

Performance Measures Coordinating Committee Meeting Summary for Friday, April 22, 2022

Committee members present: David Mancuso, Gary Franklin, Judy Zerzan-Thul, Pat Justis, Rick Rubin, Eva Wong (On behalf of Marguerite Ro), Ginny Weir, Paul Sherman, Sharon Eloranta (on behalf of Nancy Giunto), Cindy McElhaney (on behalf of Sara Hallvik, Dan Kent

Not Present: Sue Birch, Jonathan Bennett, Vishal Chaudhry, Patrick Connor, Nancy Giunto, Francis Gough, Sara Hallvik, Ken Jaslow, Larry Kessler, Dale Reisner, Marguerite Ro.

Guest Presenters: David Mancuso from RDA

HCA Staff in attendance: Emily Transue, Laura Pennington, Carey Wallace, Todd Jensen and Heleena Hufnagel

Welcome and Introduction:

Judy Zerzan-Thul from WA Health Care Authority welcomed attendees and thanked them for participating in the meeting. She 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. Judy also reviewed the objectives for the meeting which included:

1. Criminal Justice Measure involvement update with Committee final vote.
2. Legislative requirement to begin tracking homelessness and housing instability.
3. Health Equity and the SCMS: brief updates from NCQA, EQRO and a review and approval of HCA historic changes tracking log.
4. Revisit the January meeting and further discuss the proposed Advanced Care Planning (ACP) measure for SCMS consideration.

1.) Criminal Justice Measure Update

Laura Pennington briefly discussed the history of the 2013 House Bill 1519/5732: Cross system outcome measures for adults enrolled in Medicaid. This Bill includes a requirement for HCA and DSHS to collaborate with contracting entities to reduce client involvement with the criminal justice system and minimize avoidable costs associated with arrest and incarceration. In 2021, Amendment 5157 added incentivization to reduce criminal justice system involvement of individuals with identified behavioral health needs. Because no HEDIS measures exist for this topic, the PMCC was tasked with establishing performance measures to be added to the Washington Statewide Common Measure Set to track these rates of criminal justice involvement among Medicaid clients.

David Mancuso from RDA discussed the adoption of Amendment 5157 and summarized the measure development recommendations of the workgroup. These included:

- **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
- **Apply less restrictive attribution criteria than typically used in HEDIS® specifications for Medicaid enrollment.**
- **Track and report on the rates of the following:**
 - Track parallel jail booking and/or DOC incarceration.
 - Track length of stay in jail setting.
 - Track post-discharge of timely access to mental health and substance use disorder treatment services analogous to HEDIS® FUA, FUH, and FUM metrics.
 - Track access to OUD treatment after jail and DOC incarceration.

Comments:

Q: If the criminal justice involvement measure is already part of WA reporting, how does this relate to the SCMS?

A: The measure exists in a sibling measure set but it is not on the current SCMS. This legislative requirement is a move toward using the measure in a different capacity.

Q: Is the presumption of measure 5732 to work toward *preventing* arrests of the identified population or is it a post discharge conceptual framework to “break the link” of CJ involvement in this population?

A: Those individuals who are numerator compliant have evinced a 20% reduction in arrest rates in a FY. If we are talking prevention vs. engagement in an episode, there is a potential down the line to work toward a reduction in SUD rates and accompanying criminal justice involvement.

Q: Why are we only looking at 7 day and 30 day follow up?

A: These measures mirror the current NCQA FUA/FUM HEDIS measure and exists in the CMS IPFQR Program. The intention is to capture the timeliness of access to services within a supportive time frame. Additionally, with some payment methodologies like P4P, payments are incentivized at 30+ days.

Q: Do we look at commercial populations?

A: No, we only focus on Medicaid with this measure. SUD and FUM/FUA may be more broadly seen in NCQA HEDIS measures for the commercial population.

Q: Why is a Medicaid only measure being added to the SCMS?

A: Prior to the pandemic, WA state saw increasing rates of detainment and incarceration of individuals with behavioral health needs. Trueblood Diversion Services (DSHS) has attempted to address the delays to formal evaluation and supportive case management for these individuals in the CJ system, but the next step is developing a reporting infrastructure to support HCA operations to improve the health of the behavioral health population.

Q: Is this measure setting a precedent?

A: We do have (4) other measures in the SCMS that are focused on Medicaid only populations. However, directives from the Legislature are new and we should expect that this will be an ongoing change to the role of the PMCC in the future.

Q: Is this information available for the PMCC and/or other parties to pull this information to compare to the commercial populations?

A: RDA has a data share agreement with DOC and HCA. Interested parties would need to speak to the DOC regarding research agreements (David may provide contact information upon request). Of note: The overlap with non MCD populations would be modest, since MCD has been identified as a primary insurer for these individuals (many are uninsured at time of encounter).

Comment: This is a good measure for the PMCC to track [as measure stewards] and kudos to RDA for the development of this measure.

Vote:

The PMCC was asked to vote on (3) segments of the criminal justice measure:

1. **Variation of 5732/1519 arrest measure** that restricts population to Medicaid beneficiaries with identified behavioral health needs.

2. **Variation of HEDIS FUA** where index event is a discharge from a DOC correctional facility or jail setting.
3. **Variation of HEDIS FUM** where index event is a discharge from a DOC correctional facility or jail setting.

All variations of the criminal justice arrest measure are passed unanimously (11:0)

2.) SSHB 1860: Preventing homelessness among persons discharging from inpatient BH settings

Judy Zerzan-Thul from HCA discussed another legislative requirement for the PMCC to establish performance measures to track rates of homelessness and housing instability among Medicaid members. A workgroup of stakeholders including HCA, MCO's, housing providers and those with experience in housing instability will convene over the summer to discuss this measure in more detail. If the workgroup is unable to find any existing national measures that reflect this subject, RDA will work with HCA to develop a new measure, or set of measures. The first initial report is due to the legislature July 1, 2022, and will be based on the existent 1519 measure framework. **Please notify Laura Pennington if you are interested in nominating a stakeholder for this workgroup.**

3.) Health Equity and the SCMS: Brief Updates NCQA and EQRO

Laura Pennington shared NCQA proposed changes to HEDIS MY 2023 related to health equity. These changes include:

- 4 proposed *new* measures
 - Topical Fluoride for Children (Medicaid only)
 - Oral Evaluation, Dental Services (Medicaid only)
 - **Social Needs Screening and Intervention**
 - Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (Medicare only)
- 2 proposed measures for retirement
 - Frequency of Selected Procedures
 - Select CAHPS® health plan measures (FVA, FVO, PNU)
- 2 proposed changes to existing measures
 - Adult Immunization Status
 - Deprescribing of Benzodiazepines in Older Adults
- **Future of HEDIS – Health Equity**
 - Expansion of HEDIS measures requiring stratification by ethnicity and race (5 new measures annually with a goal of 80% direct reporting by 2024)

NCQA will release the final approved measure changes in August. Follow up with the PMCC will occur at a future meeting.

Comments: The initial 5 HE measures are good, but hybrid data is not easy to track. Additionally, for certain reporting bodies like EQRO, small denominators limit action and reliability. Additionally, the goal of equitable stratification with hybrid data is questionable, since most providers don't have 80% of members who are reporting at a "gold standard" (direct data).

NCQA has indicated that they are aware that this current hybrid reporting measure does have some areas of improvement but the need for this type of stratification is important and there is desire to move forward with beginning reporting efforts while EHR systems work to expand interoperability between providers and include new codes that support HE and SDoH focused measures. The PMCC will follow up in August with final comments for NCQA.

EQRO 2021 Comparative Analysis Report Focus on Health Equity

Cindy McElhaney provided a brief overview of the recently released 2021 EQRO comparative analysis report focusing on the recent addition of measures stratified by member race/ethnicity categories.

<https://www.hca.wa.gov/about-hca/apple-health-medicaid-and-managed-care-reports>

Comments:

Q: “Decline to Answer” respondents: How is this data used and does it compromise the results?

A: Approximately 9% of respondents didn’t answer/prefer no to answer. This did not significantly alter the results of the reporting.

Q: Version 1 FHIR standards are still in use. Are they going to update this to use the current 23 categories available for race/ethnicity?

A: This is the intention and work toward updating is currently in progress, will report back as more information is available.

Q: What about more than one race?

A: The current 834 Transaction in the system only pulls the respondent’s primary race and Hispanic/non-Hispanic categories. This is something they are looking to potentially change in the future.

Q: Are individuals able to access their personal information or will this data remain anonymous? Are we going to see IP issues based on how they are classified in their paperwork?

A: The annual technical report is available to the public for review.

4.) Historical Tracking and the SCMS

The PMCC previously discussed a mechanism for tracking changes made to the Statewide Common Measure Set. A proposal was made to have a single document that would be updated to reflect current SCMS. This document would be made available both publicly and for PMCC committee usage. Elements of this tracker were to include:

- Name of measure
- Date added or removed
- Reason for removal and justification for additions

The Committee unanimously voted to have a more detailed version of the EXCEL spreadsheet including targeting all populations and having the ability to sort extra information. The public facing spreadsheet or PDF may be less detailed/hidden tabs while the more comprehensive version will be made available internally for the PMCC committee to review. The committee liked “serving as performance measure historians.”

5.) Continued Evolution of the SCMS: The Advanced Care Planning Measure (ACP)

In January, the PMCC was presented with a proposal to consider an Advanced Care Planning measure. The following measures were discussed:

- **CMS Advance Care Plan (ACP) (NQF #0326)**
 - Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
- **NCQA Advance Care Planning (ACP) for MY2022 Medicare members.**
 - The percentage of adults 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year.

While this topic is important, there were several of consideration that warranted further discussion in the April PMCC meeting. The comments from the committee included the following:

- These measures focus on a very specific sub population, and this would not be as relevant to our existing MCD and Commercial populations.
- It is unclear if we may change the age bands if the ACP measure was adopted.

- There has been limited uptake so far on this measure despite its importance. It may need more time to develop and improve.
- “It would be nice to have more meaningful measures for older adults.”
- The measures does not take into account pre-needs planning before an individual begins to decline.
- The measure does not include medically complex individuals/ life limiting illness who may still benefit from this type of measure.

The Committee voted to parking lot the proposed measure for the time being and revisit this topic in the coming year and/or as new measure developments may occur.

5.) Public Comment

Q: Is there a controlling diabetes screening measure being considered? Physicians are not screening well (if at all). Screening would be a more proactive approach.

A: There was a diabetes monitoring measure that NCQA retired this year. The committee may further discuss this. Email from commentator was requested.

Q: NCQA colorectal cancer screening measure had an age band update. Will this be updated on the SCMS? Will this effect claims coverage?

A: Yes, HCA will automatically update this and a vote is not required. The system will also reflect this update. An additional commentator noted that most providers adopt ways to track measure changes in their systems as well.

Final comments from committee members:

- Dr. Judy Zerzan-Thul announced that Nancy Giunto will no longer be acting in the role of Co-chair for the committee due to her impending retirement from the Alliance and thanked her for her support and many years of service to this committee. HCA is incredibly grateful for her leadership and tireless work on behalf of the PMCC.
- In addition, Dr. Zerzan-Thul acknowledged the retirement of another long-term committee member. Dr. Dan Kent of United Healthcare, will also be retiring. On behalf of the committee, Dr. Zerzan-Thul thanked him for his participation and contributions over the past several years.

Next Steps/Actions:

- Please send nominations for the ad hoc homelessness/housing instability measures workgroup, including contact information, to Laura Pennington or Heleena Hufnagel.
- The PMCC Measure Tracking document (Excel version) will be updated and sent to the committee. In addition, a PDF version will be posted on the following webpage:
<https://www.hca.wa.gov/about-hca/washington-statewide-common-measure-set>

Next meeting:

- TBD (Committee members elected to wait until the fall)
- Prospective dates will be sent out in early May