Performance Measures Coordinating Committee Meeting Summary for January 21, 2022

Committee members present: Nancy Giunto, Gary Franklin, Francis Gough, Larry Kessler, Marguerite Ro, Paul Sherman, Ginny Weir, Pat Justis, Mark Pregler, Sarah Hallvik, Dan Kent, David Mancuso, Judy Zerzan.

Not Present: Sue Birch, Jonathan Bennett, Vishal Chaudhry, Patrick Connor, Ken Jaslow, Dale Reisner.

Guest Presenters: Mark Pregler, Washington Health Alliance, Cindi McElhaney, Comagine Health

HCA Staff: Emily Transue, Laura Pennington, and Heleena Hufnagel

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. Consideration for additional changes to improve the State Common Measure Set - Follow up from the October PMCC meeting.
2. Discuss how current measures inform health equity and the role of the PMCC.
3. Presentation on the Area Deprivation Index (ADI) by Washington Health Alliance.
4. Review and approve a mechanism to track historical changes to SCMS.

I. Follow up to Evaluation of Statewide Common Measure Set

Emily Transue from HCA spoke on the current SCMS and the potential benefit of removing long standing measures that no longer have utility or that may be replaced with new measures. Dr. Transue also discussed several such measures that were brought before the Committee in October 2021 and were referred for voting consideration in the January meeting.

Measures for Consideration:

a) Adult Access to Preventative/Ambulatory Services (AAP)

- Overview of measure: The percentage of members 20 years and older who had an ambulatory or preventive care visit.
- Recommendation for removal: This measurement doesn't provide in depth analysis of why individuals are seeking services (i.e. Chronic conditions? Quality of Care? Do they have a PCP?)
- The data indicates that both Medicaid and commercial carriers are performing well on this measure.
- There is no other NCQA measure that may be substituted for AAP but there may be other opportunities to gather data related to preventative/ambulatory services.

- Removal from the SCMS doesn't preclude the possibility of providers using this measure for their own contracts.
- Currently used by Medicaid program to monitor access under current legislative requirement that directs payment to increase rates for primary care, maternal health, and behavioral health services.
    - CMS requires monitoring mechanism and while not perfect, it is currently the only measure available to meet that requirement.

- Committee Discussion:
    - Q: Are we able to obtain reported rates by race/ethnicity with this measure?
      A: This measure is not designed for in depth analysis of socio-demographical data but may be used to broadly identify Medicaid members who have chosen to self-report this information.
    - Q: Is this measure able to highlight regional disparities in rural populations?
      A: This measure looks at the N=aggregate pop and would not be reported by region.
    - Q: This is the only measure we are using for all adults outside of colonoscopy screening (COL), is that valuable?
      A: As indicated in previous question, this measure doesn't provide any stratification across demographics and, for example, cannot be used to identify the reason for a lack of male representation relating to primary care across the lifespan. That would be obtained through in-depth analysis outside of the scope of this measure.
    - Q: Can we obtain preventative/ambulatory data outside of this measure?
      A: Yes, BRFSS and other grant initiatives touch on this.
    - Q: Will removal of this measure impact VBP in contracts?
      A: Presently, this measure is not in HCA VBP contracts. From a parsimony principle, it doesn't impact the SCMS to keep this measure in play. However, removal from the SCMS would not remove AAP from the current HEDIS requirement for measuring purposes. In addition, providers may still use this measure outside of the SCMS.

b) Medication Adherence: Proportion of Days Covered (3 Rates by Therapeutic Category)

- Overview of measure: Adherence measures assess the percentage of patients covered by prescription claims for the same medication (or similar medication) in the same therapeutic class, within the measurement year. The PDC threshold is the level above which the medication has a reasonable likelihood of achieving the most clinical benefit.
- HCA previously used this measure in conjunction with Adherence to Statin Therapy for patients with cardiovascular disease (SPC) in ERB contracts. NCQA has since updated their Statin Therapy measure to include an adherence component, making this measure unnecessary.
- This measure is not universally utilized, and there are no national benchmarks.
- Committee Discussion: No comments

c) Advanced Care Planning (ACP):

In response to a request from a committee member to consider advance care planning measures, the committee reviewed the following two measures for addition to the Statewide Common Measure Set: CMS Advance Care Plan (ACP) (NQF #0326) and NCQA Advance Care Planning (ACP) for MY2022 Medicare members.

- Overview of NCQA (ACP) measure:
    - The percentage of adults 66–80 years of age with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the measurement year. This measure excludes those on hospice or who have received hospice services in the measurement year.
- Overview of NQF (ACP) measure:
    - Percentage of patients aged 65 years and older who have an advance care plan or surrogate decision maker documented in the medical record or documentation in the medical record that an advance care plan was discussed but the patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.

- Many of WA state regions have over 35% of older adults representing population.
- High value topic area for consideration
- Committee Discussion regarding preference for NQF version of the ACP measure:
    - Comment: NQF measure has a simple denominator (all inpatient and outpatient clinical episodes), which is less burdensome for administrative purposes.
    - Comment: NCQA wants to focus on members identified with "advanced illness and frailty" and individuals "shouldn't have to be in that state to consider advanced care planning."
    - Q: Thoughts on developing a "5-year plan" to incorporate this measure into contract?
      A: Support from Committee provided that there are considerations for whether the value sets are codable/usable for obtaining reliable data and the administrative burden to Providers. Also, will Providers be given credit for effort made, vs. actionability?

d) Health Plans - Consumer Assessment of Healthcare Providers and Systems *(HP-CAHPS):*

- The Clinician Group (CG-CAHPS) and Hospital (H-CAHPS) surveys are currently on the SCMS. These have been beneficial to document the patient experience in hospital, primary care and specialty referral settings.
- Health Plan CAHPS is currently in HCA contracts to assess satisfaction with health plans and provider communication.
- The HP-CAHPS may be more appropriate for HCA contracts since this is directly related to health plan performance and should be considered for addition to the SCMS.
- We may deep dive into the "whole patient experience" at a future meeting to consider requiring HP-CAHPS elements in the SCMS.

Voting:

- Adult Access to Ambulatory/Preventative Care: 9:3 for removal (but with the understanding that we can still use this measure for certain programs outside of VBP).
- Medication Adherence: Proportion of covered days: 12:2 for removal
- Advanced Care Planning: Strong interest/High value measure. Revisit at future meeting for more discussion.
- Health Plan Survey (HP-CAHPS): 11:0 in favor of adding (some voting members have left the call).

II. Health Equity and the Statewide Common Measure Set:

- The committee continued the previous discussion regarding how current measures on the SCMS can be used to inform health equity and furthermore and how current data sources can drive change. The committee reviewed examples of how measures are currently being stratified by race and ethnicity to identify disparities in Washington.
- Annual EQRO Comparative Analysis Report
  - Cindi McElhaney of Comagine Health presented an example of the annual EQRO comparative analysis report.
  - The next update will be published in mid-February and will include data for several new measures. https://www.hca.wa.gov/about-hca/apple-health-medicaid-and-managed-care-reports.
- Medicaid Maternal and Child Health Measures Dashboard
  - Medicaid members have higher rates of morbidity and mortality.
  - The dashboard monitors maternity-related services for pregnant women and provides direction for quality improvement and VBP in managed care contracts.
  - To learn more, go to: https://www.hca.wa.gov/about-hca/medicaid-transformation-project-mtp/arm-data-dashboards
- WA Medicaid Telehealth Evaluation Progress Report
  - Provide data related to the use and accessibility of telehealth services across WA through Medicaid claims and SDoH information.
  - To view the full report, go to: https://www.hca.wa.gov/assets/program/pmcc-telehealth-progress-report-20211029.pdf
- Area Deprivation Index (ADI) stratification discussion:
  - Mark Pregler, of the Washington Health Alliance presented on the ADI and how the WHA is using it to consider opportunities in our state. The ADI tool was developed by the Centers for Health Disparities Research to identify neighborhoods experiencing higher rates of socioeconomic disadvantages and can be used to inform policy and the healthcare delivery system.
- The Role of the PMCC:
  - Due to time constraints, the committee had a very brief discussion to consider the role of the PMCC to adopt/promote these examples to drive change in our state.
  - Intersections, levers, how do we bring into focus what really matters?
  - Is the role of the PMCC to be measure stewards/librarians, or is the Committee to take on actionable roles in medical systems and interventions ("knight in shining armor with measures")?

III. Next Meeting:

- April 22,2022 2-4:00 PST
- Potential topics to include:
  - Continue discussion around the role of the PMCC to inform health equity
  - HP-CAHPS/Patient experience
  - Advanced Care Planning
  - Mechanism to track historical changes to the SCMS (deferred from January)