Performance Measures Coordinating Committee

Friday, August 13, 2021

1:00 – 3:00 p.m.

Washington State Health Care Authority

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:
  - Please keep your phone line muted at all times
  - There will be dedicated time for questions and comments
  - Please use the chat box to submit your question/comment and it will be addressed in the order received

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 and vote on final recommendations from the Primary Care Measures workgroup
- Learn how health equity is being applied to Community Health Plan of Washington's quality work with provider organizations
- Continue discussion to further explore how health equity can be applied to the Statewide Common Measure Set
- Consider opportunities to remove and/or replace current measures on the Statewide Common Measure Set

Welcome & Introductions

- Welcome new members:
  - Ginny Weir, Bree Collaborative
  - Vishal Chaudry, HCA
- Please share the following:
  - Your Name
  - Your Role
  - Your organization

Emily Transue, MD

Primary Care Measures Workgroup Final Recommendations

Washington State Health Care Authority

Overview and Background of Current Primary Care Efforts – Spring 2019 and ongoing

- Coordinating all WA payers and primary care providers to support health system transformation, not just HCA commercial and MCO plans
- Building on PCMH, Medicaid Transformation, ACH, and pediatric payment work
- Goals are to seek agreement on a quality performance structure and a payment model that can is endorsed by primary care providers and payers in WA
- Basic components:
  - 1) a primary care payment methodology that supports delivery of an integrated, whole person model of care; and
  - 2) an aligned approach that will ensure both the progress of transforming primary care, and its outcomes, are measurable.

Primary Care Transformation Proposed Components

Payers work to:

- Align payment and incentives across payers to support the model
- Finance primary care (% of spend on primary care)

Providers work to:

- Improve provider capacity and access
- Apply actionable analytics (clinical, financial, social supports)

In support of:

- Primary care as integrated whole person care, including BH and preventive services
- Shared understanding of care coordination and providers in that continuum

Resulting in:

- Aligned measurement of "value" from the model (triple aim outcome measures)

Primary care measures evolution

- Initial measures workgroup met in April and May 2020 to draft measure set for the Primary Care Model
  - One of two workgroups; another met to discuss the financial model
- Participants included payers, providers, purchasers, CMS
- Recommendations presented and discussed at Multi-Payer Meeting and Provider Summit, May 2020
- Understanding that the set would need to be refined and maintained over time, the PMCC was asked to create a standing workgroup for this purpose

Workgroup Goal(s)

- Review and finalize initial set of measures to support implementation of Multi-payer Primary Care Model
- Maintain the Primary Care Measure Set, as it will need to evolve over time as needs and measures change

PMCC Primary Care Measures Workgroup

- Met four times between April and August
- 26 members representing:
  - Primary care providers
  - Pediatrics
  - Larger health systems (UW, VM, Polyclinic, Seattle Children's)
  - Rural health organizations
  - Medicaid and Commercial payers
  - Community Health Organizations (ICHS)
  - Quality Organizations

Initial Measure Workgroup Recommendations (May 2020)
Proposed Clinical Quality Measures (13)

1. Contraceptive Care – Most & Moderately Effective Method (NQF 2903) (likely will be removed)
2. Childhood Immunization Status (CIS) (Combo 10)
3. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (CDCN)
4. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)
5. Percent of patients who receive annual BH screening in primary care (using NQF 0418)
6. Reduction in Emergency Room utilization
7. Controlling High Blood Pressure
8. Adolescent Well Child Visits (AWC) (12-21 years of age)
9. Asthma Medication Ratio (AMR)
10. Depression Remission and Response for adolescents and adults
11. Screening for colorectal cancer
12. Follow-up after ED visit for Alcohol and Other Drug Abuse of Dependence (FUA)
13. Total Cost of Care (TBD)

Primary Care Measures

- Workgroup reviewed approximately seventeen measures
- Twelve measures are recommended for adoption
- Five additional measures were not recommended for adoption

Final outcome

Primary Care Measure Set	Workgroup Final Decision
Child and Adolescent Well-Care Visit (WCV)	Adopted (Replaced AWC & W34)
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (CDCÑ)	Adopted
Controlling High Blood Pressure (CBP)	Adopted
Screening for Colorectal Cancer (COL)	Adopted
Childhood Immunization Status (CIS) (Combo 10)	Adopted
Follow-up after ED visit for Alcohol and Other Drug Abuse of Dependence (FUA)	Adopted
Ambulatory Care - Emergency Department (ED) Visits per 1,000 (AMB) (Medicaid only)	Adopted (Formalized “Reduction in ER Utilization”)
Depression Screening and Follow up for Adolescents and Adults (DSF-E): Screening sub-measure only	Adopted (Replaced Screening for Depression and Follow-up Plan – NQF 0418)
Antidepressant Medication Management (AMM)	Adopted (Replaced Depression Remission & Response in Adolescents and Adults (DRR))
Asthma Medication Ratio (AMR)	Adopted
Breast Cancer Screening (BCS)	Adopted (Alternate)
Cervical Cancer Screening (CCS)	Adopted (Alternate)
Removed: • Adolescent Well Child Visits (AWC) (12-21 years of age) (Replaced with WCV) • Depression Remission and Response for Adolescents and Adults (DRR) • Potentially Avoidable Use of the ER (WHA) • Screening for Depression and Follow-up Plan – NQF 0418) • Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34) (Replaced with WCV)	Removed

Key discussion points - CIS

- Childhood Immunization Status (CIS) (Combo 10)
  - Influenza vaccine is difficult to capture, as it is offered in many community settings
  - Workgroup requested PMCC consider substituting Combo 7 measure:

Combination Vaccinations for Childhood Immunization Status

Combination	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
Combination 2	✓	✓	✓	✓	✓	✓				
Combination 3	✓	✓	✓	✓	✓	✓	✓			
Combination 4	✓	✓	✓	✓	✓	✓	✓	✓		
Combination 5	✓	✓	✓	✓	✓	✓	✓		✓	
Combination 6	✓	✓	✓	✓	✓	✓	✓			✓
Combination 7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Combination 8	✓	✓	✓	✓	✓	✓	✓	✓		✓
Combination 9	✓	✓	✓	✓	✓	✓	✓		✓	✓
Combination 10	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Key discussion points – Depression Screening

Recommend adding:

- Depression Screening and Follow up for Adolescents and Adults (DSF-E)
  - The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.
    - **Depression Screening. The percentage of members who were screened for clinical depression using a standardized instrument. (Numerator 1)**
    - Follow-Up on Positive Screen. The percentage of members who received follow-up care within 30 days of a positive depression screen finding. (Numerator 2)
- Preferred over NQF 0418 because of administrative burden of extracting follow-up plan
- Not currently on the SCMS –
  - Request PMCC consider adding to SCMS
- Final vote:
  - 12 - DSF-E, screening only
  - 3 – DSF-E, with screening
  - 1 - Adolescent Depression Screening Rate

Key discussion points – Depression management

- Challenge: Higher-value but high burden measure vs lower value/lower burden
- Depression Remission and Response in Adolescents and Adults (DRR)
  - Currently on the SCMS
  - Requires EHR data extraction of PHQ-9 results; currently only a few (generally large and well resourced) systems have this capability
  - Concern that state is not ready to implement broadly, and equity concerns that clinics with less resources (including those serving disadvantaged patients) would struggle
  - Some strong supporters; possible option to test this measure prior to full implementation
- Antidepressant Medication Management (AMM)
  - Currently on the SCMS
  - Measures continuation of meds once started, but not clinical response or appropriateness
  - Consensus that measure is not ideal, but majority felt that given the importance of depression management and concerns about DRR, this was the best currently viable option
- Final Vote:
  - 6 votes for Antidepressant Medication Management
  - 3 votes for Depression Remission and Response

Key discussion points – ED utilization

- Recommended for adoption (by a slim majority):
  - Ambulatory Care - Emergency Department (ED) Visits per 1,000 (AMB) (Medicaid only)
  - Currently on the SCMS
  - Justification:
    - Offers a holistic view of ER use rather than a subset; felt to be directionally correct
    - Since this is only for Medicaid, we would want to apply across all populations and will consider how to make that work
- Did not select:
  - Potentially Avoidable Use of the ER (WHA)
  - Currently on the SCMS
  - Justification:
    - Transforming Clinical Practice Grant – According to one MCO this measure did not yield reliable data when applied to under 18 years age group
    - Concerns raised about the list of conditions considered “unavoidable,” and ability to capture avoidability appropriately with claims; shared the specs for this measure
- Final vote:
  - 10 - Ambulatory Care – ED Visits per 1,000 (AMB)
  - 7 - Potentially Avoidable Use of ER (WHA)

Key discussion points - Asthma Medication Ratio

Recommended for adoption:

- Asthma Medication Ratio
  - Currently on the SCMS
  - Pediatricians felt this is directionally correct for their population
  - Concerns expressed over update guidelines.
    - *"The change in guidelines to make certain key meds "as needed" rather than take regularly will reduce the usefulness of this measure."*
    - *"Defining persistent asthma is tricky and, importantly, current treatment guidelines do not always support the use of controller medication as best practice."*
  - Unclear if NCQA will revise specifications to reflect updated guidelines, and if so when
  - CMS Core Reporting – only Washington measure below 50th percentile
- Final Vote:
  - 10 votes for "Yes"
  - 5 votes for "No"

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Comments from workgroup members

- Opportunity for members from the Primary Care Measures Workgroup to add any additional comments

Discussion/Decision

- Do we agree with the recommendations from the Primary Care Measures Workgroup to adopt the following twelve measures, recognizing these measures will be revisited on a regular basis:
  1. Antidepressant Medication Management (AMM)
  2. Ambulatory Care - Emergency Department (ED) Visits per 1,000 (AMB) (Medicaid only)
  3. Asthma Medication Ratio (AMR)
  4. Breast Cancer Screening (BCS)
  5. Cervical Cancer Screening (CCS)
  6. Child and Adolescent Well-Care Visit (WCV)
  7. Childhood Immunization Status (CIS) (Combo 10)
  8. Colorectal Cancer Screening (COL)
  9. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (CDCÑ)
  10. Controlling High Blood Pressure (CBP)
  11. Depression Screening and Follow up for Adolescents and Adults (DSF-E) with Screening Only
  12. Follow-up after ED visit for Alcohol and Other Drug Abuse of Dependence (FUA)

Discussion/Decision

- Depression Screening and Follow up for Adolescents and Adults (DSF-E) with Screening Only
  - Do we want to add this measure to the SCMS?

- (Note: will defer further discussion of Combo 10 vs Combo 7 for planned overall re-review of SCMS)

Voting Chart

- Straw poll - Do we want to vote on the whole set, or pull out some individual measures for a separate vote? If the latter, which?

Member name	Vote #1 Child and Adolescent Well-Care Visit (WCV)		Vote #2 CDC: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)		Vote #3 Controlling High Blood Pressure		Vote #4 Screening for Colorectal Cancer		Vote #5 Childhood Immunization Status (CIS) (Combo 10)		Vote #6 Follow-up after ED visit for Alcohol and Other Drug Abuse of Dependence (FUA)		Vote #7 Ambulatory Care - Emergency Department (ED) Visits per 1,000 (AMB) (Medicaid only)		Vote #8 Depression Screening and Follow up for Adolescents and Adults (DSF-E) with Screening Only		Vote #9 Antidepressant Medication Management (AMM)		Vote #10 Asthma Medication Ratio (AMR)		Vote #11 Breast Cancer Screening (BCS)		Vote #12 Cervical Cancer Screening (CCS)	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Jonathan Bennett																								
Sue Birch																								
C. Craig Blackmore																								
Vishal Chaudry																								
Patrick Connor																								
Gary Franklin																								
Nancy Giunto																								
Frances Gough																								
Ken Jaslow																								
Pat Justis																								
Dan Kent																								
Larry Kessler																								
David Mancuso																								
Dale P. Reisner																								
Marguerite Ro																								
Rick Rubin																								
Paul Sherman																								
Ginny Weir																								
~~Judy Zerzan-Thul~~ ABSENT																								
TOTALS																								

Next steps

- Share final set of measures with Primary Care Model group
- Primary Care Measures Workgroup will reconvene periodically to update the selected set, as needed

Marguerite Ro, Public Health Seattle-King County

Kayla Salazar, Community Health Plan of Washington

Health Equity and Quality Performance

Washington State Health Care Authority

Background

Equity in Quality Performance

Kat Ferguson-Mahan Latet, Director of Health Systems Innovation
Kayla Salazar, Manager of Equity & Quality Performance

COMMUNITY HEALTH PLAN of Washington™
The power of community

Equity: In CHPW's DNA

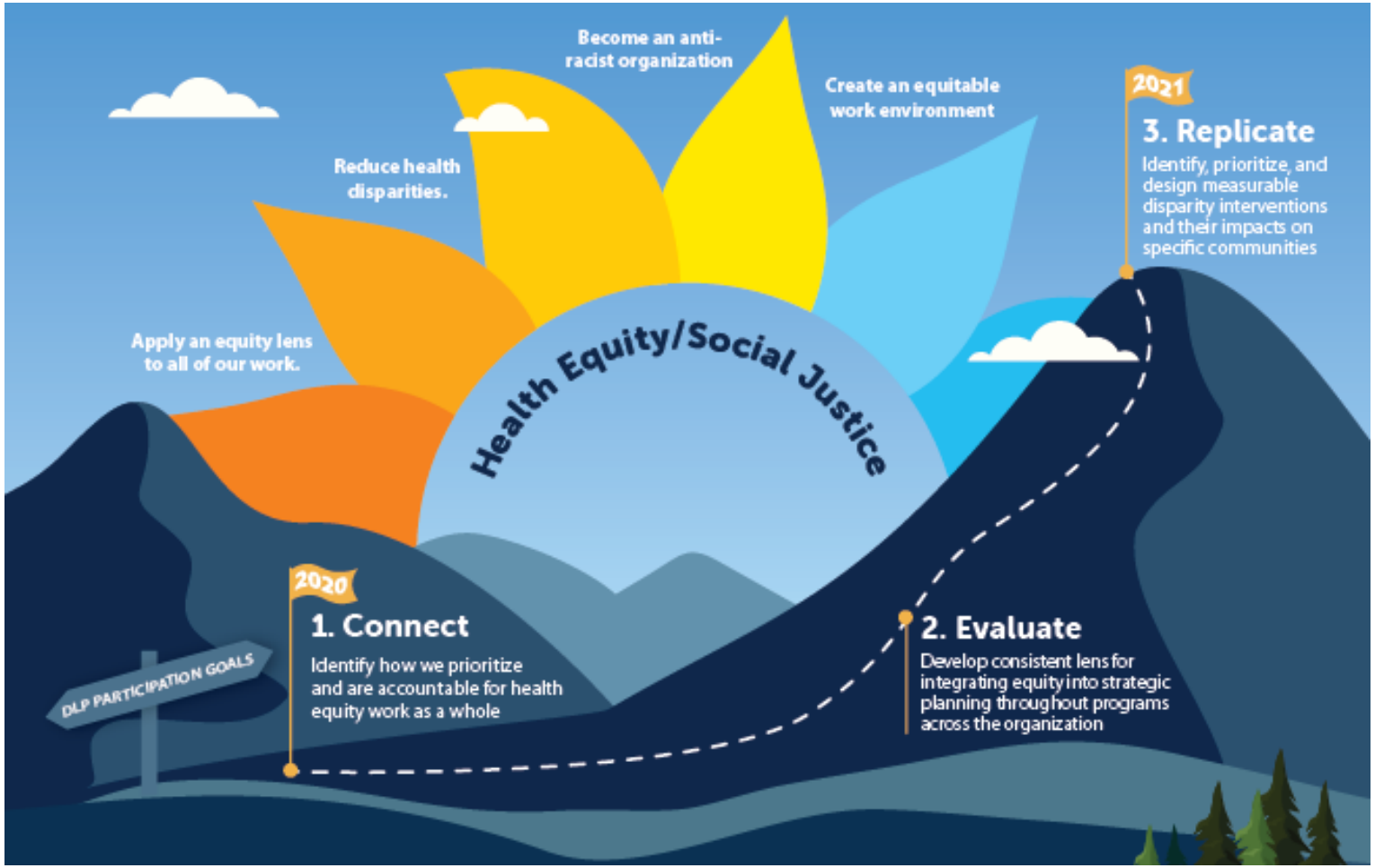
Founded by Community Health Centers with roots in the social justice movement

The whole health of our members is our primary concern.

Cultural humility is the foundation of all we do .

Our Equity Goals & Catalyst

Be a Leader in the pursuit of Whole Person Care and Health Equity

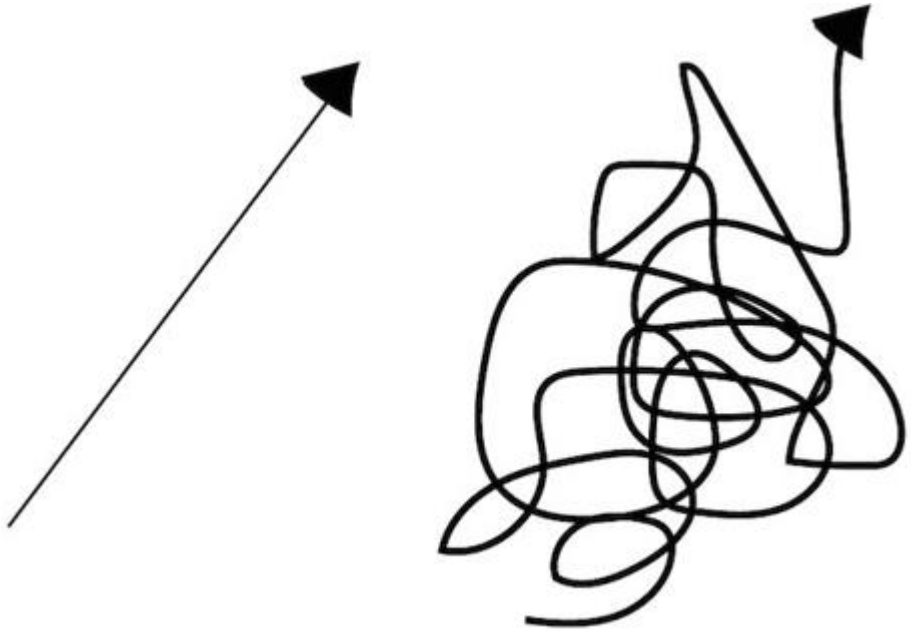


AHE Advancing Health Equity
Leading care, payment, and systems transformation

*Partnership with CHPW, HCA, and CHNW

1. Create a Culture of Equity.
2. Design a care delivery and payment reform model that advances equity.

Equity in Quality Measurement: Expectations vs. Reality



Expectation:

- Reviewing existing metrics by race/ethnicity and language (and other SDOH factors) will give us the solution.

Reality:

- The data is messy! The data is incomplete! The data doesn't tell the full story.
- Some disparities are measured currently, but not all...
- Do we really have the right measures?
- Each community is tackling different realities and disparities.

Equity is a journey. So is data and measurement.

Equity Learning Collaboration: Year 1 and 2

YEAR 1

- Equity Learning Collaborative Grant Program for CHNW community health centers (CHCs).
- CHCs proposed projects in late 2020 that would advance equity in priority areas:
  - member experience and access to care,
  - pregnancy care,
  - chronic condition management,
  - and depression management
- Each application expected utilization of root cause analysis, engagement/informing of initiative with patients, analysis and use of data
- 15 CHCs opted to participate and received $50,000 from CHPW to support their project as an advance from their total cost of care arrangment.
- Learning Collaborative series hosted by CHPW to support shared learning and monthly cohort calls.

YEAR 2

- Learned that many CHCs are still building infrastructural changes needed to drive improvement or make change
- Examples include:
  - Data and measurement of disparities
  - Staff training and awareness
  - Partnering with individuals to inform design, development, implementation and evaluation
  - Workforce support
- Year 2, CHCs will be able to continue projects started in Year 1.
- **Flipping focus of learning on equity infrastructure to support long-term success.**

Where we want to go…

Questions we are exploring:

- How do we move to a more outcomes-based approach to incentivize the reduction of health disparities, while not penalizing those that are not able to close gaps?
- What are other equity capacities and/or infrastructure that could be incentivized?
- Consider other measures that advance equity and how we incentivize that work?
- How do you address variation across a set of clinics? (ex: Population and diversity dimensions; resources; community)
- What successes and/or challenges have been seen across the country that we can learn from?
- What are other levers we might be able to consider as we explore changes in contracts to support and promote equity? Hold providers, partners, vendors accountable as we hold ourselves accountable?
- What is CMS working on in this space? Other State Medicaid agencies? Other MCOs? How do we align and push up, down and on ourselves to do better?

AHE WA Team Site Visit Learnings on Data and Measurement

WA Team hosted Site Visit and used the opportunity to discuss:

- Data and Measurement
- Payment and Sustainability
- Patient/Consumer Partnership
- Medicaid Covered Services

The data and measurement workgroup discussed several barriers and opportunities. They include the need to:

- Improve the quality and completeness of data (e.g., race, ethnicity, language, sexual orientation, gender identity).
- Enhance the provision of infrastructure support to boost overall data collection, analysis, and interpretation capacity including working with small sample sizes, data to identify inequities, and drawing equity-related conclusions from available data.
- Align metrics and priorities across the three stakeholder agencies (state, plan, providers, (e.g., selecting metrics that are compatible across different populations)).

Discussion

- How can the MCOs, Providers, and HCA to drive inclusion of equity into quality performance?
- How might PMCC develop recommendations and/or advocate for next steps?
- What opportunities are coming up to explore?
  - Waiver, legislative session, other?
- What ideas have been discussed?

Questions?

Thank You.

Emily Transue, MD

Evaluation of the Statewide Common Measure Set

Washington State Health Care Authority

Evaluation of the Statewide Common Measure Set

- E2SHB 2572 Requires that the committee shall establish a public process to periodically evaluate the measure set and make additions or changes to the measure set as needed
- Plan for the Ongoing Evolution and Evaluation of the Statewide Core Measures Set
  - "The Washington State Health Care Authority and the Performance Measures Coordinating Committee will review the core set of measures annually, including reported performance outcomes, and replace or retire core measures, if necessary. This will begin after the first year of reporting results for the statewide core set of measures."
- Last formal evaluation, with an ad hoc workgroup, was in 2018

Evaluation of the SCMS

- Insufficient participant interest to convene a workgroup
- Initial review conducted by HCA clinical and data leadership
- Reviewed the measures using data from the current Community Check Up focusing on the following categories:
  - Measures that are less impactful
  - Measures with no performance gap to address
  - Measures that do not get used in contracts
  - Measures that are difficult to implement or no longer meet criteria
  - NCQA HEDIS measures that have been updated

Initial measures for discussion

Measure	Measures that are less impactful	Measures with no performance gap to address	Measures that do not get used in contracts	Measures that are difficult to implement or no longer meet criteria	NCQA HEDIS measures that have been updated	Other
Adults Access to Preventive/ Ambulatory Health Services (AAP)	Measures whether one visit occurred; not a robust indicator of access	Doing well in both Commercial and Medicaid				
Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Testing	No clinical impact from measurement alone; many more impactful DM measures		X			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Limited evidence of clinical impact		Currently only used for reporting	Administratively burdensome		
Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)	Unclear clinical impact				Consider removing based upon NCQA's removal of similar measure	
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	Easily manipulated with coding	Consistently above 90th percentile for children for C/M				Consider replacing with Antibiotic Utilization (ABX) measure

Next steps

- Continue review of SCMS and discussion at next meeting to vote on removal/replacement

Nancy Giunto

Public Comment

Washington State Health Care Authority

Public Comment

- Please enter your question or comment into the chat box
- If you prefer to speak, enter your name into the chat box and unmute yourself when called upon
- If speaking, please limit your comments to 2 minutes

Nancy Giunto

Wrap Up and Next Steps

Washington State Health Care Authority

Wrap Up/Next steps

- Action Items
- Next Meeting
  - Fall 2021?
  - Proposed agenda topics
    - Further review of SCMS for potential removal or replacements
    - Update from Criminal Justice Involvement Workgroup