WA State Performance Measures Coordinating Committee (PMCC)
October 29, 2015, 2:00 – 4:00 pm
Meeting Summary

I. Welcome and Introduction:

Dr. Daniel Lessler, Chief Medical Officer of the Washington State Health Care Authority, and Nancy Giunto, Executive Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting. Dr. Lessler 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) consider work group recommendations for behavioral health measures; (2) take action to release recommendations as is (or modify) for public comment during November 2015; (3) receive a brief update on the first report for the Common Measure Set, due in December 2015; and, (4) discuss use of the Common Measure Set in health plan and provider contracting.

II. Recommendations: Behavioral Health Measures

Susie Dade, Deputy Director of the Washington Health Alliance, provided an overview of the Behavioral Health Measures Work Group including membership, measure review process, and decision-making criteria. She reported that the work group reviewed a total of 69 potential behavioral health measures. Ms. Dade commented that this year's work group encountered the same challenges as the 2014 technical work groups, i.e., there are a lack of well-vetted, nationally endorsed behavioral health measures *that Washington is currently positioned to implement*. Given this and in the spirit of wanting to make some progress in prioritizing behavioral health and in understanding the current environment in Washington, the Work Group elected to "push the envelope" a bit by recommending some non NQF-endorsed measures for the PMCC's consideration.

Five specific measures were recommended by the Behavioral Health Measures Work Group:

1. Mental Health Service Penetration
2. Substance Use Disorder Treatment Penetration
3. Follow-up After Discharge from the ER for Mental Health, Alcohol or Other Drug Dependence
4. Hospital Discharges Attributable to Psychiatric Disorders
5. Hospital Discharges Attributable to Alcohol and Drug Use

The following summarizes the presentation and discussion of each. Because of their similarities, measures #1 and #2 were discussed together; likewise, measures #4 and #5 were also discussed together.

Recommendation – Measure #1: Mental Health Service Penetration (Broad Version to include both behavioral health and medical)

Measure Description: The percentage of members with a mental health service need who received mental health services during the measurement period. The Work Group recommends that two rates be reported: ages 6-17 years and ages 18 years and older.

Measure Steward: Washington State Department of Social and Health Services
Note: This measure is derived from a measure developed by the Washington State Department of Social and Health Services as part of the 5732/1519 performance measure development process. DSHS has agreed to maintain measure specifications over time, including both Medicaid and Commercial Plan versions, and translation of numerator and denominator value sets for ICD-10.

NQF-Endorsed: No

Data Required: Claims, including encounter data

Recommended Sources of Data for Reporting:

- Commercial Health Plans (for commercially insured lives in the state of Washington)
- DSHS Research, Data and Analytics (for Medicaid insured lives in the state of Washington)

Recommended Units of Analysis:

- Health Plans (Commercial and Medicaid)
- Counties and Accountable Communities of Health (TBD, if possible)

Recommendation – Measure #2: Substance Use Disorder Service Penetration (Broad Version to include both behavioral health and medical)

Measure Description: The percentage of members with a substance use disorder service need who received substance use disorder services during the measurement period. The Work Group recommends that two rates be reported: ages 6-17 years and ages 18 years and older.

Measure Steward: Washington State Department of Social and Health Services
Note: This measure is derived from a measure developed by the Washington State Department of Social and Health Services as part of the 5732/1519 performance measure development process.

Data Required: Claims, including encounter data

Recommended Sources of Data for Reporting:

- DSHS Research, Data and Analytics (for Medicaid insured lives in the state of Washington)

Recommended Units of Analysis:

- Health Plans (Medicaid only)
- Counties and Accountable Communities of Health (TBD, if possible)

Measures #1 and #2 – PMCC Discussion

There were a number of questions raised by PMCC members regarding these two measures. Unfortunately, the detailed specific measure specifications were not included in the meeting packet

and the subject matter expert from DSHS was unavailable to attend the meeting. The following is a brief outline of concerns and questions raised by PMCC members:

- Measures are not NQF-endorsed and are untested. The Mental Health Service Penetration measure is never been implemented for the commercially insured population in Washington.
- Without broader validation, we will not know what the target percentage should be (no benchmarks). How will we define success?
- Need to better understand exact numerator and denominator definitions and the value sets that accompany each.
- Concern that claims data will underestimate the number of behavioral health diagnoses (because of under diagnosis) and will not be an accurate reflection of "service penetration."
- Although imperfect measures, some felt strongly that we need to start somewhere to highlight the issues and understand whether people who receive mental health and/or substance use disorder diagnoses are receiving follow-up treatment.
- There is the potential to "game the measure" insofar as results can be improved by either increasing the number of people with follow-up treatment (increasing the numerator) or by diagnosing less (decreasing the denominator). This concern is not unique to these measures - all performance measures can be gamed in some manner.

Recommendation – Measure #3: Follow-up After Discharge from ER for Mental Health, Alcohol or Other Drug Dependence

Measure Description: The percentage of discharges for patients who had a visit to the ER with a primary diagnosis of mental health or alcohol or other drug dependence (during the measurement period) AND who had a follow-up visit with any provider with a primary diagnosis of mental health, alcohol or other drug dependence. This measure has two rates: follow-up within 7 days and follow-up within 30 days.

Measure Steward: National Committee for Quality Assurance (NCQA)

NQF-Endorsed: Yes, #2605

Data Required: Claims, including encounter data

Recommended Sources of Data for Reporting:

- Commercial Health Plans (for commercially insured lives in the state of Washington)
- Medicaid Managed Care Organizations (for Medicaid insured lives in the state of Washington)

Recommended Units of Analysis:

- Health Plans (Commercial and Medicaid)

Measure #3 – PMCC Discussion

The following is a brief outline of concerns and questions raised by PMCC members:

- Although an NCQA measure that is NQF-endorsed, it is not currently included in NCQA HEDIS measure set used by health plans for accreditation purposes. Therefore, it is currently not in use. A decision to include in the HEDIS measure set for 2017 will be made during second quarter 2016.
- Unclear what the measure really focuses on: whether people are accessing outpatient services following an ER visit or whether adequate outpatient services are available for follow-up.
- Fragmentation of where services are being delivered my cause a lower rate.
- Concern that expectation of 7-day follow-up will be very difficult to achieve given availability of outpatient resources, particularly in rural areas.

Recommendation – Measure #4: Hospital Discharges, Psychiatric Disorders

Measure Description: The percentage of patients 18 years and older hospitalized for conditions due to or associated with psychiatric disorders (inclusive of psychotic, mood, anxiety, and personality disorders).

Measure Steward: Washington State Department of Social and Health Services

NQF-Endorsed: No

Data Required: Hospital Discharge Data, CHARS

Recommended Sources of Data for Reporting:

- Washington State Department of Health

Recommended Units of Analysis:

- State
- Counties and Accountable Communities of Health

Recommendation – Measure #5: Hospital Discharges, Alcohol and Drug Use

Measure Description: The percentage of patients 18 years and older hospitalized for conditions due to or associated with alcohol or drug use.

Measure Steward: Washington State Department of Social and Health Services

NQF-Endorsed: No

Data Required: Hospital Discharge Data, CHARS

Recommended Sources of Data for Reporting:

- Washington State Department of Health

Recommended Units of Analysis:

- State
- Counties and Accountable Communities of Health

Measures #4 and #5 – PMCC Discussion

The following is a brief outline of concerns and questions raised by PMCC members:

- Measures are not NQF-endorsed and are untested.
- Without broader validation, we will not know what the target percentage should be (no benchmarks). Is higher or lower better? The measures generally indicate the burden of disease but are these good measures to accomplish this?
- Need to better understand exact numerator and denominator definitions and the value sets that accompany each. In particular, clarify the denominator given that the recommended units of analysis are geographic but the CHARS data is by hospital.
- These measures are currently in use in New Mexico. The federal agency, Substance Abuse and Mental Health Services Administration (SAMSHA), is encouraging states to begin tracking these two measures. In the future, this means there will likely be comparators and potentially benchmarks.

Recommendation – Patient Experience Surveys

The Work Group is recommending that the Washington Health Alliance and the health plans within Washington State consider modifying patient experience surveys to include three questions related to screening and brief alcohol intervention. The three questions recommended are similar to those validated and used by the Veterans Administration. It is unlikely that results would be publicly reported, given that the Alliance follows AHRQ-CAHPS protocol for public reporting (and responses to individual surveys questions are not recommended for public reporting apart from the overall rating of the provider) and the health plans currently do not publicly report their results apart from reporting to NCQA Quality Compass. Even so, including these questions in the survey would serve two purposes: (1) the topics raised via survey questions serve an educational purpose for patients, to instruct them on what is important and what they should expect; and, (2) de-identified results on these questions in the Clinician-Group CAHPS survey (conducted by the Alliance) may be shared privately with medical groups for quality improvement purposes.

Patient Experience Recommendation – PMCC Discussion

The following is a brief outline of concerns and questions raised by PMCC members:

- Concern about moving the recommendation forward if results are unlikely to be publicly reported. Not sure this should be part of a discussion regarding the Common Measure Set.
- If this recommendation moves forward, the PMCC would like to use the exact wording that has been validated by the VA.
- Some recommended using BRFSS data regarding alcohol use, but others noted that the BRFSS questions do not pertain to screening and brief intervention.

Public Comment

An opportunity was offered for public comment on the recommendations. There was limited comment with only two clarifying questions posed. One question related to whether it would be possible to identify the type of provider who is providing the follow-up care (numerator) in the service penetration measures (Measures #1 and #2). The second questions asked whether some or all of the questions could be approved as part of a "pilot" rather than formally included in the Common Measure Set.

Performance Measures Coordinating Committee ACTION on Recommended Measures

The PMCC had a lengthy discussion regarding:

- whether to advance all of the recommended measures for public comment;
- whether advancing the measures suggested endorsement by the PMCC;
- whether to advance the recommendations for public comment as a group, or to decouple the measures and consider individually; and,
- whether the recommended measures should be considered for inclusion in the Common Measure Set in 2016, or whether some or all should be piloted in 2016 before formally including on the Common Measure Set.

Ultimately, the PMCC took action to do the following:

1. **The PMCC will seek public comment on Measure #3 (Follow-up After Discharge from ER for Mental Health, Alcohol or Other Drug Dependence) for inclusion in the Washington State Common Measure Set starting in 2016.**
2. **The PMCC will seek public comment on whether we should pilot* Measures #1, #2, #4 and #5 in 2016 and evaluate results prior to taking action on their inclusion in the Common Measure Set (in 2017 or beyond).**

   *Piloting the measures in 2016 means gathering results for each of the four measures and evaluating these results at the PMCC before a decision is made whether to include one or more of the measures in the Common Measure Set. [Note: This will require that all data sources for these four measures agree to participate in producing results for the measures in 2016 to enable evaluation by the PMCC.]
3. **The PMCC tabled action on the recommendation related to the patient experience survey and asked that the Work Group revisit this recommendation with the concerns and questions of the PMCC in mind.**

III. 1st Report for Common Measure Set

Ms. Dade reported that the first report of Common Measure Set results will be released on December 8. The meeting will be held from 3:00 – 4:30 at the Seattle Public Library in downtown Seattle. Although preliminary results were not released, Ms. Dade did share the overarching themes with the PMCC.

IV. Use of Common Measures in Health Plan and Provider Contracting

The PMCC did not have time for this agenda item.

V. Next Steps

- A high-level meeting summary will be available within one week on HCA's website.
- The next PMCC meeting will be held in January 2016.

The meeting adjourned at 4:05 pm.

			Attendance on: October 29, 2015	
			Present	Absent
Chris	Barton	SEIU Healthcare 1199NW		X
Craig	Blackmore	Virginia Mason Medical Center	X	
Gordon	Bopp	NAMI-Washington (NAMI-WA)		X
Patrick	Bucknum	Columbia Valley Community Health		X
Ann	Christian	Washington Community Mental Health Council	X	
Victor	Collymore	Community Health Plan of Washington	X	
Patrick	Connor	National Federation of Independent Business (NFIB)	X- PHONE	
Jessica	Cromer	Amerigroup Washington	X	
Sue	Deitz	National Rural Accountable Care Consortium	X	
John	Espinola	Premera Blue Cross		X
Karen	Fitzharris	Department of Social and Health Services	X	
Gary	Franklin	Labor and Industries	X	
Teresa	Fulton	Western Washington Rural Health Collaborative		X
Nancy	Giunto	Washington Health Alliance	X	
Anne	Hirsch	Seattle University		X
Larry	Kessler	UW School of Public Health, Department of Sciences	X	
Byron	Larson	Urban Indian Health Institute		X
Daniel	Lessler	Washington State Health Care Authority	X	
Kathy	Lofy	Washington State Department of Health	X	
Susie	McDonald	Group Health Cooperative	X	
Julie	McDonald	Providence Regional Medical Center Everett	X - PHONE	
Sheri	Nelson	Association of Washington Business	X	
Mary Kay	O'Neil	Coordinated Care	X	
Scott	Ramsey	Fred Hutchinson Cancer Research Center		X
Dale	Reisner	Washington State Medical Association (WSMA)	X	
Marguerite	Ro	Public Health - Seattle and King County	X	
Rick	Rubin	OneHealthPort		X
Torney	Smith	Spokane Regional Health District	X - PHONE	
Cheryl	Strange	Benefits Trust		X
Jonathan	Sugarman	Qualis Health	X	
Carol	Wagner	Washington State Hospital Association	X	

Additional Meeting Participants (Staff and Behavioral Health Work Group Members):

Kathy Bradley, Group Health Cooperative
Susie Dade, Washington Health Alliance
Stacey Devenney, Kitsap Mental Health Services
Teresa Litton, Washington Health Alliance
Kara Panek, Washington State Department of Social and Health Services
Laura Pennington, WA Health Care Authority
Terry Rogers, Foundation for Healthcare Quality
Jennifer Sabel, WA State Department of Health
Emily Transue, Coordinated Care