

Performance Measures Coordinating Committee

Thursday, October 29, 2015



Welcome and Introductions



Better Health, Better Care, Lower Costs



Housekeeping

- Today's meeting also available via webinar and will be recorded
- WIFI Access
- No formal Break – please take a break as needed
- Please silence your electronics



Public Process

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

Performance Measures Coordinating Committee

Today's Objectives:

- Consider work group recommendations for behavioral health measures
- Take action to release recommendations as is (or modify) for public comment during November 2015
- Quick Update on 1st Report on Common Measure Set
- Discussion: Use of Common Measures in Health Plan and Provider Contracting

Behavioral Health Measures Work Group

- 16 members (see page 8 of recommendations for list)
- Met three times during September to complete this phase of the work
- Work group reviewed 69 potential measures that focused in eight areas:
 - Access to Care
 - Prevention
 - Screening
 - Screening with Intervention
 - Chronic Disease
 - Continuity of Care
 - Safety
 - Patient Experience

Behavioral Health Measures Work Group

For each measure, the work group considered:

1. Description of the measure (numerator, denominator, sufficient size to support credible public reporting)
2. Measure steward?
3. NQF-endorsement?
4. Type of data required to complete measurement?
5. Reliable data source in Washington?
6. Other relevant information/expert opinion

Behavioral Health Measures Work Group

Work group experienced same challenges and frustrations as the 2014 technical work groups:

- Lack of well-vetted, nationally endorsed BH measures with currently available measure specifications
- “Do-ability” with reliable, robust data sources in Washington to support credible public reporting
- Recommendations push the envelope



Recommendations

Five specific measures are being recommended to be released for public comment:

1. **Mental Health Service Penetration**
2. **Substance Use Disorder Treatment Penetration**
3. **Follow-up After Discharge from the ER for Mental Health, Alcohol or Other Drug Dependence**
4. **Hospital Discharges Attributable to Psychiatric Disorders**
5. **Hospital Discharges Attributable to Alcohol and Drug Use**

One Additional Recommendation: Patient Experience

Recommendation: Mental Health Service Penetration

Description	<p>% of health plan members with an identified mental health need who received mental health services (during the reporting period)</p> <p>“Broad Version”: includes both behavioral health and medical benefits</p> <p>Report two rates: ages 6-17, ages 18 and older</p>
Measure Steward	WA State Department of Social and Health Services
NQF-Endorsed	No
Data Required	Claims, including encounter data
Source(s) of Data	<p>Commercial – Health Plans</p> <p>Medicaid – DSHS RDA</p>
Unit(s) of Analysis for Public Reporting	<p>Commercial Health Plans</p> <p>Medicaid MCOs</p> <p>Counties (possibly)</p> <p>Accountable Communities of Health (possibly)</p>

Recommendation: Substance Use Disorder Service Penetration

Description	<p>% of health plan members with an identified substance use disorder need who received substance use disorder services (during the reporting period)</p> <p>“Broad Version”: includes both behavioral health and medical benefits</p> <p>Report two rates: ages 6-17, ages 18 and older</p>
Measure Steward	WA State Department of Social and Health Services
NQF-Endorsed	No
Data Required	Claims, including encounter data
Source(s) of Data	Medicaid – DSHS RDA
Unit(s) of Analysis for Public Reporting	<p>Medicaid MCOs</p> <p>Counties (possibly)</p> <p>Accountable Communities of Health (possibly)</p>

Notes: Service Penetration Measures

- Washington State “homegrown measures” developed for the Medicaid population and contracting under 5732/1519 legislative requirements
- DSHS has volunteered to serve as measure steward and to maintain measure specifications (including translation for ICD-10)
- Measure #1 recommended for both commercial and Medicaid
 - New measure for the commercial health plans – commitment to implement this measure not in place at this time
- Measure #2 recommended just for Medicaid to start
- Will need to explore the possibility of producing county/ACH level results using patient zip code

Recommendation: Follow-up After Discharge from ER

Description	% of discharges for patients who had a visit to the ER 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 primary diagnosis of mental health, alcohol or other drug dependence. Two rates: Within 7 days and 30 days Stratify results by age (two rates): ages 6-17, ages 18 and older
Measure Steward	NCQA (but <u>not</u> in HEDIS measure set)
NQF-Endorsed	Yes
Data Required	Claims, including encounter data
Source(s) of Data	Commercial – Health Plans Medicaid – MCOs
Unit(s) of Analysis for Public Reporting	Commercial Health Plans Medicaid MCOs

Notes: Follow-up After Discharge from ER

- New measure, endorsed by NQF in 2015 and not yet in NCQA HEDIS measure set
- Currently not implemented by health plans in WA; commitment to implement this measure not in place at this time
- Recommend reporting rates for two age groups, although NCQA measure is only for adults 18 and older
- Consider only implementing for 30 day rate (not 7 day rate) to simplify during first year of implementation

Recommendation: Hospital Discharges, Psychiatric Disorders

Description	% of patients 18 years and older hospitalized for conditions due to or associated with psychiatric disorders (inclusive of psychotic, mood, anxiety and personality disorders)
Measure Steward	WA State Department of Health
NQF-Endorsed	No
Data Required	Hospital Discharges Data/CHARS
Source(s) of Data	Department of Health
Unit(s) of Analysis for Public Reporting	State County Accountable Communities of Health

Recommendation: Hospital Discharges, Alcohol and Drug Use

Description	% of patients 18 years and older hospitalized for conditions due to or associated with alcohol or drug use
Measure Steward	WA State Department of Health
NQF-Endorsed	No
Data Required	Hospital Discharges Data/CHARS
Source(s) of Data	Department of Health
Unit(s) of Analysis for Public Reporting	State County Accountable Communities of Health



Notes: Hospital Discharges

- Recommended as population measures by DOH
- DOH has volunteered to serve as measure steward and to prep measure specifications and produce results for reporting

One Additional Recommendation: Patient Experience

Modify health plan and CG-CAHPS patient experience surveys to include three questions related to screening and brief alcohol intervention.

- During the past 12 months, did you have a drink containing alcohol? (Yes/No)

If Yes:

- During the past 12 months, how often did you have 5 or more drinks on one occasion?
(Never/Less than Monthly/Monthly/Weekly or More Often)
- During the past 12 months, how often were you advised about your drinking (to drink less or not to drink alcohol) by your doctor or other health care provider?
(Never/Sometimes/Usually/Always)

Notes: Patient Experience Recommendation

- VA has used similar questions since 2004
- Work group did not unanimously support this recommendation
- Concerns:
 - Risky behavior identified, no follow-up
 - Privacy issues, may affect survey response rate
 - Question too narrow, doesn't include questions/advice from non-health care



Recommendations

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One Additional Recommendation: Patient Experience



Public Comment

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



TAKE ACTION

**Release recommendations for public
comment during November 2015**

1st Report – Common Measure Set

- Results will be released at Alliance meeting on Tuesday, December 8, 2:00 – 4:00 pm, in Seattle
 - Open to all
- Results on Community Checkup website
 - Medical groups, clinics, hospitals, counties
- Results in written reports
 - Health plans, accountable communities of health

1st Report – Common Measure Set

- **MANY moving parts**
- **52 measures, several with multiple rates**
- **Units of Analysis (vary depending on measures)**
 - **State, counties, ACHs, medical groups, clinics, hospitals, health plans**
- **Opportunity for medical group validation of results via secure portal**
- **Sources of data**
 - **Alliance, DOH, DSHS, HCA, WSHA, Hospital Compare, NCQA Quality Compass**

Preview of Themes

- Importance of transparency and how it is foundational to Healthier Washington
- Tremendous amount of variation in Washington, seen across provider organizations and geographic areas
- We are falling far short of our goal to achieve national top 10 percent performance on quality measures
 - Overall state performance is at or below the national 50th percentile performance on many measures
- Lack of progress over time – performance has stayed relatively flat, or has even decreased for some measures
- STILL – numerous success stories with medical groups at or above the national 90th percentile on select measures – showing that it can be done!



Use of Common Measure Set

How is your organization planning to use the Common Measure Set in provider and/or health plan contracting?

How can we promote alignment and get this Measure Set in common use as quickly as possible?



Wrap UP

1. High level summary of today's discussion available within 1 week on HCA website
2. Next PMCC meeting:
January 22, 2016, 1-4 pm

THANK YOU!