

Performance Measures Coordinating Committee Meeting Notes for June 19, 2020

Present: Meredith Agen (for Marie Dunn), Sue Birch, Patrick Conner, Gary Franklin, Nancy Giunto, Frances Gough, Ken Jaslow, Dan Kent, Eli Kern (for Marguerite Ro), Larry Kessler, Dale P. Reisner, Rick Rubin, Emily Transue, Judy Zerzan

Additional attendees: Laura Pennington, HCA Staff

Welcome and Introduction:

Nancy Giunto, Executive Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting. Ms. Giunto reminded everyone of the importance of keeping this a transparent process, allowing for public input and opportunities for participation, and sharing all meeting materials and summaries on the Healthier WA website. Ms. Giunto reviewed the objectives for the meeting which included: (1) Review recommendations from ad hoc workgroups - modifications to WA State Common Measure Set; Preliminary vote for modifications to WA State Common Measure Set – release for public comment; (2) Review results from public comment period – DRR measure – Final vote; (3) Discuss 2020 current events and what they could mean for the future of healthcare in Washington

1. Modifications to Statewide Common Measure Set – Recommendations from ad hoc workgroups

Emily Transue, Associate Medical Director at the Health Care Authority provided the committee with an overview of the ad hoc workgroup discussions for Hepatitis C and Women’s Health. The charge of the workgroups was to review available measures and bring recommendations to the PMCC for consideration to add to the State Common Measure Set. The committee heard final recommendations from the workgroups. Additionally, Emily provided information and feedback from a group of subject matter experts who compared the Bree High-dosage Opioid Measure to a similar NCQA measure to consider which measure should be in the State Common Measure Set.

• Hepatitis C:

- The Hep C workgroup reviewed a total of 15 measures, but their final recommendation to the PMCC is to not add any measures to Common Measure Set at this time, as there were no relevant measures and most measures were out of date
 - Recommended continuing to monitor Hep C measures and revisiting this topic as measures are updated and new measures are developed
- The committee agreed with the recommendations set forth from this committee to continue to monitor Hepatitis C and agree to revisit this topic in the future as national organizations work towards developing new measures and updating current ones

• Women’s Health:

- The Women’s Health workgroup met twice and reviewed a total of 19 measures, including 3 measures on the current State Common Measure Set. The measures covered the following topics:
 - Contraceptive care, Prenatal and postpartum care, Elective delivery, Behavioral health risk assessment for pregnant women, Newborn health, Etc.

- The final recommendations to the PMCC are as follow:
 - Replace ***Prenatal Care*** in the current Common Measure Set with ***Prenatal & Postpartum Care*** measure:
 - Adds the postpartum element and reduces duplication
 - Aligns with national NCQA reporting
 - Add: Contraceptive Care – Most & Moderately Effective Methods
 - Consider use for monitoring population health only (recommendation from Planned Parenthood, in partnership with Manatt¹)
 - Contraceptive care is a priority for Washington
 - Complements/supports Unintended Pregnancies measure on WSCMS
 - Does not limit choice, as it is not limited to one type of contraception
 - Already in contracts with Accountable Communities of Health
- Additional recommendation noted by the ad hoc workgroup:
 - The workgroup recommends adding the following aspirational measure to a parking lot for future consideration when less of a reporting burden
 - Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)
 - Description: Patients who received the following behavioral health screening risk assessments at the first prenatal visit:
 - Screening for Depression, Alcohol Use, Tobacco Use, Drug Use, Intimate Partner Violence
 - All screening components must be performed to satisfy numerator
- Overall the committee supported the changes but had some concerns about the Contraceptive Care measure. Members of the Women’s Health ad hoc workgroup were present to answer questions.
 - Measure does not measure choice. It measures how many people are on more effective contraception rather than how many people are on them and want them – not culturally relevant and appropriate for some people.
 - Concerns with disparity bias that won’t reflect patient choice with options.
 - Question/concern about which office visit this is tied to. If postpartum, 40% or less are actually going to this visit.
 - Data may not be helpful and answer the questions we want to answer for the women we are concerned about. Won’t pick up counseling piece.
 - There is a contraceptive counseling measure that is being proposed to NQF in this year’s round that could be paired with this measure. It is anticipated that it will be approved at the end of summer. It is a post-survey measure that asks about the quality of the contraceptive counseling they received.
 - This measure does not track whether or not a prescription was filled/refilled, as that relies on prescription data.
 - While not the best measure, this could be helpful in understanding where there are gaps in access. If payment for performance/reporting is not applied, it can help us better understand access for women.
 - We haven’t had anything like this measure before, so while not perfect, it raises the issue that clinicians should be having these conversations and starts to get us where we need to go.

¹ Planned Parenthood | Manatt: Measuring Quality Contraceptive Care in a Value-Based Payment System.
<https://www.manatt.com/Manatt/media/Media/Images/People/PPFA-Manatt-Measuring-Quality-Contraceptive-Care.pdf>

- **Comparison of Opioid Measures:**

- A small group of subject matter experts met to compare high-dosage opioid measures, and provide a recommendation to the PMCC to either keep the current Bree measure or replace it with the national HEDIS measure. The group also consulted with members of the Bree Opioid Workgroup.
- The main difference between the two measures is the denominator, which are outlined in the document titled "*Comparisons of Bree and HEDIS UOD measures_06.02.20*". The committee discussed the pros and cons of both measures. As the group did not reach consensus, they did not have a specific recommendation, however did offer a suggestion to consider using the Bree measure for monitoring, while allowing the national measure for accountability purposes.
- The committee discussed key points for either keeping the Bree measure, replacing the Bree measure with the HEDIS measure, or adding the HEDIS measure, while keeping the Bree measure.
 - Comments from the committee to support keeping Bree measure:
 - Concern that HEDIS measure does not give us the information we need to know to make a change in treatment. Does not differentiate between acute patients and chronic patients on opioids.
 - Bree measure is consistent with CDC guidelines.
 - Although it is a local measure, we are able to benchmark within the state at the county and ACH levels.
 - Aligns well with what our state is doing and allows for a real time visualization of what is happening.
 - Published in peer-reviewed journal
 - Well studied, understood and very well focused measure and is relevant to decision making in the opioid field
 - Comments from the committee for support to add HEDIS measure:
 - HEDIS measure is consistent with legislative mandate to select measures from nationally-vetted measure sets and allows us to monitor our progress in comparison to other states
 - Would add HEDIS measure to health plan contracts for accountability (pay for performance) but would be helpful to retain Bree measure for health plans and systems to generate information about which patients they should focus on
 - HEDIS measures are used by national health plans who do business in our state and are used to evaluate progress
 - Health plans would need to use both measures, as the HEDIS measure provides information about the volume of prescribing. The Bree measure supports more targeted work for high-dose opioid prescribed patients.

PMCC Action:

Women's Health: The following measures were **approved** to be released for public comment, with 12 (out of 12) votes of "yes":

- Replace **Prenatal Care** in the current Common Measure Set with **Prenatal & Postpartum Care** measure
- Add: **Contraceptive Care – Most & Moderately Effective Methods**
 - Consider use for monitoring population health only (2 members votes were contingent on including this qualifier)

Opioid Measures: The following measures were **approved** to be released for public comment, with 10 votes of "yes" and 2 votes for "no":

² Source: Developed by Zeyno Nixon, PhD, MPH, Senior Epidemiologist, HCA Analytics, Research, and Measurement Team

- Keep Bree *“Patients prescribed high-dose chronic opioid therapy (2017 Release)”* measure and add *“HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)”*

2. Depression Remission or Response for Adolescents and Adults (DRR) – Results from Public Comment Period

- At the October 2019 PMCC meeting the committee agreed they would like to add the DRR measure to the State Common Measure Set and that they would like to put it forth for public comment. If there was no concerns or push back received during the public comment period the measure would be adopted. While there was mostly positive response, there were enough concerns to bring back to the group before final consideration. Laura Pennington, Manager, Quality Measurement and Improvement and the Health Care Authority shared those concerns and asked for additional consideration from the committee before adoption:
 - Reporting burden on providers
 - Uncertainty about how this is reported through the EHR
 - Concerns with reporting accuracy
 - Lack of alignment with HRSA depression reporting
 - Difficult to measure and to effect change
 - Concern about being held accountable for something outside of a PCP’s control – would only work in an integrated health system
 - Variability within patient compliance
- Discussion:
 - This measure would not replace the current Antidepressant Medication Management measure, however may consider that in the future.
 - If we find that the concerns that were brought up during public comment come to fruition, such as issues with reporting accuracy we are always open to revisiting in the future, as it is the charge of the PMCC to annually review and evaluate the measures in the State Common Measure Set.

PMCC Action: Move forward with adding this measure to the State Common Measure Set

3. Current events and potential impact on delivery of quality care in Washington – Open Discussion

- Unfortunately we were not able to have this discussion due to time constraints. This topic will be tabled for the next PMCC meeting.

Next Steps:

- Send the measures approved today out for public comment. The findings will be brought back to the next PMCC meeting.
- Add the DRR measure to the 2021 Washington State Common Measure Set

Next Meeting:

September 2020 – An email will be sent out with potential dates/times.