



WA State Performance Measures Coordinating Committee (PMCC)

March 30, 2018, 2:30 – 4:30 pm

Meeting Summary

I. Welcome and Introduction:

Nancy Giunto, 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, and sharing all meeting materials and summaries on the Healthier WA website. Ms. Giunto reviewed the objectives for the meeting which included: (1) review results from the 2017 patient experience survey conducted by the Washington Health Alliance, (2) follow-up and take action on the proposed opioid measures, (3) consider proposed changes to the oral health measure currently approved for the Common Measure Set, and (4) discuss and finalize a revised PMCC purpose and role statements.

II. Quick FYI's

Ms. Dade presented two quick FYI's to keep the PMCC up-to-date. No action was required.

- The new measure on youth substance use will be reported as two separate rates:
 - percentage of 10th graders who smoked cigarettes in the past 30 days
 - percentage of 10th graders who used electronic vapor products in the past 30 days
- The new measure on youth obesity will be reported as the percentage of 10th graders who self-report a body mass index of ≥ 30 (calculated based on self-reported height and weight).

Source of data for both: Healthy Youth Survey

Responsible for producing results: Department of Health

Units of Analysis for public reporting: state, county, ACH

III. 2017 Patient Experience Results

Ms. Dade provided an overview of the Washington Health Alliance's 2017 patient experience survey. The AHRQ-developed and NQF-endorsed CG-CAHPS survey was used. This year's survey included 50 questions, including all core CG-CAHPS questions, some supplemental CAHPS questions and a couple of "homegrown" questions. The survey was available in English and Spanish. The survey was mailed to approximately 250,000 adults across Washington state (age 25 and older) and the patient sample was drawn from

insurance records and included patients with one or more qualifying visits to their PCP between July 2016 and May 2017. There was a 26% response rate, enabling publicly reportable results for 114 medical groups and 351 primary care clinics. The Alliance publicly reports results for five measures, two of which have been approved for the Common Measure Set:

- How well providers communicate with patients
- How well providers use information to coordinate patient care

Reported scores are case-mix adjusted for self-reported age, gender, education and health status, according to CAHPS and NQF guidelines.

Detailed results can be found on the Community Checkup website:

www.wacommunitycheckup.org

The PMCC asked the Alliance to include questions regarding alcohol use and provider advice on this patient experience survey. Three questions were included:

- In the past 12 months, how often did you have a drink containing alcohol?
 - *Never, Monthly or less, 2-4 times per month, 2-3 times per week, 4 or more times per week*
- In the past 12 months, how often did you have 5 or more drinks on one occasion?
 - *Never, Less than monthly, Monthly, Weekly, Daily or almost daily*
- In the past 12 months, has this provider or other health care provider advised you about drinking (to drink less or not to drink alcohol)?
 - *Yes, No*

The Alliance reported that they published a special “Highlight” on their website to share results on these particular questions. Of note, 35% of male respondents and 21% of female respondents said that they have five or more drinks on one occasion at least some of the time – a level of drinking considered unhealthy. The probability of reporting brief alcohol-related advice increased as the frequency of unhealthy drinking increased. This likely reflects that alcohol-related advice is focused on the most severely affected patients. Still, over one quarter of all respondents (26.4%), including men and women, reporting that they have 5 or more drinks daily or almost daily also reported that they did not receive advice to drink less or not at all.

PMCC members discussed the results, noting that they are valued by delivery system organizations.

IV. Opioid Measures

Ms. Dade reminded the PMCC that at their December 2017 meeting, they tabled action on the following three measures pending additional analysis by DOH to determine whether results for public reporting should be adjusted and/or stratified for age and gender. The discussion and action at this meeting was limited to this question before finalizing the measures for the Common Measure Set.

New opioid patients transitioning to chronic opioids

- Among new opioid patients, percent who then transition to chronic opioids in the next quarter

Patients prescribed high-dose chronic opioid therapy

- Percent of patients at high doses (i.e., ≥ 50 mg/day MED and ≥ 90 mg/day MED in the calendar quarter) among patients prescribed chronic opioids

New opioid patient days supply of first opioid prescription

- Among new opioid patients, distribution of days supply (i.e., ≤ 3 , 4-7, 8-13, and ≥ 14 days) on first prescription

Dr. Kathy Lofy went through an extensive review of her team's analysis (review meeting slides for detail). There was a lengthy discussion regarding the merits of reporting percentages, prevalence and incidence, as well as whether measures should be age-sex adjusted or results stratified by age groups.

Action: The following recommendations were approved for implementation of the three measures for Common Measure Set reporting in 2018. The detailed measure specifications are available here: <http://www.breecollaborative.org/wp-content/uploads/Bree-Opioid-Prescribing-Metrics-Final-2017.pdf>

New opioid patients transitioning to chronic opioids

Report as incidence per 1000 population, age and sex adjusted

Numerator: Number of patients who are prescribed ≥ 60 days supply of opioids in the current calendar quarter with at least one opioid prescription in the previous quarter, and no opioid prescription in the prior quarter.

Denominator: Number of patients with at least one opioid prescription in the previous quarter who have no opioids prescribed in the prior quarter

Patients prescribed high-dose chronic opioid therapy (≥ 50 mg/day MED, ≥ 90 mg/day MED)

Report each result as prevalence per 1000 population, age and sex adjusted

Numerator: Number of patients in the population prescribed ≥ 60 days supply of opioids at ≥ 50 mg/day or ≥ 90 mg/day MED

Denominator: Number of patients in the population prescribed ≥ 60 days supply of opioids in the calendar quarter

New opioid patient days supply of first opioid prescription

Age stratify and report results for two groups: children/adolescents age 17 and younger, and adults age 18 and older

Numerator: Number of patients with at least one opioid prescription in the current quarter by days supply (day supply categories: ≤ 3 , 4-7, 8-13 and ≥ 14)

Denominator: Patients with at least one opioid prescription in the current quarter who have no opioids prescribed in the prior quarter

V. Oral Health Measure

The PMCC received a request from Glenn Puckett of the Arcora Foundation to revise the Oral Health measure currently approved for the Common Measure Set. His request was to revise the measure in two ways.

1. Remove the EPSDT (prevention visit) limiter in order to reflect practice, i.e., these services are delivered in and outside of EPSDT visits
2. Revise descriptive language to reflect that this service may be delivered by any qualified health profession in the primary care setting (not only providers)

Action: The PMCC approved the recommended modifications to the measure for implementation in 2018.

VI. Purpose and Role of the PMCC

The PMCC agreed to spend time in 2018 considering a sustainability plan to shape and inform the work of the PMCC going forward (beyond the funding period for the Healthier Washington initiative). At this meeting, this discussion was started by reviewing and agreeing upon purpose and role statements for the PMCC.

Discussion: Members of the PMCC began by expressing concern that attendance and participation in the PMCC has declined substantially and that it is time to re-evaluate who is appointed to sit on the PMCC. Members also spent time discussing whether an evaluation of impact of the Common Measure Set should be in or out of scope of the PMCC, and exactly what “evaluation” means. Several other suggestions were made and discussed, e.g., looking at the Common Measure Set through an equity lens, and coordination of the Common Measure Set with other national measures sets to achieve more alignment whenever possible. Ms. Giunto summarized the discussion. A revised final draft of the Purpose and Role Statements will be shared at the May 11 PMCC meeting.

VII. Next Steps

- A high-level meeting summary will be available within ten days on HCA’s website.
- The next meeting of the PMCC will be on May 11, 2018.

The meeting adjourned at 4:30 pm.

ATTENDANCE: March 30, 2018

			Present	Absent
Sue	Birch	WA State Health Care Authority	X	
Craig	Blackmore	Virginia Mason Medical Center		X
Ann	Christian	Washington Community Mental Health Council		X
Patrick	Connor	National Federation of Independent Business (NFIB)		X
John	Espinola	Premera Blue Cross		X
Gary	Franklin	Labor and Industries		X
Lorie	Gerik	Oregon Health Sciences University (by phone)	X	
Nancy	Giunto	Washington Health Alliance	X	
Frances	Gough	Molina Healthcare of Washington		X
Jennifer	Graves	Washington State Hospital Association	X	
Anne	Hirsch	Seattle University		X
Larry	Kessler	UW School of Public Health, Department of Sciences (by phone)	X	
Daniel	Lessler	Washington State Health Care Authority	X	
Kathy	Lofy	Washington State Department of Health	X	
David	Mancuso	Department of Social and Health Services		X
Susie	McDonald	Kaiser Permanente Washington		X
Elya	Moore	Olympic Community of Health		X
Jim	Polo	Regence Blue Shield		X
Scott	Ramsey	Fred Hutchinson Cancer Research Center		X
Dale	Reisner	Washington State Medical Association (WSMA) (by phone)	X	
Carla	Reyes	Washington State Department of Social and Health Services		X
Marguerite	Ro	Public Health - Seattle and King County (Eli Kern attended)	X	
Rick	Rubin	OneHealthPort	X	
Caitlin	Safford	Amerigroup of Washington		X
Torney	Smith	Spokane Regional Health District		X
Jonathan	Sugarman	Qualis Health	X	

Staff:

Susie Dade, Washington Health Alliance
 Laura Pennington, Health Care Authority
 Stella Change, Health Care Authority

Guests:

Michelle Anderson, Walgreens
 Amanda Avalos, HCA
 Marilyn Dold, Department of Health
 Deb Fulton-Kehoe, UW School of Public Health
 Eris Ossiander, Department of Health
 Britt Redick, HCA
 Rae Simpson, HCA
 Mandy Stahre, OFM

Jessica Sullivan
 Suzanne Swadener, HCA
 Samantha Sweeney, Otsuka
 Kristin Villas, HCA
 Ginny Weir, Bree Collaborative
 Bonnie Wennerstrom, HCA
 Stefanie Zier, HCA
 Samantha Zimmerman, HCA