DATE: March 18, 2016

TO: Performance Measures Coordinating Committee (PMCC)

FROM: Dorothy Teeter and Dr. Dan Lessler, Washington State Health Care Authority

RE: Evolving the Common Measure Set in 2017

When we meet on Friday, March 25, we will ask the PMCC to finalize a recommendation to the Health Care Authority for one new topic area to guide evolution of the Common Measure Set. An ad hoc workgroup (with subject matter expertise in the topic area) will work with the Washington Health Alliance during 2016 to explore possible performance measures pertaining to the new topic area and recommend up to three new measures for incorporation into the Common Measure Set in 2017.

Our recommendation to the PMCC is that we focus on the area of Pediatrics.

Background:

In anticipation of this discussion, we gave consideration to potential topic areas. We considered informal feedback that we have received from stakeholders about "gaps" in the Common Measure Set. We also looked back at the "High Priority Development List" (aka "parking lot") that we formulated during our original measure selection process in 2014. If you'll recall, this list included topics identified by our original three workgroups that were considered important but, for one practical reason or another, we were unable to consider for inclusion in the Common Measure "starter set." It is important to note that some of the barriers to selecting measures for the Common Measure Set identified in 2014 continue today. Most importantly, we are not yet ready to implement measures for credible public reporting that are reliant upon having a robust source of *clinical data aggregated from electronic health records or clinical registries*. We are hopeful that this capability is in our future and work is currently underway, but we're not there yet.

Higher priority topic areas on the list (i.e., they were either in the first or second tier prioritization) included the following (see next page). Because this is an important consideration, we took into account whether we thought a readily available data source exists in Washington to facilitate measurement and public reporting *in 2017*, hopefully at a medical group/clinic or hospital level for action-ability. Below, you'll see that we have included a rudimentary assessment of whether we believe a data source is likely to exist in Washington in 2017 to enable valid and reliable public reporting, assuming of course that we are able to select nationally vetted measures that pertain to enough of the population to conclude with reportable results.

High Priority Topic Area	Data Source Likely Available in 2017	Robust Data Source NOT Likely Available in 2017*
1. Pediatric care (prevention, chronic illness)	☑	
2. Depression screening; depression response/remission		☑
3. Continuity of care and care transitions		☑
4. Medication reconciliation		☑
5. Assessment of functional status (e.g., after surgery, or in conjunction with acute or chronic illness)		☑
6. Advanced care planning		☑

**Requires access to clinical data housed within the medical record and/or clinical registries for measurement and reporting.*

Other Considerations:

We have heard from some in the pediatric community that the current Common Measure Set is not sufficiently meaningful to them and does not offer enough opportunity for them to be reflected in comparable results that are publicly reported. We appreciate both their input and their desire to be included in our transparency efforts.

We also gave consideration to a greater focus on population health. However, work is still underway to finalize the "Plan for Improving Population Health" which will include a set of specifically recommended population health measures. This work is being led by the Department of Health and we'd like to allow for a bit more time for this work to draw to a conclusion before we try to synch up the Common Measure Set with the population health measures recommended as part of that work.

Finally, we did take a look at the lower priority (or third tier) topic areas. These were considered to be a lower priority for a variety of reasons, for example, the topic is already being measured by others (e.g., HICOR) or is difficult to measure with readily available data. Less than 30% of respondents in 2014 felt these should be considered a high priority for the Common Measure Set.

- Cancer care: Chemotherapy with the last 14 days of life
- COPD: Compliance and therapy
- Obstetrics: Low birth weight; non medically indicated inductions; routine pre- and post-partum care
- Prevention: Assessment and counseling for risky behavior in adolescents
- Prevention: Assessment for adverse childhood trauma
- Diabetes: Use of Statins (already have 5 measures that address diabetes)
- Adult asthma: Control, medication management
- Prevention: Breast Feeding
- Cardiovascular Disease: Time of transfer for acute coronary intervention
- Prevention: Assessment for domestic violence

Measure Selection Criteria:

Our expectation is that we will ask this year's ad hoc work group to use the same measure selection criteria that we have used in the past. These include:

1. Measures are based on *readily available data in WA (*data source must be identified before measure approved).
2. Preference given to nationally-vetted measures (e.g., NQF-endorsed) and other measures currently used by public agencies within WA
3. Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.
4. Measures target issues where we believe there is significant potential to improve performance in a way that will positively impact health and reduce costs.
5. When possible, align with the Governor's performance management system measures and measures specific to Medicaid.
6. If the unit of analysis includes health care providers (i.e., medical groups, hospitals), the measure should be amenable to the influence of providers.
7. The measure set is relevant to multiple parties (e.g., payers, provider organizations, public health, communities, and/or policy-makers).