



DATE: October 6, 2017
FOR: Public Comment
FROM: Dan Lessler, MD and Nancy Giunto
Co-Chairs, Performance Measures Coordinating Committee
RE: Consideration of New Measures Recommended for Common Measure Set

Introduction:

The following measures are being considered as additions to the Washington State Common Measure Set on Health Care Quality and Cost, for implementation beginning in 2018. These measures are now out for public comment until November 24, 2017. A final decision will be made in December 2017 regarding whether to add one or more of these measures to the 2018 Common Measure Set. All public comments submitted in writing will be considered at the time of decision-making.

New Measures Recommended for 2018 Common Measure Set

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

Unit(s) of Analysis for Public Reporting: State, county, accountable community of health

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

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>

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.”

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

Unit(s) of Analysis for Public Reporting: State, county, accountable community of health

[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. (*Source: Youth.gov*)

According to data from the 2016 HYS for Washington state²:

- 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

Unit(s) of Analysis for Public Reporting: State, county, accountable community of health

[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

Unit(s) of Analysis for Public Reporting: State, county, accountable community of health

[Note: We may need to aggregate data years for reporting on some smaller counties.]

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 Obesity³” (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 nation⁴. 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 nation⁴. 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 by 2030.

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).

The Washington State Common Measure Set currently includes two measures related to obesity: (1) Weight Assessment and Counseling for Children/Adolescents (NCQA – WCC); and (2) Adult BMI Assessment (NCQA-ABA) with results available at the state and health plan levels only.

4. Opioid Prescribing

Measure A: Among new opioid patients, percent who then transition to chronic opioids in the next quarter.

Measure B: Percent of patients at high doses among patients prescribed chronic opioids

Measure C: New opioid patients' days supply of first opioid prescription

Source of data: WA State Prescription Monitoring Program

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

Unit(s) of Analysis for Public Reporting: State, county, accountable community of health

[Note: We may need to aggregate data years for reporting on some smaller counties.]

Importance: Every day, more than 90 Americans die after overdosing on opioids. The misuse of and addiction to opioids is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement. Roughly 21% - 29% of patients prescribed opioids for chronic pain misuse them and between 8% - 12% develop an opioid use disorder.⁵

In 2015, Governor Jay Inslee issued an Executive Order (16-09) noting that each day an average of two Washingtonians die from opioid overdose and that medically prescribed opioids contribute to this serious epidemic. The Executive Order includes four goals, two that (1) prevent inappropriate opioid prescribing and use, and (2) use data and information to focus and improve our work.

In 2016, the Bree Collaborative endorsed the 2015 WA State Agency Medical Directors Group Guidelines on Prescribing Opioids for Pain, convened a workgroup to develop implementation strategies, and developed opioid prescribing metrics aligned with both the Washington State and CDC guidelines. Nine measures were developed; three of these nine measures are recommended for inclusion in the Common Measure Set.

The Washington State Common Measure Set currently does not include any measures on opioid prescribing.

⁵ National Institute of Drug Abuse

5. Patient Experience

Measure: How Well Providers Use Information to Coordinate Care

Source of data: Clinician-Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS)

Responsibility for Reporting/Producing Results: WA Health Alliance

Unit(s) of Analysis for Public Reporting: State, medical group, clinic (primary care groups of 4 or more)

Importance: Care coordination has emerged as an important aspect of patient care, designed to ensure that patients are getting what they need when they need it to maximize positive outcomes, while avoiding duplication of services or unnecessary care. One important perspective is that of the patient and whether or not they perceive that their primary care provider is using available information to help coordinate their care. Currently, the Washington Health Alliance fields the CG-CAHPS survey every other year. The WA State Common Measure Set currently includes one patient experience measure from the CG-CAHPS survey: How Well Providers Communicate with Patients. The measure, “How Well Providers Use Information to Coordinate Care,” is a composite measure that includes the results from three individual questions on the survey:

- Provider knew important information about patient’s medical history
- Someone from provider’s office followed up with patient to give results of blood test, x-ray or other test
- Someone from provider’s office talked about all prescription medications being taken