DATE: **October 2, 2017**

TO: **Performance Measures Coordinating Committee**

FROM: **Susie Dade, Deputy Director, Washington Health Alliance**

RE: **Recommendations from the Population Health Measures Work Group**

Introduction/Background:

At the April 2017 meeting of the Performance Measures Coordinating Committee (PMCC), a decision was made to form a small, ad hoc work group to do the following:

- Review the Department of Health's State Health Assessment and determine whether any measures included in the Assessment should be recommended for inclusion in the WA State Common Measure Set for Health Care Quality.
- If so, limit the recommendation to no more than three measures considered to be the top priority for this purpose.
- If recommending measures,
    - identify the currently available data source in Washington state, and
    - provide a rationale for why these measures were prioritized for inclusion in the Common Measure Set.

After consulting with PMCC co-chairs Dorothy Teeter and Nancy Giunto, and with input from Dr. Dan Lessler, it was agreed that the following six individuals would be asked to participate in this work group (all agreed to participate):

- Kathy Lofy, Department of Health
- Cathy Wasserman, Department of Health
- Elya Moore, Olympic Community of Health
- Marguerite Ro, Seattle King County Public Health
- Frances Gough, Molina
- Laura Pennington, Health Care Authority

The Washington Health Alliance was asked to lead/facilitate the work group.

The work group met two times: June 21 and July 18. All work group members were present for both meetings.

At its June meeting, the work group began by discussing the measure selection criteria that should be used. They reviewed the criteria established by the PMCC and also suggested that,

during their deliberations, the group should also give consideration to issues that reflect the following:

- High burden
- High cost
- WA results are worse than US results
- Worsening trend in WA
- Known or perceived disparities

It was recognized that we may not have thorough data on each of these points when finalizing our recommendations about priorities.

The work group then reviewed:

- Indicators included in the State Health Assessment (N=75), with particular emphasis on those indicators that had received "overall support" by multiple stakeholder groups engaged in the State Health Assessment work,
- Topics of interest currently covered in the Common Measure Set, and
- Specific population health measures already included in the Common Measure Set.

Discussion resulted in a decision to give further consideration to the following topics at the July meeting:

- Self-reported Health Status
- Diabetes and Prediabetes
- Suicide death rate per 100,000
- Prenatal Care - % of women who receive first trimester prenatal care
- Youth tobacco - % of youth who are current smokers
- Leading causes of hospitalization and/or hospitalization rate per 100,000
- Opioids

At its July meeting, the work group carefully considered each topic and ultimately decided upon the following recommendations (pages 3-6).

Recommendations:

It is recommended that measures for the following three topics be added to the WA State Common Measure Set, effective 2018.

1. Prenatal Care

Measure: Percentage of women who receive first trimester prenatal care

Source of data: Washington State Birth Certificates

Responsibility for Reporting/Producing Results: WA State Department of Health

Likely Unit(s) of Analysis for Public Reporting: State, county, ACH

Importance: Prenatal care is an important part of a healthy pregnancy. Early and regular prenatal care is an essential strategy to improve health outcomes of pregnancy for mothers and infants. Two of the most significant benefits of early and ongoing prenatal care are improved birth weights and decreased risk of preterm delivery. Nationally, the average cost of medical care for a premature or low birth weight baby for its first year of life can be approximately ten times that of a newborn without complications. Moreover, infants born to mothers who received no prenatal care have an infant mortality rate that is approximately five times that of mothers who received appropriate prenatal care in the first trimester. *(Source: HRSA)*

In 2014, Washington state's rate of women who received prenatal care during the first trimester (73.0%) is **worse** than the US average (74.1%)[1]

It was acknowledged that we can have the greatest impact on poor health outcomes by focusing on women who enter prenatal care in the 3rd trimester or do not get care at all. These women often have complex medical and social histories and are at risk for poor maternal and infant outcomes due to a restricted opportunity to intervene. In Washington, 6.5% of women received late or no prenatal care in 2014. It was also acknowledged that this is a difficult measure to take action on given that health care providers (and health plans) do not have a reliable way of knowing when women are pregnant which makes outreach difficult.

There are no measures related to prenatal care currently included in the Washington State Common Measure Set. Other pregnancy-related measures do include "Unplanned Pregnancy" and "NTSV C-Section."

[1] Data available from 38 states and the District of Columbia that implemented the 2003 revision of the US Standard Certificate of Live Births as of January 2012, representing 86% of all births to US residents. Source: https://mchb.hrsa.gov/chusa14/health-services-financing-utilization/prenatal-care.ht

2. Youth Substance Use

Measure: Percent of youth who report using tobacco products, marijuana, alcohol or other drugs during the past 30 days

Source of data: Washington State Healthy Youth Survey (HYS)

Responsibility for Reporting/Producing Results: WA State Department of Health

Likely Unit(s) of Analysis for Public Reporting: State, county, ACH [Note: We may need to aggregate data years for reporting on some smaller counties.]

Importance: Substance use among youth can lead to problems at school, cause or aggravate physical or mental health-related issues, promote poor peer relationships, and cause motor vehicle accidents or other types of accidents. They can also develop into life-long issues such as substance dependence, chronic health problems and social and financial consequences. (Youth.gov)

According to data from the 2016 HYS for Washington state[2]:

- 27% of 10th graders reported use of cigarettes, alcohol, marijuana, or other drugs in the past 30 days.
- Too many teens report driving under the influence of alcohol or marijuana (9% of 12th graders drive after drinking alcohol and 16% of 12th graders drive within 3 hours of using marijuana).
- Cigarette smoking remains the single most preventable cause of disease and death in Washington. Nearly all tobacco use begins during youth (9 out of 10 smokers start by age 18). Six percent of 10th graders, and 11% of 12th graders reported smoking in the past month; and, about 2,800 youth under age 18 become new daily smokers each year.
- Racial/ethnic disparities continue to be evident in rates of teen substance abuse, especially for binge drinking, marijuana use and misusing pain relievers.

The Washington State Common Measure Set currently includes a measure on Adult Tobacco Use, but not a measure on Youth Tobacco or Substance Use.

[2] Source of information: http://www.doh.wa.gov/DataandStatisticalReports/DataSystems/HealthyYouthSurvey

3. Obesity

Measure A: Age-adjusted percent of youth self-reporting a body mass index (BMI) of ≥30 (calculated based on self-reported height and weight)

Source of data: Washington State Healthy Youth Survey (HYS)

Responsibility for Reporting/Producing Results: WA State Department of Health

Likely Unit(s) of Analysis for Public Reporting: State, county, ACH [Note: We may need to aggregate data years for reporting on some smaller counties.]

Measure B: Age-adjusted percent of adults 18 years and older self-reporting a body mass index (BMI) of ≥30 (calculated based on self-reported height and weight)

Source of data: Behavioral Risk Factor Surveillance System (BRFSS)

Responsibility for Reporting/Producing Results: WA State Department of Health

Likely Unit(s) of Analysis for Public Reporting: State, county, ACH [Note: need to aggregate data years for county reporting]

Importance: Obesity is a complex disorder involving an excessive amount of body fat. Obesity increases the risk of diseases and health problems such as heart disease, diabetes and high blood pressure. Obesity is diagnosed when your body mass index (BMI) is 30 or higher. Although there can be genetic or hormonal influences on body weight, in general, the causes of obesity are inactivity and unhealthy diet and eating habits.

According to "The State of Obesity[3]" (a project of Trust for America's Health and the Robert Wood Johnson Foundation):

- Washington's obesity rates among children and adolescents ages 10-17 years have remained relatively stable between 2004 – 2011 at approximately 11%, still a rate that is considerably too high and that ranks Washington 46th in the nation[4]. By comparison, Oregon (ranked 51st) has the lowest rate in the nation for children/adolescents at 9.9%. The WA State Healthy Youth Survey in 2016 showed a similar rate of obesity (12%) but for the first time, rates indicated they may be increasing.
- Washington's adult obesity rate (2015) is currently 26.4%, up from 18.4% in 2000 and 10.1% in 1990. The rate of obesity is highest among adults 45-64 years of age (31%) compared to young adults 18-25 years of age (13.6%). Obesity rates differ by race: White (27.7%), Black (35.4%) and Latino (31.5%). Washington ranks 37th in the nation[4].

[3] Source: http://stateofobesity.org/states/wa/

[4] Note: ranking is inverted so a higher numeric ranking is better (i.e., a ranking of "1" is the worst in the country).

By comparison, Colorado (ranked 51st) has the lowest rate in the nation for adults at 20.2%

- Obesity-related health issues in Washington are estimated to grow dramatically over the next 13 years as shown below:

	Cases in 2010	Projected Cases in 2030
Diabetes	550,296	844,602
Hypertension	1,282,066	1,760,032
Heart Disease	378,316	1,827,582

Other Important Topics

Hospitalizations

The work group spent a fair amount of time discussing whether a measure on hospitalization rates should be included and, if so, what type of measure. The group considered the following three types of measures:

- List, leading causes of hospitalization by state, county, ACH
- Age-adjusted total hospitalization rate per 100,000
- Age-adjusted hospitalization rate per 100,000 for one or more leading causes

Ultimately, the group decided not to recommend one of these measures for the WA State Common Measure Set. However, based on the discussion, the WA State Department of Health made a commitment to provide the following to each of the nine ACHs once per calendar year:

- List, leading causes of hospitalization by state, county, ACH
  Based on residence of discharged patient, all ages included
  Source of data: Comprehensive Hospital Abstract Reporting System (CHARS)

Opioid Prescribing

The Population Health Measures Work Group also briefly discussed the inclusion of opioid prescribing measures in the Common Measures Set. The opioid crisis and the over prescribing of opioids is clearly considered a population health matter. However, it was acknowledged that development of measures on opioid prescribing was undertaken by a work group of The Bree Collaborative and a separate recommendation about which measures to include in the Common Measure Set would be forthcoming from that group.