Performance Measures Coordinating Committee

Friday, April 22, 2022

2:00 – 4:00 p.m.

Zoom meeting

Washington State Health Care Authority

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.

Today's Objectives

- Brief Recap of January meeting
- Criminal Justice Involvement measure update and final vote
- New Legislative requirement: SSHB 1860
- Health Equity and the SCMS: Brief Updates from NCQA and EQRO
- Mechanism to track historical changes to the SCMS (deferred from January)
- Continued evolution of the SCMS: Advanced Care Planning (follow-up from January)
- Public Comment
- Wrap Up

Welcome & Introductions

- Please share the following:
  - Your Name
  - Your Role
  - Your organization

Judy Zerzan, MD/ Emily Transue, MD

Recap of the January PMCC Meeting

Recap of the January 2022 PMCC Meeting

- Committee voted on additional changes to the SCMS
  - **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 in April for more discussion
  - **Health Plan Survey (HP-CAHPS):** 11:0 in favor of adding
- Discussed Health Equity and the SCMS, including a presentation from Washington Health Alliance on the ADI
- Briefly touched upon the role of the PMCC:
  - Intersection and levers: how do we bring into focus what really matters?
  - What is the role of the PMCC to adopt/promote these examples to drive change in our state?
  - 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?

Laura Pennington/David Mancuso, RDA

Criminal Justice Involvement Measures Update

Washington State Health Care Authority

2013 Legislation – SHB 1519 & 2SSB 5732

- Reflect Washington's priorities to incentivize cross-system collaboration between health networks, government, and the criminal justice system for the purpose of:
  - Reducing client involvement with the criminal justice system; and
  - Reducing avoidable costs in jails and prisons.

Substitute Senate Bill 5157

- Amendment to 1519/5732 legislation in 2013 that highlighted a state priority for cross-system collaboration between health networks, government, and the criminal justice system.
- 5157 provides incentives to reverse worsening trends for interactions between persons with behavioral health disorders and the criminal justice system.
- Increases accountability towards the outcomes outlined in 1519/5732
  - Reducing client involvement with the criminal justice system; and
  - Reducing avoidable costs in jails and prisons.

Substitute Senate Bill 5157

- Required the PMCC to:
  - Establish performance measures to be added to the Washington Statewide Common Measure Set that track rates of criminal justice involvement among Medicaid clients with an identified behavioral health need including, but not limited to:
    - Rates of arrest
    - Rates of incarceration
  - Convene a workgroup of stakeholders including HCA, MCOs, Department of Corrections, others with expertise in criminal justice and behavioral health.
    - The charge of the workgroup was to review current performance measures that have been adopted in other states or nationally to inform this effort.

Measure Development

Workgroup Recommendations

- **Adopt variation of 5732/1519 arrest measure** that restricts population to persons with identified behavioral health needs.
- **Develop parallel jail booking and/or DOC incarceration measure.**
- **Develop post-discharge measures** of timely access to mental health and substance use disorder treatment services analogous to HEDIS® FUA, FUH, and FUM metrics.

Workgroup Recommendations

- **Build measurement infrastructure to stratify measures based on:**
  - Type of behavioral health condition (MI/SMI/SUD/COD)
  - Beneficiary demographic: age, gender, race/ethnicity, residential location
- **Given the disruptive impact of incarceration on Medicaid enrollment, apply less restrictive attribution criteria than typically used in HEDIS® specifications**

Final workgroup outcomes

- **The workgroup agreed with adopting a variation of 5732/1519 arrest measure that restricts population to persons with identified behavioral health needs.**
- **In addition, the workgroup agreed with the proposed approach to include the following rates:**
  - Track parallel jail booking and/or DOC incarceration.
  - Track length of stay in jail setting.
  - Track post-discharge of timely access to mental health and substance use disorder treatment services analogous to HEDIS® FUA, FUH, and FUM metrics.
  - Track access to OUD treatment after jail and DOC incarceration.

Proposed Measures

1. **Variation of 5732/1519 arrest measure** that restricts population to Medicaid beneficiaries with identified behavioral health needs.
2. **Variation of HEDIS FUA** where index event is a discharge from a DOC correctional facility or jail setting.
3. **Variation of HEDIS FUM** where index event is a discharge from a DOC correctional facility or jail setting.

Metric Specification Overview: FUA/FUM Variations

- **Index events: release from a DOC facility or local jail**
- **Qualifying mental health or SUD condition identified in claims in 90-day window beginning with date of release (RDA Tx rate denominator criteria)**
- **Medicaid coverage required in 30-day post-release window**
- **Numerator criteria:**
  - FUM variation: any event meeting numerator criteria for HEDIS FUM or RDA MH Tx rate
  - FUA variation: any event meeting numerator criteria for HEDIS FUA or RDA SUD Tx rate

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Metric Specification Overview: 5732/1519 Arrest Variation

- Metric specification is available here.
- Arrest rates for Medicaid beneficiaries with (a) mental health needs and (b) SUD treatment needs are available through links here.
- Metric results currently published statewide and by regional service area on a semiannual basis to meet the requirements of SHB 1519.

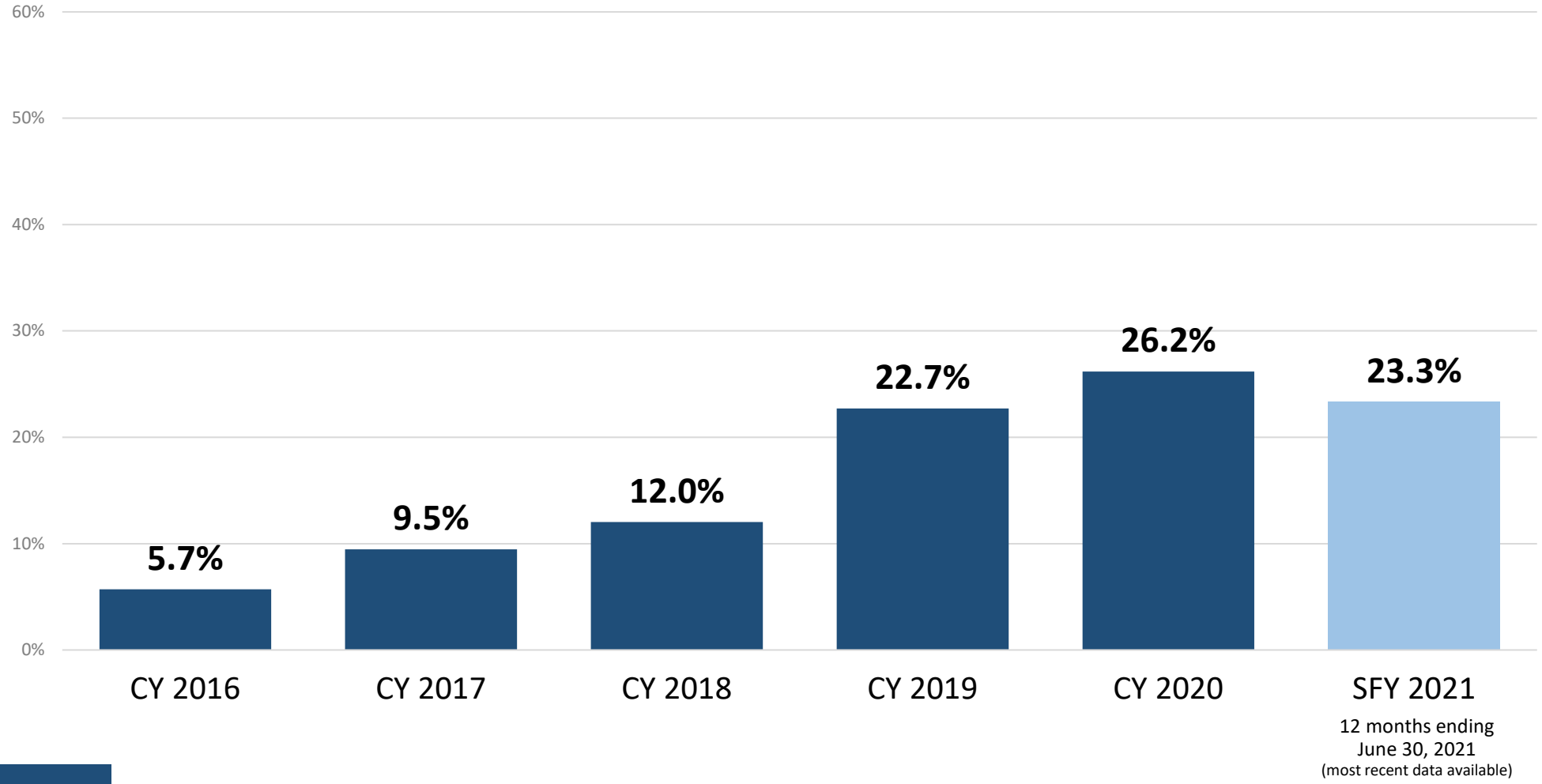
Focus on FUA/FUM Metrics for DOC Releases

David Mancuso, RDA

MEASURE 2a

Receipt of Substance Use Disorder Treatment within 7 Days of Release from a Department of Corrections Correctional Facility

Of persons released with identified treatment need from release date through 90 days post-release



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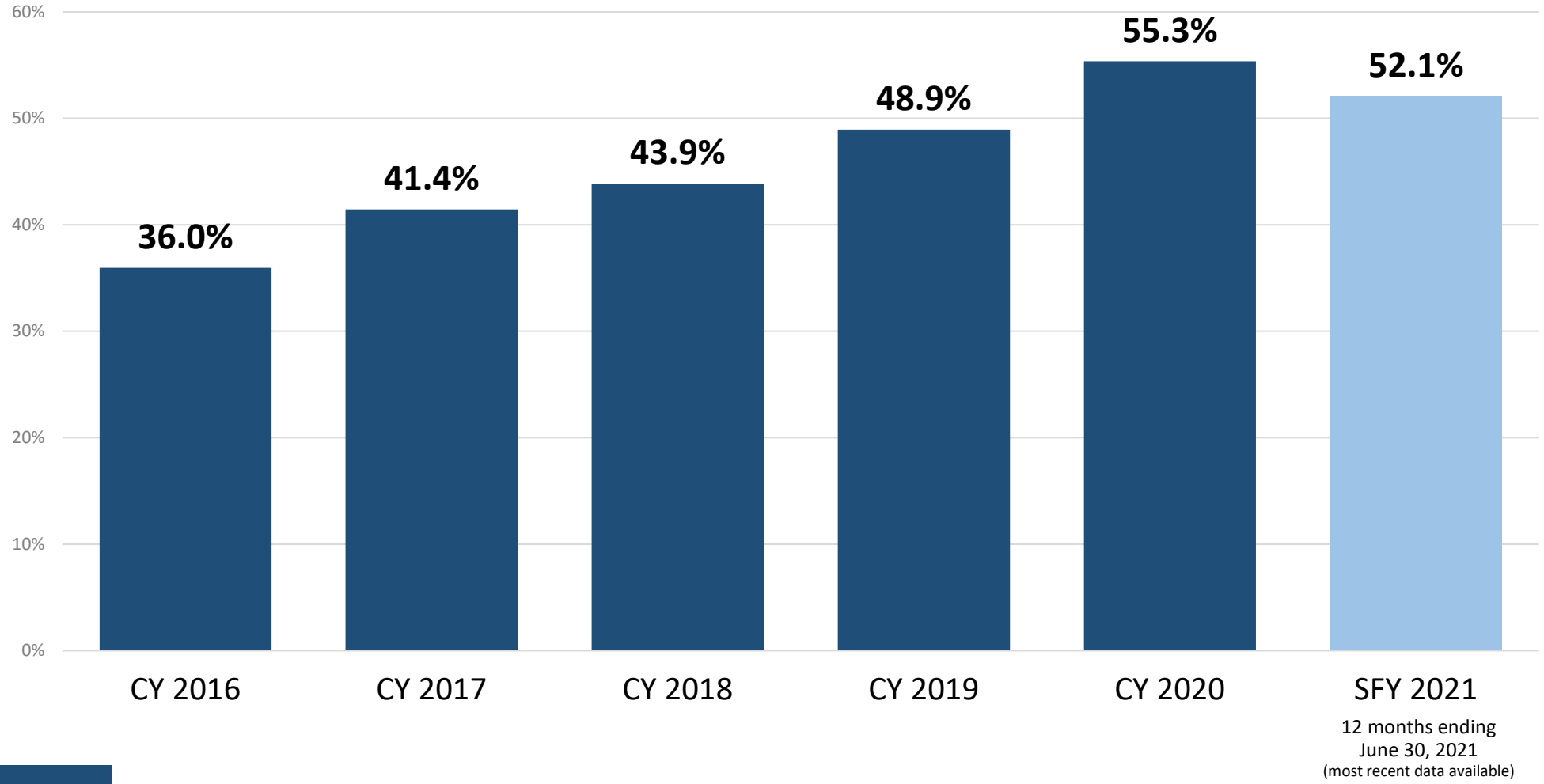
MEASURE 2b

Receipt of Substance Use Disorder Treatment within 30 Days of Release from a Department of Corrections Correctional Facility

Of persons released with identified treatment need from release date through 90 days post-release



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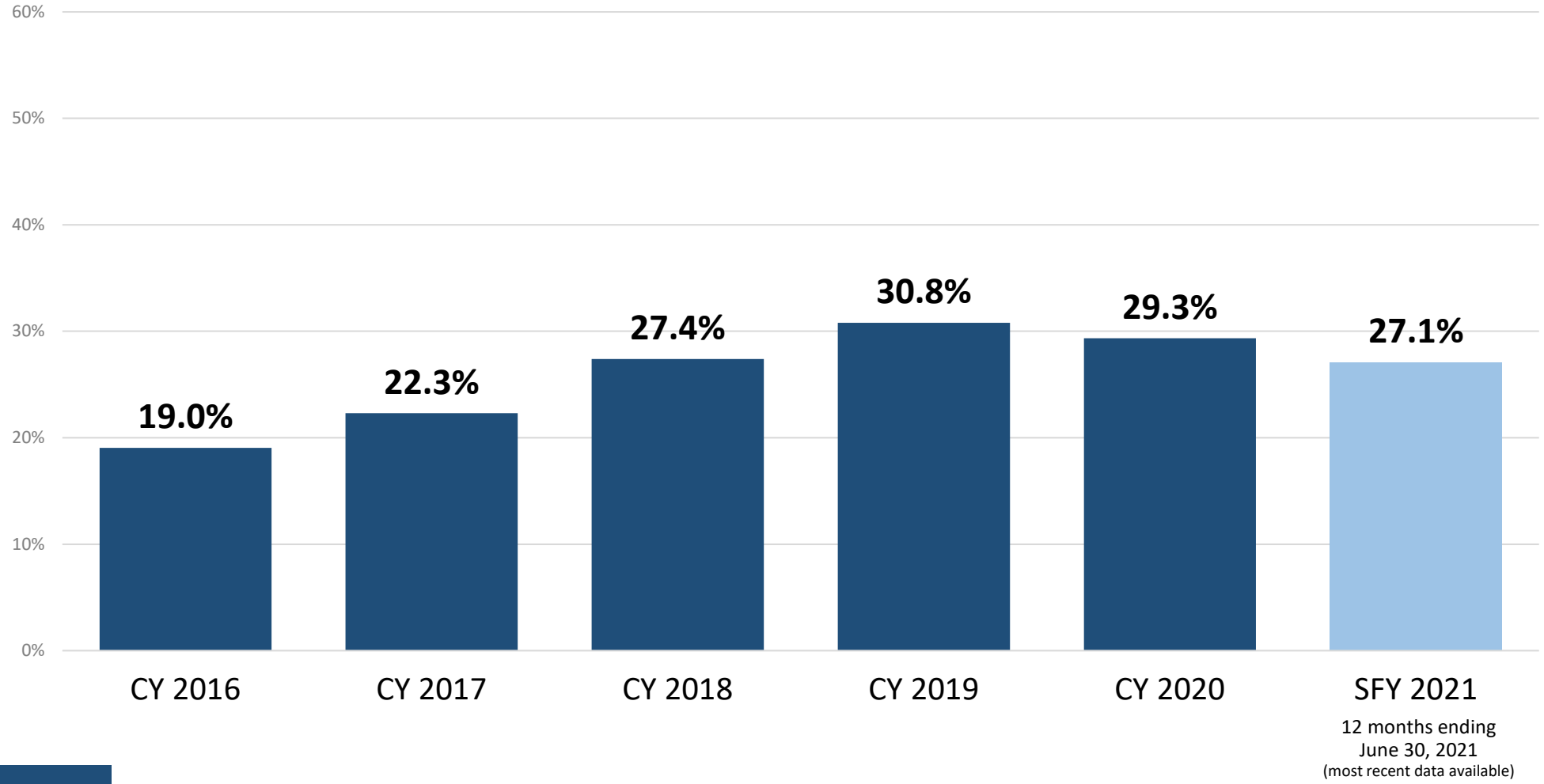
MEASURE 2c

Receipt of Substance Use Disorder Treatment within 7 Days of Release from a Local Jail Facility while in Department of Corrections Custody

Of persons released with identified treatment need from release date through 90 days post-release



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MEASURE 2d

Receipt of Substance Use Disorder Treatment within 30 Days of Release from a Local Jail Facility while in Department of Corrections Custody

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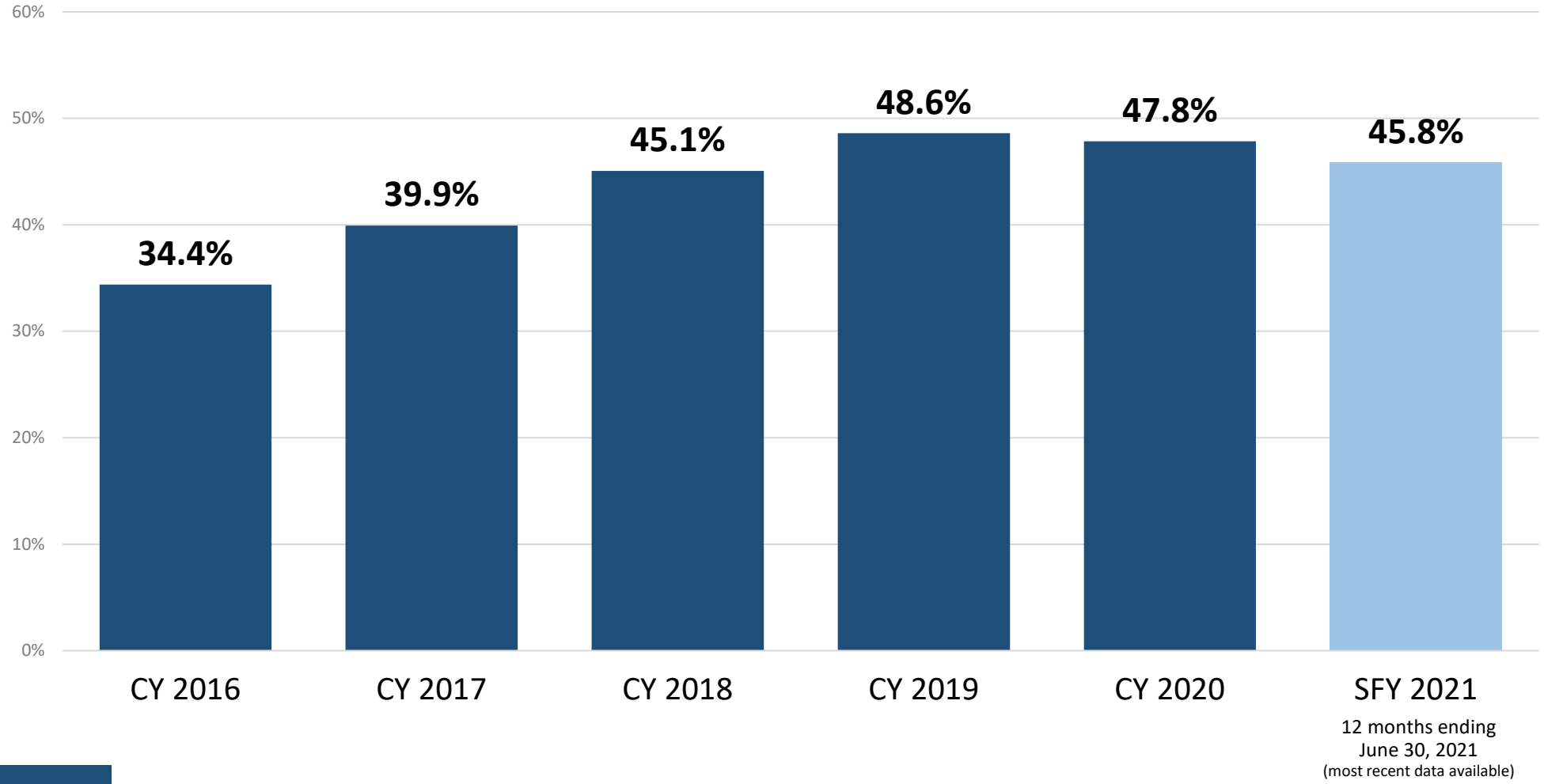

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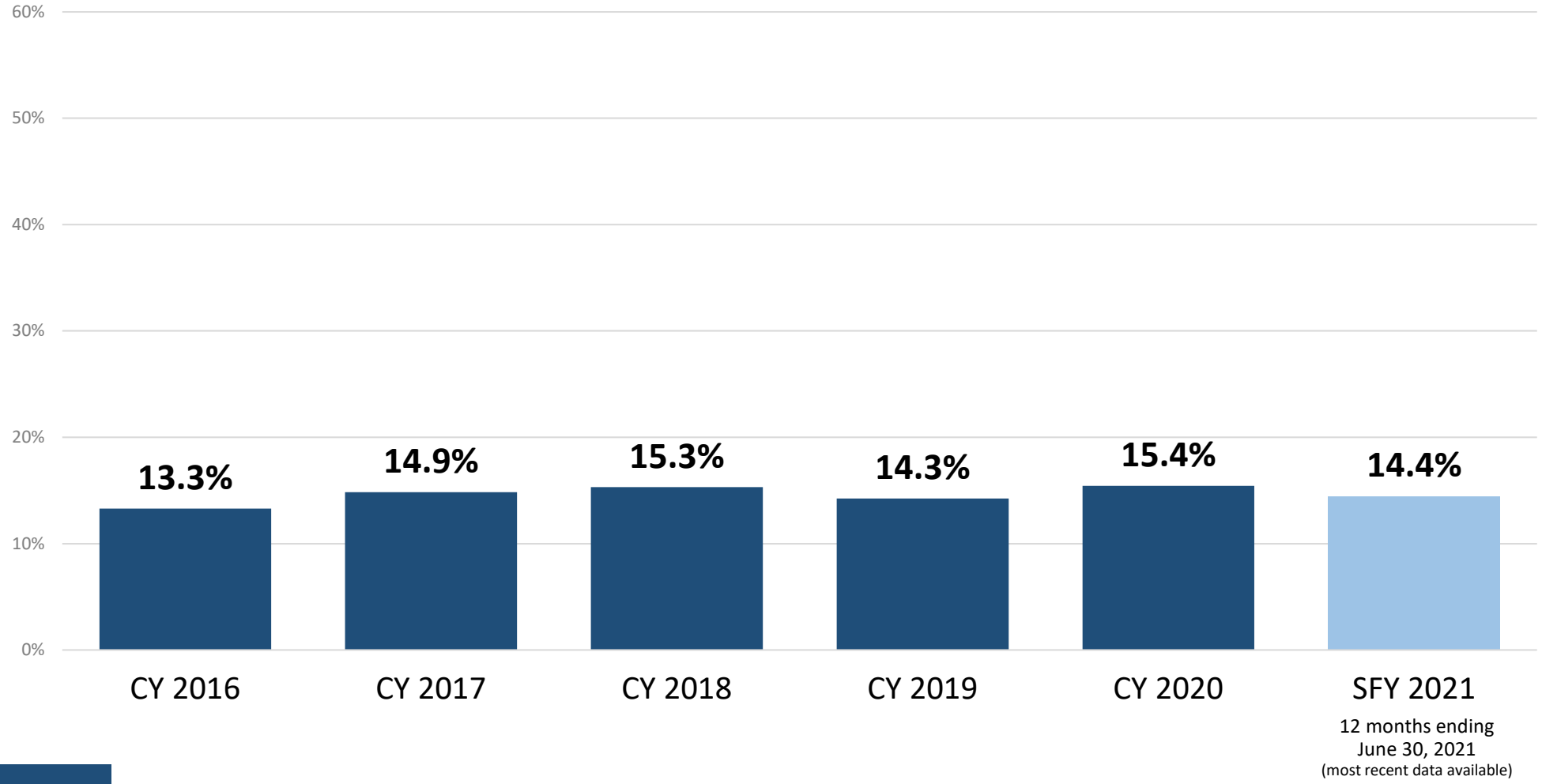
MEASURE 3a

Receipt of Mental Health Treatment within 7 Days of Release from a Department of Corrections Correctional Facility

Of persons released with identified treatment need from release date through 90 days post-release



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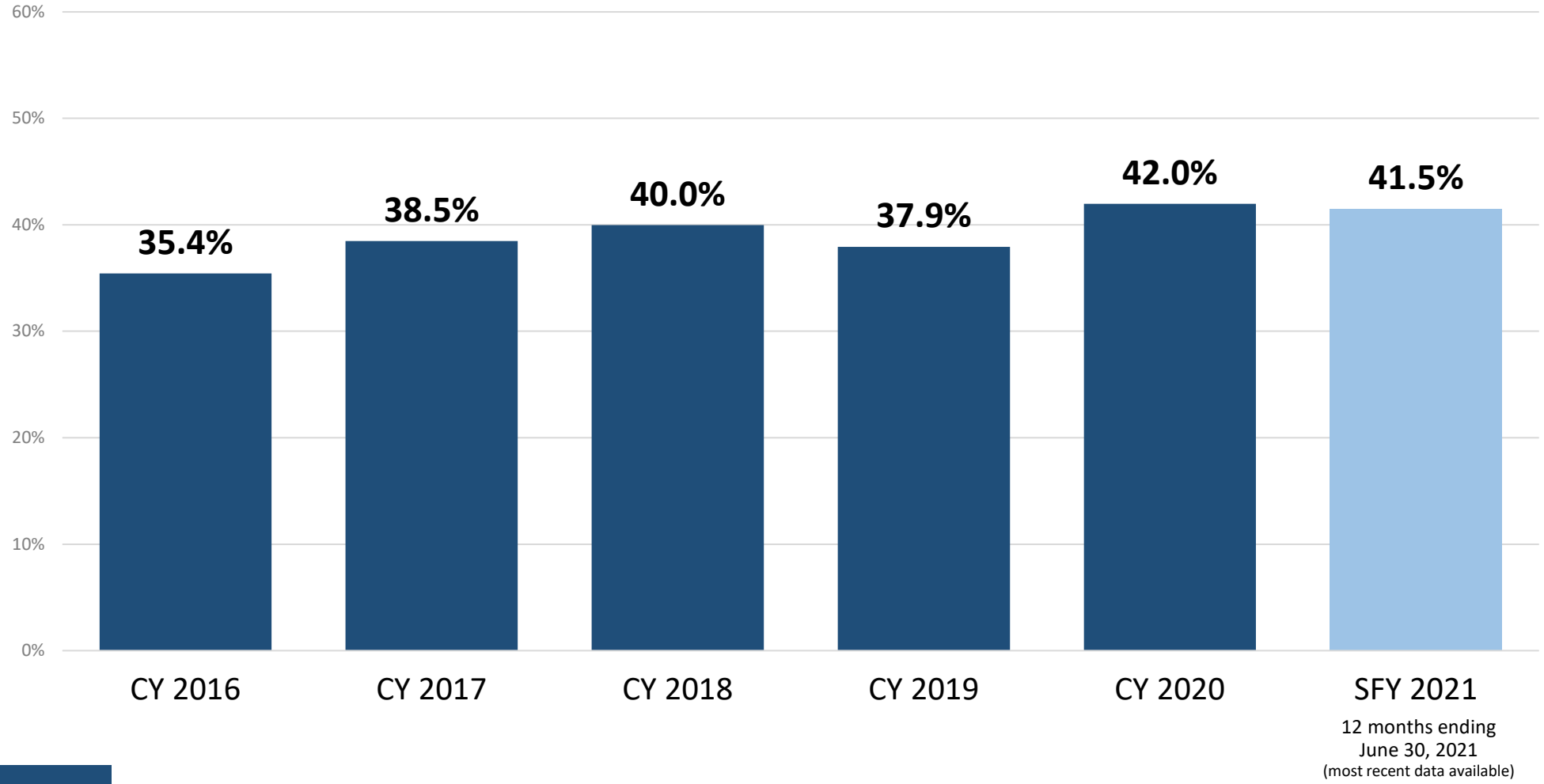

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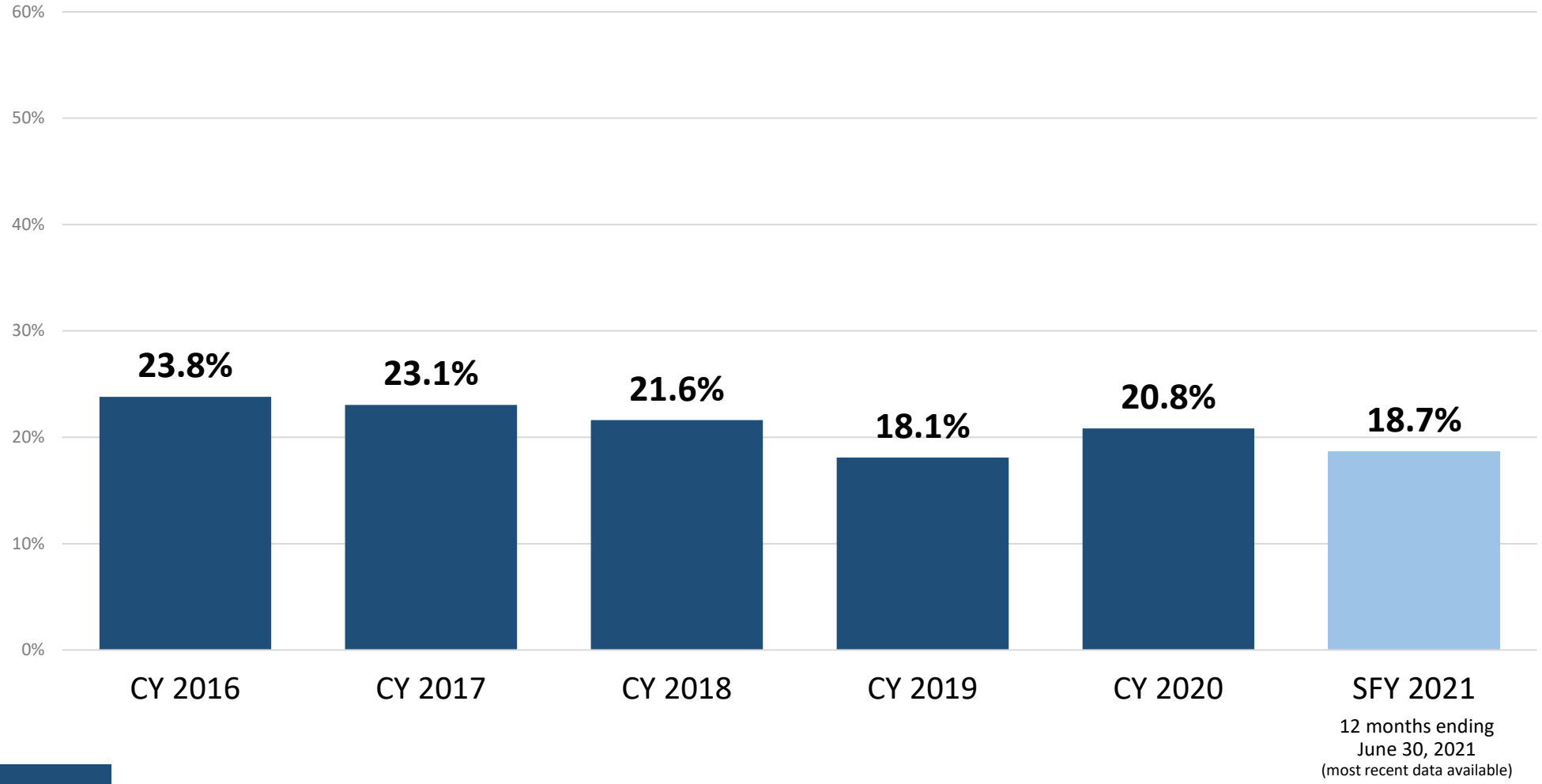

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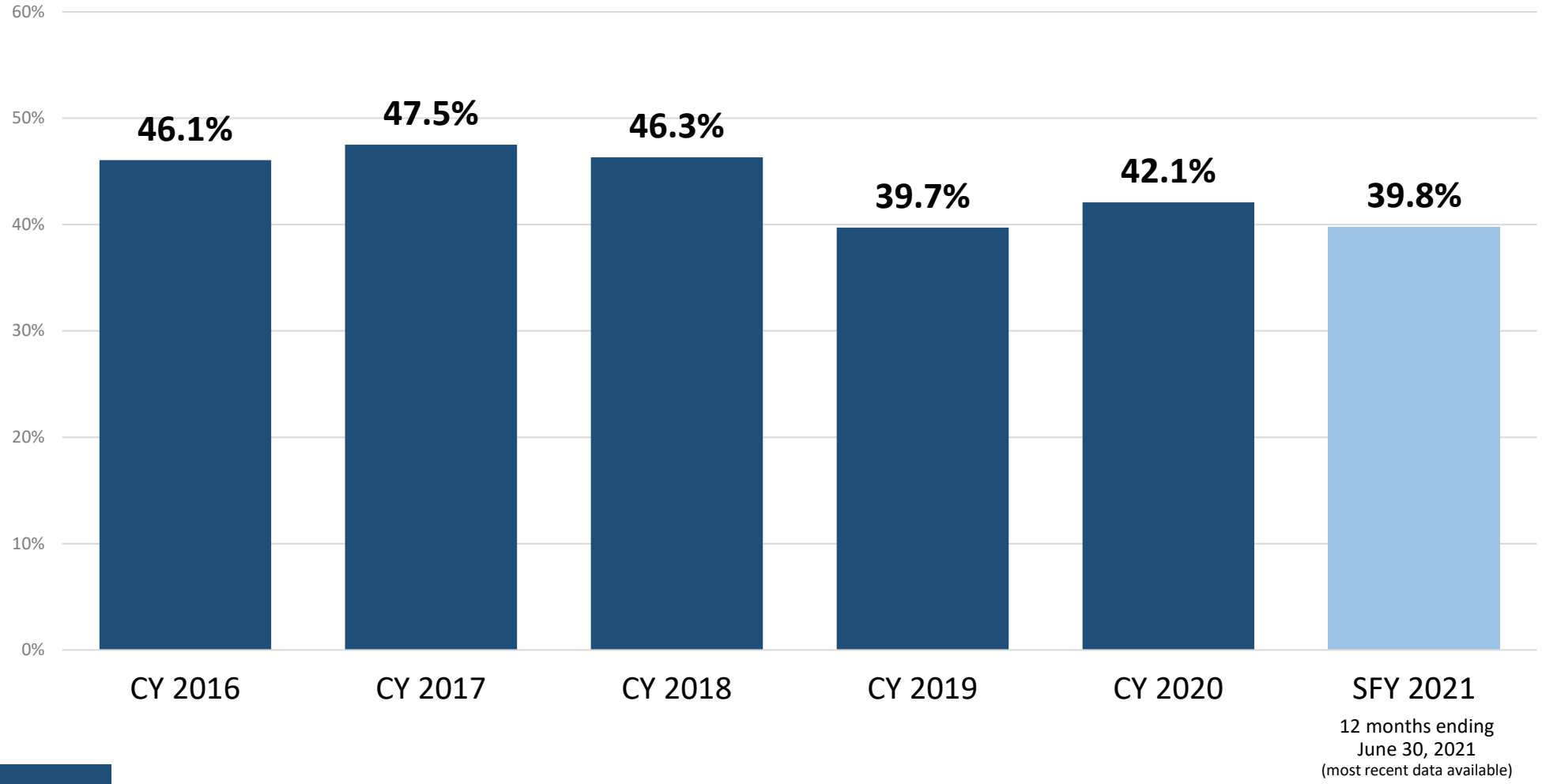

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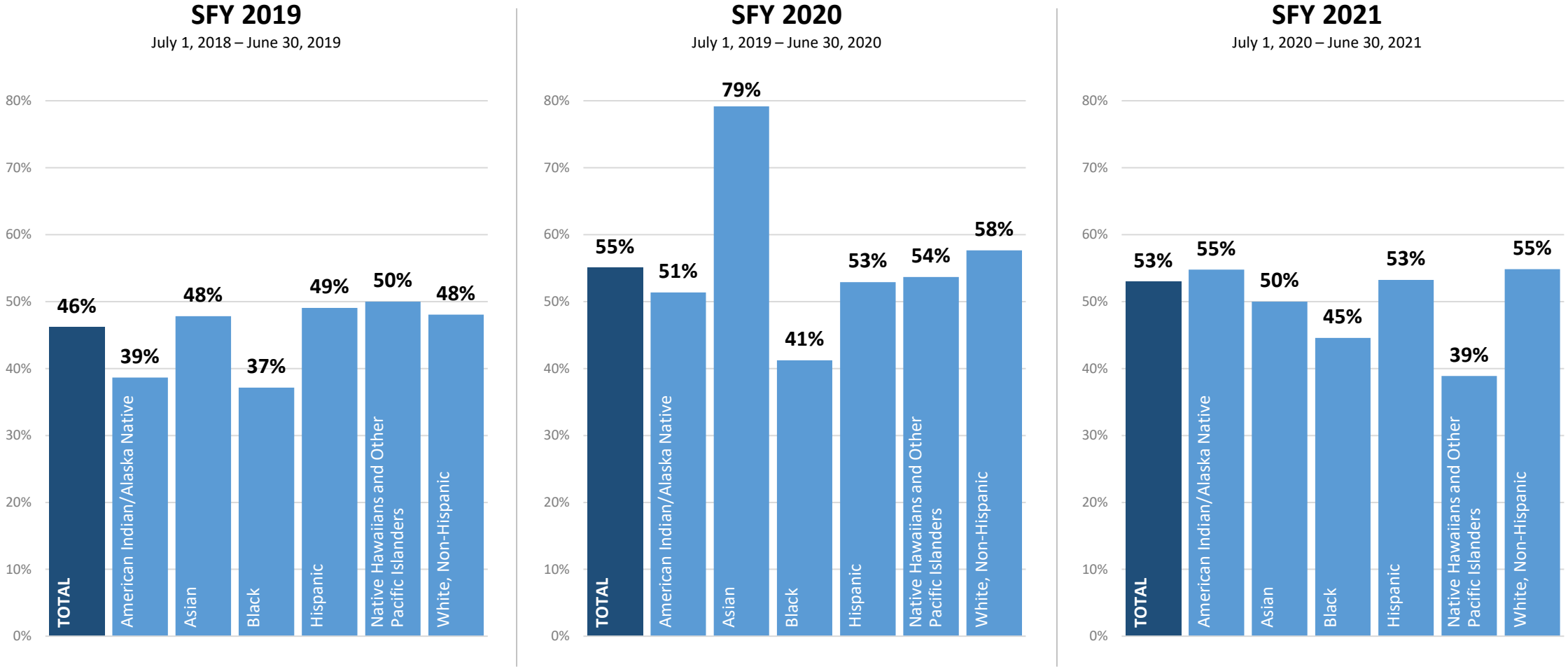
Trend Analysis Summary

- Prior to the pandemic, post-release SUD treatment rates increased significantly, particularly for persons discharged from DOC facilities
- In contrast, pre-pandemic MH treatment rates were relatively stable (for discharges from DOC facilities) or lower than observed prior to CY 2019 (for discharges from local jails while in DOC custody)
- In the general Medicaid population, FUM rates tend to far higher than FUA rates
- In these populations, the FUA variation tends to be higher than the FUM variation, suggesting an opportunity to improve post-release access to mental health treatment

Disparities by Race/Ethnicity

MEASURE 1b

Receipt of Substance Use Disorder Treatment within 30 Days of Release for Persons Released from a Department of Corrections Facility



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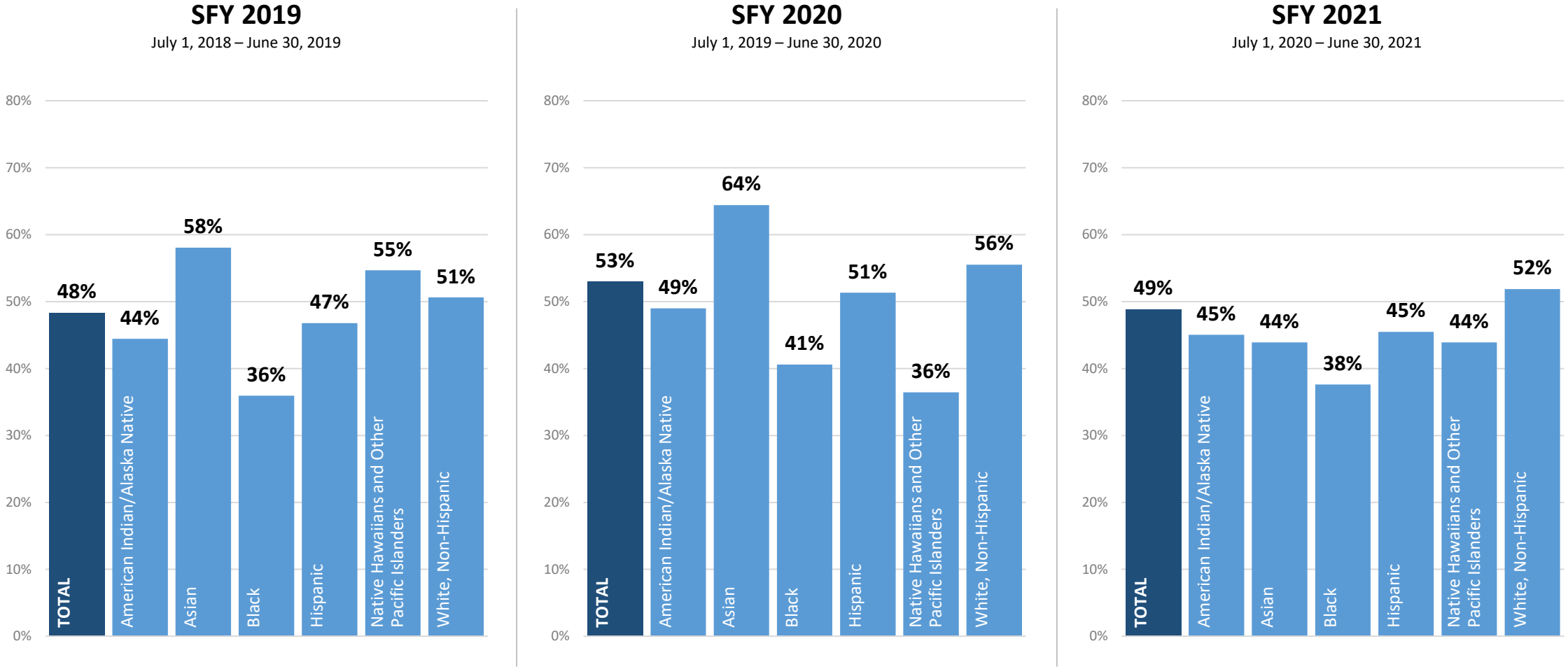
NOTES: 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.
2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.

MEASURE 1d

Receipt of Substance Use Disorder Treatment within 30 Days of Release for Persons Released from a Local Jail while in Department of Corrections Custody



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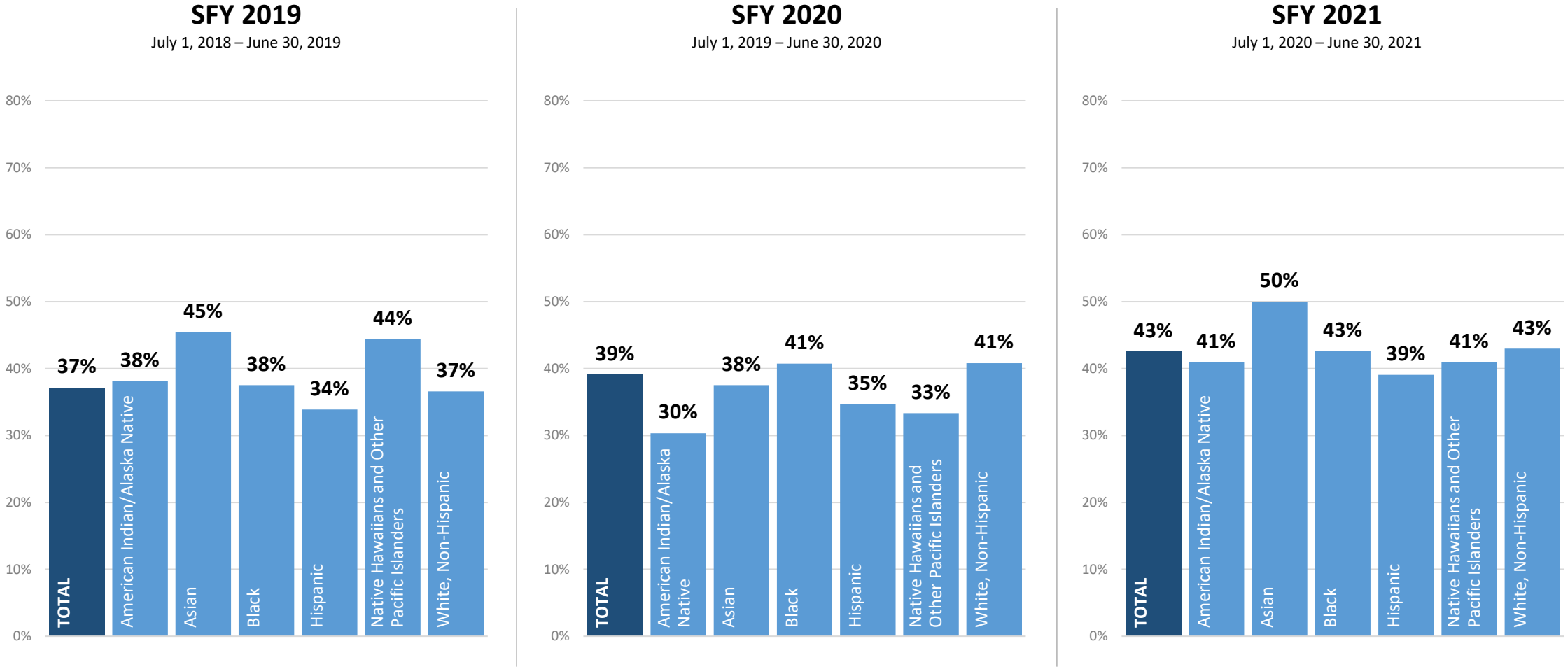
MEASURE 2b

Receipt of Mental Health Treatment within 30 Days of Release for Persons Released from a Department of Corrections Facility



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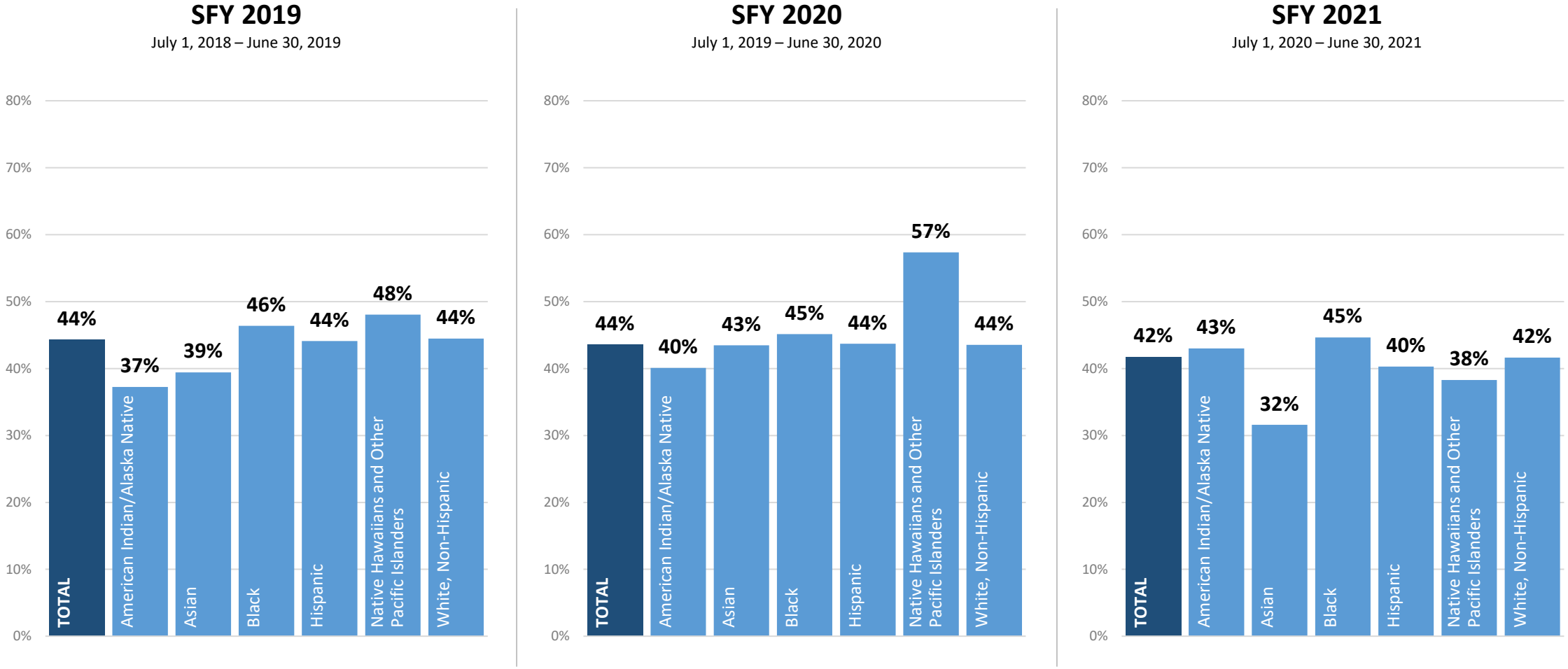


NOTES: 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.
2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.

Disparities Analysis Summary

- Large, persistent negative disparity in post-release access to SUD treatment for Black Medicaid beneficiaries discharging from DOC facilities or local jails while in DOC custody
- Smaller persistent negative disparity in post-release access to MH treatment for Hispanic Medicaid beneficiaries discharging from DOC facilities

Next steps

- Develop reporting infrastructure as needed to support HCA business needs
- Continue to engage workgroup, as needed
- Provide updates to the PMCC, as needed

Final vote – Measure #1

- Do you agree with adding the following measure to the Statewide Common Measure?
- Receipt of Substance Use Disorder Treatment*:
  - 1a. within 7 Days of Release from a Department of Corrections Correctional Facility
  - 1b. within 30 Days of Release from a Department of Corrections Correctional Facility
  - 1c. within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody
  - 1d. within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

*Of persons released with identified treatment need from release date through 90 days post-release.

Final vote – Measure #2

- Do you agree with adding the following measure to the Statewide Common Measure?
- Receipt of Mental Health Treatment*:
  - 2a. within 7 Days of Release from a Department of Corrections Correctional Facility
  - 2b. within 30 Days of Release from a Department of Corrections Correctional Facility
  - 2c. within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody
  - 2d. within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

*Of persons released with identified treatment need from release date through 90 days post-release

Judy Zerzan-Thul, MD

Legislative Update: SSHB 1860

Washington State Health Care Authority

SSHB 1860 - preventing homelessness among persons discharging from inpatient behavioral health settings

- The Washington State legislature requires the PMCC to:
  - "Establish" performance measures which track rates of homelessness and housing instability among medical assistance clients.
  - Convene a workgroup of stakeholders, including HCA, **MCOs,** and **others with expertise in housing for low-income and with experience understanding the impacts of homelessness and housing instability on health.**
  - The workgroup shall review current performance measures that have been adopted in other states or nationally to inform this effort.
  - Report to the governor and legislature regarding the implementation by July 1, 2022.
- If there are no nationally-vetted measures that meet this requirement, it is assumed that DSHS-RDA will be asked to develop a measure(s).

SSHB 1860 Measure Review Process

- Will use the same process used to review and develop criminal justice measures.
- Will convene a workgroup over the summer to review existing measures and develop an approach if no available measures.
  - **Please let us know if you have anyone you would like to nominate that:**
    - Represents an MCO.
    - Has expertise in housing for low-income and with experience understanding the impacts of homelessness and housing instability on health. homelessness or housing instability.
- Will bring to Fall PMCC for approval of approach before development of any new measures.

Laura Pennington/Heleena Hufnagel

Health Equity and the SCMS: Brief Updates NCQA and EQRO

Washington State Health Care Authority

NCQA Proposed Changes to HEDIS MY 2023 Measures

- 4 proposed new measures
  - Topical Fluoride for Children (Medicaid only)
  - Oral Evaluation, Dental Services (Medicaid only)
  - Social Need Screening and Intervention
  - Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes (Medicare only)
- 2 proposed measures for retirement
  - Frequency of Selected Procedures
  - Select CAHPS® health plan measures (FVA, FVO, PNU)

NCQA Proposed Changes to HEDIS MY 2023 Measures

- 2 proposed changes to existing measures
  - Adult Immunization Status
  - Deprescribing of Benzodiazepines in Older Adults
- Future of HEDIS – Health Equity
  - Expansion of number of HEDIS Measures requiring stratification by Race and Ethnicity

NCQA Proposed Changes to HEDIS MY 2023 Measures – New measures

Social Need Screening and Intervention

- The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs and received a corresponding intervention if they screened positive. Six rates are reported:
  - Food screening: The percentage of members who were screened for unmet food needs.
  - Food intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet food needs.
  - Housing screening: The percentage of members who were screened for unmet housing needs.
  - Housing intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet housing needs.
  - Transportation screening: The percentage of members who were screened for unmet transportation needs.
  - Transportation intervention: The percentage of members who received a corresponding intervention within 1 month of screening positive for unmet transportation needs

NCQA Proposed Changes to HEDIS MY 2023 Measures – New measures

- **Social Need Screening and Intervention (cont.)**
  - Stratified by age (≤17, 18–64, 65+)
  - NCQA seeking feedback on:

1. Should NCQA implement the measure with the intervention indicators or introduce the intervention component at a later time, given the current small denominators (which may be a barrier to reporting for some plans)?
   - While generally supportive of the intent, not sure about feasibility so recommend delaying intervention phase. Intervention, while defined may not be feasible.
2. If the intervention indicators are retained in the measure, should NCQA shorten the follow-up timeframe from 30 days (e.g., 1 week,2 weeks)?
   - Proposed timeframes seem arbitrary, recommend proposing the measure be updated to consider an initial positive screening followed by a negative screen, within the measurement year.

NCQA Proposed Changes to HEDIS MY 2023 Measures – New measures

Social Need and Intervention, cont. – Gravity Project Defined

Measure Specification: Intervention Indicators

3 Intervention Indicators (Food, Housing, Transportation)

Numerator: Members with corresponding intervention within 30 days of first positive screen

Denominator: Members with at least 1 positive result

Examples of Interventions :

Type	Example
Assistance/Assisting	Assistance with application to Emergency Shelter program (procedure)
Provision	Provision of food (procedure)
Referral	Referral to food prescription program (procedure)

State Care Authority

Expansion of Race and Ethnicity Stratification Into Select HEDIS Measures

- NCQA's goal is to advance health equity by leveraging HEDIS to hold health plans accountable for disparities in care among their patient populations.
- NCQA introduced the race and ethnicity stratification to 5 HEDIS measures in MY 2022.
- NCQA selected these measures based on several criteria including denominator size, reporting capabilities, first year reporting/ insufficient data, retirement status and available resources and literature to accurately analyze the results of the data reports.
- NCQA has proposed a list of candidate measures in which to expand the stratification in MY 2023.
- NCQA intends to add 5 new measures each year for ongoing stratification.

Future of HEDIS – Health Equity

- Current measures being reported for MY 2022, for public reporting in MY2023

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

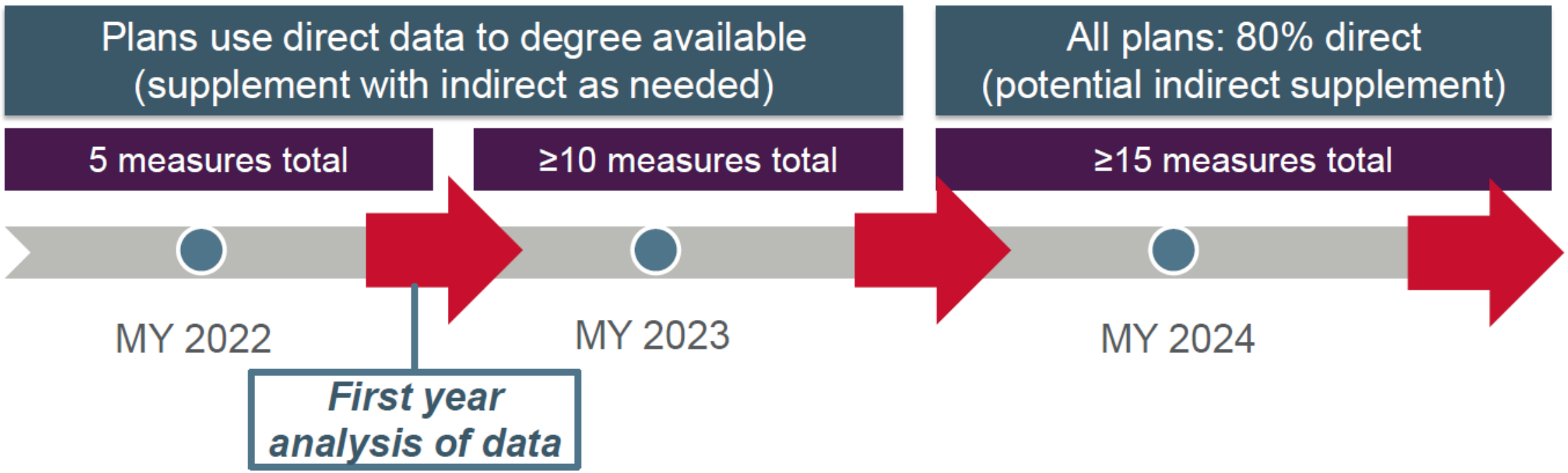
Domain	Measure	Product Lines
Effectiveness of Care	Colorectal Cancer Screening (COL, COL-E[2])	Commercial, Medicare
	Controlling High Blood Pressure (CBP)	Commercial, Medicaid, Medicare
	Hemoglobin A1c Control for Patients With Diabetes (HBD)	Commercial, Medicaid, Medicare
Utilization	Child and Adolescent Well Care Visits (WCV)	Commercial, Medicaid
Access and Availability of Care	Prenatal and Postpartum Care (PPC)	Commercial, Medicaid

Table 2. Race/Ethnicity Stratification (RES) Candidate Measures for MY 2023

Domain	Measure	Product
Behavioral Health	Follow-Up After Emergency Department Visits for Substance Use Disorder (FUA)	Commercial, Medicaid, Medicare
	Pharmacotherapy for Opioid Use Disorder (POD)	Commercial, Medicaid, Medicare
	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Commercial, Medicaid, Medicare
	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Commercial, Medicaid, Medicare
	Prenatal Depression Screening and Follow-Up (PND-E)	Commercial, Medicaid
	Postpartum Depression Screening and Follow-Up (PDS-E)	Commercial, Medicaid
Prevention & Screening	Breast Cancer Screening (BCS-E)	Commercial, Medicaid, Medicare
	Adult Immunization Status (AIS-E)	Commercial, Medicaid, Medicare
	Immunizations for Adolescents (IMA, IMA-E)	Commercial, Medicaid
	Prenatal Immunization Status (PRS-E)	Commercial, Medicaid
Utilization	Well-Child Visits in the First 30 Months of Life (W30)	Commercial, Medicaid
Access and Availability of Care	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Commercial, Medicaid, Medicare
Respiratory	Asthma Medication Ratio (AMR)	Commercial, Medicaid
Care Coordination	Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)	Medicare

Timeline for Expanding Stratification

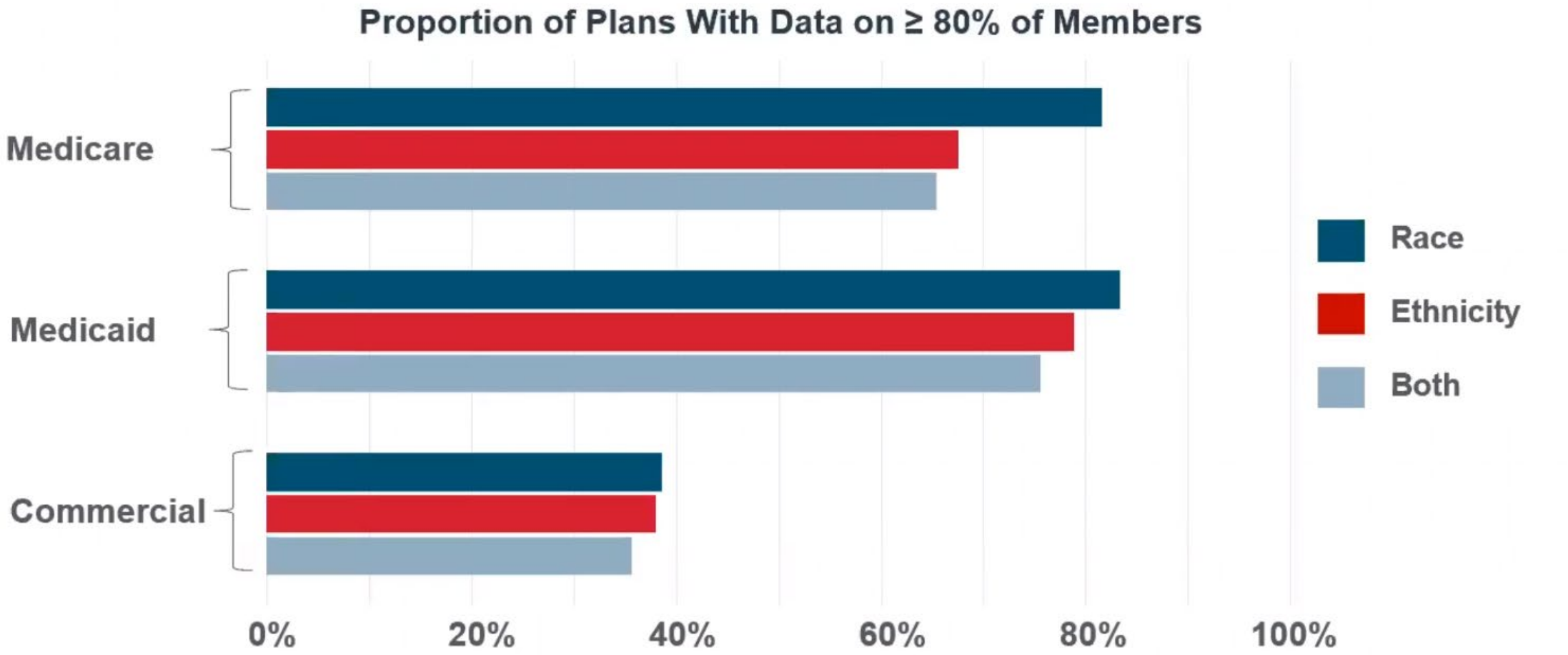
Path forward



- ✓ **Provides bridge from where we are to where we want to be**
- ✓ **Gives plans time to improve direct data collection**

Insights from current HEDIS measure

Completeness of Race and Ethnicity Data



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NCQA

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Next steps

- NCQA will release final approved changes in August
- We will share final results a future PMCC meeting

2021 Comparative Analysis Report Focus on Health Equity (Fig28 Pg 51)

↓ ↑ Statistically significant difference from **Statewide Weighted Average**

		American Indian/Alaska Native	Asian	Black	Hawaiian/ Pacific Islander	Hispanic	Not Provided	White	Statewide Weighted Average
Access / Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Total	76% ↑	69% ↓	71% ↓	66% ↓	75% ↑	65% ↓	73% ↑	73%
	I&E of AOD Dependence Treatment (IET): Total Initiation of Treatment: 13-17 yrs	40%	***	39%	31%	32%	33%	36%	36%
	I&E of AOD Dependence Treatment (IET): Total Initiation of Treatment: Total	48%	41% ↓	43% ↓	45%	39% ↓	48% ↑	47% ↑	45%
	I&E of AOD Dependence Treatment (IET): Total Engagement in Treatment: Total	16%	11% ↓	12% ↓	13%	13% ↓	17% ↑	16% ↑	16%
	Prenatal and Postpartum Care (PPC), Timeliness of Prenatal Care	***	87%	80%	71% ↓	85%	85%	82%	83%
	Prenatal and Postpartum Care (PPC), Postpartum Care	***	77%	78%	55% ↓	79% ↑	73%	75%	77%
	Use of First-Line Psychosocial Care for Children and Adolsecents (APP), Total	***	***	65%	***	57%	54%	62%	61%
Behavioral Health	Antidepressant Medication Management (AMM), Effective Acute Phase	56%	58%	49% ↓	55%	53% ↓	58%	60% ↑	58%
	Antidepressant Medication Management (AMM), Continuation Phase	42%	42%	32% ↓	41%	36% ↓	41%	45% ↑	43%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	59% ↑	60% ↑	40% ↓	46%	42% ↓	44%	46% ↑	45%
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Continuation	***	***	49%	***	54%	51%	52%	52%
	Follow-Up after Hospitalization for Mental Illness (FUH), 30-Day Follow-Up, Total	62%	61%	47% ↓	57%	60% ↑	47% ↓	59% ↑	57%
	Follow-Up after Hospitalization for Mental Illness (FUH), 7-Day Follow-Up, Total	40%	43%	33% ↓	42%	43% ↑	31% ↓	41% ↑	40%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-day, Total	57%	63%	45% ↓	53%	60% ↑	55%	59% ↑	58%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-day, Total	42%	48%	34% ↓	41%	46%	44%	46% ↑	45%
	Follow-Up After ED Visit for AOD Dependency (FUA), 30-day, 13-17 years	***	***	10%	***	15%	***	17%	17%
	Follow-Up After ED Visit for AOD Dependency (FUA), 30-day, Total	29%	26%	16% ↓	19% ↓	24% ↓	29%	31% ↑	29%
	Follow-Up After ED Visit for AOD Dependency (FUA), 7-day, Total	19%	16%	10% ↓	12% ↓	15% ↓	19%	21% ↑	19%
	Follow-Up After High Intensity Care for SUD (FUI), 30-day, Total	58%	56%	49% ↓	61%	56%	55%	59% ↑	58%
	Follow-Up After High Intensity Care for SUD (FUI), 7-day, Total	37%	34%	29% ↓	33%	36%	35%	39% ↑	38%
	Pharmacotherapy for Opioid Use Disorder (POD): Total	17%	14% ↓	12% ↓	20%	14% ↓	20%	20% ↑	19%
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	***	60%	54%	60%	57%	59%	60%	59%
Diabetes	Comprehensive Diabetes Care (CDC), Poor HbA1c Control (lower is better)	47%	21% ↑	36%	39%	43% ↓	34%	39%	37%
	Comprehensive Diabetes Care (CDC), HbA1c Control < 8.0%	47%	68% ↑	57%	47%	43% ↓	51%	50%	52%
Overuse / Appropriateness	Use of Opioids at High Dosage (HDO) (lower is better)	6%	2% ↑	6%	4%	3% ↑	9% ↓	6% ↓	6%
Prevention and Screening	Childhood Immunization Status (CIS), Combo 2	67%	75% ↑	58% ↓	63%	74% ↑	65%	58% ↓	68%
	Childhood Immunization Status (CIS), Combo 10	39%	56% ↑	31% ↓	40%	44% ↑	41% ↑	32% ↓	42%
	Immunizations for Adolescents (IMA), Combo 2	***	46%	32%	23% ↓	52% ↑	32%	30% ↓	40%
	Lead Screening in Children (LSC)	***	34%	36%	27%	40% ↑	28% ↓	29% ↓	34%
	Breast Cancer Screening (BCS)	38% ↓	60% ↑	43% ↓	49%	57% ↑	47%	45% ↓	48%
	Cervical Cancer Screening (CCS)	36%	56%	58%	57%	63% ↑	57%	51% ↓	59%
	Chlamydia Screening (CHL), Total	50%	46% ↓	60% ↑	50%	52% ↑	40% ↓	47% ↓	50%
Respiratory Conditions	Asthma Medication Ratio (AMR), Total	61%	66% ↑	59% ↓	68% ↑	64% ↑	69% ↑	60% ↓	62%
Utilization	Well-Child Visits in the First 30 Months of Life (W30), 0-15 Months	45% ↓	60% ↑	49% ↓	48% ↓	57% ↑	53%	52% ↓	54%
	Well-Child Visits in the First 30 Months of Life (W30), 16-30 Months	67%	78% ↑	60% ↓	60% ↓	71% ↑	71% ↑	66% ↓	68%
	Child and Adolescent Well-Care Visit (WCV), Age 3-11	43% ↓	49% ↑	40% ↓	40% ↓	51%	50% ↑	44% ↓	47%
	Child and Adolescent Well-Care Visit (WCV), Age 12-17	31% ↓	38% ↑	30% ↓	28% ↓	39% ↑	34%	31% ↓	35%
	Child and Adolescent Well-Care Visit (WCV), Age 18-21	14% ↓	23% ↑	15% ↓	14% ↓	19% ↑	18%	16% ↓	18%
	Child and Adolescent Well-Care Visit (WCV), Total	34% ↓	40% ↑	33% ↓	33% ↓	43%	44% ↑	36%	39%

https://www.hca.wa.gov/about-hca/apple-health-medicaid-and-managed-care-reports

Laura Pennington, HCA

Tracking Historical Changes to the SCMS

Washington State Health Care Authority

Historical tracking of SCMS

- PMCC previously discussed a mechanism for tracking changes made to the Statewide Common Measure Set.
- Elements to include:
  - Name of measure
  - Date added or removed
  - Reason for removal and justification for additions
- Considered several examples.
- Propose a single document that provides an ongoing look at measures in SCMS at any given time.

Washington Statewide Common Measure Set (2015 - 2022)

Measure Name	Measure Steward	NQF Endorsed	Category	2015	2016	2017	2018	2019	2020	2021	2022	Comments
Adult Access to Preventive/Ambulatory Care (AAP)	NCQA		Primary Care & Prevention - Adults	X	X	X	X	X	X	X	X	
Adult BMI Assessment (ABA)	NCQA		Primary Care & Prevention - Adults	X	X	X	X	X	X			NCQA Retired for MY2021
Adult Mental Health Status: Percentage of Adults Reporting 14 or More Days of Poor Mental Health	DOH (BRFSS Survey)		Behavioral Health	X	X	X	X					
Ambulatory Care - Emergency Department (ED) Visits per 1,000 (AMB) (Medicaid only)	NCQA		Ensuring Appropriate Care		X	X	X	X	X	X	X	
Annual Monitoring for Patients on Persistent Medications (MPM) (ACE/ARM component)	NCQA	NQF 2371	Management of Chronic Illness-Outpatient	X	X	X	X	X				NCQA Retired for MY2020
Annual State-Purchased Health Care Spending Growth Relative to the State GDP	HCA		Cost	X	X	X	X	X	X	X	X	
Antibiotic Utilization for Respiratory Conditions (AXR)* (NCQA replaced ABX with AXR for MY2022)**	NCQA		Ensuring Appropriate Care								X	Added to 2022 SCMS
Antidepressant Medication Management (AMM) 1. Effective Acute Phase Treatment; 2. Effective Continuous Phase Treatment	NCQA	NQF 0105	Behavioral Health	X	X	X	X	X	X	X	X	
Appropriate Testing for Pharyngitis (CWP)	NCQA	NQF 0002	Ensuring Appropriate Care	X	X	X	X	X	X	X	X	
Asthma Medication Ratio (AMR)	NCQA	NQF 1800	Management of Chronic Illness-Outpatient					X	X	X	X	

Emily Transue, MD

Continued evolution of the SCMS

Follow-up from January PMCC meeting

- The committee was presented with a proposal to consider adding a measure for Advance Care Planning
- The following measures were discussed:
  - CMS Advance Care Plan (ACP) (NQF #0326)
    - 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.
  - NCQA Advance Care Planning (ACP) for MY2022 Medicare members.
    - 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.

Committee discussion points

- 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?

Decision point

- Option 1: Convene an ad hoc workgroup to further review and recommend potential measures for the SCMS.
- Option 2: Parking lot until there are additional measures that may be more applicable to a broader population.

Judy Zerzan-Thul, MD

Public Comment

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.

Judy Zerzan-Thul, MD

Wrap Up and Next Steps

Wrap Up/Next steps

- Action Items.
- Next Meeting:
  - TBD.
  - Are we okay with a July meeting?
  - Proposed agenda topics:
    - TBD.
    - Send topics to Laura P.