



DATE: October 20, 2016

TO: Performance Measures Coordinating Committee (PMCC)

FROM: Dorothy Teeter, Administrator, WA State Health Care Authority
Nancy Giunto, Executive Director, WA State Health Alliance

RE: **Health Plan-Provider Contracting and Alignment with the Common Measure Set (Attachment 3)**

Introduction

At the March 25, 2016 meeting of the PMCC, we began a discussion of opportunities to promote the WA State Common Measure Set and to align the use of measures across purchasers, payers and providers in evaluating performance. We touched on four approaches:

1. Personal communication (ongoing dialogue with key partners)
2. Written communications (publications, newsletters, social media, reports)
3. Presentations/Webinars (multiple forums/audiences)
4. Contracting (standardization of measures across payer/purchaser contracts with provider organizations)

At the October 27, 2016 meeting of the PMCC, we'd like to continue our discussion and focus on the fourth item on this list: contracting. To the extent that the Common Measure Set is intended to inform public and private purchasing, contracting becomes an important tool to ensure alignment with the Common Measure Set across key stakeholders: payers, purchasers and providers. We'd like to discuss what the barriers are to better alignment and how we might work together to overcome these barriers.

During August/September, the Washington Health Alliance surveyed the commercial and Medicaid health plans in Washington to learn about how well the measures they use in provider contracting are aligned with the Common Measure Set. The survey was in two parts: measures used in *medical group* contracting and measures used in *hospital* contracting. The survey was sent to a total of 11 health plans including five Medicaid managed care organizations and six commercial health plans. These 11 plans represent the majority of (non-Medicare) insurers in Washington state. Nine plans responded to the survey, including the following:

Commercial*

Aetna
Group Health Cooperative
Premera Blue Cross
Regence Blue Shield

Medicaid MCO

Amerigroup
Community Health Plan of Washington
Coordinating Care
Molina Healthcare of Washington
UnitedHealthcare Community Plan

**We did not receive survey input from Cigna or UnitedHealthcare (commercial).*

***One Medicaid MCO did not respond to the hospital contracting portion of the survey.*

In summary, the survey results indicate the following:

- There is significant opportunity to align the plans' use of quality measures in provider contracting with the WA State Common Measure Set.
- There is a lot of variation with better alignment on some measures and almost no alignment on others.
- Overall, alignment with the Common Measure Set among commercial insurers appears to be slightly better than among Medicaid MCOs.
- There is somewhat better alignment with measures related to medical group contracting than with hospital contracting.

Aligning Measures in Contracting with Medical Groups – A Look at 30 Measures

There is **better alignment** on the following nine measures (“better” is defined as being used in *all of some* medical group contracting by six or more of the nine health plans):

1. Childhood Immunization Status (NQF 0038)
2. Well Child Visits in 3rd, 4th, 5th and 6th Years of Life (NQF 1516)
3. Breast Cancer Screening (NQF 2372)
4. Cervical Cancer Screening (NQF 0032)
5. Diabetes: HbA1c Test (NQF 0057)
6. Diabetes: Eye Exams (NQF 0055)
7. Diabetes: Screening for Nephropathy (NQF 0062)
8. Diabetes: HbA1c Poor Control (NQF 0059)
9. Medication Management for People with Asthma (NQF 1799)

There is **some alignment** on the following 11 measures (“some” is defined as being used in *all or some* medical group contracting by two to five of the nine health plans):

1. Immunizations for Adolescents by Age 13 (NQF 1407)
2. Adult BMI Assessment (not NQF endorsed)
3. Chlamydia Screening (NQF 0033)
4. Colorectal Screening (NQF 0034)
5. Antidepressant Medication Management (NQF 0105)
6. Controlling High Blood Pressure (NQF 0018)
7. Diabetes: Blood Pressure Control (NQF 0061)
8. Medication Adherence - Proportion of Days Covered (NQF 0541)
9. Generic Prescribing (not NQF endorsed)
10. Appropriate Testing for Children with Pharyngitis (NQF 0002)
11. Use of Imaging for Low Back Pain (NQF 0052)

There is **very little alignment** on the following ten measures (defined as *not being used at all* in medical group contracting by six or more of the nine health plans):

1. HPV Vaccine for Female Adolescents (NQF 1407, part of Immunizations for Adolescents in 2017)
2. Immunization for Influenza (NQF 0041)
3. Pneumococcal Vaccination for Older Adults (NQF 0043)
4. Weight Assessment and Counseling for Children/Adolescents (NQF 0024)
5. Annual Monitoring for Patients on Persistent Medications (ACE/ARB) (NQF 2371)
6. Patient Experience with Provider Communication (NQF 0005)
7. Statin Therapy for People with Cardiovascular Disease (not NQF endorsed)
8. Use of Spirometry Testing in the Diagnosis of COPD (NQF 0577)
9. Potentially Avoidable ER Visits (not NQF endorsed)
10. Avoidance of Antibiotics in Adults with Acute Bronchitis (NQF 0058)

Aligning Measures in Contracting with Hospitals – A Look at 9 Measures

There is **some alignment** on the following four measures (“some” is defined as being used in *all or some* hospital contracting by two to five of the eight health plans). With hospital contracting there appears to be more use of similar measures (but not the exact same measure that is in the Common Measure Set).

1. Caesarian Section (NQF 0471)
2. Patient Experience with Discharge Info and Medicines Explained (NQF 0166)
3. Patient Safety for Selected Indicators (composite) (NQF 0531)
4. Plan All Cause Readmissions (NQF 1768)

There is **very little alignment** on the following five measures (defined as *not being used at all* in hospital contracting by six or more of the eight health plans):

1. 30-day, All-Cause Mortality Rate Following AMI (NQF 0320)
2. Catheter-Associated Urinary Tract Infection (NQF 0138)
3. Falls with Injury (NQF 0202)
4. Potentially Avoidable ER Visits (not NQF endorsed)
5. Stroke Care: Thrombolytic Therapy (NQF 0437)

Measures Not Included in the Survey

The following 16 measures from the Common Measure Set were not included in the survey regarding provider contracting. This is for one or more reasons: (1) the measure’s denominator is population-based; (2) the measure is survey-based (e.g., BRFSS or PRAMS) and only produces results at a broad geographic level; (3) the measure is known to produce a very small number of results at the provider organization level and is not suitable for reporting at that level; and/or (4) the measure was newly introduced in 2016.

1. Child and Adolescent Access to Primary Care Providers (not NQF endorsed)
2. Oral Health: Primary Caries Prevention by Primary Care Providers (not NQF endorsed)
3. Adults Access to Prevention/Ambulatory Health Services (not NQF endorsed)
4. Adult Tobacco Use (not NQF endorsed)
5. Medical Assistance with Smoking and Tobacco Use (NQF 0027)
6. Unintended Pregnancies (not NQF endorsed)
7. Adult Mental Health Status (not NQF endorsed)

8. Follow-up After Hospitalization for Mental Illness (NQF 0576)
9. Mental Health Service Penetration (not NQF endorsed)
10. Substance Use Disorder Service Penetration (not NQF endorsed)
11. 30-day Psychiatric Inpatient Readmissions (not NQF endorsed)
12. Hospitalization for COPD or Asthma per 100,000 population (NQF 0275)
13. Emergency Department Visits per 1,000 (not NQF endorsed)

In addition, the three cost measures, only reportable at the state level, were not included in the survey.

The health plans were also asked to identify other measures (not included in the Common Measure Set,) that they use in *some or all* of their provider contracting. There was very little overlap across plans regarding these measures. This list includes measures mentioned by one or more health plans:

Medical Group Contracting

1. Well Child Visits in the First 15 Months of Life
2. Adolescent Well-Care Visits
3. Patient Experience - related
 - a. PCP listened carefully
 - b. PCP explained things in a way that was easy to understand
 - c. PCP gave easy to understand information about health questions or concerns
 - d. PCP showed respect for what patient had to say
 - e. Clerks and receptionists courteous and respectful
 - f. Quality Complaints per 1,000 Members Services
4. Availability of same-day appointments
5. Follow-up appointments within 7 days of hospital discharge or ER visits
6. Comprehensive Diabetes Care - HbA1C Control (<8%)
7. Asthma Medication Ratio
8. Pharmacotherapy Management of COPD Exacerbation -Systemic Corticosteroid
9. Pharmacotherapy Management of COPD Exacerbation – Bronchodilator
10. Persistence of Beta Blocker after MI
11. Use of ACE/ARBs in patients w/ diabetes and ASCVD
12. Follow up Care for Children Prescribed ADHD – Initiation and Continuation
13. Osteoporosis Management in Women who had a fracture
14. Rheumatoid Arthritis Management
15. Prenatal and Postpartum Care - Prenatal Rate and Postpartum

Hospital Contracting

1. Surgical Site Infections (abdominal hysterectomy, colon surgery)
2. Central line-associated Blood Stream Infection (ICU)
3. MRSA Infections
4. Clostridium Difficile (C. Diff) Infections
5. Patient Experience-related
 - a. HCAHPS overall score