

North Sound Region
Pay for Performance Measures:
Baseline Data for 2019 Metrics
May 2019

Washington State's Medicaid Transformation Project

 North Sound ACH

Background

As part of Washington’s Medicaid Transformation Project (MTP), the North Sound Accountable Community of Health (North Sound ACH) is promoting and enabling four community- and provider-based initiatives to improve health care and health status in the region: Care Coordination, Care Integration, Care Transformation, and Capacity Building. Success of these initiatives will be assessed through improvement on 34 “Pay for Performance” (P4P) metrics ranging from Medicaid beneficiary-specific clinical care (e.g., Statin Therapy for Patients with Cardiovascular Disease) and utilization of services (e.g., Emergency Department Visits) to community-level public health and social determinants of health (e.g., Timely Prenatal Care; Percent Homeless; Table 1). Each metric is assigned to one or more initiative-specific projects. A North Sound-specific performance goal (target) was set for each metric, to be assessed annually over the three-year performance period (2019-2021). This data brief describes baseline metric values for the North Sound region and its five counties, and the projected number of units¹ needed to reach targets for 18 metrics active in 2019.

Data and Methods

Eight of the 18 active metrics are divided into two to four submetrics, specifying age-specific populations, resulting in 34 possible metrics/submetrics (Table 1). Metric scores are calculated as percentages or as rates, with varying units of measurement such as Medicaid beneficiaries, general population members, or hospital/emergency department visits.

Each metric/submetric has a performance goal or improvement target, calculated by one of two methods. “Gap to Goal” targets compare the regional North Sound 2017 “baseline” score to an absolute benchmark², while “Improvement over Self” targets represent a 1.9% increase over baseline. Progress towards targets is based on either the decrease in negative outcomes (e.g., Percent Homeless) or the increase in positive outcomes (e.g., Timely Prenatal Care).

In October 2018 the Health Care Authority provided the North Sound ACH with improvement targets and baseline regional and county-level results for 16 metrics (27 metrics/submetrics) that are active for performance year 2019. In January 2019 improvement targets and regional baseline results were provided for two additional dental health metrics, resulting in the addition of three submetrics.³ The projected change in the number of units required to meet 2019 improvement targets (“improvement needed”) at the regional and county levels was estimated for each active metric/submetric from the baseline data.⁴

Dashboards were created using the Tableau™ data visualization program to display and compare baseline metric scores for the three initiatives. Regional and county-level scores were suppressed when based on fewer than 11 persons or events to protect the confidentiality of patients by reducing the risk of disclosing their identity. Tableau dashboards are available on NorthSoundACH.org for download and can be viewed using [Tableau Reader™](#).

¹ “Units” can be Medicaid beneficiaries, general population members, or hospital/emergency department visits.

² Absolute benchmarks are the 90th percentile of the national NCQA Quality Compass value for Medicaid beneficiaries. All targets will be reset for subsequent years.

³ Baseline county-level values for the dental health metrics are estimates.

⁴ Improvement needed values are estimates as the 2019 population sizes (denominators) will not be identical to those of the 2017 baseline year.

Results

32 of the 34 metrics/submetrics had non-suppressed data at the North Sound regional level. Improvement targets are projections from the baseline regional-level scores, because of this no targets were initially met at the regional level. Estimated levels of improvement needed ranged from less than one to 1,348 persons (Mental Health Treatment for adults ages 65+ and Utilization of Dental Services for children and adults ages 0-20 years, respectively), and 1,542 fewer emergency department visits (All-Cause ED Visits per 1,000 Member Months by adults ages 18-64 years; Table 2).

Across the counties, the percentage of targets met in 2017 ranged from 27.3% (six of 22 metrics/submetrics with non-suppressed data) to 58.1% (18 of 31 metrics/submetrics with non-suppressed data).

Island County:

Baseline rates met or exceeded targets for eight of 29 metrics/submetrics with non-suppressed data (27.6%):

- All-Cause ED Visits per 1,000 member months (Adults, 65+ years)
- High-Dose Chronic Opioid Therapy (>50 mg; >90 mg)
- Medication Management for Asthma (Children, 5-11 years)
- Mental Health Treatment Penetration (Children, 16-17 years; Adults, 18-64 years)
- Percent Homeless (Children, 0-17 years; Adults, 18-64 years)

Estimated levels of improvement needed for the remaining 21 metrics/submetrics:

- (72.4%) ranged from less than one to 219 persons (Substance Use Disorder Treatment for children ages 12-17 years, and Utilization of Dental Services for adults ages 21+ years, respectively), and 1,234 fewer emergency department visits (All-Cause ED Visits per 1,000 member months, Adults, 18-64 years).

San Juan County:

Baseline rates met or exceeded targets for six of 22 metrics/submetrics with non-suppressed data (27.3%):

- All-Cause ED Visits per 1,000 member months (Children, 0-17 years; Adults, 18-64 years)
- Antidepressant Medication Management (Acute; Continuation)
- Mental Health Treatment Penetration (Children, 6-17 years)
- Percent Homeless (Adults, 18-64 years)

Estimated levels of improvement needed for the remaining 16 metrics/submetrics:

- (72.7%) ranged from less than one to 243 persons (Children's Access to Primary Care Providers for children ages 12-24 months and Chlamydia Screening in Women ages 21-24 years, and Utilization of Dental Services for adults ages 21+ years, respectively). San Juan County met all unsuppressed targets for All-Cause ED Visits per 1,000 member months.

Skagit County:

Baseline rates met or exceeded targets for 15 of 31 metrics/submetrics with non-suppressed data (48.4%):

- Children’s Access to Primary Care Providers (Children, 12-24 months; Children, 2-6 years; Children, 7-11 years)
- Chlamydia Screening in Women (Women, 16-20 years)
- High-Dose Chronic Opioid Therapy (>50 mg; >90 mg)
- Medication Management for Asthma (Adults, 19-50 years)
- Mental Health Treatment Penetration (Children, 6-17 years)
- Percent Homeless (Children, 0-17 years; Adults 18-64 years)
- Primary Caries Prevention Intervention (Children, 0-4 years)
- Substance Use Disorder Treatment Penetration (Children, 12-17 years; Adults, 18-64 years)
- Utilization of Dental Services (Children & Adults, 0-20 years)
- Well-Child Visits – 3rd-5th Year (Children, 2-5 years)

Estimated levels of improvement needed for the remaining 16 metrics/submetrics:

- (51.6%) ranged from two to 487 persons (Medication Management for People with Asthma for children ages 5-11 years, and Utilization of Dental Services for adults ages 21+ years, respectively), and 1,333 fewer emergency department visits (All-Cause ED Visits per 1,000 member months, Adults, 18-64 years).

Snohomish County:

Baseline rates met or exceeded targets for eight of 32 metrics/submetrics with non-suppressed data (25.0%):

- All-Cause ED Visits per member months (Adults, 65+ years)
- Children’s Access to Primary Care Providers (Children, 12-24 months)
- Patients Prescribed Chronic Concurrent Opioids and Sedatives
- Medication Management for Asthma (Adults, 51-64 years)
- Mental Health Treatment Penetration (Adults, 65+ years)
- Plan All-Cause Readmissions (Adults, 18+ years)
- Primary Caries Prevention Intervention (Children, 0-4 years)
- Utilization of Dental Services (Adults, 21+ years)

Estimated levels of improvement needed for the remaining 24 metrics/submetrics:

- (75.0%) ranged from two to 735 persons (Medication Management for People with Asthma for children ages 12-18 years, and Mental Health Treatment Penetration for adults ages 18-64 years, respectively), and 1,298 fewer emergency department visits (All-Cause ED Visits per member months, Adults, 18-64 years).

Whatcom County:

Baseline rates met or exceeded targets for 18 of 31 metrics/submetrics with non-suppressed data (58.1%):

- All-Cause ED Visits per member months (Children, 0-17 years; Adults, 18-64 years; Adults, 65+ years)
- Antidepressant Medication Management (Continuation)
- Children’s Access to Primary Care Providers (Children, 7-11 years; Children, 12-19 years)
- Chlamydia Screening in Women (Women, 21-24 years)
- Comprehensive Diabetes Care – Hemoglobin A1c Testing

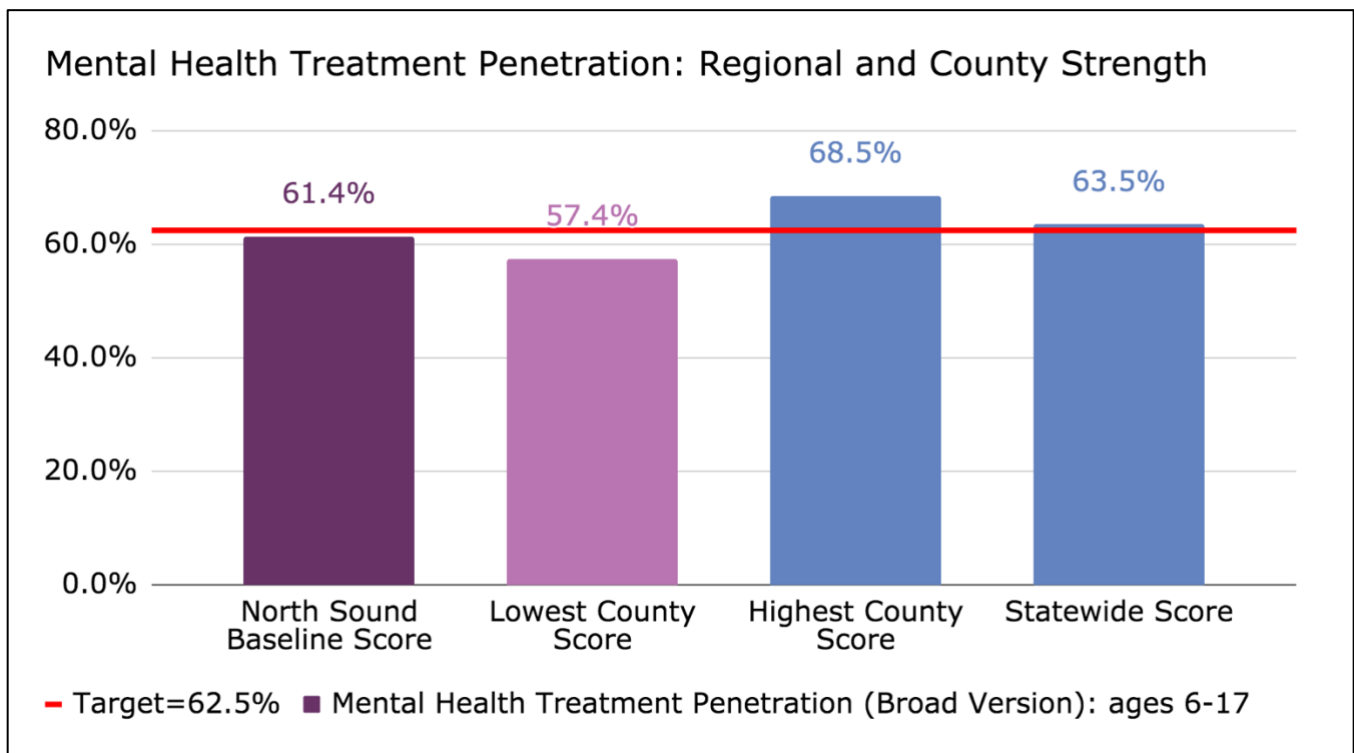
- Patients Prescribed High-Dose Chronic Opioid Therapy (>50mg; >90 mg)
- Medication Management for People with Asthma (Children, 5-11 years; Children, 12-18 years)
- Mental Health Treatment Penetration (Children, 6-17 years; Adults, 18-64 years)
- Percent Homeless (Children, 0-17 years; Adults, 18-64 years)
- Substance Use Disorder Treatment (Adults, 18-64 years)
- Utilization of Dental Services (Children & Adults, 0-20 years)

Estimated levels of improvement needed for the remaining 13 metrics/submetrics:

- (41.9%) ranged from less than one to 405 persons (Medication Management for People with Asthma for adults ages 51-64 years, and Utilization of Dental Services for adults ages 21+ years, respectively). Whatcom County met all targets for All-Cause ED Visits per member months.

Summary

Baseline scores were available for available for 32 Medicaid Transformation metrics/submetrics at the regional level and county levels. Because improvement targets are projections from the baseline regional-level scores, no targets were initially met at the regional level (see Table 2, column “North Sound”). The average improvement needed value for the person-based metrics was 156 per submetric; 16 (50.0%) of the metrics/submetrics appeared to need an improvement of fewer than 50 persons. While no individual county is responsible for achieving the regional improvement targets, sustaining existing programs and activities will thus go a long way towards achieving regional goals. While each county demonstrated specific needs, some patterns were evident. Children’s (ages 6-17 years) mental health treatment services met the regional improvement target of 62.5% in four of the five counties.



In contrast, the two dental service utilization metrics did not meet the regional improvement targets in several of the counties. For children and adults ages 0-20, three of the five counties missed the

improvement targets by more than 100 persons, with the largest gap to target being 455 for Snohomish County. For adults ages 21 and over, four of the five counties did not meet the improvement target by greater than 200 persons, with the largest gap to target being 487 for Skagit County. These metrics had the highest total improvement needed values at the regional level, with 1,348 additional lives needed to meet improvement targets for submetric Utilization of Dental Services, ages 0-20 years, and 481 person lives needed to meet improvement targets for age band ages 21+ years.

Data Sources and Methods

All data were obtained or calculated from the Excel files “Measure Decomposition Data - Release Nov 2018 - RDA Data Product” and “WA HCA 2017 P4P Baseline Report, NSACH”.




Detailed definitions and specifications for each metric can be found in the Delivery System Reform Incentive Payment (DSRIP) Measurement Guide, available at

<https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf>.

For more information on the Washington State Medicaid Transformation project and Accountable Communities of Health, visit <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation>.

Table 1. Pay for Performance Metrics and Submetrics Active in Performance Year 2019, Washington State Medicaid Transformation Project
All-Cause ED Visits, per 1000 Member Months (MM) <ul style="list-style-type: none"> All-Cause ED Visits, per 1000 MM - ages 0-17 All-Cause ED Visits, per 1000 MM - ages 18-64 All-Cause ED Visits, per 1000 MM - ages 65+
Antidepressant Medication Management - Continuation (6 months) - 18+
Antidepressant Medication Management – Acute (12 weeks) - 18+
Children's and Adolescent's Access to Primary Care Practitioners (12m-19y) <ul style="list-style-type: none"> Children's and Adolescent's Access to Primary Care Practitioners - ages 2-6 years Children's and Adolescent's Access to Primary Care Practitioners - ages 7-11 years Children's and Adolescent's Access to Primary Care Practitioners - ages 12-19 years Children's and Adolescent's Access to Primary Care Practitioners - ages 12-24 months
Chlamydia Screening in Women - ages 21 to 24 <ul style="list-style-type: none"> Chlamydia Screening in Women - ages 16 to 20 Chlamydia Screening in Women - ages 21 to 24
Comprehensive Diabetes Care - Hemoglobin A1c Testing - ages 18-75
Comprehensive Diabetes Care - Medical Attention for Nephropathy - ages 18-75
Medication Management for People with Asthma (75%) - ages 5-64 <ul style="list-style-type: none"> Medication Management for People with Asthma (75%) - ages 5-11 Medication Management for People with Asthma (75%) - ages 12-18 Medication Management for People with Asthma (75%) - ages 19-50 Medication Management for People with Asthma (75%) - ages 51-64
Mental Health Treatment Penetration (Broad Version) - ages 6+ <ul style="list-style-type: none"> Mental Health Treatment Penetration (Broad Version) - ages 6-17 Mental Health Treatment Penetration (Broad Version) - ages 18-64 Mental Health Treatment Penetration (Broad Version) - ages 65+
Primary Caries Prevention Intervention as Offered by Medical Provider – ages 0 to 5
Patients Prescribed Chronic Concurrent Opioids and Sedatives - all ages
Patients Prescribed High-Dose Chronic Opioid Therapy - >50mg - all ages
Patients Prescribed High-Dose Chronic Opioid Therapy - >90mg - all ages
Percent Homeless (Narrow Definition) - all ages <ul style="list-style-type: none"> Percent Homeless (Narrow Definition) - ages 0-17 Percent Homeless (Narrow Definition) - ages 18-64 Percent Homeless (Narrow Definition) - ages 65+
Plan All-Cause Readmissions – ages 18+
Substance Use Disorder Treatment Penetration - ages 12+ <ul style="list-style-type: none"> Substance Use Disorder Treatment Penetration - ages 18-64 Substance Use Disorder Treatment Penetration - ages 12-17 Substance Use Disorder Treatment Penetration - ages 65+
Utilization of Dental Services – all ages <ul style="list-style-type: none"> Utilization of Dental Services – ages 0-20 Utilization of Dental Services – ages 21+
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

Table 2: 2017 Baseline Metric Scores and Improvement Needed* by North Sound Location

Key:		Notes: Data is suppressed for fewer than 11 events (gray circles). Improvement needed is calculated at the North Sound regional level (red circles). Metrics where progress is measured by decreasing negative outcomes have negative values for improvement needed. Values in green indicate the amount of excess if the target was met. County-specific values for improvement needed may not add up to the North Sound total due to rounding or if one or more values are suppressed.					
	Improvement Needed						
	Target Met						
	Data Suppressed						
Pay for Performance Metric	Submetric/Age Groups	North Sound	Island	San Juan	Skagit	Snohomish	Whatcom
All-Cause ED Visits (per 1,000 Member Months)	Visits, ages 0-17y	-706	-421	64	-683	-795	1129
	Visits, ages 18-64y	-1542	-1234	495	-1333	-1298	1827
	Visits, ages 65+	-6	3	-	-36	17	10
Antidepressant Medication Management – Acute	Adults, 18+	45	2	5	28	16	4
Antidepressant Medication Management – Continuation	Adults, 18+	49	4	1	20	25	<1
Children’s Access to PCP	Children, 12-24m	9	12	20	2	12	11
	Children, 2-6y	141	81	13	35	77	4
	Children, 7-11	88	93	8	21	67	59
	Children, 12-19y	110	105	15	22	85	116

Chlamydia Screening in Women	Women, 16-20y	40	20	6	22	32	4
	Women, 21-24y	42	6	<1	5	35	4
Diabetes Care – Hemoglobin A1c	Adults, 18-75y	49	14	4	9	29	7
Diabetes Care - Nephropathy	Adults, 18-75y	47	20	2	4	15	5
Medication Management for Asthma	Children, 5-11y	3	4	-	2	6	3
	Children, 12-18y	2	-	-	5	2	1
	Adults, 19-50y	6	1	-	2	4	3
	Adults, 51-64y	3	-	-	5	4	<1
Mental Health Treatment	Children, 0-17y	197	50	5	100	500	149
	Adults, 18-64y	399	33	3	153	735	458
	Adults, 65+	<1	-	-	-	2	-
Percent Homeless	Children, 0-17y	-14	16	-	38	-86	10
	Adults, 18-64y	-113	137	61	105	-437	21

	Adults, 65+	-	-	-	-	-	-
Patients Prescribed Chronic Concurrent Opioids and Sedatives	All ages	-56	-6	-18	-10	81	-103
High-Dose Chronic Opioid Therapy >50mg	All ages	-90	25	-16	8	-341	234
High-Dose Chronic Opioid Therapy >90mg	All ages	-46	18	-12	1	-203	150
Plan All-Cause Readmissions	Adults, 18+	-13	-13	-	-4	5	-2
Primary Caries Prevention Intervention	Children 0-4y	198	67	-	153	47	313
Substance Use Disorder Treatment	Children, 12-17y	8	1	-	24	28	4
	Adults, 18-64y	137	98	1	5	137	95
	Adults, 65+	-	-	-	-	-	-
Utilization of Dental Services	Children and Adults, 0-20y	1348	126	105	369	455	638
	Adults, 21+	481	219	243	487	1703	405
Well-Child Visits – 3 rd -6 th year	Children, 2-5y	529	55	34	2	196	246