

DATE: June 26, 2015
TO: Performance Measures Coordinating Committee
FROM: Susie Dade
RE: ATTACHMENT B: Status Report, WA State Common Measure Set

The following provides additional information regarding the five measures listed on page 7 of Attachment A.

Measure: Primary Caries Prevention Intervention as Part of Well/Ill Child Care Offered by Primary Care Medical Providers

In December 2014, when this measure was recommended by the Prevention Workgroup and approved by the Performance Measures Coordinating Committee, it was an NQF-endorsed measure (#1419). The measure steward was identified as the University of Minnesota.

In March 2015, NQF pulled its endorsement for this measure. On June 17, I had the opportunity to speak directly with Dr. Amos Deinard, Adjunct Professor of Epidemiology and Community Health at the University of Minnesota – Dr. Deinard was the creator of this measure. I asked him why NQF pulled their endorsement and he let me know that he was unable to provide reliability and validity data in support of the measure as part of his report to NQF, which is a requirement of NQF. Therefore they rejected the measure for NQF endorsement. Although I believe this will be a relatively simple measure to program, I discovered through conversation with Dr. Deinard that formal, detailed written measure specifications do not currently exist. Detailed measure specifications are a requirement in this process to ensure standardization (i.e., that results are produced in the same manner by different organizations to ensure comparability).

As I understand it, the measure is essentially this:

Numerator: # of EPSDT examinations done with Fluoride Varnish (Dental CDT 1206)

Denominator: All children who receive an EPSDT examination from a medical primary care provider

Exclusions: None

Risk Adjustment: None

Glenn Pluckett, Program Manager with Washington Dental Service Foundation, joined me on the call with Dr. Deinard. Mr. Pluckett has offered to write the measure specification, including specific codes to be included. He indicated that Delta Dental has the capability (and data access) to produce results for the Medicaid population in WA state.

Our next step will be to determine whether the six commercial health plans – Aetna, Cigna, Group Health, Premera, Regence and UnitedHealthcare – will be able and willing to program the measure (in a standardized way) and produce health plan-level results. This will be discussed at the Alliance's July 8 meeting with the health plans.

It remains undetermined at this time what units of analysis for public reporting the data will support (i.e., state, ACH, county and/or health plan (commercial versus Medicaid)).

30-day Psychiatric Inpatient Readmissions

In December 2014, when this measure was recommended by the Acute Care Workgroup and approved by the Performance Measures Coordinating Committee, it was known that this is a “homegrown measure.” At the time the measure was approved for inclusion in the Common Measure Set, we anticipated being able to produce results at the health plan level, and possibly at the state and ACH level, although the latter was questionable because of small N concerns.

The measure specifications were developed by Mr. David Mancuso, Director of the DSHS Research and Data Analysis Division, in October 2014. The measure is essentially a variation on the NCQA 30-day All Cause Readmission Measure (NQF#1768), with a diagnosis filter to restrict to admissions with a primary diagnosis of mental illness. The measure specification is attached for your information only – we won’t be reviewing these details on June 26.

Ms. Barbara Lantz of the Health Care Authority (Medicaid) and Mr. Mancuso have already indicated that they will be able to produce results on this measure for the Medicaid population. What is in question is the ability of the six commercial health plans to program and measure this in a standardized way by September 1, which is the Alliance’s deadline for data submissions. This will be discussed with the commercial health plans on July 8, and Mr. Mancuso has graciously made himself available to join that meeting to discuss this particular measure to help the process along. However, it remains to be seen whether we will have results in 2015 for the six commercial health plans.

Health Care Spending Measures (3 Measures: Annual State Purchased Healthcare Spending Relative to State GDP, Medicaid per Enrollee Spending, PEB per Enrollee Spending)

In December 2014, when these measures were recommended by the Chronic Illness Workgroup and approved by the Performance Measures Coordinating Committee, it was known that these will be “homegrown measures.” At the time the measures were approved for inclusion in the Common Measure Set, we indicated a hope that results would be available for county and ACH level, as well as a statewide result for each. We are assuming that the measurement period is CY 2014.

The WA State Health Care Authority is on point for developing the detailed measure definition for each of the three measures, including what is included and excluded. The Health Care Authority is also responsible for producing the results and submitting the data to the Alliance for reporting. Results for all applicable units of analysis will be due to the Alliance by September 1, 2015.

The Health Care Authority has been asked to identify specific individuals within their agency to lead this work. We may want to consider forming a small workgroup with HCA and DSHS staff, along with a few key non-state agency individuals to finalize the details for these three measures.

Psychiatric Inpatient Readmissions

Description

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. Data are reported in the following categories:

1. Count of Index Hospital Stays (IHS) (denominator).
2. Count of 30-Day Readmissions (numerator).

Note: Only members 18–64 years of age are reported.

Definitions

IHS	Index hospital stay. An acute psychiatric inpatient stay with a discharge on or between January 1 and December 1 of the measurement year. Include stays that meet the inclusion criteria in the denominator section.
Index Admission Date	The IHS admission date.
Index Discharge Date	The IHS discharge date. The index discharge date must occur on or between January 1 and December 1 of the measurement year.
Index Readmission Stay	An acute psychiatric inpatient stay for a psychiatric primary diagnosis with an admission date within 30 days of a previous Index Discharge Date.
Index Readmission Date	The admission date associated with the Index Readmission Stay.
Classification Period	365 days prior to and including an Index Discharge Date.

Eligible Population

Ages	Age 18-64 as of the Index Discharge Date
Continuous enrollment	365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date.
Allowable gap	No more than one gap in enrollment of up to 45 days during the 365 days prior to the Index Discharge Date and no gap during the 30 days following the Index Discharge date.
Anchor date	Index Discharge Date.
Event/diagnosis	<p>An acute inpatient discharge on or between January 1 and December 1 of the measurement year.</p> <p>The denominator for this measure is based on discharges, not members. Include all acute inpatient discharges for members who had one or more discharges on or between January 1 and December 1 of the measurement year.</p> <p>Use the steps below to identify acute inpatient psychiatric stays.</p>

Administrative Specification

Denominator The eligible population.

Step 1 Identify all acute inpatient psychiatric stays with a discharge date on or between January 1 and December 1 of the measurement year.

Include acute admissions to behavioral healthcare facilities and other acute admissions associated with a primary psychiatric diagnosis, as identified in Table 1 below. Exclude nonacute inpatient rehabilitation services, including nonacute inpatient stays at rehabilitation facilities.

Step 2 **Acute-to-acute transfers:** Keep the original admission date as the Index Admission Date, but use the transfer's discharge date as the Index Discharge Date.

Step 3 Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

Step 4 Exclude stays with discharges for death from the observation set.

Step 5 Calculate continuous enrollment and determine whether observation meets continuous enrollment criteria.

Eligible Acute Inpatient Psychiatric Events

Table PCR-A: Diagnosis Codes to Identify Eligible Acute Inpatient Psychiatric Events

Note: Use All Valid Codes at the 4th and 5th digit level under the top-level codes specified below

Top Level 3-Digit ICD-9-CM Code	Description
294	Persistent mental disorders due to conditions classified elsewhere
295	Schizophrenic disorders
296	Episodic mood disorders
297	Delusional disorders
298	Other nonorganic psychoses
300	Anxiety, dissociative and somatoform disorders
301	Personality disorders
306	Physiological malfunction arising from mental disorders
307	Special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
309	Adjustment reaction
311	Depressive disorder, not elsewhere classified
312	Disturbance of conduct, not elsewhere classified
314	Hyperkinetic syndrome of childhood