



Population Health Measures Ad Hoc Work Group

Wednesday, June 21, 2017

2:30 – 4:00 pm

Meeting Summary

Attendance:

Susie Dade, Washington Health Alliance

Frances Gough, Molina

Kathy Lofy, WA State Department of Health

Elya Moore, Olympic Community of Health

Laura Pennington, WA State Health Care Authority

Marguerite Ro, Seattle King County Public Health

Cathy Wasserman, WA State Department of Health

1. Ms. Dade, from the Washington Health Alliance, reviewed the work group's charge:

Review the Department of Health's State Health Assessment (SHA) and determine whether any indicators included in the SHA (or any other indicators) 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 considered to be the top priority for this purpose.

If recommending measures, identify the currently available data source in Washington state and the units of analysis for public reporting; and provide a rationale for why these measures were prioritized for inclusion in the Common Measure Set.

2. Ms. Dade explained that the timeframe for the process includes complete the recommendations and forwarding them to the Performance Measures Coordinating Committee during Fall 2017. Any measures recommended for inclusion in the Common Measure Set would be released for public comment during November 2017. Final decisions will be made by the PMCC in December 2017.

3. Ms. Dade reviewed the measure selection criteria used to make decisions re: inclusion of measures in the Common Measure Set. It was emphasized that these are the same measure selection criteria used in previous work groups of the PMCC. The criteria of primary importance include:

- Measures are based on *readily available data in WA* (we must identify the data source).
- 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

- Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting.
- 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.
- If the unit of analysis includes health care providers, the measure should be amenable to influence of providers.

The group acknowledged these criteria. It was suggested that, during our deliberations, the group should also give consideration to issues that reflect the following when considering priorities:

- High burden
- High cost
- WA results are worse than US results
- Worsening trend in WA
- Known or perceived disparities

It was recognized that we may not have thorough data on each of these points when finalizing our recommendations about priorities.

4. The group began its work by reviewing:

- Indicators included in the State Health Assessment, with particular emphasis on those indicators that had received “overall support” by multiple stakeholder groups engaged in the State Health Assessment work,
- Topics of interest currently covered in the Common Measure Set, and
- Specific population health measures already included in the Common Measure Set.

5. Discussion resulted in a decision to give further consideration to the following topics at the next scheduled meeting (July 18):

- Self-reported Health Status
- Diabetes and Prediabetes
- Suicide death rate per 100,000
- Prenatal Care - % of women who receive first trimester prenatal care
- Youth tobacco - % of youth who are current smokers
- Leading causes of hospitalization and/or hospitalization rate per 100,000
- Opioids

6. Public Comment:

There was one member of the public on the call at the start of the meeting but this individual dropped off the call about one third of the way through the meeting. So there was no public comment.

7. The meeting adjourned at 4:00 pm.