



## WA State Performance Measures Coordinating Committee (PMCC)

December 15, 2016, 1:00 – 3:30 pm

### Meeting Summary

#### ***I. Welcome and Introduction:***

Ms. Dorothy Teeter, Administrator of the Washington State Health Care Authority, welcomed attendees and thanked them for participating in the meeting. Ms. Teeter 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. Teeter reviewed the objectives for the meeting which included: (1) review a summary of the feedback on proposed changes to the Common Measure Set received during the public comment period; (2) receive and take final action on recommendations for the 2017 Common Measure Set, including recommendations from the Pediatric Measures Work Group; and (3) review results for the 2016 Community Checkup and Common Measure Set from the Washington Health Alliance.

#### ***II. Summary of Feedback Received During the Public Comment Period***

A survey was sent out to approximately 2,200 people via the Health Care Authority's feedback listserv, inviting comment on proposed changes to the Common Measure Set for 2017. The public comment period lasted 2 ½ weeks during November 2016. In total, there were 14 responses to the survey. Detailed results from the survey are included in the meeting materials for the December 15, 2016 meeting of the Performance Measures Coordinating Committee (see slide deck - available on the HCA website).

#### ***III. Final Recommendations for the 2017 Common Measure Set***

The primary focus of review for the 2017 Common Measure Set has been on pediatric-related measures. A Pediatric Measures Work Group met five times between July and December with the following charge: *“Consider all pediatric-related measures in the current Common Measure Set and make recommendations regarding which measures to keep, remove and/or replace, or add, noting that the total number of pediatric-related measures should not exceed 17.”* In addition, a group of subject matter experts reviewed the remaining measures in the Common Measure Set to determine whether other (non-pediatric related) measures needed to be removed and/or replaced. The following is an outline of the final recommendations for changes to the Common Measure Set, effective 2017. (Note the abbreviations next to measure names are NCQA labels.)

**A. Keep the following 12 quality measures (already approved for the Common Measure Set) that relate to a pediatric-only population (ages 17 and younger) or a mixed pediatric-adult population:**

1. Childhood Immunization Status (CIS)
2. Immunizations for Adolescents (IMA)
3. Oral Health – Primary Caries Prevention in Primary Care
4. Children and Adolescent’s Access to Primary Care Practitioners (CAP)
5. Appropriate Testing for Children with Pharyngitis (CWP)
6. Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
7. Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
8. Immunization for Influenza
9. Chlamydia Screening in Women (CHL)
10. Mental Health Service Penetration
11. Substance Use Disorder Service Penetration
12. Follow-up After Hospitalization for Mental Illness (FUH)

**A. Keep a 13<sup>th</sup> quality measure (already approved for the Common Measure Set) but with the following modification:**

13. Medication Management for People with Asthma (MMA) – Report 75% adherence (rather than 50%) adherence

**B. Add three new quality measures that relate to the pediatric-only population:**

14. Well Child Visits in the First Fifteen Months of Life (W15)
15. Follow-up Care for Children Prescribed ADHD Medication (ADD)
16. Audiological Evaluation No Later Than 3 Months of Age

**C. Remove one measure from the Common Measure Set:**

- Human Papillomavirus Vaccine for Female Adolescents by Age 13

**D. Delay implementation of behavioral health-related measure (two rates) until 2018:**

- Follow-up After Emergency Department Visit for Mental Illness (FUM)
- Follow-up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA)

**ACTION: The Performance Measures Coordinating Committee unanimously approved the recommendations as outlined above.**

It is noted that, upon further consideration, the Pediatric Measures Work group withdrew its recommendations to add the following two measures to the Common Measure Set (initially recommended in October 2016):

- Lead Screening in Children (LSC)
- PCP Visit After ER Visits for Asthma

The Pediatric Measures Work Group did not form a consensus recommendation regarding whether or not to recommend adding the “Pediatric All-Cause Hospital Readmissions” measure. The PMCC

discussed the pros and cons of adding this measure to the Common Measure Set and ultimately decided not to approve the addition of this measure at this time.

A number of pediatric-related topics were discussed and thought to be very important for future consideration as nationally-vetted measures and/or data sources in Washington become more readily available. These include:

- Developmental screening in the first three years of life
- Maternal depression screening
- Depression screening for adolescents
- Dyslipidemia screening for adolescents
- Opioid screening for children and adolescents
- Lead screening in children
- Pediatric hospital readmissions

#### **IV. 2016 Community Checkup and Common Measure Set Results**

Nancy Giunto, Executive Director of the Washington Health Alliance, distributed the recently released 2016 Community Checkup report and reviewed results with the PMCC. A copy of Ms. Giunto's slides is included in the meeting materials for the December 15, 2016 meeting of the Performance Measures Coordinating Committee (available on the HCA website). A copy of the 2016 Community Checkup report can be found here: <http://wahealthalliance.org/alliance-reports-websites/community-checkup/>

#### **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 during first quarter 2017, date to be determined.

The meeting adjourned at 3:30 pm.

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## ATTENDANCE: December 15, 2016

			Present	Absent
Chris	Barton	SEIU Healthcare 1199NW		X
Craig	Blackmore	Virginia Mason Medical Center	X	
Gordon	Bopp	NAMI-Washington (NAMI-WA)		X
Ann	Christian	Washington Community Mental Health Council		X
Victor	Collymore	Community Health Plan of Washington	X	
Patrick	Connor	National Federation of Independent Business (NFIB)		X
Jessica	Cromer	Amerigroup Washington	X-Phone	
Sue	Deitz	National Rural Accountable Care Consortium		X
John	Espinola	Premera Blue Cross	X	
Gary	Franklin	Labor and Industries	X (Substitute)	
Nancy	Giunto	Washington Health Alliance	X	
Frances	Gough	Molina Healthcare of Washington	X	
Anne	Hirsch	Seattle University		X
Larry	Kessler	UW School of Public Health, Department of Sciences	X	
Byron	Larson	Urban Indian Health Institute		X
Daniel	Lessler	Washington State Health Care Authority	X	
Kathy	Lofy	Washington State Department of Health	X	
David	Mancuso	Department of Social and Health Services		X
John	McConnell	Oregon Health and Science University	X-Phone	
Susie	McDonald	Group Health Cooperative	X	
Elya	Moore	Olympic Community of Health	X	
Sheri	Nelson	Association of Washington Business	X-Phone	
Kara	Panek	Department of Social and Health Services	X	
Scott	Ramsey	Fred Hutchinson Cancer Research Center		X
Dale	Reisner	Washington State Medical Association (WSMA)	X-Phone	
Carla	Reyes	Washington State Department of Social and Health Services		X
Marguerite	Ro	Public Health - Seattle and King County	X	
Rick	Rubin	OneHealthPort	X	
Torney	Smith	Spokane Regional Health District	X	
Jonathan	Sugarman	Qualis Health	X-Phone	
Dorothy	Teeter	Washington State Health Care Authority	X	
Carol	Wagner	Washington State Hospital Association	X	