



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

**October 2, 2017, 2:00 – 4:30 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 recommendations to add measures on population health and opioid prescribing to the Common Measure Set for 2018 implementation and release for public comment, and discuss recommendations on care coordination.

#### ***II. Clarification on Measure: Substance Use Disorder Service Penetration***

Susie Dade, Deputy Director of the Washington Health Alliance and staff to the PMCC introduced this topic. Ms. Dade clarified that the correct age ranges for the Substance Use Disorder Service Penetration measure are ages 12-17, and ages 18 and older. There was confusion about the lower age range, originally reported as ages 6-17. This agenda item was for information and clarification; no action was required.

#### ***III. Proposal to Add New Population Health Measures***

Ms. Dade began by reviewing the charge to the Ad Hoc Work Group on Population Health Measures. The charge to the group was to review the Department of Health's State Health Assessment and determine whether any indicators included in the Assessment should be recommended for inclusion in the WA State Common Measure Set. If so, the Work Group was asked to limit the recommendation to no more than three measures considered to be the most important for this purpose. Ms. Dade reported that the Work Group first agreed upon criteria that should be given consideration when selecting up to three measures and subsequently went through the State Health Assessment's 75 indicators, focusing especially (but not exclusively) on those that had received "overall support" by multiple stakeholder groups engaged in the State Health Assessment work. The Work Group also took into account population health measures already included in the Common Measure Set. Three measures are recommended for inclusion in the Common Measure Set, as follows:

## **1. Prenatal Care: Percent of women who receive first trimester prenatal care.**

The source of data for this measure is identified as WA State Birth Certificates. The WA State Department of Health will have responsibility for maintaining the measure and producing results for public reporting. The units of analysis for public reporting will be state, county and accountable community of health.

Rationale: Prenatal care is an important part of a healthy pregnancy. Early and regular prenatal care is an essential strategy to improve health outcomes of pregnancy for mothers and infants. Two of the most significant benefits of early and ongoing prenatal care are improved birth weights and decreased risk of preterm delivery. Nationally, the average cost of medical care for a premature or low birth weight baby for its first year of life can be approximately ten times that of a newborn without complications. Moreover, infants born to mothers who received no prenatal care have an infant mortality rate that is approximately five times that of mothers who received appropriate prenatal care in the first trimester. (*Source: HRSA*) In 2014, Washington state's rate of women who received prenatal care during the first trimester (73.0%) is **worse** than the US average (74.1%).

There are no measures related to prenatal care currently included in the Washington State Common Measure Set. Other pregnancy-related measures do include "Unplanned Pregnancy" and "NTSV C-Section."

## **2. Youth Substance Use: Percent on youth who report using tobacco products, marijuana, alcohol or other drugs during the past 30 days.**

The source of data for this measure is identified as the WA State Healthy Youth Survey. The WA State Department of Health will have responsibility for maintaining the measure and producing results for public reporting. The units of analysis for public reporting will be state, county and accountable community of health.

Rationale: Substance use among youth can lead to problems at school, cause or aggravate physical or mental health-related issues, promote poor peer relationships, and cause motor vehicle accidents or other types of accidents. They can also develop into life-long issues such as substance dependence, chronic health problems and social and financial consequences. (Youth.gov)

According to data from the 2016 HYS for Washington state<sup>1</sup>:

- 27% of 10<sup>th</sup> graders reported use of cigarettes, alcohol, marijuana, or other drugs in the past 30 days.

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<sup>1</sup> Source of information: <http://www.doh.wa.gov/DataandStatisticalReports/DataSystems/HealthyYouthSurvey>

- Too many teens report driving under the influence of alcohol or marijuana (9% of 12<sup>th</sup> graders drive after drinking alcohol and 16% of 12<sup>th</sup> graders drive within 3 hours of using marijuana).
- Cigarette smoking remains the single most preventable cause of disease and death in Washington. Nearly all tobacco use begins during youth (9 out of 10 smokers start by age 18). Six percent of 10<sup>th</sup> graders, and 11% of 12<sup>th</sup> graders reported smoking in the past month; and, about 2,800 youth under age 18 become new daily smokers each year.
- Racial/ethnic disparities continue to be evident in rates of teen substance abuse, especially for binge drinking, marijuana use and misusing pain relievers.

The Washington State Common Measure Set currently includes a measure on Adult Tobacco Use, but not a measure on Youth Tobacco or Substance Use.

### **3. Obesity (2-part measure)**

#### **Age-adjusted percent of school-age youth self-reporting a body mass index (BMI) of $\geq 30$ (calculated based on self-reported height and weight)**

The source of data for this measure is identified as the WA State Healthy Youth Survey. The WA State Department of Health will have responsibility for maintaining the measure and producing results for public reporting. The units of analysis for public reporting will be state, county and accountable community of health.

#### **Age-adjusted percent of adults 18 years and older self-reporting a body mass index (BMI) of $\geq 30$ (calculated based on self-reported height and weight)**

The source of data for this measure is identified as the Behavioral Risk Factor Surveillance System (BRFSS). The WA State Department of Health will have responsibility for maintaining the measure and producing results for public reporting. The units of analysis for public reporting will be state, county and accountable community of health.

Rationale: Obesity is a complex disorder involving an excessive amount of body fat. Obesity increases the risk of diseases and health problems such as heart disease, diabetes and high blood pressure. Obesity is diagnosed when your body mass index (BMI) is 30 or higher. Although there can be genetic or hormonal influences on body weight, in general, the causes of obesity are inactivity and unhealthy diet and eating habits. Obesity-related health issues in Washington are estimated to grow dramatically by 2030.

According to “The State of Obesity<sup>2</sup>” (a project of Trust for America’s Health and the Robert Wood Johnson Foundation):

- Washington’s obesity rates among children and adolescents ages 10-17 years have remained relatively stable between 2004 – 2011 at approximately 11%, still a rate that is considerably too high and that ranks Washington 46<sup>th</sup> in the nation<sup>3</sup>. By comparison, Oregon (ranked 51<sup>st</sup>) has the lowest rate in the nation for children/adolescents at 9.9%. The WA State Healthy Youth Survey in 2016 showed a similar rate of obesity (12%) but for the first time, rates indicated they may be increasing.
- Washington’s adult obesity rate (2015) is currently 26.4%, up from 18.4% in 2000 and 10.1% in 1990. The rate of obesity is highest among adults 45-64 years of age (31%) compared to young adults 18-25 years of age (13.6%). Obesity rates differ by race: White (27.7%), Black (35.4%) and Latino (31.5%). Washington ranks 37<sup>th</sup> in the nation<sup>4</sup>.

### **PMCC Discussion – Key Points**

Overall, the PMCC was supportive of the three measures recommended for inclusion in the Common Measure Set. A suggestion was made to provide a link to the WA State Health Assessment when the proposed measures are released for public comment so that others may have the benefit of understanding the list from which these measures were selected. It was also suggested that a list of the other population health measures *already approved* for the Common Measure Set be included for context. There were a few other suggestions that will be taken into account along with any public comment received; these include:

- Clarify the age range or grades included for the Youth Substance Use and Obesity measures that rely upon the Healthy Youth Survey. The Healthy Youth Survey includes results for several grades and the measures should be more specific.
- Regarding the Youth Substance Use measure, consider reporting results separately for tobacco product use and other substances (drugs, alcohol).
- Regarding the obesity measure, consider using self-reported data from the Department of Licensing (WA State drivers’ licenses) on height and weight, instead of self-reported data through BRFSS. While licenses are only updated every four years, the DOL may have more complete results for adults.

**PMCC Action: The three population health measures were approved to be released for public comment.**

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<sup>2</sup> Source: <http://stateofobesity.org/states/wa/>

<sup>3</sup> Note: ranking is inverted so a higher numeric ranking is better (i.e., a ranking of “1” is the worst in the country).

#### **IV. Proposal to Add New Opioid Prescribing Measures**

Ginny Weir, Program Director for the Bree Collaborative, joined the PMCC to present three new opioid prescribing measures being recommended for inclusion in the Common Measure Set. Ms. Weir provided a brief background on the topic, including that in 2016 the Bree Collaborative endorsed the 2015 Agency Medical Directors Group Guidelines on Prescribing Opioids for Pain, convened a work group to develop implementation strategies, and elected to develop opioid prescribing measures that align with both WA State and CDC guidelines. Nine measures were developed; these measures have been unanimously adopted by Bree Collaborative members following a 30-day public comment period. The Bree Collaborative is recommending that three of these measures be included in the Common Measure Set, including:

- 1. New opioid patients transitioning to chronic opioids (i.e., among new opioid patients, the percent who then transition to chronic opioids in the next quarter)**
- 2. Patients prescribed high-dose chronic opioid therapy (i.e., percent of patients at high doses among patients prescribed chronic opioids)**
- 3. New opioid patients' days' supply of first opioid prescription (i.e., among new opioid patients, distribution of days' supply on first prescription)**

The source of data for these three measures is identified as the WA State Department of Health's Prescription Monitoring Program (PMP). The Bree Collaborative will have responsibility for maintaining the measures and the Department of Health will produce results for public reporting. The units of analysis for public reporting will be state, county and accountable community of health.

Details about each of these measures are also available on the Bree Collaborative website here: [www.breecollaborative.org/topic-areas/opioid/](http://www.breecollaborative.org/topic-areas/opioid/)

Rationale: The use of prescription opioids is a devastating public health crisis here in Washington state and across the country. Understanding opioid prescribing practices and the impact and extent of the opioid epidemic in our state is necessary to effectively guide interventions. Including these measures in the Common Measure Set will elevate the issue and draw the public's attention to the problem.

#### **PMCC Discussion – Key Points**

Overall, the PMCC was supportive of the three opioid measures recommended for inclusion in the Common Measure Set. There were a few suggestions that will be taken into account along with any public comment received; these include:

- One member suggested that a year be taken to validate the measures and review results before utilizing the measures for public reporting. Dr. Franklin and Ginny Weir clarified that the measures have already been tested, both by the Department of Health using data from the PMP as well as by the KP Research Institute using KP

and Medicaid data. Dr. Franklin also noted that we cannot afford to wait a year given the urgency of the situation.

- It was noted that age-adjusting the results makes a big difference, particularly when comparing one geographic area to another.

**PMCC Action: The three opioid prescribing measures were approved to be released for public comment.**

#### **V. *Care Coordination Measurement and Reporting***

Ms. Dade began by reviewing the charge to the Ad Hoc Work Group on Care Coordination Measurement. The Work Group was asked to (1) review the status of measuring care coordination (i.e., what is going on elsewhere in the country, what measures are in common use, and what data is necessary to support measurement); and, (2) formulate advice or recommendations to the PMCC about the following:

- What topics are the most important to address with measurement of care coordination
- Specific measures that the PMCC should consider adding to the Common Measure set at this time
- What data will be needed to implement measures on care coordination and does a data source exist in Washington now

Ms. Dade presented the detailed findings of the Work Group and noted that the findings/recommendations are intended as an internal working document for the PMCC to help guide future work of the group. The **overall finding** is that it is too early; care coordination measure development is nascent and there are few nationally vetted, standardized measures in common use around the country. There is also limited access to clinical and survey data in Washington to support measurement and public reporting purposes at this time. In summary, the recommendations to the PMCC included the following:

1. Adopt the AHRQ Care Coordination Atlas as a framework for the PMCC's future thinking about care coordination measurement. The Atlas provides definitions and categorization of measures that are useful in considering options.
2. Maintain seven measures that are somewhat related to care coordination and that are *currently approved for the Common Measure Set*. The seven measures are often noted in measure sets around the country.
3. Do not add any new claims-based measures related to care coordination to the Common Measure Set at this time.
4. Do not add any measures requiring clinical data (from EHR) to the Common Measure Set at this time. The Clinical Data Repository being developed by the state will be a useful

resource but is not yet ready to provide reliable data to support public reporting on care coordination measures.

5. Continue to periodically monitor (1) EHR data availability within WA State to support statewide measurement and public reporting, and (2) EHR-based care coordination measure development occurring nationally with a particular focus in five areas including:
  - a. Effective communication between providers and between providers and patients
  - b. Patients with chronic conditions who also have potentially avoidable complications
  - c. Facilitation of transitions in care
  - d. Medication management
  - e. Health IT-enabled coordination

### **PMCC Discussion – Key Points**

There was a lively and lengthy discussion. The gist of the recommendations is that we are in a “watchful waiting” mode regarding measurement and public reporting of care coordination performance. One member of the PMCC expressed disappointment, indicating that he thought the findings/recommendations of the Work Group would be more aspirational and more specific, i.e., more of a true “roadmap.” Other members made specific suggestions about potential ways to access different types of data to measure care coordination, e.g., specific care coordination billing codes or data from CMT PreManage. Another member cautioned the PMCC that we may be defining care coordination too narrowly (too focused on medical care) and that this may be at odds with the broader Healthier Washington initiative that focuses on Pathways Community HUB model of care coordination (which is more inclusive of social risk factors). No conclusions were reached by the end of the discussion. The topic will be brought back to a future meeting for additional discussion.

### **Consideration of a Patient Experience Measure**

The PMCC considered whether to add one additional measure to the Common Measure Set. The measure is from the Clinician-Group CAHPS survey and is the composite, “How Well Providers Use Information to Coordinate Care.” The CG-CAHPS survey is currently implemented by the Washington Health Alliance every other year. New results are expected during 1<sup>st</sup> Qtr. 2018 for a survey that is in the field now. Discussion centered around whether results from the Alliance’s survey will be made public and whether the measure is a true/accurate measure of care coordination.

**PMCC Action: The patient experience measure (How Well Providers Use Information to Coordinate Care) was approved to be released for public comment.**

**VI. Other**

A suggestion was made by a PMCC member to develop a process to thoroughly assess the aggregate benefits and burdens of the WA State Common Measure Set. Dr. Lessler indicated that he would take the suggestion under advisement and determine whether the HCA has the resources to complete this type of assessment at this time.

**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.

The meeting adjourned at 4:35 pm.

**ATTENDANCE: October 2, 2017**

			Present	Absent
Chris	Barton	SEIU Healthcare 1199NW		X
Craig	Blackmore	Virginia Mason Medical Center		X
Ann	Christian	Washington Community Behavioral Health Council		X
Ian	Colbridge	Washington State Hospital Association	X	
Patrick	Connor	National Federation of Independent Business (NFIB)		X
John	Espinola	Premera Blue Cross		X
Gary	Franklin	Labor and Industries	X	
Lorie	Gerik	Oregon Health Sciences University	X	
Nancy	Giunto	Washington Health Alliance	X	
Frances	Gough	Molina Healthcare of Washington (Alyson Spencer attended)		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
Sheri	Nelson	Association of Washington Business		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	
Guests: Katherine Bittinger (DSHS), Bethany Phenix-Osgood (CHAS), Ginny Weir (Bree Collaborative)				
Staff: Susie Dade, Laura Pennington				