

Washington State Common Measure Set on Health Care Quality and Cost 2015 Report

Tuesday, December 8, 2015



WELCOME!

Today's Agenda

1. Healthier Washington Initiative

- Dorothy Teeter
- Dan Lessler, MD

2. Common Measure Set Results

- Susie Dade

3. Other Alliance Happenings

- Nancy Giunto

Healthier Washington Initiative



The plan for a Healthier Washington

Build healthier communities through a collaborative regional approach

- Fund and support Accountable Communities of Health.
- Use data to drive community decisions and identify community health disparities.

Ensure health care focuses on the whole person

- Integrate physical and behavioral health care in regions as early as 2016, with statewide integration by 2020.
- Spread and sustain effective clinical models of integration.
- Make clinical and claims data available to securely share patient health information.

Improve how we pay for services

- Measure, improve and report common statewide performance measures.
- As purchaser for Apple Health and state employees, drive market toward value-based models.

Implementation tools: State Innovation Models grant, state funding, potential federal waiver, philanthropic support
Legislative support: HB 2572, SB 6312

What will be in place by the end of the Healthier Washington initiative?



Integrated physical
and behavioral
health



Value-based
payment strategies



Accountable
Communities of
Health



People are involved
in their health
decisions



Clinical practice
transformation
support



Consistent
performance
measures improve
quality and lower
costs

Statewide Common Performance Measurement



Consistent performance
measures improve
quality and lower costs



Legislative Language: ESHB 2572, Section 6

“There is created a performance measures committee, the purpose of which is to identify and recommend standard statewide measures of health performance to inform public and private health care purchasers and to propose benchmarks to track costs and improvements in health outcomes.”





History of Common Measure Set

1. The Health Care Authority partnered with the Washington Health Alliance to lead the development process.
2. Three technical work groups researched and recommended health and health care quality measures related to
 - Prevention
 - Chronic illness
 - Acute care
3. Public comments were collected and helped to shape the “starter set” of 52 measures, which was approved by the PMCC in December 2014 and designed to evolve over time.



Measure Categories

Population Health

Health Care Costs

Clinical process/outcome

- Prevention
- Chronic Illness
- Acute Care

See the specific 52 measures that fall under these categories at
www.hca.wa.gov/hw/Pages/performance_measures.aspx



Development of Ongoing Process

E2SHB 2572, Section 6:

“The committee shall establish a public process to periodically evaluate the measure set and make additions or changes to the measure set as needed.”



What is the Purpose of the Measure Set?

- To standardize the way we measure performance as a state, reducing unnecessary burden on health systems
- Promote a voluntary alignment of measures across payers and purchasers
- Publicly share results to develop a common understanding of what needs to improve and where it needs to improve
- Ensure equal access to high-quality health care by reducing variation in care and improve health outcomes



Implementation Builds a Collective and Transparent Approach

- Public needs health systems to be more transparent
- Consumers, providers, purchasers and policymakers have a comparison tool
- We identify opportunities to improve

Alignment to Healthier Washington Initiatives

- Statewide Common Set of Measures provides foundation for multiple Healthier Washington strategies
 - Early Adopter Region of physical and behavioral health care integration (Southwest Washington)
 - Accountable Care Programs
 - Accountable Communities of Health
 - Practice Transformation Hub
 - Plan for Improving Population Health





Implementation Example: ACP Contracts

- **Quality Improvement Model (QIM) includes subset of measures (19) from common measure set, with target goals**
- **Two Accountable Care Networks' performance on QIM determines amount of shared savings or amount owed to HCA**
- **HCA will spread and scale QIM by sharing contract language with private and public purchasers to incorporate in their contracts and business processes**

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First Things First!

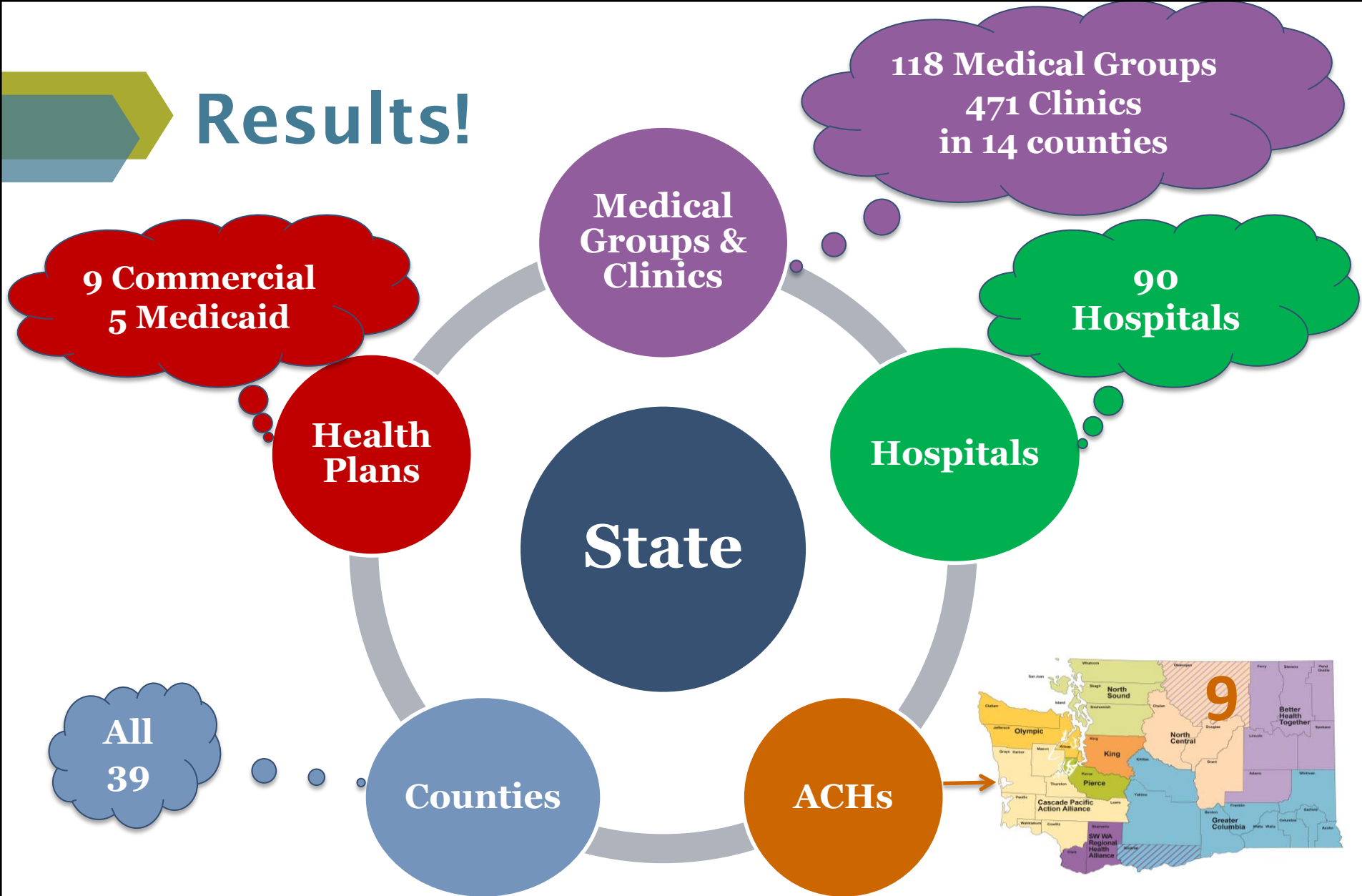
Thank you to all who worked collaboratively with the Alliance, making it possible to produce results for the Common Measure Set.

- Alliance's 20 data suppliers (health plans, self-funded purchasers)
- NCQA Quality Compass
- Washington State Department of Health
- Washington State Department of Social and Health Services
- Washington State Health Care Authority
- Washington State Hospital Association

Areas of Focus – Common Measure Set

PREVENTION	ACUTE CARE	CHRONIC ILLNESS
Adult Screening(s)	Avoidance of Overuse/ Potentially Avoidable Care	Appropriate Use of Medications
Childhood: early and adolescents	Behavioral Health	Asthma
Immunizations	Cardiac	Depression
Nutrition/ Physical Activity/ Obesity	Readmissions	Diabetes
Oral Health	Obstetrics	Hypertension and Cardiovascular Disease
Tobacco Cessation	Patient Safety	
Unintended Pregnancy	Stroke	
Cross Cutting: Patient Experience		

Results!



Where to Find Results:



Powered by:



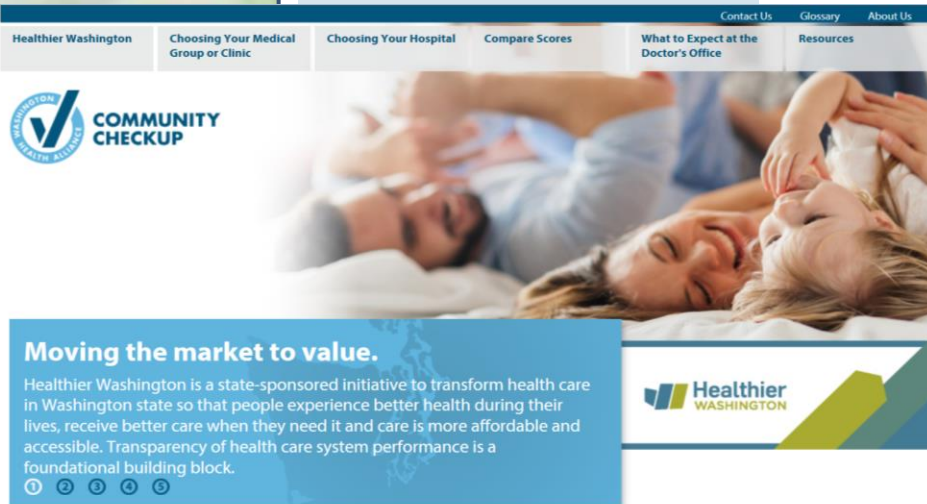
2015 COMMUNITY CHECKUP REPORT

Measuring Health Care
in Washington State

www.WACommunityCheckup.org



Results for:
Medical Groups
Clinics
Hospitals
Counties



www.wacommunitycheckup.org

Where to Find Results:

WASHINGTON STATE COMMON MEASURE SET
FOR HEALTH CARE QUALITY AND COST

Performance Results for
Accountable Communities
of Health

www.WACommunityCheckup.org

DECEMBER 2015

WASHINGTON STATE COMMON MEASURE SET
FOR HEALTH CARE QUALITY AND COST

Performance
Results for Health
Insurance Plans

www.WACommunityCheckup.org

DECEMBER 2015

www.wacommunitycheckup.org

Where to Find Results:

www.wacommunitycheckup.org

Commercial Refine by or Commercial Viewing July 2013 - June 2014 results
☐ Hide if not enough data to report

View only selected medical groups

Medical Group Name	Measure Name	Score	CI Low	Rating	CI High	Patients
Edmonds Family Medicine	Health Screenings					
	Adolescent well-care visits	■ AVERAGE	36%	39%	42%	1,063
	State Average		36%	37%	37%	140,268
	Screening for breast cancer	● BETTER	76%	78%	79%	1,893
	State Average		74%	74%	74%	172,851
	Screening for cervical cancer	▼ WORSE	68%	70%	71%	2,799
	State Average		75%	75%	76%	281,639
	Screening for chlamydia	■ AVERAGE	26%	31%	37%	287
	State Average		36%	36%	37%	37,355
	Screening for colon cancer	▼ WORSE	55%	57%	59%	1,771
	State Average		63%	63%	63%	189,797
	Health screenings					
	Well-child visits - ages 3 - 6 years	■ AVERAGE	53%	59%	64%	310
	State Average		63%	63%	64%	46,424

Six Key Findings



#1

The Common Measure Set and health care transparency help us to collectively understand our current performance and target areas for improvement.



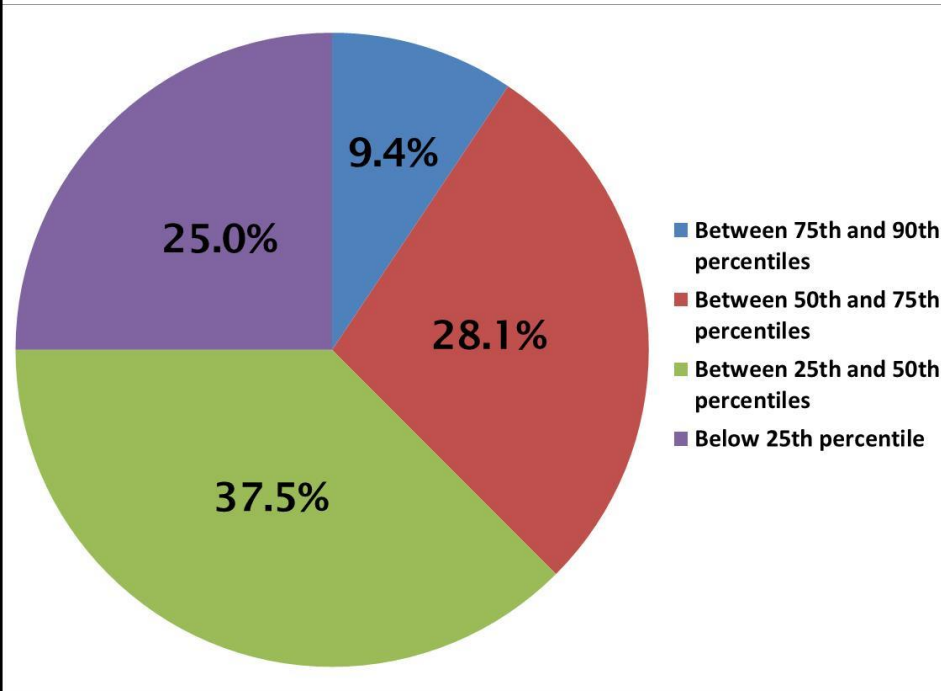
#2

Washington State has a long way to go to consistently be in the top 10% of national performance in the delivery of high quality care.



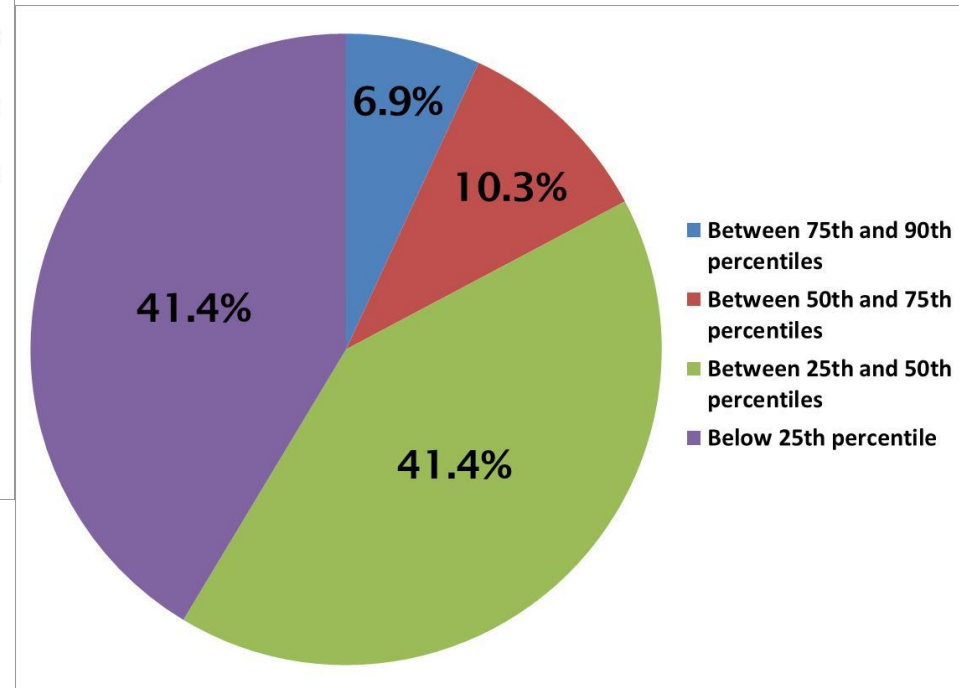
WA State Performance Compared to National Benchmarks (NCQA)

Commercially Insured Population:



These charts show the number of measure results in each category compared to national benchmarks.

Medicaid Insured Population:



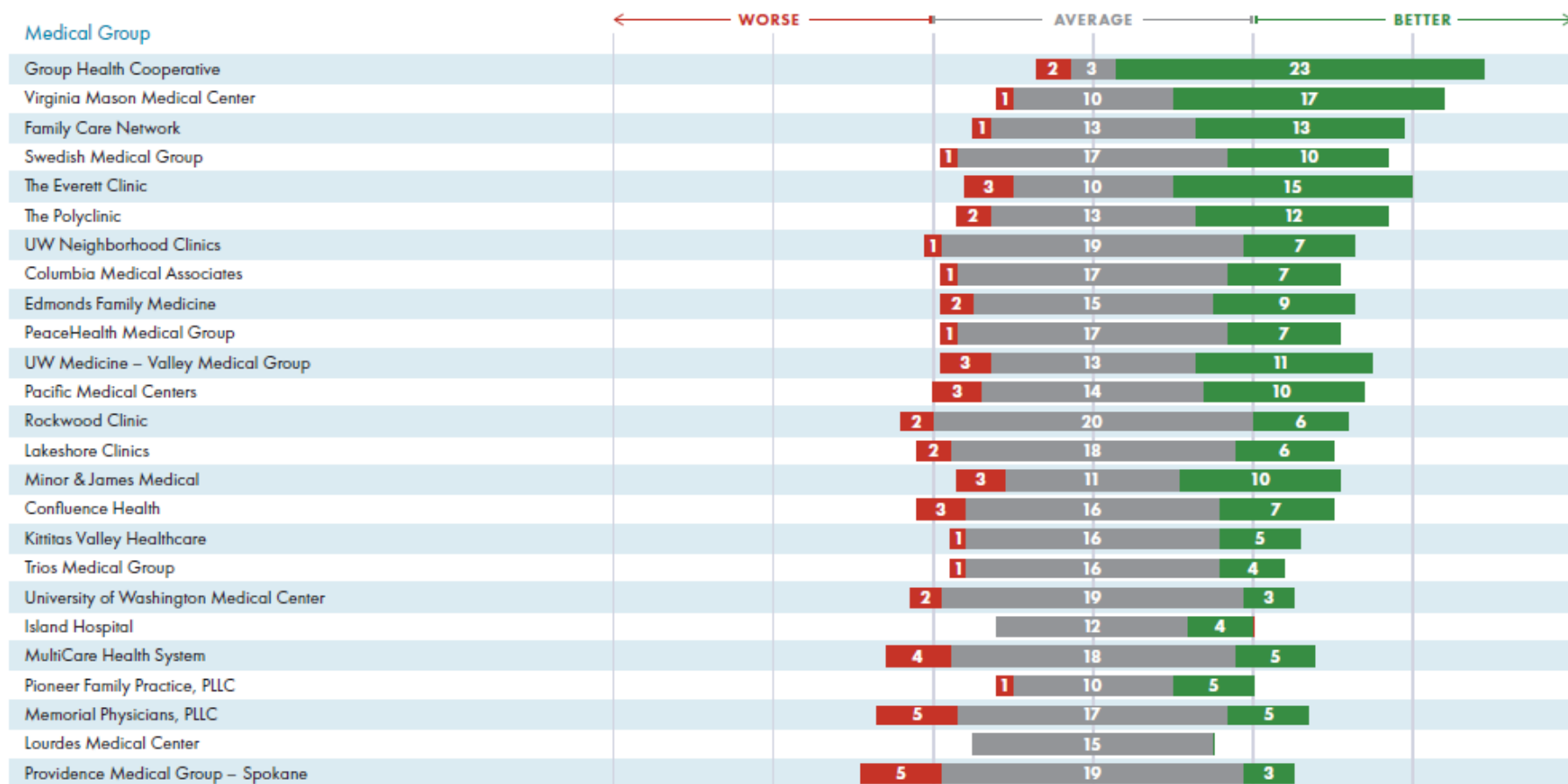


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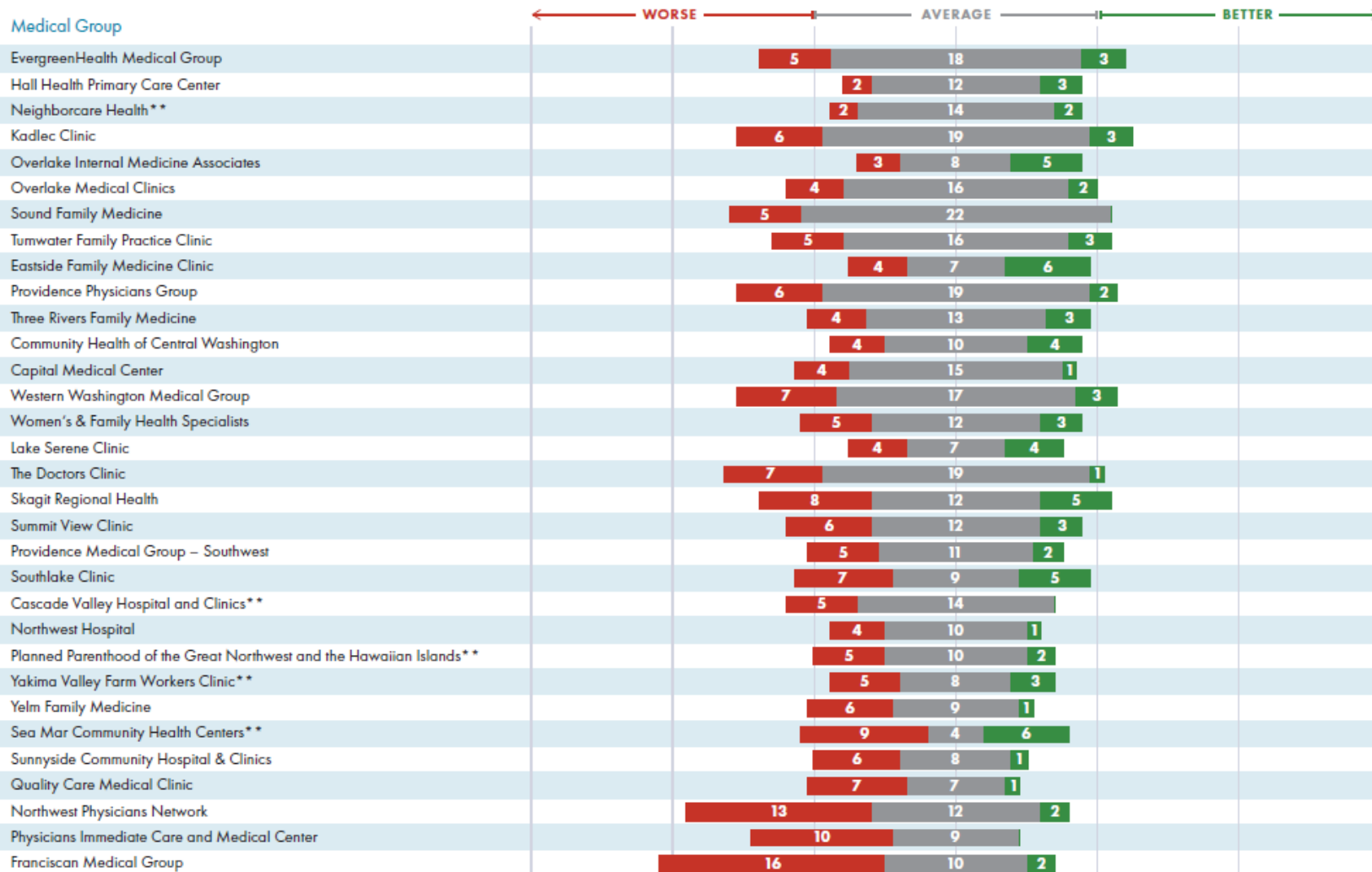
Variation in performance results by county, medical group, clinic and hospital is a persistent problem in the delivery of health care.

While some variation is to be expected, when the health care delivery system is functioning well, performance results should tightly cluster around the average and the average should compare favorably to national benchmark performance.

Variation: Everyone has room for improvement

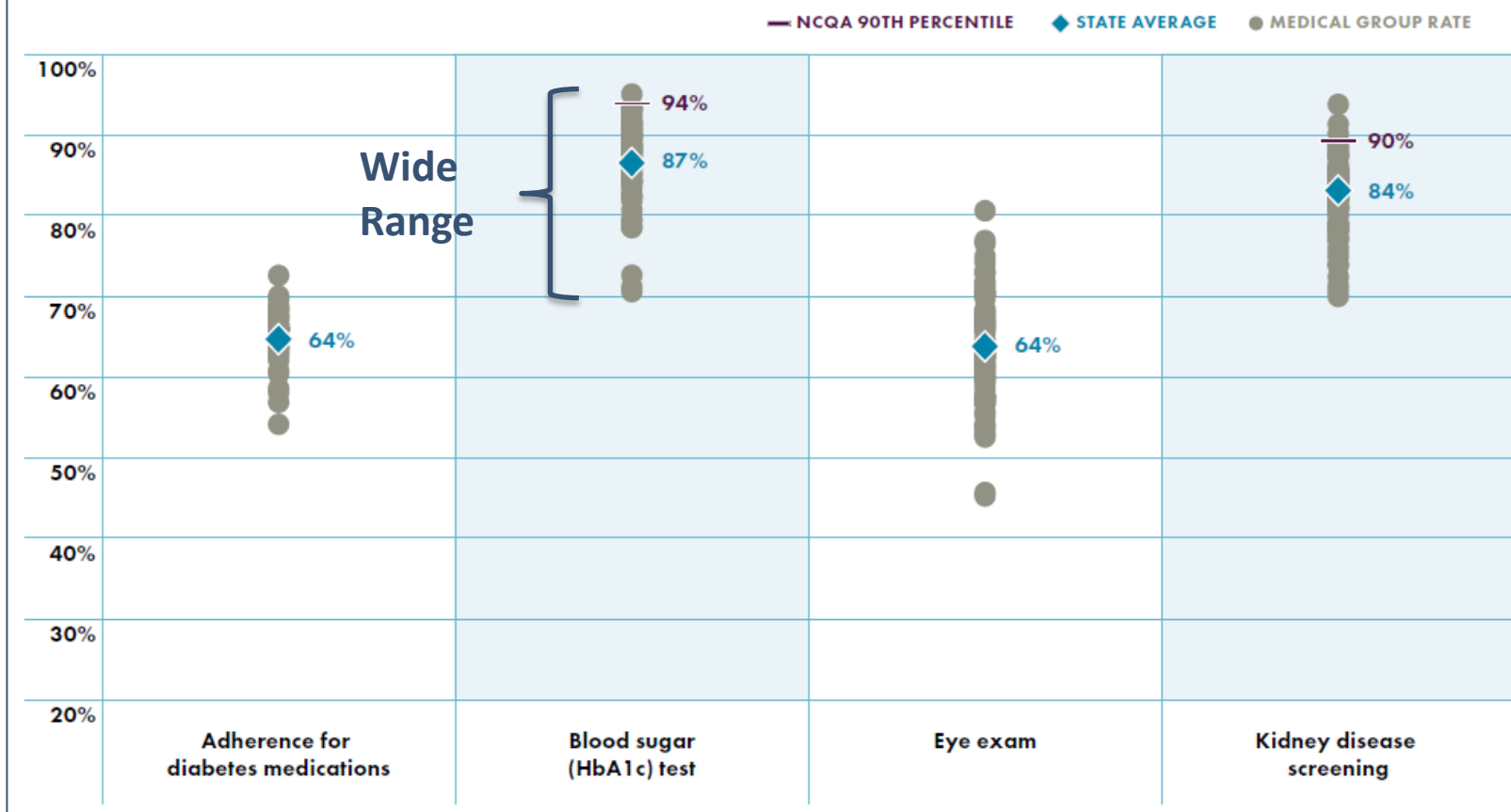


Variation: Everyone has room for improvement



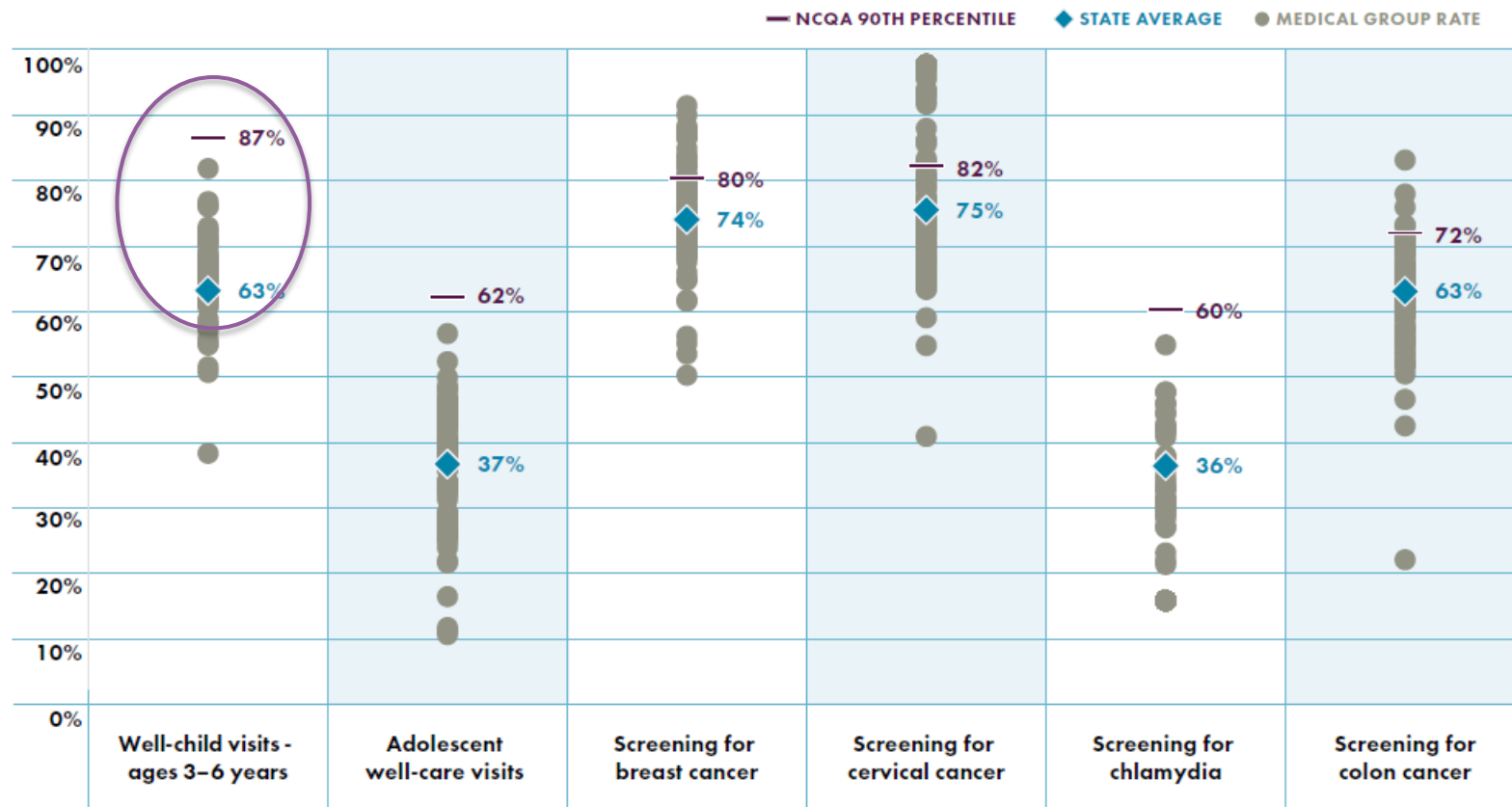
Example of Variation: Diabetes Care in Washington State

Figure 4: Variation between **Medical Groups** for Diabetes Measures for **Commercially Insured**.



Example of Variation: Prevention/Screening

Figure 13: Variation between **Medical Groups** for Prevention and Health Screenings Measures for **Commercially Insured**.



Example of Variation: Hospital Care

	State Average	Lowest Hospital Rate	Highest Hospital Rate
Patient Experience - Medicines Explained	64%	48%	77%
Patient Experience - Discharge Information	87%	76%	95%
30-day All Cause Readmissions (Non-Medicare, Observed)	9%	21%	1%
Potentially Avoidable ER Visits	12%	18%	6%
C-Section Rate	25%	42%	6%
30-day Mortality - Heart Attack	15%	17%	11%
Catheter-associated UTIs in ICU (per 1,000)	2.1	7.9	0

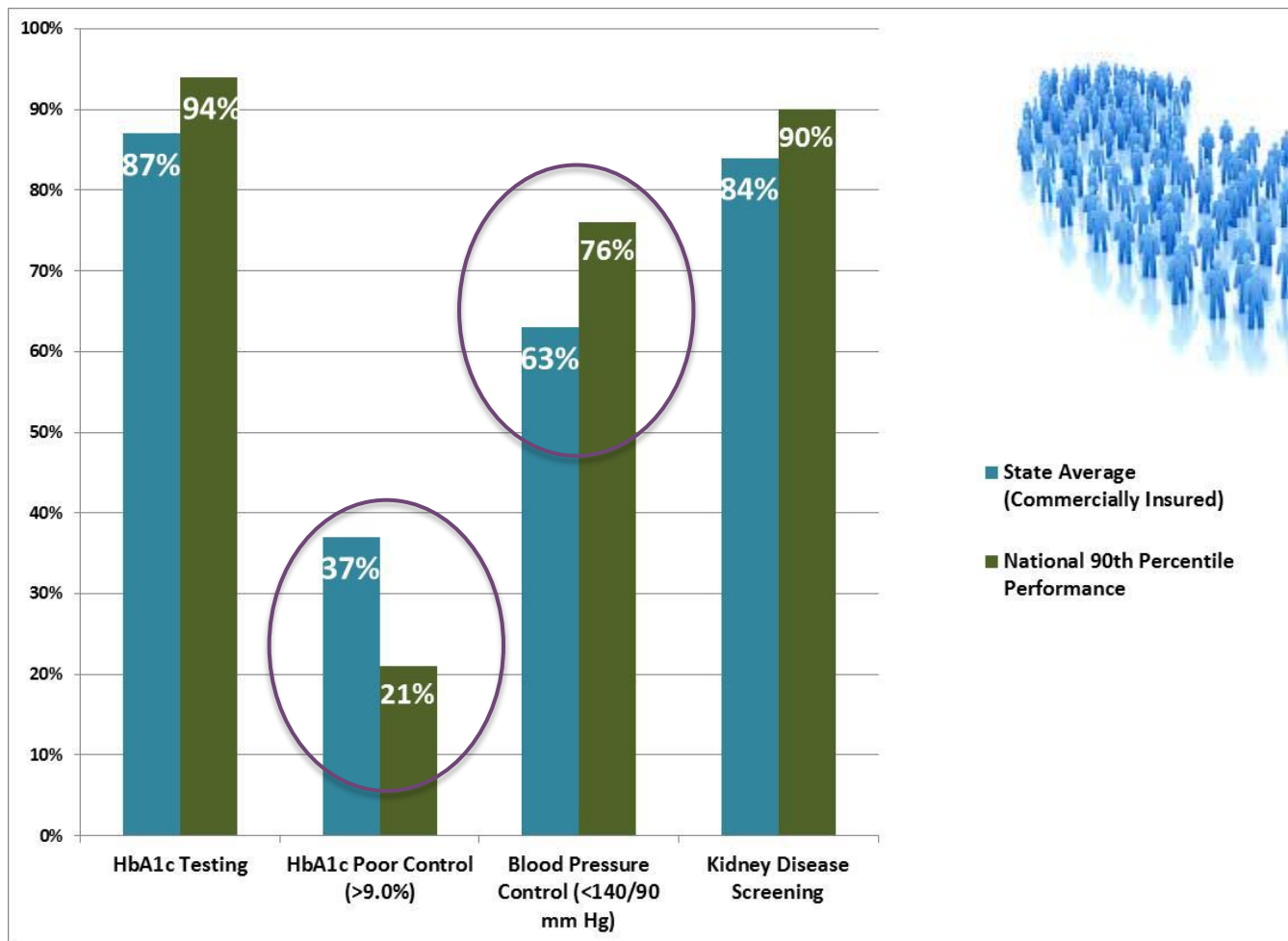


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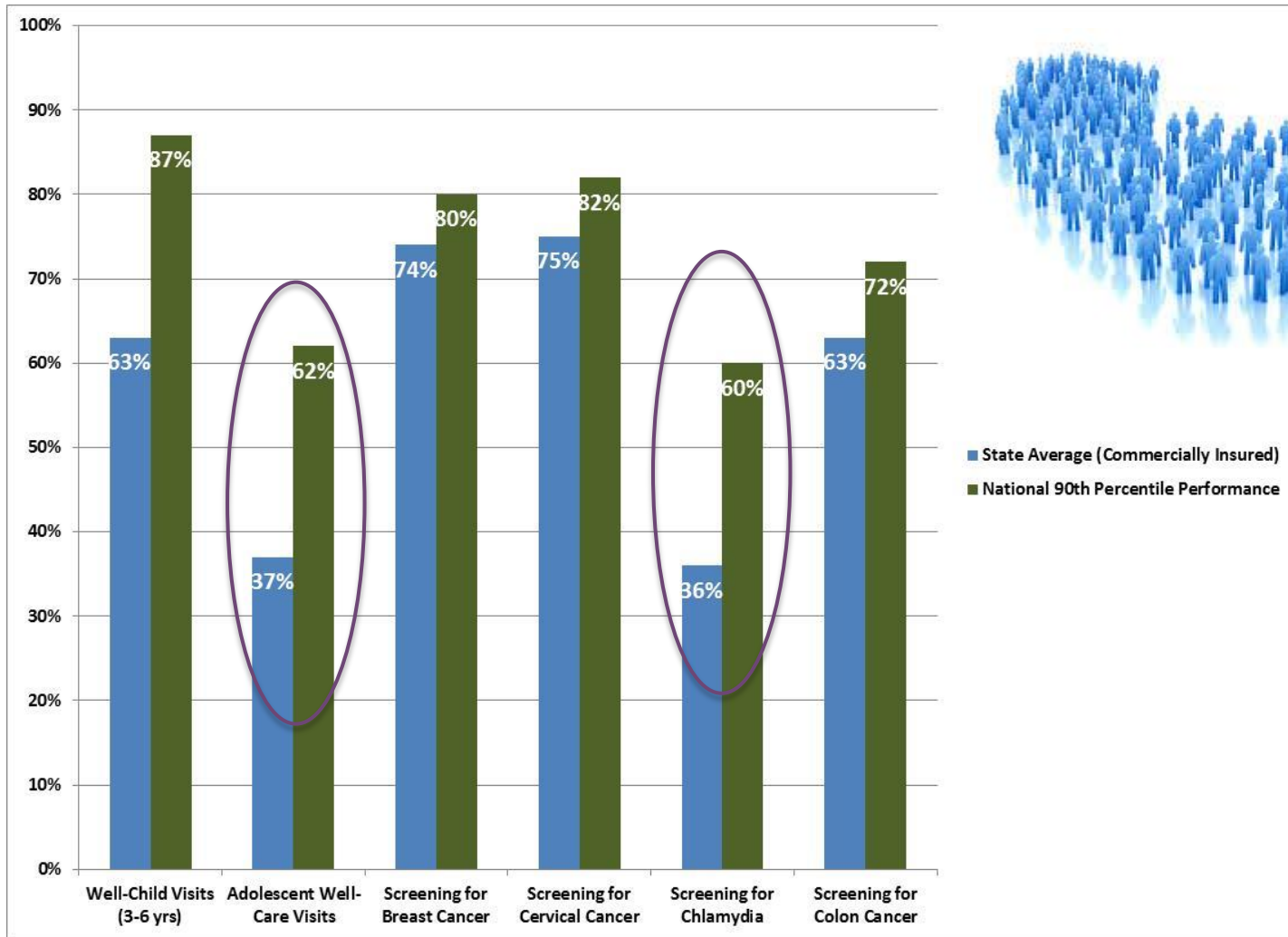
Too many patients in Washington are not receiving the evidence-based care they need to remain healthy and/or manage their health conditions.



Diabetes Care: Opportunity to Move to National 90th Percentile Performance



Prevention: Opportunity to Move to National 90th Percentile Performance

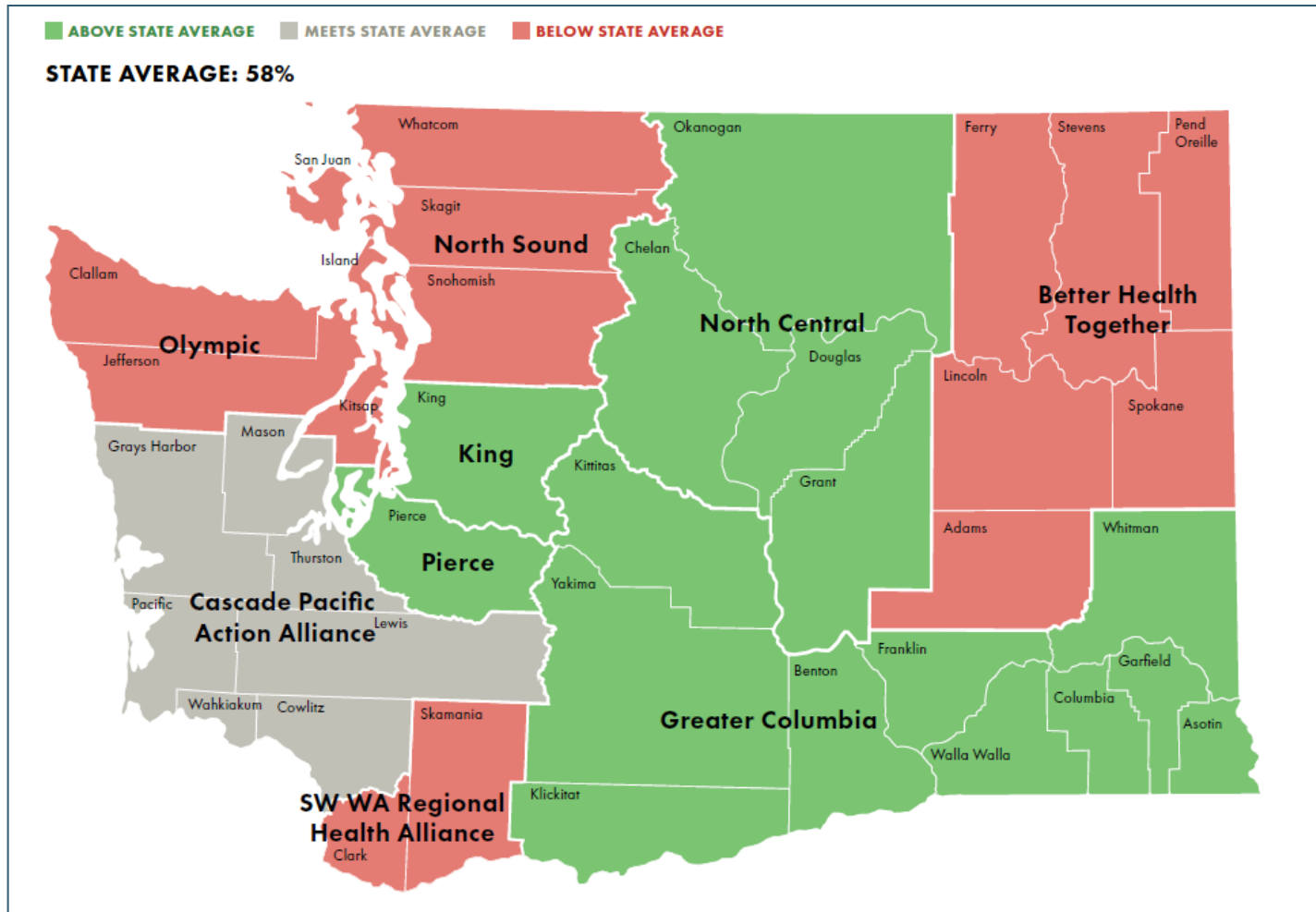




Immunizations

	WA State Average	Lowest County Rate	Highest County Rate
Childhood Immunization by Age 2	33%	1%	47%
Adolescent Immunization by Age 13	58%	1%	74%
HPV Vaccination – Girls	21%	3%	31%
HPV Vaccination – Boys	15%	3%	26%
Flu Vaccination	55%	33%	64%
Pneumonia Vaccination Age 65+	73%	57%	82%

Adolescent Immunizations by Age 13: Accountable Communities of Health





#5

For many measures, there has been little improvement over time.

It is widely acknowledged that transparency by itself does not automatically lead to higher quality health care. That is why we have to work together, in our own organizations and across the system, to drive and support improvement efforts.



Improvement is elusive but worthy of the chase.

Achieving top level performance requires:

- Ongoing transparency for providers, consumers and purchasers
- Practical support for practices, especially small and rural provider organizations
- IT infrastructure to ‘hardwire’ tools and supports into daily practice
- Engaging our communities to improve “whole person care”
- Empowering patients through shared decision-making
- Strong link between provider payment and quality (not volume)
- Keeping pace with national benchmark performance (moving target)

#6

Local successes prove that delivering top quality health care is an achievable goal here in Washington.



Groups with Results at or Above the National 90th Percentile

High-performing medical groups on breast cancer screening (commercially insured)	
Northwest OB-Gyn	92%
Center for Women's Health at Evergreen	90%
Eastside Family Medicine	88%
Olympia Obstetrics & Gynecology	88%
Women's Healthcare Alliance	88%
Ob-Gyn Associates of Spokane	87%
Valley Women's Clinic	87%
Women & Family Health Specialists	87%
Mount Vernon Women's Clinic	85%
Overlake Obstetricians and Gynecologists	84%
Virginia Mason Medical Center	84%
Sound Women's Care	83%
Minor and James	82%
Overlake Internal Medicine Associates	82%
Kittitas Valley Healthcare	81%
The Everett Clinic	81%
The Polyclinic	81%
Group Health Cooperative	80%
Three Rivers Family Medicine	80%
UW Medicine – Valley Medical Group	80%

**Breast
Cancer
Screening**

**National 90th
Percentile
Performance
= 80%**

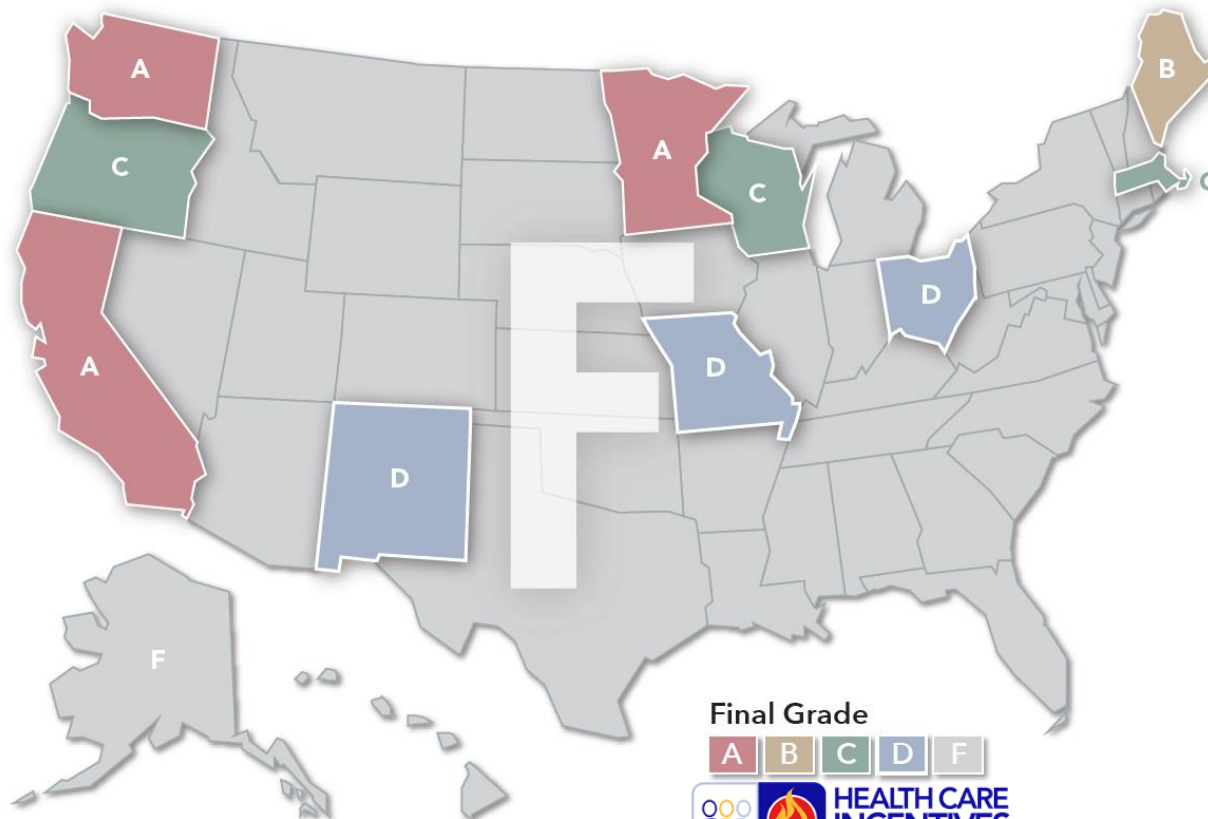
Groups with Results at or Above the National 90th Percentile

High-performing medical groups on cervical cancer screening (Medicaid insured)	
International Community Health Centers	83%
Kittitas Valley Health Care	80%
MultiCare Health System	80%
Columbia Medical Associates	79%
Group Health Cooperative	78%
Pacific Medical Centers	78%
Providence Physicians Group	78%
UW Medicine – Valley Medical Group	77%
Rockwood Clinic	76%

Cervical
Cancer
Screening

National 90th
Percentile
Performance =
73%

Washington Gets an A for Transparency!



HCl3 State Report Card on Transparency of Physician Quality

Final Grade



Fair, Evidence-based Solutions. Real and Lasting Change.



Summary

- Washington is a leader for agreeing upon a Common Measure Set and publishing results for the state, medical groups and clinics, hospitals, health plans, ACHs and counties.
- Our hard work on transparency is being recognized nationally.
- Although we have numerous local success stories to feel proud of, Washington State has a long way to go to consistently be in the top 10% of national performance in the delivery of high quality care.
- Variation in performance results by county, medical group, clinic and hospital is a persistent problem in the delivery of health care.
- We will not achieve our overarching goal until we own the problem of variation and fix it.

QUESTIONS



Other Happenings at the Washington Health Alliance

Welcome New Alliance Members, 2015



Savvy Shopper Infographics

- Savvy Health Care Purchaser
- Shopping for Quality
- Shopping for Patient Experience
- Using Health Care Dollars Wisely
- Getting High Value Health Care



Washington Health Alliance Selected to Join “Total Cost of Care” National Initiative

- Grant award from NRHI to participate in a national project on Total Cost of Care
- Total cost = all health care costs attributable to a primary care provider





Patient Experience Survey

- Third region-wide survey
- 180,969 surveys mailed to patients in 14 counties
- Data collection closed December 1
- 31% response rate
- Public release of results 1st Qtr. 2016
- Expect to have results for 273 primary care clinics with 4 or more providers
 1. Getting Timely Appointments, Care and Information
 2. How Well Providers Communicate
 3. How Well Providers Use Information to Coordinate Patient Care
 4. Helpful, Courteous and Respectful Office Staff
 5. Overall Rating of the Provider



eValue8

- Nationally standardized ‘Request for Information’ developed by NBCH to evaluate the performance of health plans in promoting high value health care
- Purchasers sponsor eValue8 and invite commercial health plans to respond to RFI

Health Plans that have agreed to participate:

Aetna, Cigna, Group Health Cooperative, Regence Blue Shield and UnitedHealthcare

- National scoring adds objectivity and permits local comparisons and comparisons to national benchmark performance for commercial health plans
- Summary level results will be reported publicly (Summer 2016)

**THANK YOU
and
HAPPY
HOLIDAYS!**

