Proposed Changes to the 2021
Washington State Common Measures Set

Recommend **removing one** measure from the State Common Measure Set

1. **Prenatal Care**
   Measure Steward: DOH  
   Type of data: Vital Statistics  
   Data Source: DOH  
   Description: Percentage of women who receive first trimester prenatal care.  
   **Rationale:** It was recommended that this measure be replaced with the HEDIS Prenatal/Postpartum measure, as it is more comprehensive and includes a postpartum component. Since the HEDIS measure also captures prenatal, it would be duplicative of this measure. Also, incorporating the HEDIS measure will reduce reporting burden for plans and providers.

Recommend **adding three** measures to the State Common Measure Set

1. **Prenatal & Postpartum Care (replacement for Prenatal Care)**
   Measure Steward: NCQA  
   Type of data: Claims/Clinical  
   Data Source: Health Plans  
   Description:  
   The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.  
   **Timeliness of Prenatal Care.** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.  
   **Postpartum Care.** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.  
   **Rationale:** It was recommended that this measure be added as a replacement measure for the current Prenatal Care measure. This measure, which is a HEDIS measure, is more comprehensive and includes a postpartum component. Switching to a HEDIS measure will also reduce reporting burden for plans and providers.

2. **Contraceptive Care – Most & Moderately Effective Methods**
   Measure Steward: U.S. Office of Population Affairs  
   Type of data: Claims  
   Data Source: Health Plans  
   Description:
   "Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved methods of contraception."
The proposed measure is an intermediate outcome measure because it represents a decision that is made at the end of a clinical encounter about the type of contraceptive method a woman will use, and because of the strong association between type of contraceptive method used and risk of unintended pregnancy."

**Rationale:** It was recommended that this measure be added as it addresses contraceptive care, which the workgroup feels is a priority. Because this measure is not limited to one type of contraception, it does not limit choice (like the LARC measure) and is a nice complement to the

### 3.  HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)

**Measure Steward:** NCQA          **Type of data:** RX          **Data Source:** Claims

**Description:** Percent of members 18 years and older who received prescription opioids at a high dosage for ≥15 days during the measurement year.

**Numerator:** The number of members whose average MME was >120 mg MME during the treatment period.

**Denominator:** Members ages 18 and older with ≥2 opioid dispensing events totaling ≥15 days-supply in the calendar year.

**Rationale:** It was recommended that this measure be added to align with national reporting requirements and for accountability purposes. The Bree measure, *Bree Patients prescribed high-dose chronic opioid therapy (2017 Release)*, will be retained for real-time monitoring purposes, both within the practice and at the state level.

### Other changes:

The following HEDIS measures, currently in the State Common Measure Set have been changed by NCQA in 2020.

1.  Adult BMI Assessment (ABA) (Retired) – **Recommend Removing**
2.  Children's Access to Primary Care Practitioners (CAP) (Retired) – **Recommend Removing**
3.  Comprehensive Diabetes Care (CDC): Medical Attention for Nephropathy (Retired) - **Consider replacing with new Kidney Health Evaluation for Patients With Diabetes (KED)* measure**

   **Measure Steward:** NCQA          **Type of data:** Claims          **Data Source:** Health Plans

   **Description:** The percentage of members 18–85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

4.  Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34) - **Recommend replacing with new Child and Adolescent Well-Care Visit (WCV) measure**

   **Measure Steward:** NCQA          **Type of data:** Claims          **Data Source:** Health Plans

   **Description:** The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
The following changes were previously approved for addition to the 2021 Washington State Common Measure Set

- **Depression Remission or Response for Adolescents and Adults (DRR)**

  Measure Steward: NCQA Type of Data: EHR Data Source: ECDS

  **Description:** The percentage of members 12 years of age and older with a diagnosis of depression and an elevated PHQ-9 score, who had evidence of response or remission within 4–8 months of the elevated score.

  - **Follow-Up PHQ-9.** The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.
  - **Depression Remission.** The percentage of members who achieved remission within 4–8 months after the initial elevated PHQ-9 score.
  - **Depression Response.** The percentage of members who showed response within 4–8 months after the initial elevated PHQ-9 score.