DATE: January 22, 2016

TO: Performance Measures Coordinating Committee

FROM: Ad Hoc Work Group re: WA Common Measure Set for 2016

RE: Recommendations for 2016 (Attachment 1)

INTRODUCTION:

The Washington Health Alliance was asked by the WA State Health Care Authority to convene an ad hoc work group to (1) review measures currently approved for the Common Measure Set, and (2) recommend any needed changes to retire and/or replace one or more measures. The understanding was that measures would only be recommended for removal and/or replacement with a strong rationale and that this is intended to be a fine-tuning of the Common Measure Set for 2016, rather than a major overhaul.

An ad hoc work group was convened on Wednesday, November 4, 2015. Participants in the ad hoc work group are listed below. By design and with the Health Care Authority's approval, the group consisted of the people (representing organizations) who were involved in producing and submitting results for the first year implementation of the Common Measure Set. A number of the representatives are subject matter experts in health care measurement, contributing to a robust discussion of the measures and related issues.

The following five recommendations described on pages 2-6 relate only to those measures where specific changes are being recommended. If a measure in the Common Measure Set is not mentioned in this memorandum, then no changes are being recommended for that measure in 2016. The changes being recommended are demonstrated in "Attachment 1A_Outline of Recommended Changes 2016."

Members, Ad Hoc Work Group (attended on November 4, 2015)

Aurora Adams, Regence Blue Shield
Elena Carnes, Aetna
Susie Dade, Washington Health Alliance*
Wil Delostrinos, Group Health Cooperative
Justin Hart, WA Health Alliance
Ken Jaslow, Regence Blue Shield
David Mancuso, WA State Department of Social and Health Services
Patricia McDermott, Aetna
Cathie Ott, WA State Health Care Authority
Laura Pennington, WA State Health Care Authority
Jennifer Perez, UnitedHealthcare
Natasha Rosenblatt, WA Health Alliance
John Sobeck, Cigna
Carol Wagner, WA State Hospital Association
Cathie Wasserman, WA State Department of Health

Invited but unable to attend: Adam Aaseby (HCA), Dan Kent (Premera Blue Cross), and Vonda Williams (HCA)

*Facilitator

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RECOMMENDATION #1: ASTHMA – USE OF APPROPRIATE MEDICATION

Currently in Common Measure Set – 2015	Recommendation for 2016
Asthma: Use of Appropriate Medication Measure Steward: NCQA, NQF-Endorsed #0036 Brief Measure Description: Percentage of patients 5-64 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement period. Current Units of Analysis: State, County/ACH, Health Plans, Medical Groups	**Discontinue use of the current measure and replace with the following measure:** Medication Management for People with Asthma Measure Steward: NCQA-HEDIS 2016 (MMA), NQF-Endorsed #1799 Brief Measure Description: Percentage of members 5-85 years of age* who were identified as having persistent asthma and were dispensed appropriate medications and they remained on an asthma controller medication for at least 50% of the treatment period. Recommended Units of Analysis: State, County/ACH, Health Plans, Medical Groups **For Medicaid, report only members 5-64 years of age.*

Explanation: The current measure has been retired by NCQA and is no longer part of the NCQA HEDIS Measure Set. This means that NCQA no longer supports the measure specifications and there will be no access to national benchmarks. The recommended measure is part of nationally emerging quality measure sets, such as the Quality Rating System for Exchanges.

NCQA provides the option of reporting results for this measure for different age ranges. The Work Group is recommending that the Common Measure Set report results for "Total – All Ages." Stratifying by age would compound the number of measures and will very likely result in many fewer publicly reportable results, i.e., will not meet the minimum threshold for denominator requirement.

NCQA also provides two options (50% and 75%) for reporting results for "remained on an asthma controller medication for at least X% of the treatment period." The Work Group recommends that we use 50%.

As part of their deliberations, the Work Group also considered a different NCQA measure: Asthma Medication Ratio, NQF-#1800. This is a new measure in 2016. While the Work Group likes this measure, they are not recommending at this time because it is so new.

Note: Copyright protections prohibit the reproduction and distribution of NCQA HEDIS measure specifications.

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RECOMMENDATION #2: AMBULATORY SENSITIVE CONDITION HOSPITAL ADMISSIONS FOR COPD OR ASTHMA

Currently in Common Measure Set – 2015	Recommendation for 2016
Ambulatory Sensitive Condition Hospital Admissions for COPD or Asthma Measure Steward: AHRQ, NQF-Endorsed #0275 Brief Measure Description: Admissions with a principal diagnosis of COPD or Asthma per 100,000 population, ages 40 years and older. Excludes obstetric admissions and transfers from other institutions. Current Units of Analysis: State, County/ACH	**Maintain current measure and <u>consider</u> adding one additional measure related to COPD:** Pharmacotherapy Management of COPD Exacerbation Measure Steward: NCQA-HEDIS 2016 (PCE) Brief Measure Description: Percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit and who were dispensed appropriate medications. Units of Analysis: State, County/ACH, Health Plan, Medical Groups

Explanation: The Work Group considered whether to continue the current measure given that the number of admissions is relatively low overall (128 per 100,000 for commercial and Medicaid combined) and when reported per 100,000 the results are difficult for many to understand. Ultimately, the Work Group concluded that, while there are difficulties in reporting and interpreting, the topic is an important one to have reflected in the Common Measure Set.

FYI: The Common Measure Set will have two other measures related to COPD or Asthma including Recommendation #1 above: (1) Medication Management for People with Asthma (NQF #1799), and (2) Use of Spirometry Testing in Assessment and Diagnosis of COPD (NQF #0577).

The Work Group also had a lengthy discussion about whether to recommend adding the PCE measure described above <u>but was unable to reach consensus on a recommendation about whether to add this additional measure</u>.

- Some suggested that it would present an opportunity to analyze whether lower performance on the MMA measure (recommendation #1) and the PCE measure would correlate with higher rates of admission for COPD and Asthma at the county/ACH level.
- There is a strong concern that the number of reportable results at the medical group level, and potentially even at a county level, will be very low.

Note re: the PCE Measure: NCQA provides the option of reporting results for this measure for different age ranges. If selected for the Common Measure Set, the Work Group suggests that results only be reported for "Total – All Ages." Stratifying by age would compound the number of measures and will result in many fewer publicly reportable results, i.e., will not meet the minimum threshold for denominator requirement.

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RECOMMENDATION #3: POTENTIALLY AVOIDABLE ER VISITS

Currently in Common Measure Set – 2015	Recommendation for 2016
Potentially Avoidable ER Visits Measure Steward: Medi-Cal Brief Measure Description: Potentially avoidable ER visits, using the Medi-Cal diagnosis list. Current Units of Analysis: State, County/ACH, Medical Group, Hospital	**Maintain current measure (to be updated) and add the following measure:** Emergency Department Visits per 1,000 Measure Steward: NCQA-HEDIS 2016 (AMB) Brief Measure Description: Number of emergency department visits per 1,000 population and is calculated in member years for Commercial data and member months for Medicaid data. Excludes encounters with any of the following: principal diagnosis of mental health or chemical dependency, psychiatry, electroconvulsive therapy, alcohol or drug rehab or detoxification. Recommended Units of Analysis: State, Health Plans

Explanation: Medi-Cal is no longer supporting the current measure. This means that measure specifications are not being updated. However, Group Health Cooperative has generously offered to update this measure for 2016 and to maintain the measure specifications going forward, including translating ICD-9 code in the measure to ICD-10 to enable use of the measure when we are working with 2016 data.

The Work Group acknowledges that ER Utilization continues to be a very important topic for monitoring and that there is strong purchaser interest in this area.

The Work Group explored several options for an additional measure and found the AMB measure (described above) to be the best option. It does not address "*potentially avoidable* ER utilization" specifically, and it excludes behavioral health diagnoses. However, in combination with the continued use of the Potentially Avoidable ER measure we will have more information on this topic.

If the AMB measure is selected for the Common Measure Set, it will be important to be cautious in interpreting results. A significantly lower rate of ER visits per 1,000 may suggest barriers to accessing care, e.g. as a result of high deductibles and/or co-pays. It is worth noting that, compared to national benchmarks, most health plans operating in Washington State currently perform well on this measure so that is a consideration worth taking in to account.

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RECOMMENDATION #4: PERCENT OF PATIENTS WITH 5 OR MORE VISITS TO THE ER WITH A CARE GUIDELINE

Currently in Common Measure Set – 2015	Recommendation for 2016
Percent of new patients with 5 or more visits to the ER with a care guideline. Homegrown, Steward: Washington State Hospital Association Brief Measure Description: Percent of newly identified patients with 5 or more visits to the ER who have a care guideline in place. Data comes from the EDIE system. Current Units of Analysis: Hospitals	**Discontinue use of this measure.**
Explanation: The measure only pertains to *newly identified patients* with 5 or more ER visits, i.e., if they have been identified in the past and have a care guideline in place they are not included in the measurement. This makes the results difficult to interpret and understand for the public. The Work Group feels this is an important measure for the state and hospitals to continue tracking and acknowledges that is very likely to happen because it is tied to Medicaid payment incentives. However, they do not think that it is a meaningful measure for public reporting.	

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RECOMMENDATION #5: CARDIOVASCULAR DISEASE – USE OF STATINS

Currently in Common Measure Set – 2015	Recommendation for 2016
Cardiovascular Disease-Use of Statins Measure Steward: ACC/AHA Brief Measure Description: The percentage of patients 18-75 years of age with coronary artery disease who had at least one prescription filled to lower cholesterol (lipid lowering therapy based on current American College of Cardiology guidelines) during a one year period. Current Units of Analysis: State, County/ACH, Medical Groups	**Discontinue use of the current measure and replace with the following measure:** Statin Therapy for Patients with Cardiovascular Disease Measure Steward: NCQA-HEDIS 2016 (SPC) Brief Measure Description: Percentage of males 21-75 years of age and females 40-75 years of age during the measurement year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria: (1) Received statin therapy: Members who were dispensed at least one high or moderate-intensity statin medication. Recommended Units of Analysis: State, County/ACH, Health Plans, Medical Groups
Explanation: The ACC/AHA measure is no longer being updated. Shifting to the NCQA HEDIS measure will permit us to standardize the measure with national measure sets, rely upon NCQA for regularly updating the measure specifications (including current pharmacy), and provide national benchmark data. *Note: Copyright protections prohibit the reproduction and distribution of NCQA HEDIS measure specifications.*	