

## Performance Measures Coordinating Committee Meeting Summary for August 13, 2021

Present: Nancy Giunto, Gary Franklin, Francis Gough, Larry Kessler, Marguerite Ro, Rick Rubin, Paul Sherman, Ginny Weir

HCA Staff: Emily Transue and Laura Pennington

Additional attendees: Kayla Salazar and Kat Ferguson-Mahan Latet, Community Health Plan of Washington

### 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) Review and vote on final recommended measures from Primary Care Measures Workgroup; (2) Learn how health equity is being applied to Community Health Plan of Washington’s quality work with provider organizations; (3) Continue discussion to further explore how health equity can be applied to the Statewide Common Measure Set; (4) Consider opportunities to remove and/or replace current measures on the Statewide Common Measure Set.

### 1. Primary Care Measures Workgroup recommendations

Dr. Emily Transue, Associate Medical Director of the Washington State Health Care Authority provided an overview of the work of the Primary Care Measures Workgroup to identify a set of measures to support the Primary Care Initiative and final recommendations of the group. The workgroup met four times between May and August 2021. The members of the workgroup are listed below.

Shawn Andrews, MD-Ambulatory Medical Director, Summit Pacific Medical Center	Jeff Hummel, MD-Comagine Health
Malcolm Butler, MD-Columbia Valley Community Health	Karen Johnson-Washington Health Alliance
Tony Butruille, MD-Cascade Medical Center	Norris Kamo, MD-Virginia Mason
Stephanie Carpenter, RN-COO, Columbia County Health	Yogini Kulkarni-Sharma-Asst VP, Health Plan Quality Improvement, Molina Health
Phyllis Cavens, MD-The Child & Adolescents Clinic	Michael Maxwell, MD-North Olympic Health Network
Francie Chalmers, MD-Skagit Pediatrics	Patrick McLaughlin, MD-North Sound Family Medicine
Natasha Chapin-Summit Pacific Medical Center	Rich Meadows, MD- Providence Kadlec
David C. Dugdale, MD, UW Medicine	Meena Mital, MD-NeighborCare Health
Kim Emery, PA-Columbia County Health System	Sheryl Morelli, MD- CMO, Seattle Children’s Care Network, Pediatrics
Asqual Getaneh, MD-International Community Health Services	Pam Schlauderaff-Director of Quality, Mason General
Jennifer Graves, RN-VP, Quality & Safety, Kaiser	Angela Stapleton-Mackenzie, MD-The Polyclinic
Beth Harvey, MD-South Sound Pediatrics	Lisa Werlech-Director, Quality Management, Amerigroup
Kim Herner, MD-Chief Quality Officer, Valley Medical Center	Rose Whitney-Director of Population Health, Providence

After hearing a summary of the workgroup discussions, including the final list of recommended measures and areas of concern, the committee discussed the list below and took a final vote for approval of the following measures.

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%) (CDCŃ)	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: <ul style="list-style-type: none"> <li>Adolescent Well Child Visits (AWC) (12-21 years of age) (Replaced with WCV)</li> <li>Depression Remission and Response for Adolescents and Adults (DRR)</li> <li>Potentially Avoidable Use of the ER (WHA)</li> <li>Screening for Depression and Follow-up Plan – NQF 0418)</li> <li>Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34) (Replaced with WCV)</li> </ul>	Removed

After discussion, the committee approved all measures in the set, except for the Depression Screening and Follow up for Adolescents and Adults (DSF-E). The concerns raised are listed below:

- Concern about potential burden to providers – one of the principles used when selecting the measures was to align as much as possible with measures that are already being reported elsewhere. All measures in the list are currently NCQA HEDIS measures. General sense that the number of measures in the list is reasonable.
- This set of measures is a sub-set of measures within the Common Measure Set and all, but one is already in the Common Measure Set.
- Data constraints – Want to make sure we don't let data be an obstacle and consider testing some measures before we add them to contracts for accountability purposes.
- Concern about the numerator in the DSF-E and how it is measured if the number of clients who attend a primary care practice are low. The denominator will be based on the number of patients who are defined as belonging to the practice.
- Concern about additional burden to providers who must identify and reach out to patients who haven't been seen by the provider in a while.
  - Tony B., workgroup member and primary care provider, confirmed that it is understood that this measure is intended to include all patients assigned to the practice and not just those who show up. He supports this measure and asks that the state provide resources and time for implementation of this measure. This measure has the potential to push the system in the right direction.
- Additional concerns raised that while this may not be a perfect measure, it is an important topic that needs to be addressed within the primary care practice and encourages people to return to primary care.

A motion was made and seconded to not add the DSF-E measure to the Common Measure Set and remove it from the set of primary care measures.

- Final vote was 4/3 in favor to remove the DSF-E and not add it to the Common Measure Set, at this time.
- Final vote to adopt the remaining measures was 6/1 in favor of adopting all measures, except for the DSF-E measure.

A second motion was made to add the DSF-E measure to the Common Measure Set.

- Final vote to add the DSF-E measure was 3/3, so will bring this back for additional information.
- A request was made for HCA to bring this measure back with additional information. HCA will go back to the workgroup to better understand how this measure will be implemented or

**Final Outcome:** The final decision was that all proposed measures, except for the DSF-E measure are fully approved. Also, additional information for the DSF-E measure will be provided for further consideration and discussion.

## 2. Health Equity and Quality Performance

At the last PMCC meeting in April the committee agreed that it makes sense to build health equity into all we do to keep it in the forefront, while also acknowledging the challenge, as the current system is not set up to collect this information. The committee however agreed that we need to start somewhere. Therefore, Community Health Plan of Washington was invited to present the work they are doing to implement health equity into their quality performance work with practices.

Marguerite Ro provided an introduction and acknowledged our collective influence and ability to be equity champions and influence change. The PMCC is a group that is unique in their composition and who set direction for the state and for the different sectors represented. She reminded the committee of the discomfort we all face in addressing health equity, as there is not an easy solution or answer to how to best address disparities. As we move forward as a committee, it is important to consider how equity is reflected in the priorities we set as a group, and how it is reflected in the decisions we make.

The PMCC heard from Kat-Mahan Latet, Director of Health Systems Innovation and Kayla Salazar, Manager of Equity and Quality Performance at the Community Health Plan of Washington described how they incorporated health equity into their agency quality framework. Key points provided from that discussion are listed below:

- Their ultimate goal is to “Be a leader in the pursuit of Whole Person Care and Health Equity,” and they will do this by first creating a culture of equity and second, by designing a care delivery and payment reform mode that advances equity.
- Just stratifying measures by race/ethnicity and language is not necessarily the solution, as the data does not tell the full story and in many cases, is not complete.
  - Their lesson learned is that “Equity is a journey. So is data and measurement.”
- Currently exploring questions about how to continue to learn and grow. Questions for PMCC consideration:
  - How can the MCOs, Providers, and HCA work together to drive inclusion of equity in quality performance?
  - How might PMCC develop recommendations and/or advocate for next steps.
  - What future opportunities should be further explored?

#### 4. **Evaluation of the Statewide Common Measure Set**

This agenda item was deferred to a future meeting due to a lack of time.

#### 6. **Next Steps:**

- HCA will reach back out to members of the Primary Care Measures workgroup for additional information on the DSF-E measure. In addition, HCA will put together a packet of additional information and send to the PMCC for further consideration.

#### **Next Meeting:**

- October 2021 – An email will be sent out with potential dates/times.
- Proposed agenda topics:
  - Evaluation of the Statewide Common Measure Set – Review and consider potential measures for removal and/or replacement
  - Revisit the depression measure based on the conversation summarized above.
  - Update from Criminal Justice Involvement Measures Workgroup