



Attachment 1: Revised, Based on PMCC Discussion 03 30 2018

PURPOSE OF THE PMCC

The **purpose** of the PMCC is to identify and recommend a Washington State Common Measure Set on Health Care Quality and Cost* (Common Measure Set) for monitoring population health status and health care delivery system performance on key measures of quality and cost.

*To the extent possible, the Common Measure Set must include dimensions of prevention, effective management of chronic disease, care coordination and patient safety, and use of lowest cost/highest quality care for preventive, acute and chronic conditions. It will be useful to apply an equity lens and provide stratified results by race, ethnicity and/or language whenever possible.

Intended use of the Common Measure Set may be both narrowly defined and broadly defined as follows:

NARROW: For State as Leader of Healthier Washington and as Purchaser of Health Care Benefits	BROAD: For (non-State) public and private purchasers and payers
<ul style="list-style-type: none"> • Stakeholder input to validate and endorse measures of focus • Selected measures provide focus for state’s health care contracting (Medicaid, PEBB, SEBB) • Selected measures provide focus for state health improvement initiatives such as Healthier Washington and the Transformation Demonstration 	<ul style="list-style-type: none"> • Stakeholder input to validate and endorse measures of focus • Selected measures provide focus for state-wide public reporting (e.g., Community Checkup) • Selected measures recommended as aligned platform for (non-State) public and private payers/purchaser contracting

ROLE OF THE PMCC

The role of the PMCC includes three key elements:

1. The PMCC is responsible for annually reviewing and recommending measures for the Common Measure Set. To fulfill this role, the PMCC must (1) take into consideration who is using the approved measures and the qualitative impact of having the Common Measure Set in place; (2) consider the overall size of the Common Measure Set and administrative burden; (3) generally stay abreast of performance measurement and reporting trends, including nationally vetted measure sets, with a goal of furthering alignment whenever possible; and (4) the availability of reliable data sources to support public reporting of Washington state results.
 - a. The PMCC may form one or more ad hoc workgroups (with specific expertise) to help fulfill this role.
 - b. Measures may be added or retired annually, with recommendations to the Health Care Authority no later than December for implementation during the following year.
 - c. In this role, the PMCC recommends criteria for measure inclusion (i.e., what criteria must be met for a measure to be approved for inclusion in the Common Measure Set). At a minimum, these criteria must include the following:
 - Preference given to nationally vetted and reported measures whenever possible but not exclusively; and
 - Measures must be based on *readily available* data in the state of Washington that is trusted, credible and robust enough to support statewide reporting.
2. The PMCC will review results from the Common Measure Set over time and, based on these results, may provide advice to the Health Care Authority and other appropriate health care organizations on priorities for improvement activities within Washington.
3. The PMCC will utilize its forum and membership to promote use of the Common Measure Set in health plan and provider contracting, to align and simplify performance measurement and to send clearer signals about health and health care in Washington state.

The following is out-of-scope for the PMCC based on available resources and other considerations:

1. Establishing performance targets where national benchmarks do not exist
2. Sponsoring and leading specific quality improvement initiatives
3. Assuming responsibility for incorporating measures into contracting
4. *Formally evaluating the impact* of the Common Measure Set (i.e., correlating use of the Common Measure Set with quantifiable changes in health outcomes, health status of the population and/or delivery system improvement)