

DSRIP metrics: summary of adjustments

July 2019

Measurement periods DSRIP DY1 (2017) and DY2 (2018)

This document summarizes changes in how to calculate demonstration year (DY) 1 and DY2 results for the DSRIP quality and outcome metrics. This accords with state findings during the continuous quality improvement and monitoring process.

The changes include global [recalculation of 2017 pay-for-performance \(P4P\) baseline and improvement targets](#), [adjustments to the DSRIP accountability program](#), and [adoption of annual specification updates](#) by measure-stewards. Find specifications on the [Medicaid Transformation metrics](#) webpage for more information.

Global recalculation of Calendar Year (CY) 2017 P4P results for baseline and improvement targets

Since the Health Care Authority (HCA) released 2017 baseline results, it has made significant improvements in tracking eligibility and third-party insurance coverage in the administrative data system. Given these improvements, HCA will recalculate 2017 baseline and improvement targets. This will ensure use of the best possible data to measure performance. HCA will release updated results to ACHs by the end of October 2019, and to the public in early November. In addition, HCA adopted more substantive specification updates (based on guidance from measure-stewards) for a subset of metrics. HCA's continuous monitoring process is driving improvements, which are described below.

Metric	Applies to all project P4P metrics
DSRIP utility	All project P4P metrics
Category	Pertains to administrative data underlying metric production
issue	<ul style="list-style-type: none"> • Individuals with third-party liability (TPL) are excluded from project P4P calculations because of incomplete information about health care received. • HCA has seen improvements in tracking TPL coverage in the last year. While TPL coverage is updated in beneficiary records continually, a large batch update occurred after the release of the initial P4P baseline results in fall 2018. • In subsequent analyses, individuals previously included in in P4P metric calculation were removed because of retroactive assignment of TPL coverage.
Steps to address the issue	<ul style="list-style-type: none"> • In DY3, HCA will re-run improvement targets associated with performance to ensure results calculated from 2017 data set are a comparable performance standard. <ul style="list-style-type: none"> ○ Since global re-baseline is recommended, HCA will use the most current version of metric specifications to capture improvements in measurement from initial production of 2017 results. ○ Updated improvement targets for gap to goal (GTG) metrics still use the 2017 absolute benchmark values (see Measurement Guide, appendix H). ○ HCA will update the baseline report and Healthier Washington measures dashboard. • In DY4 and DY5, HCA will continue to monitor longitudinal metric results over time to learn if a re-run of future improvement targets is warranted.

Rationale	HCA will produce metric results using the best data available. With marked improvements in data quality—as it relates to identification of TPL status for Medicaid beneficiaries—HCA will ensure the comparison between baseline year and performance year results is accurate and fair. Integrating measurement improvements over the course of DSRIP/MTP benefits the ACHs by ensuring performance metrics are as accurate as possible, and reflect best measurement.
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Metric	Patients prescribed high-dose chronic opioid therapy
DSRIP utility	Project P4P metric
Category	Update to metric technical specifications
Issue	<ul style="list-style-type: none"> To align with measure-steward (Bree Collaborative) guidance, HCA will update the morphine equivalent dose (MED) for methadone standards. The Centers for Disease Control and Prevention (CDC) conversion factor for methadone was updated in the time since the initial baseline results and improvement targets were released, and the conversion factor is now in line with Agency Medical Director’s Group (AMDG) guidelines. The updated conversion factor approach uses different conversion factors based on methadone usage, with higher factors for higher dosages. Different factors are used because methadone is unusual among opioids in that it accumulates in the patient’s body when used chronically, while having a longer half-life. The updated factors range from 4-12, compared to the original factor of 3 for all methadone prescriptions, regardless of dose. Methadone prescriptions represent about 5 percent of chronic opioid therapy prescriptions.
Steps to address the issue	<ul style="list-style-type: none"> In DY3, HCA will implement the updated MED for methadone in metric production. As this is a substantial change, HCA will recalculate metric baseline and improvement targets associated with DY 3 performance. In DY4 and DY5, baseline and improvement targets associated with DY4 (2020) performance will be produced according to the latest MED approach. HCA will continue to monitor for updates throughout MTP.
Rationale	Adoption of updated MED approach maintains alignment with the measure-steward (Bree Collaborative), as well as CDC & AMDG guidelines.

Metric	Patients prescribed high-dose chronic opioid therapy Patients prescribed chronic concurrent opioids and sedatives
DSRIP utility	Project P4P metric
Category	Update to metric technical specifications
Issue	<ul style="list-style-type: none"> Bree Collaborative specifies the exclusion of individuals with cancer diagnosis, but do not provide a value set. Based on input from clinical leadership, HCA proposed refinements to the cancer diagnosis value set to align with clinical practice and address legacy effects of the shift from International Classification of Diseases (ICD)-9 to ICD-10.
Steps to address the issue	<ul style="list-style-type: none"> In DY3, the refined value set will be implemented when calculating CY 2018 results, as well as to re-run 2017 baseline and improvement targets. In DY4 and DY5, HCA will continue to monitor for further updates and implement as appropriate.
Rationale	Refinements to cancer diagnosis value set aligns with HEDIS specification guidelines, and clinical practice.

Adjustments to DSRIP accountability program (related to individual metrics)

HCA is implementing three metric changes that affect the DSRIP accountability framework. HCA notified CMS on June 19, 2019. Updates reflected in MTP protocols and documentation in August 2019.

Metric	Controlling high blood pressure (National Quality Forum [NQF] 0018)
DSRIP utility	Statewide accountability
Modification	DY3 – HCA will set the metric weight to zero in the quality improvement (QI) Model DY4 and DY – to be determined, when data is available
Rationale	Metric specifications changed substantively from Healthcare Effectiveness Data and Information Set (HEDIS) 2018 to HEDIS 2019. Results from measurement year 2019 will not be comparable to 2017 results. The metric, therefore, will remain as part of the accountability model in DY4 and DY5 when data is available.

Metric	Medication management for people with asthma (MMA) (NQF 1799)
DSRIP utility	<ul style="list-style-type: none"> Statewide accountability Project toolkit P4P metric (Project 2A, 3D) ACH high performance
Modification	DY3 – no change DY4 and DY5: <ul style="list-style-type: none"> Remove medication management for people with asthma (NQF 1799) Replace with asthma medication ratio (AMR) (NQF 1800) <ul style="list-style-type: none"> Replacement applies to all instances of MMA in DSRIP program Adopt the overall (5-64 years) rate
Rationale	Clinician leaders at the state and national level agree the Asthma Medication Ratio metric is preferred over the more narrowly defined Medication Management for People with Asthma. This aligns with recent changes to the CMCS core set , as well as December 2018 Performance Measures Monitoring Committee (PMCC) decision for the Statewide Common Measure Set (SCMS). This modification also aligns with HCA's timeline to replace MMA with AMR in managed care contracts in 2020.

Metric	Dental sealants for children at an elevated risk level
DSRIP utility	Project toolkit P4P metric (Project 3C)
Modification	<ul style="list-style-type: none"> DY3 - no impact (not active P4P metric) DY4 - deactivate metric from performance accountability. ACH accountability for Project 3C is spread among remaining project metrics. Applies to performance DY4. HCA will not introduce a replacement metric. DY5 - assess activation for DY5 when revised specifications available (end of 2019)
Rationale	Endorsement removed by NQF (formerly 2508/2509), and national measure-steward advises against use for performance measurement as currently specified. Note: The adjustment is not due to a lack of importance of sealants for children; the adjustment is because the current calculations are not accurately measuring outcomes. HCA is waiting for updated metric specifications from the measure steward.

For continued state monitoring

Active P4P metrics in 2018 (DY4 baseline)

In addition, HCA anticipates significant changes in the follow-up measure rates (follow-up after hospitalization for mental illness [FUH], follow-up after ED visit for mental illness [FUM], follow-up after ED visit for alcohol and other drug abuse or dependence [FUA]). This is because of a combination of HEDIS specification changes, as well as refinement to the production process—particularly with integrated managed care behavioral health data. HCA will not be able to see the extent of the changes until the 2018 production cycle is complete in fall 2019. Note: HCA anticipates metric results to shift significantly from past results.

Adoption of annual technical specification updates (by metric)

Metric specifications can change yearly. As measure-stewards retire or alter metric specifications—to reflect clinical care guidelines changes, treatment recommendations, or current health care practices—metric modifications will be reviewed and incorporated as appropriate.

State performance metric producers reviewed all proposed updates to DSRIP quality and outcome metrics. All updates to specifications were adopted into the DSRIP measurement program. Summary of changes are limited to changes that directly affect P4P metrics or sub-metrics. Other unrelated changes may have occurred for each metric. HCA will publish revised metric specifications on the [Medicaid Transformation metrics](#) webpage by end of August 2019, along with a summary of metric updates for stakeholders and partners.

See [Appendix A](#) for summary of technical specification updates.

Appendix A: technical specification updates DY1–DY2 (2017–2018)

How to read:

- Metrics are listed in alphabetical order and include all ACH project P4P metrics.
- Trending determination summarizes findings from [NCQA HEDIS 2019 Trending Report](#), where applicable.
- Projected impact of specification update pertains to anticipated impact to results because of the specification updates that occurred from the prior year.
- This is distinct from the shifts in results because of improvements in tracking eligibility and third-party insurance coverage in the administrative data system.
- **Gray** shaded rows: metrics that are not active until DY4 (therefore, no “official” improvement targets released yet; part of summer 2019 production cycle); however, significant changes to specifications and/or underlying data structure is anticipated to have substantial impact between results that have been published for monitoring purposes previously.

Metric name	Metric-steward	CY 2017 specification	CY 2018 specification	NCQA trending determination (HEDIS metrics only) or specification update summary	Projected impact of specification update	CY 2017 P4P	CY 2018 P4P
Acute hospital utilization	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "consider with caution." The specification change is focused on a subset of the metric reporting that is not relevant to P4P (classification of discharges as surgical or medical).	None or minimal impact	No	Yes
All cause emergency department (ED) visits per 1,000 member months	DSHS-RDA	July 2016, v1.1	July 2016, v1.1	No relevant specification changes made. Standard value-set updates needed.	None	Yes	Yes
Antidepressant medication management	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	No relevant specification changes made. Standard value-set updates needed.	None	Yes	Yes
Child and adolescents' access to primary care practitioners	NCQA HEDIS - Modified	HEDIS™ 2018	HEDIS™ 2019	No relevant specification changes made. Standard value-set updates needed.	None	Yes	Yes
Childhood immunization status (Combo 10)	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "consider with caution." The specification change is focused on adjusting the age at which a set of vaccines can be administered and be included in the numerator. Per NCQA's notes, "this change should not have a significant impact because it's unlikely that children were getting these vaccines earlier than recommended."	None or minimal impact	No	Yes
Chlamydia screening in women ages 16 to 24	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	No relevant specification changes made. Standard value-set updates needed.	None	Yes	Yes
Comprehensive diabetes care – eye exam (retinal) performed	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "consider with caution." Primary changes are the addition of telehealth into the measure specifications and the exclusion of members with advanced illness and frailty (applied only to individuals 66 to 75 years old).	Unknown – further investigation needed	No	Yes
Comprehensive diabetes care – hemoglobin A1c testing	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "consider with caution." Primary changes are the addition of telehealth into the measure specifications and the exclusion of members with advanced illness and frailty (applied only to individuals 66 to 75 years old).	Unknown – further investigation needed	Yes	Yes

Metric name	Metric-steward	CY 2017 specification	CY 2018 specification	NCQA trending determination (HEDIS metrics only) or specification update summary	Projected impact of specification update	CY 2017 P4P	CY 2018 P4P
Comprehensive diabetes care – medical attention for nephropathy	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "consider with caution." Primary changes are the addition of telehealth into the measure specifications and the exclusion of members with advanced illness and frailty (applied only to individuals 66 to 75 years old).	Unknown – further investigation needed	Yes	Yes
Contraceptive care – most & moderately effective methods	U.S. Office of Population Affairs	OPA FY2018	OPA FY2019	Specification now allows for the use of surveillance codes to document repeat prescriptions of contraceptives, contraceptive maintenance, or routine checking of a contraceptive device or system.	Unknown – further investigation needed	No	Yes
Contraceptive care – postpartum	U.S. Office of Population Affairs	OPA FY2018	OPA FY2019	Specification now allows for the use of surveillance codes to document repeat prescriptions of contraceptives, contraceptive maintenance, or routine checking of a contraceptive device or system.	Unknown – further investigation needed	No	Yes
Dental sealants for children at elevated caries risk	DQA	DQA 2018	DQA 2019	Metric no longer endorsed by NCQA – Metric will be reassessed next year – See description here .	None	No	No
Follow-up after ED visit for alcohol and other drug abuse or dependence	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	No relevant specification changes made. Standard value-set updates needed.	None	No	Yes
Follow-up after ED visit for mental illness	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "break in trending." Substantial changes have been made to the specification. The denominator now includes members with a principal diagnosis of intentional self-harm. The numerator now includes members with any diagnosis of a mental health disorder.	Unknown – further investigation needed	No	Yes
Follow-up after hospitalization for mental illness	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "consider with caution." Primary changes are the inclusion of intentional self-harm as a qualifying principal diagnosis for inclusion in the denominator and removing the use of a mental health diagnosis as a proxy for a visit as a qualifying numerator visit. Age stratifications were also added, but this is not relevant for P4P.	Unknown – further investigation needed	No	Yes
Medication management for people with asthma medication compliance 75 percent	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "consider with caution." Primary change is the addition of telehealth into the measure specifications. Impact of change is likely minimal.	Minimal	Yes	Yes
Mental health treatment penetration (broad version)	DSHS-RDA	April 2018, v2.0	April 2018, v2.0	No relevant specification changes made. Standard value-set updates needed.	None	Yes	Yes
Patients on high-dose chronic opioid therapy by varying thresholds	Bree Collaborative	Bree 2015	Bree 2017	Updates needed to methadone conversion factors (changing from CDC recommended conversation factors to AMDG conversion factors used by Bree). The effect of change is moderate but isolated to methadone. Refinement of cancer diagnosis value is set to align with HEDIS guidelines and clinical practice.	Moderate	Yes	Yes
Patients with concurrent sedatives prescriptions	Bree Collaborative	Bree 2015	Bree 2017	Expanding cancer diagnosis exclusion to benign cancers (including ICD-10 C and D codes) to be more in line with Bree specifications and clinical guidance	Moderate	Yes	Yes
Percent arrested	DSHS-RDA	December 2016, v1.1	December 2016, v1.1	No relevant specification changes made. Standard value-set updates needed.	None	No	Yes

Metric name	Metric-steward	CY 2017 specification	CY 2018 specification	NCQA trending determination (HEDIS metrics only) or specification update summary	Projected impact of specification update	CY 2017 P4P	CY 2018 P4P
Percent homeless (narrow definition)	DSHS-RDA	December 2016, v1.1	December 2016, v1.1	No relevant specification changes made. Standard value-set updates needed.	None	Yes	Yes
Periodontal evaluation in adults with chronic periodontitis	DQA	DQA 2018	DQA 2019	No relevant specification changes made. No updates needed.	None	No	Yes
Plan all-cause readmission rate (30 days)	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "consider with caution." Planned admissions are no longer removed in the denominator; these are now removed in the numerator. The impact of change is likely minimal.	Minimal	Yes	Yes
Primary caries prevention intervention as offered by medical provider	HCA	HCA 2018	HCA 2019	No relevant specification changes made.	None	Yes	Yes
Statin therapy for patients with cardiovascular disease (prescribed)	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	Trending determination is "consider with caution." Primary changes are the addition of telehealth into the measure specifications and the exclusion of members with advanced illness and frailty (applied only to individuals 66 to 75 years old).	Unknown – further investigation needed	No	Yes
Substance use disorder treatment penetration	DSHS-RDA	May 2018, v2.0	May 2018, v2.0	No relevant specification changes made. Standard value-set updates needed.	None	Yes	Yes
Substance use disorder treatment penetration (opioid)	DSHS-RDA	May 2018, v2.0	May 2018, v2.0	No relevant specification changes made. Standard value-set updates needed.	None	No	Yes
Timeliness of prenatal care in the first trimester of pregnancy	NCQA HEDIS	HEDIS™ 2018	HEDIS™ 2019	No relevant specification changes made. Standard value-set updates needed.	None	No	Yes
Utilization of dental services by Medicaid beneficiaries	DQA	DQA 2018	DQA 2019	No relevant specification changes made. No updates needed.	None	Yes	Yes
Well-child visits in years 3, 4, 5, 6	NCQA HEDIS - modified	HEDIS™ 2018	HEDIS™ 2019	No relevant specification changes made. Standard value-set updates needed.	None	Yes	Yes
Well-child visits in the first 15 months of life	NCQA HEDIS - modified	HEDIS™ 2018	HEDIS™ 2019	No relevant specification changes made. Standard value-set updates needed.	None	No	Yes