

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.