

Performance Measures Coordinating Committee Meeting Summary for April 30, 2021

Present: Nancy Giunto, Francis Gough, Pat Justis, Dan Kent, Dale Reisner, Marguerite Ro, Rick Rubin, Judy Zerzan-Thul, Laura Pennington

Additional attendees: AnnaLisa Gellerman, HCA, Karen Johnson, WHA

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) A legislative update from Judy Z. particularly as it relates to the PMCC; (2) Review results and recommendations from the PROMs ad hoc workgroup; (3) Discuss follow items from January discussion, defining next steps; (4) Define process for 2021 evaluation of Statewide Common Measure Set; (5) Review options for public archival of past measure sets.

1. 2021 Legislative Updates

Dr. Judy Zerzan, Chief Medical Officer of the Washington State Health Care Authority shared information from the 2021 legislative session, particularly as it relates to the work of the PMCC. She stated that the legislature continues to be very excited about the work of the PMCC and the Statewide Common Measure Set (SCMS). Unfortunately, the legislature has not allocated resources to support this work. However, as we all continue to see the value in the work of this committee, the state, in partnership with the Alliance will continue to find ways to move these efforts forward.

Of particular note for this legislative session is [Substitute Senate Bill 5157](#), which directs the PMCC to:

- Establish performance measures which track rates of criminal justice system involvement among public health system clients with an identified behavioral health need including, but not limited to, rates of arrest and incarceration.
- Convene a workgroup of stakeholders, including HCA, MCOs, Department of Corrections, and others with expertise in criminal justice and behavioral health to review current performance measures that have been adopted in other states or nationally to inform this effort.
- Submit a report to the governor and legislature regarding the implementation by July 1, 2022.

Additionally, it is assumed that DSHS-RDA will be contracted to develop this measure if there are no nationally vetted measures meeting these requirements. HCA is beginning preliminary work to identify appropriate membership for the workgroup, as well as appropriate measures. A suggestion was made to include someone from the judicial system on the workgroup, so we may want to check with the Drug Court Program.

ACTION: Please forward any nominations you may have that meet the criteria above to Laura Pennington at laura.pennington@hca.wa.gov.

2. Review results from the PMCC PROMs Ad Hoc workgroup

At the last PMCC meeting in January 2021, the committee asked that an ad hoc workgroup be convened to further explore the topic of Patient Reported Outcome-Based Performance Measures or PRO-PMs. A subset of the previous PMCC 2021 Ad Hoc workgroup met three times during the months of March and April, with the goal of determining if the PMCC should consider adding additional PRO-PMs to the Statewide Common Measure Set (SCMS) and bring recommendations back to the PMCC for consideration. The members of the workgroup were:

- DC Dugdale, MD – University of Washington Medicine
- Karen Johnson – Washington Health Alliance
- Andrew Kartunen – Virginia Mason
- Larry Kessler – University of Washington
- Nicholas Locke – Bree Collaborative
- Cindi McElhaney - Comagine
- Rick Rubin - One Health Port
- Ginny Weir – Bree Collaborative
- Facilitators: Emily Transue, MD & Laura Pennington, HCA

Laura Pennington provided an overview of the charge of the workgroup, along with key findings and recommendations for the PMCC to consider.

The workgroup looked at three key considerations when considering the question of whether or not to add PRO-PMs to the SCMS:

- Is there sufficient evidence to support value in pursuing these types of measures?
- Do these types of measures fit within the scope of work of the PMCC and SCMS?
- What is the feasibility of widescale of adoption of PRO-PMs, including barriers to implementation?

The workgroup agreed with the first two bullets above, that there is sufficient evidence to support the value in adopting PRO-PMs for the SCMS. It was further determined the PMCC had already added a PRO-PM to the 2021 measure set when they included the Depression Remission or Response in Adolescents and Adults or DRR. The workgroup did review additional National Quality Forum (NQF)-endorsed PRO-PMs; however, they were less confident regarding feasibility of widescale adoption due to the existing barriers to implementation and felt the PMCC should proceed with caution for now. Their recommendation at this time is to not add any additional measures, but work with the DRR for now until we learn more, including:

- How to better address barriers.
- Understand what additional levers can lead to success.
- Achieve broader statewide implementation of this measure.

The workgroup recommended the following two measures for future consideration when/and if the PMCC is ready to move forward with adding additional PRO-PMs:

- CollaboRATE Shared Decision Making Score – [NQF 3227](#)
- Person-Centered Contraceptive Counseling (PCCC) measure - [NQF 3543](#)

After hearing an overview of the workgroup findings, including final recommendations, the committee members discussed the following key points:

- Important to consider the challenges with adoption and implementation of these measures, especially without additional resources or incentives.
- Members cautioned the addition of the PCCC measure until we learn more, as it is such a sensitive area within minority communities, and we need to ensure this will not create any unintended

consequences. Should the PMCC choose to revisit this in the future, it will be important to get input from the appropriate communities.

- Regarding the role of the PMCC to help promote the implementation of these types of measures, or “promising practices,” it may be enough to find a method to share the recommendations of the PMCC, such as on the Department of Health website, or other options.
- Given the concerns raised about barriers to implementation, etc. the committee agreed with the recommendations from the workgroup to not add any additional measures at the time.

Final Action: Hold on adding any additional PRO-PMs at this time. Revisit PRO-PMs in the future, ensuring a thoughtful approach to how we review and select these types of measures and who is engaged in the process.

3. Future of Quality Measurement in Washington – Follow Up from January

The committee members continued the discussion from January, revisiting key themes from that meeting. Of the four areas, the committee selected two for discussion:

1. Advocate for administrative simplification

- a. There have been a lot of concerns shared from the provider community about the need to improve administrative simplification to reduce the burden for quality measurement reporting. This is particularly true within the rural communities.
- b. Important to ensure alignment around common incentives and direction to increase administrative simplification.
- c. National health plans have measures that are more centralized.
- d. Need to acknowledge this is a very challenging issue that applies across a lot of areas. Need to consider what this group can do to impact.
- e. Locally, need to ensure alignment of technology and implementation efforts to support administrative simplification.

2. Health Equity and the SCMS

- a. Application of health equity lens to SCMS – the Alliance is currently vetting through its committee structure, a methodology to look at measures in the SCMS using the Area Deprivation Index. It is not a race and ethnicity or language indicator, as much as provides information about the social determinates of health. May be an opportunity to bring a health equity lens to the SCMS.
- b. Makes sense to build health equity into everything we do to keep it in the forefront:
 - i. This is a challenge however, as the current system is not set up to collect this information, but we need to start somewhere.
- c. It will be difficult until everyone commits to start collecting data, across payers, providers, etc. and we will want to be thoughtful about how we begin these conversations should we choose this route.
- d. Need to ensure we have the right people at the table. Consider gaps in diversity in PMCC membership.
- e. Need to consider what the PMCC’s role is, given our limited resources but at the same time our collective influence.

The committee agree to continue these conversations to consider how the PMCC can best move forward with addressing these important topics using their collective influence and roles.

4. Evaluation of the Statewide Common Measure Set

The Washington State legislature requires the PMCC periodically evaluate the Washington State Common Measure Set, making changes as needed. The last formal evaluation was conducted in 2018, so over the summer a workgroup will convene to review the current measure set considering opportunities to remove and/or replace current measures using the following criteria:

- Clinical impact and importance of measure for individual and population health
- Opportunity for continued improvement across Washington State
 - Results for both Medicaid and Commercial for previous years
 - Comparison of performance to national benchmarks
- Data accuracy and completeness

Using past frameworks for the process, the following roles will make up the workgroup membership: clinicians, measurement experts, data analysts, and health plans. Given the recent health equity discussion, it was recommended that a health equity expert also be included to bring a health equity lens to the review process so that expertise will also be added. The goal is to bring back any recommendations to the PMCC for consideration at a future meeting.

ACTION: Please forward any nominations for workgroup members to Laura Pennington.

5. Public Archival of Past Measure Sets

At the October 2020 PMCC meeting the committee raised the question of how we are tracking the annual changes made to the Statewide Common Measure Set, particularly those measures that have been removed, and how that information is made available to the public for historical purposes. Laura offered the following two options for the group's approval:

- Public:
 - Consider listing all past measure sets on PMCC webpage
- Available by request:
 - Spreadsheet that tracks ongoing changes, including:
 - Year of change (removal, addition, modification)
 - Reason (i.e., NCQA retired, no longer relevant, etc.)
 - Impact on state VBP contracts?
 - Other

The committee members agreed that the "Available by Request" option provides more detail, and as it is already an established HCA process would take very little effort to implement.

Final Action: Post a link on the PMCC webpage to request the SCMS historical tracking document.

6. Next Steps:

- Recruit participants for the following ad hoc workgroups:
 - Workgroup to establish measure(s) that track rates of criminal justice system involvement among public health system clients with an identified behavioral health need.
 - Workgroup to review and evaluate the current measures in the SCMS.
- Continue to explore opportunities to influence and/or impact administrative simplification, as well as how the PMCC can begin to apply a health equity lens to the SCMS and what that would look like.

Next Meeting:

Summer 2021 – An email will be sent out with potential dates/times.