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.**

WASHINGTON HEALTH ALLIANCE

Healthier WASHINGTON

Better Health, Better Care, Lower Costs

Performance Measures Coordinating Committee

Tuesday, December 18, 2018

WASHINGTON HEALTH ALLIANCE

Healthier WASHINGTON

Housekeeping

- Please silence your electronics
- No formal break
- Restrooms
  - Out the door and to your left, go down the long hall and then to the right

Public Process

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

Performance Measures Coordinating Committee

Today's Objectives:

1. Take **action** to finalize the Common Measure Set for 2019 implementation
2. **Agree upon** use of measures:
   - Population Health Monitoring AND Value-Based Contracting
   - Population Health Monitoring ONLY
3. **Discuss** plans for the PMCC in 2019

Recommendations:
2019 Common Measure Set

Changes for 2019 – Recommendations Out for Public Comment

Recommendations in September:

1. Consider modifying 2 measures
2. Delete 3 measures
3. Replace 1 measure with a new measure
4. All other measures should be kept as is, without modification

Public comment during November:

14 responses total

Modify

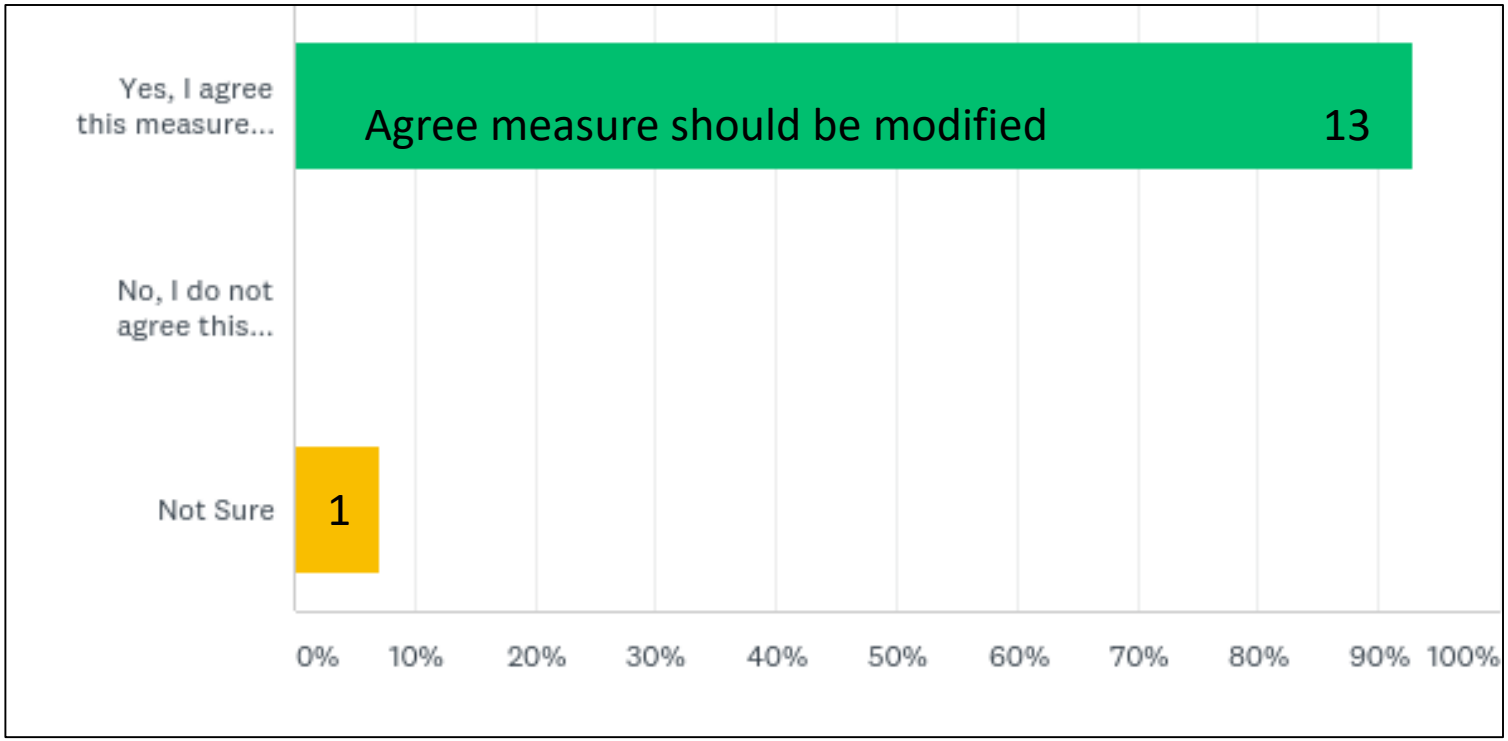
- Oral Health: Primary Caries Prevention (Steward: HCA)

  "Total number of patients (age ≤6 years) who received a fluoride varnish (FV) application during a routine ~~preventive~~ health visit with ~~primary care provider~~ any non-dental health care provider who has received the appropriate training to apply FV" (measured for Medicaid population only).

  Rationale:

  Fluoride varnish may be applied in non-primary care settings. By expanding the definition of the measure to include other types of providers who have been appropriately trained, the measure will be better aligned with the measure used in the Medicaid Transformation Initiative.

Oral Health: Modify?
Results from Public Comment



Comments:

- Arcora Foundation is appreciative of the Committee's recommended modification to the oral health measure, which will align it better with current practice and the Medicaid Demonstration.
- Will we be, and how will we be, required to prove it was done by someone with the appropriate training?

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Modify

- **Childhood Immunization Status – Combo 10**
- **Immunizations for Adolescents**

The "Immunize Washington" annual awards program, hosted by the WA State Department of Health, uses different measure definitions than what is included in the Common Measure Set.

It is important to note: Both the HEDIS and public health measures are used and relevant in the immunization world.

Pro: Alignment of message in WA state

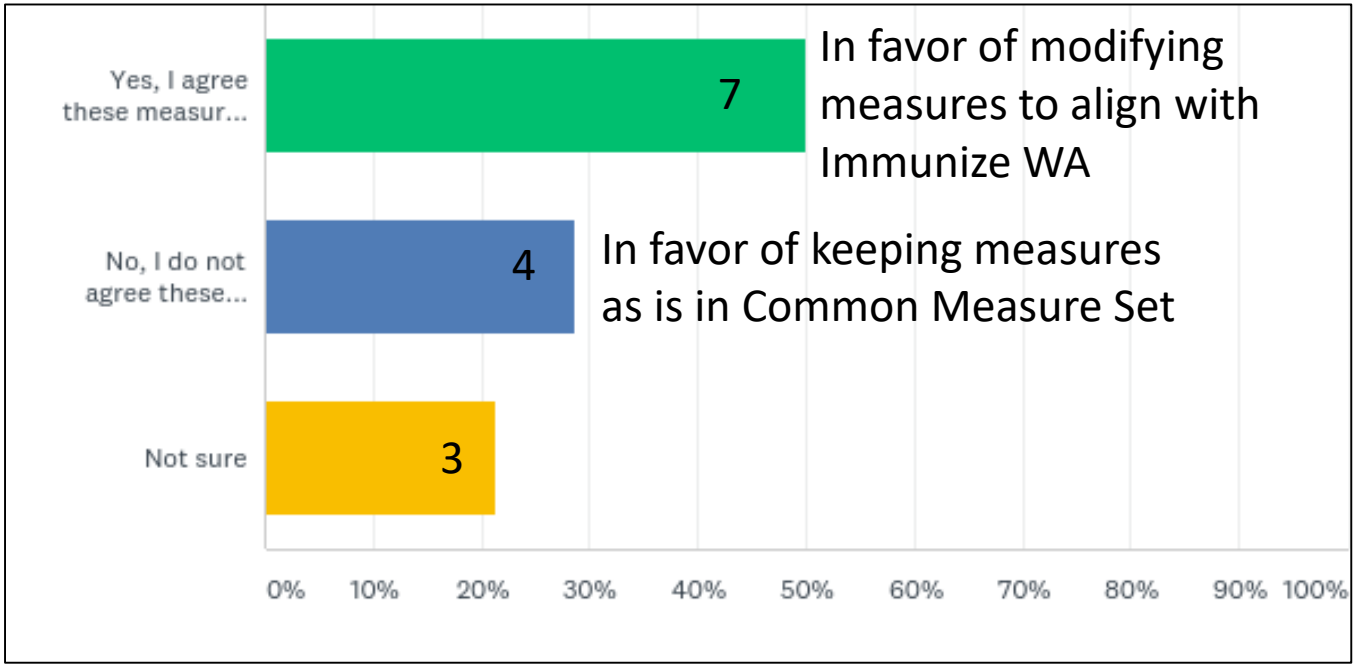
Con: If we no longer use NCQA HEDIS measure, we lose this national benchmark

PMCC recommended maintaining the currently approved measures in the Common Measure Set NQF-endorsed #0038 and #1407.

Modify?

Childhood Immunization Status – Combination 10	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure (NQF endorsed #0038) Includes the percentage of children two years of age who had: four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	CDC measure (called the 4:3:1:3:3:1:4 or 19 dose series (not NQF-endorsed). The 19-dose series includes vaccination among 24-35 month olds. The 19 dose series doesn't include Flu (2 doses), Rotavirus (2 doses) or Hep A (1 dose). CDC uses the 19 dose series to compare across states. There is also a Healthy People 2020 goal for the series here.
Immunizations for Adolescents	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure (NQF endorsed #1407) The percentage of children 13 years of age who had one dose of meningococcal conjugate vaccine (MCV), one Tdap vaccine and completion of the *HPV series* by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents	Uses the same measure, but modifies to assess: • Status among 13-17 year olds • Series initiation (1 Tdap, 1 MCV, 1 HPV) among 13-17 year olds (rather than completion of the series by age 13)

Immunizations – Modify? Results from Public Comment



Comments:

- I think that Immunize Washington be brought into alignment with the HEDIS measures, not the other way around. The HEDIS measures are the ones that we have to report on for other agencies and funders and streamlining to this is preferred.
- Alignment (with Immunize WA) reduces confusion and will enhance participation by providers.
- Measures should remain aligned with NQF

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Delete?

Medical Assistance with Smoking and Tobacco Use Cessation

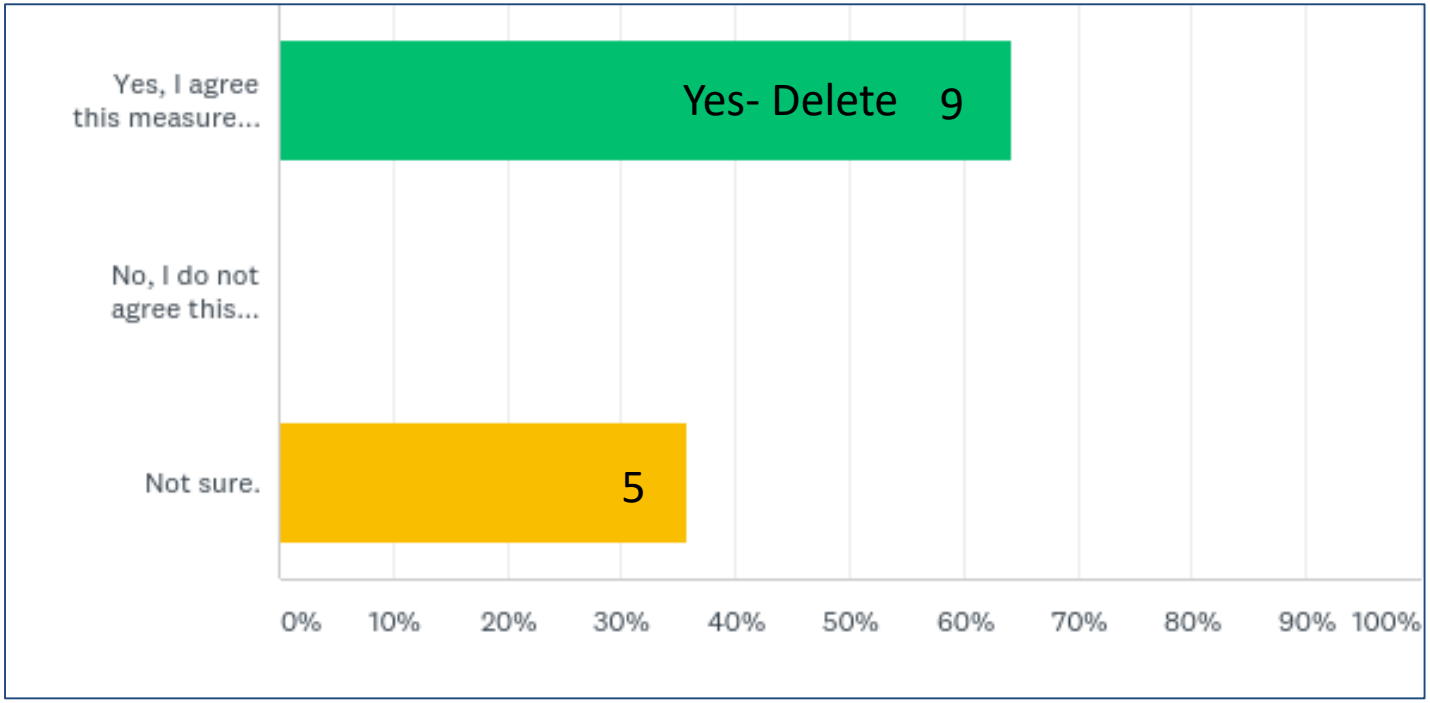
Measure Steward: NCQA HEDIS

NQF-endorsed: Yes, #0027

- This measure includes results from the Health Plan CAHPS patient experience survey, specifically whether patients report receiving medical assistance with smoking and tobacco cessation.

- *Rationale*: The results for this measure are intended to be reported at a health plan level, with results available via NCQA Quality Compass. However, health plans have not reported results via Quality Compass for at least the last two years based on small sample size in their CAHPS. Therefore, we have been unable to report on this measure.

Tobacco Use Cessation – Delete? Results from Public Comment



Comments:

- I understand the rationale, yet I think there should be a measure of clients referred for Tobacco Use Cessation at least.

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Delete?

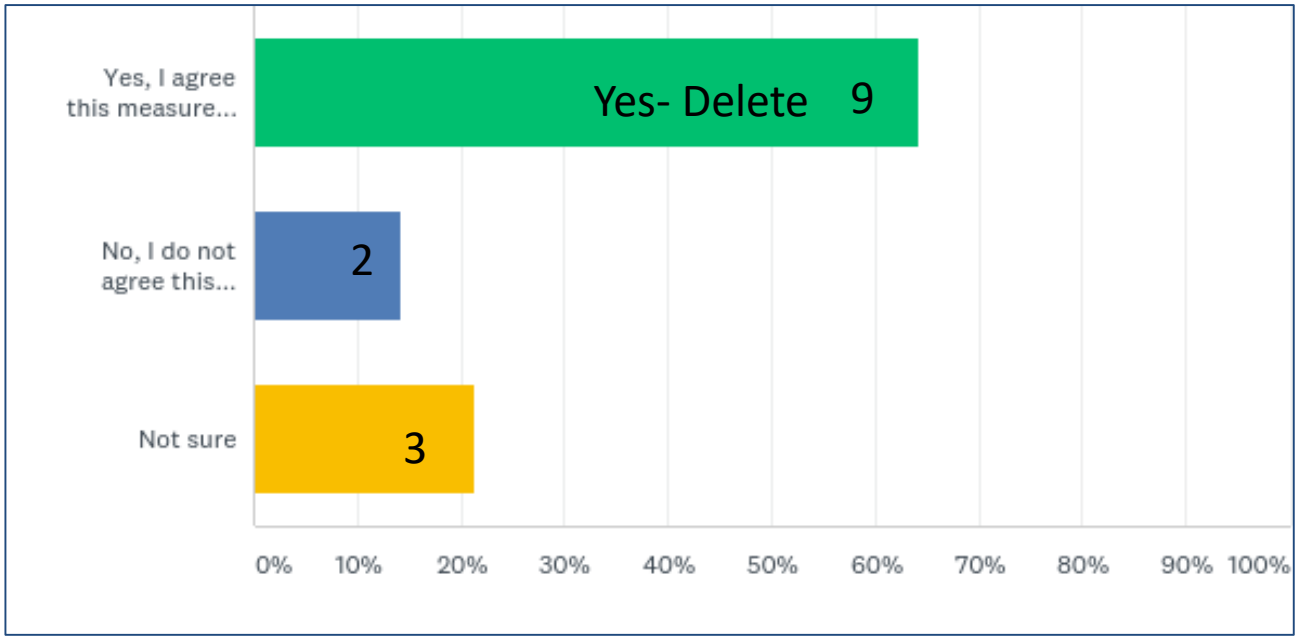
Adult Mental Health Status

Steward: CDC

NQF-Endorsed: No

- This measure is collected via the Behavioral Risk Factor Surveillance System (BRFSS) administered in Washington through the Department of Health. The measure is: "the percentage of adults ages 18 and older who answer "14 or more days" in response to the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Results are reported for the state, counties and ACHS.
- *Rationale*: The work group was unaware of anyone using this measure to track performance or outcomes.

Adult Mental Health Status– Delete? Results from Public Comment



Comments(s)

- I have used this BRFSS measure before as an indicator of community mental health.
- We must continue to advocate for awareness of Mental Behavior Health Recovery Peer Family Support needs This work group needs to call for inclusion and education to eliminate stigma.
- It seems that this is something that would be good to capture, track and measure its reduction, as an important outcome.
- Since no one is using this measure, it is understandable that it would be in consideration for deletion. However, there should be something that captures the spirit of this measure. Addressing mental health status is very important in whole person care.

Delete?

COPD or Asthma in Older Adult Hospital Admissions

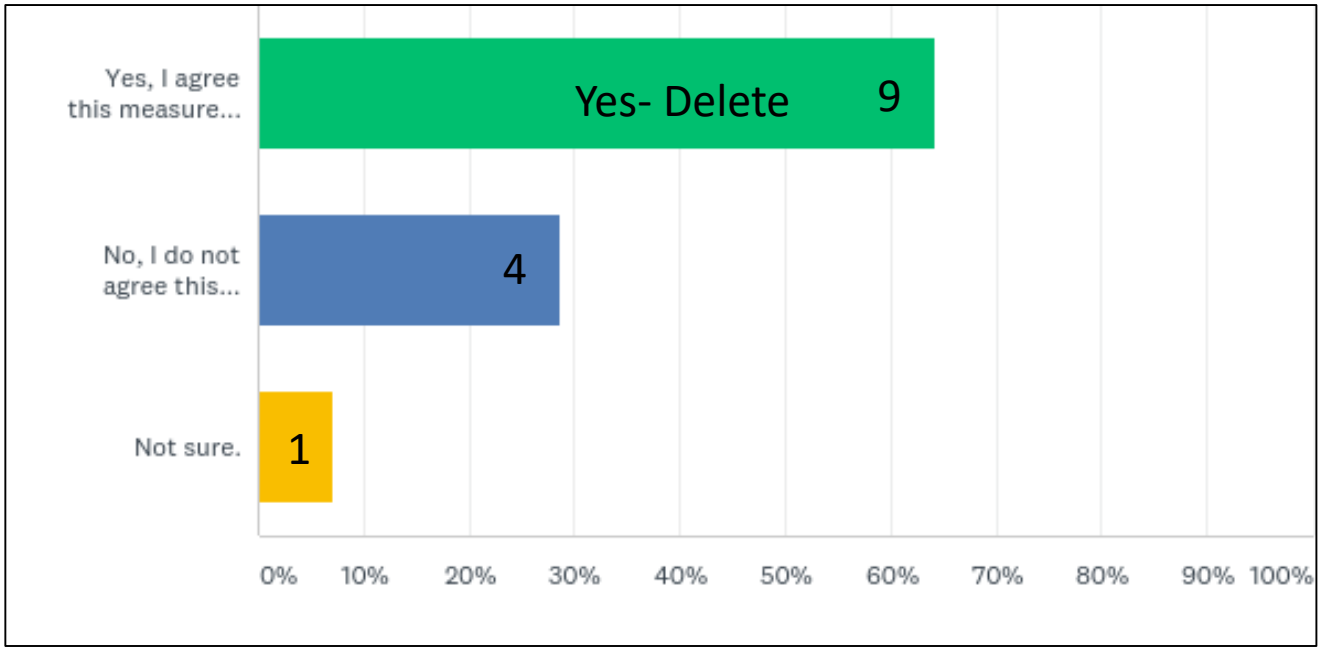
Measure Steward: AHRQ

NQF-Endorsed: Yes #0275

- This measures "ambulatory sensitive" hospital admissions for COPD or Asthma in adults ages 40 years and older. The results are reported as admissions per 100,000 people.

- *Rationale*: These types of admissions are more prevalent in the Medicare population, both here in Washington and nationally. Because of small "N" within the commercial and Medicaid populations we have only been able to report results at a statewide level. Feedback suggests these results are considered hard to interpret and "action-ability" is low.

COPD– Delete?
Results from Public Comment



Comments:

- The Washington State All-Payer Health Care Claims Database (WA-APCD) managed by the Office of Financial Management includes both Medicare Advantage and in the next few months Medicare Fee-for-Service and could report on these measures.
- These admissions may be more prevalent in the Medicare population, but this affects the dual eligible (Medicare/Medicaid) population and will be an important outcome to impact for overall population health. The attribution process to exclude these dual eligible individuals needs to be re-addressed because of its "othering"(John A. Powell, Director of the HAAS Institute) inequity effects.
- Can this measure be altered to capture both the Medicaid and dual Medicaid/Medicare population? It seems like an important measure to track for admission (and readmission) data.

Replace?

Replace “Medication Management for People with Asthma (MMA)” with “Asthma Medication Ratio (AMR)”

Measure Steward: Both are NCQA HEDIS measures, both are NQF-endorsed (MMA #1799, AMR #1800)

MMA: This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma were dispensed appropriate asthma controller medications that they remained on for at least 75% of their treatment period.

AMR: This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement period.

Replace?

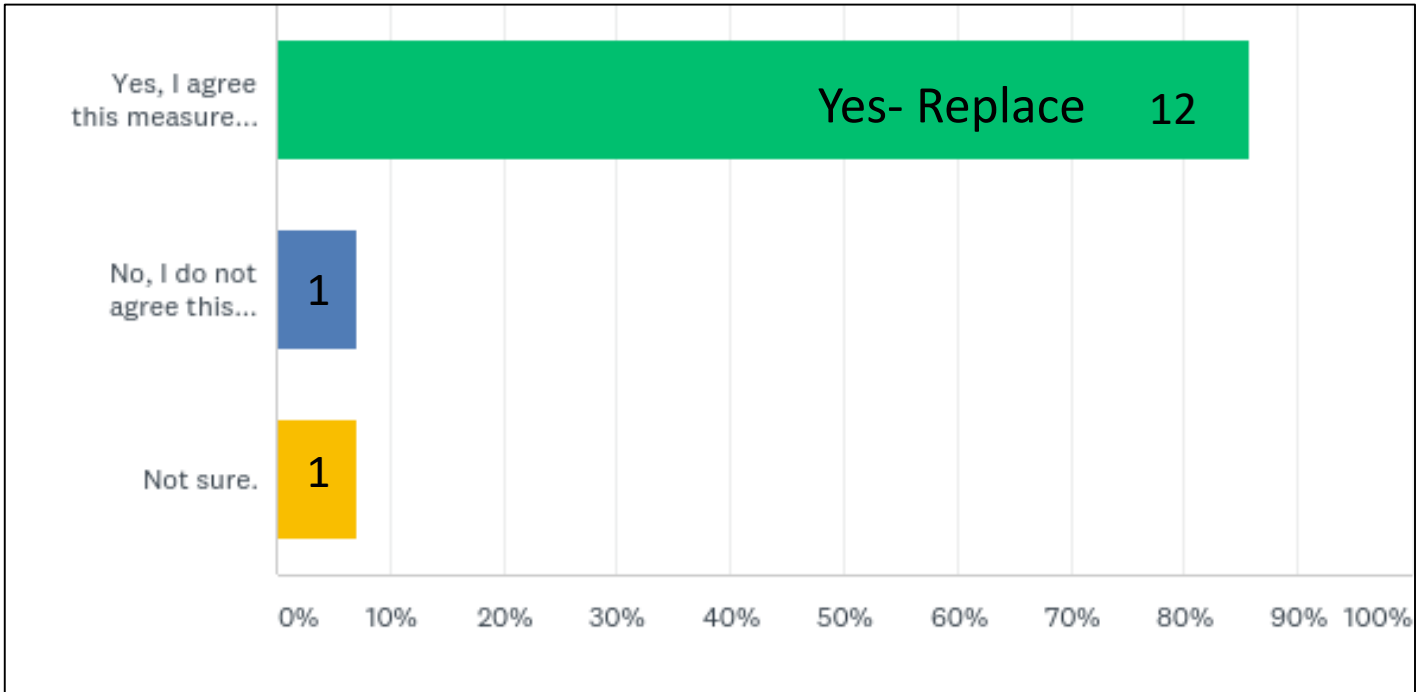
Replace “Medication Management for People with Asthma (MMA)” with “Asthma Medication Ratio (AMR)”

Measure Steward: Both are NCQA HEDIS measures, both are NQF-endorsed (MMA #1799, AMR #1800)

Rationale : Clinician leaders agree that the Asthma Medication Ratio measure is a preferred measure and there is some indication that NCQA may phase out the MMA measure over the next couple of years.

The standard of care is that the rate of controller medications should exceed rescue medications, as controller medications can prevent or greatly reduce the need for rescue medications.

Asthma– Replace?
Results from Public Comment



Comments:

- MMA has been established as an ACH pay for performance measure under Washington's 1115 waiver for the demonstration period. This change to the Common Measure Set will put ACHs out of alignment with any health plans and payers that adopt ARM, particularly for any VBP contracting or prioritized quality improvement efforts, and create greater reporting (and improvement) burden on partnering providers. Will the Health Care Authority also be adapting their P4P measure set to align with this change?

Other Comments

- I believe the Anti-depressant Medication Management measure should be deleted from the Common Measure Set. It could lead to unintended consequences of prescribing practices not in the best interests of patients, by incentivizing providers to hold to rigid treatment regimens instead of being flexible to change based of patient responses to medications. It has very complex specifications in relation to the time windows which is not reflective of practice patterns, and causes confusion. It is difficult for providers to have a direct impact on this measure because patients may fill or not fill a prescription due to a variety of factors beyond a providers control outside the clinic. Actionable prospective data is very difficult for providers to access because dispensing data is delayed such that by the time such data is available to clinics for action, it is often too late for meaningful outreach to bring the measure into compliance for individual patients. I am much more supportive of using tools such PHQ-9 to identify and track people with depression. This is more of an outcome measure that allows best practices appropriately suited to patients be used for effective treatment, rather than the inflexible medicine based approach embodied in the Anti-depressant Medication Management measure.
- The antidepressant medication adherence measure should be replaced with screening and follow up for depression.
- There does not appear to be a status report of evaluation of how many medical groups/hospitals are using these measures, how they are using these measures, and what gain they are getting from these measures. An independent evaluation of the role of the Common Measure Set would help with prioritizing future activities of the PMCC.
- Lacking clear measures for the ID/DD population

Other Comments

- I have a concern that there aren't very many Behavioral Health outcome measures, as well as Social Determinants of Health (SDOH) outcome measures in the Common Measure Set. Working at a Behavioral Health Agency, I would like to see some outcome measures that address the major issues that clients who receive services from us have: depression (not just Medication Management measures), anxiety, psychosis, dementia. A measure that addresses whether all issues identified in a whole person assessment have been attended to would be good. Since we are interested in a client's overall care and health, some measure that addresses their quality of life would be good. We are using a World Health Organization tool called the WHOQOL-BREF. Also, since the SDOH have a much larger impact on an individual's health and overall population health than just healthcare interventions, I would like to see more than just a homeless measure included. Finding a way to measure and track these other areas might be challenging, but I fear that not doing so will limit our success in achieving the outcomes of the triple aim we're striving for.
- I would like to see a measure that takes into account the social determinants of health. Homelessness, food insecurity, etc. are extremely influential in whole person care

Other Comments

- Upstream USA commends the state of Washington for including essential women's health measures in its Statewide Common Measures set, particularly the measure on unintended pregnancies in the state. We would like the state to consider adding the NQF-endorsed contraceptive care measures (NQF #s 2903, 2904, and 2902) to the Washington list, as adding these measures would provide more information around reproductive health access and provision across the state and provide insights into several other measures that are already included for reporting.

  We recommend exploring the addition of contraceptive and reproductive health measures to the WA Common Measure Set through a collaborative process in 2019.

Recommended ACTION TODAY

Public Comment:

Please limit your public comment to 3 minutes or less.

Please state up front your name and organization, and which recommendation you are speaking about.

Recommendations for Change in 2019:

1. MODIFY Oral Health measure
2. DO NOT MODIFY Immunization measures (Childhood, Adolescent)
3. DELETE Medical Assistance with Smoking and Tobacco Use Cessation
4. DELETE Adult Mental Health Status
5. DELETE COPD or Asthma in Older Adult Hospital Admissions
6. REPLACE Medication Management for People with Asthma with Asthma Medication Ratio

Clarifying Purpose of Measures: Contracting/Payment vs. Monitoring Only

Small work group

- PMCC asked a small work group to make specific recommendations about which measures are appropriate for value-based contracting versus “monitoring only.”
- Group met on December 12
- Emily Transue, Susie McDonald, Laura Pennington, Susie Dade

Quick Review: Appropriateness of Measures for Contracting

Measures approved for the Washington State Common Measure Set are appropriate for inclusion in value-based contracting for payment between health plans, purchasers and/or provider organizations when:

1. there are valid and reliable results available by contracting entity (e.g., medical group/clinic, hospital or health plan), and
2. when improvement is reasonably thought to be within the sphere of influence of the contracting entity.

Measures are appropriate for "monitoring only" when:

1. data is only collected at a geographic level (e.g., state or county),
2. results are not reasonably attributable to a contracting entity, and/or
3. measures results in small numbers (cell size) make them inappropriate for payment/contracting.

Recommendations

- 63 measures in the 2019 Common Measure Set
- 46 measures appropriate for Population Health Monitoring AND Value-Based Contracting for Payment
- 17 measures appropriate for Population Health Monitoring ONLY
- Refer to Attachment A for detail

Wrap UP

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

THANK YOU!