Performance Measures Coordinating Committee

Friday, June 26, 2015

WASHINGTON HEALTH ALLIANCE

Healthier WASHINGTON

Welcome and Introductions

Healthier WASHINGTON

Better Health, Better Care, Lower Costs

Housekeeping

- Today's meeting also available via webinar and will be recorded
- WIFI Access
- No formal Break – please take a break as needed
- Please silence your electronics

Public Process

- Maintaining a transparent process important
- Many public comment opportunities
  - ✓ Performance Committee meetings open to the public
  - ✓ All documents posted on Healthier WA website
  - ✓ Comments can be submitted to HCA anytime

Performance Measures Coordinating Committee

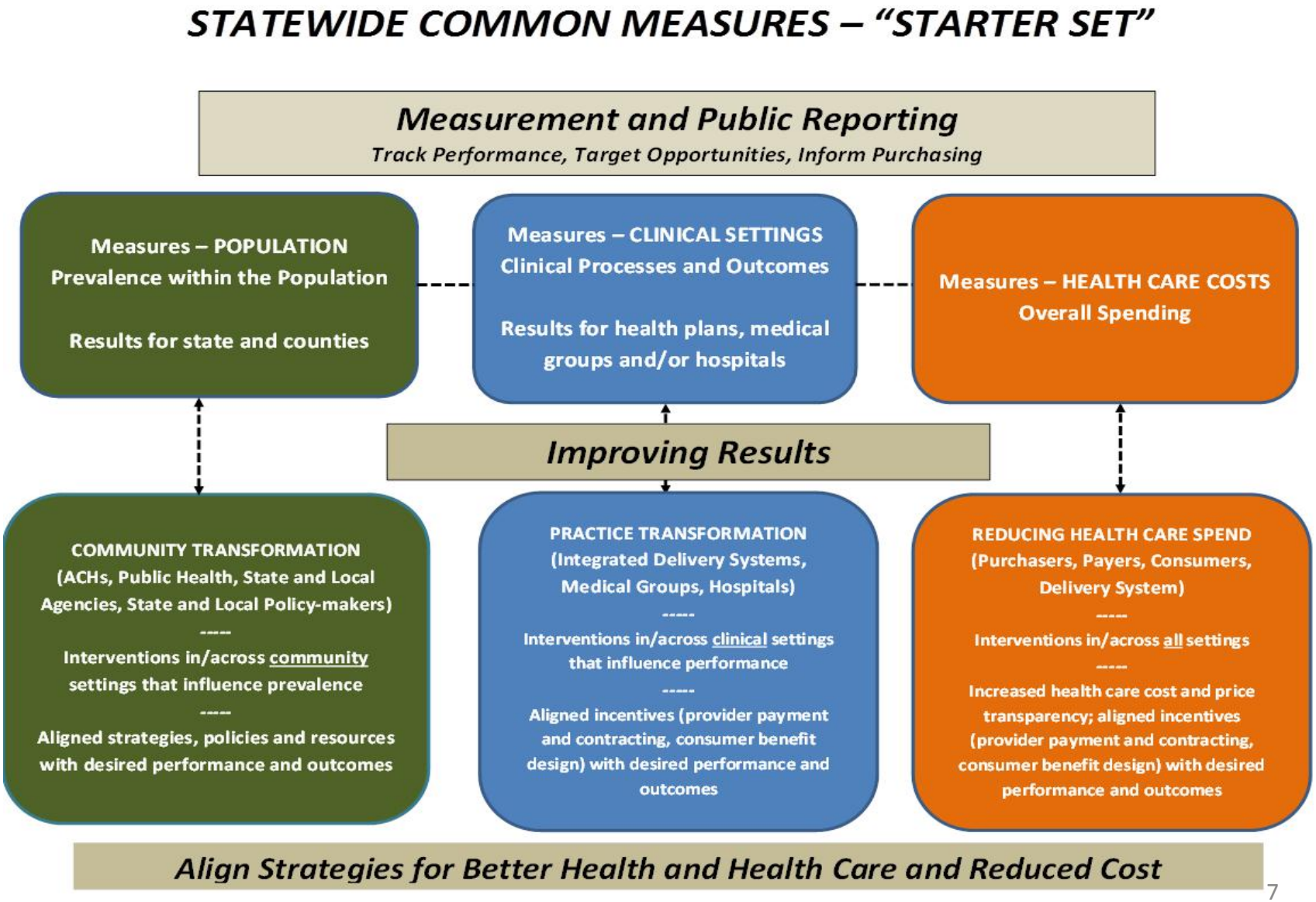
Today's Objectives:

- Review "starter set" decisions from December 2014 with an update on process to implement measures/reporting in 2015
- Consider measures with specific implementation challenges and provide advice as needed
- Finalize recommendation to HCA for one new topic area for Ad Hoc Workgroup in 2015 (for measurement/reporting in 2016)

Common Measure Set: High Priority Topics

PREVENTION	ACUTE CARE	CHRONIC ILLNESS
Adult Screening(s)	Avoidance of Overuse/ Potentially Avoidable Care	Asthma
Behavioral Health/Depression	Behavioral Health	Care Coordination
Childhood: early and adolescents	Cardiac	Depression
Immunizations	Cost and Utilization	Diabetes
Nutrition/ Physical Activity/ Obesity	Readmissions/Care Transitions	Drug and Alcohol Use
Obstetrics	Obstetrics	Functional Status
Oral Health	Patient Experience	Hypertension and Cardiovascular Disease
Safety/Accident Prevention	Patient Safety	Medications
Tobacco Cessation	Pediatric	Patient Experience
	Stroke	

Overview – Contextual Framework



Population Measures

Measures – POPULATION

- **Focus on prevalence**
- **Based on data availability and/or size of N, results possible *only* for the state, and maybe counties and ACHs (groups of counties)**
- **Improving results generally requires intervention in/across community settings**
- **Alignment with clinical strategies will have stronger impact on consumer engagement and will accelerate improvement**

Clinical Measures

Measures – CLINICAL SETTINGS

- Health Plans
- Medical Groups
- Hospitals

- **Focus on clinical processes or outcomes**
- **Based on data availability, results for health plans, medical groups and/or hospitals (many, but not all, results also available by county, ACH, state)**
- **Improving results generally requires intervention in/across clinical settings**
- **Alignment with community strategies will have stronger impact on consumer engagement and will accelerate improvement**

Health Care Cost Measures

Measures – HEALTH CARE COSTS

- **Recommended measures based on *very limited* pricing data availability today**
- **Improving results generally requires intervention in/across ALL settings**
- **Alignment of clinical, community and payment/contracting strategies will have stronger impact on consumer engagement and will accelerate improvement**

Producing Results: A Collaborative Effort with WA Health Alliance in Lead Role

11 organizations submitting results for public reporting in 2015

- **Washington Health Alliance**
- **Washington State Department of Health**
- **Washington State Department of Social and Health Services**
- **Washington State Health Care Authority**
- **Washington State Hospital Association**
- **Commercial Health Plans (Aetna, Cigna, Group Health, Premera Blue Cross, Regence Blue Shield, UnitedHealthcare)**

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Implementation: Common Measure Set

- Detailed planning now ongoing for measurement and public reporting
- Data submissions due to Alliance in early September
- Medical group results for 14 of 39 counties (will expand geographically in 2016 as provider rosters built)
  - Groups of 4 or more providers (approx. 140+ medical groups and 600+ clinics)
  - Requires minimum denominator of 100
- First WA State Common Measure Set report available 4th quarter
  - Results available via Community Checkup website and written report
  - Multiple units of analysis

Implementation: Common Measure Set

Status Report

- 16 measures on track, no known concerns (pages 2-3 of handout)
- 11 measures on track but with uncertainty about commercial health plan reporting as well as "units of analysis" available for reporting (pages 3-4 of handout)
  - Meeting with commercial health plans scheduled for July 8
    - Coordinating standardized, comparable data submissions from six commercial health plans
    - Seeking consistency with HEDIS measure results as reported to NCQA
  - Small N (BRFSS and PRAMS survey data, COPD)

Implementation: Common Measure Set

Status Report

- 18 measures (several with multiple rates) on track, but detailed planning for health plan data submission incomplete
  (pages 4-6 of handout)
  - Meeting with health plans scheduled for July 8
  - Challenge: Coordinating standardized, comparable data submissions from six commercial health plans
  - Seeking consistency with HEDIS measure results as reported to NCQA

Implementation: Common Measure Set

Status Report

- 5 measures relatively more challenging – See Attachment B in meeting materials
  - Oral Health: Primary Caries Prevention Intervention as Part of Well/Ill Child Care Offered by Primary Care Medical Providers
  - 30-day Psychiatric Hospital Readmissions
  - Health Care Spending (3 measures)

Implementation: Common Measure Set

Oral Health measure

- NQF pulled endorsement of measure in March 2015
  - U of Minnesota (measure steward) unable to provide reliability and validity data in support of the measure
- No detailed measure specifications available from U of Minnesota
- WA Dental Service Foundation drafting measure specifications
- Relatively easy measure to program (we think)
- We would look to the following for results:
  - Delta Dental (Medicaid results) – already committed
  - Six Commercial health plans
- Originally approved plan for public reporting: state and health plan, maybe ACH/county

Implementation: Common Measure Set

Oral Health Measure: Concerns

- New measure (never used in WA)
- No real measure steward and measure specifications untested
- Willingness of commercial plans to implement? (will be discussed July 8)
  - Programming/testing required in short time period
  - Ability to ensure standardized implementation of measure results across 6 plans

Implementation: Common Measure Set

Advice re: Oral Health measure

1. If we proceed with this measure, should we try to include results for:
   - Medicaid only
   - Medicaid and commercial
2. What is your advice about how to respond if one or more commercial plans are unwilling to implement? (need "all in" to produce state result stratified by payer type)
3. Units of analysis given concerns?
   - Recommend state stratified by payer type during first year
     - Not by individual health plan or medical group this year (may re-consider in subsequent years)
   - Possibly ACH and/or county if data supports

Implementation: Common Measure Set

<u>30-day Psychiatric Hospital Readmissions</u>

- Measure specifications developed by David Mancuso, Director of the DSHS Research and Data Analysis Division, in October 2014
- "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
- Not a simple measure to program – measure specifications distributed as FYI
- Commitment in place to produce results for Medicaid population

Implementation: Common Measure Set

- Concerns: 30-day Psychiatric Hospital Readmissions
  - New measure (never used in WA)
  - Willingness of commercial plans to implement? (will be discussed July 8)
    - Programming/testing required in short time period
    - Ability to ensure standardized implementation of measure results across 6 plans

Implementation: Common Measure Set

Advice re: 30-day Psychiatric Hospital Readmission measure

1. If we proceed with this measure, should we try to include results for:
   - Medicaid only
   - Medicaid and commercial
2. What is your advice about how to respond if one or more commercial plans are unwilling to implement? (need "all in" to produce state result stratified by payer type)
3. Units of analysis given concerns?
   - Recommend state stratified by payer type
   - Not by ACH, county or individual health plan due to small N

Implementation: Common Measure Set

3 Health Care Spending Measures

- Homegrown measures
- HCA on point for developing detailed measure definitions and producing results
  - 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 measure definitions prior to finalizing

Looking Ahead: Modifications for 2016

- PMCC to recommend ONE topic area for additional work in 2015 (via ad hoc workgroup led by the Alliance) to determine whether one or more measures in that topic area may be added to the Common Measure Set in 2016
- Selection of recommended measures to follow same key criteria as "starter set"
  1. Preference for nationally vetted measures, particularly measures endorsed by NQF, for which there are readily available measure definitions and coding specifications
  2. Can be measured with *readily* available health care insurance claims, survey and/or clinical data to enable timely implementation in 2016
  3. Reflects areas of health and health care thought to have a significant impact on health care outcomes and/or reducing health care costs in WA state

Looking Ahead: Modifications for 2016

Based on prior work, HCA recommending PMCC select ONE area from the following "short list"

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**

Public Comment

Please limit your comment to 2 minutes or less

Wrap UP

1. High level summary of today's discussion available within 1 week on HCA website
2. Next PMCC meeting – likely in October 2015

THANK YOU!