

Washington Common Measure Set on Healthcare Quality and Cost

Pediatric Measure Workgroup

Meeting #1

July 18, 2016



Leading health system improvement

Today's Meeting Agenda

- 1:00** **Welcome, Introductions**
- 1:10** **Orientation to the Work**
- 1:40** **Measure Review Process Begins**
- 2:45** **Opportunity for Public Comment**
- 2:55** **Wrap-up**
- 3:00** **Adjourn**

Workgroup Membership

Ad Hoc Work Group - Pediatric Measures (2016)		
Washington State Common Measure Set on Health Care Quality and Cost		
Name	Title	Organization
Nwando Anyaoku, MD MPH	Associate Medical Director, Pediatrics	Swedish Medical Group
Jared Capouya, MD	Medical Director, Pediatrics	MultiCare Health System
Frances Chalmers, MD	Trustee	Washington Chapter of the American Academy of Pediatrics (also Managing Partner at Skagit Pediatrics)
Tanya Dansky, MD	Chief Medical Officer	Amerigroup - Washington
Sallie Davis-Kirsch, PhD, RN	Chief, Clinical Quality, Population Health and Accountable Care Organizations	Seattle Children's
Debra Doyle, MS	Manager, Screening, Genetics & Cancer	Washington State Department of Health
Michael Dudas, MD	Pediatrician	Virginia Mason
Keith Georgeson, MD	Chief Executive of Children's Services	Sacred Heart Children's Hospital
Howard Jeffries, MD MBA	Medical Director (Interim), Accountable Care	Seattle Children's
Stuart Minkin, MD	Chief Medical Officer	Allegro Pediatrics
Angela Riley, MD	Medical Director	Molina Healthcare Washington
Gina S. Sucato, MD, MPH	Director, Group Health Adolescent Center	Group Health Cooperative
Carol Wagner, RN MBA	Senior Vice President, Patient Safety	Washington State Hospital Association

Staff:

Susie Dade, Washington Health Alliance

Laura Pennington, Washington State Health Care Authority

Work Group Origin & Charge

Legislative Language: ESHB 2572

- Under ESHB 2572 (2014), the Health Care Authority (HCA) was charged with facilitation of the Performance Measures Coordinating Committee (PMCC).
 - PMCC charged with recommending standard statewide measures of “health performance.”
 - PMCC’s measure recommendations submitted to HCA Director who has final approval.

Measures Approach “At A Glance”

- We are in the early stages of establishing a Common Measure Set in WA state
 - Starter Measure Set approved December 2014
 - First report released 4th Qtr 2015
 - Second report to be released 4th Qtr 2016
 - Expect Common Measure Set will evolve over time
- Public reporting assumed
- Measure results to assess performance at multiple levels
- Goal is to promote voluntary measure alignment among state and private payers
- Performance Measurement Committee to provide leadership and direction; technical work groups to identify and recommend measures in specific areas

Role of Performance Measurement Committee (PMCC)

- **PMCC is responsible for:**
 - **Setting overall direction for Common Measure Set, including:**
 - **Scope of measurement**
 - **Measure selection process**
 - **Ensure a transparent process and opportunity for public comment**
 - **Review and recommend final measure set to HCA (HCA has final approval)**
 - **Oversee ongoing process to evaluate and modify Common Measure Set over time**

Role of Ad Hoc Work Groups

2014

- There were three work groups – prevention, acute and chronic illness
- Each work group was responsible for reviewing and selecting measures within domains *based on measurement selection criteria approved by the PMCC*
- Work groups proposed if and how to stratify selected measures by population
- 52 measures recommended/approved
- Work groups kept a “parking lot” of measures for potential future use

Role of Ad Hoc Work Groups (continued)

2015

- PMCC prioritized behavioral health for additional measure selection in 2015 (for implementation in 2016); work group reviewed and recommended measures
- Separate Ad Hoc work group reviewed entire Common Measure Set and made recommendations about changing or retiring existing measures
- Approved 56 measures for 2016 (55 being implemented)

2016

- PMCC prioritized pediatrics for measure review in 2016 (for implementation in 2017)

Our Charge

Consider all of the pediatric-related measures in the current Common Measure Set and make recommendations regarding which measures to keep, remove and/or replace, or add.

The total number of pediatric-related measures should not exceed 17 measures.

The work group should use the same selection criteria used by previous workgroups.

Our Timeframe

- Four workgroup meetings scheduled through early October
- Recommendations to Performance Measurement Committee – October 27
- Workgroup makes refinements to recommendations based on PMCC feedback (if needed)
- Public comment period in November
- Performance Measurement Committee finalizes recommendations on December 15
- Measure Set finalized by HCA by December 31, 2016

Parameters for Work Group Activity

Purposes of the Measure Set

- Inform public and private health care purchasers
 - State agencies use to inform and set benchmarks for purchasing decisions
- Public reporting of results
- Use for:
 - Health improvement
 - Health care improvement
 - Provider payment systems
 - Benefit design
- (Eventually) propose benchmarks to track costs and quality improvements in health and health care

Units of Analysis

Target population for measure (“N”) must support public reporting for one or more unit(s) of analysis:

Geographic
Areas
Counties
ACHs

Medical
Groups and
Clinics*
4 + providers

Hospitals

Health Plans
Commercial
Medicaid

The measure set will use common measures wherever possible *across payer types*, minimizing exceptions. Measure sets may include separate measures for commercial and Medicaid populations on a limited basis.

Measure Selection Criteria

1. The measure set is of manageable size (currently at 55).
2. Measures are based on *readily available data in WA* (we must identify the data source).
3. Preference given to nationally-vetted measures (e.g., NQF-endorsed) and other measures currently used by public agencies within WA.
 - When possible, align with the Governor's performance management system measures and measures specific to Medicaid
4. Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.
5. Measures target issues where we believe there is significant potential to improve health system performance in a way that will positively impact health outcomes and reduce costs.
6. If the unit of analysis includes health care providers, the measure should be amenable to influence of providers.
7. The measure set is useable by multiple parties (e.g., payers, provider organizations, public health, communities, and/or policy-makers).

Measure Selection Criteria

Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.

- Results must meet denominator threshold for public reporting:
 - medical groups/clinics (100)
 - counties/ACHs (30)

We are not developing measures “from scratch.”

When we recommend a measure:

1. Measure name
2. Brief description of the measure (numerator, denominator, exclusions)
3. Identify measure steward
4. National Quality Forum endorsed – yes or no
5. Data source in Washington state to support measurement/reporting in 2017
6. Recommended units of analysis for public reporting

Measure Selection Process

1. Begin with review of current measure set; we'll discuss whether to keep each measure (yes/no/maybe)
 - Rationale for measures that we recommend removing
2. Then review known, potential new measures
 - Going category-by-category, we'll discuss whether to include each measure (yes/no/maybe) based on selection criteria
3. Take second pass through the yes/maybe list keeping in mind the maximum is 17 measures
4. Consider any additional measures recommended by group members
5. Review list and finalize recommended measure set for pediatrics

Common Q&A or Comments

- Why such an emphasis on claims-based measures?
- Is there a source of data in WA for measures requiring data from EHRs?
- Where does patient survey data come from?

Measures Review

Current Pediatric Measures Review

Measure	Included in Measure Set
Appropriate Testing for Children with Pharyngitis	2015
Child and Adolescent Access to Primary Care (4 rates, different ages)	2015
Childhood Immunization Status by age 2	2015
Follow-up After Hospitalization for Mental Illness*	2016*
HPV Vaccination for Adolescents (2 rates, Male and Female)	2015
Immunizations for Adolescents by age 13	2015
Mental Health Service Penetration (age 6-17)	2016
Oral Health: Primary Caries Prevention Offered by Primary Care	2015
Substance Use Disorder Service Penetration (age 6-17)	2016
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (3 rates)	2015
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	2015

*Will not be implemented until 2017.

“Parking Lot” from 2014 – Pediatric Related Measures

Top Tier

- **Elementary School Entry Immunizations**

Second Tier

- **Pediatric Asthma, Medication Management**
 - *Note: 2016 Common Measure Set includes “Medication Management for People with Asthma” ages 5-85 reported as a single rate*

Other

- **Assessment for Adverse Childhood Trauma**

New Measure Review

Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description	
1	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)	NCQA HEDIS	Yes #0004	Alcohol and Drug	Claims	Commercial Medicaid	The percentage of adolescent members with a new episode of alcohol or other drug (AOD) dependence who received the following: (1) initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of diagnosis; and (2) initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.
2	Identification of Alcohol and Other Drug Services (IAD)	NCQA HEDIS	No	Alcohol and Drug	Claims	Commercial Medicaid	This measure summarizes the number and percentage of members with an alcohol and other drug claim who received chemical dependency services during the measurement year.

New Measure Review

Measure	Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description
3 Appropriate Treatment for Children with Upper Respiratory Infection (URI)	NCQA HEDIS	Yes #0069	Appropriate Treatment	Claims	Commercial Medicaid	The percentage of children 3 months - 18 years who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.
4 Acute Otitis Externa: Systemic Antimicrobial Therapy – Avoidance of Inappropriate Use	American Academy of Otolaryngology	Yes #0654	Appropriate Treatment	Claims and Medical Record	NA	Percentage of patients aged 2 years and older with a diagnosis of AOE who were not prescribed systemic antimicrobials.
5 Acute Otitis Externa: Topical Therapy	American Academy of Otolaryngology	Yes #0653	Appropriate Treatment	Claims and Medical Record	NA	Percentage of patients aged 2 years and older with a diagnosis of AOE who were prescribed topical preparations.
6 Annual number of asthma patients (>1 year old) with >1 asthma-related emergency room (ER) visit	State of Alabama Medicaid Program	No	Appropriate Treatment	Claims	Commercial? Medicaid	Numerator is the number of asthma patients (> 1 year) with asthma-related ER visit; denominator is all children > 1 year diagnosed with asthma or treatment with at least 2 short-acting beta adrenergic agents during the measurement year.

New Measure Review

Measure		Measures Steward	NQF-Endorsed	Category	Type of Data Needed	Product Line	Brief Measure Description
7	Asthma - Short-Acting Beta Agonist Inhaler for Rescue Therapy	ActiveHealth Management	Yes #0620	Asthma	Claims and Medical Record	NA	The percentage of patients 2 years or older with asthma who have a refill for a short-acting beta agonist in the past 12 months.
8	Asthma Medication Ratio (AMR)	NCQA HEDIS	Yes #1800	Asthma	Claims	Commercial Medicaid	The percentage of members 5-85 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

Wrap-up and Next Steps

Next Steps for Pediatric Work Group

- High level meeting summary will be posted on the HCA website
- Next Work Group scheduled:
 - Monday, August 15, 1-3 pm
- In advance of next meeting:
 - Identify and email any additional measures for discussion at next meeting to Susie Dade no later than Friday, July 29