



DATE: June 26, 2015
TO: Performance Measures Coordinating Committee (PMCC)
FROM: Laura Pennington, WA State Health Care Authority
RE: ATTACHMENT C: Looking Ahead – Modifications for 2016 (ACTION ITEM)

Based on earlier work done by the workgroups and PMCC in 2014, the Health Care Authority is recommending the following “short list” of priority topics for consideration by the Performance Measures Coordinating Committee (PMCC). The PMCC will be asked to select **ONE** new topic area for additional work in 2015 (via ad hoc workgroup led by the Alliance) to determine whether one or more measures in that topic area may be added to the Common Measure Set in 2016.

1. Behavioral health, specifically measures that address depression and screening for substance use disorder
2. Continuity of care: care transitions/medication reconciliation/advanced care planning
3. Functional status

We will utilize the same key criteria for selecting/recommending measures for inclusion in the State’s Common Measure Set. Generally, these include:

- Preference for **nationally vetted measures**, particularly measures endorsed by NQF, for which there are readily available measure definitions and coding specifications
- Can be measured with **readily available** health care insurance claims, survey and/or clinical data to enable timely implementation
- Reflects areas of health and health care thought to have a **significant impact** on health care outcomes and/or reducing health care costs over time

On the pages that follow, the measures noted in **BLACK** are currently included in the State Common Measure Set – these are sorted by topic areas/domains so that it is easier to see where we have gaps. The items noted in RED indicate those topics the PMCC included on its “parking lot” that were identified as areas of higher priority (they were either in the top or second tier prioritization); the items noted in RED are not currently a part of the State Common Measure Set. The cost measures are excluded from this analysis. This information is provided as background and context.

On page three there is a list of the remaining topic areas that fewer than 30% of respondents indicated should be considered among the highest priorities.

PREVENTION	CHRONIC ILLNESS	ACUTE CARE
<p>Access to Care</p> <ul style="list-style-type: none"> • Adult access to preventive/ ambulatory services • Child/adolescent access to primary care services <p>Behavioral Health</p> <ul style="list-style-type: none"> • None • Screening for Depression • Screening for substance use disorder • Treatment for substance use disorder/service penetration • Mental health service penetration <p>Immunizations</p> <ul style="list-style-type: none"> • Pneumonia (older adults) • Influenza • Childhood status • Adolescent status • HPV vaccination for Adolescents • Elementary School-entry immunization status <p>Nutrition/physical activity/obesity</p> <ul style="list-style-type: none"> • Adult BMI Assessment • Children BMI Assessment and Counseling <p>Obstetrics</p> <ul style="list-style-type: none"> • Unintended Pregnancies <p>Oral Health</p> <ul style="list-style-type: none"> • Oral Health: Primary Caries prevention/intervention <p>Prevention Screenings</p> <ul style="list-style-type: none"> • Chlamydia • Breast Cancer • Cervical Cancer • Colorectal Cancer • Well child visits <p>Safety/accident prevention</p> <ul style="list-style-type: none"> • None <p>Tobacco cessation</p> <ul style="list-style-type: none"> • % of Adults who Smoke Cigarettes • Medical assistance with smoking & tobacco use cessation 	<p>Asthma and COPD</p> <ul style="list-style-type: none"> • Asthma - Use of appropriate medications • COPD-Use of Spirometry in Diagnosis • Ambulatory-sensitive hospitalizations for COPD • Pediatric asthma, medication mgt <p>Behavioral Health</p> <ul style="list-style-type: none"> • % of Adults reporting 14 or more days of poor mental health • Depression medication management @ 12 weeks and 6 months • Major depression disorder control <p>Continuity of Care</p> <ul style="list-style-type: none"> • None • Advance care planning <p>Diabetes Care (5)</p> <ul style="list-style-type: none"> • HbA1c testing • HbA1c poor control • Blood pressure control • Eye exam • Screening for nephropathy <p>Drug and alcohol use</p> <ul style="list-style-type: none"> • None <p>Functional status</p> <ul style="list-style-type: none"> • None • Assessment of patient functional status: Effective chronic illness mgt <p>Hypertension and Cardiovascular Disease</p> <ul style="list-style-type: none"> • CVD: Use of statins • Hypertension: Blood pressure control • Hypertension management <p>Medications Adherence and Safety (4)</p> <ul style="list-style-type: none"> • Adherence to Medications: (3 rates: Diabetes, Cholesterol, Hypertension) • Percent Generic Prescribing (Antacid, antidepressants, statins, ACEs/ARBs, ADHD) • Monitoring of patients on persistent medications (ACE/ARB) • Medication reconciliation/continuity of care <p>Patient experience</p> <ul style="list-style-type: none"> • Patient experience: Provider communication (Outpatient Primary Care) 	<p>Avoidance of Overuse</p> <ul style="list-style-type: none"> • Avoidance of antibiotics for acute bronchitis • Avoidance of imaging for low back pain • Appropriate testing for children with pharyngitis • Potentially avoidable ED visits • Patients with 5 or more ED visits without care guidelines <p>Behavioral health</p> <ul style="list-style-type: none"> • Follow-up after hospitalization for mental illness @ 7 days, 30 days • 30-day Psychiatric inpatient readmission <p>Cardiac</p> <ul style="list-style-type: none"> • 30-day mortality for AMI <p>Care Transitions/Coordination</p> <ul style="list-style-type: none"> • 30-day All Cause Hospital Readmissions • Care transitions following hospital discharge • Medication reconciliation/continuity of care <p>Obstetrics</p> <ul style="list-style-type: none"> • Cesarean Rate (NTSV) <p>Patient experience</p> <ul style="list-style-type: none"> • Patient experience: (Inpatient) <ul style="list-style-type: none"> ▪ Communication about Meds ▪ Discharge instructions <p>Patient safety</p> <ul style="list-style-type: none"> • Falls with injury per patient day • Complications/patient safety for eleven selected indicators (composite) • Catheter-associated urinary tract infection (ICU and non-ICU) <p>Stroke</p> <ul style="list-style-type: none"> • Thrombolytic therapy

Additional topic areas include the following. These were considered to be a lower priority for a variety of reasons, for example the topic is already being measured by others or is difficult to measure with readily available data (less than 30% of respondents felt these should be considered a high priority).

- Cancer care: Chemotherapy with the last 14 days of life
- COPD: Compliance and therapy
- Obstetrics: Low birth weight
- Prevention: Assessment and counseling for risky behavior in adolescents
- Obstetrics: Non medically-indicated inductions
- Diabetes: Use of Statins (already have 5 measures that address diabetes)
- 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
- ADHD: Follow-up care for children
- Cancer care: other (TBD)
- Prevention: Assessment for domestic violence