

Before we get started, let's make sure we are connected

Online via webinar:

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Performance Measures Coordinating Committee

Friday, June 19, 2020

Housekeeping

- No formal break, so feel free to step out briefly if needed
- For committee members:
 - Please keep your phone line muted when not speaking
- For members of the public:
 - There will be opportunities to submit comments/questions online and verbally. If you would like to speak during the public comment period please raise your hand so the moderator can unmute your line

Public Process

- Maintaining a transparent process is important
- Public comment opportunities
 - PMCC meetings open to the public
 - Time on the agenda for public comment prior to action on measures
 - Meeting materials posted on Health Care Authority website
 - Comments can be submitted to HCA anytime

Today's Objectives

- 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
- Review results from public comment period – DRR measure – Final vote
- Discuss 2020 current events and what they could mean for the future of healthcare in Washington

Emily Transue/Laura Pennington

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

Modifications to Statewide Common Measure Set

- Charge from last PMCC meeting
 - Convene ad hoc workgroup meetings
 - Hepatitis C
 - Women’s Health (focus on reproductive health)
 - Convene SMEs to compare/contrast Bree High-dosage Opioid Measure to similar NCQA measure
 - Consult with Bree Opioid Workgroup members

Hepatitis C ad hoc workgroup

- Charge was to review Hepatitis C measures for consideration to include in the Common Measure Set for 2020
- 9 people participated, and all but one are members of HEPC Free Washington, representing:

Department of Health

Health Care Authority

Providence Centralia Hospital Pharmaceutical Care Clinic

Spokane Regional Health District

University of Washington

Yakima Valley Farmworkers Clinic

Hepatitis C ad hoc workgroup

- The workgroup met 2 times, April 23 & May 6
- Reviewed a total of 15 measures
 - Screening for Hep C
 - Confirmation of Hep C
 - Prescribing
 - Viral load testing
 - Shared Decision Making
 - RNA testing prior to treatment
 - Etc.

Hepatitis C ad hoc workgroup - findings

- The workgroup found that the majority of the measures are:
 - Out of date and/or no longer relevant
 - The measures do not meet the most recent USPTFS guidelines – March 2020
 - (18-79 years)
 - No age restrictions
 - All adults
- A lot of interest from the workgroup to include a screening measure, but felt the available screening measures were not “good”

Hepatitis C ad hoc workgroup - findings

- CMS Core Quality Measures Collaborative (CQMC) – they are considering updating current set of Hep C measures (below) and adding 2 additional measures
 - Hepatitis C: Confirmation of Hepatitis C Viremia
 - Testing of viral load 12 weeks post-end of treatment (AGA currently revising measure)
- The CDC is working on developing new measures, but are a few years away

Hepatitis C ad hoc workgroup - Recommendation

- Final recommendation to the PMCC is to not add any measures to Common Measure Set at this time
- Recommend continuing to monitor Hep C measures
 - VA Hep C Guidelines
 - IDSA\AASLA Guidelines
- Revisit this topic as measures are updated and new measures are developed

Women's Health ad hoc workgroup

- Charge was to review prenatal & postpartum measures, as well as measures that align with Washington initiatives that support women's health for consideration to replace and/or add measures to the Common Measure Set for 2020
- 10 people participated, representing:
 - Confluence Health
 - Department of Health
 - Evergreen Health
 - Health Care Authority
 - Planned Parenthood Votes Northwest and Hawaii, Planned Parenthood Advocates of Indiana and Kentucky
 - Public Health, Seattle and King County
 - University of Washington, School of Nursing
 - Upstream

Women's Health ad hoc workgroup

- The workgroup met 2 times, April 24 & May 29
- Reviewed a total of 19 measures
 - Contraceptive care
 - Prenatal and postpartum care
 - Elective delivery
 - Behavioral health risk assessment for pregnant women
 - Newborn health
 - Etc.

Women's Health ad hoc workgroup - findings

Current WA State Common Measure Set

- Workgroup reviewed 3 measures on the current Common Measure Set
- Recommend to PMCC that 2 out of 3 current measures remain
 - **Cesarean Rate for Nulliparous Singleton Vertex (PC-02)**
 - **Unintended Pregnancies**

Women's Health ad hoc workgroup - findings

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

Prenatal Care

Description: Percentage of women who receive first trimester prenatal care

Measure Steward: DOH **Type of data:** Vital Statistics **Data Source:** DOH

Rationale:

- Replace with the HEDIS Prenatal/Postpartum measure, as it is more comprehensive and includes a postpartum component
- HEDIS measure includes prenatal, so it would be duplicative of this measure
- Incorporating HEDIS measure will reduce reporting burden for plans and providers, as they are already reporting

Women's Health ad hoc workgroup - findings

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

1. Prenatal & Postpartum Care (replacement for Prenatal Care)

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.

Women's Health ad hoc workgroup - findings

1. Prenatal & Postpartum Care (continued)

Measure Steward: NCQA

Type of data: Claims/Clinical

Data Source: Health Plans

Rationale:

- Replace the current Prenatal measure, as it is more comprehensive and includes a postpartum component
- Incorporating HEDIS measure will reduce reporting burden for plans and providers, as they are already reporting
- Current VBP measure for MCOs
- Legislative priority

Women's Health ad hoc workgroup - findings

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

2. Contraceptive Care – Most & Moderately Effective Methods

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.

Women's Health ad hoc workgroup - findings

2. Contraceptive Care – Most & Moderately Effective Methods (continued)

Measure Steward: U.S. Office of Population Affairs

Type of data: Claims

Data Source: Health Plans

Rationale:

- 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

Women's Health ad hoc workgroup - Recommendation

- Recommend **removing** from current Common Measure Set:
 - Prenatal Care
- Recommend **adding** to current Common Measure Set:
 - Prenatal & Postpartum Care
 - Contraceptive Care – Most & Moderately Effective Methods

Women's Health workgroup – other considerations

- 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)
 - Measure Steward: AMA-PCPI
 - 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

Women's Health workgroup – other considerations/concerns

Contraceptive Care – Most & Moderately Effective Methods

- Planned Parenthood strongly opposes the use of the contraceptive care measure in a pay-for-reporting context
- Concern is that we may be incentivizing providers to achieve higher rates of contraceptive use, while not respecting personal choice, particularly in marginalized populations*
- Recommend the PMCC consider that the Contraceptive Care measure be used for population health monitoring only

*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>

Women's Health workgroup – other considerations

- Unintended Pregnancies
 - Concern about intention of measure, as it asks if it is a “wanted” pregnancy after the fact (after mom give birth)
 - Consider a pregnancy “intention” measure to capture this when patients enter for prenatal care
- Prenatal & Postpartum Care
 - Postpartum: Consider how we can set the bar higher to individualize the number of visits that women receive, based on personal need
 - One visit may be enough for some, but others may need more, however, not all women even get their first visit
 - Consider how telehealth might improve this

Discussion

1. **Remove:** Prenatal Care
2. **Add:** Prenatal & Postpartum Care
3. **Add:** Contraceptive Care – Most & Moderately Effective Methods
 - Only use for monitoring population health

Comparison of Opioid Measures

- Charge was to bring together small group of subject matter experts to compare two 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
- 6 people participated, representing:
 - Department of Health
 - Department of Social & Health Services – Research & Data Analysis
 - Health Care Authority
 - Robert Bree Collaborative
- The group also sought feedback from members of the Bree Opioid Workgroup. We received feedback from 3 members

Comparison of Opioid Measures

- The workgroup met on June 3, 2020
- Reviewed *“Comparisons of Bree and HEDIS UOD measures_06.02.20”**
- *Document provides side-by-side comparison*
 1. Bree Patients prescribed high-dose chronic opioid therapy (2017 Release)
 2. HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)

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

Comparison of Opioid Measures

1. Bree Patients prescribed high-dose chronic opioid therapy (2017 Release)
 - Measure Steward: Bree Collaborative
 - Description: Percent of all members at high doses among patients prescribed chronic opioids for ≥ 60 during the measurement quarter.
 - Numerator: Number of patients in the population prescribed >60 days supply of opioids at >50 mg/day or >90 mg/day MED.
 - Denominator: Number of patients in the population prescribed >60 days supply of opioids in the calendar quarter; Report each results as prevalence per 1,000 population, age and sex adjusted.

Comparison of Opioid Measures

2. HEDIS[®] Use of Opioids at High Dosage (UOD) (2020 Update)
 - Measure Steward: NCQA
 - 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.

Comparison of Opioid Measures - findings

Both measures are fairly similar, but the key differences are in the denominator

Key Differences	Bree Patients Prescribed High-Dose Chronic Opioid Therapy (2017 Release)	HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)
Denominator	<ol style="list-style-type: none"> 1. Includes all ages (however children may cause small #s) <ol style="list-style-type: none"> a. Heard from Pediatricians this is important 2. Limited to less than 60 days' supply/calendar quarter 3. Primary difference=population 4. Captures chronic users, using a stricter criteria <ol style="list-style-type: none"> a. The inclusion timeframe is more strict and more accurately captures the type of person for whom there is an intervention 	<ol style="list-style-type: none"> 1. 18 and older 2. Limited to up to 2 dispensing events 3. Primary difference = whether people are taking opioids and how long they are on them 4. Captures everyone in this age group, with the exception of occasional acute users, which makes this number much higher than the Bree

Comparison of Opioid Measures - findings

Measure	Pros	Cons
Bree Patients Prescribed High-Dose Chronic Opioid Therapy (2017 Release)	<ul style="list-style-type: none"> • Created for use by health systems to track their patient populations and map usable information • The inclusion timeframe is more strict and more accurately captures the type of person for whom there is an intervention • Bree metric comes with full bundle of measures • Quarterly reporting allow for more real time analysis 	<ul style="list-style-type: none"> • Measure is static and may not continue to evolve • Administrative complexity • Small numbers is an issue for the pediatric population
HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)	<ul style="list-style-type: none"> • National HEDIS measure will continue to evolve • Can compare to national benchmarks • Aligns with PMCC guiding principles to use nationally vetted measures, where possible • Reduction in reporting burden by using a national measure 	<ul style="list-style-type: none"> • Results received annually, however HCA would consider producing quarterly reports using HEDIS specifications

Comparison of Opioid Measures – recommendation

- Participants unable to reach consensus
- Feedback from Bree workgroup members is to retain Bree measure
 - Concern with lag in data availability for national measure
 - Doesn't make sense to include people who are not long-term opioid users
 - Important to identify legacy patients on chronic opioids at highest risk

Comparison of Opioid Measures – recommendation (continued)

- Others felt the national measure makes more sense:
 - National measure does include a threshold of no more than 2 prescriptions
 - Aligns with PMCC criteria to use nationally vetted measures, where possible
 - Opportunity to reduce reporting burden for plans and providers
- Consider using the Bree measure for monitoring, while allowing the national measure for accountability purposes

Discussion

1. **Keep** current measure:

- Bree Patients prescribed high-dose chronic opioid therapy (2017 Release)

2. **Replace** current measure with:

- HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)

3. **Add** the follow measure and do not remove Bree measure:

- HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)

Public Comment

- Please state your name and organization, and which recommendation you are speaking about
- Recommendations for change:
 - REMOVE: Prenatal Care
 - ADD: Prenatal & Postpartum Care
 - ADD: Contraceptive Care – Most & Moderately Effective Methods
 - REPLACE: Bree Patients prescribed high-dose chronic opioid therapy (2017 Release) with HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)

Action by PMCC

Should the following recommendations be released for public comment?

1. REMOVE: Prenatal Care
2. ADD: Prenatal & Postpartum Care
3. ADD: Contraceptive Care – Most & Moderately Effective Methods (monitoring only?)
4. REPLACE: Bree Patients prescribed high-dose chronic opioid therapy (2017 Release) with HEDIS[®] Use of Opioids at High Dosage (UOD) (2020 Update)

Laura Pennington

Results from Public Comment Period

Depression Remission or Response for Adolescents and Adults (DRR)

- 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.

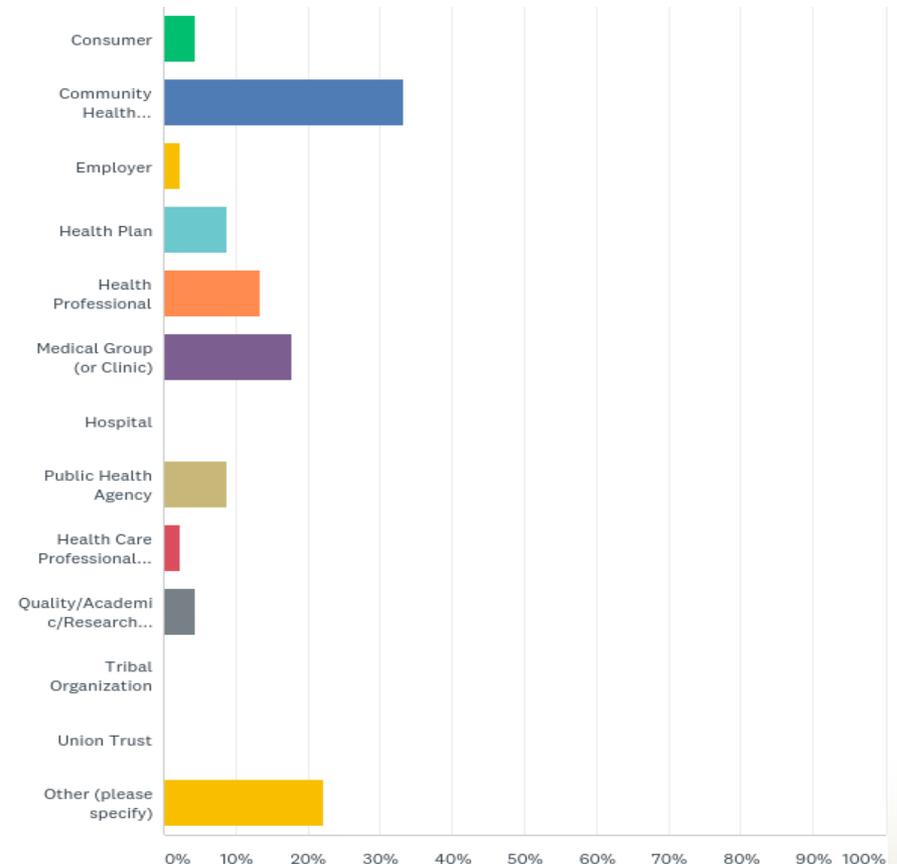
Depression Remission Measure

October PMCC meeting discussion:

- Health Plans already implemented and are currently monitoring
- Also working to integrate it into the postpartum assessment
- PMCC discussed moving forward with adopting this measure, as it is already being used
- Process is to put out for public comment before adoption, but if no major concerns, the Committee agreed to move forward

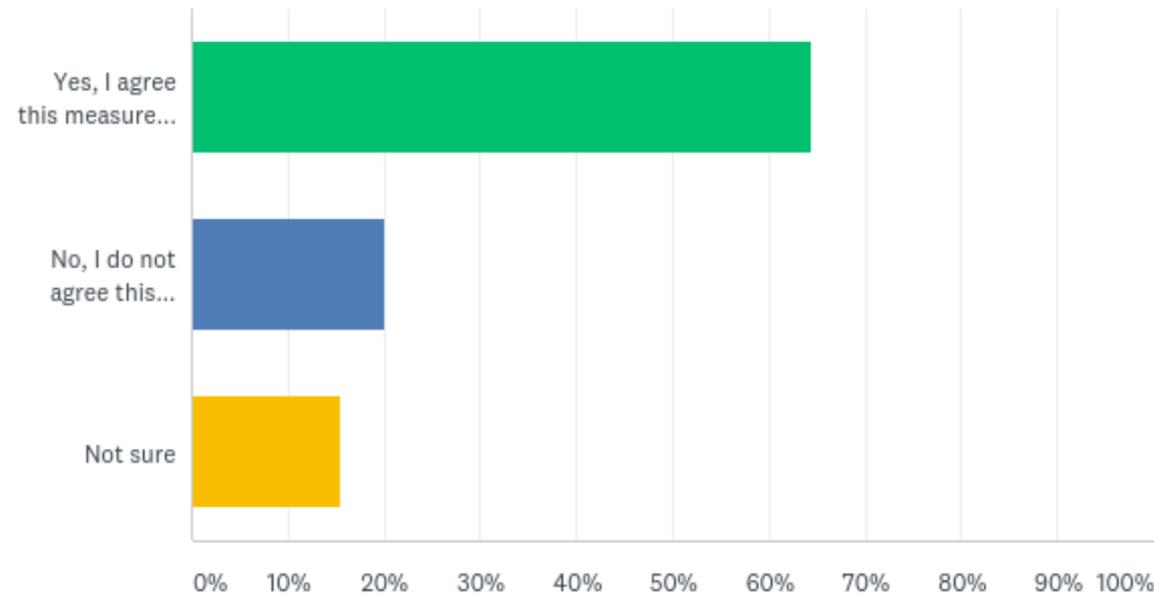
DRR - Results of Public Comment (handout)

- 45 total responses
- Largest # of responses from Community Health Organizations



DRR Results of Public Comment (handout)

- 29 selected “Yes”
- 9 selected “No”
- 7 were “Not sure”



Concerns

- 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

Any additional thoughts or comments
regarding this measure?

PMCC Action

- Decision:
 - Considering the feedback we received from the public, are we still ready to add this measure to State Common Measure Set?

Nancy Giunto/Judy Zerzan

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

Topics for brainstorm discussion

- Social Determinants of Health
 - What work do you know is occurring?
 - How can we coordinate efforts to improve patient care?
- Impact of COVID-19 on quality and reporting
 - How is your organization impacted?
 - What does the new “normal” look like for you?
 - How does telehealth fit into all of this?
- Is there a role for PMCC?
- Other topics that are top of mind?

Wrap Up/Next steps

- Action Items
 - Public Comment for measure changes
- Next Meeting
 - October 2020