WA State Performance Measures Coordinating Committee (PMCC)

April 24, 2017, 2:00 – 4:00 pm

Meeting Summary

I. 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. Teeter, Director, Washington Health Care Authority, reviewed the objectives for the meeting which included: (1) review of process for confirming membership on the PMCC; (2) updates regarding potential changes to measures already approved for the Common Measure Set; (3) demonstration of the new Community Checkup website; and (4) review of the 2017 Common Measure Set.

II. PMCC Membership

Ms. Teeter reviewed the process of approving/confirming membership on the PMCC, including:

1. When a PMCC member is leaving their current organization and moving to another organization, they can petition the PMCC Co-Chairs to retain their PMCC membership if they want to continue. The PMCC Co-Chairs will make the final decision.
2. When a person is leaving their current position and does not wish to continue, or is not taking a position with another organization, they will notify the PMCC Co-Chairs. The PMCC Co-Chairs will then decide whether to invite another representative from the departing person's organization OR they may decide to invite a representative from a different organization altogether.

Ms. Teeter also noted the following:

- Organizations themselves do not have the authority to decide whether they have a representative on the PMCC.
- The organizations currently represented on the PMCC are not entitled to have representation in perpetuity.
- Priority in approving PMCC members will be on ensuring a balanced membership that is knowledgeable of the subject matter and actively engaged in the work (including regular attendance at meetings and promoting the Common Measure Set outside of meetings).

Ms. Pennington noted that new members to the PMCC will need to complete the public meeting training required by the state.

III. Updates re: Common Measure Set Measures

Ms. Dade reviewed known and potential changes to the Common Measure Set as follows:

1. NCQA announced the following *potential* changes to HEDIS measures and took public comment on the changes through the end of March 2017. If approved, the changes would take effect in 2018.
    a. Immunizations for Adolescents – Allow for two or three doses of the HPV vaccine (previously, the measure only required three doses)
    b. Plan All-Cause 30-day Readmissions – Permit use of the measure for the Medicaid-insured population
    c. Breast Cancer Screening – Include use of Digital Breast Tomosynthesis (DBT) in the numerator
2. Ms. Dade reported that the 'Potentially Avoidable ER Visit' measure has been finalized and will be implemented for the 2017 Community Checkup. The measure was expanded and updated with ICD-10 coding.
3. Ms. Dade also reported on the ongoing work of the Bree Collaborative/Agency Medical Director Group to develop measures related to the prescribing of opioid medications. The group has drafted nine measures and is currently testing the measures. One or more of these nine measures may be proposed for inclusion in the Common Measure Set later this year.

IV. Community Checkup Website Demonstration

Ms. Dade reported that the Alliance launched its new Community Checkup website in February 2017. The new website is powered by Tableau, a data visualization software, and includes multiple ways to access results for the state, nine Accountable Communities of Health, 39 counties, 190 medical groups, 700 clinics, 90 hospitals and 15 health plans. The website has results for over 120 measures of quality, safety, patient experience and utilization. The link for the website is: https://www.wacommunitycheckup.org Ms. Dade took about 20 minutes and did a live demonstration of the functionality of the website. PMCC members had a number of suggestions, comments and questions and were pleased to see the Common Measure Set "come alive" through the website. The PMCC was very complimentary of the new website.

V. Review 2017 Common Measure Set

Ms. Dade commented that during this agenda item we wanted to accomplish three things:

1. Clarify appropriateness of measures currently in the Common Measure Set for value-based purchasing
2. Assess alignment of the Common Measure Set with measures included in the Medicaid Demonstration Toolkit and measures associated with initiatives under the 1519/5732 legislation
3. Determine whether there is a need for an ad hoc work group in 2017 to adjust the Common Measure Set in targeted ways for 2018 implementation

Clarify appropriateness of Common Measure Set measures for value-based contracting:

Ms. Dade explained that measures included in the Common Measure Set are appropriate for inclusion in value-based contracting when: (1) there are valid and reliable results available by contracting entity (e.g., clinic, medical group, hospital or health plan), and (2) when improvement is reasonably thought to be within the sphere of influence of the contracting entity. *[Note, the following listings have been updated/corrected from the handouts shared with the meeting materials].* Currently, there are 34 measures included in the Common Measure Set appropriate for **value-based contracting with health plans**:

Pediatric-related Care	
1	Childhood Immunization Status by Age 2 (Combination 10)
2	Immunizations for Adolescents by Age 13
3	Children and Adolescents' Access to Primary Care Practitioners (4 rates, age-related)
4	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (3 rates)
5	Well Child Visits in the First Fifteen Months of Life
6	Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life
7	Follow-up Care for Children Prescribed ADHD Medication
Adult-related Care	
8	Adults Access to Preventive Ambulatory Health Services (3 rates, age related)
9	Adult BMI Assessment
10	Medical Assistance with Smoking and Tobacco Use Cessation
11	Breast Cancer Screening
12	Cervical Cancer Screening
13	Chlamydia Screening in Women
14	Colorectal Cancer Screening
15	Mental Health Service Penetration (Broad Version)
16	Substance Use Disorder Service Penetration *(Medicaid MCOs only at this time)*
17	Antidepressant Medication Management (2 rates)
18	Follow-up After Hospitalization for Mental Illness
19	Follow-up After Discharge from ED for Mental Health, Alcohol or Other Drug Dependence *(implement in 2018)*
20	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
21	Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
22	Comprehensive Diabetes Care: Retinal Eye Exam Performed
23	Comprehensive Diabetes Care: Medical Attention for Nephropathy
24	Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
25	Controlling High Blood Pressure
26	Statin Therapy for Patients with Cardiovacular Disease
27	Medication Management for People with Asthma (75% Adherence)
28	Use of Spirometry Testing in the Assessment and Diagnosis of COPD
29	Annual Monitoring for Patients on Persistent Medications - ACE/ARBs
30	Use of Imaging Studies for Low Back Pain
31	Appropriate Testing for Children with Pharyngitis
32	Avoidance of Antibiotics in Adults with Acute Bronchitis
33	Ambulatory Care - ED Visits (per 1,000 Member Months)
34	Plan All-Cause Hospital Readmissions within 30 days

There are 22 measures included in the Common Measure Set appropriate for **value-based contracting with medical groups** that include primary care, including:

	Pediatric-related Care
1	Well Child Visits in the First Fifteen Months of Life
2	Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life
3	Follow-up Care for Children Prescribed ADHD Medication
	Adult-related Care
4	Breast Cancer Screening
5	Cervical Cancer Screening
6	Chlamydia Screening in Women
7	Colorectal Cancer Screening
8	Antidepressant Medication Management (2 rates)
9	Patient Experience - How Well Providers Communicate
10	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
11	Comprehensive Diabetes Care: Retinal Eye Exam Performed
12	Comprehensive Diabetes Care: Medical Attention for Nephropathy
13	Statin Therapy for Patients with Cardiovacular Disease
14	Medication Management for People with Asthma (75% Adherence)
15	Annual Monitoring for Patients on Persistent Medications - ACE/ARBs
16	Medication Adherence: Proportion of Days Covered (3 rates)
17	Medications: Generic Prescribing Rates (5 rates)
18	Use of Imaging Studies for Low Back Pain
19	Appropriate Testing for Children with Pharyngitis
20	Avoidance of Antibiotics in Adults with Acute Bronchitis
21	Potentially Avoidable use of the Emergency Room
22	Plan All-Cause Hospital Readmissions within 30 days

And, there are ten measures included in the Common Measure Set appropriate for **value-based contracting with hospitals**, including:

1	Patient Experience with Hospital Care (Information at the Time of Discharge)
2	Patient Experience with Hospital Care (Medicines Explained)
3	Cesarean Birth (NTSV C-Section)
4	Catheter-Associated Urinary Tract Infection (2 rates)
5	Falls with Injury
6	Stroke Care (STK-04) - Timely Thrombolytic Therapy
7	Patient Safety for Selected Indicators (Composite, weighted average for nine indicators)
8	Potentially Avoidable use of the Emergency Room
9	Plan All-Cause Hospital Readmissions within 30 days
10	30-day All Cause Mortality Rate Following Acute Myocardial Infarction (AMI)

There are ten measures included in the Common Measure Set that are **not appropriate for value-based contracting** because of one or more reasons: (1) data is only collected at a geographic level; (2) results are not easily attributable to a contracting entity, and/or (3) some measures result in very small numbers (cell size). These measures are still considered to be important to include in the Common Measure Set as they represent priority topics for community health improvement. These include:

Pediatric-related	
1	Immunization for Influenza (6 months and older)
2	Oral Health: Primary Caries Prevention in Primary Care
3	Audiological Evaluation No Later Than 3 Months of Age
Adult-related	
4	Pneumococcal Vaccination Status for Older Adults (ages 65+)
5	Adult Tobacco Use Rate
6	Adult Mental Health Status
7	Unintended Pregnancies
8	30-day Psychiatric Inpatient Readmissions
9	COPD or Asthma in Older Adults - Hospital Admissions *(small N at medical group level)*
10	Use of Spirometry Testing in the Assessment and Diagnosis of COPD *(small N at medical group level)*

Alignment of the Common Measure Set with other important measure sets:

The PMCC reviewed a detailed listing of the Common Measure Set with alignment identified with measures included in the Medicaid Demonstration Toolkit and measures associated with initiatives under the 1519/5732 legislation. Of the 60 measures included in the Medicaid Demonstration Toolkit, 30 are aligned with the Common Measure Set. Of the 14 measures currently operational for 1519/5732, six are aligned with the Common Measure Set.

Need for an ad hoc work group in 2017:

The PMCC had an in-depth discussion regarding the potential need for an ad hoc workgroup to adjust the Common Measure Set (for 2018 implementation). Ms. Dade noted that we are still quite limited in the state by the lack of availability of clinical data from EHRs *to support robust public reporting* of important measures of quality that rely upon access to clinical data. Ms. Dade also noted that consideration of *adding* measures needs to take into account the overall size of the measure set and *deleting* measures needs to take into account value-based contracting that is already underway (using measures currently approved for the Common Measure Set).

There were two elements to the discussion.

First, the group considered whether an ad hoc work group should focus on adding/deleting measures in two areas already covered in the Measure Set AND for which data is now readily available in the state to support measurement and public reporting of results. In 2015, the PMCC had an ad hoc work group focus on behavioral health and in 2016 an ad hoc work group focused on pediatrics. At this meeting, the PMCC considered two areas with 2018 in mind, including: (1) population health, and (2) hospital quality and safety. Of the two, the group favored a focus on population health by an informal 'vote' of 14-3 (the co-chairs did not vote). During discussion it was noted that the State Department of Health has already done a considerable amount of work on developing a draft population health plan for the state which includes a list of potential measures. It was suggested that an ad hoc work group use this measure list as a starting point and prioritize 2-3

measures for inclusion in the Common Measure Set. It was also suggested that it will be important to include one or two ACH representatives in the work group to ensure we are incorporating their perspective about ongoing work related to improving community health linkages and addressing social determinants of health.

Second, the PMCC considered whether we should develop a "roadmap" of sorts for a topic previously identified as a priority area for measurement but for which we do not yet have measures and/or access to clinical data to support measurement. The concept here was that if we can be more deliberate about how we'd like to measure in one of these areas, we may be able to accelerate the *capability* to do so. The group considered four topics from the list entitled, "Looking to the Future – Topics for Inclusion in a Future Measure Set" (aka the "parking lot"). The four areas included:

1. Depression screening
2. Care transitions and care coordination
3. Control measures with reporting at the provider level (e.g., blood pressure, HbA1c)
4. Patient functional status

Of the four, the group favored a focus on care transitions/care coordination by an informal 'vote' of 13-4 (again, the co-chairs did not vote). Four people expressed support for the selection of depression screening.

Staff were asked to think about what it would take to resource two work groups, one focusing on population health and the other focusing on care coordination, with the expectation that a report (with or without recommendations) would be due back to the PMCC in the Fall. Staff will work with the Co-Chairs to agree upon next steps.

VI. Next Steps

- A high-level meeting summary will be available within ten days on HCA's website.
- The next meeting of the PMCC has not yet been scheduled.

The meeting adjourned at 4:05 pm.

ATTENDANCE: April 24, 2017

			Present	Absent
Chris	Barton	SEIU Healthcare 1199NW		X
Craig	Blackmore	Virginia Mason Medical Center		X
Gordon	Bopp	NAMI-Washington (NAMI-WA)		X
Ann	Christian	Washington Community Behavioral Health Council	X	
Ian	Colbridge	Washington State Hospital Association	X	
Victor	Collymore	Community Health Plan of Washington	X	
Patrick	Connor	National Federation of Independent Business (NFIB)		X
Sue	Deitz	National Rural Accountable Care Consortium		X
John	Espinola	Premera Blue Cross	X	
Gary	Franklin	Labor and Industries		X
Lorie	Gerik	Oregon Health Sciences University	X	
Nancy	Giunto	Washington Health Alliance	X	
Frances	Gough	Molina Healthcare of Washington (Alyson Spencer attended)	X	
Anne	Hirsch	Seattle University		X
Larry	Kessler	UW School of Public Health, Department of Sciences	X	
Byron	Larson	Urban Indian Health Institute		X
Daniel	Lessler	Washington State Health Care Authority	X	
Kathy	Lofy	Washington State Department of Health	X	
David	Mancuso	Department of Social and Health Services		X
Susie	McDonald	Kaiser Permanente Washington	X	
Elya	Moore	Olympic Community of Health	X	
Sheri	Nelson	Association of Washington Business		X
Scott	Ramsey	Fred Hutchinson Cancer Research Center		X
Dale	Reisner	Washington State Medical Association (WSMA)		X
Carla	Reyes	Washington State Department of Social and Health Services		X
Marguerite	Ro	Public Health - Seattle and King County	X	
Rick	Rubin	OneHealthPort	X	
Caitlin	Safford	Amerigroup of Washington	X	
Bruce	Smith	Regence Blue Shield	X	
Torney	Smith	Spokane Regional Health District	X	
Jonathan	Sugarman	Qualis Health	X	
Dorothy	Teeter	Washington State Health Care Authority	X	