

Washington Common Measure Set on Healthcare Quality and Cost

Population Health Measures Workgroup

Meeting #1

June 21, 2017



Today's Meeting Agenda

- 2:30** Welcome, Introductions
- 2:35** Orientation to the Work
- 3:00** Measure Review Process Begins
- 3:55** Opportunity for Public Comment
- 4:00** Adjourn

Workgroup Membership

- Kathy Lofy, Washington State Department of Health
- Cathy Wasserman, Washington State Department of Health
- Elya Moore, Olympic Community of Health
- Marguerite Ro, Seattle King County Public Health
- Frances Gough, Molina Healthcare
- Laura Pennington, Washington State Health Care Authority

Our Charge

- Review the Department of Health's Population Health Plan* and determine whether any measures included in the Plan should be recommended for inclusion in the WA State Common Measure Set for Health Care Quality.
- If so, limit the recommendation to no more than three measures considered to be the top priority for this purpose.
- If recommending measures,
 - identify the currently available data source in Washington state,
 - identify the units of analysis for public reporting; and
 - provide a rationale for why these measures were prioritized for inclusion in the Common Measure Set.

Our Timeframe

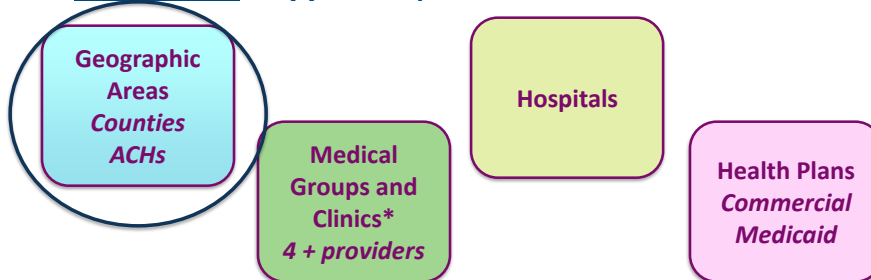
- **Two workgroup meetings scheduled: today and July 18**
- **Recommendations to Performance Measurement Committee – Fall 2017**
- **Public comment period in November 2017**
- **Performance Measurement Committee finalizes recommendations – December 2017**
- **2018 Common Measure Set finalized by HCA by December 31, 2017**

Purposes of the Measure Set

- **Inform public and private health care purchasers**
 - **State agencies use to inform and set benchmarks for purchasing decisions**
- **Public reporting of results**
- **Use for:**
 - **Health improvement**
 - **Health care improvement**
 - **Provider payment systems**
 - **Benefit design**
- **(Eventually) propose benchmarks to track costs and quality improvements in health and health care**

Possible Units of Analysis

Target population for measure (“N”) must support public reporting for one or more unit(s) of analysis:



The measure set will use common measures wherever possible across payer types, minimizing exceptions. Measure sets may include separate measures for commercial and Medicaid populations on a limited basis.

Measure Selection Criteria

1. The measure set is of manageable size (currently at 56).
2. Measures are based on *readily available data in WA* (we must identify the data source).
3. Preference given to nationally-vetted measures (e.g., NQF-endorsed) and other measures currently used by public agencies within WA.
 - When possible, align with the Governor’s performance management system measures and measures specific to Medicaid
4. Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.
5. Measures target issues where we believe there is significant potential to improve health system performance in a way that will positively impact health outcomes and reduce costs.
6. If the unit of analysis includes health care providers, the measure should be amenable to influence of providers.
7. The measure set is useable by multiple parties (e.g., payers, provider organizations, public health, communities, and/or policy-makers).

Measure Selection Criteria

Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.

- Results must meet denominator threshold for public reporting:
 - medical groups/clinics (100)
 - counties/ACHs (30)

We are not developing measures “from scratch.”

When we recommend a measure:

1. Measure name
2. Brief description of the measure (numerator, denominator, exclusions)
3. Identify measure steward
4. National Quality Forum endorsed – yes or no
5. Data source in Washington state to support measurement/reporting in 2018
6. Recommended units of analysis for public reporting

Measure Review Process

1. Review health indicator list
 - Identify measures already included in Common Measure Set
 - Create a short list of 15 or fewer higher priority measures for further consideration
2. Consider whether there are any other priority measures (not included in the health indicator list) that we want to consider
3. Take second pass “shorter list of ~15,” determine whether there are three or fewer measures we wish to recommend
4. Finalize rationale, etc.

Refer to 8-page handout:

Health Indicators Considered for Inclusion in the State Health Assessment (Source: Cathy Wasserman, Department of Health)

	B	C	D	N	O	P	Q
	Health Topic	Indicator(s)	Data Source	WA data (95% CI)	National data	WA vs US	Priority
1	Context of Health	Population growth, age & gender composition, race/ethnicity, education level, income distribution, unemployment, wealth	ACS	-	-	---	
2	Mortality	Life expectancy at birth	Death	80.4 years	78.8 years	Better	
3	Mortality	Leading causes of death	Death				
4	Hospitalization	Leading causes of hospitalization	CHARS				
5	Hospitalization	Age adjusted hospitalization rate per 100,000	CHARS	8,452.3 (8,430.8-8,473.9)	N/A	---	
6	Infant Mortality	Infant death rates per 1,000 live births	Linked	4.5 (4.1-5.0)	5.8	Better	
7	Self Reported Mental Health	Age adjusted percent of adults who report 14+ days poor mental health in past month	BRFSS	11.0 (10.1-12.0)	11.5	---	Overall
8	Self Reported Health Status	Age adjusted percent will fair or poor self reported general health	BRFSS	14.6 (13.6-15.7)	15.7	Better	
9							

State Health Assessment Indicators Already Included in CMS

1. Self-reported mental health (line 8)
2. Unintended pregnancy (line 25)
3. Age-adjusted % of adults who are current smokers (line 34)
4. % of Adults 65 years and older who received pneumonia vaccination (line 45)

Other Population Health-related Measures Already Included in CMS

1. Childhood Immunization Status (Combo 10)
2. Immunizations for Adolescents by age 13
3. Immunization for Influenza
4. Children and Adolescent Access to Primary Care Practitioners
5. Weight Assessment and Counseling for Nutrition & Physical Activity
6. Oral Health: Primary Caries Prevention Offered by Primary Care
7. Well Child Visits, First 15 months and 3 – 6 years
8. Adult access to Preventive/Ambulatory Health Services
9. Adult BMI Assessment
10. Medical Assistance with Smoking and Tobacco Use Cessation
11. Cancer Screenings (breast, cervical, colon)
12. Chlamydia Screening for Young Women

12 Indicators with “overall support”

Line #	Indicator	WA vs US
13	Age-adjusted % of adults who have ever been told by a doctor they had diabetes	Better
15	Age-adjusted % of adults with self-reported BMI \geq 30	Better
20	Age-adjusted suicide death rate per 100,000	Worse
21	Age-adjusted drug overdose death rate per 100,000	Better
33	Age-adjusted % of adults who binge drank in the past month	Worse
35	Age-adjusted % of adults that met aerobic physical activity guidelines	Better
37	Age-adjusted % of adults who consumed < servings of fruits per day	---
38	Age-adjusted % of adults who consumed < servings of vegetables per day	Better
43	% of children 19-35 months who received recommended vaccines for 4:3:1:4:3:1:4	Worse
47	Age-adjusted % of adults that have a personal health care provider	Worse
70	Housing lacks kitchen or plumbing; severely overcrowded, or cost exceeds 50% of income	Better
75	Homelessness	---

Sorting

- Create a short list of 15 or fewer higher priority measures for further consideration
 - Are there other measures from the SHA list you want on the “short list?”
 - Are there any other priority measures (not included in the SHA list) that we want to consider?
- Take second pass “shorter list of ~15,” determine whether there are three or fewer measures we wish to recommend

**Public Comment
Next Steps
Wrap-up**