

Performance Measures Coordinating Committee Council Meeting

Wednesday, October 18, 2023
12:00 p.m. – 2:00 p.m.

Housekeeping

- ▶ No formal break, so feel free to step out briefly if needed.
- ▶ For committee members:
 - ▶ Please keep your phone line muted when not speaking.
- ▶ For members of the public:
 - ▶ Please keep your phone line muted at all times.
 - ▶ There will be dedicated time for questions and comments.
 - ▶ Please use the chat box to submit your question/comment and it will be addressed in the order received.

Public Process

- ▶ Maintaining a transparent process is important.
- ▶ Public comment opportunities:
 - ▶ PMCC meetings are open to the public.
 - ▶ There is time on the agenda for public comment prior to action on measures.
 - ▶ Meeting materials are posted on the Health Care Authority website*
 - ▶ Comments can be submitted to HCA anytime at laura.pennington@hca.wa.gov.

*<https://www.hca.wa.gov/about-hca/who-we-are/washington-state-common-measure-set>

Today's Objectives

- ▶ Briefly recap May meeting
- ▶ Review and vote on changes to the 2024 WSCMS
- ▶ Consider recommendations from the PMCC evaluation workgroup
- ▶ Learn about HIV efforts in Washington and consider the addition of the HIV Viral Suppression measure to the WSCMS
- ▶ Public Comment
- ▶ Wrap Up

Welcome & Introductions

- ▶ Please share the following
 - ▶ Your Name
 - ▶ Your Role
 - ▶ Your organization
- ▶ Welcome to our newest member:
 - ▶ Dr. Herbie Duber, Regional Medical Director, Washington State Department of Health

Recap of the May PMCC Meeting

Judy Zerzan-Thul, MD, HCA

Recap of the May 2023 PMCC Meeting

- ▶ Reviewed the most recent release of the Washington Health Alliance Community Check Up
- ▶ Learned about NCQA's proposed changes to the 2024 HEDIS® measures

Changes to 2024 Washington State Common Measure Set

Laura Pennington, HCA

NCQA Changes to HEDIS® MY 2024 Measures – Retirement

- ▶ Proposed measures for retirement currently in the WSCMS:
 - ▶ Antidepressant Medication Management (AMM) (NCQA deferred retirement until MY2025)
 - ▶ Ambulatory Care (AMB)
 - Currently required for reporting for Medicaid only
 - Risk-adjusted utilization measures provide a better signal of quality
 - ▶ Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
 - Required reporting for WSCMS, not NCQA (Commercial and Medicaid)
 - The measure is not widely used and addresses only one aspect of COPD care (confirming a new diagnosis).

For additional detail go to: [04.-Measures-Roadmap.pdf \(ncqa.org\)](#)

Vote #1 – Removal of measures in the WSCMS

- ▶ Should we remove the following measures that will be retired by NCQA in 2024?
 - ▶ Ambulatory Care (AMB)
 - ▶ Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- ▶ First, any comments or questions from the public?
- ▶ We will vote on both together, unless the committee would like to do them individually

NCQA Changes to HEDIS MY 2024 Measures – Updates to existing measures

▶ Proposed changes to existing measures

▶ Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD)

➤ NCQA revised and renamed this measure **Glycemic Status Assessment for Patients With Diabetes**. The updated measure includes a glucose management indicator with hemoglobin A1c.

➤ New description:

➔ The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c]) or glucose management indicator [GMI] was at either of the following levels during the measurement year:

- Glycemic status <8.0%
- Glycemic status 9.0%

NCQA Updates to existing measures, cont.

- ▶ Eye Exam for Patients With Diabetes (EED) *and*
- ▶ Kidney Health Evaluation for Patients With Diabetes (KED)
 - ▶ NCQA reassessed how these seven measures identify individuals with diabetes. The new method simplifies the specification and mitigates inclusion of individuals who take diabetes-related medications for reasons other than diabetes (e.g., weight loss) by adding a diabetes diagnosis requirement in the pharmacy method.
- ▶ Colorectal Cancer Screening (COL)
 - ▶ NCQA is moving this to ECDS reporting only.

Vote #2 – Modifications to WSCMS

Do you agree with the NCQA updates to the following measures:

- ▶ Rename Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD) to *Glycemic Status Assessment for Patients With Diabetes (GSD)*
- ▶ No impact to the WSCMS, but impact to the measure specs themselves
 - ▶ Eye Exam for Patients With Diabetes (EED)
 - ▶ Kidney Health Evaluation for Patients With Diabetes (KED)
- ▶ Colorectal Cancer Screening (COL) – moving to ECDS reporting only
- ▶ First, any comments or questions from the public?
- ▶ We will vote on all changes at the same time.

Current required measures for stratification by race and ethnicity

Table 1. Measures Stratified by Race/Ethnicity in MY 2022 and MY 2023

Domain	Measure	Product Lines
Prevention and Screening	Colorectal Cancer Screening (COL, COL-E)	Commercial, Medicaid, Medicare
	Adult Immunization Status (AIS, AIS-E)	Commercial, Medicaid, Medicare
	Immunizations for Adolescents (IMA, IMA-E)	Commercial, Medicaid
	Breast Cancer Screening (BCS-E)	Commercial, Medicaid, Medicare
Respiratory	Asthma Medication Ratio (AMR)	Commercial, Medicaid
Cardiovascular	Controlling High Blood Pressure (CBP)	Commercial, Medicaid, Medicare
Diabetes	Hemoglobin A1c Control for Patients With Diabetes (HBD)	Commercial, Medicaid, Medicare
Behavioral Health	Follow-Up After Emergency Department Visits for Substance Use (FUA)	Commercial, Medicaid, Medicare
	Pharmacotherapy for Opioid Use Disorder (POD)	Commercial, Medicaid, Medicare
Access and Availability of Care	Prenatal and Postpartum Care (PPC)	Commercial, Medicaid
	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Commercial, Medicaid, Medicare
Utilization	Child and Adolescent Well Care Visits (WCV)	Commercial, Medicaid
	Well-Child Visits in the First 30 Months of Life (W30)	Commercial, Medicaid

Additional measures for MY 2024

- ▶ Follow-Up After Emergency Department Visit for Mental Illness*
- ▶ Follow-Up After Hospitalization for Mental Illness*
- ▶ Postpartum Depression Screening and Follow-Up
- ▶ Prenatal Depression Screening and Follow-Up
- ▶ Childhood Immunization Status
- ▶ Cervical Cancer Screening*
- ▶ Prenatal Immunization Status
- ▶ Kidney Health Evaluation for Patients With Diabetes*
- ▶ Eye Exam for Patients With Diabetes*

NCQA MY 2023 retirements/addition

Proposed for removal:

- ▶ In MY 2023, NCQA retired the following CAHPS-based measures:
 - ▶ Flu Vaccinations for Adults Ages 18–64 (FVA)*
 - ▶ Flu Vaccinations for Adults Ages 65 and Older (FVO)
 - ▶ **Pneumococcal Vaccination Status for Older Adults (PNU)**
 - PNU was added to the Adult Immunization Status (AIS-E)
 - **PNU is currently on the WSCMS and needs to be removed**

Proposed for addition:

- ▶ **Adult Immunization Status (AIS-E)**
 - ▶ This measure is an NCQA approved alternative for PNU
 - ▶ This measure will be electronic only effective MY 2024
 - ▶ This measure was reviewed by the PMCC in 2022

*The current measure on the WSCMS is [Influenza Immunization for ages 6 months and older](#). AMA/PCPI/NCQA

AIS-E Measure specifications

- ▶ The AIS-E measure assesses the percentage of adults 19 years of age and older who are up to date on recommended routine vaccinations, with separate indicators for **influenza**; tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap); zoster; and **pneumococcal** vaccinations.
- ▶ All LOB: Commercial, Medicaid and Medicare

Vote #3 – Modifications to WSCMS

Do you agree with the NCQA updates to the following measures:

- ▶ **Remove:** Pneumococcal Vaccination Status for Older Adults (PNU)
- ▶ **Add:** Adult Immunization Status (AIS-E)
- ▶ **Retain:** Influenza Immunization for ages 6 months and older

Recommendations from the 2023 PMCC Ad Hoc Evaluation Workgroup

Laura Pennington/Heleena Hufnagel, HCA

Evaluation of the Washington State Common Measure Set

- ▶ E2SHB 2572 Requires that the committee shall establish a public process to periodically evaluate the measure set and make additions or changes to the measure set as needed.
- ▶ Plan for the Ongoing Evolution and Evaluation of the State Common Measures Set:
 - ▶ "The Washington State Health Care Authority and the Performance Measures Coordinating Committee will review the core set of measures annually, including reported performance outcomes, and replace or retire core measures, if necessary. This will begin after the first year of reporting results for the statewide core set of measures."

Evaluation Workgroup Members

Name	Title	Organization
Donya Amiri	Analytics, Research, & Measurement (ARM) Administrator	Health Care Authority
JoEllen Colson	Deputy for Clinical Strategy and Operations	Health Care Authority
Sharon Eloranta, MD	Medical Director, Performance Measurement and Practice Transformation	Washington Health Alliance/PMCC
Eli Kern	Epidemiologist	Public Health – Seattle and King County
Cindi McElhaney	Lead, Health Care Analyst	Comagine Health
Rick Rubin	Member	Performance Measures Coordinating Committee (PMCC)
Heather Schultz, MD	ERB Associate Medical Director	Health Care Authority
Carey Wallace	Occupational Nurse Consultant, Quality Oversight and Program Alignment	Health Care Authority
Ginny Weir	CEO	Foundation for Health Care Quality/PMCC

Key discussion points

► Usefulness of the WSCMS

- ▶ Ensuring the WSCMS is useful to multiple types of users
 - Recommendation: Convening listening sessions for different types of users to solicit feedback
- ▶ Overall value of the WSCMS
 - There is value in using the WSCMS to demonstrate improvement over time.
 - ➔ This could include tracking specific cohorts of people to show the impact of the focus areas/measures on health outcomes.
 - Recommendation: It might be helpful to identify a few areas that are important and align with state priorities and take a deeper dive

Key discussion points, cont.

► Usefulness of the WSCMS cont.

- ▶ Categories of measures in the current WSCMS
 - Recommendation: Consider revisiting certain categories within the WSCMS where there has been little discussion.
 - ➔ This includes cost and hospital-based measures, as well as “ensuring appropriate care”, including avoiding overuse
- ▶ Sub-categories within the WSCMS
 - Recommendation: Consider the inclusion of a smaller set of “priority” or “focus” areas/measures
 - ➔ This could include health equity, areas to monitoring, maintenance measures or others

Key discussion points, cont.

► Health equity

- ▶ This is a priority of the Legislature and HCA
- ▶ Listen to communities who are working on HE and explore what are the most important measures to support those efforts
 - Need to identify what the role of the PMCC and how they can support existing efforts
 - The PMCC may be able to work with groups to develop standards for how we collect REL data
- ▶ Emphasize that the role of the PMCC is to focus on MEASURE usefulness
- ▶ Recognize that measurement science and data technology continues to evolve so it will be important to continue to look ahead
- ▶ Rather than recreate the wheel, it may be useful to replicate what is being developed at the national level
- ▶ Recommendation:
 - Consider reconvening an ad hoc health equity workgroup to consider opportunities and challenges and what are things we should be looking at

Summary of recommendations

- ▶ **Convene listening sessions** to solicit feedback from specific user groups for how to make the WSCMS more useful and potential gaps
- ▶ **Revisit the categories** that are used in the WSCMS
 - ▶ This includes cost, hospital, an ensuring appropriate care measures
 - ▶ Allow feedback from stakeholders to drive the overall categories within the WSCMS
- ▶ **Select a few areas/measures to focus on.** This could include conducting an analysis of usefulness of the measure(s), how it supports state priorities, and if it is a good indicator of improved health outcomes.
 - ▶ Initial thoughts are patient safety and health equity
- ▶ Consider **reconvening the health equity ad hoc workgroup** to further discuss opportunities for the PMCC to support existing efforts

Discussion/decision

- ▶ Convene listening sessions
- ▶ Revisit the categories in the WSCMS
- ▶ Select a few areas/measures to focus on
- ▶ Reconvene the health equity ad hoc workgroup

Next steps



Illuminating Quality Care through HIV Viral Load Suppression

WA State Performance Measures Coordinating Committee

Oct 18, 2023

Presenter: Karen Yao, Ph.D.

HIV Viral Suppression Measure

- ▶ Originally considered as part of the original 2014 WSCMS
- ▶ Again, presented for consideration in 2016 at the recommendation of GSK/DOH
- ▶ The PMCC agreed it was important but put it in the parking lot due to insufficient data
- ▶ Is on the current CMS Adult Core Measure Set
- ▶ We are now able to collect and report this measure
- ▶ Therefore, we may want to consider the addition to the WSCMS

HIV Viral Suppression Measure (HVL-AD)

▶ Measure Steward:

- ▶ Health Resources & Services Administration (HRSA)
- ▶ [National Quality Forum](#) #: 2082 / 3210e

▶ Description:

- ▶ Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year

▶ Numerator:

- ▶ Number of patients in the denominator with a HIV viral load less than 200 copies/ml at last HIV viral load test during the measurement year

▶ Denominator:

- ▶ Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

For more information go to: <https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio/core-measures/hiv-viral-load-suppression>

Acknowledgments: Washington R.O.C.K.S.S.



Raising Outreach, Cultivating Knowledge, and Strengthening Support for those affected by HIV

Executive Sponsors:

Chris Chen, M.D., M.B.A.

Beth Crustinger-Perry, Ph.D.

Rachel Amiya, Ph.D.

Data Leads:

Leticia Campos, M.P.H., Karen

Yao, Ph.D., Kelse Kwaiser, M.P.H.

Project Leads:

Rachel Amiya, Ph.D.

Jian Gong, M.S., Ph.D.

Lilian Manahan, Ph.D.

Clinical Lead and Quality Champion:

Liz Wolkin

Laura Pennington

Quality Consultants

Charissa Fotinos, M.D.

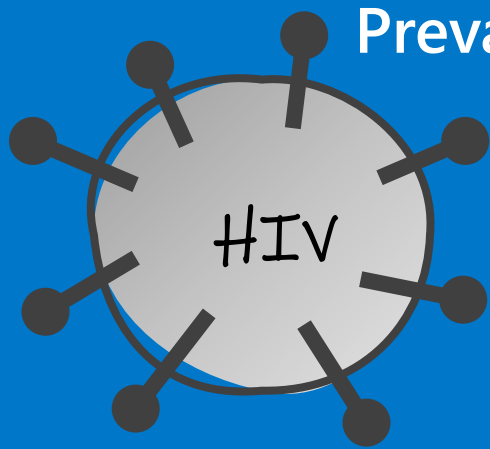
Judy Zerzan-Thul, M.D.

Donna Sullivan, Ph.D.

Objective

- ▶ Champion for the inclusion of the HIV viral load suppression performance metric (HVL-AD) in the Washington State Common Measure Set to improve health outcomes for people living with HIV.

HIV Prevalence and Medical Cost



Prevalence in WA Medicaid

7500



cost/person/Lifetime

\$420,285 – \$1,079,999

Medical Cost

\$3 – 8 billion

H.I.V. Suppression: clinical outcome measure



- ▶ Having less than 200 copies of HIV per milliliter of blood in HIV-positive individuals on antiretroviral therapy.

Viral Load Suppression Rate is an Important Population Health Outcome Indicator



Early ARV intervention
→ better health outcome

START TRIAL



Undetectable → Untransmittable

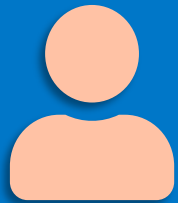
HPTN052 TRIAL



Continuous ARV and monitoring
→ sustained viral load suppression
& and patient adherence.

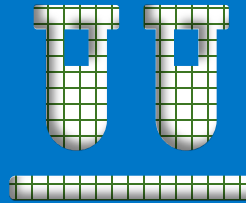
CMS HIV Viral Load (HVL-AD) Suppression Quality Measure

- ▶ The **percentage of people** with diagnosed HIV who have less than 200 copies of HIV per milliliter of blood.
- ▶ Eligible population selection criteria



Member Age

≥18 years by the last day of the measure year



HIV Diagnosis

Prior to the start or the first 90 days of the measure year



Medical Visit

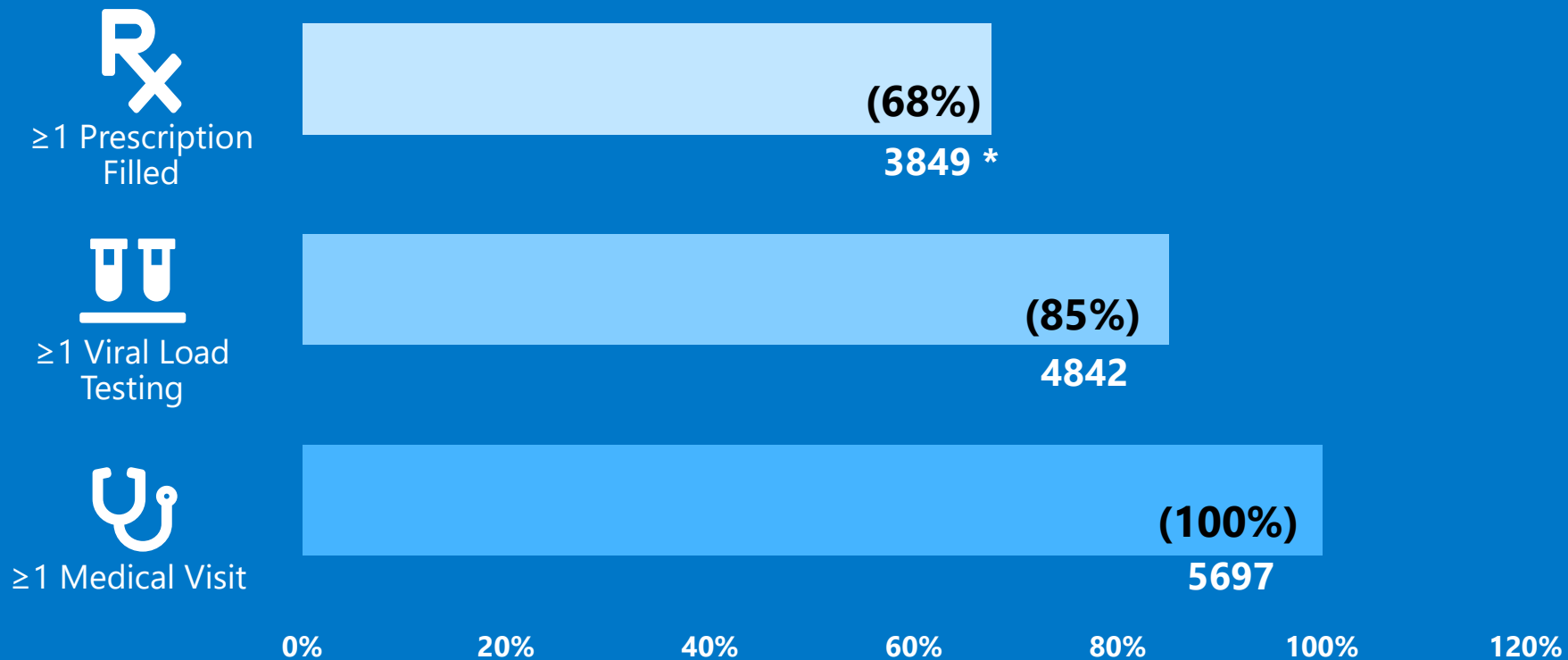
≥1 medical visit in the first 240 days of the measure year

H.I.V. Viral Suppression in WA Medicaid

Measure Year	N (confirmed HIV)	Viral Load Suppression
2022*	4649	82%
2021*	4108	84%
2021	4354	84%
2020	3957	83%

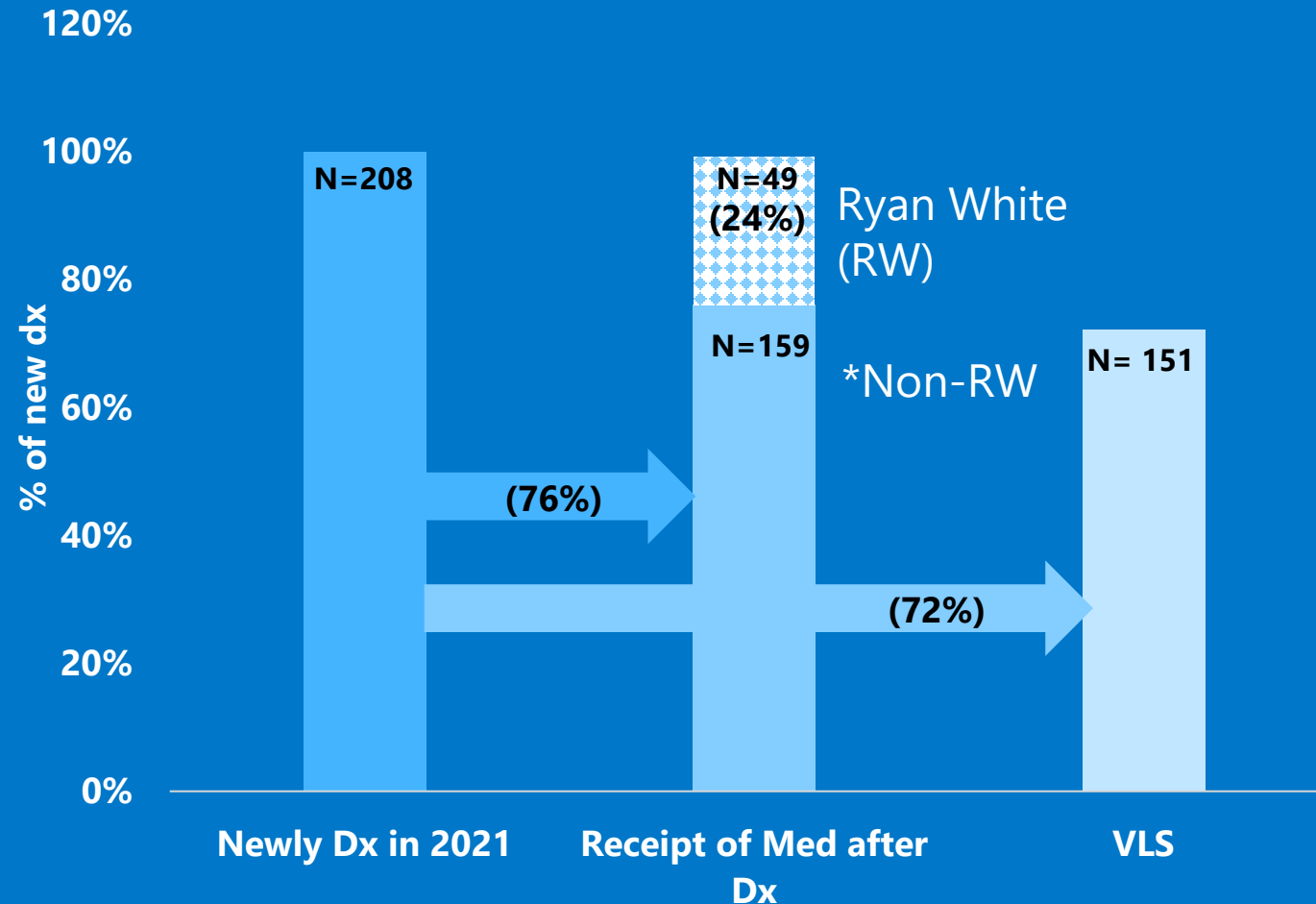
*2021, 2022 Viral Load Suppression based on FFY23 eligible population criteria

Gaps in HIV Critical Services - 2021



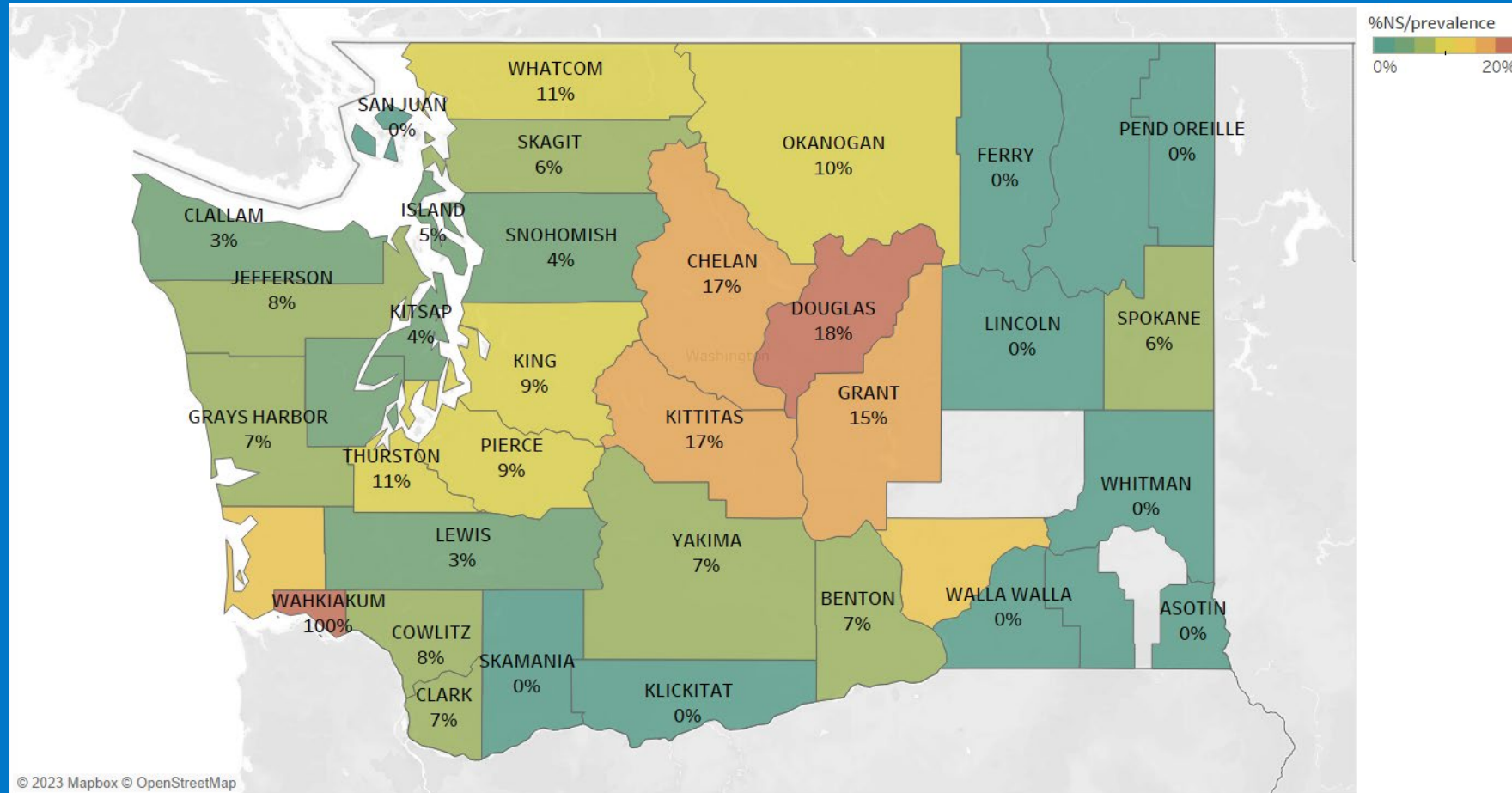
*Underestimating in Rx - dual eligible, and/or RW recipients

Newly Diagnosed HIV Care Continuum - 2021



- Non-RW population; 56% received a written prescription within 90 days of diagnosis

Elevated Non-Suppression Rate in Central WA Counties



Highlights

- ▶ H.I.V. burden among WA Medicaid beneficiaries is real.
- ▶ Data reveal performance gaps in viral suppression among WA Medicaid beneficiaries living with H.I.V.
- ▶ This tells us there is room for provider-driven improvement in care.

HVL-AD Metric Advances Statewide Strategies



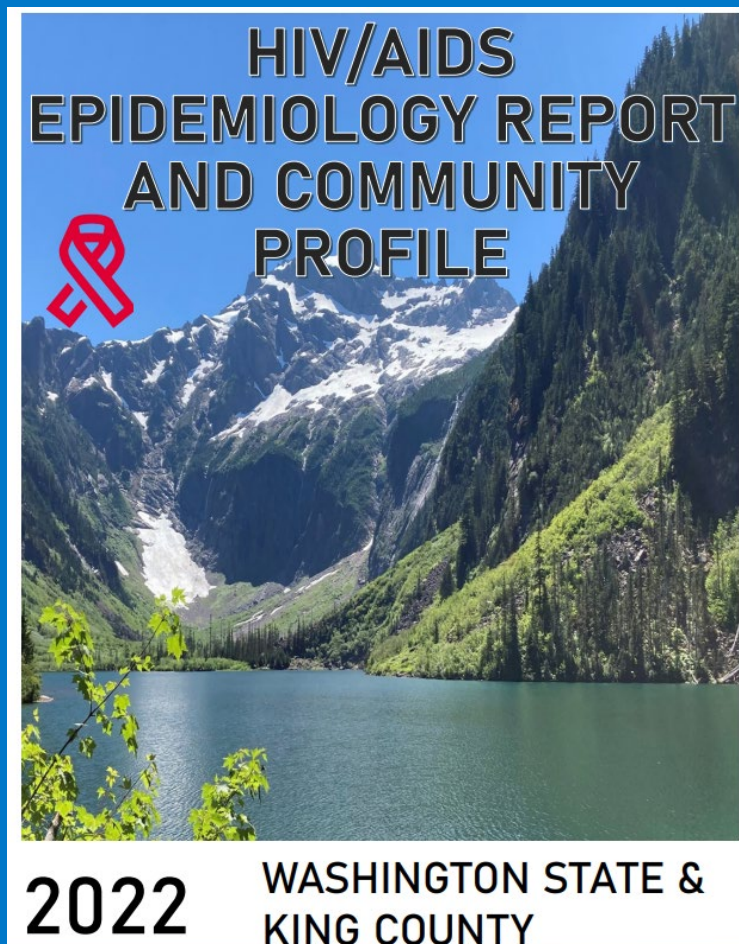
WA State Managed Care Organizations
Quality Strategy

Treatment as Prevention (U =U)

Integrated HIV Prevention and Care

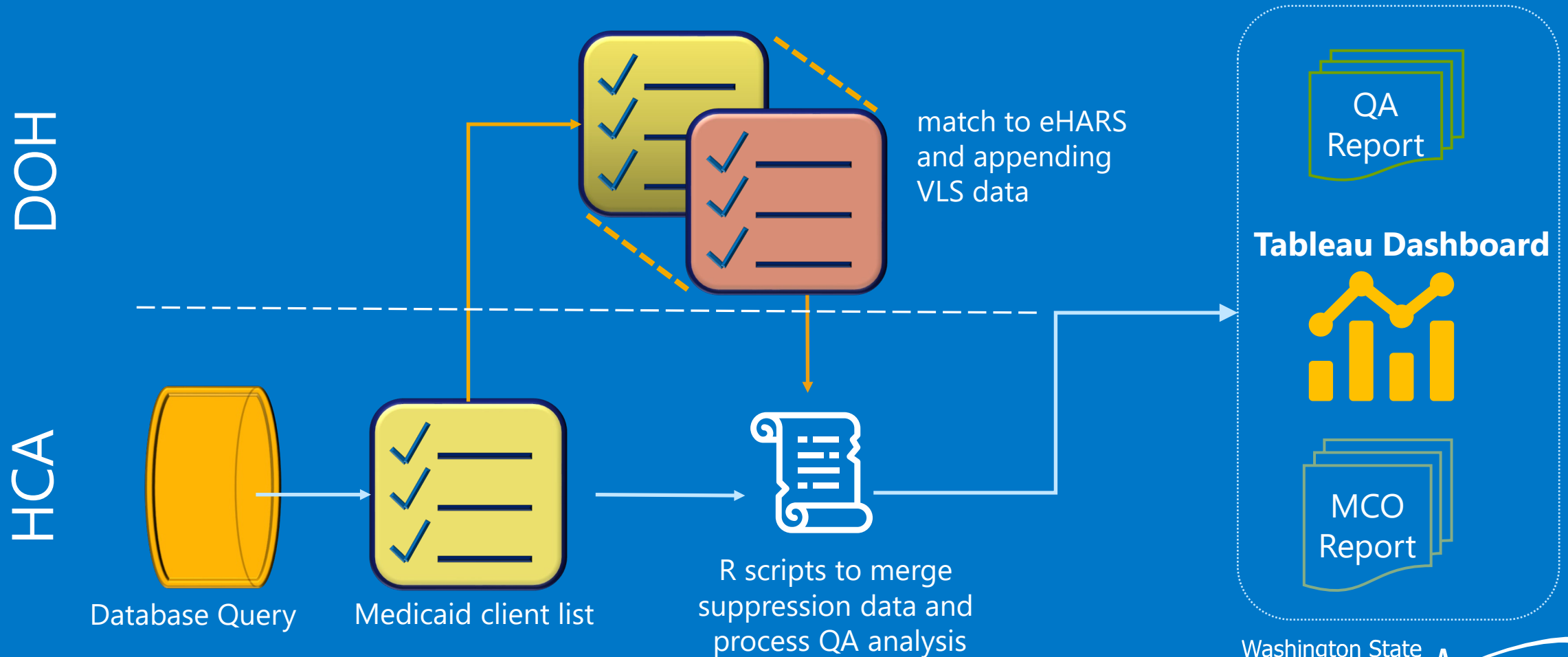
Ending the HIV Epidemic Initiative

H.I.V. Viral Suppression Rates Between King County, Medicaid & WA State



Measure Year	King County	Medicaid	WA State
2022	--	82%	--
2021	87%	84%	80%
2020	87%	83%	79%

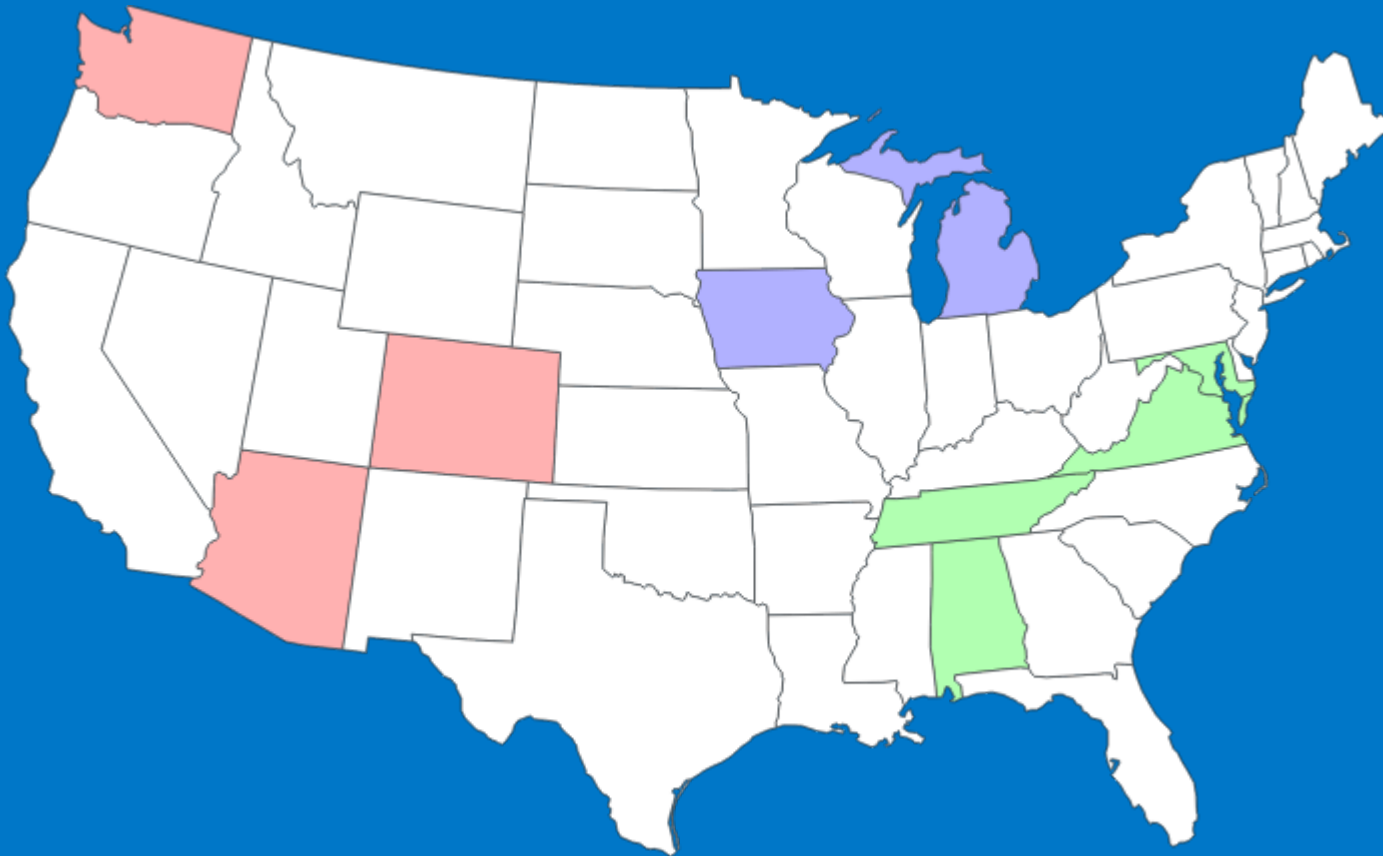
Data-Driven and Innovative Approaches



Highlights

- ▶ Advances statewide initiatives.
- ▶ Promotes greater collaboration and communication across agencies.
- ▶ Drives greater efficiency and improved data infrastructure.

Building Capacity to Improve HIV Viral Suppression Data in Medicaid



share tools, strategies & lessons learned with
the collaborative and other states



Progress and Projected Plans

Level 1	Level 2	Level 3
<ul style="list-style-type: none">• Reporting HVL-AD to CMS• Create a dashboard for better decision-making and information sharing	<ul style="list-style-type: none">• Broaden the scope of collaboration to include viral hepatitis and other STIs.• Streamline inter-agency data exchange with Master Person Index.	<ul style="list-style-type: none">• Quality improvement, MCO contracting• Other collaborative partnerships:<ul style="list-style-type: none">• Ryan White Programs• Reproductive, Maternal, and Infant Health• Mental Health & Homelessness

Progress
meter



85%



55%



10%

Highlights

- ▶ It was a lift to pursue this building capacity project.
- ▶ Our participation afforded us the opportunity to lay a valuable foundation.
- ▶ We are positioned to hit the ground running on the next steps of building HVL-AD into our policy and QI work – in a resource-efficient way!

Measure Usability



MCO
Performance
Improvement
Plan



Value-Based
Purchasing



Public
Reporting



Outcome
Measures

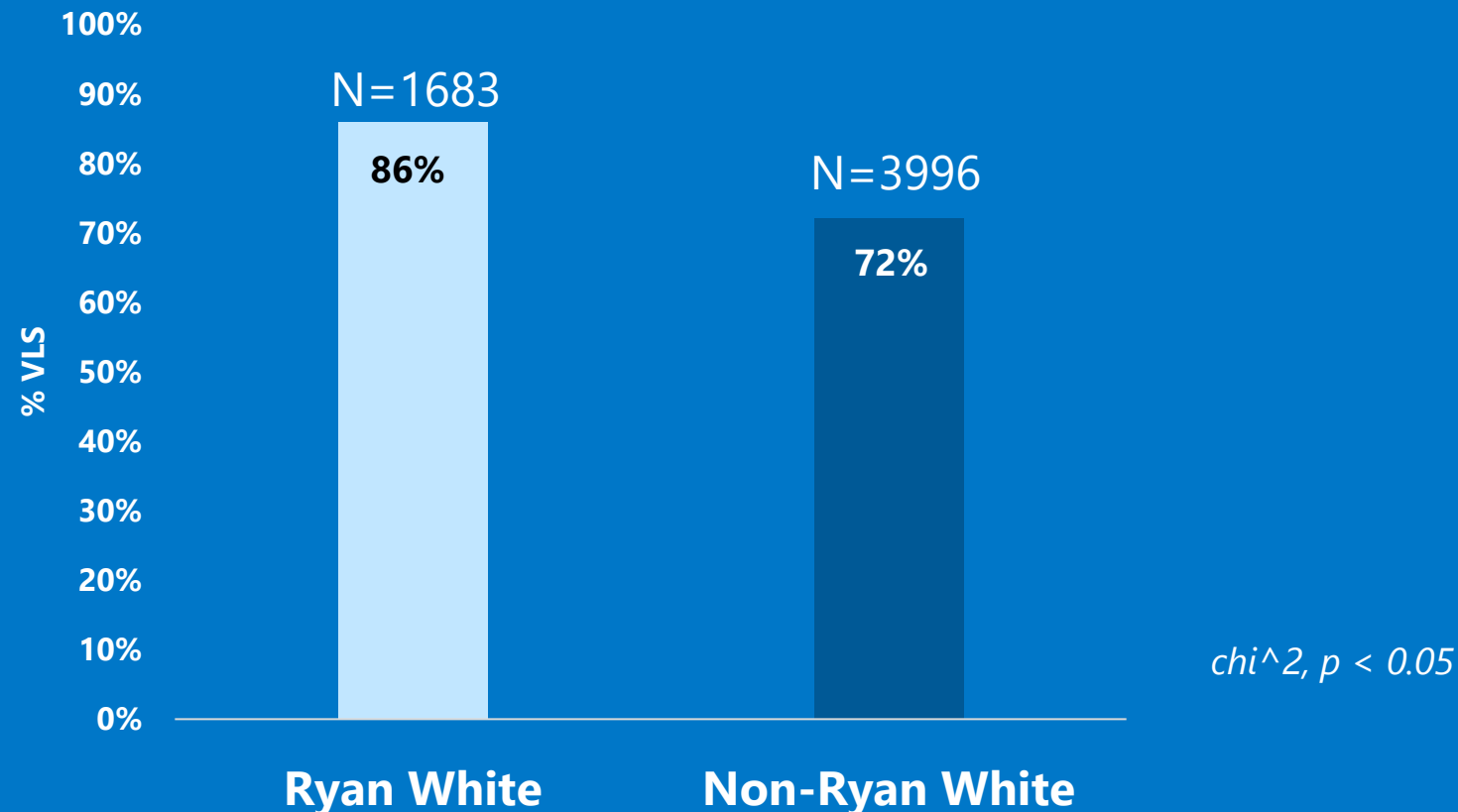
HVL-AD Usage by Different States

	CA	LA	MS	NY	IL*	NC*	HI*	FL*
Mandatory MCO Reporting and Quality Assessment		X						
MCO Pay-for-Reporting					X			
Performance Measure Set								X
Public Reporting	X							
Value-Based Payment	X ↓			X				
MCO Quality Improvement/PIP	X		X				X	
Monitoring Measure						X		

12 States plus DC reported in 2021: CA, DE, LA, MS, NV, NY, RI, TX, **DC, IA, MD, MI, WA**

* Non-reporting States

Significant Difference in Viral Load Suppression between Ryan White and Non-Ryan White Clients



Assessing Policy and Program Pitfalls

RESEARCH ARTICLE

AIDS Drug Assistance Program disenrollment is associated with loss of viral suppression beyond differences in homelessness, mental health, and substance use disorders: An evaluation in Washington state 2017–2019

Steven J. Erly^{1,2*}, **Christine M. Khosropour¹**, **Anjum Hajat¹**, **Monisha Sharma³**, **Jennifer R. Reuer²**, **Julia C. Dombrowski^{1,4}**

1 Department of Epidemiology, University of Washington, Seattle, Washington, United States of America, **2** Washington State Department of Health, Olympia, Washington, United States of America, **3** Department of Global Health, University of Washington, Seattle, Washington, United States of America, **4** Department of Medicine, Division of Allergy and Infectious Diseases, University of Washington, Seattle, Washington, United States of America

A healthcare worker in light blue scrubs and a white face mask is examining a patient's arm. The patient is a man with dark hair, wearing a light blue surgical mask and a dark purple t-shirt. In the background, another person is partially visible, looking on. The scene is set in a clinical or hospital environment with a yellow wall in the background.

COMMUNITY HEALTH

COMMUNITY

How One Seattle Clinic Is
Addressing the Importance of
HIV Care Within the AAPI
Community

Call to Action

- ▶ We urge the committee to make a positive impact on improving HIV prevention and care by adopting the HVL-AD measure.
- ▶ Formally adopting this measure would
 - Better integration of healthcare resources for those living H.I.V.
 - Enable additional performance gap analyses
 - Inform policy decisions likely to produce the greatest impact

HIV Viral Suppression Measure (HVL-AD)

▶ Measure Steward:

- ▶ Health Resources & Services Administration (HRSA)
- ▶ [National Quality Forum](#) #: 2082 / 3210e

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- ▶ Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year

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For more information go to: <https://ryanwhite.hrsa.gov/grants/performance-measure-portfolio/core-measures/hiv-viral-load-suppression>

Decision/Vote

- ▶ Does the committee agree that we should add the HIV Viral Suppression Measure (HVL-AD) to the Washington State Common Measure set?
- ▶ First, any comments or questions from the public?
- ▶ Committee vote

Public Comment

Judy Zerzan-Thul, MD

Public Comment

- ▶ Please enter your question or comment into the chat box.
- ▶ If you prefer to speak, enter your name into the chat box and unmute yourself when called upon.
- ▶ If speaking, please limit your comments to 2 minutes.

Wrap Up and Next Steps

Judy Zerzan-Thul, MD

Wrap Up/Next steps

- ▶ Action Items

- ▶ Next Meeting:

 - ▶ January 2024

 - ▶ Proposed agenda topics:

 - Restructure of WSCMS

 - Opportunities to address health equity

 - Send additional topics to Laura P.