WA State Performance Measures Coordinating Committee (PMCC)

May 11, 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) finalize advice on PMCC Purpose and Role Statements; (2) review plans for PMCC membership and seek committee's advice, (3) brief review of measures from the Common Measure Set that are appropriate for medical group and hospital monitoring and value-based contracting; and (4) discussion with representatives from each of six commercial health plans.

II. Purpose and Role of the PMCC

Dr. Lessler presented a final draft of the PMCC Purpose and Roles statements that included revisions based on the feedback and advice of the PMCC at the March 30 meeting. There were no further suggestions/changes and the following represents the final versions of the Purpose and Role Statements:

PURPOSE OF THE PMCC

The **purpose** of the PMCC is to identify and recommend a Washington State Common Measure Set on Health Care Quality and Cost* (Common Measure Set) for monitoring population health status and health care delivery system performance on key measures of quality and cost.

*To the extent possible, the Common Measure Set must include dimensions of prevention, effective management of chronic disease, care coordination and patient safety, and use of lowest cost/highest quality care for preventive, acute and chronic conditions. It will be useful to apply an equity lens and provide stratified results by race, ethnicity and/or language whenever possible.

Intended use of the Common Measure Set may be both narrowly defined and broadly defined as follows:

NARROW: For State as Leader of Healthier Washington and as Purchaser of Health Care Benefits	**BROAD**: For (non-State) public and private purchasers and payers
• Stakeholder input to validate and endorse measures of focus • Selected measures provide focus for state's health care contracting (Medicaid, PEBB, SEBB) • Selected measures provide focus for state health improvement initiatives such as Healthier Washington and the Transformation Demonstration	• Stakeholder input to validate and endorse measures of focus • Selected measures provide focus for state-wide public reporting (e.g., Community Checkup) • Selected measures recommended as aligned platform for (non-State) public and private payers/purchaser contracting

ROLE OF THE PMCC

The **role** of the PMCC includes three key elements:

1. The PMCC is responsible for annually reviewing and recommending measures for the Common Measure Set. To fulfill this role, the PMCC must (1) take into consideration who is using the approved measures and the *qualitative* impact of having the Common Measure Set in place; (2) consider the overall size of the Common Measure Set and administrative burden; (3) generally stay abreast of performance measurement and reporting trends, including nationally vetted measure sets, with a goal of furthering alignment whenever possible; and (4) the availability of reliable data sources to support public reporting of Washington state results.
    a. The PMCC may form one or more ad hoc workgroups (with specific expertise) to help fulfill this role.
    b. Measures may be added or retired annually, with recommendations to the Health Care Authority no later than December for implementation during the following calendar year.
    c. In this role, the PMCC recommends criteria for measure inclusion (i.e., what criteria must be met for a measure to be approved for inclusion in the Common Measure Set). At a minimum, these criteria must include the following:
        - Preference given to nationally vetted and reported measures whenever possible but not exclusively; and
        - Measures must be based on *readily available* data in the state of Washington that is trusted, credible and robust enough to support statewide reporting.

2. The PMCC will review results from the Common Measure Set over time and, based on these results, may provide advice to the Health Care Authority and other appropriate health care organizations on priorities for improvement activities within Washington.
3. The PMCC will utilize its forum and membership to promote use of the Common Measure Set in health plan and provider contracting, to align and simplify performance measurement and to send clearer signals about health and health care in Washington state.

The PMCC also agreed that the following is **out-of-scope** for the PMCC based on available resources and other considerations:

1. Establishing performance targets where national benchmarks do not exist
2. Sponsoring and leading specific quality improvement initiatives
3. Assuming responsibility for incorporating measures into contracting
4. Formally evaluating the impact of the Common Measure Set (i.e., correlating use of the Common Measure Set with *quantifiable* changes in health outcomes, health status of the population and/or delivery system improvement)

III. PMCC Membership

Dr. Lessler reviewed the discussion from the March 30 PMCC, noting that there is concern regarding limited and declining participation in the PMCC meetings. He noted that staff reviewed attendance at PMCC meetings for the period January 2016 through December 2017. Based on this review, the Health Care Authority has moved forward with removing five members who have not attended any meetings during the two-year time period. These members include:

- Chris Barton, SEIU 1199
- Gordon Bopp, NAMI Washington
- Sue Dietz, National Rural Accountable Care Consortium
- Byron Larson, Urban Indian Health Institute
- Sherri Nelson, Association of Washington Business

In addition, the Health Care Authority is in the process of contacting six additional PMCC members who have attended three or fewer meetings during the two-year time period to ascertain their interest in continuing. Based on those discussion, a decision will be made regarding removal from PMCC membership.

Dr. Lessler noted that the Health Care Authority would like to add new members from the following organizations/stakeholder groups:

- Large and small employer representatives
- Commercial insurers including Aetna, Cigna, Regence, UHC (KP-WA, Premera already represented)
- Medicaid MCOs including CHPW, Coordinated Care, and UHC (Molina already represented; Amerigroup rep in question)

Dr. Lessler noted that it's understood that people have busy schedules and that it's hard to attend all meetings. But to preserve the integrity of this work, we need to maintain a membership roster of individuals who are truly interested in and invested in the work of the Common Measure Set and who are able to make a commitment to attend a majority of the meetings and be full and informed participants. Some members suggested that a request be made for a two-year commitment when agreeing to serve on the PMCC. A suggestion was made for Health Care Authority staff to interview outgoing PMCC members to understand why they were unable to participate more fully. It was also agreed that we need a mix of representatives, including some who bring quality measurement expertise and others who contribute expertise regarding value-based contracting (and some PMCC members may offer both types of expertise).

All members of the PMCC in attendance at this meeting agreed with the plan presented by the HCA, without reservation.

IV. Discussion with the Commercial Health Plans

Ms. Dade introduced this agenda item. She reviewed that measures approved for the Washington State Common Measure Set are appropriate for inclusion in value-based contracting when (1) there are valid and reliable results available by contracting entity (e.g., medical group/clinic, hospital or health plan), and (2) when improvement is reasonably thought to be within the sphere of influence of the contracting entity. Ms. Dade reviewed the specifics that are summarized here (detailed list of measures for each category available):

	Health Plans	Hospitals	Medical Groups/Clinics (that include primary care)
# of measures in the Common Measure Set appropriate for value-based contracting	35	10	24

Ms. Dade also noted that there are 15 measures including in the Common Measure Set that are reported only at a geographic level (e.g., state, county, ACH) are these are not appropriate for value-based contracting.

Ms. Dade introduced seven guests, representatives from each of the six commercial health plans.

- Aetna: Dr. Lydia Bartholomew
- Cigna: Jim Fitzpatrick and Dr. John Sobeck
- Kaiser Permanente Washington: John Prassas
- Premera Blue Cross: Dr. David Buchholz
- Regence Blue Shield: Dr. Joe Badolato
- UnitedHealthcare: Michael Taylor

Each of the six health plans were asked to complete an assessment of how often they use measures from the WA State Common Measure Set for (1) monitoring and feedback reporting to providers, and (2) value-based contracting with payment incentives. This detailed assessment is available upon request.

At the meeting, each of the health plan representatives were asked to respond to the following three questions in their opening remarks:

- Of the measures in the Common Measure Set that lend themselves to medical group or hospital level reporting, which do you commonly utilize in provider feedback reporting or value-based contracting and why?

- Of those measures that you do not commonly use in provider feedback reporting and/or value-based contracting, why don't you?

- In your opinion, what are the biggest challenges to incorporating more measures from the Common Measure Set into value-based contracting here in Washington?

A lively discussion followed the panelists' opening remarks, with both comments and questions. It was clear that there is a lot of variation in use of measures from the Common Measure Set, and that some measures are much more commonly used than others. In terms of alignment with the Common Measure Set, a number of challenges were discussed by the health plans, including:

- Measures that require chart review (clinical data) are time and resource intensive
- Disagreement regarding patient attribution methods (particularly sensitive when payment involved)
- Differences in self-funded plan sponsor contracts from those associated with the plan's fully insured book of business
- Contracts are multi-year and staggered (not all contracts come due at the same time) contributing to variation
- National health plans with a presence in all or most of 50 states reluctant to align with local/regional initiatives

Two areas of interest for future, additional PMCC conversation emerged from the discussion. These included:

- Should we maintain the larger, more complete Common Measure Set for measurement and reporting BUT select 6-10 measures to prioritize for focus in contracting? There would need to be a priority set of measures for (1) pediatrics outpatient, (2) adult outpatient, and (3) hospital.
- Should we seek alignment of methodologies for patient attribution that would be used by all health plans?

V. Next Steps

- A high-level meeting summary will be available within ten days on HCA's website.
- The next meeting of the PMCC is "to be determined."

The meeting adjourned at 4:25 pm.

ATTENDANCE: May 11, 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
Marie	Dunn	Qualis Health	X	
Gary	Franklin	Labor and Industries		X
Lorie	Gerik	Oregon Health Sciences University	X PHONE	
Nancy	Giunto	Washington Health Alliance	X	
Frances	Gough	Molina Healthcare of Washington	X PHONE	
Jennifer	Graves	Washington State Hospital Association	X PHONE	
Anne	Hirsch	Seattle University		X
Ken	Jaslow	Premera Blue Cross	X	
Larry	Kessler	UW School of Public Health, Department of Sciences		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 PHONE	
Scott	Ramsey	Fred Hutchinson Cancer Research Center		X
Dale	Reisner	Washington State Medical Association (WSMA)	X	
Carla	Reyes	Washington State Department of Social and Health Services		X
Marguerite	Ro	Public Health - Seattle and King County	X PHONE	
Rick	Rubin	OneHealthPort	X	
Caitlin	Safford	Amerigroup of Washington		X
Torney	Smith	Spokane Regional Health District	X	

Staff:

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

Guests:

Lydia Andris, University of Washington
Bob Perna, WA State Medical Association
Braelyn Young, GSK