

Performance Measures Coordinating Committee Meeting Summary for October 29th, 2021

Present: Vishal Chaudhry, Nancy Giunto, Sarah Hallvik, Pat Justis, Gary Franklin, Dan Kent, Larry Kessler, David Mancuso, Marguerite Ro, Ginny Weir, Judy Zerzan-Thul

Absent: Jonathan Bennett, Sue Birch, Craig Blackmore, Patrick Conner, Francis Gough, Ken Jaslow, Dale Reisner, Rick Rubin, Paul Sherman

HCA Staff: Emily Transue, Laura Pennington, and Heleena Hufnagel

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.) Report out from the Criminal Justice Involvement Measures Workgroup
- 2.) Review additional information from the Primary Care Measures workgroup regarding depression screening measure
- 3.) Opportunities to remove and/or replace current measures on the Statewide Common Measure Set
- 4.) Discuss how current the measures may impact health equity

1.) Report out from the Criminal Justice Involvement Measures Workgroup

Laura Pennington and David Mancuso from RDA/DSHS provided a brief recap of the workgroup’s purpose, and a status update from their August meetings, including next steps. The workgroup met two times in August 2021. The members of the workgroup are listed below.

Name	Organization
Kate Ireland, LMFT, CPC	Health Care Authority, DBHR
Gregory Jones, RN	Lucid Living
Tom Kinlen	Department of Social & Health Services
David Mancuso	Department of Social & Health Services, RDA
Jim Mayfield	Department of Social & Health Services, RDA
Cindi McElhaney	Comagine Health
Nicole Mims	Health Care Authority, DBHR
Tony Prentice	Department of Corrections
Jamie Reed	Snohomish County
Bethany Roth, RN	Health Care Authority, Medicaid Program
Angela Sauer	Department of Corrections, Reentry Program
Kris Shera	Health Care Authority, DBHR
Cyndi Stilson, RN	Community Health Plan of Washington
Carey Wallace, RN	Health Care Authority, Medicaid Program

Highlights from the discussion include the following:

- Reminder that Substitute senate bill 5157 requires the PMCC establish performance measures to be added to the Washington Statewide Common Measure Set that track rates of criminal justice involvement among Medicaid clients with an identified behavioral health need. Including:
 - Reducing client involvement with the criminal justice system; and
 - Reducing avoidable costs in jails and prisons.
- The data indicates a strong correlation between behavioral health needs and involvement with the criminal justice system.
- Most arrests in Washington State are of persons with current or recent Medicaid coverage.
- The rate of individuals with co-occurring BH compared to all Medicaid population is 13-15% above.
- A similar rise variant exists with ED utilization and inpatient admissions.
- Quarterly ACH “measure decomposition” reports show strong correlation between race/ethnicity and criminal justice system involvement (see slide deck)

Recommendations from the workgroup moving forward:

We need to stratify SMI/SUD and established MH diagnosis across the population and ensure we are developing measures that drive accountability and not mere monitoring.

Many states do not have comparative example data, but there is still an opportunity to combine jail-booking data with Provider 1 to build outcomes.

The final recommendations for development of a set of measures include:

- Adopt variation of 5732/1519 arrest measure that restricts population to persons with identified behavioral health needs.
- Develop parallel jail booking and/or DOC incarceration measure.
- Develop post-discharge measures of timely access to mental health and substance use disorder treatment services analogous to HEDIS® FUA, FUH, and FUM metrics.
- Build measurement infrastructure to stratify measures based on:
 - Type of behavioral health condition (MI/SMI/SUD/COD)
 - Beneficiary demographic: age, gender, race/ethnicity, residential location
- Given the disruptive impact of incarceration on Medicaid enrollment, apply less restrictive attribution criteria than used in HEDIS® (e.g., 7 of 12 months vs 11 of 12 months.)

Response to Committee questions:

- Regarding time frames: A shorter time span (7 months) ensures that all entities may meet criteria timeline over the course of a year and what a group may realistically reply to. Additionally, this aligns with the Medicaid Transformation Project (MTP).
- How do we define behavioral health: At present we may use a default definition but can be explored in future PMCC meetings if requested.
- First time screens and eligibility: Reflecting on Medicaid eligibility inclusion, those who qualify for measurement would be eligible for tracking. The measures are currently under development, but we are looking to a 24 month look back period to have adequate penetration to develop condition value sets and measure experiences. We expect substantial coverage months which may identify high risk clients and any disruption to eligibility.
- Regional lens: Measurement specs can incorporate rates and identify engagement. There will be a future PMCC follow up.

- Assistance for individuals currently incarcerated and obtaining Medicaid services after: Focus will be on timely access to care and outcomes based on shortening eligibility periods for enrollment following incarceration.

Next Steps: The measures are currently in the development process and regular updates/questions will be brought back to the PMCC.

2.) Primary Care Measures Workgroup: Depression Screening and Follow up for Adolescents and Adults

At the August meeting, the committee approved all measures except for the Depression Screening and Follow up for Adolescents and Adults (DSF-E). The PMCC tasked the workgroup with providing additional information for the measure.

Dr. Emily Transue, Associate Medical Director of the Washington State Health Care Authority gave an overview of the DSF-E measure, additional detail, including the importance of screening patients for depression. Additionally, ongoing monitoring provides an opportunity for providers to reduce population morbidity, lower cost and improve quality of care.

After public comment, the workgroup voted on adding DSF-E to the Statewide Common Measure Set. Initially the request to add the measure with screening only, however after discussion the committee agreed to consider the follow-up rate as well. The committee unanimously voted to approve both subsets of the measure 7:0.

Final Action: The Depression Screening and Follow-up for Adolescents and Adults will be added to the 2022 Washington Statewide Common Measure Set.

3.) Evaluation of Statewide Common Measure Set and opportunities to remove measurements:

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, as outlined below.

“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.”

General feedback from the committee is that there are currently too many measures on the SCMS. Therefore, the committee reviewed the following measures for consideration to remove from the SCMS:

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	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				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	Easily manipulated with coding	Consistently above 90 th percentile for children for C/M.			Consider replacing with new Antibiotic Utilization for Respiratory Conditions (AXR) measure.
Medications: Generic Prescribing Rate		Performance is consistently good. Do we still have an opportunity to move this measure further?			

Measures considered for removal:

- **Adults Access to Preventive/ Ambulatory Health Services (AAP):**
 - There was not an official vote to remove this measure, as it was not included in the final vote. However, the committee noted that the measure is not specific enough to capture the true scope of access to ambulatory.
 - Will revisit at a future meeting.
- **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC):**
 - PMCC determination that the measure has limited evidence of impact to health and is only used for reporting.
 - Vote 5:2 in favor of removal
- **Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB):**
 - PMCC determination that the coding may be easily manipulated and is not reliable.
 - Vote 7:0 in favor of removal
 - ***Replaced with: Antibiotic Utilization for Respiratory Conditions (AXR)***
- **Medications: Generic Prescribing Rate:**
 - PMCC determination that there are no reporting issues identified to warrant ongoing monitoring.
 - Voted 7:0 in favor of removal
- **Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)**
 - *Will revisit at a future PMCC meeting
- **Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Testing**
 - PMCC determined that there is no clinical impact from the measurement alone.
 - Vote: 6:1 in favor of removal

Additional measures considered for modification:

- Updated to include the following measures to align with NCQA updates that unbundle the CDC measures:
 - Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg).
 - Updated to ***Blood Pressure Control for Patients With Diabetes (BPD)***.
 - Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed.
 - Updated to ***Eye Exam for Patients With Diabetes (EED)***.
 - Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%).
 - Updated to ***Hemoglobin A1c Control for Patients With Diabetes (HBD)***.
 - Includes reporting for both <8% and >9%.
- PMCC agreed with updates and voted 7:0 to incorporate the modifications.

Additional Comments:

- An additional proposal was received from a member of the committee to add the following:
 - NQF-0326: Advanced Care Planning (review at a future PMCC meeting)
- It was further noted that the CG CAHPS Patient Experience measures are appropriate for Clinicians only. A proposal was made to consider adding HP CAHPS to assess patient experience in health plans. Will discuss at a future PMCC meeting.

Outcome:

- Three measures were approved for removal from the SCMS
 - Comprehensive Diabetes Care (CDC) - Hemoglobin A1c (HbA1c) Testing
 - Medications: Generic Prescribing Rate
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- One measure was approved for replacement
 - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
 - Replace with Antibiotic Utilization for Respiratory Conditions (AXR)
- Three measures were approved for modification
 - Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg).
 - Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed.
 - Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%).
- Four measures will be revisited at a future PMCC meeting:
 - Adults Access to Preventive/ Ambulatory Health Services (AAP):
 - Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)
 - NQF-0326: Advanced Care Planning
 - CG-CAHPS Patient Satisfaction

4.) Evaluation of the Statewide Common measure Set and Health Equity:

This agenda item has been deferred to next meeting due to lack of time.

Next Meeting:

- Friday, January 21, 2022
- 2:00 – 4:00 p.m.
- Meeting invite has been sent out but please let us know if haven't received it

- Proposed agenda topics:
 - Evaluation of the Statewide Common measure Set and Health Equity
 - Continue discussion from October meeting to modify the Statewide Common Measure Set