# 2020 Ad Hoc Workgroup Final Recommendations to PMCC for changes to Washington State Common Measures Set

**Background:**

In October 2019 the Performance Measures Coordinating Committee (PMCC) met and discussed priority topics for consideration for adding to the Washington State Common Measure Set (WSCMS). The outcome of the meeting was to convene two ad hoc workgroups to review measures that address Hepatitis C and Women's Health and propose recommendations at the next PMCC meeting. Additionally, the members of the committee asked HCA to consult with the Bree Opioid workgroup members, along with other subject matter experts to compare/contrast the Bree high-dose opioid measure, with a similar HEDIS measure and to provide a recommendation to the PMCC. Here are the outcomes and final recommendations from those conversations:

1. **Hepatitis C Ad Hoc Workgroup**

   An ad hoc workgroup met on April 23 and again on May 6, 2020 to review Hepatitis C measures and come up with recommendations for the PMCC. The following people participated in the two discussions:

   - Mary Fliss, MPH, Health Care Authority*
   - Monica Graybeal, PharmD , Yakima Valley Farmworkers Clinic*
   - Shannon Harrison, MD, FACP, Spokane Regional Health District
   - Emalie Huriaux, MPH, Department of Health*
   - Bob Lutz, MD, Spokane Regional Health District*
   - Ryan Pistoresi, PharmD, MS, Health Care Authority*
   - John Scott, M.D., M.Sc., FIDSA, University of Washington*
   - Judith Tsui, MD, MPH, University of Washington*
   - Wendy Wong, RPh, Providence Centralia Hospital Pharmaceutical Care Clinic*
   - Laura Pennington, Health Care Authority Health Care Authority (Facilitator/staff)
   - Emily Transue, MD, Health Care Authority (Facilitator)

   *(Member, HepC Free Washington)

   The workgroup members were selected from variety of clinical, pharmaceutical, and public health backgrounds (both local and state), who are also a member of HepC Free Washington, which was a request of the PMCC.

   After reviewing a total of 15 measures, the group elected not to move any measures forward to the PMCC for consideration.

   ***Rationale:***

   Overall, the workgroup felt this was not a good set of measures and that the majority of the measures are no longer relevant and out of date. The measures also do not follow the most recent USPTFS guidelines (October 2019). While there is a lot of interest from the workgroup to include a screening measure, the available screening measures were not considered "good" measures, for some of the reasons listed above.

After further research, it was determined that:

- The CDC, while very interested in developing Hepatitis C measures, are still a few years away.
- CMS Core Quality Measures Collaborative (CQMC) – they are considering updating current set of measures, that includes 2 Hepatitis C Measures (below) and 2 others they are looking at for inclusion:
    - Hepatitis C: Confirmation of Hepatitis C Viremia
    - Testing of viral load 12 weeks post-end of treatment (AGA currently revising measure)

**Final recommendation:**

The Hepatitis C workgroup recommends to the PMCC that we revisit this topic in a few years (or sooner), after the measures have been updated and/or new measures have been developed by the CDC or others.

## 2. Women's Health Ad Hoc Workgroup

An ad hoc workgroup met on April 24 and again on May 29, 2020 to review Women's Health measures, with a particular focus on reproductive health, and to come up with recommendations for the PMCC. The following people participated in the two discussions:

- Heidi Berthoud, MPH, Upstream
- Rizza Cea, DNP, MA, ARNP, CNM, Department of Health
- Angela Chien, MD, Evergreen Health
- Rita Hsu, MD, FACOG, Confluence Health
- Lisa Humes-Schulz, Planned Parenthood Votes Northwest and Hawaii, Planned Parenthood Advocates of Indiana and Kentucky
- Colette Jones, RN, MN, Health Care Authority
- Ira Kantrowitz-Gordon, PhD, CNM, ARNP, FACNM, School of Nursing, University of Washington
- Heather Maisen, MPH, MSW, Public Health Seattle & King County
- Beth Tinker, PhD, MPH, RN, Health Care Authority
- Carey Wallace, RN, MSN, Health Care Authority
- Laura Pennington, Health Care Authority (facilitator/staff)
- Emily Transue, MD, Health Care Authority (facilitator)

The workgroup members were recommended by several PMCC members, as well represent a broad array of community organizations that are working to improve the health of women in Washington State.

The workgroup reviewed a total of 19 measures, 3 of which are currently on the Washington State Common Measure Set. Of the 19 measures, they elected to:

- **Keep:** 2 out of 3 current measures in WSCMS are recommended to remain
    - Cesarean Rate for Nulliparous Singleton Vertex (PC-02)
    - Unintended Pregnancies
- **Remove/Replace:** It is recommended that 1 out of the 3 current measures on the WSCMS be replaced with a new measure
    - Prenatal Care (remove)
- **Add:** 2 new measures were recommended for addition to the WSCMS
    - Contraceptive Care – Most & Moderately Effective Methods
    - Prenatal & Postpartum Care (replacement for Prenatal Care)
- **Pass :** For 14 of the 19 measures reviewed, the workgroup recommended to pass on adding them to the WSCMS

The following is additional detail of the recommended changes:

## Recommend ***removing one*** measure from the State Common Measure Set

**1. Prenatal Care**

Measure Steward: DOH  Type of data: Vital Statistics  Data Source: DOH

Description: Percentage of women who receive first trimester prenatal care.

*Rationale:* It was recommended that this measure be replaced with the HEDIS Prenatal/Postpartum measure, as it is more comprehensive and includes a postpartum component. Since the HEDIS measure also captures prenatal, it would be duplicative of this measure. Also, incorporating the HEDIS measure will reduce reporting burden for plans and providers.

## Recommend ***adding two*** measures to the State Common Measure Set

**1. Prenatal & Postpartum Care (replacement for Prenatal Care)**

Measure Steward: NCQA  Type of data: Claims/Clinical  Data Source: Health Plans

Description:

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

*Timeliness of Prenatal Care.* The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.

*Postpartum Care.* The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

*Rationale:* It was recommended that this measure be added as a replacement measure for the current Prenatal Care measure. This measure, which is a HEDIS measure, is more comprehensive and includes a postpartum component. Switching to a HEDIS measure will also reduce reporting burden for plans and providers.

2. **Contraceptive Care – Most & Moderately Effective Methods**

Measure Steward: U.S. Office of Population Affairs  Type of data: Claims  Data Source: Health Plans

Description:

"Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved methods of contraception.

The proposed measure is an intermediate outcome measure because it represents a decision that is made at the end of a clinical encounter about the type of contraceptive method a woman will use, and because of the strong association between type of contraceptive method used and risk of unintended pregnancy."

*Rationale:* It was recommended that this measure be added as it addresses contraceptive care, which the workgroup feels is a priority. Because this measure is not limited to one type of contraception, it does not limit choice (like the LARC measure) and is a nice complement to the Unintended Pregnancies measure already on the WSCMS.

**Other:**

- There were an additional 14 measures that were reviewed and that the workgroup recommended to pass on adding them to the WSCMS for some of the following reasons:
    - Supportive of measures that address contraceptive care, but not necessarily limited to LARC
    - Supportive of measures that address prenatal and postpartum care, but recommend removal of duplicative measures
    - Recognize where we are already doing well and focus on those areas where there are opportunities for improvement
- The workgroup recommends adding the following aspirational measure to a parking lot for consideration in the future when it may be less of a reporting burden
    - Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)

**3. Opioid Measures Comparison Workgroup**

At the request of the PMCC, a small group of subject matter experts met on June 3, 2020 to compare and contrast two high-dose opioid measures, one developed by the Bree Collaborative Opioid Workgroup, and which is currently in the WSCMS, and the other a national NCQA HEDIS measure. Their charge was to compare the two measures and provide a recommendation to the PMCC to either keep the current Bree measure or replace it with the national HEDIS measure. Additionally, the PMCC asked HCA to consult with the original Bree Opioid workgroup members and incorporate their input as well in the final recommendation to the PMCC. The following people participated in the call on June 3 and includes recommendations from PMCC members:

- Amanda Avalos, Health Care Authority
- Katie Bittinger, Department of Social & Health Services – Research & Data Analysis
- Tiffani Buck, Department of Health
- Zeyno Nixon, Health Care Authority
- Shalini Prakash, Health Care Authority
- Emily Transue, Health Care Authority
- Ginny Weir, Bree Collaborative
- Laura Pennington, Health Care Authority (Facilitator/Staff)

Bree Opioid Workgroup members we received written feedback from:

- Gary Franklin, Labor & Industries
- Jaymie Mai, Labor & Industries
- Michael Von Korff, Labor & Industries

There was an additional member from the University of Washington that we solicited feedback from but did not receive.

The workgroup members reviewed the document titled *"Comparisons of Bree and HEDIS UOD measues_06.02.20,"* which provides a side-by-side comparison of the two measures, including key similarities and differences. This document was developed by Zeyno Nixon, Epidemiologist for the HCA Analytics, Research, and Measurement Team.

The two measures reviewed and compared by the workgroup were:

**1. Bree Patients prescribed high-dose chronic opioid therapy (2017 Release)**

Measure Steward: Bree Collaborative Type of data: RX Data Source: DOH-PMP

Description: Percent of all members at high doses among patients prescribed chronic opioids for ≥ 60 during the measurement quarter.

Numerator: Number of patients in the population prescribed >60 days supply of opioids at >50 mg/day or >90 mg/day MED;

Denominator: Number of patients in the population prescribed >60 days supply of opioids in the calendar quarter; Report each results as prevalence per 1,000 population, age and sex adjusted.

**2. HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)**

Measure Steward: NCQA Type of data: RX Data Source: Claims

Description: Percent of members 18 years and older who received prescription opioids at a high dosage for ≥15 days during the measurement year.

Numerator: The number of members whose average MME was >120 mg MME during the treatment period.

Denominator: Members ages 18 and older with ≥2 opioid dispensing events totaling ≥15 days-supply in the calendar year.

Although the measures are fairly similar, the workgroup agreed the main difference between the two is the denominator:

| Key Differences | Bree Patients Prescribed High-Dose Chronic Opioid Therapy (2017 Release) | HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update) |
|---|---|---|
| Denominator | 1. Includes all ages (however children may cause small #s)<br>a. Heard from Pediatricians this is important<br>2. Limited to less than 60 days' supply/calendar quarter<br>3. Primary difference=population<br>4. Captures chronic users, using a stricter criteria<br>a. The inclusion timeframe is more strict and more accurately captures the type of person for whom there is an intervention | 1. 18 and older<br>2. Limited to up to 2 dispensing events<br>3. Primary difference = whether people are taking opioids and how long they are on them<br>4. Captures everyone in this age group, with the exception of occasional acute users, which makes this number much higher than the Bree |

The workgroup members felt there were pros and cons to both measures and this table reflects the key points:

| Measure | Pros | Cons |
|---|---|---|
| **Bree Patients Prescribed High-Dose Chronic Opioid Therapy (2017 Release)** | • Created for use by health systems to track their patient populations and map usable information<br>• The inclusion timeframe is more strict and more accurately captures the type of person for whom there is an intervention<br>• Bree metric comes with full bundle of measures<br>• Quarterly reporting allow for more real time analysis | • Measure is static and may not continue to evolve<br>• Administrative complexity<br>• Small numbers is an issue for the pediatric population |
| **HEDIS® Use of Opioids at High Dosage (UOD) (2020 Update)** | • National HEDIS measure will continue to evolve<br>• Can compare to national benchmarks<br>• Aligns with HCA QMMI guiding principles is to use nationally vetted measures, where possible<br>• Reduction in reporting burdens by using a national measure | • Results received annually, however HCA would consider producing quarterly reports, using HEDIS specifications |

**Recommendation:**
After weighing the pros and cons of both measures and after viewing the feedback from the Bree workgroup members, the group was not able to reach consensus for either measure. There were a few who felt it makes more sense to move to the national HEDIS measure, while there are also strong feelings from the Bree workgroup to retain that measure, for the reasons it was originally developed. There was a suggestion to consider using the Bree measure for monitoring, while allowing the national measure for accountability purposes. In the end, the workgroup offers their analysis of their comparison review to the PMCC for consideration and to assist in making a final decision.