

Performance Measures Coordinating Committee

Friday, January 22, 2015



Welcome and Introductions



Better Health, Better Care, Lower Costs



Housekeeping

- Today's meeting also available via webinar and will be recorded
- WIFI Access
- Please silence your electronics



Public Process

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

Performance Measures Coordinating Committee

Today's Objectives:

- Consider and take action on recommendations for modification of existing Common Measure Set
- Consider and take action on final recommendations for adding behavioral health measures to the Common Measure Set



Ad Hoc Work Group – Modifications to Existing Common Measure Set

- Work group consisted of people/ organizations who were involved in producing results for the Common Measure Set in 2015
- Health care measurement – subject matter experts
- 5 recommendations for modification

Modification of Common Measure Set: Recommendation #1

Current Measure in 2015:

- Asthma: Use of Appropriate Medication
- NCQA, NQF #0036
- Removed from NCQA HEDIS 2016

RECOMMENDATION:

- Remove this measure from the Common Measure Set
- Substitute the following measure in its place:
 - Medication Management for People with Asthma (MMA)
 - NCQA HEDIS 2016, NQF #1799

Modification of Common Measure Set: Recommendation #1

Medication Management for People with Asthma (MMA)

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.

*(*For Medicaid, report members 5-64 years of age)*

Recommended Units of Analysis:

- State
- County/ACH
- Health Plan
- Medical Groups (if N large enough)

Data Source: Washington Health Alliance

Modification of Common Measure Set: Recommendation #2

Current Measure in 2015:

- Ambulatory Sensitive Condition Hospital Admissions for COPD or Asthma
- AHRQ, NQF #0275

RECOMMENDATION:

- Continue to include this measure in the Common Measure Set
- Consider adding the following measure :
 - Pharmacotherapy Management for COPD Exacerbation (PCE)
 - NCQA HEDIS 2016

Modification of Common Measure Set: Recommendation #2

Pharmacotherapy Management for COPD Exacerbation (PCE)

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.

Recommended Units of Analysis:

- State
- County/ACH
- Health Plan
- Medical Groups (if N large enough)

Data Source: Washington Health Alliance

Modification of Common Measure Set: Recommendation #3

Current Measure in 2015:

- Potentially Avoidable ER Visits
- Medi-Cal

RECOMMENDATION:

- Continue to use this measure in the Common Measure Set but shift measure steward from Medi-Cal to Group Health Cooperative
- Add the following measure :
 - Emergency Department Visits per 1,000 (AMB)
 - NCQA HEDIS 2016

Modification of Common Measure Set: Recommendation #3

Emergency Department Visits per 1,000 (AMB)

Number of emergency department visits per 1,000 population (calculated in member years for commercial population and member months for Medicaid population). 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 Plan

Data Source: NCQA Quality Compass for Commercial Health Plans, Medicaid MCOs

Modification of Common Measure Set: Recommendation #4

Current Measure in 2015:

- Percent of New Patients with 5 or More Visits to the ER with a Care Guideline
- WA State Hospital Association

RECOMMENDATION:

- Remove this measure from the Common Measure Set

Modification of Common Measure Set: Recommendation #5

Current Measure in 2015:

- Cardiovascular Disease – Use of Statins
- American College of Cardiology/American Heart Association

RECOMMENDATION:

- Remove this measure from the Common Measure Set
- Substitute the following measure in its place:
 - Statin Therapy for Patients with Cardiovascular Disease (SPC)
 - NCQA HEDIS 2016

Modification of Common Measure Set: Recommendation #5

Statin Therapy for Patients with Cardiovascular Disease (SPC)

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: received statin therapy (dispensed at least one high or moderate-intensity statin medication).

Recommended Units of Analysis:

- State
- County/ACH
- Health Plan
- Medical Groups (if N large enough)

Data Source: Washington Health Alliance



Public Comment

**Please limit your comment to
2 minutes or less**

Summary of Recommendations – Modification of Common Measure Set for 2016

1. Remove: Asthma - Use of Appropriate Medications

Substitute: Medication Management for People with Asthma
(NCQA HEDIS 2016, NQF-endorsed #1799)

2. Add : Pharmacotherapy Management of COPD Exacerbation (NCQA HEDIS 2016)

3. Shift Measure Steward: Potentially Avoidable ER Visits

Add: Emergency Department Visits per 1,000
(NCQA HEDIS 2016)

4. Remove: Percent of Patients with 5 or More Visits to the ER with a Care Guideline

5. Remove: Cardiovascular Disease – Use of Statins

Substitute: Statin Therapy for Patients with Cardiovascular Disease
(NCQA HEDIS 2016)



Final Recommendation: Behavioral Health Measures Selection Work Group

- Preliminary recommendations to PMCC – October 22
- Public Comment Period – November
- Work Group re-convened to finalize their recommendations – December 9
- Four recommendations today

Behavioral Health Measures Recommendation #1

RECOMMENDATION: ADD the following to the 2016 Common Measure Set

Follow-up after Discharge from ER for Mental Health, Alcohol or Other Drug Dependence within 30 days

NCQA (not currently in HEDIS), NQF-endorsed #2605

Recommend four rates for reporting:

1. Percentage of ER visits for mental health for which the patient received follow-up within 30 days of discharge (ages 6-17)
2. Percentage of ER visits for mental health for which the patient received follow-up within 30 days of discharge (ages 18 and older)
3. Percentage of ER visits for alcohol or other drug dependence for which the patient received follow-up within 30 days of discharge (ages 6-17)
4. Percentage of ER visits for alcohol or other drug dependence for which the patient received follow-up within 30 days of discharge (ages 18 and older)

Behavioral Health Measures Recommendation #1

Follow-up after Discharge from ER for Mental Health, Alcohol or Other Drug Dependence within 30 days

The percentage of discharges for patients 18 years of age and older who had a visit to the emergency department with a primary diagnosis of mental health or alcohol or other drug dependence during the measurement year AND who had a follow-up visit with any provider with a corresponding primary diagnosis of mental health or alcohol or other drug dependence with 30 days* of discharge.

*[*Note: “within 7 days of discharge” also an option but not recommended]*

Recommended Units of Analysis:

- Commercial Health Plans
- Medicaid MCOs
- Possibly (TBD): County/Accountable Community of Health

Data Source in Washington: Commercial and Medicaid Health Plans

Behavioral Health Measures Recommendation #2

RECOMMENDATION: ADD the following to the 2016 Common Measure Set

- **Mental Health Service Penetration (Broad Version)**
- **Substance Use Disorder Service Penetration**

Measure Steward: WA State Department of Social and Health Services

Recommend four rates for reporting:

1. Percentage of members with a mental health service need who received mental health services in the measurement year (ages 6-17)
2. Percentage of members with a mental health service need who received mental health services in the measurement year (ages 18 and older)
3. Percentage of members with a substance use disorder treatment need who received substance use disorder treatment in the measurement year (ages 6-17)
4. Percentage of members with a substance use disorder treatment need who received substance use disorder treatment in the measurement year (ages 18 and older)

Behavioral Health Measures

Recommendation #2

MENTAL HEALTH SERVICE PENETRATION (BROAD VERSION)

The percentage of members with a mental health service need who received mental health services in the measurement year.

Recommended Units of Analysis:

- Commercial Health Plans
- Medicaid MCOs
- Possibly (TBD): County/Accountable Community of Health

Data Source in Washington: Commercial Health Plans, DSHS (for Medicaid)

SUBSTANCE USE DISORDER TREATMENT PENETRATION

The percentage of members with a substance use disorder treatment need who received substance use disorder treatment in the measurement year.

Recommended Units of Analysis:

- Medicaid MCOs
- Possibly (TBD): County/Accountable Community of Health

Data Source in Washington: DSHS

Behavioral Health Measures Recommendation #3

RECOMMENDATION: PILOT the following measures in 2016:

- **Hospital Discharges Attributable to Psychiatric Disorders**
- **Hospital Discharges Attributable to Alcohol and Drug Use**

Pilot/Measure Steward: WA State Department of Health

Data Source in Washington: WA State Department of Health (CHARS)

Recommended Units of Analysis:

- **Counties, Accountable Communities of Health**

Test Different Denominators:

1. **County population (per capita)**
2. **Hospital Discharges (acute care only)**
3. **Total Hospital Discharges**

Behavioral Health Measures Recommendation #4

RECOMMENDATION:

Request that the Washington Health Alliance add the following four questions related to screening and brief alcohol intervention (from the VA Survey of Health Experiences of Patient) to their CG-CAHPS patient experience survey (next implementation will be in 2017, if funded):

1. How often did you have a drink containing alcohol in the past 12 months? Consider a drink to be a can or bottle of beer, a glass of wine, a wine cooler, or one cocktail or a shot of hard liquor (like scotch, gin or vodka).
2. How many drinks containing alcohol did you have on a typical day when you were drinking in the last year?
3. How often did you have 6 or more drinks on one occasion in the past 12 months?
4. In the past 12 months has a VA doctor or other VA health care provider advised you about your drinking (to drink less or not to drink alcohol)?

Note: Medical group/clinic results will not be publicly reported. Only state results reported.



Public Comment

**Please limit your comment to
2 minutes or less**

Summary of Recommendations – Behavioral Health Measures

- 1. Add:** Follow-up after Discharge from ER for Mental Health, Alcohol or Other Drug Dependence within 30 days (NCQA, NQF-endorsed #2605)
- 2. Add:** Mental Health Service Penetration (Broad Version)
Add: Substance Use Disorder Treatment Penetration
- 3. Pilot:** Hospital Discharges Attributable to Psychiatric Disorders
Pilot: Hospital Discharges Attributable to Alcohol and Drug Use
- 4. Add:** SHEP questions on screening and brief alcohol intervention to Alliance CG-CAHPS survey



Wrap UP

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

THANK YOU!