



WA State Common Measure Set on Healthcare Quality and Cost

Performance Measures Coordinating Committee

2:00 – 4:00 pm

Thursday, September 27, 2018

Location: Puget Sound Regional Council, 1101 Western Avenue, 5th Floor Conference Room

To join by webinar:

<https://register.gotowebinar.com/register/618116143381911554>

After registering, you will receive a confirmation email containing information about joining the webinar.

AGENDA

2:00 pm	Welcome and Introductions Review Agenda and Objectives for Meeting	Nancy Giunto
2:10 pm	Recommendations re: Measures for the 2019 Common Measure Set (Attachment 1) Objective – Review recommendations to modify the Common Measure Set for 2019 implementation. Action requested: <u>release recommendations for public comment</u> . Recommendations include potential changes to the following six measures currently approved for the Common Measure Set: <ul style="list-style-type: none">• Oral Health: Primary Caries Prevention• Childhood Immunization Status and Immunizations for Adolescents• Medical Assistance with Smoking and Tobacco Use Cessation• Adult Mental Health Status• COPD or Asthma in Older Adult Hospital Admissions• Medication Management for People with Asthma There will be an opportunity for public comment prior to action.	Emily Transue Susie Dade
3:30 pm	Discussion: Clarity re: Measures Appropriate for Contracting vs. Monitoring (Attachment 2) Objective: Review listing of approved Common Measure Set measures (as of April 2018) and discuss whether delineation of measures for contracting vs. monitoring is accurate and sufficient, or whether further clarification is needed.	Susie Dade
4:00 pm	Adjourn	



Before we get started, let's make sure we are connected

Online via webinar:

- 2 Options for Audio: “Use Mic & Speakers” or “Use Telephone”
- If you plan to speak, please use a telephone for audio quality purposes. A land line works better than a cell phone.
- There will be opportunities to submit comments/questions online and verbally. Please be prepared to speak if you would like to comment during the public comment period.
- **Please keep your phone line muted unless it is time for you to speak.**

Performance Measures Coordinating Committee

Thursday, September 27, 2018



Housekeeping

- Please silence your electronics
- No formal break
- Restrooms
 - Out the door and to your left, go down the long hall and then to the right



Public Process

- Maintaining a transparent process important
- Public comment opportunities
 - ✓ PMCC meetings open to the public
 - ✓ Time on the agenda for public comment prior to action on measures
 - ✓ All documents posted on Healthier WA website
 - ✓ Comments can be submitted to HCA anytime



Performance Measures Coordinating Committee

Today's Objectives:

1. Take **action** to release recommendations for public comment re: changes to the 2019 Common Measure (final action in December)
2. **Discussion**: Gaining clarity regarding measures for payment/contracting vs. monitoring only

Recommendations: 2019 Common Measure Set

Changes for 2019

- PMCC asked that an ad hoc work group be formed to review currently approved measures in the Common Measure Set.
- The charge was to recommend whether measures should be kept, modified/replaced or deleted for implementation in 2019.
- 16 people participated in the work group, representing the following organizations/state agencies:

ACH - Olympic Community of Health
Aetna
Cigna
Community Health Plan of WA
Kaiser Permanente-Washington
Health Care Authority
Molina Healthcare of WA
Premera Blue Cross

Regence Blue Shield
Seattle-King County Public Health
UnitedHealthcare
WA Health Alliance
WA State Department of Health
WA State Department of Social and
Health Services
WA State Hospital Association



Changes for 2019

Recommendations:

1. Consider modifying 2 measures
2. Delete 3 measures
3. Replace 1 measure with a new measure
4. All other measures should be kept as is, without modification

Modify?

- Oral Health: Primary Caries Prevention (Steward: HCA)

“Total number of patients (age ≤ 6 years) who received a fluoride varnish (FV) application during a routine ~~preventive~~ health visit with ~~primary care provider~~ any non-dental health care provider who has received the appropriate training to apply FV” (measured for Medicaid population only).

Rationale:

Fluoride varnish may be applied in non-primary care settings. By expanding the definition of the measure to include other types of providers who have been appropriately trained, the measure will be better aligned with the measure used in the Medicaid Transformation Initiative.

Modify?

- **Childhood Immunization Status – Combo 10**
- **Immunizations for Adolescents**

The “Immunize Washington” annual awards program, hosted by the WA State Department of Health, uses different measure definitions than what is included in the Common Measure Set.

Work group members voiced concern about this and suggested it might be better if they aligned.

The work group did not finalize a recommendation but suggests that the PMCC review and make a decision with the support of the Department of Health.

It is important to note: Both the HEDIS and public health measures are used and relevant in the immunization world.

Pro: Alignment of message in WA state

Con: If we no longer use NCQA HEDIS measure, we lose this national benchmark

Modify?

Childhood Immunization Status – Combination 10	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure (NQF endorsed #0038) Includes the percentage of children two years of age who had: four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	CDC measure (called the 4:3:1:3:3:1:4 or 19 dose series (not NQF-endorsed). The 19-dose series includes vaccination among 24-35 month olds. The 19 dose series doesn't include Flu (2 doses), Rotavirus (2 doses) or Hep A (1 dose). CDC uses the 19 dose series to compare across states. There is also a Healthy People 2020 goal for the series here .
Immunizations for Adolescents	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure (NQF endorsed #1407) The percentage of children 13 years of age who had one dose of meningococcal conjugate vaccine (MCV), one Tdap vaccine and completion of the <i>HPV series</i> by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents	Uses the same measure, but modifies to assess: <ul style="list-style-type: none"> • Status among 13-17 year olds • Series initiation (1 Tdap, 1 MCV, 1 HPV) among 13-17 year olds (rather than completion of the series by age 13)

Modify?

- **Childhood Immunization Status – Combo 10**
- **Immunizations for Adolescents**

From DOH, Michele Roberts, Director of Immunization programs

- Ultimately, the decision should be based on the purpose of the measures in the Common Measure Set and the benefits and challenges related to alignment.
- Ultimately, the measure in the Common Measure is the best protection for kids and the direction that public health will continue to move in. But we aren't there yet and it will take a while to move in that direction.
- The purpose of the Immunize WA award is recognition and to get movement towards higher coverage; this may be different than the purpose of the Common Measure Set. Also, the measures in the Common Measure Set may be better aligned with payment reform.
- I am comfortable with the measures not being in alignment; I think the Immunize WA award could be seen as a stepping stone towards the ultimate goal of full coverage as measured by the measures in the Common Measure Set.

Delete?

Medical Assistance with Smoking and Tobacco Use Cessation

Measure Steward: NCQA HEDIS

NQF-endorsed: Yes, #0027

- This measure includes results from the Health Plan CAHPS patient experience survey, specifically whether patients report receiving medical assistance with smoking and tobacco cessation.
- *Rationale:* The results for this measure are intended to be reported at a health plan level, with results available via NCQA Quality Compass. However, health plans have not reported results via Quality Compass for at least the last two years based on small sample size in their CAHPS. Therefore, we have been unable to report on this measure.



Delete?

Adult Mental Health Status

Steward: CDC

NQF-Endorsed: No

- This measure is collected via the Behavioral Risk Factor Surveillance System (BRFSS) administered in Washington through the Department of Health. The measure is: “the percentage of adults ages 18 and older who answer “14 or more days” in response to the question, “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” Results are reported for the state, counties and ACHS.
- *Rationale:* The work group was unaware of anyone using this measure to track performance or outcomes.



Delete?

COPD or Asthma in Older Adult Hospital Admissions

Measure Steward: AHRQ

NQF-Endorsed: Yes #0275

- This measures “ambulatory sensitive” hospital admissions for COPD or Asthma in adults ages 40 years and older. The results are reported as admissions per 100,000 people.
- *Rationale:* These types of admissions are more prevalent in the Medicare population, both here in Washington and nationally. Because of small “N” within the commercial and Medicaid populations we have only been able to report results at a statewide level. Feedback suggests these results are considered hard to interpret and “action-ability” is low.



Replace?

Replace “Medication Management for People with Asthma (MMA)” with “Asthma Medication Ratio (AMR)”

Measure Steward: Both are NCQA HEDIS measures, both are NQF-endorsed (MMA #1799, AMR #1800)

MMA: This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma were dispensed appropriate asthma controller medications that they remained on for at least 75% of their treatment period.

AMR: This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement period.



Replace?

Replace “Medication Management for People with Asthma (MMA)” with “Asthma Medication Ratio (AMR)”

Measure Steward: Both are NCQA HEDIS measures, both are NQF-endorsed (MMA #1799, AMR #1800)

Rationale : Clinician leaders agree that the Asthma Medication Ratio measure is a preferred measure and there is some indication that NCQA may phase out the MMA measure over the next couple of years.

The standard of care is that the rate of controller medications should exceed rescue medications, as controller medications can prevent or greatly reduce the need for rescue medications.



Public Comment

Please limit your public comment to 4 minutes or less.

Please state up front your name and organization, and which recommendation you are speaking about.

Recommendations for Change in 2019:

1. MODIFY Oral Health measure
2. MODIFY Immunization measures (Childhood, Adolescent)
3. DELETE Medical Assistance with Smoking and Tobacco Use Cessation
4. DELETE Adult Mental Health Status
5. DELETE COPD or Asthma in Older Adult Hospital Admissions
6. REPLACE Medication Management for People with Asthma with Asthma Medication Ratio



ACTION BY PMCC

Should each of these recommendations for change in 2019 be released for public comment?

1. MODIFY Oral Health measure
2. MODIFY Immunization measures (Childhood, Adolescent)
3. DELETE Medical Assistance with Smoking and Tobacco Use Cessation
4. DELETE Adult Mental Health Status
5. DELETE COPD or Asthma in Older Adult Hospital Admissions
6. REPLACE Medication Management for People with Asthma with Asthma Medication Ratio



Other Items Discussed by Work Group

1. Anti-depressant Medication Management
2. Cost of Care measures
3. Hospital Quality measure expansion in 2020
4. Medication Reconciliation Post Discharge – expand to the commercially-insured and Medicaid-insured populations?

Clarifying Purpose of Measures: Contracting/Payment vs. Monitoring Only



Quick Review:

Appropriateness of Measures for Contracting

Measures approved for the Washington State Common Measure Set are appropriate for inclusion in value-based contracting for payment between health plans/purchasers and provider organizations 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.

Measures are appropriate for "monitoring only" when:

1. data is only collected at a geographic level (e.g., state or county),
2. results are not reasonably attributable to a contracting entity, and/or
3. measures results in small numbers (cell size) make them inappropriate for payment/contracting.

Quick Review: Appropriateness of Measures for Contracting

- Refer to handout

Washington State Common Measure Set, Approved 2018 (as of April 2018)

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ³ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ⁴	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
IMMUNIZATIONS													
1	Childhood Immunization Status (CIS) Combination 10	NCQA (HEDIS)	Yes 0038	IIS Registry	DOH	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (Hib); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Yes	Yes					✓
2	Immunizations for Adolescents (IMA)	NCQA (HEDIS)	Yes 1407	IIS Registry	DOH	The percentage of children 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and three doses of the human papillomavirus (HPV) vaccine by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents	Yes	Yes					✓
3	Immunization for Influenza	AMA-PCPI	Yes 0041	IIS Registry BRFSS	DOH	Percentage of patients aged 6 months and older seen for a visit and who received an influenza immunization OR who reported previous receipt of an influenza immunization. Two rates are reported: (1) immunization for ages 6 months - 17 years (data source IIS); and (2) immunization for 18 and older (data source: BRFSS)	Yes	Yes					✓
4	Pneumococcal Vaccination Status for Older Adults (PNU)	CDC	No	IIS Registry	DOH	The percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Yes	Yes					✓
PRIMARY CARE AND PREVENTION - CHILDREN/ADOLESCENTS													
5	Children and Adolescents' Access to Primary Care Practitioners (CAP)	NCQA (HEDIS)	No	Claims	APCD	The percentage of members 12 months - 19 years of age who had a visit with a PCP. Report four separate rates: 12-24 months of age; 25 months - 6 years of age; 7-11 years of age; 12-19 years of age.	Yes	Yes	Yes				✓
6	Oral Health: Primary Caries Prevention Offered by Primary Care	HCA	No	Claims	HCA	Total number of patients (Age ≤ 6), who received a Fluoride Varnish application during a routine preventive health visit (with primary care medical provider). Reported for Medicaid only.	Yes	Yes					✓
7	Youth Obesity	DOH	No	Survey (HYS)	DOH	Percentage of 10th graders self-reporting a body mass index (BMI) of ≥30 (calculated based on self-reported height and weight)	Yes	Yes					✓



Quick Review: Appropriateness of Measures for Contracting

- Refer to handout
- Discussion Questions:
 - Do you agree with the delineation of measures into each category:
 - Measure is appropriate for contracting/payment
 - Measure is appropriate for monitoring only
 - Is the delineation shown on the handout sufficient, or is additional explanation needed? If so, how can we be more clear?



Wrap UP

1. High level summary of today's discussion available within 2 weeks on HCA website
2. Next PMCC meeting: December 18, 2018 from 2:00 – 4:00 pm

THANK YOU!

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
IMMUNIZATIONS													
1	Childhood Immunization Status (CIS) Combination 10	NCQA (HEDIS)	Yes 0038	IIS Registry	DOH	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	Yes	Yes					✓
2	Immunizations for Adolescents (IMA)	NCQA (HEDIS)	Yes 1407	IIS Registry	DOH	The percentage of children 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine and three doses of the human papillomavirus (HPV) vaccine by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents	Yes	Yes					✓
3	Immunization for Influenza	AMA-PCPI	Yes 0041	IIS Registry BRFSS	DOH	Percentage of patients aged 6 months and older seen for a visit and who received an influenza immunization OR who reported previous receipt of an influenza immunization. Two rates are reported: (1) immunization for ages 6 months - 17 years (data source IIS); and (2) immunization for 18 and older (data source: BRFSS)	Yes	Yes					✓
4	Pneumococcal Vaccination Status for Older Adults (PNU)	CDC	No	IIS Registry	DOH	The percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.	Yes	Yes					✓
PRIMARY CARE AND PREVENTION - CHILDREN/ADOLESCENTS													
5	Children and Adolescents' Access to Primary Care Practitioners (CAP)	NCQA (HEDIS)	No	Claims	APCD	The percentage of members 12 months - 19 years of age who had a visit with a PCP. Report four separate rates: 12-24 months of age; 25 months - 6 years of age; 7-11 years of age; 12-19 years of age.	Yes	Yes	Yes				✓
6	Oral Health: Primary Caries Prevention Offered by Primary Care	HCA	No	Claims	HCA	Total number of patients (Age ≤ 6), who received a Fluoride Varnish application during a routine preventive health visit (with primary care medical provider). Reported for Medicaid only.	Yes	Yes					✓
7	Youth Obesity	DOH	No	Survey (HYS)	DOH	Percentage of 10th graders self-reporting a body mass index (BMI) of ≥30 (calculated based on self-reported height and weight)	Yes	Yes					✓

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
8	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	NCQA (HEDIS)	Yes 0024	Claims and Clinical	Health Plans ³	The percentage of members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year: (1) BMI percentile documentation; (2) counseling for nutrition; and (3) counseling for physical activity. Report three separate rates.	Yes		Yes				✓
9	Audiological Evaluation No Later Than 3 Months of Age	CDC	Yes 1360	Clinical	DOH	The percentage of newborns who did not pass hearing screening and have an audiological evaluation no later than 3 months of age.	Yes	Yes					✓
10	Well Child Visits in the First Fifteen Months of Life (W15)	NCQA (HEDIS)	Yes 1392	Claims	APCD	The percentage of members who turned 15 months old during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life.	Yes	Yes	Yes	Yes		✓	
11	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	NCQA (HEDIS)	Yes 1516	Claims	APCD	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.	Yes	Yes	Yes	Yes		✓	
12	Youth Substance Use	DOH	No	Survey (HYS)	DOH	Two rates will be produced: (1) the percentage of 10th graders who smoked cigarettes in the past 30 days; and (2) the percentage of 10th graders who used electronic vapor products in the past 30 days.	Yes	Yes					✓
PRIMARY CARE AND PREVENTION - ADULTS													
13	Adults Access to Preventive/ Ambulatory Health Services (AAP)	NCQA (HEDIS)	No	Claims	APCD	The percentage of members 20 years and older who had an ambulatory or preventive care visit. Report three separate rates: 20-44 years of age; 45-64 years of age; 65 years of age and older.	Yes	Yes	Yes				✓
14	Adult BMI Assessment (ABA)	NCQA (HEDIS)	No	Claims and Clinical	Health Plans ³	The percentage of members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.	Yes		Yes				✓
15	Adult Obesity	CDC	No	Survey (BRFSS)	DOH	Age-adjusted percent of adults 18 years and older self-reporting a body mass index (BMI) of ≥30 (calculated based on self-reported height and weight)	Yes	Yes					✓
16	Adult Tobacco Use	CDC	No	Survey (BRFSS)	DOH	The percentage of adults 18 years and older who answer "every day" or "some days" in response to the survey question, "Do you now smoke cigarettes every day, some days, or not at all?"	Yes	Yes					✓

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
17	Medical Assistance with Smoking and Tobacco Use Cessation (MSC)	NCQA (HEDIS)	Yes 0027	Survey (CAHPS)	Health Plans ³	Results of CAHPS patient experience survey assessing different facets of providing medical assistance with smoking and tobacco cessation: (1) advising smokers and tobacco users to quit, (2) discussing cessation methods, (3) discussing cessation strategies.	Yes		Yes				✓
18	Breast Cancer Screening (BCS)	NCQA (HEDIS)	Yes 2372	Claims	APCD	The percentage of women 50-74 years of age who had a mammogram to screen for breast cancer.	Yes	Yes	Yes	Yes		✓	
19	Cervical Cancer Screening (CCS)	NCQA (HEDIS)	Yes 0032	Claims	APCD	The percentage of women 21-64 years of age who were screened for cervical cancer using either of two methods defined by the measure. (interval dependent upon screening method)	Yes	Yes	Yes	Yes		✓	
20	Chlamydia Screening in Women (CHL)	NCQA (HEDIS)	Yes 0033	Claims	APCD	The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Yes	Yes	Yes	Yes		✓	
21	Colorectal Cancer Screening (COL)	NCQA (HEDIS)	Yes 0034	Claims	APCD	The percentage of members 50-75 years of age who had appropriate screening for colorectal cancer. (interval dependent upon screening method)	Yes	Yes	Yes	Yes		✓	
22	Prenatal Care	DOH	No	Vital Statistics	DOH	The percentage of women who receive first trimester prenatal care.	Yes	Yes					✓
23	Unintended Pregnancies	CDC	No	Survey (PRAMS)	DOH	Percentage of pregnancies that was unintended at the time of conception.	Yes						✓

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
BEHAVIORAL HEALTH													
24	Adult Mental Health Status	CDC	No	Survey (BRFSS)	DOH	Percentage of adults ages 18 and older who answer “14 or more days” in response to the question, “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good.”	Yes	Yes					✓
25	Mental Health Service Penetration (Broad Version)	DSHS	No	Claims	Health Plans ³ / DSHS	The percentage of members with a mental health service need who received mental health services in the measurement year. Separate reporting for two age groups: 6-17 years and 18 years and older.	Yes	Yes	Yes				✓
26	Substance Use Disorder Service Penetration	DSHS	No	Claims	DSHS	The percentage of members with a substance use disorder treatment need who received a substance use disorder treatment in the measurement year. Reported for Medicaid only. Separate reporting for two age groups: 12-17 years and 18 years and older <u>Reported for Medicaid only.</u>	Yes	Yes	Yes				✓
27	Antidepressant Medication Management (AMM)	NCQA (HEDIS)	Yes 0105	Claims	APCD	The percentage of members 18 years and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates reported: Effective Acute Phase Treatment and Effective Continuation Phase Treatment.	Yes	Yes	Yes	Yes		✓	
28	Follow-up After Hospitalization for Mental Illness (FUH)	NCQA (HEDIS)	Yes 0576	Claims	Health Plans ³	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days and within 30 days of discharge.	Yes		Yes				✓
29	Follow-up After Emergency Department Visit for Mental Illness (FUM)	NCQA (HEDIS)	Yes 2605	Claims	Health Plans ³	The percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness who had a follow-up visit for mental illness within 30 days of the ED visit.	Yes		Yes				✓
30	Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	NCQA (HEDIS)	Yes 2605	Claims	Health Plans ³	The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow-up visit for AOD within 30 days of the ED visit.	Yes		Yes				✓

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
31	30-day Psychiatric Inpatient Readmissions	DSHS	No	Claims	DSHS	For members 18 years of age and older, the number of acute inpatient psychiatric stays that were followed by an acute readmission for a psychiatric diagnosis within 30 days. Report for Medicaid only.	Yes						✓
EFFECTIVE MANAGEMENT OF CHRONIC ILLNESS IN THE OUTPATIENT SETTING													
32	Patient Experience with Primary Care: How Well Providers Communicate with Patients	AHRQ	Yes 0005	Survey (CG CAHPS)	WA Health Alliance	This is one composite measure from the Clinician Group-CAHPS patient experience survey. It includes a composite of responses to four survey questions and reflects the percentage of respondents that said “always” on a 4-point scale of: always, usually, sometimes and never.	Yes			Yes		✓	
33	Patient Experience with Primary Care: How Well Providers Use Information to Coordinate Patient Care	AHRQ	Yes 0005	Survey (CG CAHPS)	WA Health Alliance	This is one composite measure from the Clinician Group-CAHPS patient experience survey. It includes a composite of responses to three survey questions and reflects the percentage of respondents that said “always” on a 4-point scale of: always, usually, sometimes and never.	Yes			Yes		✓	
34	Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Testing	NCQA (HEDIS)	Yes 0057	Claims	APCD	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an HbA1c test during the measurement year.	Yes	Yes	Yes	Yes		✓	
35	Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%)	NCQA (HEDIS)	Yes 0059	Claims and Clinical	Health Plans ³	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year.	Yes		Yes			✓	
36	Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed	NCQA (HEDIS)	Yes 0055	Claims	APCD	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an retinal eye exam during the measurement year or the year prior.	Yes	Yes	Yes	Yes		✓	
37	Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy	NCQA (HEDIS)	Yes 0062	Claims	APCD	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening or monitoring test or had evidence of nephropathy during the measurement year or the year prior.	Yes	Yes	Yes	Yes		✓	
38	Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg)	NCQA (HEDIS)	Yes 0061	Claims and Clinical	Health Plans ³	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure level taken during the measurement year is <140/90 mm Hg.	Yes		Yes			✓	
39	Controlling High Blood Pressure (CBP)	NCQA (HEDIS)	Yes 0018	Claims and Clinical	Health Plans ³	The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.	Yes		Yes			✓	

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
40	Statin Therapy for Patients with Cardiovascular Disease	NCQA (HEDIS)	No	Claims	APCD	Percentage of males 21-75 years of age and females 40-75 years of age who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: (1) Received statin therapy: Members who were dispensed at least one high or moderate-intensity statin medication.	Yes	Yes	Yes	Yes		√	
41	Medication Management for People with Asthma (MMA)	NCQA (HEDIS)	Yes 1799	Claims	APCD	The percentage of members 5-85 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period. (For Medicaid, this measure is reported for people ages 5-64.)	Yes	Yes	Yes	Yes		√	
42	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	NCQA (HEDIS)	Yes 0577	Claims	APCD	The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.	Yes	Yes	Yes			√	
43	Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adult Admissions	AHRQ	Yes 0275	Claims	APCD	Admissions with a principal diagnosis of chronic obstructive pulmonary disease or asthma per 100,000 population, ages 40 years and older. (AHRQ-PQI 05.)	Yes	Yes					√
44	Follow-up Care for Children Prescribed ADHD Medication (ADD)	NCQA (HEDIS)	Yes 0108	Claims	APCD	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. Continuation and Maintenance Phase rate reported.	Yes	Yes	Yes	Yes		√	
45	Annual Monitoring for Patients on Persistent Medications (MPM) - ACE/ARB	NCQA (HEDIS)	Yes 2371	Claims	APCD	The percentage of patients 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for ACE/ARB during the measurement year and at least one therapeutic monitoring event for the therapeutic agent in the measurement year.	Yes	Yes	Yes	Yes		√	
46	Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)	PQA	Yes 0541	Claims	APCD	The percentage of patients 18 years and older who met the proportion of days covered (PDC) threshold of 80%. A performance rate is calculated and reported separately for the following medication categories: Renin Angiotensin System (RAS) Antagonists, Diabetes Medications, and Statins.	Yes	Yes		Yes		√	

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
47	Medications: Generic Prescribing Rate	WA Health Alliance	No	Claims	Washington Health Alliance	Percentage of total prescriptions that were written for generic medications in five therapeutic categories: (1) ACE inhibitor or angiotensin II receptor blockers (ARBs), (2) Attention Deficit Hyperactivity Disorder, (3) Proton Pump Inhibitors (PPIs), (4) antidepressant medications (SSRIs, SNRIs, and other second generation), and (5) Statins.	Yes	Yes		Yes		√	
OPIOID PRESCRIBING													
48	New Opioid Patient Days Supply of First Opioid Prescription	Bree Collaborative	No	RX	DOH PMP	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; Age stratify and report results for two groups: children/adolescents age 17 and younger, and adults age 18 and older	Yes	Yes					√
49	New Opioid patients Transitioning to Chronic Opioids	Bree Collaborative	No	RX	DOH PMP	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. Report as incidence per 1,000 population, age and sex adjusted.	Yes	Yes					√
50	Patients Prescribed High-Dose Chronic Opioid Therapy	Bree Collaborative	No	RX	DOH PMP	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; Report each results as prevalence per 1,000 population, age and sex adjusted.	Yes	Yes					√
ENSURING APPROPRIATE CARE - AVOIDING OVERUSE													
51	Use of Imaging Studies for Low Back Pain (LBP)	NCQA (HEDIS)	Yes 0052	Claims	APCD	The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	Yes	Yes	Yes	Yes		√	
52	Appropriate Testing for Children with Pharyngitis (CWP)	NCQA (HEDIS)	Yes 0002	Claims	APCD	The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing).	Yes	Yes	Yes	Yes		√	

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
53	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	NCQA (HEDIS)	Yes 0058	Claims	APCD	The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.	Yes	Yes	Yes	Yes		√	
54	Ambulatory Care (AMB) - ED Visits	NCQA (HEDIS)	No	Claims	Health Plans ³	Number of emergency department visits per 1,000 population and is calculated in member years for commercial data and member months for Medicaid data. Excludes encounters with any of the following: principal diagnosis of mental health or chemical dependency, psychiatry, electroconvulsive therapy, alcohol or drug rehab or detoxification.	Yes		Yes				√
55	Potentially Avoidable Use of the Emergency Room	WA Health Alliance	No	Claims	Washington Health Alliance	The percentage of total ER visits considered potentially avoidable based on an agreed-upon list of ICD codes. This is considered a conservative measure of potentially avoidable ER use.	Yes	Yes		Yes	Yes	√	
EFFECTIVE HOSPITAL BASED CARE													
56	Patient Experience with Hospital Care: Discharge Information and Communication About Medicines	CMS	Yes 0166	Survey (H CAHPS)	Hospital Compare	Results are reported for two questions included on the HCAHPS patient experience survey instrument for patients that have been hospitalized: communication about medicines and discharge information. They were selected because of their relationship to care transitions and hospital readmissions.					Yes	√	
57	Cesarean Birth (NTSV C-Section)	TJC	Yes 0471	Clinical	WSHA	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. This measure is part of a set of five nationally implemented measures that address perinatal care. This is PC-02.	Yes				Yes	√	
58	Catheter-Associated Urinary Tract Infections	CDC	Yes 0138	Clinical	WSHA	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (UTI) calculated among patients in inpatient care locations, including: (1) within Intensive Care Units (ICUs), excluding neonatal ICUs; and (2) outside of ICUs in specialty care areas including adult and pediatric, long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant.	Yes				Yes	√	

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
59	Falls with Injury	ANA	Yes 0202	Clinical	WSHA	Total number of patient falls of injury level minor or greater by eligible hospital unit during the calendar month X 1000. Target population is adult acute care inpatient and adult rehabilitation patients. Eligible unit types include adult critical care, step-down, medical, surgical, medical-surgical combined, critical access, adult rehabilitation in-patient.	Yes				Yes	√	
60	Stroke Care (STK-04): Thrombolytic Therapy	TJC	Yes 0437	Clinical	Hospital Compare	The proportion of acute ischemic stroke patients who arrive at hospital within 2 hours of time last known well for whom IV t-PA was initiated at this hospital within 3 hours of time last known well. This measure is a part of a set of eight nationally implemented measures that address stroke care that are used in The Joint Commission’s hospital accreditation and Disease-Specific Care certification programs.	Yes				Yes	√	
61	Patient Safety for Selected Indicators (composite measure)	AHRQ	Yes 0531	Claims	Hospital Compare	Patient safety for selected indicators is a weighted average of the adjusted observed-to-expected ratios for the following component indicators: (1) Pressure Ulcer Rate, (2) Iatrogenic Pneumothorax Rate, (3) Postoperative Hip Fracture Rate, (4) Postoperative Hemorrhage or Hematoma, (5) Physiologic and Metabolic Derangement, (6) Postoperative Respiratory Failure, (7) Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate, (8) Postoperative Sepsis Rate, (9) Postoperative Wound Dehiscence Rate, and (10) Accidental Puncture or Laceration Rate.	Yes				Yes	√	
62	Plan All-Cause Readmissions (PCR)	NCQA (HEDIS)	Yes 1768	Claims	APCD	For members 18 years of age and older, the number of acute inpatient stays that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Measure used for the commercially insured population only.	Yes	Yes	Yes	Yes	Yes	√	
63	30-Day All-Cause Mortality Rate Following Acute Myocardial Infarction (AMI)	CMS	Yes 0230	Claims and Clinical	Hospital Compare	Estimates the 30-day risk-standardized mortality rate for a hospital. Mortality is defined as death for any cause within 30 days after the date of admission for the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI, or heart attack).	Yes				Yes	√	

Washington State Common Measure Set, Approved 2018 (as of April 2018)

							Required Units for Public Reporting in 2018					Appropriate for Contracting/Payment ⁵ vs. Monitoring	
#	Measure Name	Measure Steward ¹	NQF-Endorsed	Type of Data	Data Source in WA ²	Measure Description	State	Counties/ACHs	Health Plans ³	Medical Groups/Clinics ⁴	Hospitals	Contracting/Payment	Monitoring Only
WASHINGTON STATE HEALTH CARE SPENDING													
64	Annual State-Purchased Health Care Spending Growth Relative to State GDP	HCA	No	Claims	HCA	Total state health care spending in relation to the overall Washington State Gross Domestic Product (GDP).	Yes						✓
65	Medicaid Per Enrollee Spending	HCA	No	Claims	HCA	Total Medicaid spending in the calendar year divided by the total number of Medicaid beneficiaries in the calendar year.	Yes						✓
66	Public Employee and Dependent per Enrollee Spending	HCA	No	Claims	HCA	Total State spending for public employees and dependents in the calendar year divided by the total number of beneficiaries in the calendar year.	Yes						✓

FOOTNOTES:

1. Measure Steward Organizations:
AHRQ = Agency for Health Care Research and Quality
AMA-PCI = AMA-convened Physician Consortium for Performance Improvement
ANA = American Nurses Association
CDC = Centers for Disease Control
CMS = Centers for Medicare and Medicaid Services
DOH = Washington State Department of Health
DOH PMP = Department of Health Prescription Monitoring Program
DSHS = Washington State Department of Social and Health Services
HCA = Washington State Health Care Authority
NCQA = National Committee for Quality Assurance
PQA = Pharmacy Quality Alliance
TJC = The Joint Commission
WHA = Washington Health Alliance
2. APCD = All Payer Claims Database
3. Source of health plan results is NCQA Quality Compass with the exception of the Mental Health Service Penetration measure which is calculated by commercial health plans and submitted for public reporting.
The Substance Use Disorder Service Penetration measure is calculated by DSHS for the Medicaid MCOs.
4. Includes primary care medical groups and clinics of four or more providers; may also include specialty medical groups of four or more providers.
Medical groups must have the opportunity to validate their results prior to public reporting.
5. Measures approved for the Washington State Common Measure Set are appropriate for inclusion in value-based contracting for payment between health plans/purchasers and provider organizations 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. Measures are appropriate for "monitoring only" when (1) data is only collected at a geographic level (e.g., state or county), (2) results are not reasonably attributable to a contracting entity, and/or (3) some measures results in small numbers (cell size) that may make them inappropriate for payment/contracting.

September 27, 2018

TO: Performance Measures Coordinating Committee
FROM: Susie Dade, Deputy Director, Washington Health Alliance
RE: Recommendations re: Measures for the 2019 Common Measure Set

BACKGROUND/INTRODUCTION:

Each year, the Performance Measures Coordinating Committee (PMCC) tasks an ad hoc work group with reviewing the measures currently approved for the Common Measure Set to formulate a recommendation about whether any changes should be made for implementation in the subsequent year (in this case, 2019). This year, our task was specifically to recommend whether currently approved measures should be kept, modified/replaced, or deleted. We were not tasked with reviewing a particular topic area in more depth or with recommending new measures to the Common Measure Set.

An ad hoc work group met on Monday, July 23, 2018 for this purpose. The following 16 people participated in the ad hoc group and were in attendance:

Aurora Adams, Premera Blue Cross	Laura Pennington, Health Care Authority
Mary Jo Briggs, Community Health Plan of WA	Jennifer Perez, UnitedHealthcare
Lisa Chenevert, MD, Aetna	Elya Prystowsky, Olympic Community of Health
Susie Dade, Washington Health Alliance	Marguerite Ro, Seattle-King County Public Health
Wil Deslostrinos, Kaiser Permanente WA	John Sobeck, MD, Cigna
Frances Gough, MD, Molina	Emily Transue, MD, Health Care Authority
Jennifer Graves, WA State Hospital Association	Lisa Werlech, Amerigroup
Alisha Moran, Premera Blue Cross	Maria Wood, Regence Blue Shield

In addition, David Mancuso (DSHS) and Cathy Wasserman (DOH) provided technical support via email.

The following includes recommendations to:

- Consider modifying 2 measures
- Delete 3 measures
- Replace 1 measure

The work group has also chosen to offer several recommendations about measures not currently included in the Common Measure Set. These are for the PMCC's consideration related to future work.

RECOMMENDATIONS TO THE PMCC *ABOUT THE CURRENT COMMON MEASURE SET:*

This work group reviewed all 66 measures currently approved for the Common Measure Set. They are recommending that all measures be kept for 2019 implementation (without modification) *with the following exceptions.*

1. **CONSIDER MODIFYING**

Oral Health: Primary Caries Prevention (Steward: HCA)

"Total number of patients (age ≤ 6 years) who received a fluoride varnish (FV) application during a routine ~~preventive~~ health visit with ~~primary care provider~~ any non-dental health care provider who has received the appropriate training to apply FV" (measured for Medicaid population only)

Rationale: The recommendation to modify this measure came from the Health Care Authority. Fluoride varnish may be applied in non-primary care settings. By expanding the definition of the measure included in the Common Measure to include other types of providers who have been appropriately trained, the measure will be better aligned with the measure utilized by the state in the Medicaid Transformation Program.

2. **CONSIDER MODIFYING**

- **Childhood Immunization Status – Combination 10**
- **Immunizations for Adolescents**

The "Immunize Washington" annual awards program, hosted by the WA State Department of Health, uses different measure definitions than what is included in the Common Measure Set. Work group members voiced concern about this and suggested it might be better if they aligned. **The work group did not finalize a recommendation but suggests that the PMCC review and make a decision with the support of the Department of Health.**

Immunize WA is a partnership between public health, health plans and other organizations (www.immunizewa.org). As a group, they decided on the measures used for the award. The award was started several years ago to promote provider use of the IIS. The group felt measuring them on HEDIS Combo 10 would not motivate providers since it includes vaccinations (flu and rotavirus) with lower rates in general, and providers would not be able to make the threshold. As the award gets more popular, changing the measures is something the group plans to discuss. It is just not there yet.

It was also noted that some providers are troubled by the "all-or-nothing" nature of the HEDIS Combo 10 measure (a child has to receive all 10 to get credit). The concern is that a provider is incentivized to focus on the children who are closest to the goal, and not on the conversations with the vaccine-adverse families whose children have no or few immunizations.

Childhood Immunization Status – Combination 10	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure (NQF endorsed #0038) Includes the percentage of children two years of age who had: four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	CDC measure (called the 4:3:1:3:3:1:4 or 19 dose series (not NQF-endorsed). The 19-dose series includes vaccination among 24-35 month olds. The 19 dose series doesn't include Flu (2 doses), Rotavirus (2 doses) or Hep A (1 dose). CDC uses the 19 dose series to compare across states. There is also a Healthy People 2020 goal for the series here .

Immunizations for Adolescents	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure (NQF endorsed #1407) The percentage of children 13 years of age who had one dose of meningococcal conjugate vaccine (MCV), one Tdap vaccine and completion of the <i>HPV series</i> by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents	Uses the same measure, but modifies to assess: <ul style="list-style-type: none"> • Status among 13-17 year olds • Series initiation (1 Tdap, 1 MCV, 1 HPV) among 13-17 year olds (rather than completion of the series by age 13)

CDC has begun the conversation to include HEDIS Combo 10 in the childhood National Immunization Survey (NIS), but it will take a while to implement. They have not started working on incorporating HEDIS measures to the adolescent NIS. It is important to note: **Both the HEDIS and public health measures are used and relevant in the immunization world.**

3. **DELETE**

Medical Assistance with Smoking and Tobacco Use Cessation (Steward: NCQA HEDIS)

This measure includes results from the Health Plan CAHPS patient experience survey, specifically whether patients report receiving medical assistance with smoking and tobacco cessation.

Rationale: The results for this measure are intended to be reported at a health plan level, with results available via NCQA Quality Compass. However, health plans have not reported results via Quality Compass for at least the last two years based on small sample size in their CAHPS. Therefore, we have been unable to report on this measure.

4. DELETE

Adult Mental Health Status (Steward: Centers for Disease Control)

This measure is collected via the Behavioral Risk Factor Surveillance System (BRFSS) administered in Washington through the Department of Health. The measure is: "the percentage of adults ages 18 and older who answer "14 or more days" in response to the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Results are report for the state, counties and ACHS.

Rationale: The work group was unaware of anyone using this measure to track performance or outcomes.

5. DELETE

COPD or Asthma in Older Adult Hospital Admissions (Steward: AHRQ)

This measures "ambulatory sensitive" hospital admissions for COPD or Asthma in adults ages 40 years and older. The results are reported as admissions per 100,000 people.

Rationale: These types of admissions are more prevalent in the Medicare population, both here in Washington and nationally. Because of small "N" within the commercial and Medicaid populations we have only been able to report results at a statewide level. Feedback suggests these results are considered hard to interpret and "action-ability" is low.

6. REPLACE

Medication Management for People with Asthma (MMA) (Steward: NCQA HEDIS)

This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma were dispensed appropriate asthma controller medications that they remained on for at least 75% of their treatment period.

REPLACE with NCQA HEDIS measure: Asthma Medication Ratio (AMR)

This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement period.

Rationale: Clinician leaders agree that the Asthma Medication Ratio measure is a preferred measure and there is some indication that NCQA may phase out the MMA measure over the next couple of years. The standard of care is that the rate of controller medications should exceed rescue medications, as controller medications can prevent or greatly reduce the need for rescue medications.

OTHER RECOMMENDATIONS *FOR THE FUTURE*:

7. Anti-depressant Medication Management (Steward: NCQA HEDIS)

Work group members agreed that this measure should stay on the Common Measure Set for 2019, but encouraged the PMCC to:

- Keep an eye on this measure and potentially consider removal in 2021 or beyond. Clinician leaders express concern that the measure may incentivize the wrong behavior, i.e., keeping people on any anti-depressant medication for a period of time (12 weeks or

6 months) even though they are not responding well to medication. There's agreement that we should keep this measure for now but should eventually switch to other process and outcome measures when a data source for clinical data (Clinical Data Repository) becomes available in Washington (e.g., evidence of depression screening and utilization of the PHQ-9, and depression remission or response over time).

- Encourage health plans to both pay for and actively promote use of the PHQ-9 to identify individuals with depression and to track their depression over time.

8. Cost of Care

Currently there are three cost of care measures included in the Common Measure Set. All three pertain to state health care spending. The work group recommends keeping these measures in 2019 as they are reasonable markers for the state's total spending on health care. Price transparency in the state is very new and the data has not yet been demonstrated to be credible, so it is likely too early (in 2019) to create and use new measures related to cost of care. For the future, work group members encourage the PMCC to continue exploring other ways to measure cost of care and, in particular, there is strong interest in "total cost of care" for patients attributed to integrated delivery systems. At the present time, measure development and testing is underway nationally.

9. Hospital Quality

Work group members agreed that the number of hospital quality measures in the Common Measure Set should be expanded and that a group of subject matter experts should be tasked with recommending the specific measures for future inclusion (beyond 2019).

The work group discussed those areas that are currently of greatest concern that are not yet included in the Common Measure set – these five would be a good place to start:

- Surgical Site Infections – Total Knee Replacement
- Hospital-acquired Pressure Injuries
- Clostridium difficile (C-diff) Infection Rates
- 30-day Readmissions for Sepsis, Pneumonia and Congestive Heart Failure
- Severe Sepsis and Septic Shock – Management Bundle

10. Medication Reconciliation Post Discharge

This is a current NCQA HEDIS hybrid measure specified for the Medicare population. Because it is a hybrid measure, chart review is required to complete the measure. It measures "the percentage of discharges during the measurement year for members 18 years and older for whom medications were reconciled the date of discharge through 30 days after discharge." Medication reconciliation may be completed by a prescribing practitioner, clinical pharmacist or registered nurse.

Some (but not all) work group members expressed interest in a "customized" application of the measure in Washington state *to apply the measure to the commercially- and Medicaid-insured populations*. To implement this in 2020 (or beyond), we would need voluntary agreement from health plans to implement the measure and report results for public reporting.