

Performance Measures Coordinating Committee Meeting Notes for October 7, 2019

Present: Sue Birch, Marie Dunn, Nancy Giunto, Dan Kent, Kathy Lofy, Susie McDonald, Marguerite Ro, Rick Rubin, Emily Transue, Judy Zerzan

By phone: Jonathan Bennett, Frances Gough, Larry Kessler, David Mancuso, Dale P. Reisner

Additional attendees: Christopher Chen, Associate Medical Director, HCA, Laura Pennington, HCA

1. **Putting the Statewide Common Measure Set to Use**

* The committee heard from Judy Zerzan how HCA is currently using the common measure set to inform measures that are selected for contracts, including ensuring alignment where possible.
* They viewed examples of data reports that HCA and the Alliance are using to monitor performance for the measures within the common measure set.

The committee discussed how member organizations are using the SCMS and what they are doing to monitor improvement. A few of the key points:

* Kaiser meets with outside partners to discuss results
* NeighborCare Health Clinical Quality Improvement Committee currently tracks SCMS
  + Agree that it is important to have a concise set of measures that we all track, but not sure if quality metrics as currently defined are the optimal way to measure outcomes and target improvement efforts
  + Getting requests for interoperability to support measurement and SCMS
* Some are not seeing the benefit of the SCMS, while others are asking for:
  + Better data to manage the SCMS
  + Cost effective access to clinical data to improve internal performance
  + Both of the above would improve population efforts
* Bring the Quality Improvement Organization (QIO) lens to the SCMS and use the SCMS as the base of conversations within the community
* Use SCMS as a foundation for reporting in the Washington community
  + We are looking at a few or small number of proxy measures we believe can influence others
  + Take data for HEDIS CMS measures and take a deeper dive

1. **Changes to State Value-based Purchasing Contracts**

Judy Zerzan walked the committee through the 2020 MCO Accountability (VBP) measure changes required under Senate Health Bill (SHB) 1109 (Handout)

**Measures Shared across all MCOs:**

* Antidepressant Medication Management (AMM):
  + Acute Phase
  + Continuation Phase
* Mental Health Service Penetration
* Prenatal and Postpartum Care (PPC):
  + Timeliness of Prenatal Care
  + Postpartum Care
* Asthma Medication Ratio (AMR)

**Measures Specific to individual MCOs:**

* Substance Use Disorder Treatment Penetration
* Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
* Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation only
* Comprehensive Diabetes Care (CDC): Hemoglobin A1c Poor Control (HbA1c <9%)
* Comprehensive Diabetes Care (CDC): Medical Attention for Nephropathy

Overall sentiment is to keep up efforts to continue to monitor and address immunizations in state purchasing contracts and other state initiatives.

1. **Discussions for modifications to Statewide Common Measure Set**

Emily Transue and Judy Zerzan presented measures to the committee for discussion and exploration that support current statewide initiatives/priorities. In keeping with the Governor’s Directive on Hepatitis C, HCA, DOH, and other state agencies are working aggressively on a plan to eliminate Hepatitis C in the state of Washington.

**Hepatitis C**:

* Highest priority populations in Washington are people who have been incarcerated, people living with HIV, Native Americans and African Americans
* USPTFS just came up with a new draft recommendation to screen all adults so would recommend a screening measure
* Jason (Hep C Free WA) – recommended measures across the care continuum to consider:
  + Reflex testing to Hep C RNA
  + People being aware of their status (risk), especially during transitional life stages
  + Testing of pregnant women
    - Dale Reisner cautioned that we need to make sure that we are reviewing the evidence to understand whether testing of *all* pregnant women is appropriate
* All 5 MCOs have committed to join statewide efforts

**Action item: we will put ad hoc workgroup together and include the following:**

* Members from original Chronic disease workgroup
* HepC Free Washington workgroup members

**Prenatal and postpartum care:**

The committee compared the new MCO prenatal/postpartum measures not in the SCMS with the current measure that addresses access to care in the first trimester.

* Should think about how we connect with all of the work going on in the state, including Upstream, etc.
* Consider the implications of tying to value, as sometimes the patient is already pregnant when they enter the plan
* Should consider how we measure/track unintended versus unwanted pregnancy
* Not sure what the plans can do other than supporting contraception
* Currently both of these measures do not have National Quality Forum endorsement. Need to know if NQF will put endorsement back on and when
  + We should align our measures with our state priorities and lead the nation

**Action: consider a prenatal workgroup to visit this topic, with broader discussion about this topic around the state:** We’ll move forward with proposing a workgroup to take a deeper dive into this topic

**Opioid Measures:**

* Overall agreement with switching to national measures if possible, however we want to make sure we connect with Bree Opioid group before making a final decision
* Consider including a tracking measure to complement the incentive measure
* Would need to consider what the source of data would be if we switch to national measures

**Action: consider moving to national measures and want to have a discussion with Bree Opioid group first before making final decision**

**Depression Remission Measure:**

* Health Plans have already implemented this measure and are currently monitoring. They also have been working to integrate it into the postpartum assessment
* The committee discussed moving forward with adopting this measure, as it is already being used
* It will need to be put out for public comment before adoption, but if no major concerns, the Committee agrees to move forward.
* Subsequent consideration should include whether existing depression adherence measures should be phased off the Common Measure Set, but since these are in extensive use currently as incentivized measures, will not take this step at this time.

**Action – submit for public comment with the agreement that we adopt if we get no disagreement.**

Please share the link to the public comment with appropriate stakeholders:[**https://www.surveymonkey.com/r/M6PZVGX**](https://www.surveymonkey.com/r/M6PZVGX)

1. **Role of the PMCC:**

* The committee discussed briefly where we want to see the PMCC as they continue to guide the direction of the Statewide Common Measure Set. Initial feedback received from members included:
  + Continue to align where it makes sense
  + Monitor the national measure landscape and change direction if necessary
  + Be more forward thinking
* The members were also asked to consider how this committee can influence work around the SDoH, Shared Decision Making and how to measure, additional measures that address the unique needs of our behavioral health population and other areas of concern:
  + Should be doing more around member experience, along with mixing in other data to support the full spectrum of physical and mental well-being.
  + CAHPS and shared decision making metrics are important and should be considered, even though we recognize they are difficult.
  + Further align cost and quality data aggregation to support cost analysis
  + Agree that these areas are critically important, but so far there is a lack of data to support quality reporting for SDoH, SDM, BH, etc.
  + Opportunities to leverage state-agency data to drive some of these areas if we are creative and thoughtful about how we do it
    - Aspirational goal: need to take a deeper look at diversity data to look at with an equity lens
  + Need more measures like Blood Pressure Control and A1C because they really tell us about the health of the population and are impacted by SDoH that adversely impact their health and their ability to manage their health
  + Think about whether to use this group to answer detailed measurement questions or as a community measurement strategy group

1. **Next Steps:**

* Convene ad hoc workgroup to review and recommend Hepatitis C measures for consideration. Invite members from Hepatitis C Free Washington and previous Chronic Disease ad hoc workgroup to participate
* Convene ad hoc workgroup to review current and proposed prenatal and postpartum measures to align with current statewide strategies
* Reach out to Bree workgroup to discuss Opioid Measures
* Send Depression Remission Measure out for public comment with a requested reply no later than mid-November

**Next Meeting:**

January 2020 (Look for an email soon!)