



## **WA State Performance Measures Coordinating Committee (PMCC)**

**December 18, 2017, 2:00 – 4:00 pm**

### **Meeting Summary**

#### ***I. 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 of 2017 Community Checkup results, including results for the Common Measure Set, and (2) take final action to add measures to the Common Measure Set for 2018 implementation.

#### ***II. 2017 Community Checkup***

Ms. Dade from the Washington Health Alliance presented a high level summary of the results from the 2017 Community Checkup, including results for all measures from the WA State Common Measure Set on Health Care Quality and Cost. Detailed results can be found at [www.wacommunitycheckup.org](http://www.wacommunitycheckup.org). Ms. Dade noted that this year's report includes results for the state, all 39 counties, nine Accountable Communities of Health, 300 medical groups, 1,000 clinics, 90+ hospitals and 16 health plans. The robustness of these results has earned Washington State an "A" in the national scorecard on physician quality reporting produced by two organizations: Catalyst for Payment Reform and Altarum. Washington state is one of only three states in the country to earn an "A" for physician quality reporting, based on the Community Checkup. Ms. Dade also noted that the report shows continued significant variation in performance results for counties, medical groups and hospitals, indicating poor quality in many cases and notable room for improvement. Ms. Dade noted that she is available to answer questions and/or to come and speak to organizations/groups about this year's results.

#### ***III. Discussion of Measures Under Consideration for the 2018 Common Measure Set***

Ms. Dade began this section of the agenda by offering a refresher on the measures under consideration for addition to the Common Measure Set. She reviewed the definitions, sources of data and units of analysis for public reporting for each of the following:

1. Prenatal Care: Percentage of women who receive first trimester prenatal care
2. Youth Substance Use: Percentage of youth who report using tobacco products, marijuana, alcohol or other drugs during the past 30 days
3. Obesity (Youth): Age-adjusted percent of youth self-reporting a body mass index of  $\geq 30$  (calculated on self-reported height and weight)
4. Obesity (Adult): Age-adjusted percent of adults 18 years and older self-reporting a body mass index of  $\geq 30$  (calculated on self-reported height and weight)
5. Opioid Prescribing - New opioid patients transitioning to chronic opioids: Among new opioid patients, percent who then transition to chronic opioids in the next quarter
6. Opioid Prescribing – Patient prescribed high-dose chronic opioid therapy (percent of patients at high doses including  $\geq 50$  mg/day MED and  $\geq 90$  mg/day MED)
7. Opioid Prescribing – New opioid patients’ days supply of first opioid prescription: Among new patients, distribution of days supply ( $\leq 3$  days, 4-7 days, 8-13 days and  $\geq 14$  days)
8. Patient Experience with Care Coordination: Percentage of respondents to CG-CAHPS survey that said “always” on three questions related to coordination of their care

Ms. Dade also shared a summary of the feedback that was received from 33 respondents during the public comment period held during November 2017. Details from this feedback may be viewed in the slide deck for the December 18 PMCC meeting, available on the Healthier Washington website.

Discussion ensued on each measure in turn. The following is a summary of the highlights of the discussion:

#### Prenatal Care

- Adding this measure to the Common Measure Set will bring focus to the importance of first trimester care during pregnancy.
- There is a lot of support from the Accountable Communities of Health for this measure, noting how important it is for communities to prioritize healthy pregnancy to get ahead of the curve on related health concerns associated with substance use and other poor health conditions during pregnancy.
- Prenatal care is really a “community issue” and is strongly tied to social determinants of health. For this reason, this measure is not appropriate for reporting at a provider level. NOTE: The recommended units of analysis are consistent with this, and only include results at the state, county and ACHs levels.

## Youth Substance Use

- The PMCC offered support for narrowing this measure to include a focus only on the following:
  - ✓ Percentage of 10<sup>th</sup> graders who smoked cigarettes in the past 30 days
  - ✓ Percentage of 10<sup>th</sup> graders who used electronic vapor products in the past 30 days

It was noted that the results for 10<sup>th</sup> graders tend to be the most reliable and a clearer indication of the extent of the problem (differentiated from results for 8<sup>th</sup> and 12<sup>th</sup> grade students). In addition, nearly all tobacco use begins during youth and young adulthood, so it is considered a significant time for intervention.

This measure will complement the “Adult Tobacco Use” measure already approved for the Common Measure Set.

## Obesity (Youth and Adult)

- Obesity represents a huge health concern; obesity increases the risk of diseases and health problems such as heart disease, diabetes and high blood pressure – all of which impact quality of life and are significant drivers of health care costs in the state.
- Although these results come from self-reported data, it is still important to know how we compare nationally to statistics from other states that are also generated from self-reported data.
- The group acknowledged that gathering results from electronic medical records will be more accurate, however these data are not readily available at this time for measurement and reporting statewide.

## Opioid Prescribing

- The PMCC offered support for adding all three measures to the Common Measure Set. A robust discussion centered around whether one or more of the measures should be age adjusted and/or gender and age stratified to more accurately portray specific differences in county-level results by age and gender.
- It was felt that adjustment/stratification may be more important for the measure “Opioid Prescribing - New opioid patients transitioning to chronic opioids” than for the other two opioid prescribing measures. However, a conclusion can’t be drawn until an analysis is done to make this determination.

## Patient Experience – Care Coordination

- Some members noted that they would prefer a more clinically-oriented measure related to care coordination but it was acknowledged that without access to medical record data, this would be hard to do at this time.
- Some concern was raised about the ability to afford the continuation of the statewide patient experience survey that is needed to produce comparable results for medical groups for public reporting.

**IV. Public Comment Period**

There was very limited public comment. Ginny Weir, Program Director for the Bree Collaborative spoke in favor of the opioid prescribing measures. Jenny Arnold from the Washington State Pharmacy Association spoke in support of all of the measures noting that they will make the Common Measure Set stronger.

**V. Action by the PMCC**

<b>Proposed Measure</b>	<b>Action Taken by the PMCC</b>	<b>Vote</b>
1. Prenatal Care	Approved for Common Measure Set	In favor: 12 Opposed: 0
2. Youth Substance Use	Approved for Common Measure Set with modifications to focus on smoking and vaping as described above	In favor: 12 Opposed: 0
3. Obesity (Youth)	Approved for Common Measure Set	In favor: 11 Opposed: 1
4. Obesity (Adult)		
5. Opioid Prescribing - New opioid patients transitioning to chronic opioids	Motion to table final action on these three measures until the PMCC can review PMP data from the Department of Health to determine whether results for public reporting should be adjusted and/or stratified for age and gender. This review will take place during the first 2018 meeting of the PMCC.	In favor: 12 Opposed: 0
6. Opioid Prescribing – Patient prescribed high-dose chronic opioid therapy		
7. Opioid Prescribing – New opioid patients’ days supply of first opioid prescription		
8. Patient Experience with Care Coordination	Approved for Common Measure Set	In favor: 8 Opposed: 3 Abstain: 1

## **VI. Looking Ahead to 2018**

Co-Chair Dr. Dan Lessler review the accomplishments of the PMCC since its inception in 2014:

- 7 workgroups with specific areas of focus, over 650 measures reviewed
- Input from ~80 members of the public
- Three years of results for the Common Measure set publicly reported
- Robust results shared on the Alliance's Community Checkup interactive website
- Washington is a leader for agreeing upon a Common Measure Set
- Our hard work on quality transparency is being recognized nationally

Dr. Lessler also previewed the work of the PMCC in the year to come. The primary focus will be on the following:

- Review of preliminary results and action on three opioid prescribing measures
- No ad hoc work groups planned for 2018 (i.e., none focusing on *specific content areas* for adding measures in 2019)
  - Under consideration: a process for evaluating the Common Measure Set (if resources identified to complete evaluation)
- Development of plan for the PMCC (role, membership, staffing/resources, and sustainability beyond 2018)
- Communicating value of Common Measures Set to purchasers and payers – promoting greater alignment through contracting
- Continued discussion regarding future measurement approaches and data sources for clinical outcomes and care coordination

## **VII. Next Steps**

- A high-level meeting summary will be available within ten days on HCA's website.
- The next meeting of the PMCC has not yet been scheduled, but will likely be in February or March 2018.

The meeting adjourned at 4:05 pm.

---

## ATTENDANCE: December 18, 2017

			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
Patrick	Connor	National Federation of Independent Business (NFIB)		X
Sue	Deitz	National Rural Accountable Care Consortium		X
John	Espinola	Premera Blue Cross		X
Gary	Franklin	Labor and Industries	X - Phone	
Lorie	Gerik	Oregon Health Sciences University (Ruth Rowland in her place)		X
Nancy	Giunto	Washington Health Alliance	X	
Frances	Gough	Molina Healthcare of Washington (Alyson Spencer attended)	X	
Jennifer	Graves	Washington State Hospital Association	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
Susie	McDonald	Kaiser Permanente Washington	X	
Elya	Moore	Olympic Community of Health	X	
Scott	Ramsey	Fred Hutchinson Cancer Research Center		X
Dale	Reisner	Washington State Medical Association (WSMA)	X	
Carla	Reyes	Washington State Department of Social and Health Services		X
Marguerite	Ro	Public Health - Seattle and King County		X
Rick	Rubin	OneHealthPort		X
Caitlin	Safford	Amerigroup of Washington		X
Bruce	Smith	Regence Blue Shield	X	
Torney	Smith	Spokane Regional Health District		X
Jonathan	Sugarman	Qualis Health	X	

### Staff:

Susie Dade, Washington Health Alliance  
 Laura Pennington, Health Care Authority (by phone)  
 Erin Peck, Health Care Authority

### Guests:

Nathan Bartholome (by phone)	Christina Mitchell (by phone)
Nancy Berkman (by phone)	Thea Mounts (by phone)
Janet Bliss (by phone)	Ellen Robinson (by phone)
Stephanie Clouser (by phone)	Ruth Rowland (by phone)
Michael Joseph (by phone)	Mandy Stahre (by phone)
Barbara Lantz (by phone)	Ginny Weir (attended in person)
Cheri Levenson (by phone)	