WA State Performance Measures Coordinating Committee (PMCC)

December 18, 2018, 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. Giunto reviewed the objectives for the meeting which included: (1) taking action to finalize the Common Measure Set for 2019 implementation; (2) agree upon which measures are recommended for value-based contracting and payment (and which are not); and, (3) discuss plans for the PMCC in 2019.

II. *Changes to the Common Measure Set for 2019 Implementation*

By way of background, Ms. Dade reminded the group that, at its September 2018 meeting, the PMCC reviewed recommendations from an ad hoc work group regarding which measures should be kept (as is), modified/replaced, or deleted for 2019 implementation of Common Measure Set reporting. Sixteen people participated in the work group, representing the following organizations:

- ACH – Olympic Community of Health
- Aetna
- Cigna
- Community Health Plan of WA
- Kaiser Permanente-Washington
- Health Care Authority
- Molina Healthcare of WA
- Premera Blue Cross
- Regence Blue Shield
- Seattle-King County Public Health
- UnitedHealthcare
- Washington Health Alliance
- WA State Department of Health
- WA State Department of Social & Health
- WA State Hospital Association

This ad hoc work group reviewed every measure in the Common Measure Set and ultimately recommended that we delete three measures, replace one measure and consider modification of three measures. In September, the PMCC reviewed and then took action to release these recommendations for public comment. This public comment period took place during November 2018 and there were 14 respondents.

At its December 18 meeting, the PMCC discussed each recommended change including a review of the input received through the public comment period. There was no additional public comment at the December 18 PMCC meeting.

The following is an outline of the **actions** taken by the PMCC; all changes are expected to be made to the Common Measure Set for 2019 implementation.

Recommendation #1: MODIFY THE "Oral Health: Primary Caries Prevention" measure.

It was recommended that the measure definition be expanded as noted below:

"Total number of patients (age ≤6 years) who received a fluoride varnish (FV) application during a routine ~~preventive~~ health visit with ~~primary care provider~~ any non-dental health care provider who has received the appropriate training to apply FV."

The measure steward is the WA State Health Care Authority. This measure is, at the present, time, only measured and reported for the Medicaid-insured population.

PMCC ACTION: The proposed modification was APPROVED for the Common Measure Set in 2019.

Recommendation #2: CONSIDER MODIFYING two Immunization measures to bring them into alignment with measures used in the "Immunize Washington" recognition program. The two measures include (1) Childhood Immunization State-Combo 10, and (2) Immunizations for Adolescents.

Consideration was given to whether two childhood immunizations measures in the Common Measure Set should be modified to bring them into alignment with childhood immunization measures used in the "Immunize Washington" recognition program. The differences in the two measures are outlined below.

Childhood Immunization Status	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure, Childhood Immunization Status – Combo 10 (NQF endorsed #0038) Includes the percentage of children two years of age who had: four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	CDC measure (called the 4:3:1:3:3:1:4 or 19 dose series (not NQF-endorsed). The 19-dose series includes vaccination among 24-35 month olds. The 19 dose series doesn't include Flu (2 doses), Rotavirus (2 doses) or Hep A (1 dose). CDC uses the 19 dose series to compare across states.

Immunizations for Adolescents	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure, Immunizations for Adolescents (NQF endorsed #1407) The percentage of children 13 years of age who had one dose of meningococcal conjugate vaccine (MCV), one Tdap vaccine and completion of the *HPV series* by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents	Uses the same measure, but modifies to assess: • Status among 13-17 year olds • Series initiation (1 Tdap, 1 MCV, 1 HPV) among 13-17 year olds (rather than completion of the series by age 13)

PMCC ACTION: MAINTAIN the currently approved measures in the 2019 Common Measure Set (i.e., NCQA measures, NQF-endorsed #0038 and #1407)

Recommendation #3: DELETE the following measure, "Medical Assistance with Smoking and Tobacco Use Cessation"

The measure steward is NCQA and this measure is NQF-endorsed (#0027). This measure includes results from the Health Plan CAHPS patient experience survey, specifically whether patients report receiving medical assistance with smoking and tobacco cessation.

The PMCC acknowledged that tobacco cessation is a very important topic and, while this is not the right measure for use at this time, they are open to suggestions for other measures on this topic that may be considered for the future.

PMCC ACTION: DELETE this measure from the 2019 Common Measure Set.

Recommendation #4: DELETE the following measure, "Adult Mental Health Status"

The measure steward is the Center for Disease Control. This measure is collected via the Behavioral Risk Factor Surveillance System (BRFSS) administered in Washington through the Department of Health. The measure is: "the percentage of adults ages 18 and older who answer "14 or more days" in response to the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Results have been reported for the state, counties and ACHS.

The PMCC acknowledged that adult mental health status is a very important topic and, while this is not the right measure for use at this time, they are open to suggestions for other measures on this topic that may be considered for the future.

PMCC ACTION: DELETE this measure from the 2019 Common Measure Set.

Recommendation #5: DELETE the following measure, "COPD or Asthma in Older Adult Hospital Admissions"

The measure steward is the US Agency for Healthcare Research and Quality (AHRQ) and the measure is NQF-endorsed (#0275).

This measures "ambulatory sensitive" hospital admissions for COPD or Asthma in adults ages 40 years and older. The results are reported as admissions per 100,000 people.

PMCC ACTION: DELETE this measure from the 2019 Common Measure Set.

Recommendation #6: REPLACE the following measure, "Medication Management for People with Asthma (MMA)" with "Asthma Medication Ratio (AMR)"

The measure steward for both measures is NCQA and both are NQF-endorsed (MMA #1799, AMR#1800).

MMA: This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma were dispensed appropriate asthma controller medications that they remained on for at least 75% of their treatment period.

AMR: This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement period.

The standard of care is that the rate of controller medications should exceed rescue medications, as controller medications can prevent or greatly reduce the need for rescue medications.

PMCC ACTION: APPROVE replacing the MMA measure with the AMR measure for the 2019 Common Measure Set.

III. *Clarifying Purpose of Measures: Contracting/Payment Versus Monitoring Only*

At the September 2018 meeting of the PMCC, a small ad hoc work group was tasked with the following:

1. review the criteria for determining which measures are appropriate for contracting/payment versus monitoring only, in light of the purpose of the Common Measure Set (original legislation) and current uses
2. go through the complete Common Measure Set and make a determination, noting which category each measure falls into:
   - Population Health Monitoring and Value-Based Contracting and Payment
   - Population Health Monitoring only (not appropriate for provider contracting/payment)
3. return to the PMCC in December with specific recommendations

The work group included Emily Transue, Susie McDonald, Laura Pennington and Susie Dade.

The work group reported that they agreed upon the following criteria for determining which measures are appropriate for each of the two categories; the criteria are as follows:

Measures are appropriate **for population health monitoring AND inclusion in value-based contracting** for payment between health plans, purchasers and/or provider organizations when: • there are valid and reliable results available by contracting entity (e.g., medical group/clinic, hospital or health plan); and • when improvement is reasonably thought to be within the sphere of influence of one or more of the contracting entities.	Measures are appropriate for **population health monitoring ONLY** when: • data is only collected at a geographic level (e.g., state or county); • results cannot be reasonably attributable to a contracting entity; and/or • measure results are small numbers (cell size) making them inappropriate for payment/ contracting.

The group went through the full list of measures in the State-approved Common Measure Set and each measure was put into one of these two categories. Forty-six of the 63 measures (2019 Common Measure Set) fall into the category of measures appropriate for Population Health Monitoring AND Value-based Contracting.

To clarify, the list of 46 should be viewed as a menu of measures that contracting entities may draw from when selecting measures that may be appropriate for a given contracting situation; specific measures selected and the number of measures selected are at the discretion of the contracting entities.

The following is a summary list of which measures fall into each of the two categories. Please refer to the full 2019 list of the Common Measure Set for additional detail on each measure.

Measures Appropriate for Population Health Monitoring AND Inclusion in Value-Based Contracting

1. Childhood Immunization Status – Combination 10
2. Immunizations for Adolescents
3. Children and Adolescents Access to Primary Care Practitioners
4. Oral Health: Primary Caries Prevention Offered by Primary Care
5. Weight Assessment and Counseling for Nutrition, Physical Activity for Children/Adolescents
6. Well Child Visits in the First Fifteen Months
7. Well Child Visits in the 3rd, 4th, 5th and 6th Years of Life
8. Adults Access to Preventive Ambulatory Health Services
9. Adult BMI Assessment
10. Breast Cancer Screening
11. Cervical Cancer Screening
12. Chlamydia Screening in Women

13. Colorectal Cancer Screening
14. Mental Health Service Penetration
15. Substance Use Disorder Service Penetration
16. Antidepressant Medication Management
17. Follow-up After Hospitalization for Mental Illness
18. Follow-up After Emergency Department Visit for Mental Illness
19. Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
20. Patient Experience with Primary Care: How Well Providers Communicate with Patients
21. Patient Experience with Primary Care: How Well Providers Use Information to Coordinate Care
22. Comprehensive Diabetes Care: Hemoglobin A1c Testing
23. Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)
24. Comprehensive Diabetes Care: Retinal Eye Exam Performed
25. Comprehensive Diabetes Care: Medical Attention for Nephropathy
26. Comprehensive Diabetes Care: Blood Pressure Control (<140/90 mm Hg)
27. Controlling High Blood Pressure
28. Statin Therapy for Patients with Cardiovascular Disease
29. Asthma Medication Ratio
30. Use of Spirometry Testing in the Assessment and Diagnosis of COPD
31. Follow-up Care for Children Prescribed ADHD Medication
32. Annual Monitoring for Patients on Persistent Medications – ACE/ARB
33. Medication Adherence: Proportion of Days Covered (3 classes)
34. Medications: Generic Prescribing Rates (5 classes)
35. Use of Imaging Studies for Low Back Pain
36. Appropriate Testing for Children with Pharyngitis
37. Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
38. Potentially Avoidable Use of the Emergency Room
39. Patient Experience with Hospital Care: Discharge Information and Communication about Medications
40. C-Section (NTSV) Rates
41. Catheter-Associated Urinary Tract Infections
42. Falls with Injury
43. Stroke Care (STK-4): Thrombolytic Therapy
44. Patient Safety for Selected Indicators (Composite of 10)
45. Plan All-Cause Hospital Readmissions
46. 30-day All-Cause Mortality Rate Following AMI

Measures Appropriate for Population Health Monitoring ONLY

1. Immunization for Influenza
2. Pneumococcal Vaccination Status for Older Adults
3. Youth Obesity
4. Audiology Evaluation No Later Than 3 Months of Age
5. Youth Substance Abuse
6. Adult Obesity
7. Adult Tobacco Use
8. Prenatal Care During First Trimester
9. Unintended Pregnancies
10. 30-day Psychiatric Inpatient Readmissions
11. New Opioid Patient Days Supply of First Opioid Prescription
12. New Opioid Patients Transitioning to Chronic Opioids
13. Patients Prescribed High-Dose Chronic Opioid Therapy
14. Ambulatory Care – ED Visits per 1,000 population
15. Annual State-purchased Health Care Spending Growth Relative to GDP
16. Medicaid Per Enrollee Spending
17. PEBB Per Enrollee Spending

IV. Plans for PMCC in 2019

Dr. Emily Transue spoke on behalf of the Health Care Authority. The following is a summary of the points she made.

- The HCA values the work of the PMCC and believes the Common Measure Set and the work the PMCC does to support it should continue. There is a strong belief that the work should be broadly inclusive and transparent.
- Measures approved for the Common Measure Set need to continually evolve over time to reflect emerging health and health care issues in the state, measurement capability (including new measures and data sources), and our understanding of the impact of using measure and public reporting.
- The CMS SIM grant has provided a valuable source of funding to support the PMCC, particularly the staff support needed to complete its work. The CMS SIM grant ends January 2019. Looking ahead, resources will be much thinner to support this work. The HCA is still exploring the best way to resource the work going forward given available resources.

Discussion followed with PMCC members offering the following comments (this is a summary):

- This is "standards-based" work and a set of standards much be continually maintained or it becomes useless. It is naïve to think that we can maintain the standards, ensuring their use and relevancy, if we do not apply adequate resources to maintaining the process.

- The PMCC has been an efficient and effective way to get broad input and drive towards consensus and alignment. The public-private partnership between the HCA and the Washington Health Alliance has been critical in ensuring the success of this work.
- Stakeholder involvement in creating the Common Measure Set lends the measure set credibility. When contracting entities (e.g., health plans) use these measures, they know they are using measures that have the broad support of key stakeholders across the state.
- Important to remember that change in health care moves at a glacial pace. In this context, it is impressive that, in just four years, we have agreed upon and implemented a Common Measure Set that has evolved and is incrementally having a positive impact on narrowing the number of measures used in contracting.
- Continued work is needed to ensure alignment with the *specific* measures approved for the Common Measure Set.
- The group briefly discussed whether there is energy and resources to support a new collaborative effort through the PMCC that is more action-oriented to effect change (versus only focusing on the measure set).
- The group was highly complementary of the work of the Washington Health Alliance, citing the professionalism and expertise of the staff, and thanked them for their support.

V. Next Steps

- A high-level meeting summary will be available within ten days on HCA's website.
- The next meeting of the PMCC will be in 2019, meeting date to be determined by the HCA.

The meeting adjourned at 3:50 pm.

NOTE FOR THE RECORD:

The following individuals have been removed from the roster of the Performance Measures Coordinating Committee due to lack of participation over time. A formal notification and thank you was sent to them by the Health Care Authority.

- Ann Christian, Washington Community Mental Health Council
- Patrick Connor, National Federation of Independent Business
- Anne Hirsch, Seattle University
- Scott Ramsey, Fred Hutch Cancer Research Center
- Carla Reyes, WA State Department of Social and Health Services
- Caitlin Safford, Amerigroup of Washington

Additional PMCC roster changes include:

- Torney Smith has retired from the Spokane Regional Health District and will no longer serve on the PMCC.
- Dr. Dan Lessler has been replaced by Dr. Judy Zerzan, the new Chief Medical Officer for the Health Care Authority.
- Stephanie Renfro has replaced Lorie Gerik, representing OHSU.

ATTENDANCE: December 18, 2018

			Present	Absent
Jonathan	Bennett	Washington State Hospital Association		X
Craig	Blackmore	Virginia Mason Medical Center	X	
Marie	Dunn	Qualis Health	X	
Gary	Franklin	Labor and Industries		X
Nancy	Giunto	Washington Health Alliance	X	
Frances	Gough	Molina Healthcare of Washington		X
Ken	Jaslow	Premera Blue Cross		X
Daniel	Kent	UnitedHealthcare	X	
Larry	Kessler	UW School of Public Health, Department of Sciences		X
Kathy	Lofy	Washington State Department of Health	X	
David	Mancuso	Department of Social and Health Services	X	
Susie	McDonald	Kaiser Permanente Washington		X
Jim	Polo	Regence Blue Shield		X
Elya	Prystowski	Olympic Community of Health	X	
Dale	Reisner	Washington State Medical Association	X	
Stephanie	Renfro	Oregon Health Sciences University		X
Marguerite	Ro	Public Health - Seattle and King County	X	
Rick	Rubin	OneHealthPort	X	
Emily	Transue	WA State Health Care Authority	X	
Judy	Zerzan	WA State Health Care Authority	X	

Staff:

Susie Dade, Washington Health Alliance
Laura Pennington, Health Care Authority

Guests:

Karina Wirch, UnitedHealthcare Community Health Plan