

## Before We Get Started, Let's Make Sure We are All Connected

### In the PSRC Conference Room:

- Wi-Fi
  - ssid: **PSRCW-Guest**
  - Username: **PSRCguest**
  - Password:

\*Note: both username and password are case sensitive

### Online via Webinar:

- 2 Options for Audio: "Use Mic & Speakers" or "Use Telephone"
- If you plan or hope to speak, please use telephone for audio quality purposes
- There will be opportunities to submit comments/ questions online and verbally. Please be prepared to speak if you would like to comment during the public comment period



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## Performance Measures Coordinating Committee

Friday, March 25, 2016





## Welcome and Introductions



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## Housekeeping

- Today's meeting also available via webinar and will be recorded
- WIFI Access
- Please silence your electronics



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## Public Process

- Maintaining a transparent process important
- Public comment opportunities
  - ✓ Performance Committee meetings open to the public
  - ✓ Time on the agenda for public comment prior to action
  - ✓ All documents posted on Healthier WA website
  - ✓ Comments can be submitted to HCA anytime

## Performance Measures Coordinating Committee

Today's Objectives:

1. Quick Update: Patient Experience, Behavioral Health Measures
2. Discuss overall size of Common Measure Set and potential assumptions/criteria we may use going forward to ensure it is kept to a manageable size over time.
3. Finalize a recommendation to the HCA for one new topic area for ad hoc workgroup in 2016 (for measurement/reporting in 2017).
4. Seek advice about effective ways to promote use of the Common Measure Set to health plans, purchasers and providers, including a role for PMCC members.

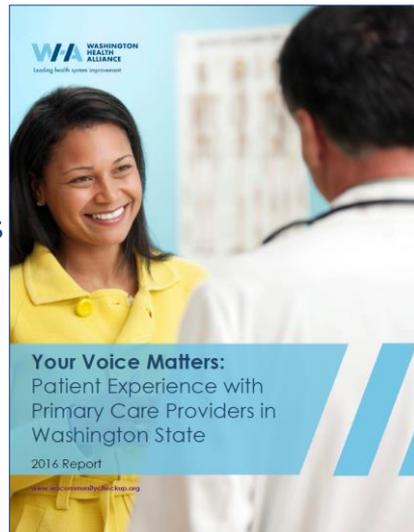
## Quick Update: Patient Experience, Behavioral Health Measures

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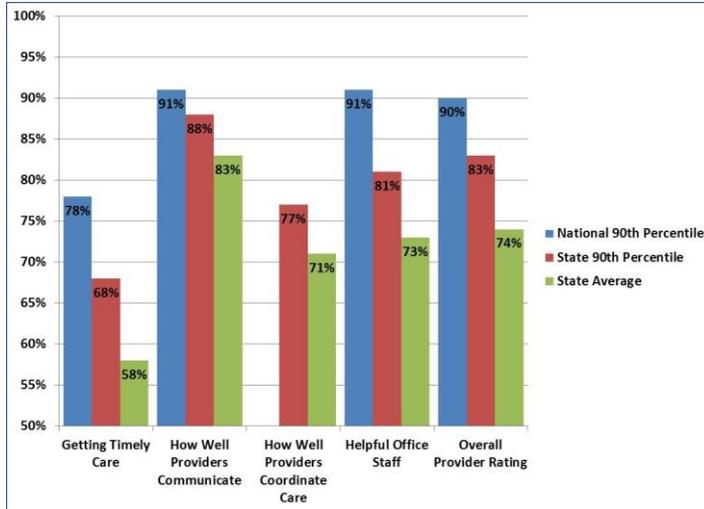
### Quick Updates

#### Patient Experience

- CG-CAHPS 3.0 Survey
- 181,000 mailed surveys
- 31% response rate
- Results for:
  - 14 counties
  - 75 medical groups
  - 266 clinics
  - 5 measures



## Patient Experience Results



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## Update: Behavioral Health Measures

PMCC-Approved Measure	Units of Analysis in 2016			Proceed in 2016?
	Health Plan/Commercial	Health Plan/Medicaid	County/ACH	
Mental Health Service Penetration (Broad Version)	Yes	Yes	Yes	Yes
Substance Use Disorder Treatment Penetration	No	Yes	Yes	Yes
Follow-up after Discharge from ER for Mental Health, Alcohol or Other Drug Dependence within 30 days				No



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## Overall Size of the Common Measure Set

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### Considerations for the Common Measure Set

#### Important to consider:

- Purpose of Common Measure Set
  - Standardize the way we measure performance
  - Publicly share → common understanding of what needs to improve and where it needs to improve
  - Reduce variation in care and improving health outcomes
  - Inform value-based health care purchasing
- Overall number of measures
- Number of measures per unit of analysis
- Ability to produce or attain results (access to readily available data in Washington, level of burden to produce, cost)
- Blend of clinical (care delivery) versus population measures
- Overall ability to process information/results

## Overall Size of the Common Measure Set

Current Common Measure Set (55 measures) broken down by measure results by unit of analysis:

Unit of Analysis*	# of Measures
State	47
County/ACH	33
Health Plan (Commercial, Medicaid MCO)	30
Medical Group/Clinic (Groups of 4 or more)	20
Hospital	9

\*Results must meet denominator threshold for public reporting: medical groups/clinics (100), counties/ACHs (30)



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## Overall Size of the Common Measure Set

Current Common Measure Set (55 measures) broken down by clinical (care delivery) versus population:

Measures	# of Measures
Population Focus	3
Clinical Focus*	51
Overall Cost	3

\*Results may be at state, health plan, medical group/clinic or hospital level, depending on source of data and/or denominator size.



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## Overall Size of the Common Measure Set

Current Common Measure Set (55 measures) broken down by adult vs pediatric populations:

Measures	# of Measures
Adult Focus	44
Pediatric Focus	14

Note: Total exceeds the total number of measures because some measures pertain to individuals in both categories; cost measures excluded.

## Selecting Measures for the Common Measure Set

Current Measure Selection Criteria:

1. Measures are based on *readily available data in WA* (data source must be identified before measure approved).
2. Preference given to nationally-vetted measures (e.g., NQF-endorsed) and other measures currently used by public agencies within WA
  - When possible, align with the Governor's performance management system measures and measures specific to Medicaid
3. Each measure should be valid and reliable, and produce sufficient numerator and denominator size to support credible public reporting
4. Measures target issues where we believe there is significant potential to improve performance in a way that will positively impact health and reduce costs
5. If the unit of analysis includes health care providers, the measure should be amenable to influence of providers.
6. The measure set is useable by multiple parties (e.g., payers, provider organizations, public health, communities, and/or policy-makers).

## New Topic Area

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### Looking Ahead: Evolving the Common Measure Set for 2017

- PMCC to recommend ONE topic area for additional work in 2016 (via ad hoc workgroup led by the Alliance) to determine whether one or more measures in that topic area may be added to the Common Measure Set in 2017
- Selection of recommended measures to follow same key criteria as “starter set”
  1. Can be measured with *readily* available health care insurance claims, survey and/or clinical data to enable timely implementation in 2016
  2. Preference for nationally vetted measures, particularly measures endorsed by NQF, for which there are readily available measure definitions and coding specifications
  3. Reflects areas of health and health care thought to have a significant impact on health care outcomes and/or reducing health care costs in WA state

## Looking Ahead: Evolving the Common Measure Set for 2017

### Consideration for new topic areas:

1. High Priority Development List (aka Parking Lot)
  - First & second tiers
2. Informal stakeholder Feedback re: gaps
3. Other considerations
  - Population Health
  - Parking Lot – third tier

## Looking Ahead: Evolving the Common Measure Set for 2017

High Priority Topic Area	Data Source Likely Available in 2017	Robust Data Source NOT Likely Available in 2017*
1. Pediatric care (prevention, chronic illness)	<input checked="" type="checkbox"/>	
2. Depression screening; depression response/remission		<input checked="" type="checkbox"/>
3. Continuity of care and care transitions		<input checked="" type="checkbox"/>
4. Medication reconciliation		<input checked="" type="checkbox"/>
5. Assessment of functional status (e.g., after surgery, or in conjunction with acute or chronic illness)		<input checked="" type="checkbox"/>
6. Advanced care planning		<input checked="" type="checkbox"/>



## Recommendation

- Our recommendation to the PMCC is that we focus on the area of Pediatrics
- It is our further recommendation that we add no more than 2-3 measures



## Public Comment

**Please limit your comment to  
2 minutes or less**



## Performance Measures Coordinating Committee Vote

**Vote on next measure topic area**



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## Promoting the Common Measure Set

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## Promoting the Common Measure Set

1. Personal communication
  - Dialogue with key partners
2. Written communications
  - Publications, newsletters, social media, reports
3. Presentations/Webinars
  - Multiple forums/audiences – Providers, payers, purchasers, community groups
4. Contracting
  - Standardization of measures across payer/purchaser contracts with provider organizations

## Promoting the Common Measure Set

- Different States of Audience Readiness
  - Sharing Context/Knowledge
    - Building Will
      - Reinforcing Action/Celebrating Success
- Alignment of Key Messages
  - Healthier WA Communication Plan
  - Geared to each Stakeholder Audience
- Understand and Address Barriers
- Use Influence of Willing to Bring Along Late Adopters



## Wrap UP

1. High level summary of today's discussion available within 2 weeks on HCA website
2. Next PMCC meeting: TBD

**THANK YOU!**



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