WA State Performance Measures Coordinating Committee (PMCC)

September 27, 2018, 2:00 – 4:00 pm

Meeting Summary

I. Welcome and Introduction:

Nancy Giunto, Executive Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting. Ms. Giunto reminded everyone of the importance of keeping this a transparent process, allowing for public input and opportunities for participation, and sharing all meeting materials and summaries on the Healthier WA website. Ms. Giunto reviewed the objectives for the meeting which included: (1) taking action to release recommendations for public comment regarding changes to the 2019 Common Measure Set, and (2) discussing how best to provide clarity regarding which measures in the Common Measure Set are appropriate for provider contracting/payment and which are for monitoring only.

II. Recommended Changes to the Common Measure Set for 2019 Implementation

By way of background, Ms. Dade reminded the group that the PMCC asked that an ad hoc work group be formed to review currently approved measures in the Common Measure Set. The group was charged with recommending whether measures should be kept (as is), modified/replaced, or deleted for 2019 implementation of Common Measure Set reporting. Sixteen people participated in the work group, representing the following organizations:

ACH – Olympic Community of Health
Aetna
Cigna
Community Health Plan of WA
Kaiser Permanente-Washington
Health Care Authority
Molina Healthcare of WA
Premera Blue Cross
Regence Blue Shield
Seattle-King County Public Health
UnitedHealthcare
Washington Health Alliance
WA State Department of Health
WA State Department of Social & Health
WA State Hospital Association

This ad hoc work group reviewed every measure in the Common Measure Set and ultimately recommended that we delete three measures, replace one measure and consider modification of three measures. At the meeting, all the recommendations were presented and discussed, one by one. A period of public comment was made available; there were no public comments. Below is a summary of the recommendation and the actions taken by the PMCC.

- **Recommendation #1: MODIFY THE "Oral Health: Primary Caries Prevention" measure.**

It was recommended that the measure definition be expanded as noted below:

"Total number of patients (age ≤6 years) who received a fluoride varnish (FV) application during a routine ~~preventive~~ health visit with ~~primary care provider~~ any non-dental health care provider who has received the appropriate training to apply FV."

The measure steward is the WA State Health Care Authority. This measure is, at the present, time, only measured and reported for the Medicaid-insured population.

The rationale for the proposed change is that Fluoride varnish may be applied in non-primary care settings. By expanding the definition of the measure to include other types of providers who have been appropriately trained, the measure will be better aligned with the measure used in the Medicaid Transformation Initiative.

PMCC ACTION: The proposed modification was approved for release for public comment.

- **Recommendation #2: CONSIDER MODIFYING two Immunization measures to bring them into alignment with measures used in the "Immunize Washington" recognition program. The two measures include (1) Childhood Immunization State-Combo 10, and (2) Immunizations for Adolescents.**

Some work group members voiced concern that the childhood immunization measures in the Common Measure Set are different from those used in the Immunize Washington recognition program. Immunize WA is a partnership between public health, health plans and other organizations. As a group, they decided on the measures used for the award. The award was started several years ago to promote provider use of the IIS. It was also noted that some providers are troubled by the "all-or-nothing" nature of the HEDIS Combo 10 measure (a child has to receive all 10 to get credit). The concern is that a provider is incentivized to focus on the children who are closest to the goal, and not on the conversations with the vaccine-adverse families whose children have no or few immunizations.

The work group as a whole did not finalize a recommendation, but suggested that the PMCC consider whether a change is needed. The following chart outlines the differences. It is important to note that both the HEDIS and public health measures are used and are relevant in the immunization arena.

Childhood Immunization Status – Combination 10	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure (NQF endorsed #0038) Includes the percentage of children two years of age who had: four diphtheria, tetanus and acellular pertussis (DTap); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.	CDC measure (called the 4:3:1:3:3:1:4 or 19 dose series (not NQF-endorsed). The 19-dose series includes vaccination among 24-35 month olds. The 19 dose series doesn't include Flu (2 doses), Rotavirus (2 doses) or Hep A (1 dose). CDC uses the 19 dose series to compare across states.
Immunizations for Adolescents	
Common Measure Set	"Immunize Washington"
NCQA HEDIS measure (NQF endorsed #1407) The percentage of children 13 years of age who had one dose of meningococcal conjugate vaccine (MCV), one Tdap vaccine and completion of the *HPV series* by their 13th birthday. Report: (1) Combination Rate 2; (2) HPV for Female Adolescents; and (3) HPV for Male Adolescents	Uses the same measure, but modifies to assess: • Status among 13-17 year olds • Series initiation (1 Tdap, 1 MCV, 1 HPV) among 13-17 year olds (rather than completion of the series by age 13)

PMCC ACTION: (1) Maintain the currently approved measures in the Common Measure Set (i.e., NCQA measures, NQF-endorsed #0038 and #1407), and (2) include a question in the public comment survey, asking for feedback about the different measures used in the Common Measure Set versus the Immunization Washington recognition program.

- **Recommendation #3: DELETE the following measure, "Medical Assistance with Smoking and Tobacco Use Cessation"**

The measure steward is NCQA and this measure is NQF-endorsed (#0027).

The rationale for deleting this measure is that results for this measure are intended to be reported at a health plan level, with results available via NCQA Quality Compass. However, health plans have not reported results via Quality Compass for at least the last two years based on small sample size in their CAHPS. Therefore, we have been unable to report on this measure.

PMCC ACTION: The proposed measure deletion was approved for release for public comment.

- **<u>Recommendation #4</u>: DELETE the following measure, "Adult Mental Health Status"**

The measure steward is the Center for Disease Control. This measure is collected via the Behavioral Risk Factor Surveillance System (BRFSS) administered in Washington through the Department of Health. The measure is: "the percentage of adults ages 18 and older who answer "14 or more days" in response to the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Results are reported for the state, counties and ACHS.

The rationale for deleting this measure is that the work group was unaware of anyone using this measure to track performance or outcomes.

<u>PMCC ACTION</u>: The proposed measure deletion was approved for release for public comment.

- **<u>Recommendation #5</u>: DELETE the following measure, "COPD or Asthma in Older Adult Hospital Admissions"**

The measure steward is the US Agenda for Healthcare Research and Quality (AHRQ) and the measure is NQF-endorsed (#0275).

This measures "ambulatory sensitive" hospital admissions for COPD or Asthma in adults ages 40 years and older. The results are reported as admissions per 100,000 people.

The rationale for deleting this measure is that because of small "N" within the commercial and Medicaid populations we have only been able to report results at a statewide level (these types of admissions are more prevalent in the Medicare population, both here in Washington and nationally). Feedback suggests these results are considered hard to interpret and "action-ability" is low.

<u>PMCC ACTION</u>: The proposed measure deletion was approved for release for public comment.

- **<u>Recommendation #6</u>: REPLACE the following measure, "Medication Management for People with Asthma (MMA)" with "Asthma Medication Ratio (AMR)"**

The measure steward for both measures is NCQA and both are NQF-endorsed (MMA #1799, AMR#1800).

MMA: This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma were dispensed appropriate asthma controller medications that they remained on for at least 75% of their treatment period.

AMR: This measure assesses whether children and adults (ages 5-85) who were identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement period.

The standard of care is that the rate of controller medications should exceed rescue medications, as controller medications can prevent or greatly reduce the need for rescue medications.

The rationale for replacing the MMA measure with the AMR measure is that clinical leaders agree that the AMR measure is a preferred measure noting that higher performance on the AMR measure correlates with reduced ER visits and hospital admissions related to complications associated with Asthma (whereas performance on the MMA measure does not). In addition, there is some indication that NCQA may phase out the MMA measure over the next couple of years.

PMCC ACTION: The proposed measure replacement was approved for release for public comment.

Ms. Dade also outlined other topics discussed by the ad hoc work group, but noted that there are no formal recommendations at this time. Topics included:

1. Anti-depressant medication management
2. Cost of care
3. Hospital quality measure expansion in 2020
4. Medication reconciliation post discharge

III. Clarifying Purpose of Measures: Contracting/Payment Versus Monitoring Only

It is not uncommon for HCA and Alliance staff to receive questions about the purpose of the Common Measure Set and which measures are appropriate for:

1. Population Health Monitoring and Provider Contracting and Payment
2. Population Health Monitoring only (not appropriate for provider contracting/payment)

Historically, we have differentiated in the following ways:

Measures approved for the Washington State Common Measure Set are appropriate for inclusion in value-based contracting for payment between health plans/purchasers and provider organizations when:

- there are valid and reliable results available by contracting entity (e.g., medical group/clinic, hospital or health plan), and
- when improvement is reasonably thought to be within the sphere of influence of the contracting entity.

Measures are appropriate for population health monitoring only when:

1. data is only collected at a geographic level (e.g., state or county),
2. results cannot be reasonably attributable to a contracting entity, and/or
3. measure results are small numbers (cell size) making them inappropriate for payment/ contracting.

The discussion centered around the best way to provide clarity going forward.

PMCC Action: Assemble a small group* to accomplish the following:

1. review the criteria for determining which measures are appropriate for contracting/payment versus monitoring only, in light of the purpose of the Common Measure Set (original legislation) and current uses
2. go through the complete Common Measure Set and make a determination, noting which category each measure falls into:
   - Population Health Monitoring and Provider Contracting and Payment
   - Population Health Monitoring only (not appropriate for provider contracting/payment)
3. Return to the PMCC in December or January with specific recommendations

(*at a minimum, the following people will be asked to serve on the small group: Emily Transue, Laura Pennington, Susie McDonald, Susie Dade).

IV. Next Steps

- A high-level meeting summary will be available within ten days on HCA's website.
- The next meeting of the PMCC will be on December 18, 2018.

The meeting adjourned at 4:25 pm.

ATTENDANCE: September 27, 2018

			Present	Absent
Jonathan	Bennett	Washington State Hospital Association	X-PHONE	
Craig	Blackmore	Virginia Mason Medical Center		X
Patrick	Connor	National Federation of Independent Business (NFIB)	X-PHONE	
Marie	Dunn	Qualis Health	X-PHONE	
Gary	Franklin	Labor and Industries	X	
Lorie	Gerik	Oregon Health Sciences University		X
Nancy	Giunto	Washington Health Alliance	X	
Frances	Gough	Molina Healthcare of Washington	X-PHONE	
Anne	Hirsch	Seattle University		X
Ken	Jaslow	Premera Blue Cross		X
Dan	Kent	UnitedHealthcare Community Plan		X
Larry	Kessler	UW School of Public Health, Department of Sciences	X	
Kathy	Lofy	Washington State Department of Health		X
David	Mancuso	Department of Social and Health Services	X-PHONE	
Susie	McDonald	Kaiser Permanente Washington	X	
Elya	Prystowsky	Olympic Community of Health	X	
Scott	Ramsey	Fred Hutchinson Cancer Research Center		X
Dale	Reisner	Washington State Medical Association (WSMA)		X
Carla	Reyes	Washington State Department of Social and Health Services		X
Marguerite	Ro	Public Health - Seattle and King County	X	
Rick	Rubin	OneHealthPort	X	
Caitlin	Safford	Amerigroup of Washington		X
Torney	Smith	Spokane Regional Health District		X
Emily	Transue	Washington State Health Care Authority	X	

Staff:

Susie Dade, Washington Health Alliance
Laura Pennington, Health Care Authority
Stella Chang, Health Care Authority

Guests:

Teal Bell, WA State Department of Health
Lin Beuerle, UnitedHealthcare (attending for Dan Kent)
Karen Jensen, WA State Health Care Authority
Thea Mounts, WA State Office of Financial Management
Stephanie Renfro, OHSU (attending for Lorie Gerik)
Lisa Werlech, Amerigroup (attending for Caitlin Safford)