Performance Measures Coordinating Committee

Friday, March 30, 2018

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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

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Performance Measures Coordinating Committee

Today's Objectives:

1. A couple of "FYIs"
2. Results from the 2017 Patient Experience Survey (INFORMATION)
3. Follow-up on Opioid Measures (ACTION)
4. Proposed Changes – Oral Health Measure (ACTION?)
5. PMCC Purpose and Role Statements (ACTION)

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FYI – Just for clarification

- The new measure on youth substance use will be reported as two separate rates:
  - percentage of 10th graders who smoked cigarettes in the past 30 days
  - percentage of 10th graders who used electronic vapor products in the past 30 days
- The new measure on youth obesity will be reported as the percentage of 10th graders who self-report a body mass index of ≥30 (calculated based on self-reported height and weight).

Source of data for both: Healthy Youth Survey
Responsible for producing results: Department of Health
Units of Analysis for public reporting: state, county, ACH

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FYI – For discussion at a future meeting

We have received a request to consider adding the Asthma Medication Ratio (HEDIS-AMR) measure *in addition to or instead of* the "Medication Management for People with Asthma" (HEDIS-MMA) measure.

AMR = The percentage of members 5-64 years of age who were identified as having persistent asthma and who had a ratio of controller medications to total asthma medications of 0.50 or greater.

MMA = The percentage of members 5-64 years of age who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period.

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Briefing: Patient Experience Results

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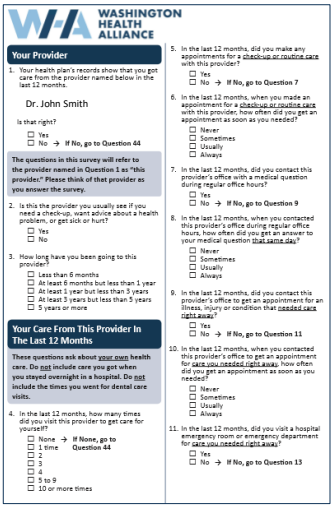
This Year's Survey Instrument

- CG-CAHPS® 3.0
  Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey
- Developed and maintained by the AHRQ; endorsed by the National Quality Forum
- 12-month, 4-point scale
  (Always, Usually, Sometimes, Never)
- 50 questions, including CG-CAHPS core questions, CAHPS supplemental questions and a few others
- English and Spanish
- Paper or electronic response options



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Your Provider

1. Your health plan's records show that you got care from the provider named below in the last 12 months.

   Dr. John Smith

   Is that right?

   ☐ Yes
   ☐ No → **If No, go to Question 44**

The questions in this survey will refer to the provider named in Question 1 as "this provider." Please think of that provider as you answer the survey.

2. Is this the provider you usually see if you need a checkup, want advice about a health problem, or get sick or hurt?

   ☐ Yes
   ☐ No

3. How long have you been going to this provider?

   ☐ Less than 6 months
   ☐ At least 6 months but less than 1 year
   ☐ At least 1 year but less than 3 years
   ☐ At least 3 years but less than 5 years
   ☐ 5 years or more

Your Care From This Provider In The Last 12 Months

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

4. In the last 12 months, how many times did you visit this provider to get care for yourself?

   ☐ None → **If None, go to Question 44**
   ☐ 1 time
   ☐ 2
   ☐ 3
   ☐ 4
   ☐ 5 to 9
   ☐ 10 or more times

5. In the last 12 months, did you make any appointments for a checkup or routine care with this provider?

   ☐ Yes
   ☐ No → **If No, go to Question 7**

6. In the last 12 months, when you made an appointment for a checkup or routine care with this provider, how often did you get an appointment as soon as you needed?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

7. In the last 12 months, did you contact this provider's office with a medical question during regular office hours?

   ☐ Yes
   ☐ No → **If No, go to Question 9**

8. In the last 12 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?

   ☐ Never
   ☐ Sometimes
   ☐ Usually
   ☐ Always

9. In the last 12 months, did you contact this provider's office to get an appointment for an illness, injury or condition that needed care right away?

   ☐ Yes
   ☐ No → **If No, go to Question 11**

10. In the last 12 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?

    ☐ Never
    ☐ Sometimes
    ☐ Usually
    ☐ Always

11. In the last 12 months, did you visit a hospital emergency room or emergency department for care you needed right away?

    ☐ Yes
    ☐ No → **If No, go to Question 13**

Overview

- Patient sample drawn from insurance claims
  - Qualifying visit between July 2016 – May 2017
- Sample provided by six health plans:
  - Cigna, Kaiser Permanente, Premera Blue Cross, Regence Blue Shield, UnitedHealthcare, Washington State Health Care Authority (Medicaid)
- Survey mailed to 250,000 patients
- Survey in the field August through November 2017
- Results for 114 medical groups and 351 clinics
- Public reporting for primary care groups of four or more providers and where the number of survey responses yields a 0.7 or greater reliability score

Publicly Available Results

COMMUNITY CHECKUP

- Five measures:
  1. Getting Timely Appointments, Care and Information
  2. How Well Providers Communicate with Patients
  3. How Well Providers Use Information to Coordinate Patient Care
  4. Helpful, Courteous and Respectful Office Staff
  5. Patient's Rating of Provider
- Reporting "Top Box" Scores
- All scores case-mix adjusted for age, gender, education and self-reported health status – according to CAHPS, NQF guidelines

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How Well Providers Communicate with Patients

COMMUNITY CHECKUP

- Composite of four survey questions
- The most important aspect of patient experience
- Best results across the five publicly reported measures
- Overall performance improved slightly since 2016 report
- Still LOTS of variation and room for improvement

Metric	"Top Box" Score
Washington State Average	83.5%
Washington 90th Percentile Performance	89.5%
National 90th Percentile Performance*	94%
Range of performance across Washington clinics**	63% - 95%

*2016 CAHPS Database
**Lowest scoring and highest scoring clinics in Washington state for this measure

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How Well Providers Use Information to Coordinate Patient Care

COMMUNITY CHECKUP

- Composite of three survey questions
- Newly selected for Common Measure Set this year
- Relatively new CG-CAHPS measure
- Overall performance declined since 2016 report
- LOTS of variation and room for improvement

Metric	"Top Box" Score
Washington State Average	68.0%
Washington 90th Percentile Performance	74.9%
National 90th Percentile Performance*	82%
Range of performance across Washington clinics**	45% - 86%

*2016 CAHPS Database
**Lowest scoring and highest scoring clinics in Washington state for this measure

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Recall: PMCC asked the Alliance to include questions re: alcohol use and provider advice on this patient survey

- In the past 12 months, how often did you have a drink containing alcohol?
  - *Never, Monthly or less, 2-4 times per month, 2-3 times per week, 4 or more times per week*
- In the past 12 months, how often did you have 5 or more drinks on one occasion?
  - *Never, Less than monthly, Monthly, Weekly, Daily or almost daily*
- In the past 12 months, has this provider or other health care provider advised you about drinking (to drink less or not to drink alcohol)?
  - *Yes, No*

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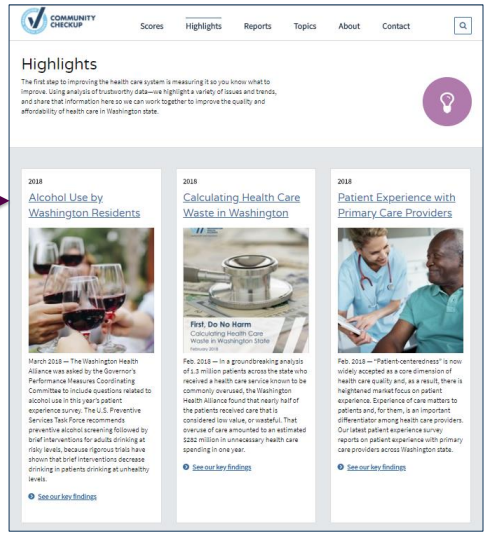
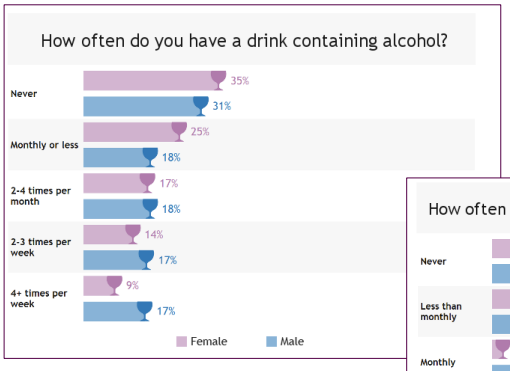
Unhealthy Alcohol Use

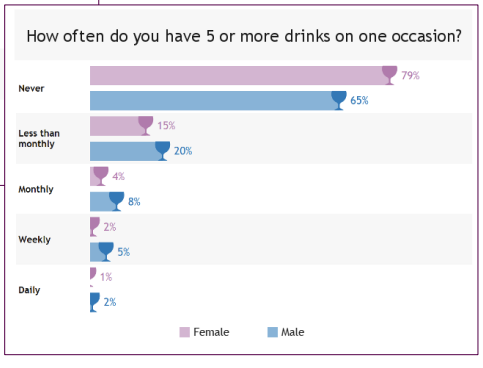
New "Highlight" published mid-March based on results from patient experience survey



Alcohol Use



Approximately 35% of males and 21% of females respond that they have five or more drinks on one occasion, at least some of the time.



Advice about unhealthy drinking

The probability of reporting brief alcohol-related advice increased as the frequency of binge drinking increased. This likely reflects that alcohol-related advice is focused on the most severely affected patients. Still, over one quarter of all respondents (26.4%), including men and women, reporting that they have 5 or more drinks daily or almost daily also reported that they did not receive advice to drink less or not at all.

Follow-up on Opioid Measures

Reminder: What we are doing today

At December 18, 2017 meeting of the PMCC, it was decided to table final action on the following three measures pending additional analysis by DOH to **determine whether results for public reporting should be adjusted and/or stratified for age and gender**.

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

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Slide 17

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
√	√	√			

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OPIOID METRICS FOR PERFORMANCE MEASURE COORDINATING COMMITTEE (PMCC)

March 2018

Goal: Finalize Methodology for Selected Opioid Metrics

- Metric 3: High Dose Prescribing Among Chronic Opioid Users
- Metric 5: Days' Supply among New Opioid Users
- Metric 6: Transition of New Opioid Users to Chronic Users

Metric 3: high dose prescribing – percent or prevalence?

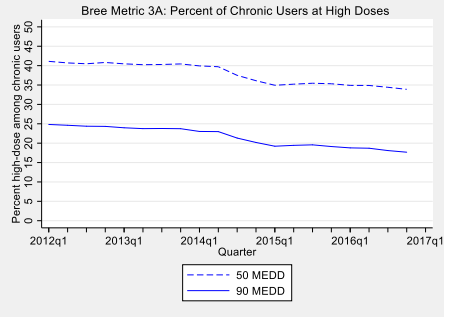
Percent of chronic users

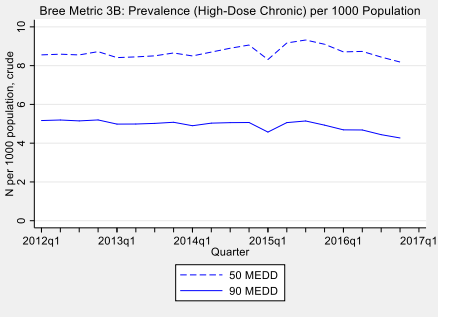
- What % of patients with chronic opioid prescriptions (60+ days use per quarter) use high doses?
- Numerator = # chronic users on high dose
- Denominator = # chronic users
- 25% of chronic opioid users had doses of at least 90 MME

Prevalence per 1000 population

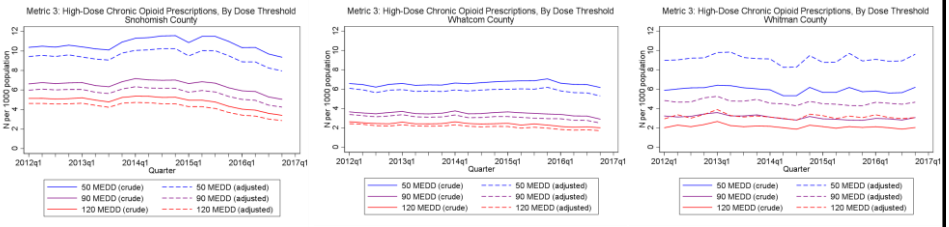
- What is the prevalence of high dose chronic opioid prescribing in the population?
- Numerator = # chronic users on high dose
- Denominator = population
- 5 people per 1000 population had chronic high doses (at least 90MME)

Metric 3: high dose prescribing – percent or prevalence?





Metric 3: impact of age-adjusting in 3 counties



- We are interested in variations in opioid prescribing by county. These may be impacted by population differences related to prescribing.
- When comparing crude estimates of 50 MEDD in Whitman compared to Snohomish, Snohomish appears to have a higher prevalence. After age and sex-adjustment, the prevalences appear much more similar

Metric 3: high dose chronic opioid use DOH Recommendation

If the population is known, for example, when comparing ACHs or across populations being served, we recommend using prevalence, and we recommend age and sex-adjusting this measure.

Metric 5: days supply among new opioid users

BREE

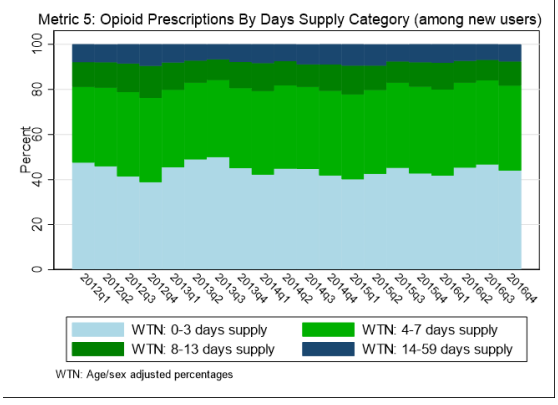
- <=3, 4-7, 8-13, 14+ days
- Unadjusted
- Days supply dispensed

New opioid users = patients with no opioid prescriptions in prior quarter.

Modified BREE

- <=3, 4-7, 8-13, 14-59 days
- Age- and sex-adjusted
- Days supply dispensed plus days supply of all authorized refills

Metric 5: days supply among new opioid users



- *Not much change in days supply metric between 2012 and 2016*
- *Note - because of multiple differences between Bree and modified Bree definitions, only modified Bree presented here*

Metric 5: days supply among new opioid users DOH Recommendation

- About 1% of prescriptions were for 60+ days
- 7.4% of prescriptions were authorized for refills; 2.3% of prescriptions were actually refilled
- Days' supply dispensed plus days' supply of refills assesses provider behavior better than days dispensed alone.
- If population known, for example, when comparing ACHs or across populations being served, we recommend age and sex-adjusting this measure.

Metric 6: transition to chronic use– percent or incidence?

Percent of new opioid users

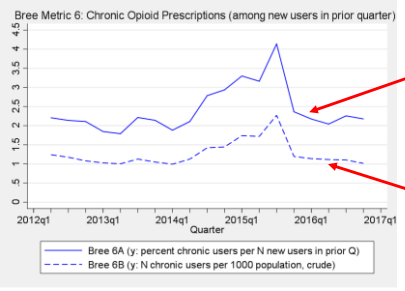
- Percent of new opioid users who become chronic users (unadjusted)
- Numerator = # new users who become chronic users
- Denominator = # new users

New opioid users = patients with no opioid prescriptions in prior quarter

Incidence per 1000 population

- New opioid users who become chronic users among the population (age- and sex-adjusted)
- Numerator = # new users who become chronic users
- Denominator = population

Metric 6: transition to chronic use – percent or incidence?



Percent of new users in one quarter who transitioned to chronic use the next quarter – about 2% of patients with new opioid use in one quarter, have at least 60 days supply of opioids in the next quarter

Incidence per 1000 of new chronic opioid prescribing

Metric 6: transition to chronic use
DOH Recommendation

- If population known, for example, when comparing ACHs or across populations being served, we recommend using incidence, and we recommend age and sex-adjusting this measure.

Public Comment: Opioid Measures

Please state your name and organization and limit your comments to no more than 3 minutes.

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Action by PMCC

ACTION (Yes or No):

Add these measures to Common Measure Set for 2018 implementation, with or without adjustment/stratification?

1. New opioid patients transitioning to chronic opioids
2. Patients prescribed high-dose chronic opioid therapy
3. New opioid patients days supply of first opioid prescription

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Oral Health Measure

Oral Health Measure

- Summary: Total number of patients (age <6) who received Fluoride Varnish application during a routine preventive health visit with primary care provider.
- Reported for Medicaid only
- Source of data: Health Care Authority
- Results at state, county and ACH level (not medical group)
- Only oral health measure on Common Measure Set, approved as part of the original "starter set"

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Oral Health Measure

- Request from Glenn Puckett/Arcora to revise the measure in two ways (see detailed "track changes" attachment 3)
  1. Proposal to remove the EPSDT* limiter in order to reflect practice, i.e., these services are delivered in and outside of EPSDT visits
  2. Revise descriptive language to reflect that this service may be delivered by any qualified health profession in the primary care setting (not only providers)

*EPSDT: refers to "Early and Periodic Screening, Diagnostic and Treatment" which include prevention benefits for children enrolled in Medicaid.

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Oral Health Measure

- PMCC Action options:
  - Approve proposed changes without modification
  - Approve proposed changes with modification
  - Release proposed changes for public comment, action on measure in June (may delay implementation until 2019)
  - Reject proposal to modify measure

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PMCC Purpose and Role

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Purpose of PMCC

- The **purpose** of the PMCC is to identify and recommend a Washington State Common Measure Set on Health Care Quality and Cost for monitoring population health status and health care delivery system performance on key measures of quality and cost.
- Intended use of the Common Measure Set may be both narrowly defined and broadly defined as follows:

NARROW (for State as leader of Healthier WA and as purchaser of health care benefits)	BROAD (for non-State public and private purchasers and payers)
• Stakeholder input to validate and endorse measures of focus • Selected measures provide focus for state's health care contracting (Medicaid, PEBB) • Selected measures provide focus for state health improvement initiatives such as Healthier Washington and the Medicaid Transformation Demonstration	• Stakeholder input to validate and endorse measures of focus • Selected measures provide focus for state-wide public reporting (e.g., Community Checkup) • Selected measures recommended as aligned platform for (non-State) public and private payers/purchaser contracting

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Role of PMCC

1. The PMCC is responsible for annually reviewing and recommending measures for the Common Measure Set. To fulfill this role, the PMCC must generally stay abreast of performance measurement and reporting trends, including nationally vetted measure sets and the availability of reliable data sources to support public reporting of Washington state results.
2. The PMCC will review results from the Common Measure Set over time and, based on these results, may provide advice to the Health Care Authority and other appropriate health care organizations on priorities for improvement activities within Washington.
3. The PMCC will utilize its forum and membership to promote use of the Common Measure Set in health plan and provider contracting, to align and simplify performance measurement and to send clearer signals about health and health care in Washington state.

Work that is Out-of-Scope for PMCC

Based on available resources and other considerations, the following is out-of-scope for the PMCC

1. Establishing performance targets where national benchmarks do not exist.
2. Sponsoring and leading specific quality improvement initiatives.
3. Assuming responsibility for incorporating measures into contracting.
4. Evaluating the *impact* of the Common Measure Set (i.e., correlating the Common Measure Set with movement, or lack of movement, on measures of quality).

Wrap UP

1. High level summary of today's discussion available within 2 weeks on HCA website
2. Next PMCC meeting: May 11 @ 2:30 pm

THANK YOU!

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