WA State Performance Measures Coordinating Committee
June 26, 2015, 9:30 – 11:30 am
Meeting Summary

I. Welcome and Introduction:

Nancy Giunto, Committee Co-Chair and Executive Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting. Ms. Giunto reminded everyone of the importance of keeping this a transparent process, allowing for public input and opportunities for participation, sharing all meeting materials and summaries on the Healthier WA website at: http://www.hca.wa.gov/hw/Pages/performance_measures.aspx.

Ms. Giunto reviewed the objectives for the meeting which included: (1) Reviewing 2014 decisions and with an update on the current process to implement measures and reporting in 2015; (2) consider measures with specific implementation challenges and provide advice as needed; and, (3) finalize a recommendation to the WA State Health Care Authority (HCA) for one new topic area for consideration of new measures (for measurement reporting beginning in 2016).

II. Review of 2014 Decisions and Update on Implementation in 2015

Susie Dade, Deputy Director of the Washington Health Alliance, reviewed decisions made in 2014 to create the state's first Common Measure Set for Healthcare Quality and Cost ("measure set"), inclusive of 52 measures with multiple units of analysis (varies by measure: state, ACH/county, medical group, hospital and/or health plan). Ms. Dade went on to provide a status report on implementing the measure set. She reported the following:

- The HCA has contracted with the Alliance to lead the coordination and implementation of the measure set, including public reporting of the results on the Alliance's Community Checkup website.
- There are 12 organizations submitting data/results to enable public reporting in 2015, including:
  - WA Health Alliance
  - WA State Department of Health
  - WA State Department of Social and Health Services
  - WA State Health Care Authority
  - WA State Hospital Association
  - Insurance Plans: Aetna, Cigna, Delta Dental, Group Health, Premera Blue Cross, Regence Blue Shield, and UnitedHealthcare
- Detailed planning is ongoing now with all of the data submitters with a planned date of data submission of September 1.
- A first report on the measure set will be available during 4th quarter 2015 with results available via the Community Checkup website and/or written report.

- Of the 52 measures, 16 are on track with no known concerns or implementation challenges.
- There are four measures that we are uncertain about the "unit of analysis" given the potential for a small N, i.e., it is unclear whether we will report results at the county and/or ACH levels and will not know until we produce the data. These measures include (Unintended Pregnancies, Percentage of Adults who Smoke, Percentage of Adults Reporting Poor Mental Health, and Ambulatory Sensitive Hospital Admissions for COPD).
- The Alliance is working with the commercial health plans to submit their plan results on 25 NCQA HEDIS measures *for health plan-level reporting*. There is a meeting on July 8 to finalize the details. The committee strongly re-affirmed the importance of moving forward with health-plan level reporting in 2015 and encouraged all health plans to participate in submitting to the Alliance results that were recently reported to NCQA to ensure standardization, comparability and completeness. The Alliance will produce results at the state, county and medical group levels for these measures.

Ms. Dade noted that there are five measures with more significant implementation challenges and she asked to discuss each separately to update the committee on specifics and gain the committee's advice.

The first is the oral health measure approved for inclusion in the measure set: Primary Caries Prevention Intervention as part of Well/Ill Child Care Offered by Primary Care Providers.
In summary, Ms. Dade reported the following:

- NQF pulled endorsement of this measure in March 2015. The U of Minnesota (identified measure steward) was unable to provide reliability and validity data in support of the measure.
- We were unable to locate *detailed* measure specifications from the U of Minnesota.
- The WA Dental Service Foundation graciously offered to draft measure specifications to keep the work moving forward. They re-affirmed a commitment on the part of Delta Dental to run the measure for the Medicaid dental program and produce results for the Medicaid-insured population.
- Ms. Dade circulated the draft specifications to three commercial health plans to assess willingness and ability to run the measure for reporting in 2015. Feedback was as follows:
    - The draft measure specifications circulated for comment include the use of CPT code 99188 (with CPT modifier 33) in the numerator for commercial insurers. CPT code 99188 is a new code, only approved for use starting January 1, 2015.
    - The USPTF recommendation (Grade B) means that CPT code 99188 must be covered by insurers, however, commercial health plans have little, if any, track record in working with this code because it is so new, and providers have likely not been well-educated about its use and it is unclear whether they are accurately coding/billing for this service. Data is definitely not available for CY 2014 for the commercially insured population.
    - The measure is not NQF-endorsed and the proposed numerator and denominator definitions have not been "tested" by the commercial plans, nor have they been vetted in any substantial way with the provider community (pediatricians, family physicians, etc.).

- There was robust discussion among committee members on the topic, re-affirming the importance of including an oral health measure in the measure set, but recognizing the practical nature of the implementation challenges.

Oral Health Measure - Committee recommendation to HCA:

1. **It was acknowledged that the measure is very likely workable as a claims-trackable administrative measure in the future, but it is premature to do so for the commercially insured population in 2015.**
2. **Delay measurement and public reporting for the commercially-insured population until at least 2016. In the interim, work to resolve issues, vet the measure specifications and test the data prior to public reporting.**
3. **Proceed with the measure in 2015 for the Medicaid population (Delta Dental: data supplier).**

The second measure of concern is the 30-day Psychiatric Inpatient Readmission measure approved for inclusion in the measure set. Ms. Dade reported the following:

- Measure specifications were developed by David Mancuso, Director of the DSHS Research and Data Analysis Division, in October 2014.
- This "homegrown" measure is a variation on the NCQA 30-day All Cause Readmission Measure (NQF#1768), with a diagnosis filter to restrict to admissions with a primary diagnosis of mental illness.
- Ms. Dade circulated the draft specifications to three commercial health plans to assess willingness and ability to run the measure for reporting in 2015. Feedback was as follows:
  - This is a relatively complex measure to program. There is an understanding that the measure has been tested using Medicaid data. However, it is not in use by commercial insurers nor has it been tested using data available to commercial insurers.
  - The health plans may need to work through contracted vendors to program as a custom measure and this would take both time and resources, which may be impossible given the tight timeframe for reporting data to the Alliance (hard deadline: early September).
  - There are concerns and a variety of questions regarding the proposed detailed specifications drafted by DSHS, particularly around the POS codes to be used in both the numerator and denominator.
- There was robust discussion among committee members on the topic, re-affirming the importance of including this and other behavioral measures in the measure set, but recognizing the practical nature of the implementation challenges associated with this particular measure. The committee discussed the following criteria that we may use to determine when we're ready to report results for the commercially insured population: (1) measure specifications detailed and well-vetted with clear measure steward identified, (2) opportunity to test the measure against the plans' data, (3) majority opinion that the measure is ready for implementation.

30-day Psychiatric Hospital Readmission Measure - Committee recommendation to HCA

1. **Delay measurement and public reporting for the commercially-insured population until at least 2016. In the interim, work to resolve issues, vet the measure specifications and test the data prior to public reporting.**
2. **Proceed with the measure in 2015 for the Medicaid population (HCA/DSHS: data supplier).**

The third group of measures for consideration includes the three health cost measures approved for inclusion in the measure set. Ms. Dade reported the following:

- Ms. Dade reported that HCA is on point for developing detailed measure definitions and producing results by early September.
  - Total State-purchased Health Care Spending Relative to State GDP
  - Medicaid Spending per Enrollee
  - PEB Spending per Enrollee
- HCA plans to seek stakeholder input on draft measure definitions prior to finalizing, but emphasizes that the timeframe is short and the opportunity to provide feedback will be quick.
- Results will be available at the state level, and possibly at the ACH and/or county level if supported by the data.

III. Recommendation for New Topic Area for 2016 (Ad hoc Workgroup in 2015)

Dr. Dan Lessler led the committee in a discussion with the objective of selecting one new area to develop for measurement and reporting in 2016 and beyond. The HCA proposed a "short list" of three areas for consideration that were based on the work of the PMCC and workgroups during 2014. The three areas proposed for consideration included:

1. Behavioral health, specifically measures that address depression and screening for substance use disorder
2. Continuity of care: care transitions/ medication reconciliation/advanced care planning
3. Functional status

A lively discussion ensued with the majority of support expressed for the first option, behavioral health. It was recognized that the integration of behavioral health and primary care is a key component of Healthier Washington and so should be a priority in the measure set. It was acknowledged that behavioral health issues impact a large population within the state and have a significant impact on cost and outcomes. A committee member stressed the importance of considering behavioral health issues among the homeless population. A second committee member discussed the relevance of both population and clinical behavioral health measures. A third committee member mentioned that the Washington State Medical Association has a workgroup on behavioral health issues and suggested it would be good to look for opportunities to coordinate with that group.

The committee discussed the importance of continuing to use the following as key criteria in recommending/selecting one or more measures, but also acknowledged that we may have to push the envelope and be aggressive to make headway in this area that is under-measured nationally.

- Maintain a strong preference for nationally vetted measures, particularly (but not exclusively) NQF-endorsed measures, for which there is a clear measure steward (some

organization that maintains the measure) and there are readily available measure definitions and coding specifications.
- Readily available data source(s) from within Washington must be identified that will enable robust, reliable and valid measurement and reporting.
- Topic(s) addressed by measure(s) should reflect areas of health and health care thought to have a significant impact on outcomes and/or costs in Washington state.

Public Comment Prior to Decision:

- There were no public comments regarding the selection of Behavioral Health as the topic of focus.

New Topic Area - Committee recommendation to HCA:

1. **The Committee recommends the selection of Behavioral Health with the understanding that an ad hoc workgroup of individuals with expertise in this area will be formed to explore available measures and what is feasible in Washington state with available data sources, and make one or more recommendations back to the PMCC.**
2. **The Committee encourages the ad hoc workgroup to consider both population and clinically-oriented measures.**

IV. Final Opportunity for Questions, Discussion

Several topics were raised and briefly discussed during this portion of the agenda (no decisions):

- Impact of ICD-10 conversion on measurement and reporting based on claims data
- Suggestion to create routine surveillance of what new measures are in the NQF, NCQA, etc., pipelines to help inform our work going forward
- Status of state's capability to aggregate clinical data and use for measurement and reporting
- Impact of use of measures in contracting on a local and national basis and the potential influence on the work of the committee

V. Next Steps

- A high-level meeting summary will be available within one week on HCA's website.
- The next PMCC meeting is likely to be held in October 2015.

The meeting adjourned at 11:30 am.

ATTENDANCE

Committee Members Present on June 26, 2015

Jane Beyer, Washington State Department of Social and Health Services (Kara Panek attended on her behalf)
Craig Blackmore, Virginia Mason Medical Center
Gordon Bopp, NAMI - Washington
Patrick Bucknum, Columbia Valley Community Health
Ann Christian, Washington Community Mental Health Council
Jessica Cromer, Amerigroup Washington
Sue Deitz, Critical Access Hospital Network of Eastern Washington *(by phone)*
John Espinola, Premera Blue Cross
Nancy Guinto, Co-Chair, Washington Health Alliance
Ann Hirsch, Seattle University
Dan Lessler, Health Care Authority
Kathy Lofy, Washington State Health Department
Susie McDonald, Group Health Cooperative
Julie McDonald, Providence Regional Medical Center Everett *(by phone)*
Mary Kay O'Neill, Coordinated Care
Scott Ramsey, Fred Hutchinson Cancer Research Center
Dale Reisner, Washington State Medical Association *(by phone)*
Marguerite Ro, Public Health – Seattle and King County
Rick Rubin, OneHealthPort
Torney Smith, Spokane Regional Health District
Cheryl Strange, SEIU Healthcare NW Training Partnership/Health Benefits Trust
Jonathan Sugarman, Qualis Health

Committee Members Absent on June 26, 2015

Chris Barton, SEIU Healthcare 1199NW
Victor Collymore, Community Health Plan of Washington
Patrick Connor, National Federation of Independent Businesses
Gary Franklin, Labor and Industries (Leah Hole-Marshall attended on his behalf)
Teresa Fulton, Western Washington Rural Health Collaborative
Larry Kessler, UW School of Public Health, Department of Sciences
Byron Larson, Urban Indian Health Institute
Sheri Nelson, Association of Washington Business
Dorothy Teeter, Co-Chair, Washington State Health Care Authority (HCA)
Carol Wagner, Washington State Hospital Association

Additional Meeting Participants (Staff):

Susie Dade, Washington Health Alliance
Teresa Litton, Washington Health Alliance
Laura Pennington, WA Health Care Authority
Laura Kate Zaichkin, WA Health Care Authority