Performance Measures Coordinating Committee Council Meeting

Tuesday, March 5, 2023
11:00 a.m. – 1:00 p.m.

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 at hcapmcc@hca.wa.gov

*https://www.hca.wa.gov/about-hca/who-we-are/washington-state-common-measure-set

Today's Objectives

- Briefly recap December PMCC meeting
- Discuss administrative requirements for PMCC in 2024
- Learn about NCQA Proposed Measures Updates for 2025
- Revisit October 2023 discussions regarding improvement of the WSCMS
- Public Comment
- Wrap Up

Welcome & Introductions

- Please share the following
  - Your Name
  - Your Role
  - Your organization
- Welcome to our newest member:
  - Darcy Jaffe, Senior Vice President for Safety and Quality at Washington State Hospital Association

Recap of the December PMCC Meeting

Sharon Eloranta, MD, WHA

Washington State Health Care Authority

Recap of the December 2023 PMCC Meeting

- Committee made a final vote to add the HIV viral suppression measure to the WSCMS
- Updated Committee members on Public Meeting Requirements for beginning in 2024
  - Notice for public meetings training
- Walk on topic: Leap Frog Hospital Safety Ratings
  - PMCC recommended inviting a quality expert to a future PMCC meeting to learn more about how we measure quality across the state, using different data sources and reports

Administrative requirements for PMCC in 2024

Judy Zerzan-Thul, HCA

Washington State Health Care Authority

Background

- In response to the end of the PHE, in 2023 updates were made to the open public meeting requirements
- These updates included:
  - Required member open meeting training.
  - Completion of current committee membership applications

Next Steps

- PMCC members were notified in February of required public meetings training and provided a link
  - PMCC members must complete the online, self paced training no later than April 30th in order to maintain voting eligibility
  - PMCC members were asked to notify HCA staff upon completion of the training
  - PMCC members will only need to complete the training once every (4) years

Next Steps

- All current PMCC members and interested parties will need to complete a new membership application form.
- Please email the HCA PMCC mailbox when completed <HCAPMCC@hca.wa.gov>
- Membership applications will be renewed every 4 years.

NCQA Proposed Changes to MY2025 HEDIS Measures

Laura Pennington, CQCT

Washington State Health Care Authority

NCQA Proposed Changes to HEDIS MY2025 Measures – New

- Proposed measures for addition (5)
  - Acute Hospitalization Following Outpatient Surgery (HFO)
    - Medicare only
  - Blood Pressure Control for Patients With Hypertension (BPC-E)
  - Documented BI-RADS Assessment after Mammogram (DBM-E)
  - Follow-Up after Abnormal Breast Cancer Assessment (BCF-E)
  - Cervical Cancer Screening Follow-Up (CCF-E)

HEDIS® Public Comment - NCQA

NCQA Proposed Changes to HEDIS MY2025 Measures – Updates to existing measures

- Acute Hospital Utilization (AHU) – Medicare only
  - Proposed change is to add the Medicaid line
- Adult Immunization Status (AIS-E) (On the WSCMS)
  - Added a hepatitis B immunization indicator
  - Removed the herpes zoster live vaccine from the zoster immunization indicator
  - Updated age stratifications for the influenza, Td/Tdap and zoster immunization indicators
- Follow-Up After Emergency Department Visit for Mental Illness (FUM) & Follow-Up After Hospitalization for Mental Illness (FUH) (Both on the WSCMS)
  - Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the acute inpatient discharge claim.
  - Added codes to the denominator criteria to include phobia diagnoses, anxiety diagnoses, intentional self-harm ICD-10 X-chapter codes and suicidal ideation ICD-10 R code
  - Added residential treatment services to the numerator (and removed from the denominator removal criteria).
  - Added peer support services and occupational therapy services for a diagnosis of a mental health disorder to the numerator
  - Added the option to satisfy the measure's follow-up criteria in the numerator with any practitioner, rather than only with mental health provider, if the service was coded for any diagnosis of a mental health disorder. (FUH only)

HEDIS® Public Comment - NCQA

NCQA Proposed Changes to HEDIS MY2025 Measures – Gender Inclusive Measurement

- Proposed Changes to Gender Documentation and Inclusion
  - Added gender-inclusive language to the measure
  - The percentage of ~~women~~ members 16–24 years of age who were recommended for chlamydia screening and identified as sexually active and who had at least one test for chlamydia during the measurement year.
  - Include members recommended for chlamydia screening with any of the following criteria:
    - Administrative Gender: Female (Administrative Gender code female) any time in the member's history.
    - Sex Assigned at Birth: (LOINC code 76689-9) Female (LOINC code LA3-6) any time in the member's history.
    - Sex Parameter for Clinical Use: Female any time in the member's history.
    - Sex Assigned at Birth: (LOINC code 76689-9) Male (LOINC code LA2-8) and history of vaginoplasty (Gender-Affirming Genital Surgery Value Set) any time in the member's history.

11.-Gender-Inclusive.pdf (ncqa.org)

NCQA Proposed Changes to HEDIS MY2025 Measures – Race and Ethnicity Stratification

- Proposed Changes to the Race and Ethnicity Stratification
  - Removal of Data Source Reporting Requirement
  - To alleviate measurement burden, NCQA proposes to simplify reporting by removing the data source reporting requirement for stratified measures in MY 2025. NCQA will retain the requirement for the Race and Diversity Membership (RDM) descriptive measure only to allow transparency into the types of data sources organizations leverage.
  - As of MY 2024, 22 HEDIS measures are stratified by race and ethnicity, to bring transparency to gaps and to highlight plans that reduce disparities in care and outcomes. For each stratified measure, plans must report each race and ethnicity value by data source. Currently, every value must fall within one of the following data source options:
    - **Direct data:** Any source for which the member self-identified race or ethnicity. This includes data collected directly from members by the health plan, as well as third-party data collected directly from a member by another entity (e.g., the state or CMS).
    - **Indirect (or imputed) data:** Indirect assignment includes using an alternate data source, such as nationally representative data obtained from databases like the American Community Survey, to assign a race or ethnicity value to a member based on their primary location of residence. Some commonly used indirect methods combine geographic data with additional imputation methods such as surname analysis.
    - **Unknown data:** When the reported category value for race or for ethnicity is Unknown, the source must be recorded as Unknown data source

12.-Race-Ethnicity.pdf (ncqa.org)

Transition to ECDS Reporting Reporting

Measure ID	Measure	MY Required for Public Reporting
PRS-E	Prenatal Immunization Status	MY 2020
AIS-E	Adult Immunization Status	MY 2022
BCS-E	Breast Cancer Screening	MY 2022
PDS-E	Postpartum Depression Screening and Follow-Up	MY 2022
PND-E	Prenatal Depression Screening and Follow-Up	MY 2022
DRR-E	Depression Remission and Response	MY 2023
DSF-E	Depression Screening and Follow-Up for Adolescents and Adults	MY 2023
COL-E	Colorectal Cancer Screening	MY 2024
ADD-E	Follow-Up Care for Children Prescribed ADHD Medication	MY 2024
APM-E	Metabolic Monitoring for Children and Adolescents on Antipsychotics	MY 2024
CCS-E*	Cervical Cancer Screening	MY 2025
CIS-S*	Childhood Immunization Status	MY 2025
IMA-*E	Immunizations for Adolescents	MY 2025

*Potentially for 2025

HEDIS Electronic Clinical Data Systems (ECDS) Reporting - NCQA

Washington State Health Care Authority

Notification of changes for HEDIS MY2025

- **Breast Cancer Screening:**
  - NCQA is considering adding individuals 40–49 years of age to the measure, and stratifying performance rates by 40–49 and 50–74 years for all product lines, for HEDIS MY 2025.
  - Rationale:
    - In 2023 NCQA sought public comment on adding individuals 40–49 to the measure for HEDIS MY 2024 (as part of the Technical Update), to align with updated draft recommendations from the U.S. Preventive Services Task Force. Feedback from public comment respondents and other stakeholders advised NCQA to instead consider the change for HEDIS MY 2025, if USPSTF finalizes its recommendations in early 2024

Changes to Existing HEDIS® Measure: (ncqa.org)

Notification of changes for HEDIS MY2025

- NCQA anticipates removing telehealth visits for the following measures:
  - **Well-Child Visits in the First 30 Months of Life**
  - **Child and Adolescent Well-Care Visits**
  - Rationale:
    - Telehealth visits were added temporarily to these measures in response to the COVID-19 pandemic. Removing well-care visits performed via telehealth aligns the measures with updated guideline recommendations

Changes to Existing HEDIS® Measure: (ncqa.org)

Next steps

- HCA is working with SMEs to gather input
- Final feedback will be submitted to NCQA NLT March 13
- NCQA will release final changes in September 2024

Follow up from October Meeting: Listening Sessions and Health Equity

Heleena Hufnagel, HCA

Washington State Health Care Authority

Recap of October PMCC Evaluations Workgroup

- In August 2023, the PMCC Evaluation Workgroup completed their biennial review of the WSCMS and brought their discussion points to the October 2023 PMCC meeting.
- Summary of Recommendations:
  - **Revisit the overall value of the WSCMS**
    - The role of the PMCC is to focus on MEASURE usefulness
      - Are these measures good indicator of improved health outcomes?
      - What are our limitations and what are opportunities for improvement?
    - Revisit the categories that are used in the WSCMS
      - Consider sub- categories and focus areas
      - Allow feedback from stakeholders to drive the focus categories within the WSCMS
    - Recognize that measurement science and data technology continues to evolve so it will be important to continue to look ahead.
      - There is value in using the WSCMS to demonstrate improvement over time.
      - The PMCC may be able to work with groups to develops standards for how we collect and report on additional data like REL, SOG and QOL.
      - There may be opportunities to review additional data sources that support the WSCMS.
  - **Ensuring the WSCMS is beneficial to multiple types of users**
    - Identify who is using the WSCMS, who is not and who would benefit
      - This could include tracking specific cohorts of people to show the impact of the focus areas/measures on health outcomes.
    - We need to understand more about the information needs of users, rather than just asking about the WSCMS.

Recommendations

- **Convene a series of listening sessions to solicit feedback on the usefulness of the WSCMS from different user groups**
  - Look at all potential user groups:
    - Consider all types of health plans
    - Consider groups currently not using the WSCMS
    - Prioritize input from rural health communities and ACHs about the usefulness of the WSCMS
  - Consider using a similar approach to the Bree annual topic selection
- Question for PMCC:
  - Do we want to implement the recommendation to convene listening sessions?
  - If so, we would need volunteers to participate on a planning committee to develop a framework, explore resources needed, and identify next steps

WSCMS and Health Equity

- The evaluation workgroup also discussed how the WSCMS can help support efforts to advance health equity
- Key discussion points:
  - This is a priority of the Legislature and HCA
  - Listen to communities who are working on HE and explore what are the most important measures to support those efforts
    - Need to identify what the role of the PMCC and how they can support existing efforts
    - The PMCC may be able to work with groups to develops standards for how we collect REL data
  - Emphasize that the role of the PMCC is to focus on MEASURE usefulness
  - Recognize that measurement science and data technology continues to evolve so it will be important to continue to look ahead
  - Rather than recreate the wheel, it may be useful to replicate what is being developed at the national level
- In addition, we may want to consider how the listening sessions can also advance Health Equity

Advancing Health Equity

Heleena Hufnagel, HCA

Washington State Health Care Authority

Overview of Federal and State trends

- CMS' health equity strategy for 2022-2032 building on President Biden's Executive Orders 13985 and 14091.
- NCQA creates HE accreditation in 2022 and begins stratification by R/E of all performance measures across all accreditations, with goal to stratify all measures by 2030. NCQA releases social needs screening measure in 2023.
- WA top legislative priorities include advancing health equity and accessibility:
  - RCW 43.70.595 Health Equity Zones
  - RCW 70A.02.005 Healthy Environment for All (HEAL) Act
  - RCW 43.70.613 Health Equity CE requirement for healthcare professionals

"Healthy Washingtonians contribute to the economic and social welfare of their families and communities, and access to health services and improved health outcomes allows all Washington families to enjoy productive and satisfying lives."

Existing Opportunities for the PMCC

- Reconvene Health Equity Ad Hoc workgroup from Jan 2021
  - Clear outline of objectives and goals
  - Who needs to be involved?
- Incorporate HE into Listening Sessions:
  - Committee volunteers
  - Presentation from PEAR
    - Meeting facilitation
    - Health Equity Toolkit

Additional Health Equity Opportunities

- Review existing stratified measures in the WSCMS
  - Discuss other quality specific measures? (SNS-E)
- Review our current demographical data sources
  - Presentations to PMCC from subject matter experts
  - The PMCC may be able to work with groups to develops standards for how we collect REL data
- Incorporate HE lens in our biennial WSCMS review (annual?)
- Should we consider annual Health Equity/CAC report out?
- Other ideas from this group?

Question

- Should we reconvene the Health Equity workgroup to explore some of the ideas shared by the Evaluation Workgroup and others?
- If so, we may want to consider SMEs that can help provide examples of current efforts across the state

Public Comment

Sharon Eloranta, MD

Washington State Health Care Authority

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.

Wrap Up and Next Steps

Judy Zerzan-Thul, MD

Washington State Health Care Authority

Wrap Up/Next steps

- Action Items
- Next Meeting:
  - May 31, 2024 9:00a.m. – 11:00 a.m.
  - Proposed agenda topics:
    - Presentation on data sourcing
    - Rural community challenges in collecting measures

    - Send additional topics to hcapmcc@hca.wa.gov ATTN: Heleena H. and Laura P.