Before we get started, let's make sure we are connected

Online via webinar:

- 2 Options for Audio: "Use Mic & Speakers" or "Use Telephone"
- If you plan to speak, please use a telephone for audio quality purposes. A land line works better than a cell phone.
- There will be opportunities to submit comments/ questions online and verbally. Please be prepared to speak if you would like to comment during the public comment period.
- Please keep your phone line muted unless it is time for you to speak.





Performance Measures Coordinating Committee

Monday, December 18, 2017







Welcome and Introductions





Housekeeping

- Please silence your electronics
- No formal break
- Restrooms
 - Down the long hall and to the right





Public Process

- Maintaining a transparent process important
- Public comment opportunities
 - ✓ Performance Committee meetings open to the public
 - ✓ Time on the agenda for public comment prior to action
 - ✓ All documents posted on Healthier WA website
 - ✓ Comments can be submitted to HCA anytime





Performance Measures Coordinating Committee

Today's Objectives:

- 2017 Community Checkup with results for the Common Measure Set
- 2. Take action regarding adding measures to the Common Measure Set for 2018 implementation
 - Population Health
 - Opioid Prescribing



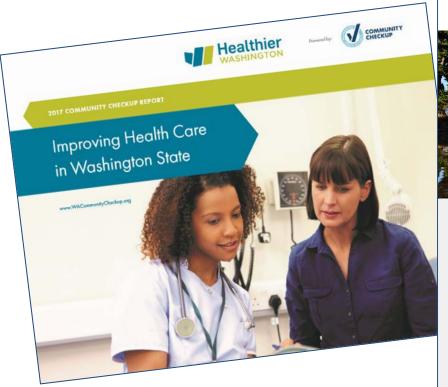


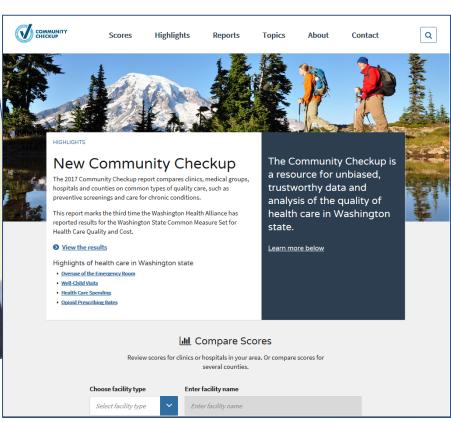
2017 Community Checkup



Results are in!

For detailed results, go to: www.wacommunitycheckup.org









Community Checkup earns Washington an "A" for health care quality reporting







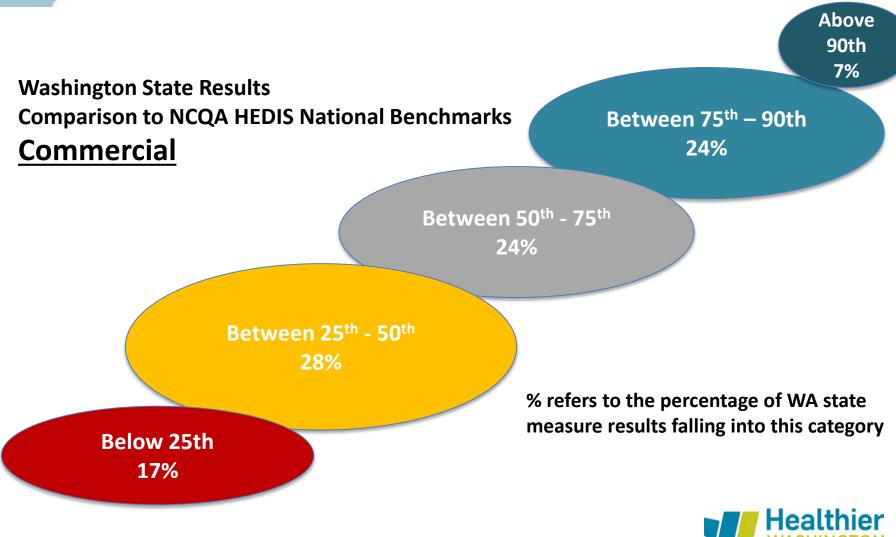
Results

- This year's Community Checkup includes:
 - Results based on approximately 4 million insured lives
 - Results for 39 counties, 9 ACHs, 300 medical groups, 1,000 clinics, 90 hospitals, 16 health plans
 - ~100 measures of quality and patient experience, including the Common Measure Set
- Many clinics, medical groups and hospitals perform well on select measures.
- Variation in care is a significant and persistent problem and signals room for improvement on most measures of quality
- Overall, our state results fall far short of our goal to be in the top 10% nationally on most measures of quality.



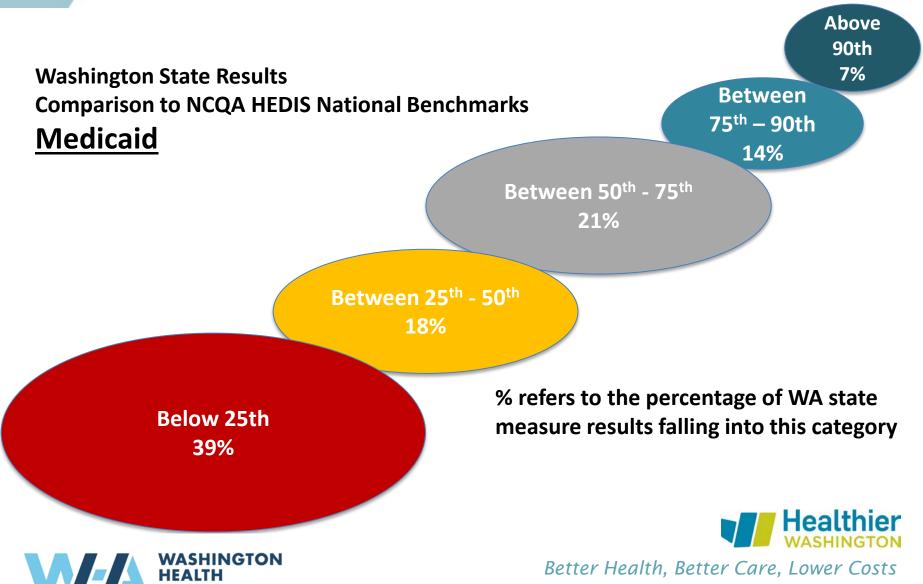


Overall: Lots of Room for Improvement





Overall: Lots of Room for Improvement



Action: Proposed Measures for 2018 Common Measure Set

Refresher

Measures under consideration:

- 1. First Trimester Prenatal Care
- 2. Youth Substance Use
- 3. Obesity, Youth and Adult (2 measures)
- 4. Opioid Prescribing (3 measures)
- 5. Patient experience Care Coordination



1. Prenatal Care

- Percentage of women who receive first trimester prenatal care
- Source of Data: WA State Birth Certificates
- Produce Results for Reporting: DOH
- Units of Analysis for Public Reporting:

State	County	ACH	Health Plan	Medical Group/ Clinic	Hospital
√	√	√			





2. Youth Substance Abuse

- Percentage of youth who report using tobacco products,
 marijuana, alcohol or other drugs during the past 30 days
- Source of Data: WA State Healthy Youth Survey
- Produce Results for Reporting: DOH
- Units of Analysis for Public Reporting:

State	County	АСН	Health Plan	Medical Group/ Clinic	Hospital
√	√	√			

(may need to aggregate data years for reporting on some smaller counties)







3. Obesity (Youth)

- Age-adjusted percent of youth self-reporting a body mass index of >30 (calculated on self-reported height & weight)
- Source of Data: WA State Healthy Youth Survey
- Produce Results for Reporting: DOH
- Units of Analysis for Public Reporting:

State	County	ACH	Health Plan	Medical Group/ Clinic	Hospital
√	√	√			

(may need to aggregate data years for reporting on some smaller counties)







3. Obesity (Adult)

- Age-adjusted percent of adults 18 years and older self-reporting a body mass index of >30 (calculated on self-reported height & weight)
- Source of Data: BRFSS
- Produce Results for Reporting: DOH
- Units of Analysis for Public Reporting:

State	County	ACH	Health Plan	Medical Group/ Clinic	Hospital
√	√	√			

(may need to aggregate data years for reporting on some smaller counties)





Recommended Opioid Prescribing Metrics

1. New opioid patients transitioning to chronic opioids

 Among new opioid patients, percent who then transition to chronic opioids in the next quarter

2. Patients prescribed high-dose chronic opioid therapy

Percent of patients at high doses (i.e., ≥50 mg/day MED and ≥90 mg/day MED in the calendar quarter) among patients prescribed chronic opioids

3. New opioid patients days supply of first opioid prescription

– Among new opioid patients, distribution of days supply (i.e., ≤ 3 , 4-7, 8-13, and ≥ 14 days) on first prescription





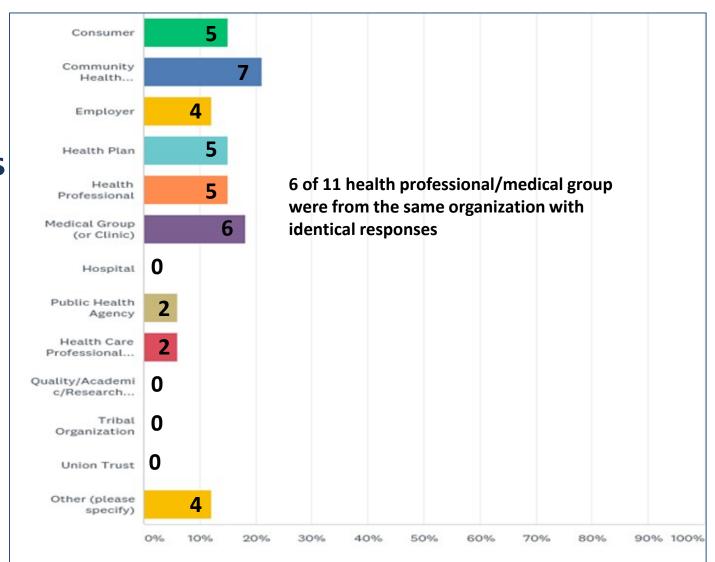
Recommended Opioid Metrics

- Measures not NQF-endorsed
- Measure Steward: Bree Collaborative
- Data Source: WA State Department of Health
- Proposed Unit(s) of Analysis for Public Reporting:

State	County	ACH	Health Plan	Medical Group/ Clinic	Hospital
√	√	√			

Results of Public Comment Period (November 2017)

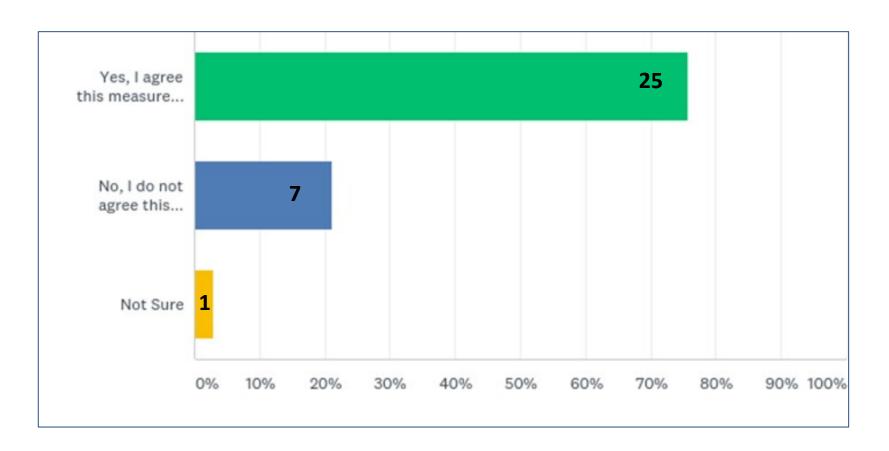
Survey Respondents (33)







Do you agree that the following measure should be added to the Common Measure Set: First Trimester Prenatal Care?









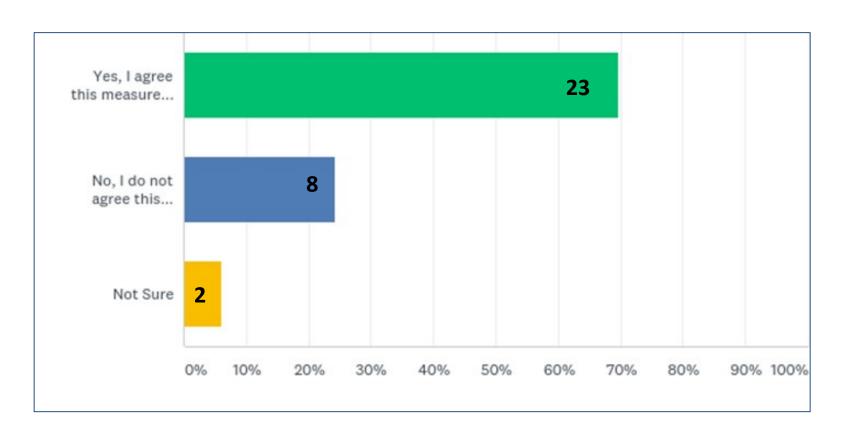
Narrative Comments - Prenatal Care

- The methodology for the measure is of dubious value.
- HCA will continue to receive this measure from Apple Health (Medicaid) health plans (as part of the plan's requirement to be NCQA accredited). HCA made a policy change to enroll newly eligible Apple Health clients in managed care earlier. Instead of being served in the Medicaid fee-for-service system for up to two months prior to enrollment in managed care, HCA began retrospectively enrolling individuals in managed care effective the first of the month when they became eligible for Medicaid. Previously, many obstetrical providers required the client to be enrolled in a MCO before seeing a client. The Apple Health policy change may have contributed to the significant improvement in the timeliness of prenatal care from 68.2% in reporting year 2016 to 77.9% in reporting year 2017. We are hopeful that this result shows continuous improvement over time.
- How many of the women in this data set historically know that they are pregnant within the first trimester? What if the pregnancy is not confirmed by a visit until after 12 weeks?
- Not all Community Health Centers provide prenatal services directly and thus have little to no influence over the outcome of this metric. Likewise isolated and more rural areas that struggle with prenatal care access are not likely to suddenly find more OB providers in a short timeframe. If providers who do not provide prenatal care are excluded from this measure, then I would agree that it should be added. If the goal is to have a measure that compares everyone equally, this measure is not going to accomplish that end.
- Measure makes sense, assuming we are able to obtain the correct information from birth certificates.
- Not every clinic provides prenatal care directly.
- Not everyone provides prenatal care directly and thus cannot always have an influence on this measure.





Do you agree that the following measure should be added to the Common Measure Set: Youth Substance Use?







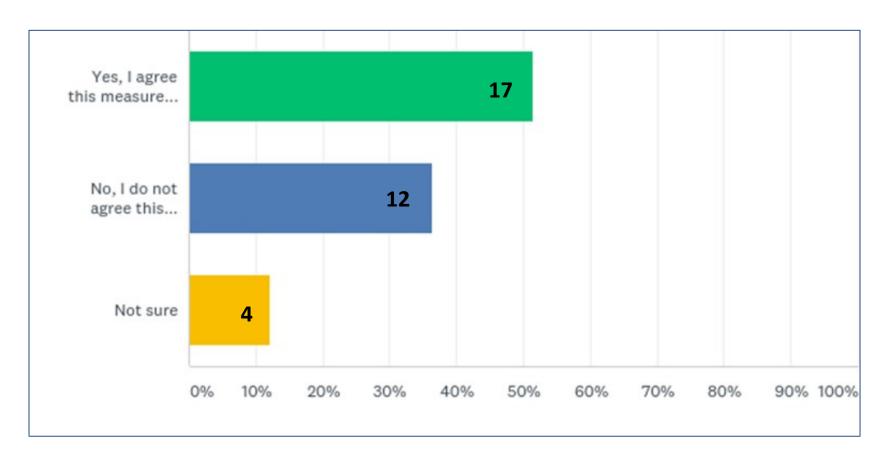
Narrative Comments – Youth Substance Use

- I would like to see measure include vaping devices as many provide nicotine delivery.
- Is this separate for each drug listed? If this is a combined measure, it's not very telling since youth report obtaining each substance in different ways and use of each substance is different. Policies to prevent youth access will also differ based on whether the drug is legal for adults to purchase versus illegal for everyone.
- The question should be the percentage of youth who were screened for smoking and counseled to quit if they smoke. Otherwise the measure will be higher for certain segments of the population and will penalize providers who care for low income patients.
- The HYS is administered yearly or every other year, I'm not certain which, but either way it is too infrequently measured to track, trend, experience any cause or effect in 1 year's time. If the data is going to be measured only once in the year how do you know there has been any improvement? Plus this data is self reported by youth and can experience a lot of variance depending on the students taking it. For instance, two teens dies at my local high school last month. Unfortunately, many teens turned to a variety of substances to cope with these tragedies. If the survey occurred anywhere around that time, the data would have been significantly skewed.
- Self reported surveys on this type of information are seemingly always tricky to validate.
- This will be difficult to track.
- HYS is administered either yearly or every other year making it hard to track and impact. It is also a self-reported measure so there are variance and reliability issues.





Do you agree that the following measure should be added to the Common Measure Set: Youth and Adult Self-Reported Obesity?









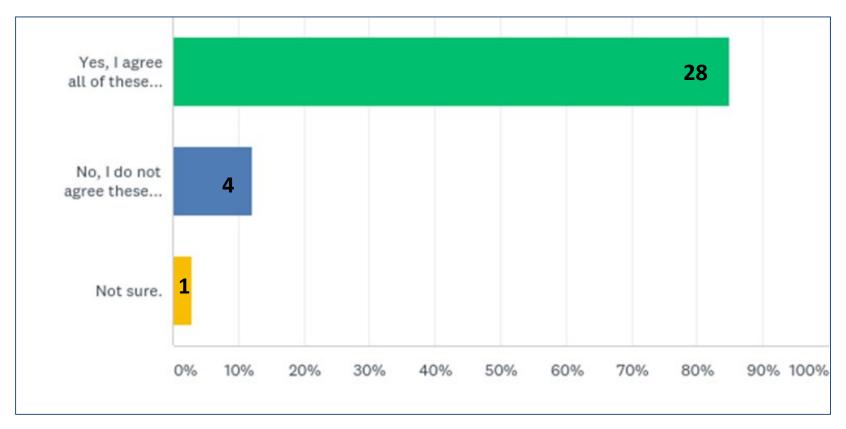
Narrative Comments - Self-reported Obesity

- Methodology is of dubious value for accurate or meaningful reporting for stakeholders.
- Self-reporting would not be an accurate, reliable, or easily verifiable way to measure.
- BMI is a notoriously flawed measure of obesity. Let's use a measure that is more accurate and more informative.
- It's unclear what action will take place regarding the information collected by these measures. The Common Measure Set already includes weight assessment and counseling for nutrition and PA for children/adolescents and adult BMI assessment. It's unclear how accurate BMI will be captured from HYS given the multiple choice format.
- Many patients will lie about their height and weight.
- Why would we ask for self-reported height and weight data that will be biased and inaccurate when we have access to height and weight data throughout the entire healthcare system? Height and weight data is pretty stable and reliable from various healthcare EHR systems.
- A self-reported measure with a lot of variance and reliability issues.
- Data from healthcare EHRs would be more accurate.
- Self-reporting can be very inaccurate, and therefore provide an inaccurate understanding of the extent of the condition.
- Youth self reporting BMI seems as if the data would be unreliable. There are so many assumptions about health literacy and access to healthcare that go into answering those questions.





Do you agree that the following measure should be added to the Common Measure Set: Opioid Prescribing Measures?







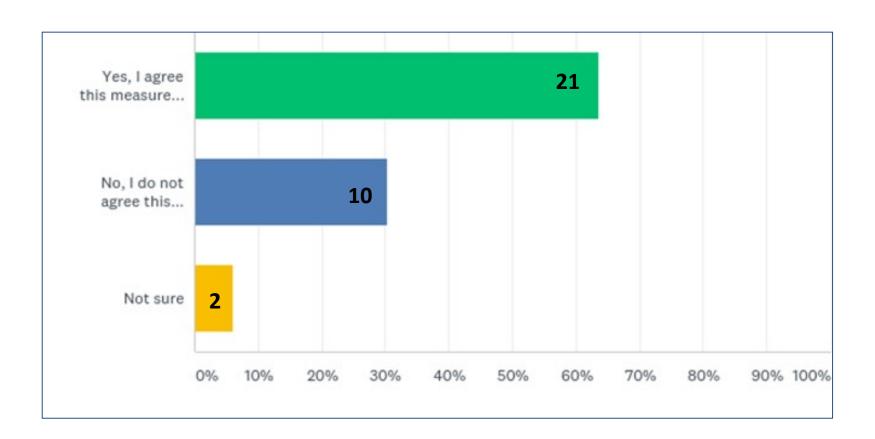


- Of the three measures, I like Measure A best. This measure has the potential of being used to inform provider practice (and cause a provider to 'pause' before continuing to prescribe opioids and assess a client further before prescribing). Measure B will help inform provider practice (yes, we do have a system problem) and perhaps influence the chronic use of opioids i.e., Measure A. Measure C will help inform the success of HCA policy at limiting the days supply of opioids for acute pain a good measure for evaluation purposes.
- Measure A and B, yes. Measure C is irrelevant for Medicaid members as of Nov 1. with the new HCA guidelines restricting initial opioid prescriptions to a 3 day supply for under age 21, and to a 7 day supply for 21 or over.
- It's unclear if these measures have been validated. It's also unclear why PQA-endorsed opioid measures were not chosen given the extensive vetting and validation of those measures. Without diagnosis information, understanding who is getting these opioid prescriptions weakens conclusions that can be drawn from these measures.
- Horrifying that this is being considered given lack of evidence. It seems like political maneuvering in
 the clinical realm. These measures should be tested, implemented on small scale and researched (prove
 they work, prove they don't work, prove there isn't unintended harm for patients) before we'd consider
 them. Yes there is an opiate issue but cherry picking certain points as common measures risks being
 wrong and undermining the purpose of core measures. In my mind the purpose of common measures:
 Shared understanding of important quality items that make sense to multiple stakeholders.
- I think this issue is so important that I will send a separate email with my comments





Do you agree that the following measure should be added to the Common Measure Set: Patient Experience - Care Coordination?









Narrative Comments - Patient Experience/Care Coordination

- This measure would only be used in our Accountable Care Program contracts for now.
- Would the CG CAHPS be required of all providers? CAHPs surveys are very expensive.
- This measure should not be added without long-term funding for the collection and reporting.
- The measure should be provider listens carefully to the patient.
- How would the measure of "well" be determined? It is a subjective measure.
- We have used a CG-CAHPS type survey for years and none of our existing questions ask about how well providers use information to coordinate care. Who will cover the costs to add questions or cover the cost for practices to even administer a survey (some do not). I do not know how patients would be able to answer this question because they are not likely to know when or if their provider used information to coordinate their care. This again seems like a pretty weak data source with high variance and low reliability.
- This is a patient perception of care which may be quite different from the care that was actually administered.
- Very subjective measure
- patients do not usually know if their provider used information to coordinate their care so this is based on perception more than reality. Data from HIE and other sources would better reveal who is or is not using "information" to coordinate care.
- Data from HIE and other sources would better reveal who is or is not using "information" to coordinate care.
- Great measure, again uncertain if what you are measuring can accurately answer the question especially for equitable representation from all populations. Looking at outcome data and tracking referrals seems better.







Overall/General Narrative Comments

- CMS should also include pediatric developmental screening and referral
- I support also capturing information on housing/homelessness which providers should be asking.
- We have too many measures already and should avoid adding more until we see if there is any value generated out of the efforts required to report on the existing set.
- I urge you to NOT implement the BMI measure.
- It is not clear who is using the Common Measure Set and how these measures are advancing health outcomes in the state. A formal evaluation of the measures is needed to make sure the Common Measure Set is meeting the needs of the state.
- We need access to data and reports (such as real time CG-CAHPS) if we are able to improve our care as clinics and communities.
- There are presently more than enough measures. I am unclear why there would be so many more added for 2018 when there are too many now to really focus on and improve at the current state.
- The easy part for all of these metrics will be collecting the data. The difficult part comes when we must address the results.
- I think most patients and consumers may not be aware of the state common measure sets, how they being used in public reporting, and where and how to use the information to shop for their care with best value and quality as well as low costs. I was able to find link to community checkup site but it is at the bottom of the main performance page and hard to find. I would like to see this valuable information is widely advertised and shared with members of the public including patients and consumers.
- There is a need in this community and in the healthcare space in general for more measures related to behavioral health





Questions PMCC Discussion

- 1. First Trimester Prenatal Care
- 2. Youth Substance Use
- 3. Obesity, Youth and Adult (2 measures)
- 4. Opioid Prescribing (3 measures)
- 5. Patient experience Care Coordination



Public Comment Please limit your comments to 3 minutes.

- 1. First Trimester Prenatal Care
- 2. Youth Substance Use
- 3. Obesity, Youth and Adult (2 measures)
- 4. Opioid Prescribing (3 measures)
- 5. Patient experience Care Coordination



Action by PMCC

ACTION (Yes or No): Add measure to Common Measure Set for 2018 implementation?

- 1. First Trimester Prenatal Care
- 2. Youth Substance Use
- 3. Obesity, Youth and Adult (2 measures)
- 4. Opioid Prescribing (3 measures)
- 5. Patient experience Care Coordination





Looking forward by first looking back

- SSHB 2572 (2014) Established the Common Measure set and the PMCC
- Since then:
 - 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





What's being considered for 2018?

- 1. 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 (<u>if</u> resources identified to complete evaluation)
- 2. Development of plan for the PMCC (role, membership, staffing/resources, and sustainability beyond 2018)
- 3. Communicating value of Common Measures Set to purchasers and payers promoting greater alignment through contracting
- 4. Continued discussion regarding future measurement approaches and data sources for:
 - Clinical outcomes
 - Care Coordination





Wrap UP

- 1. High level summary of today's discussion available within 2 weeks on HCA website
- 2. Next PMCC meeting: 1st Qtr. 2018, TBD

THANK YOU!



