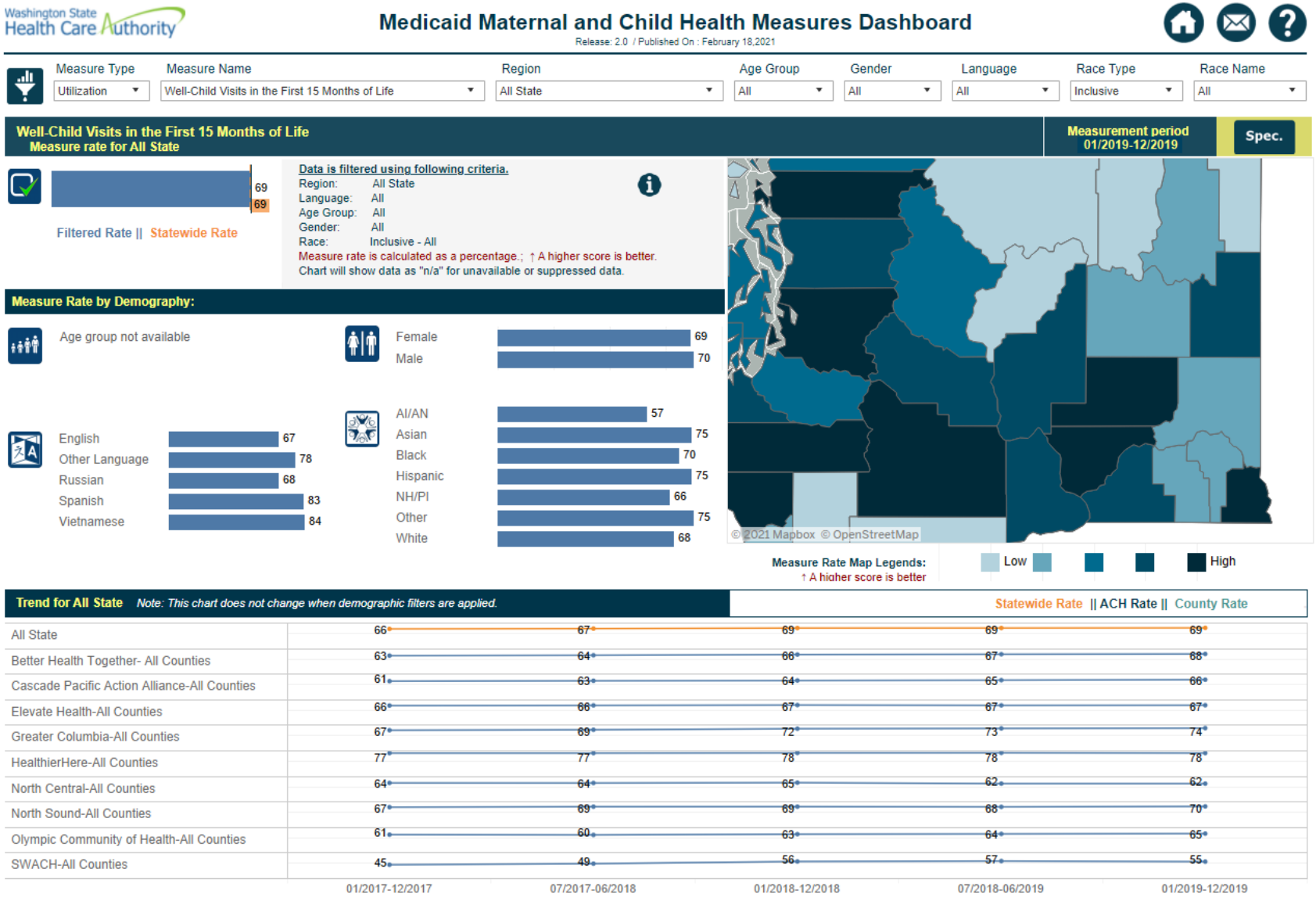
https://www.hca.wa.gov/assets/program/eqro-comparative-regional-analysis-report-2020.pdf

Most current version, which has additional measures displayed will be publicly available Mid-February https://www.hca.wa.gov/about-hca/apple-health-medicaid-and-managed-care-reports

Washington State Health Care Authority

Medicaid Maternal and Child Health Measures Dashboard

https://hca-tableau.watech.wa.gov/t/51/views/MaternalandChildHealth/Dashboard?:isGuestRedirectFromVizportal=y&:embed=y



WA Medicaid Telehealth Evaluation Progress Report

Factors associated with any tele-service use during the Post-COVID period

	Higher Likelihood	Lower Likelihood	No Association
Age	X		
Female	X		
Black	X		
Hispanic		X	
English as primary spoken language	X		
English as primary written language	X		
Homeless	X		
Greater Clinical Complexity	X		
Federal Poverty Level		X	
Residence in high *Socioeconomic Status* vulnerability area			X
Residence in high *Household Composition & Disability* vulnerability area			X
Residence in high *Minority Status & Language* vulnerability area		X	
Residence in *Household Type & Transportation* vulnerability area	X		

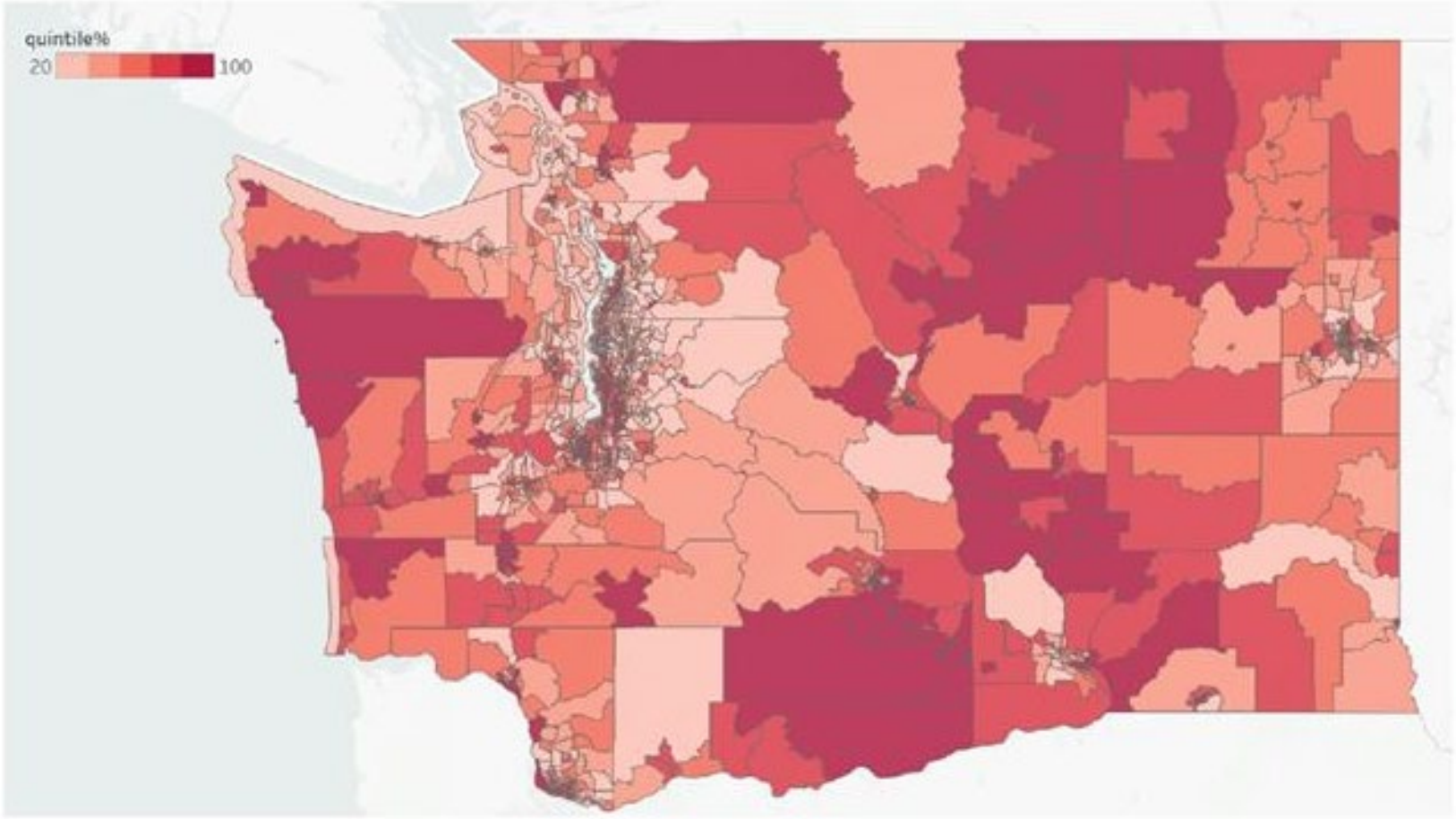
Please see Appendix 6 for more information about analysis results

Report attached to meeting invite

Washington State Health Care Authority

WA Medicaid Telehealth Evaluation Progress Report

Social Vulnerability Index (SVI) – Washington State



Report attached to meeting invite

Washington State Health Care Authority

Performance Measures Coordinating Committee

Area Deprivation Index (ADI)

Friday, January 21, 2022

WASHINGTON HEALTH ALLIANCE

Leading health system improvement

Area Deprivation Index

https://www.neighborhoodatlas.medicine.wisc.edu/

Based on a measure created by the Health Resources & Services Administration over two decades ago for primarily county-level use

- Refined, adapted, and validated to the Census block group/neighborhood level by Amy Kind, MD, PhD and her research team at the University of Wisconsin-Madison

Allows for rankings (groupings) of neighborhoods by socioeconomic disadvantage in a region of interest, e.g., statewide or nationally

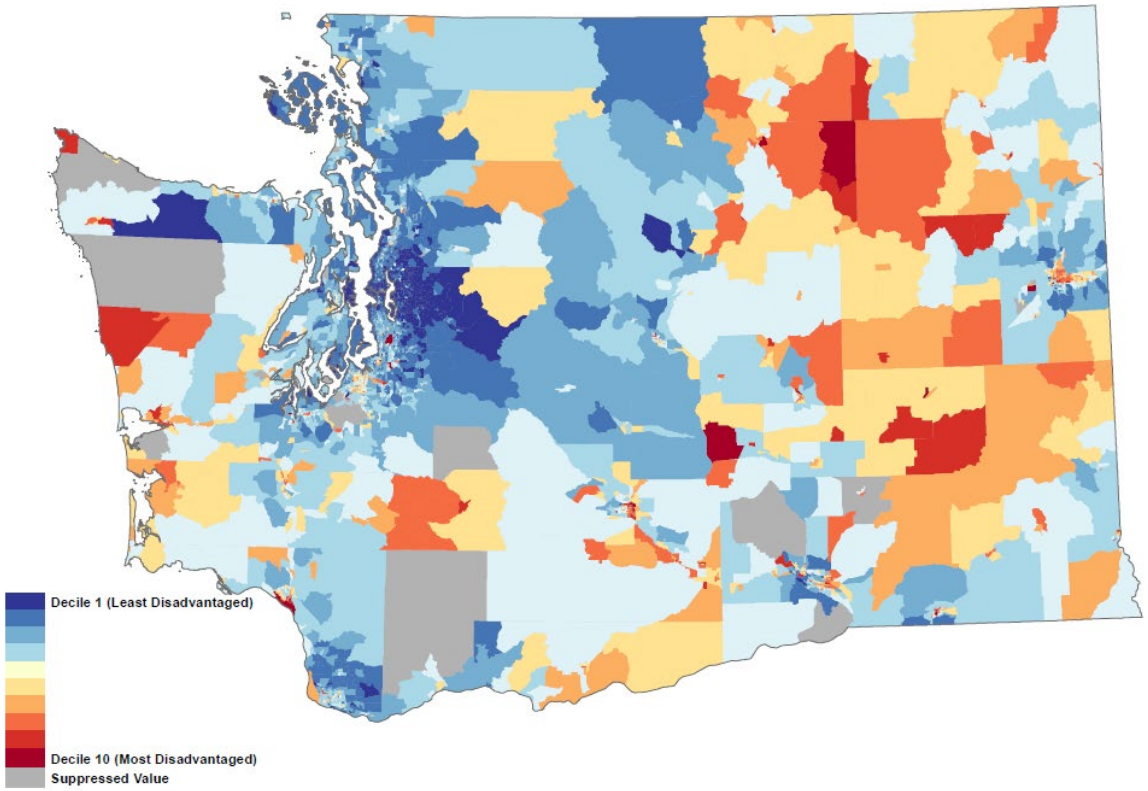
- Includes domains of **income, education, employment, and housing quality**
- Can be **used to inform health delivery and policy**, especially for the most disadvantaged neighborhood groups
- Has been **correlated with health outcomes** including all-cause cardiovascular, cancer, and childhood mortality; cervical cancer prevalence; etc.

Contents of the Area Deprivation Index

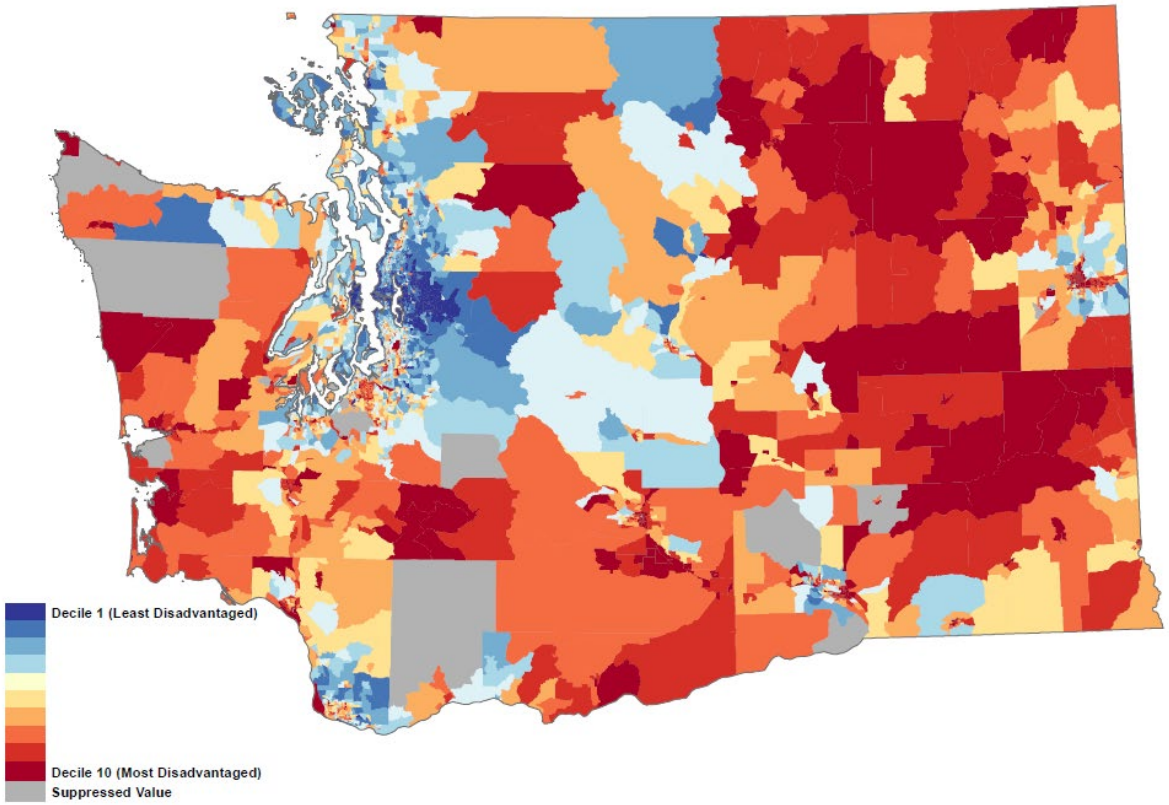
• Percent of population aged >=25 years with <9 years of education	• Percent of civilian labor force population >=16 years of age unemployed
• Percent of population aged >=25 years with less than a high school diploma	• Percent of families below the poverty level
• Percent of employed persons >=16 years of age in white-collar occupations	• Percent of population below 150% of the poverty threshold
• Median family income	• Percent of single-parent households with children <18 years of age
• Income disparity	• Percent of households without a motor vehicle
• Median home value	• Percent of households without a telephone
• Median gross rent	• Percent of occupied housing units without complete plumbing
• Median monthly mortgage	• Percent of households with more than one person per room
• Percent owner-occupied housing units	

2018 ADI deciles for Washington state

Scaled nationwide



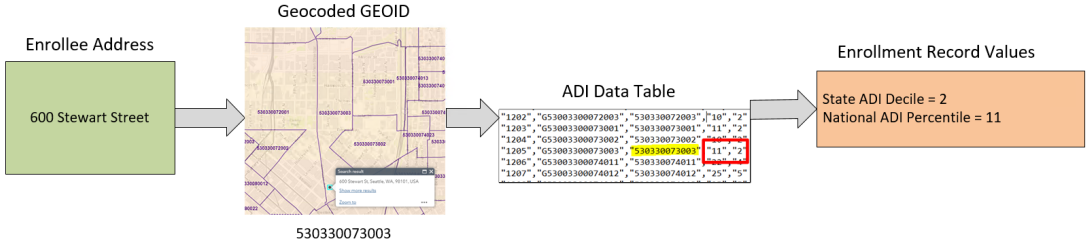
Scaled statewide



Getting to the ADI Decile / Percentile

- **Data Supplier Agreement – Data Specification (Exhibit B) Amendment**
  - Two new fields added to enrollment files for each enrollee
    - State ADI Decile
    - National ADI Percentile Rank (“Converted” to Decile)

- **Data suppliers add ADI deciles to enrollment files as part of routine data submissions**
  - Geocode patient addresses to derive 12-digit GEOID code with census block group
    - State (2) + County Code (3) + Census Tract (6) + Census Block Group (1)
  - Using ADI data tables, lookup 12-digit GEOID value to retrieve state and national decile/percentile
  - Add ADI state decile and national percentile to enrollment records of each enrollee
  - Example for Alliance Office location:
    - 600 Stewart Street
    - Geocoded GEOID = 530330073003
    - Lookup GEOID in ADI data table
    - Add results to submitted enrollment file
      - State ADI Decile = 2
      - National ADI Percentile Rank = 11 (to be converted to decile)



- **ADI values from enrollment file added to Alliance APCD**
  - Enables stratification of analytic results by ADI

Leading WHA applications

There are many applications. The more popular ones seem to be:

1. **Stratify Community Checkup process-of-care measures**
   - Are high-performing measures masking underperformance in high-deprivation areas?
   - Apply this check prior to sunsetting a measure that looks to be “topping out”

2. **Recast the Health Waste Calculator results to determine if lower waste patterns are more common in deprived areas**

3. **Stratify upcoming Total Cost of Care reports by ADI deciles**

4. **Produce ADI-stratified results for purchasers using their own data**

Health equity and the SCMS – Considerations

- The intersection of health equity, quality measurement, and the SCMS will continue to evolve.
- As we think about measures for the SCMS, need to consider how these measures could be used to assess and improve health equity.
- What levers do we currently have to address health equity through quality?
  - For example, state purchasing contracts.
- How do we bring focus to where it really matters?
- What else is happening and are there other examples?
- What is needed to get to a game plan? Currently in information gathering stage
  - PMCC role to develop a set of measures to drive work of others.
  - Other “hats” and how to influence – organizational responsibilities.

Roles to help guide and influence quality efforts related to health equity

Group	Role	Current Initiatives	Current Conversations
PMCC	• PMCC role to develop a set of measures to drive work of others • Leverage positions to influence organizational responsibilities		
HCA	• Use Medicaid data to identify disparities • Leverage state purchasing contracts to promote heath equity		• NCQA new Health Equity Accreditation program
Organizations	• Foundation for Healthcare Quality/Bree Collaborative: Develop recommendations and best practices for screening and intervening on the social determinants of health as well as a strategy for assessing and addressing population health disparities, especially from racism.	Workgroup to implement guidelines for Social & Health Equity	
Other State Agencies	DSHS/RDA – Develop and track measures that consider social issues, such as homelessness/housing instability, criminal justice system involvement, employment.		
Other Initiatives	NCQA – using measurement to drive health equity • Requirement for plans to stratify a subset of measures by race and ethnicity		

Laura Pennington, HCA

Tracking Historical Changes to the SCMS

Washington State Health Care Authority

Historical tracking of SCMS

- PMCC previously discussed a mechanism for tracking changes made to the Statewide Common Measure Set.
- Elements to include:
  - Name of measure
  - Date added or removed
  - Reason for removal and justification for additions
- Considered several examples.
- Propose a single document that provides an ongoing look at measures in SCMS at any given time.

Washington Statewide Common Measure Set (2015 - 2022)

Measure Name	Measure Steward	NQF Endorsed	Category	2015	2016	2017	2018	2019	2020	2021	2022	Comments
Adult Access to Preventive/Ambulatory Care (AAP)	NCQA		Primary Care & Prevention - Adults	X	X	X	X	X	X	X	X	
Adult BMI Assessment (ABA)	NCQA		Primary Care & Prevention - Adults	X	X	X	X	X	X			NCQA Retired for MY2021
Adult Mental Health Status: Percentage of Adults Reporting 14 or More Days of Poor Mental Health	DOH (BRFSS Survey)		Behavioral Health	X	X	X	X					
Ambulatory Care - Emergency Department (ED) Visits per 1,000 (AMB) (Medicaid only)	NCQA		Ensuring Appropriate Care		X	X	X	X	X	X	X	
Annual Monitoring for Patients on Persistent Medications (MPM) (ACE/ARM component)	NCQA	NQF 2371	Management of Chronic Illness-Outpatient	X	X	X	X	X				NCQA Retired for MY2020
Annual State-Purchased Health Care Spending Growth Relative to the State GDP	HCA		Cost	X	X	X	X	X	X	X	X	
Antibiotic Utilization for Respiratory Conditions (AXR)* (NCQA replaced ABX with AXR for MY2022)**	NCQA		Ensuring Appropriate Care								X	Added to 2022 SCMS
Antidepressant Medication Management (AMM) 1. Effective Acute Phase Treatment; 2. Effective Continuous Phase Treatment	NCQA	NQF 0105	Behavioral Health	X	X	X	X	X	X	X	X	
Appropriate Testing for Pharyngitis (CWP)	NCQA	NQF 0002	Ensuring Appropriate Care	X	X	X	X	X	X	X	X	
Asthma Medication Ratio (AMR)	NCQA	NQF 1800	Management of Chronic Illness-Outpatient					X	X	X	X	

Nancy Giunto

Public Comment

Public Comment

- Please enter your question or comment into the chat box.
- If you prefer to speak, enter your name into the chat box and unmute yourself when called upon.
- If speaking, please limit your comments to 2 minutes.

Nancy Giunto

Wrap Up and Next Steps

Washington State Health Care Authority

Wrap Up/Next steps

- Action Items.
- Next Meeting:
  - April 22, 2022
    - 2:00 – 4:00 p.m.
  - Proposed agenda topics:
    - TBD.
    - Send topics to Laura P.