WASHINGTON STATE COMMON MEASURE SET FOR HEALTH CARE QUALITY AND COST

Approved
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TABLE OF CONTENTS

<u>Appendices</u>:

INTRODUCTION AND BACKGROUND

In 2014, the Washington State Legislature passed ESHB 2572, a law relating to improving the effectiveness of health care purchasing and transforming the health care delivery system. A portion of this legislation (Section 6) relates to the development of a statewide core measure set for health care quality and cost. In response, Governor Inslee appointed a 34-member Performance Measurement Coordinating Committee (PMCC) that was charged with recommending standard statewide measures of health performance by January 1, 2015. It is intended that use of these measures will enable a common way of tracking health and health care performance as well as inform public and private health care purchasers. Use of the measures is expected to start with the State as "first mover;" the State's Health Innovation Plan calls for eventual alignment of measurement across public and private payers, using the core measure set as the basic set to which other measures may be added.

At the start, the PMCC formulated three technical work groups, including prevention, acute care and chronic illness. Each work group was charged with reviewing specific measures within their domain against criteria selected and prioritized by the PMCC during its initial meeting, and then formulating a recommended set of measures (bringing together the three domains) that:

- Is of manageable size (target ~ 45 measures);
- Is based on *readily available* health care insurance claims, survey and/or clinical data to enable timely implementation;
- Gives preference to nationally vetted measures, particularly measures endorsed by the National Quality Forum (NQF), for which there are readily available measure definitions and specifications;
- Reflects areas of health and health care thought to have a significant impact on health care outcomes and/or reducing costs over time; and,
- Is aligned to the extent possible with the Governor's performance management system measures and common measure requirements specific to the Medicaid program.

The three work groups consisted of a total of 35 individuals (see Appendix C for a list of work group members). All three work groups generally followed the same process for reviewing and selecting measures including the following steps: (1) review aligned measures already commonly used in Washington State and/or in national measure sets; (2) agree upon key topic areas to organize the remaining measures for review; (3) go through the entire list by topic area and each measure within that topic area and discuss whether to include the measure (yes/maybe/no); (4) take second pass through the yes/maybe list; (5) review additional measures recommended by group members and non-group members and determine whether to consider; and (6) review entire list and narrow recommended measures to targeted number of measures. At the conclusion of the public comment period, all three work groups had the opportunity to review the feedback and consider whether to modify their recommendations prior to finalizing them for the Performance Measures Coordinating Committee.

Topic areas identified by the work groups at the outset of the process offered a useful organizing mechanism to ensure review of potential measures in all key areas. Please note that some topic areas span two work groups. In total, the work groups reviewed approximately 350 potential measures. The workgroups were unable to recommend one or more measures for every topic listed below.

Prevention	Chronic Illness	Acute Care
1. Adult Screenings	1. Asthma	1. Avoidance of Overuse/Potentially Avoidable Care
2. Behavioral Health/Depression	2. Care Coordination	2. Behavioral Health
3. Childhood: Early and Adolescents	3. Depression	3. Cardiac Care
4. Immunizations	4. Diabetes	4. Cost and Utilization
5. Nutrition/Physical Activity/Obesity	5. Drug and Alcohol Use	5. Readmissions/Care Transitions
6. Obstetrics	6. Functional Status	6. Obstetrics
7. Oral Health	7. Hypertension and Cardiovascular Disease	7. Patient Experience: Inpatient
8. Safety/Accident Prevention	8. Medications	8. Patient Safety
9. Tobacco Cessation	9. Patient Experience: Outpatient	9. Pediatrics
		10. Stroke

The report that follows focuses on 52 measures that have been approved for inclusion in Washington State's "starter set" of measures. The term "starter set" indicates that this will be Washington's first iteration of a statewide core measure set and that it is expected that the measure set will evolve over time. The report delineates a number of elements for each recommended measure, including: (1) summary of the measure; (2) measure steward; (3) NQF reference number if the measure is NQF-endorsed; (4) type of data required to complete measurement; (5) data source in Washington (i.e., which organization will responsibility for producing and/or compiling results); (6) recommended unit(s) of analysis; and (7) whether or not to stratify results and, if so, how.

On page 6, a diagram offers a visual depiction of the contextual framework for this work. The 52 measures in Washington State's "starter set" are divided into three categories: Population, Clinical and Health Care Costs.

1. **POPULATION Measures**
   - Population measures focus on prevalence.
   - Measure results can *only* be produced for the state, counties and Accountable Communities of Health (groupings of counties). Measure results will not be available at the health plan, medical group or hospital levels.
   - Improving results* generally requires interventions in and across community settings, with action taken by Accountable Communities of Health, public health, schools, state and local agencies, state and local policy-makers and others.
2. **CLINICAL Measures**
   - Clinical measures focus on clinical processes or outcomes.
   - Many of the recommended measures focus on process (rather than outcomes) because we have not yet developed a robust infrastructure in Washington state to enable cost-effective aggregation of clinical data from medical records to support broad measurement and public reporting.
   - Measure results can be produced for health plans, medical groups and/or hospitals, depending on the recommended measure. Health plan and medical group measures are further categorized by children and adults. For many of these measures (but not all), results may also be available by state and/or county.
   - Improving results* generally requires interventions in and across clinical settings, with action taken by integrated delivery systems, medical groups and/or hospitals.

Note: Concerted efforts to align improvement strategies between and among *community and clinical settings* will have a stronger impact on consumer/patient engagement and accelerate improvement.

3. **HEALTH CARE COST Measures**
   - There are currently very few, if any, health care cost measures in wide use around the country. There is not a robust pool of measures with detailed measure specifications and implementation experience upon which to draw.
   - Washington State does not currently have the infrastructure in place to readily measure health care costs using multi-payer data. Today, all health care cost data is held individually by payers, third party administrators and some self-funded purchasers. Legislation was passed in Washington in 2014 to establish a state-mandated all-payer claims database (APCD). However, the legislation only mandates the participation of insurers that support the state's PEB and Medicaid populations. Further restrictions within the legislation make it impossible to generate valid and reliable reports. Therefore, until such time that the state's APCD legislation is modified to include ALL payers and lift reporting restrictions, the state is hampered in terms of "readily available data" to support health care cost measures in the "starter set."
   - Given the lack of access to robust, multi-payer cost data, the recommended measures in this report are considered a starting point. Once the infrastructure necessary to support more detailed and actionable measurement and reporting using multi-payer data is built, different measures should be considered. Suggestions for *future* health care cost measures are offered on page 13 of this report.

LOOKING TO THE FUTURE

- It is understood that this is a "starter set" of measures rather than an all-encompassing set of measures that would almost certainly overwhelm early efforts to launch measurement and standardize measures across state and private payers. The state's core measure set will change over time as priorities, evidence, measurement capability and nationally vetted measures evolve. [Note: It is also understood that this starter set of measures is not intended to define the entire universe of health care measurement and reporting in Washington. There are many important measurement activities currently underway within public health, the health care delivery system, and research/academia that will continue and add to our collective knowledge of performance and opportunities for improvement.]
- Throughout the process, general topics were identified that were felt to be very important but for which we do not have either (1) readily available data to support measurement and public reporting, and/or (2) nationally vetted measures with detailed measure specifications. The current lack of a robust infrastructure in Washington state to enable cost-effective aggregation of *clinical* data from medical records for measurement and public reporting was a particularly rate-limiting element of the work.
- Starting on page 11, the report includes a prioritized list of topic areas that were identified during this process; these topics hold interest for inclusion in a FUTURE evolution of the measure set. More explanation is included regarding these topic areas and how they were prioritized. This prioritization is intended to be informative but not binding.

ACKNOWLEDGEMENTS

First and foremost, the 35 members of the work groups should be recognized. Each of the three work groups met eight times between early July and early December to complete recommendations, devoting over 800 person hours to the task. Their commitment to the process and their expertise were essential to completing the work. Second, this work could not have been completed, particularly in this tight timeframe, without the support and expertise of three individuals from Bailit Health Purchasing: Michael Bailit, Beth Waldman and Kate Bazinsky. We are grateful that they allowed us to utilize a test version of their Buying Value Measure Selection Tool which has only recently been released for more broad-scale use. Our ability to work with the Bailit Health Purchasing team was made possible by the generous support of the Aligning Forces for Quality Program of the Robert Wood Johnson Foundation. And finally, the Washington Health Alliance provided leadership and facilitation for the three work groups via a contract with the Washington State Health Care Authority. Susie Dade provided lead staff support for all three work groups.

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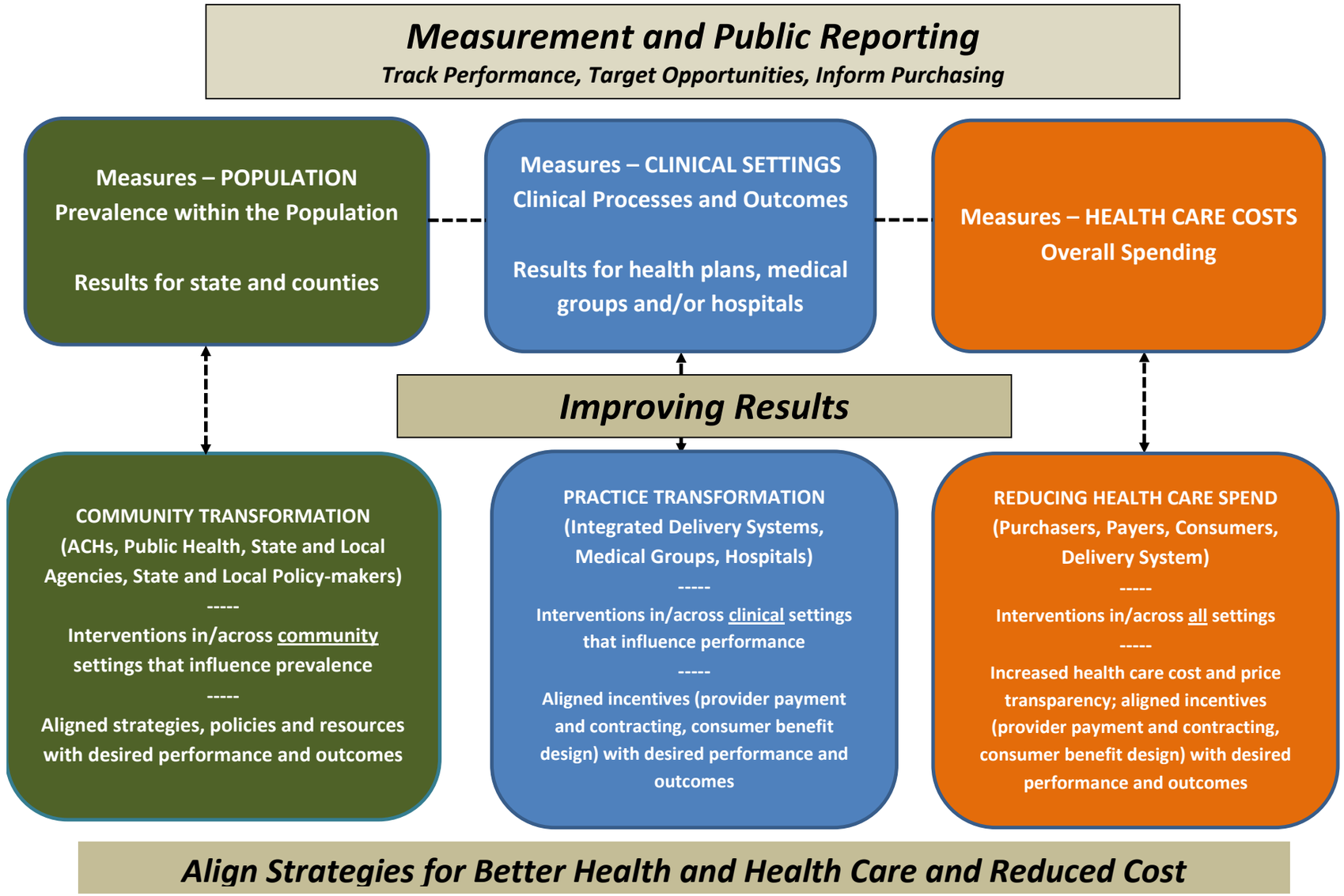
STATEWIDE COMMON MEASURES – "STARTER SET"



Overview of Measures:

MEASURES – POPULATION
Prevalence within the Population
Results for State, Counties/Accountable Communities of Health
(Note: Many, but not all, measures shown to the right will also have results at the state and/or county levels).

1. **Immunization: Influenza**
2. **Unintended Pregnancies**
3. **Tobacco: % of Adults who Smoke Cigarettes**
4. **Behavioral Health: % of Adults Reporting 14 or more Days of Poor Mental Health**
5. **Ambulatory Care Sensitive Hospitalizations for COPD**

MEASURES – HEALTH CARE COSTS

50. **Annual State-purchased Health Care Spending Relative to State's GDP**
51. **Medicaid Spending per Enrollee**
52. **Public Employee and Dependent Spending per Enrollee (Include Public Schools)**

MEASURES – CLINICAL SETTINGS
Clinical Processes or Outcomes
Results for Health Plans, Medical Groups and/or Hospitals

Health Plan (Only)	Primary Care Medical Groups (4 or more Providers)	Hospitals
Children/Adolescents 6. Access to Primary Care 7. Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life 8. Youth Obesity: BMI Assessment/Counseling 9. Oral Health: Primary Caries Prevention/ Intervention	**Children/Adolescents** 19. Immunization: Childhood Status 20. Immunizations: Adolescent Status 21. Immunizations: HPV Vaccine for Adolescents 22. Appropriate Testing for Children with Pharyngitis	40. Patient Experience: Communication about Medications and Discharge Instructions 41. 30-day All Cause Readmissions* 42. Potentially Avoidable ED Visits* 43. Patients w/ 5 of More ED Visits *without* Care Guidelines 44. C-Section NTSV 45. 30-day Mortality: Heart Attack 46. Catheter-associated Urinary Tract Infection 47. Stroke: Thrombolytic Therapy 48. Falls with Injury per Patient Day 49. Complications/Patient Safety Composite (11 components)
Adults 10. Access to Primary Care 11. Adult Obesity: BMI Assessment/Counseling 12. Medical Assistance with Smoking and Tobacco Use Cessation 13. Colorectal Cancer Screening* 14. Diabetes Care: Blood Pressure Control 15. Diabetes Care: HbA1c Poor Control 16. Hypertension: Blood Pressure Control 17. Follow-up After Hospitalization for Mental Illness @ 7 days, 30 days 18. 30-day Psychiatric Inpatient Readmission **Results available for medical groups starting in 2016.*	**Adults** 23. Patient Experience: Provider Communication 24. Screening: Cervical Cancer 25. Screening: Chlamydia 26. Screening: Breast Cancer 27. Immunizations: Pneumonia (Older Adults) 28. Avoidance of Antibiotics for Acute Bronchitis 29. Avoidance of Imaging for Low Back Pain 30. Asthma: Use of Appropriate Medications 31. Cardiovascular Disease: Use of Statins 32. COPD: Use of Spirometry in Diagnosis 33. Diabetes: HbA1c Testing 34. Diabetes: Eye Exams 35. Diabetes: Screening for Nephropathy 36. Depression: Medication Management 37. Medication Adherence: Proportion of Days Covered 38. Medication Safety: Annual Monitoring for Patients on Persistent Medications 39. Medications: Rate of Generic Prescribing	**Results also available for medical groups.*

"STARTER SET" OF MEASURES *(Order of measures matches the order of measures included in the diagram on page 6 of this report.)*

	Measure[1]	WG[2]	Steward[3]	NQF #[4]	Type of Data[5]	Data Source[6]	Confidence Level[7]	Recommended Unit(s) of Analysis[8] [9]					Stratify[10]
								State-wide	County or ACH	Health Plan	Medical Group[11]	Hospital	
1.	Immunization: Influenza	Prevention	AMA-PCPI	0041	WA IIS	WA IIS	Medium	X	X				
2.	Unintended Pregnancies	Prevention	PRAMS	NA	Survey	CDC (PRAMS)	High	X	X				
3.	Percentage of adults who smoke cigarettes	Prevention	BRFSS	NA	Survey	WA State Department of Health	High	X	X				
4.	Percentage of adults reporting 14 or more days of poor mental health	Prevention	BRFSS	NA	Survey	WA State Department of Health	High	X	X				
5.	Ambulatory Care Sensitive Condition Hospital Admissions: Chronic Obstructive Pulmonary Disease	Chronic	AHRQ-PQI (PQI 05)	0275	Claims	Alliance	Medium	X	X				C/MC
6.	Child and Adolescent Access to Primary Care Practitioners	Prevention	NCQA	NA	Claims	Alliance	High	X	X	X			C/MC
7.	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	Prevention	NCQA	1516	Claims	Alliance	High	X	X	X			C/MC

[1] This is a summary/title of the measure proposed for inclusion in the "starter set." A summary of the measure definitions can be found starting on page 14. Some measures need further definition prior to implementation.
[2] This shows the technical measures work group which made this recommendation.
[3] This refers to the organization or agency that has developed and maintains the measure.
[4] Indicates whether the measure is NQF-endorsed and, if so, provides the NQF reference number.
[5] This refers to the type of data required to complete the measurement. This will either be health insurance claims, clinical data from the medical record extracted or self-reported by providers, or survey data.
[6] This specifies the specific source of data in Washington State that is readily available. Not all proposed measures are in current use.
[7] This is an assessment of our confidence level re: our ability to currently aggregate data, measure and report results for the starter set measure in the near term. Confidence is expressed as high, medium or TBD. Where confidence is noted as TBD, this indicates a measure that is not currently in use in Washington for public reporting and we are unsure about access to data, programming resources and results testing prior to implementation.
[8] One or more units of analysis are recommended for each measure. This delineates the level of measurement recommended for the starter set, i.e., the results will be available for this unit of analysis.
[9] Not all counties, medical groups or hospitals will have results that meet a minimum threshold for public reporting. This will be especially true for critical access hospitals, smaller medical groups and rural counties.
[10] Includes recommendations for if the measure should be stratified and, if so, how. C=Commercial; MC=Medicaid; M/F=gender; MC R/E=Race/Ethnicity (only applicable to Medicaid population). Not all measures will be stratified.
[11] Includes primary care and multi-specialty medical groups *with four or more providers*

	Measure	WG	Steward	NQF #	Type of Data	Data Source	Confidence Level	Recommended Unit(s) of Analysis					Stratify
								State-wide	County or ACH	Health Plan	Medical Group	Hospital	
8.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: BMI Assessment	Prevention	NCQA	0024	Claims and Clinical Data	Health Plans	Medium			X			C/MC
9.	Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by Primary Care Medical Providers	Prevention	University of Minnesota	1419	Claims	WA State Health Care Authority/ Delta Dental	Medium	X	Maybe	X			C/MC
10.	Adult Access to Preventive/ Ambulatory Health Services	Prevention	NCQA	NA	Claims	Alliance	High	X	X	X			C/MC
11.	Adult BMI Assessment	Prevention	NCQA	NA	Claims and Clinical Data	Health Plans	Medium	X		X			C/MC
12.	Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	Prevention	NCQA	0027	Survey	Health Plans	Medium	X		X	Maybe		
13.	Colorectal Cancer Screening	Prevention	NCQA	0034	Claims	Alliance	High	X	X	X	In 2016		C/MC
14.	Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	Chronic	NCQA	0061	Claims and Clinical Data	Health Plans	Medium			X			
15.	Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Chronic	NCQA	0059	Claims and Clinical Data	Health Plans	Medium			X			
16.	Hypertension: Blood Pressure Control	Chronic	NCQA	0018	Clinical Data	Health Plans	Medium			X			
17.	Follow-Up After Hospitalization for Mental Illness @ 7 days, 30 days	Acute	NCQA	0576	Claims	TBD[12]	TBD[12]	Maybe	Maybe	X			C, MC
18.	30-day Psychiatric Inpatient Readmission	Acute	Washington State (Homegrown)	NA	Claims	TBD[12]	TBD[12]	Maybe	Maybe	X			
19.	Childhood Immunization Status	Prevention	NCQA	0038	Registry	WA DOH/ WA IIS	High	X	X		X		
20.	Adolescent Immunization Status	Prevention	NCQA	1407	Registry	WA DOH/ WA IIS	High	X	X		X		
21.	Human Papillomavirus (HPV) Vaccine for Adolescents	Prevention	NCQA	NA	Registry	WA DOH/ WA IIS	High	X	X		X		M/F

[12] The Washington Health Alliance currently does not have access to claims information related to behavioral health. More work is needed to determine whether the data source for these measures will be the Alliance or the Health Plans directly.

	Measure	WG	Steward	NQF #	Type of Data	Data Source	Confidence Level	Recommended Unit(s) of Analysis					Stratify
								State-wide	County or ACH	Health Plan	Medical Group	Hospital	
22.	Appropriate Testing for Children with Pharyngitis	Acute	NCQA	0002	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
23.	Patient Experience (Outpatient) • Provider Communication	Chronic	AHRQ	0005	Survey	Alliance	TBD				X Maybe		
24.	Screening: Cervical Cancer	Prevention	NCQA	0032	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
25.	Screening: Chlamydia	Prevention	NCQA	0033	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
26.	Screening: Breast Cancer	Prevention	NCQA	NA	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
27.	Pneumonia Vaccination Status for Older Adults	Prevention	NCQA	0043	Registry	WA DOH/ WA IIS	High	X	X		X		
28.	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Acute	NCQA	0058	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
29.	Avoidance of Imaging for Low Back Pain	Acute	NCQA	0052	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
30.	Use of Appropriate Medications for Asthma	Chronic	NCQA	0036	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
31.	Cardiovascular Disease: Use of Statins	Chronic	American College of Cardiology/American Heart Association	NA	Claims	Alliance	TBD	X	X		X		C/MC
32.	COPD: Use of Spirometry Testing in Assessment and Diagnosis	Chronic	NCQA	0577	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
33.	Diabetes Care: Hemoglobin A1c testing	Chronic	NCQA	0057	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
34.	Diabetes Care: Eye Exam	Chronic	NCQA	0055	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
35.	Diabetes Care: Screening for Nephropathy	Chronic	NCQA	0062	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
36.	Depression: Medication Management	Chronic	NCQA	0105	Claims	Alliance	High	X	X	X	X		C/MC, MC R/E
37.	Medication Adherence - Proportion of Days Covered: 5 Rates by Therapeutic Category	Chronic	Pharmacy Quality Alliance (PQA)	0541	Claims	Alliance	TBD	X	X		X		C/MC

	Measure	WG	Steward	NQF #	Type of Data	Data Source	Confidence Level	Recommended Unit(s) of Analysis					Stratify
								State-wide	County or ACH	Health Plan	Medical Group	Hospital	
38.	Medication Safety: Annual Monitoring for Patients on Persistent Medications (ACE/ARB component)	Chronic	NCQA	NA	Claims	Alliance	TBD	X	X	X	X		C/MC, MC R/E
39.	Medications: Percent Generic (Antacid, Antidepressants, Statins, ACEs/ARBs, ADHD)	Chronic	Washington Health Alliance Home Grown	NA	Claims	Alliance	High	X	X		X		C/MC
40.	Patient Experience (Inpatient) • Communication about Medicines • Discharge Information	Acute	CMS	0166	HCAHPS Survey	WSHA/ Hospital Compare	High	X				X	
41.	30-Day All-Cause Hospital Readmissions	Acute	NCQA	1768	Claims	Alliance	Medium	X	X	X	X	X	C/MC
42.	Potentially Avoidable ED visits	Acute	Medi-Cal	NA	Claims	Alliance	High	X	X		X	X	C/MC
43.	Percent of Patients with 5 or More Visits to the Emergency Room *without* a Care Guideline	Acute	NA	NA	Clinical	WHSA/EDIE	High	X				X	
44.	Cesarean Section - NTSV C-Section	Acute	The Joint Commission	0471	Claims and Clinical Data	WSHA	Medium	X				X	
45.	30-day Mortality: Heart Attack(AMI)	Acute	CMS	0230	Claims and Clinical	WSHA/ Hospital Compare	High	X				X	
46.	Catheter-Associated Urinary Tract Infection	Acute	CDC	0138	Clinical	WSHA	High	X				X	
47.	Stroke: Thrombolytic Therapy	Acute	The Joint Commission	437	Clinical Data	WSHA	High	X				X	
48.	Falls with Injury Per Patient Day (adult acute care only)	Acute	WA DOH/ American Nurses Association	0202	WHSA	WSHA	High	X				X	
49.	Complications/Patient Safety for Eleven Selected Indicators (Composite)	Acute	AHRQ	0531	Claims	WSHA/ Hospital Compare	High	X				X	

	Measure	WG	Steward	NQF #	Type of Data	Data Source	Confidence Level	Recommended Unit(s) of Analysis					Stratify
								State-wide	County or ACH	Health Plan	Medical Group	Hospital	
50.	Annual State-purchased Health Care Spending Growth Relative to State GDP	Chronic	Washington State (Homegrown)	NA	Claims	Health Care Authority	High	X	X				
51.	Medicaid Per Enrollee Spending	Chronic	Washington State (Homegrown)	NA	Claims	Health Care Authority	High	X	X				*See note page 21
52.	Public Employee/Dependent Spending per Enrollee (Include Public Schools)	Chronic	Washington State (Homegrown)	NA	Claims	Health Care Authority	High	X	X				*See note page 21

Looking to the Future – Topics for Inclusion in a FUTURE Measure Set

Throughout the measure selection process, it was common to come upon topics that were considered very important but for one reason or another, we were unable to recommend a specific measure for inclusion in the starter set. In some cases, the work groups considered specific, potential measures, and in other cases when measures were unavailable, general topics were discussed. Generally speaking, these topics were not considered for the "starter set" for one or both of the following reasons: (1) there are currently no nationally vetted measures that are relevant to a broad cross section of the population for this topic area; and/or (2) there is no data source readily available within the state of Washington to enable credible measurement and public reporting. This was particularly problematic when considering health care outcomes which more often than not require clinical data abstracted from either electronic or paper-based medical records. We expect this to change over the next several years as more health care organizations and medical groups have access to (and the internal capability to utilize) electronic health records to support population level reporting, and a statewide Health Information Exchange infrastructure that will support clinical data aggregation, measurement and public reporting of outcomes.

Across the three work groups, 28 topics were identified for what became known as the "**high priority development list**" (sometimes also referred to as "the parking lot" for shorthand).

A survey was undertaken with key stakeholders involved in this process to prioritize this list of 28 topics. Survey respondents were asked to identify their ten highest priorities from the list of 28 topics. Sixty-five individuals were asked to respond to the survey; all individuals were members of the Performance Measures Coordinating Committee and/or one (or more) of the three technical work groups. Responses were collected from 59 individuals for a 91% response rate.

The results of the survey are listed on the next page and are intended to be informative but not binding. The technical measures workgroups had a few specific comments about prioritization (in response to public comments) that are shown below in *italics*.

Looking to the Future – Topics for Inclusion in a FUTURE Measure Set

TOP TIER PRIORITIZATION: More than 50% of respondents indicated that the following seven topic areas should be considered the highest priorities for measure/data development and inclusion in a FUTURE iteration of Washington's Statewide Measure Set. The following list is shown in priority order (#1 is top priority) based on survey results.

1. Screening for Depression
2. Care Transitions Following Hospital Discharge
3. Hypertension Management
4. Diabetes Care: Development/Use of a Composite Measure
5. Elementary School-entry Immunization Status
6. Continuity of Care/Medication Reconciliation
7. Assessment of Patient Functional Status: Effective Chronic Illness Management

SECOND TIER PRIORITIZATION: Between 30% and 49% of respondents indicated that that the following six topic areas should be considered the highest priorities for measure/data development and inclusion in a FUTURE iteration of Washington's Statewide Measure Set. The following list is shown in priority order based on survey results.

8. Pediatric Asthma Control, Medication Management
9. *Substance Abuse Screening, Brief Intervention and Referral; Substance Abuse Treatment/ Service Penetration -- The Chronic Care Measures Workgroup recommended that this be moved to the top tier prioritization list for future measurement when feasible.*
10. Major Depression Disorder Control
11. Patient Safety: Rate of Adverse Events and Never Events
12. *Continuity of Care: Advanced Care Planning – The Chronic Care Measures Workgroup considers this a high priority topic for further consideration; however, they expressed concern about this area for measurement and public reporting, noting that "not everything that counts can be counted."*
13. *Mental Health Service Penetration – See comment for #9.*

REMAINING TOPIC AREAS: Fewer than 30% of respondents indicated that the following topic areas should be considered the highest priorities for measure/data development and inclusion in a FUTURE iteration of Washington's Statewide Measure Set. The following list is shown in descending order of prioritization based on survey results.

- Cancer Care: Chemotherapy within the Last 14 Days of Life
- COPD: Compliance and Therapy
- Obstetrics: Low Birth Weight
- Prevention: Assessment and Counseling for Risky Behavior
- Obstetrics: Non Medically-Indicated Inductions
- Diabetes Care: Use of Statins
- Obstetrics: Routine Pre-and Post-Partum Care
- Prevention: Assessment for Adverse Childhood Trauma
- Adult Asthma: Control, Medication Management
- Prevention: Breast Feeding
- Cardiovascular Disease: Time of Transfer for Acute Coronary Intervention
- Attention Deficit/Hyperactivity Disorder: Follow-up Care for Children
- Cancer Care: Other (TBD)
- Prevention: Assessment for Domestic Violence

HEALTH CARE COST MEASURES

A second question in the survey related to FUTURE health care cost[13]measures in Washington once an infrastructure is in place that enables (1) the routine collection of priced claims from all public and private payers in the state, and (2) regular measurement and reporting with multi-payer results. Survey respondents were asked to rank order the following three options for measure development for inclusion in a future iteration of Washington's Statewide Performance Measure Set. Although the results below are shown in priority order, it is worth noting that the scoring was very close and many respondents commented that **ALL THREE should be considered a priority for future work**.

1. **Cost of Potentially Avoidable Services:** Measurement and reporting in this area would add a realistic price tag to quantify potentially avoidable services such as ambulatory-sensitive hospital admissions, hospital readmissions, complications, emergency department visits and Choosing Wisely procedures and diagnostic testing. The information would help to (1) inform purchasers and others about how potentially avoidable services are specifically contributing to the overall cost trend, (2) prioritize interventions to reduce potentially avoidable events, and (3) formulate a message suitable for public audiences about the cost burden associated with potentially avoidable services.

2. **Total Cost of Care for Specified Populations:** Measurement and reporting in this area would reveal the total cost associated with the care of a population attributed to a specific provider organization (e.g., accountable care organization, integrated delivery system, medical group).

3. **Pricing for Types of Treatment:** Measurement and reporting would compare the episode price for similar treatments and procedures (e.g., back surgery, joint replacement, C-section, angioplasty**)** adjusting for how sick patients are. This information would reveal the extent of cost differences between delivery systems, whether providers are working together as employees of the health system or as independent contractors because it bundles together professional and facility fees to provide an overall price for the episode. This reporting would enable a multi-payer view of these prices (i.e., blended average).

[13] *Note: the word 'cost' in the context of this report means the actual transaction prices between buyer(s) of health care services and provider(s). It does not refer to the premiums paid by companies or individuals to insurance carriers (although in bending the cost curve, we certainly would expect premiums to moderate as well). It also does not refer to the internal costs or expenses incurred by provider organizations to deliver care.*

Appendix A: Summary - Measure Definitions *(Order of measures matches the order of measures included in the diagram on page 6 of this report.)*

	Measure	Summary of Measure Definition
1.	Influenza Immunization	Percentage of patients aged 6 months and older seen for a visit between October 1 and March 31 who received an influenza immunization OR who reported previous receipt of an influenza immunization
2.	Unintended Pregnancies	Percent of pregnancies that were unintended at time of conception. This does have a data source through the CDC Pregnancy Risk Assessment Monitoring System (PRAMS), which is collected by Department of Health at the state level.
3.	Percentage of adults who smoke cigarettes	Numerator: # of adults ages 18 and older who answer "every day" or "some days" in response to the question, "Do you now smoke cigarettes every day, some days, or not at all?" Denominator: # of adults age 18 and older who answer this question.
4.	Percentage of adults reporting 14 or more days of poor mental health	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?"
5.	Ambulatory Care Sensitive Condition Hospital Admissions: Chronic Obstructive Pulmonary Disease (PQI 05)	Admissions with a principal diagnosis of chronic obstructive pulmonary disease (COPD) or asthma per 100,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions.
6.	Child and Adolescent Access to Primary Care Practitioners (CAP)	Percentage of children and adolescents ages 12months to 19 years that had a visit with a PCP, including four separate percentages: • Children ages 12 to 24 months and 25 months to 6 years who had a visit with a PCP during the measurement year • Children ages 7 to 11 years and adolescents ages 12 to 19 years who had a visit with a PCP during the measurement year or the year prior to the measurement year
7.	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year
8.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Body Mass Index Assessment for Children/ Adolescents (WCC)	Percentage of children ages 3 to 17 that had an outpatient visit with a primary care practitioner (PCP) or obstetrical/gynecological (OB/GYN) practitioner and whose weight is classified based on body mass index percentile for age and gender; requires clinical data
9.	Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by Primary Care Medical Providers	The measure tracks the extent to which the PCP or clinic (determined by the provider number used for billing) applies FV as part of the EPSDT examination
10.	Adult Access to Preventive/Ambulatory Health Services (AAP)	The percentage of members 20 to 44 years, 45 to 64 years, and 65 years and older who had an ambulatory or preventive care visit.
11.	Adult BMI Assessment (ABA)	The percentage of members 18 to 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. Requires clinical data; results only available at health plan level.
12.	Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	Uses patient experience survey (CAHPS) to assess different facets of providing medical assistance with smoking and tobacco use cessation: • Advising Smokers and Tobacco Users to Quit • Discussing Cessation Medications • Discussing Cessation Strategies
13.	Colorectal Cancer Screening (COL)	Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer; requires 10 years of data for full look back period
14.	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose most recent blood pressure reading is <140/90 MM hg during the measurement year. Requires clinical data; results only available at health plan level for starter set

	Measure	Summary of Measure Definition
15.	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c > 9.0% during the measurement year. Requires clinical data; results only available at health plan level for starter set
16.	Hypertension: Controlling High Blood Pressure	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. Requires clinical data; results only available at health plan level for starter set
17.	Follow-Up After Hospitalization for Mental Illness (FUH)	Percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an OP visit, an intensive OP encounter, or partial hospitalization with a mental health practitioner. Two rates are reported: 1) the percentage of members who received follow-up within 30 days of discharge, 2) the percent of members who received follow-up within 7 days of discharge
18.	Psychiatric Inpatient Readmissions	For members 18 years of age and older, the number of acute inpatient psychiatric stays during the measurement year that were followed by an acute readmission for a psychiatric diagnosis within 30 days
19.	Childhood Immunization Status (CIS)	Percentage of children that turned 2 years old during the measurement year and had specific vaccines by their second birthday
20.	Adolescent Immunization Status (AIS)	Percentage of adolescents that turned 13 years old during the measurement year and had specific vaccines by their 13th birthday
21.	Human Papillomavirus (HPV) Vaccine for Adolescents	Percentage of adolescents 13 years of age (male and female) who had three doses of the human papillomavirus (HPV) vaccine by their 13th birthday.
22.	Appropriate Testing for Children with Pharyngitis (CWP)	Percentage of children ages 2 to 18 that were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus test for the episode
23.	Patient Experience: Provider Communication	52-items survey instrument (CG-CAHPS) with 3 domain-level composites. Work group selected one composite measure in particular (Provider Communication, composite of 6 survey questions)) as it correlates with improved outcomes; Top Box scores to be reported
24.	Cervical Cancer Screening (CCS)	Percentage of women 21-64 years of age who received PAP test to screen for cervical cancer. (interval every 3 years)
25.	Chlamydia Screening (CHL)	Percentage of women ages 16 to 24 that were identified as sexually active and had at least one test for Chlamydia during the measurement year
26.	Breast Cancer Screening	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer. (interval =1x/27 months)
27.	Pneumonia Vaccination Status for Older Adults (PNU)	Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine
28.	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.
29.	Avoidance of Imaging Studies for Low Back Pain	This measure calculates the percentage of patients 18-50 years with a diagnosis of lower back pain who did not have an imaging study (plain x-ray, MRI, CT scan) within 28 days of diagnosis.
30.	Use of Appropriate Medications for Asthma (ASM)	Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period.
31.	Cardiovascular Disease: Use of Statins	The percentage of patients ages 18 to 75 with heart disease (coronary artery disease or CAD) who had at least one prescription filled to lower cholesterol (lipid-lowering therapy, based on current American College of Cardiology /American Heart Association guidelines) during a one-year period.
32.	Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	The percentage of patients 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.
33.	Comprehensive Diabetes Care: Hemoglobin A1c testing	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year.
34.	Comprehensive Diabetes Care: Eye Exam	Percentage of patients 18-75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the measurement period or a negative retinal exam (no evidence of retinopathy) in the 12 months prior to the measurement period
35.	Comprehensive Diabetes Care: Medical Attention for Nephropathy	The percentage of patients 18-75 years of age with diabetes who had a nephropathy screening test or evidence of nephropathy during the measurement period.
36.	Anti-depressant Medication Management (AMM)	Percentage of patients 18 years of age and older who were diagnosed with major depression and treated with antidepressant medication, and who remained on antidepressant medication treatment. Two rates are reported: 12 weeks and 6 months.

	Measure	Summary of Measure Definition
37.	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	Percentage of patients 18 years and older who met the proportion of days covered threshold of 80% during the measurement year. Rate is calculated separately for the following medication categories: Beta Blockers, ACEI/ARB, Calcium-Channel Blockers, Diabetes Medication, Statins
38.	Annual Monitoring for Patients on Persistent Medications (ACE/ARB component)	Percent of patients who received 180 treatment days of ACE inhibitors or ARBs during the measurement year who had at least one serum potassium and either a serim creatinine or a blood urea nitrogen therapeutic monitoring test in the measurement year. Considered a patient safety measure.
39.	Pharmacy: Percent Generic	One rate for each: Percentage of Generic Prescriptions for ACE inhibitors or angiotensin II receptor blockers (ARBs), attention deficit hyperactivity disorder(ADHD) Medications, PPIs (proton pump inhibitors), SSRIs, SNRIs, and other Second Generation Antidepressants, Statins
40.	HCAHPs • Medicines Explained • Discharge Information	27-items survey instrument with 7 domain-level composites. Work group selected two in particular (Communication about Medicines and Discharge Information) as they relate specifically to improving care transitions and reducing hospital readmissions.
41.	30-day All-Cause Hospital Readmission	For patients 18 years of age and older, the number of acute inpatient stays during the measurement year that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays (denominator) - Observed 2. Count of 30-day readmissions (numerator) - Observed 3. Average Risk Adjusted Probability of Readmission - Expected
42.	Potentially Avoidable ED visits	Avoidable emergency visits using the Medi-Cal Diagnosis list to identify potentially avoidable ED visits; considered very conservative measure.
43.	Percent of Patients with Five or More Visits to the Emergency Room without a Care Guideline	Percent of patients with 5 or more visits to the Emergency Room without a Care Guideline; data comes from EDIE.
44.	PC-02: Cesarean Section - NTSV C-Section [Nulliparous (first baby), Term (>37 weeks), Singleton (one baby), and (head down)]	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section. This measure is a part of a set of five nationally implemented measures that address perinatal care
45.	30-Day Heart Attack Mortality	The measure estimates a hospital 30-day risk-standardized mortality rate (RSMR), defined as death for any cause within 30 days after the date of admission of the index admission, for patients 18 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). CMS annually reports the measure for patients who are 65 years or older and are either enrolled in fee-for-service (FFS) Medicare and hospitalized in non-federal hospitals or are hospitalized in Veterans Health Administration (VA) facilities.
46.	Catheter-Associated Urinary Tract Infection	Standardized Infection Ratio (SIR) of healthcare-associated, catheter-associated urinary tract infections (CAUTI) will be calculated among patients in the following patient care locations: • Intensive Care Units (ICUs) (excluding patients in neonatal ICUs [NICUs: Level II/III and Level III nurseries]) • Specialty Care Areas (SCAs) - adult and pediatric: long term acute care, bone marrow transplant, acute dialysis, hematology/oncology, and solid organ transplant locations • Other inpatient locations (excluding Level I and Level II nurseries). Only locations where patients reside overnight are included.
47.	STK-4: Thrombolytic Therapy	This measure captures the proportion of acute ischemic stroke patients who arrive at this 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.
48.	Falls with Injury Per Patient Day (adult acute care and rehabilitation only)	Falls with Injury per patient day (adult acute care only) – Need to agree upon specific numerator/denominator specs; more than one measure available

	Measure	Summary of Measure Definition
49.	PSI-90: Complications/Patient Safety for Selected Indicators (Composite)	A composite measure of 11 potentially preventable adverse events for selected indicators. The weighted average of the observed-to-expected ratios for the following component indicators are included (but not reported separately): • PSI #3 Pressure Ulcer Rate • PSI #6 Iatrogenic Pneumothorax Rate • PSI #7 Central Venous Catheter-Related Blood Stream Infection Rate • PSI #8 Postoperative Hip Fracture Rate • PSI #9 Perioperative Hemorrhage or Hematoma Rate • PSI #10 Postoperative Physiologic and Metabolic Derangement Rate • PSI #11 Postoperative Respiratory Failure Rate • PSI #12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate • PSI #13 Postoperative Sepsis Rate • PSI #14 Postoperative Wound Dehiscence Rate • PSI #15 Accidental Puncture or Laceration Rate
50.	Annual State-purchased Health Care Spending Growth Relative to State GDP	TBD
51.	Medicaid Per Enrollee Spending	TBD: Total Medicaid Spending in CY/Total # of Medicaid Beneficiaries in CY; it will be important to adjust this measure for the different types of Medicaid populations.
52.	Public Employee and Dependent per Enrollee Spending	TBD: Total State Spending for Public Employees and Dependents (include Public Schools) in CY/Total # of Beneficiaries in CY

Appendix B: Comments *(Order of measures matches the order of measures included in the diagram on page 6 of this report.)*

	Measure	Opportunity for Improvement and Other Comments
1.	Influenza Immunization	Opportunity to improve in absolute terms: 45.7% per the CDC (this is not an exact benchmark). Concern about the extent to which the WA IIS captures complete data for this measure. WA IIS staff report that the data is getting more complete, and if the measure is included on the list, then providers may focus more on reporting the data.
2.	Unintended Pregnancies	State rate is 49% per DOH; this falls short of the Health People 2020 goal of 44% and is poor in absolute terms. Unintended pregnancy is associated with an increased risk of problems for the mother and baby. If a pregnancy is not planned before conception, a woman may not be in optimal health for childbearing and/or not have a stable socio economic environment in which to introduce a baby. In 2010, there were an estimated 52,500 unintended pregnancies in Washington.
3.	Percentage of adults who smoke cigarettes	State performance at 16% for "everyday" or "some days." This is near the national average of 18.8% per the 2013 BRFSS survey and there is opportunity for improvement in absolute terms.
4.	Percentage of adults reporting 14 or more days of poor mental health	State performance is at 11.6%. This is essentially the same as the national average at 11.9%, per the 2011 BRFSS survey and there is opportunity for improvement in absolute terms.
5.	Ambulatory Care Sensitive Condition Hospital Admissions: Chronic Obstructive Pulmonary Disease (PQI 05)	State rate at 1.32% is better than the national average, but benchmark source is non-exact[14] (WA MONAHRQ 2009). Measure included in recommended starter set because COPD important and growing problem among the working age population (in addition to older adults), based on National Business Coalition on Health 2012 Action Brief on COPD. Results only available at the state level only because denominator is small.
6.	Child and Adolescent Access to Primary Care Practitioners (CAP)	Commercial 12-19 year rate of 89% is below the national average of 97% and the commercial 25-months to 6 year rate of 88% is at the national average and below the national 90th percentile. All other commercial and Medicaid rates exceed 90% and the national 90th percentile. Included in recommended starter set because it is a priority to monitor access to primary care for children, particularly given the large expansion of this population through Medicaid and the Exchange.
7.	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)	Both commercial and Medicaid rates are at the national averages. In the absence of good data for elementary school entry immunizations, the work group recommends including this measure for well-child visits as a proxy to keep a focus on school-based wellness and immunizations.
8.	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents: Body Mass Index Assessment for Children/ Adolescents (WCC)	Commercial rates for BMI Assessment, Counseling for Nutrition and Counseling for Physical Activity all equal the respective national averages and are low in absolute terms (<50%); Medicaid rates for BMI Assessment and Counseling for Nutrition are far below the respective national averages. Only Counseling for Physical Activity exceeds the national average (51%), but it has opportunity for improvement in absolute terms. Difficult measure to capture and report reliably, but very important public health concern. Results only available at the health plan level for starter set.
9.	Primary Caries Prevention Intervention as Part of Well/Ill Child Care as Offered by Primary Care Medical Providers	No information currently available regarding opportunity for improvement in WA. This measure is recommended for Meaningful Use Stage Two and is a B-level recommendation of USPHSTF; also in Physician Quality program. System for measurement across payer types not now in place; however, Delta Dental has formally offered to provide aggregated results from claims data; Medicaid will also provide data. Will need to work specifically on data aggregation and determine how to operationalize this measure.

[14] There are a few occasions in which baseline and benchmark information could be identified, but only for a similar measure, and not for the exact recommended measure.

	Measure	Opportunity for Improvement and Other Comments
10.	Adult Access to Preventive/Ambulatory Health Services (AAP)	Commercial rate is at the national 90th percentile. There is no Washington-specific reporting for Medicaid for this measure by NCQA. Included in recommended starter set because it is a priority to monitor access to primary care for adults, particularly given the large expansion of this population through Medicaid and the Exchange.
11.	Adult BMI Assessment (ABA)	Commercial rate is at the national average and below the national 90th percentile. There is no Washington-specific reporting for Medicaid for this measure by NCQA. Difficult measure to capture and report reliably, but very important public health concern. Results only available at the health plan level for starter set.
12.	Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	Commercial and Medicaid rates both below the national average. The work group recommends the state provide resources to ensure that the CG-CAHPS survey is continued and expanded statewide to enable medical group level reporting. Otherwise, this measure will only be reported at the health plan level based on the Health Plan CAHPS survey.
13.	Colorectal Cancer Screening (COL)	Commercial rate is below the national 90th percentile; Medicaid information is not available through NCQA. For the starter set, conduct as a claims-only measure. Note: if the state is interested in having national benchmarks for this claims-based measure, then it will need to provide resources to purchase this information from NCQA.
14.	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)	Commercial rate at 59% is below the national average of 62%; Medicaid rate at 53% is below the national average of 60%. Important clinical outcome measure but no infrastructure for provider-level reporting so starter measure focused on health plan-level results.
15.	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	State commercial rate at 37% is worse than the national average at 34%; Medicaid rate at 55% is worse than the national average at 45%. Important clinical outcome measure but no infrastructure for provider-level reporting so starter measure focused on health plan-level results
16.	Hypertension: Controlling High Blood Pressure	Commercial rate at 55% is below the national average of 62%; there is no Washington-specific reporting for Medicaid for this measure by NCQA. Important clinical outcome measure but no infrastructure for provider-level reporting so starter measure focused on health plan-level results.
17.	Follow-Up After Hospitalization for Mental Illness	Commercial performance is below national 90th percentile; Medicaid performance is below national average. Mixed opinion about the importance/relevance of this measure; ultimately work group concluded that it is important process measure in support of the psychiatric inpatient readmission measure.
18.	Psychiatric Inpatient Readmission	New measure specifications provided by DSHS; not yet nationally vetted. Testing has only occurred using Medicaid data; has not been used with commercial data but appears to be "doable." No identified baseline or benchmark.
19.	Childhood Immunization Status (CIS)	Commercial and Medicaid rates are below the national 90th percentile. Strong work group support for all immunization measures; DOH has indicated that they can produce results by medical group, county and state.
20.	Adolescent Immunization Status (AIS)	Commercial rate is below the national average; Medicaid rate is below the national 90th percentile. Strong work group support for all immunization measures; DOH has indicated that they can produce results by medical group, county and state.
21.	Human Papillomavirus (HPV) Vaccine for Adolescents	Opportunity to improve in absolute terms (45.5%, females 13-17 yrs per the CDC) and relative to Healthy People 2020 goal (80%, females 13-15 yrs). Not an exact benchmark. Work group recommends modifying the measure to include males (but following the same specifications otherwise). The work group recognizes that the NCQA benchmarks would not be applicable to this measure. Stratify the data to examine females and males separately.
22.	Appropriate Testing for Children with Pharyngitis	Commercial and Medicaid performance both at national average, based on NCQA benchmarks for commercial and managed Medicaid plans (CY2013).
23.	Patient Experience: Provide Communication (Top Box "Always")	Regional average is 79% with range of medical group performance from 61.6% - 90.8%. Results declined for this measure from 2011 – 2013.
24.	Cervical Cancer Screening	Commercial and Medicaid rates are both at the national average. Strong endorsement from work group, actionable; disparities in care a challenge. Interest in seeing future iteration of this measure also including HPV (in addition to PAP).

	Measure	Opportunity for Improvement and Other Comments
25.	Chlamydia Screening	Commercial rate is below the national 90th percentile; Medicaid rate is below the national average. Strong endorsement from work group; lack of prevention results in significant morbidity (not mortality), actionable. Disparities in care a challenge.
26.	Breast Cancer Screening	Commercial and Medicaid rates are both at the national average. Utilize the HEDIS 2015 Breast Cancer screening measure specifications; expect this new spec to be NQF-endorsed.
27.	Pneumonia Vaccination Status for Older Adults	State performance at 72.8% is near the national rate of 67.7% per the 2012 BRFSS survey and there is opportunity for improvement in absolute terms.
28.	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis	Regional average at 25%. Commercial and Medicaid rates are both at the national average. *Significant* room for improvement, particularly in comparison to measure on avoiding antibiotic treatment for URI at 93%.
29.	Use of Imaging Studies for Low Back Pain	Overall performance in the state is relatively strong compared to national benchmarks (Puget Sound region at 86%), but still considerable variation among medical groups indicating room for improvement; important to keep a focus on this.
30.	Use of Appropriate Medications for Asthma	Commercial regional rate is at 92%, above the national average but below the 90th percentile; Medicaid rate is at the national average.
31.	Cardiovascular Disease: Use of Statins	National studies show that patients don't fill statins for over one-third of scripts and only half continue to take statins during the six months post-prescription and only 30-40% continue taking them after 12 months. Alliance measurement indicates an opportunity for improvement in absolute terms (no external benchmark available). Current regional average for Puget Sound area is 73%, with a range among medical groups of 63% - 82%.
32.	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Commercial and Medicaid rates are at the national average and below the 90th percentile. Current regional average for Puget Sound area is 51%. NCQA is considering retiring *for accreditation purposes* due to concerns about measure set size and an increasing focus on outcome measures, but has no plans to remove the measure from the HEDIS measure set per NCQA, 8/2014.
33.	Comprehensive Diabetes Care: Hemoglobin A1c testing	Commercial and Medicaid both at national average; Puget Sound regional average for commercial is 90%. Relatively smaller opportunity for improvement, but remains important process measure for diabetes care.
34.	Comprehensive Diabetes Care: Eye Exam	Commercial rate is at the national average; Puget Sound regional rate is at 67%.
35.	Comprehensive Diabetes Care: Medical Attention for Nephropathy	Commercial rate (86%) is at the national average; Medicaid rate is below the national average. Relatively smaller opportunity for improvement, but remains important process measure for diabetes care.
36.	Anti-depressant Medication Management	Commercial and Medicaid both at the national average. Puget Sound regional average at 53% for significant room for improvement in absolute terms.
37.	Proportion of Days Covered (PDC): 5 Rates by Therapeutic Category	CMS Five Star Ratings categorize health plans into five levels based on performance. *No specific information yet identified for WA plans.* New measure for WA/Alliance – will need to be programmed and tested against data
38.	Annual Monitoring for Patients on Persistent Medications (ACE/ARB component)	Commercial rate (82.8%) is below the national 90th percentile (86.6%); Medicaid average (85.6%) is below the national 90th percentile (91.2%). New measure for WA/Alliance – will need to be programmed and tested against data
39.	Pharmacy: Percent Generic (one rate for each: Antacid, Antidepressants, Statins, ACEs and ARBs, ADHD)	There are five measure components. In four out of the five drug classes the Puget Sound regional average falls below the Alliance target: PPI = 89% (compared to 95% target); Antidepressants = 92% (compared to 95% target); Statins = 81% (compared to 95% target); ACE/ARB = 81% (compared to 90% target). No target has yet been set for the ADHD class (current performance = 65%). Considerable discussion re: this measure with input from non-work group members/organizations; relatively strong performance on generic prescribing for state as a whole, but still considerable variation among medical groups and individual providers.
40.	HCAHPs • Medicines Explained • Discharge Information	Work group selected two in particular (Communication about Medicines and Discharge Information) as they relate specifically to improving care transitions and reducing hospital readmissions. The work group excluded the rest of the composites. This will be included as two separate results. Medicines Explained: State average is 64% (same as national average of 64%); well below best performing hospital nationally at 98%. Discharge Information: State average is 87%% (higher than national average of 85%); below best performing hospital nationally at 95%.

	Measure	Opportunity for Improvement and Other Comments
41.	30-Day All-Cause Hospital Readmission	Alliance *draft* results shows regional commercial performance (8.9%) close to but worse than NCQA 50th percentile (8.3%); no Medicaid benchmark available. NQF is revisiting readmission measures this Fall to merge/modify CMS and NCQA measures (or select between the two).
42.	Potentially Avoidable ED visits	The Alliance utilizes this measure today for both the commercial and Medicaid populations and reports the results separately. It is a *VERY conservative estimate* of potentially avoidable ED visits; current reporting indicates approximately 9-10% of visits are avoidable.
43.	Percent of Patients with Five or More Visits to the Emergency Room without a Care Guideline	WSHA will need to provide baseline and benchmark; no information available for this report.
44.	PC-02: Cesarean Section - NTSV C-Section [Nulliparous (first baby), Term (>37 weeks), Singleton (one baby), and (head down)]	State rate appears to be about 25%; performance is not aligned with the Healthy People 2020 goal of 23.9%; and, there is significant variation across the state (15 - 46%). Not clear what the state's goal is. PC-02 and the Healthy People 2020 are the same measure, but are described slightly differently. The methodology is the same, however.
45.	MORT-30-AMI: Heart Attack Mortality	44 WA hospitals are the same as the national average (15.2%) and no hospitals are better than average. 40 hospitals had too few cases. Strong system measure.
46.	Catheter-Associated Urinary Tract Infection	WA State Standardized Infection Ratio (1.167) exceeds the predicted score (1.00) per CMS' Hospital Compare. SIRs above 1.00 mean the state had more HAIs than were predicted. Currently measured and available; outcome measure with good opportunity for improvement.
47.	STK-4: Thrombolytic Therapy	State rate (73%) exceeds the national rate (66%) per CMS' Hospital Compare, but there is an opportunity for improvement in absolute terms. This is the most important measure in treating stroke and a major state initiative. While state is performing better than national average, there is still room for improvement.
48.	Falls with Injury Per Patient Day	Data are being collected by WSHA for 7/1/14 - 12/31/14. No benchmark available on CMS' Hospital Compare.
49.	PSI-90: Complications/Patient Safety for Selected Indicators (Composite)	Six hospitals worse than average (0.61), 42 same as average, no hospitals better than average, and 0 hospitals had too few cases, all per CMS' Hospital Compare. Concerns regarding the reliability of data components within claims, e.g., PSI#7
50.	Annual State-purchased Health Care Spending Growth Relative to GDP	No identified baseline or benchmark. Measure specification will need to be agreed upon
51.	Medicaid Per Enrollee Spending	State spending ($4,849) falls below the national average ($5,563) per the Kaiser Family Foundation. Measure specification will need to be agreed upon; If possible, stratify by primary care, specialty care, hospital inpatient/outpatient, emergency and other spending categories of interest.
52.	Public Employee and Dependent per Enrollee Spending	No identified baseline or benchmark. Measure specification will need to be agreed upon; if possible, stratify by primary care, specialty care, hospital inpatient/outpatient, emergency and other spending categories of interest.

Appendix C: Work Group Members

PREVENTION MEASURES WORK GROUP

Jennifer Allen	Planned Parenthood Votes Northwest
Joan Brewster	Grays Harbor Public Health & Social Services
Ian Colbridge	WA State Hospital Association
Bev Green	Group Health Research Institute
Jeffrey Harris	UW Health Promotion Research Center
Jesus Hernandez	Community Choice (Wenatchee)
Dan Kent	Premera Blue Cross
Mark Koday	Yakima Valley Farmworkers Clinic
Mary Kay O'Neill	Regence Blue Shield
Janet Piehl	UW Neighborhood Clinics
Bailey Raiz	Community Health Plan of WA
Kyle Unland	Spokane Regional Health District
Kristen Wendorf	Seattle King County Public Health

CHRONIC ILLNESS MEASURES WORK GROUP

Christopher Dale	Swedish Health Services
Stacey Devenney	Kitsap Mental Health Services
Erin Hafer	Community Health Plan of WA
Kimberley Herner	UW/Valley Medical Center Clinic Network
Jutta Joesch	King County
Dan Kent	Premera Blue Cross
Julie Lindberg	Molina Health Care of Washington
Paige Nelson	The Everett Clinic
Kim Orchard	Franciscan Health System
Larry Schecter	WA State Hospital Association
Julie Sylvester	Qualis Health

ACUTE CARE MEASURES WORK GROUP

Connie Davis	Skagit Regional Health
Mark Delbeccaro	Seattle Childrens
Tim Dellit	University of Washington
Sue Dietz	Critical Access Hospital Network
Jennifer Graves	WA State Nurses Association
Patrick Jones	Eastern WA University Institute for Public Policy and Economic Analysis
Kim Kelley	DOH Critical Access Hospital Program
Dan Kent	Premera Blue Cross
Michael Myint	Swedish Health Services
Terry Rogers	Foundation for Healthcare Quality
Carol Wagner/Larry Schecter	WA State Hospital Association

Appendix D: Performance Measures Coordinating Committee

Co-Chairs:
- Dorothy Teeter, Director, Washington State Health Care Authority
- Nancy Giunto, Executive Director, Washington Health Alliance

Representing agencies in Washington State:
- Kathy Lofy, MD, State Health Officer, Department of Health
- Daniel Lessler, MD, Chief Medical Officer, Health Care Authority
- Jane Beyer, Assistant Secretary for Behavioral Health & Service Integration, Department of Social and Health Services

Members (listed alphabetically):

Chris Barton, RN, BSN SEIU Health Care 1199NW Nurse Alliance
C. Craig Blackmore, MD Virginia Mason Health System
Gordon Bopp National Alliance on Mental Illness - WA
Patrick Bucknum Columbia Valley Community Health
Frederick M. Chen, MD, MPH, University of WA Medicine
Ann Christian WA Community Mental Health Council
Victor A. Collymore, MD Community Health Plan of WA
Patrick Connor WA Chapter, National Federation of Independent Business
Jessica Cromer Amerigroup Washington
Sue Deitz Critical Access Hospital Network
John Espinola, MD, MPH Premera Blue Cross Mountlake Terrace
Jim Freeburg National Multiple Sclerosis Society, Greater NW Chapter
Teresa Fulton, RN, BSN Whidbey General Hospital
Anne Hirsch, PhD, ARNP Seattle University
Larry Kessler, ScD University of Washington School of Public Health
Byron Larson Urban Indian Health Institute
Julie McDonald, RN Providence Regional Medical Center
Susan McDonald, RN, MSN Group Health Cooperative
Sheri Nelson Association of Washington Business
Mary Kay O'Neill Regence Blue Shield
Scott Ramsey, MD Hutchinson Center for Cancer Outcomes Research
Charissa Raynor SEIU Healthcare NW Training Partnership and Health Benefits Trust
Dale P. Reisner, MD Washington State Medical Association
Marguerite Ro, DrPH King County
Rick Rubin OneHealthPort
Marilyn Scott Upper Skagit Indian Tribe
Torney Smith Spokane Regional Health District
Jonathan Sugarman, MD, MPH Qualis Health
Carol Wagner Washington State Hospital Association