

# Performance Measures Coordinating Committee Council Meeting

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Friday, May 5, 2023  
1:00 p.m. – 3:00 p.m.

Washington State  
Health Care Authority

# Housekeeping

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- ▶ 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

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- ▶ 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

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- ▶ Briefly recap January meeting
- ▶ Review the 2021 Performance results for WSCMS Measures Community Check Up
- ▶ Discuss potential changes to the 2024 WSCMS
- ▶ Public Comment
- ▶ Wrap Up

# Welcome & Introductions

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- ▶ Welcome new members:
  - ▶ Pam Schlauderaff, Mason Health
  - ▶ Peggy Evans, OneHealthPort
- ▶ Please share the following
  - ▶ Your Name
  - ▶ Your Role
  - ▶ Your organization

# Recap of the January PMCC Meeting

Judy Zerzan-Thul, MD, HCA

# Recap of the January 2023 PMCC Meeting

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- ▶ Discussed letter to Legislature to confirm PMCC role/responsibilities
- ▶ Learned about rural health systems in Washington and current efforts to address quality Discussed Health Equity
- ▶ Discussed updated PMCC administrative processes
- ▶ Discussed a request to consider the addition of obesity measures to the Washington State Common Measure Set

# 2021 Performance Results for WSCMS Measures Community Check up

Jim Andrianos, Washington Health Alliance



*Part 1: selected slides from...*

# All Alliance Meeting

## Tuesday March 7, 2023

### Release of 17th WHA Community Checkup

# Themes

## 1. Quality compared nationally

It's lackluster

## 2. Primary care quality in Washington

Attributable patients have markedly better quality

## 3. Impact of where a person lives to quality

NEW: Area Deprivation stratification viewer

# Quality of Care in Washington

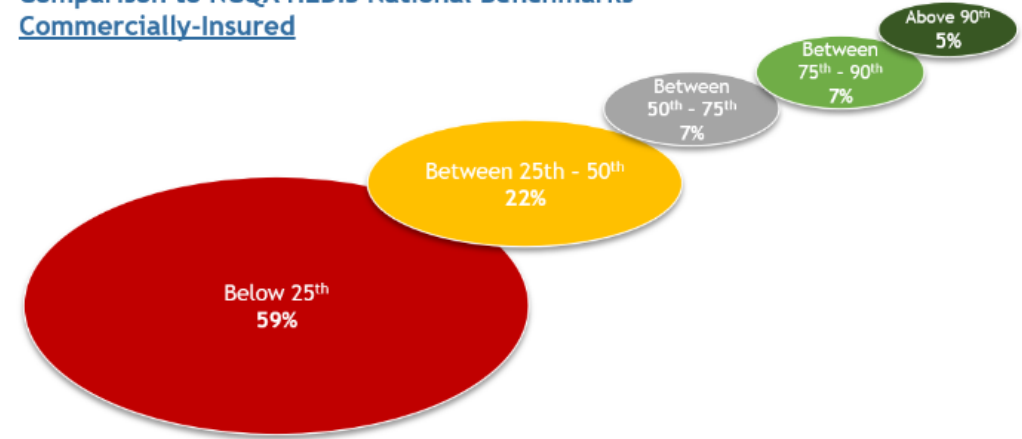
## Commercially Insured

- 81% of measures BELOW the 50<sup>th</sup> percentile
- In 2022, 72% below 50<sup>th</sup> percentile, **45% < 25<sup>th</sup>**
- In 2018, 58% below 50<sup>th</sup> percentile, **34% < 25<sup>th</sup>**

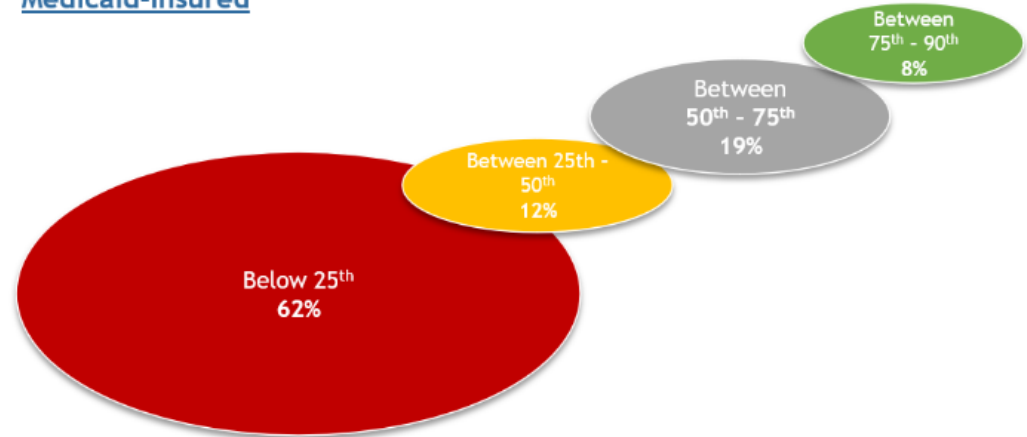
## Medicaid

- 74% of measures BELOW the 50<sup>th</sup> percentile
- In 2022, 68% below 50<sup>th</sup> percentile, **50% < 25<sup>th</sup>**
- In 2018, 78% below 50<sup>th</sup> percentile, **46% < 25<sup>th</sup>**

Washington State Results  
Comparison to NCQA HEDIS National Benchmarks  
Commercially-Insured



Washington State Results  
Comparison to NCQA HEDIS National Benchmarks  
Medicaid-Insured



# Best In Class Quality – Commercial Insured

Clinical Measure	State Average	HEDIS Ranking	Best Practice National 90 <sup>th</sup> Percentile	Top Clinic in WA	Score
Breast Cancer Screening	67%	<25 <sup>th</sup>	78%		
Colon Cancer Screening	61%	25 <sup>th</sup> – 50 <sup>th</sup>	72%		
Cervical Cancer Screening	61%	<25 <sup>th</sup>	80%		
Diabetes (annual HbA1c)	83%	<25 <sup>th</sup>	94%		
Avoiding imaging for Acute LBP	82%	75 <sup>th</sup> – 90 <sup>th</sup>	85%		

# Best In Class Quality – Medicaid Insured

Clinical Measure	State Average	HEDIS Ranking	Best Practice National 90 <sup>th</sup> Percentile	Top Clinic in WA	Score
Breast Cancer Screening	39%	<25 <sup>th</sup>	61%		
Colon Cancer Screening	39%				
Cervical Cancer Screening	48%	<25 <sup>th</sup>	67%		
Diabetes (annual HbA1c)	76%	<25 <sup>th</sup>	91%		
Avoiding imaging for Acute LBP	76%	75 <sup>th</sup> – 90 <sup>th</sup>	81%		

# Impact of Primary Care on Quality

Doesn't everyone already have a PCP?

- **Commercial enrollees** 34% do not attribute to a PCP
  - 20% with claims but no PCP
  - 14% without any claim
- **Medicaid enrollees** 39% do not attribute to a PCP
  - 20% with claims but no PCP
  - 19% without any claim

# Impact on Care of not having a Primary Care Provider

Clinical Measure Commercial Insured	State Average	HEDIS Ranking	Best Practice National 90 <sup>th</sup> Percentile	Best in State	<i>Had claims but no PCP</i>
Breast Cancer Screening	67%	<25 <sup>th</sup>	78%	91%	
Colon Cancer Screening	61%	25 <sup>th</sup> – 50 <sup>th</sup>	72%	88%	
Cervical Cancer Screening	48%	<25 <sup>th</sup>	67%	95%	
Diabetes (annual HbA1c)	76%	<25 <sup>th</sup>	91%	96%	
Avoiding imaging for Acute LBP	76%	75 <sup>th</sup> – 90 <sup>th</sup>	81%	93%	
Well Child Visits total	45%	<25 <sup>th</sup>	73%	78%	
Asthma Medications ratio	80%	25 <sup>th</sup> – 50 <sup>th</sup>	88%	91%	

# Where you live matters: The Neighborhood Atlas®

## Allows ranking/grouping of neighborhoods by socioeconomic disadvantage

The Neighborhood Atlas® is based on a **composite measure** created by the Health Resources & Services Administration over three decades ago.

Refined, adapted, and validated to the **Census block group** level by Amy Kind, MD, PhD, and her research team. Now known as the **Area Deprivation Index**.

- Includes domains of **income, education, employment, and housing quality**
- Can be used to **inform health delivery and policy**
- Has been **correlated with health outcomes** such as all-cause cardiovascular, cancer, and childhood mortality; cervical cancer prevalence; etc.

<https://www.neighborhoodatlas.medicine.wisc.edu/>

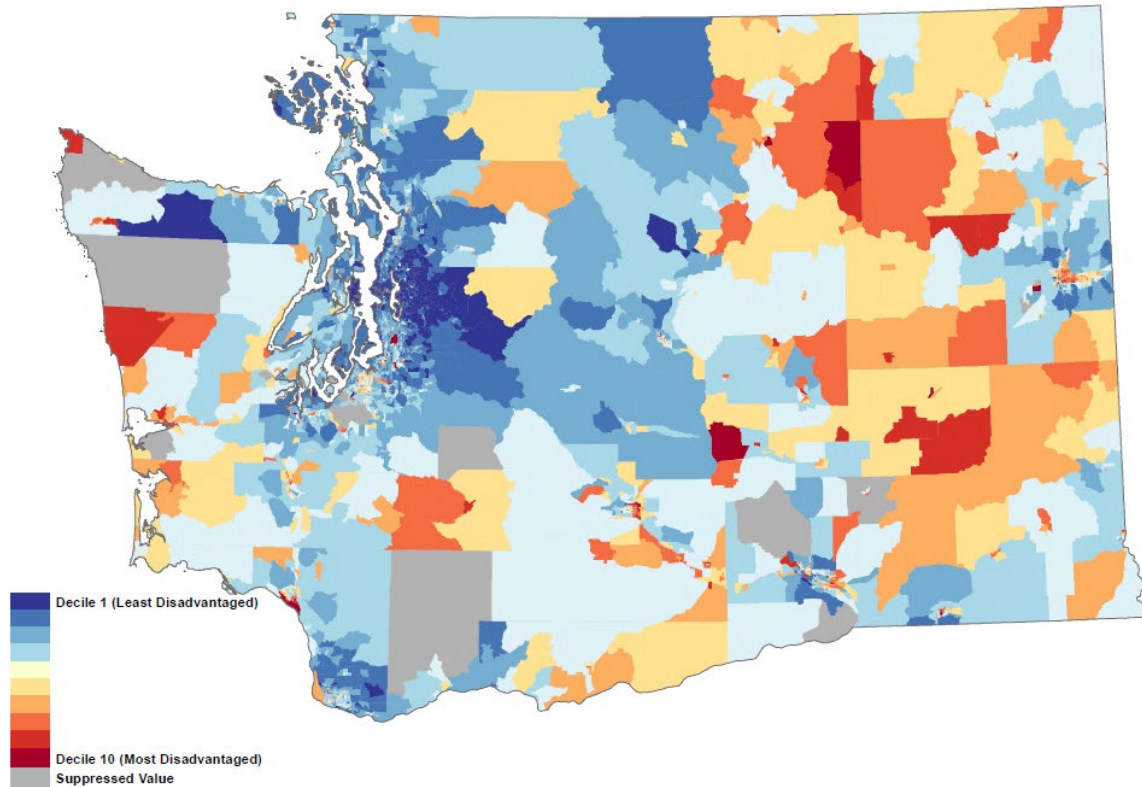


# Contents of the Area Deprivation Index (ADI)

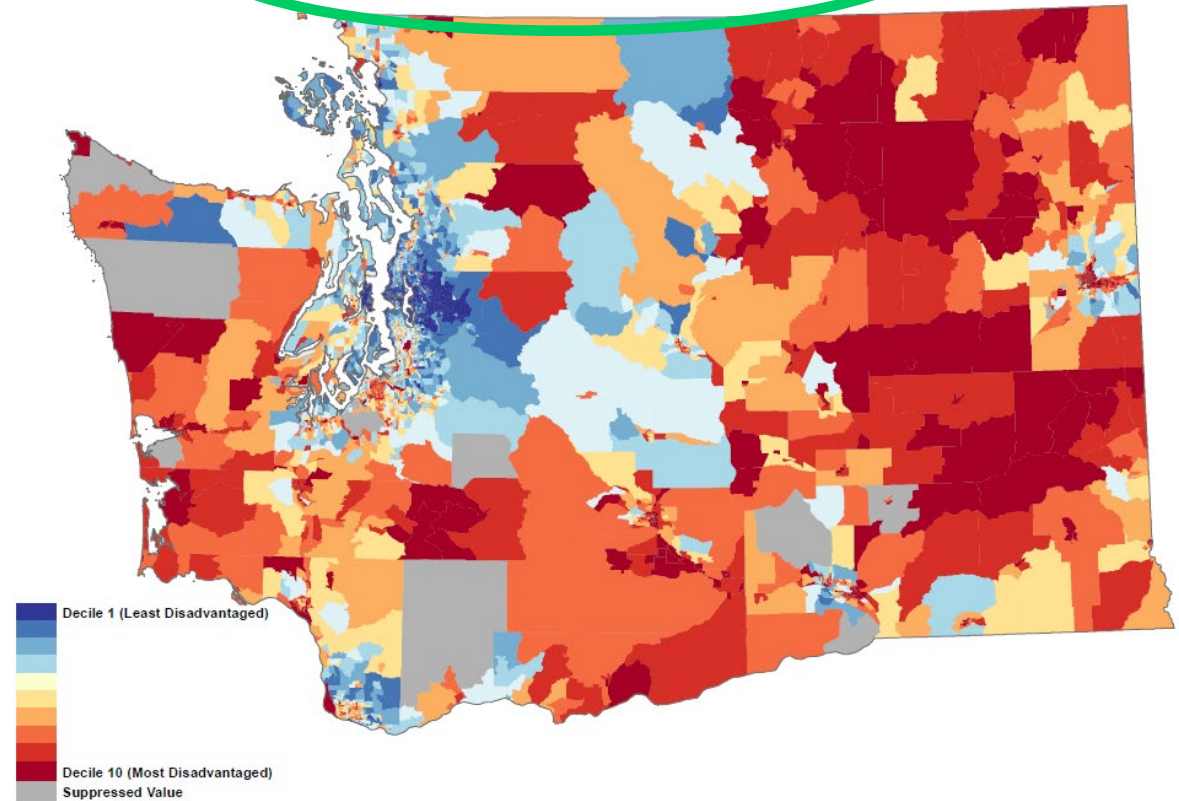
<ul style="list-style-type: none"> <li>• Percent of population aged <math>\geq 25</math> years with <math>&lt; 9</math> years of education</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of civilian labor force population <math>\geq 16</math> years of age unemployed</li> </ul>
<ul style="list-style-type: none"> <li>• Percent of population aged <math>\geq 25</math> years with less than a high school diploma</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of families below the poverty level</li> </ul>
<ul style="list-style-type: none"> <li>• Percent of employed persons <math>\geq 16</math> years of age in white-collar occupations</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of population below 150% of the poverty threshold</li> </ul>
<ul style="list-style-type: none"> <li>• Median family income</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of single-parent households with children <math>&lt; 18</math> years of age</li> </ul>
<ul style="list-style-type: none"> <li>• Income disparity</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of households without a motor vehicle</li> </ul>
<ul style="list-style-type: none"> <li>• Median home value</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of households without a telephone</li> </ul>
<ul style="list-style-type: none"> <li>• Median gross rent</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of occupied housing units without complete plumbing</li> </ul>
<ul style="list-style-type: none"> <li>• Median monthly mortgage</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of households with more than one person per room</li> </ul>
<ul style="list-style-type: none"> <li>• Percent owner-occupied housing units</li> </ul>	

# ADI deciles for Washington state

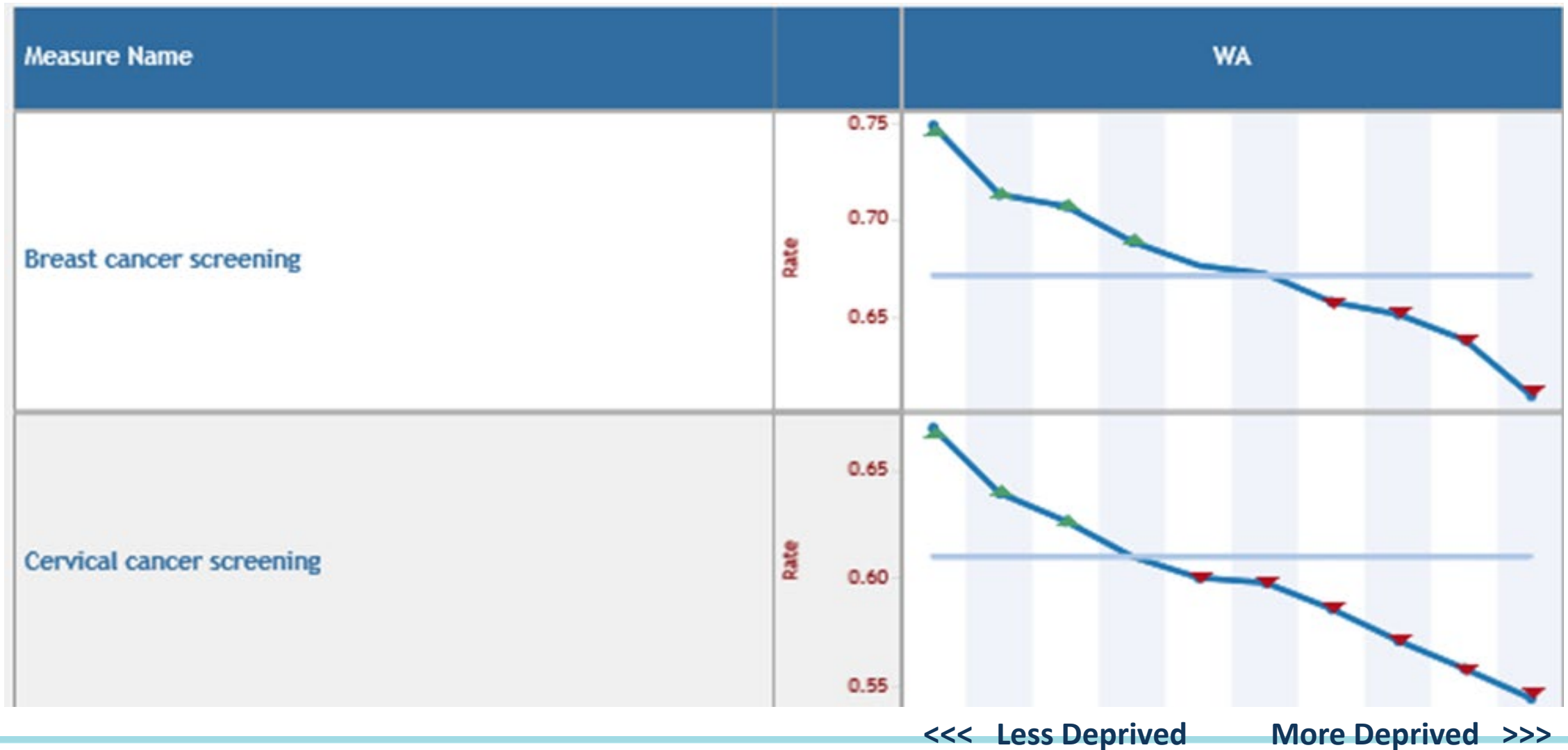
## Scaled nationwide



## Scaled statewide

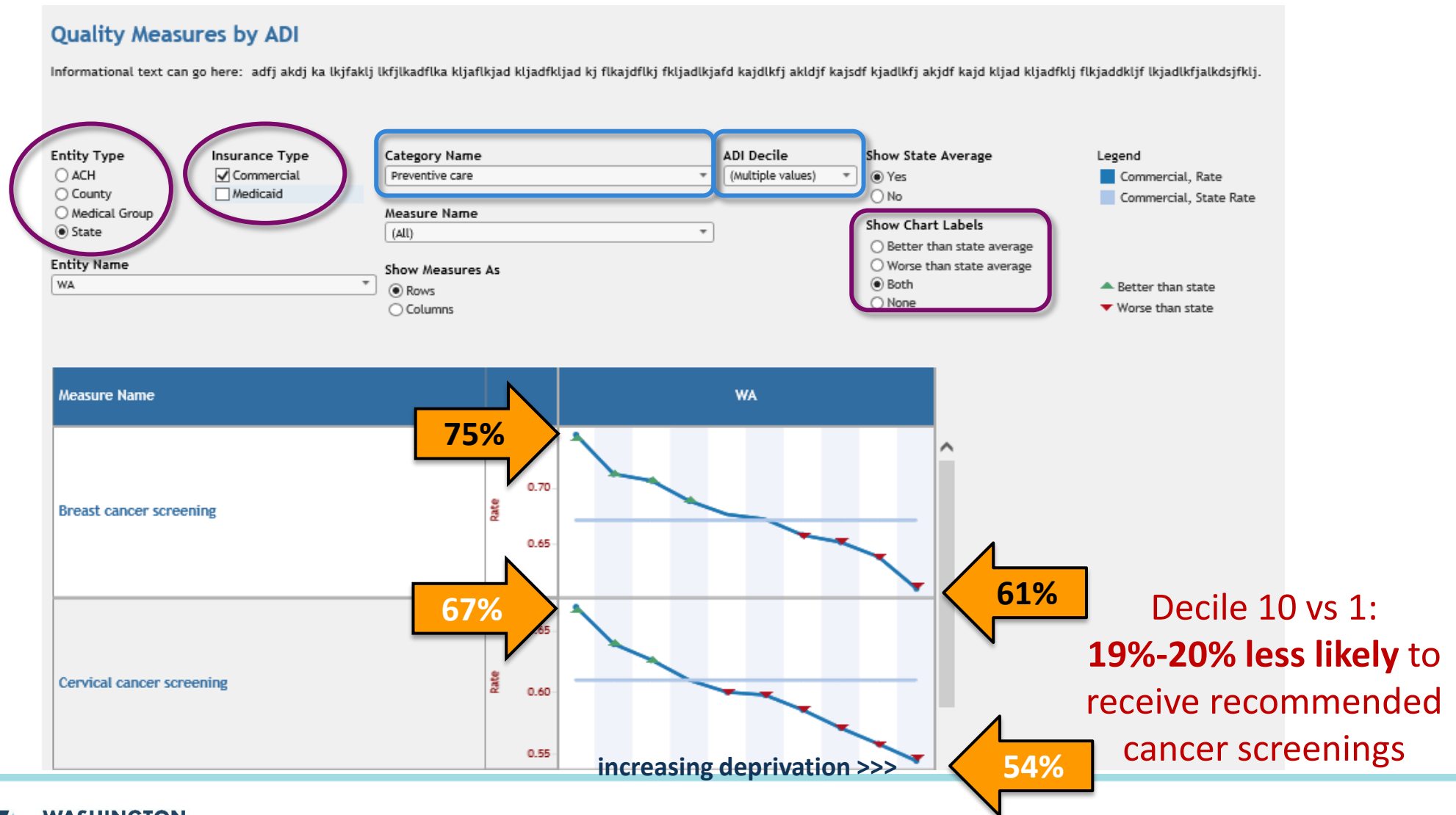


# Where you live influences care (ADI deciles)



# Impact of how where you live influences care

FIND THIS TOOL HERE: <https://www.wacommunitycheckup.org/highlights/quality-results-by-area-deprivation-index>



# Impact of how where you live influences care

## Quality Measures by ADI

ACH  
 County  
 Medical Group  
 State

Commercial  
 Medicaid

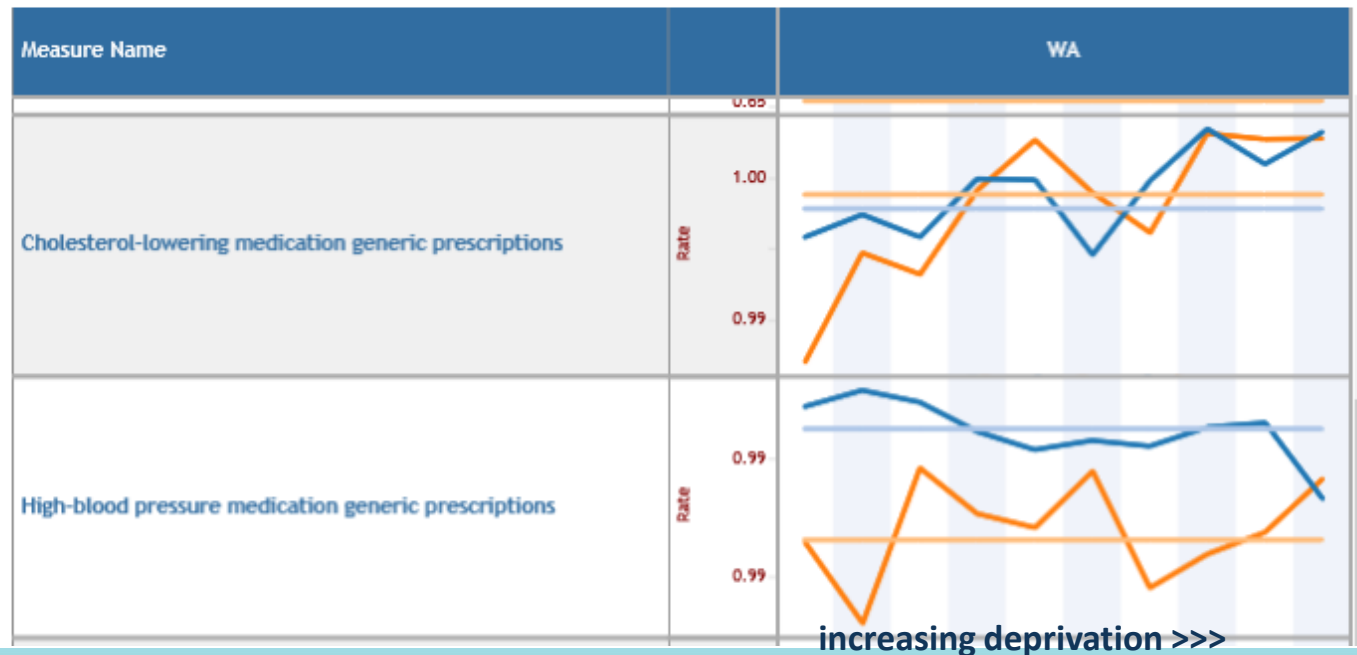
Entity Name: WA

Category Name: Managing medications  
 ADI Decile: (Multiple values)

Show State Average:  Yes  
 No

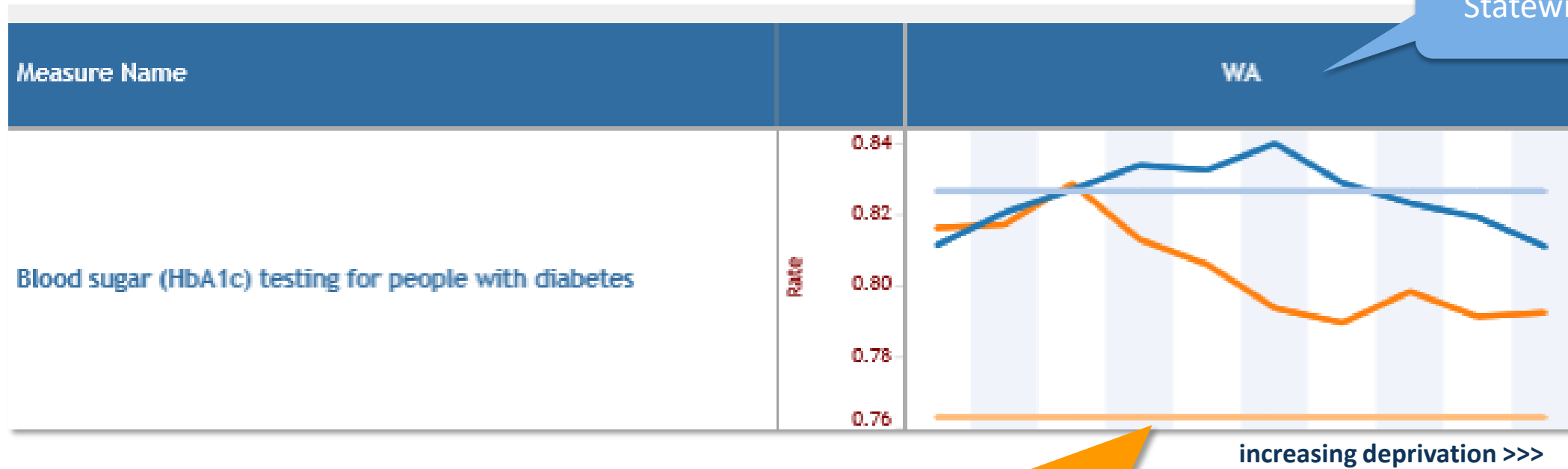
Show Chart Labels:  Better than state average  
 Worse than state average  
 Both  
 None

Legend:  
 ■ Commercial, Rate  
 ■ Commercial, State Rate  
 ■ Medicaid, Rate  
 ■ Medicaid, State Rate  
 ▲ Better than state  
 ▼ Worse than state



Quality Scores all between 99% – 100% for both Commercial and Medicaid

# How do I look at these results to better understand?



## HEDIS 90<sup>th</sup> Percentile

Commercial = 94%

Medicaid = 91%

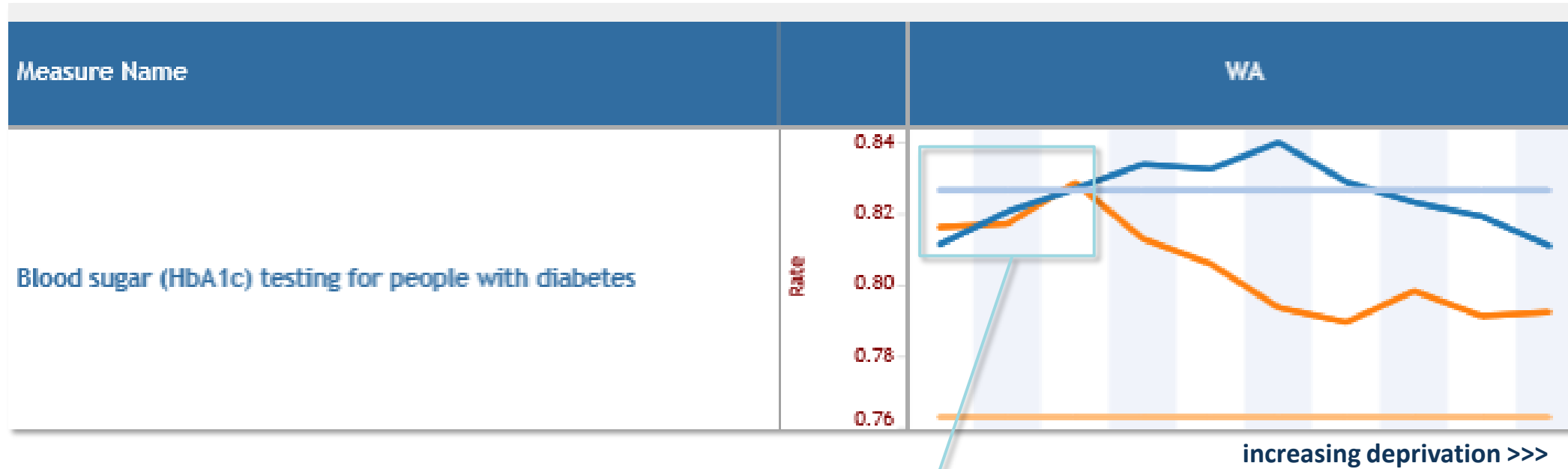
## Best in State

96%

95%

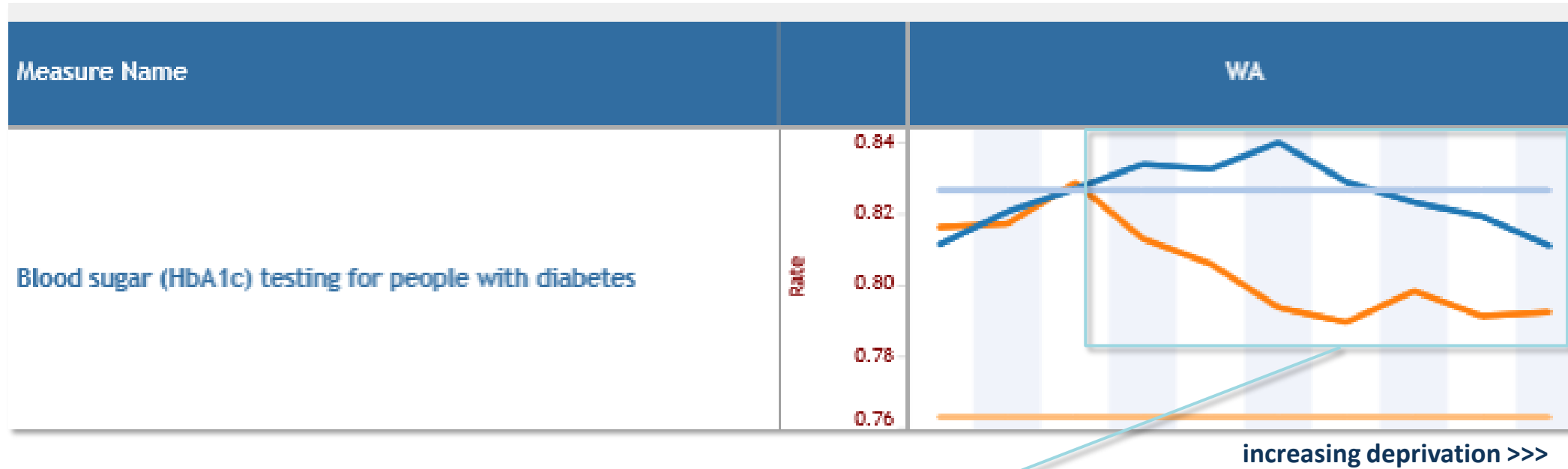
Why is the average lower?

# How do I look at these results to better understand?



The top advantaged locations there is no difference by insurance type

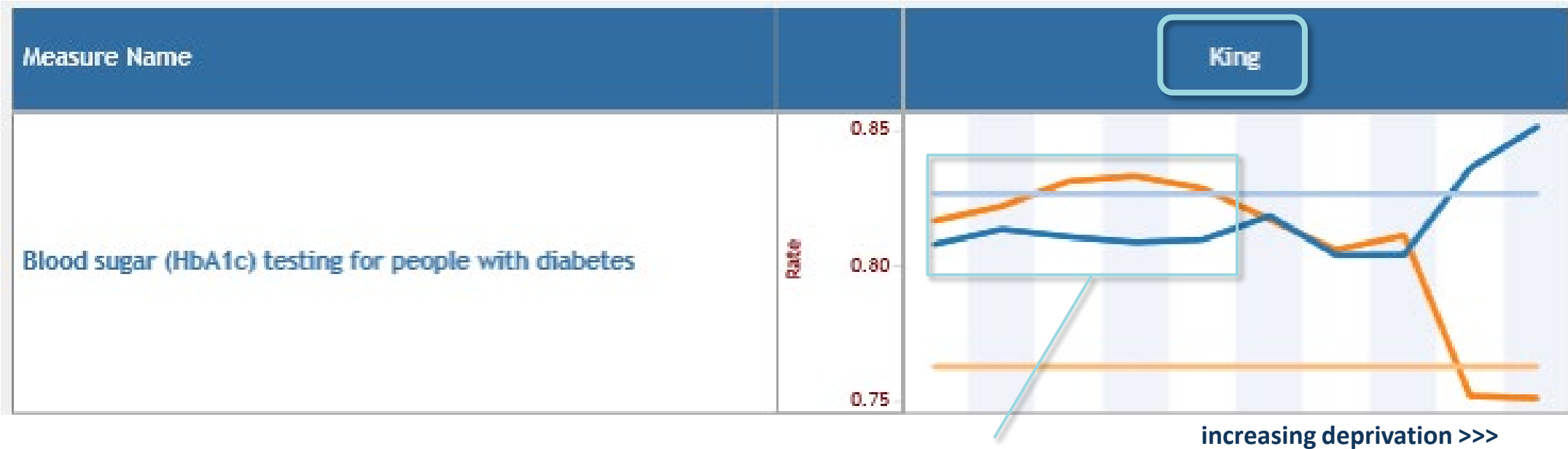
# How do I look at these results to better understand?



The gap in care widens in the less advantaged areas in WA



# How do I look at these results to better understand?



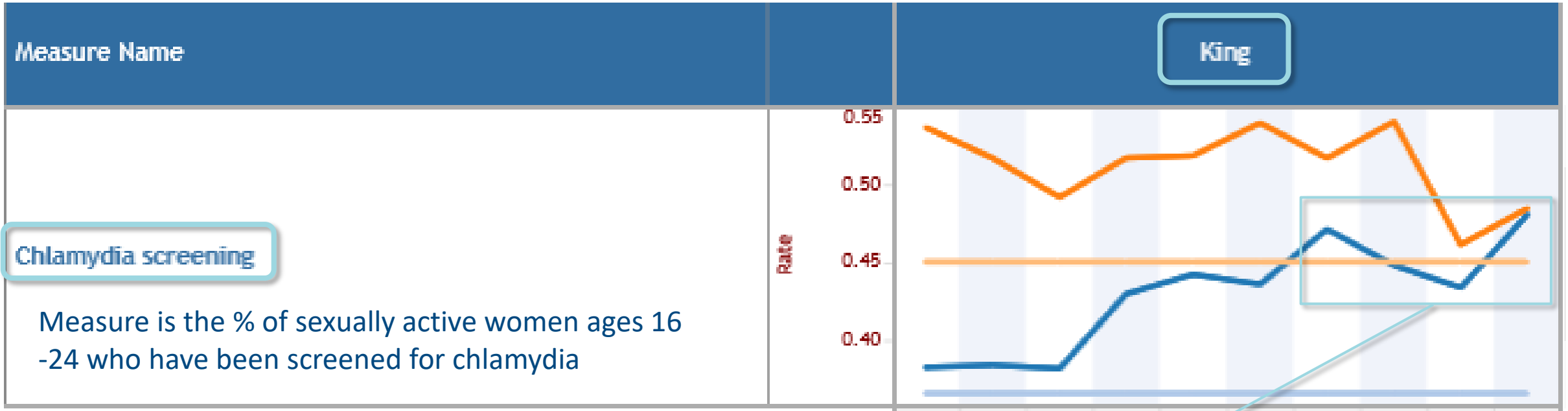
In more advantaged areas in King County, Medicaid enrollees have a higher quality in this measure

# How do I look at these results to better understand?



The gap is significant in less advantaged areas in King County

# How do I look at these results to better understand?



**Chlamydia screening**

Measure is the % of sexually active women ages 16-24 who have been screened for chlamydia

HEDIS 90 <sup>th</sup> Percentile	Best in State
Commercial = 37%	66%
Medicaid = 45%	76%

Why would screening go up in more deprived areas?

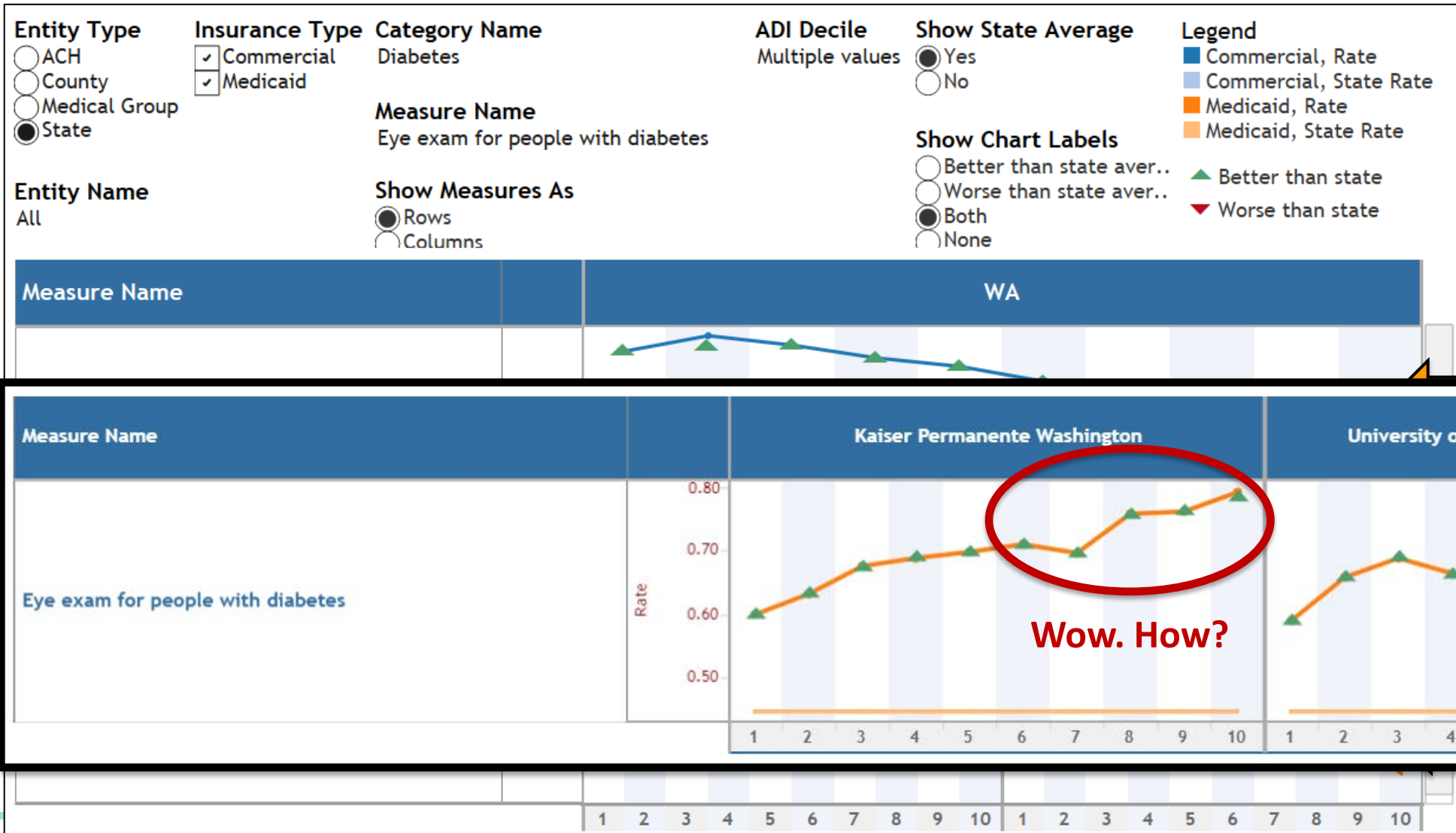
*Part 2: selected slides from...*

# Health Economics Committee

Thursday March 9, 2023

Additional results not shown at the All Alliance meeting

# Additional results not shown at the All Alliance meeting



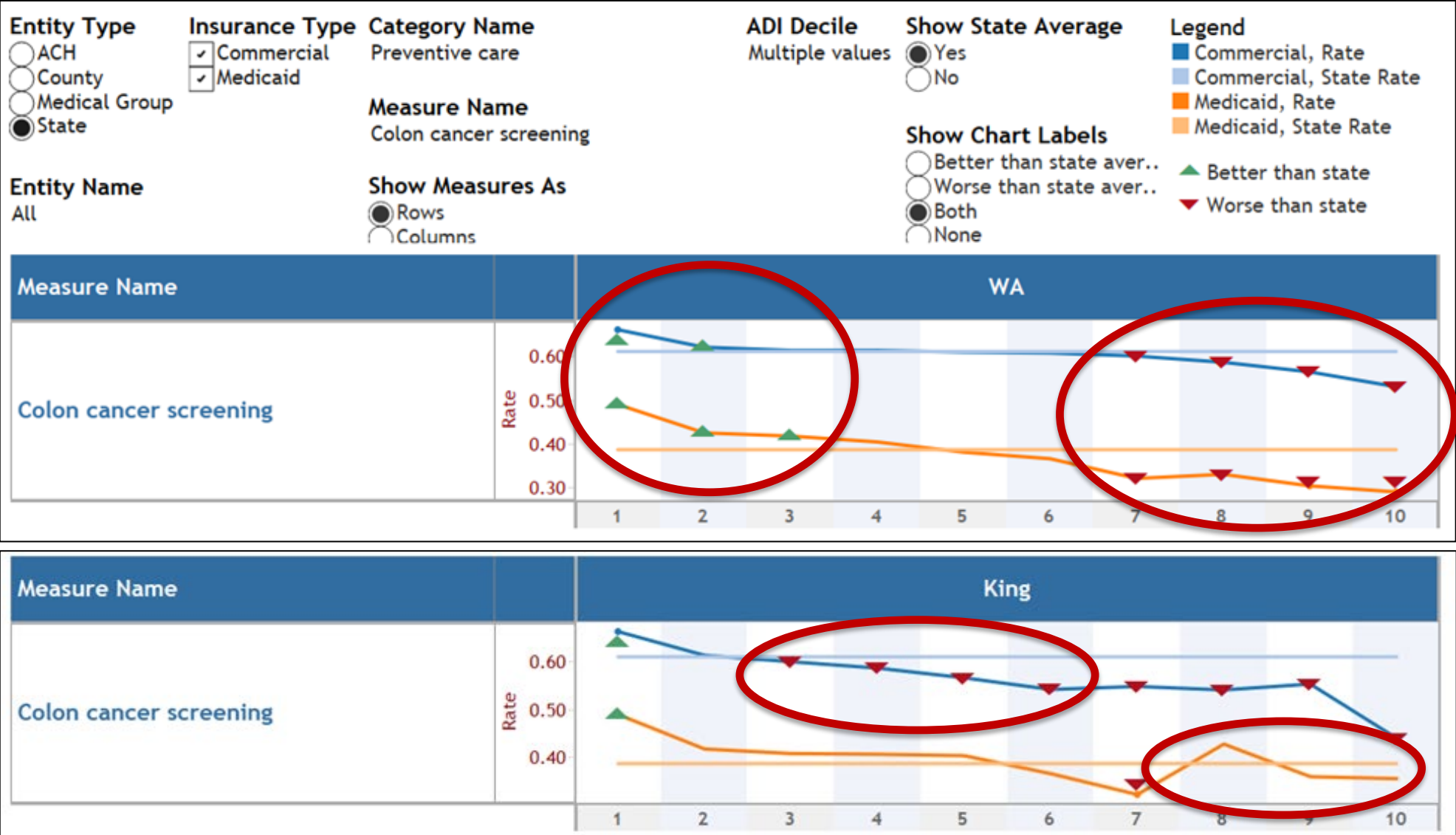
State results for all patients

Inclusive of patients not attributable to

Wow. How?

patients only

# Additional results not shown at the All Alliance meeting



WA pattern

Less deprived: above average adherence

More deprived: below average adherence

King County

Adherence lag, middle deciles (comm'l)

Firmer Medicaid adherence deciles 8-10

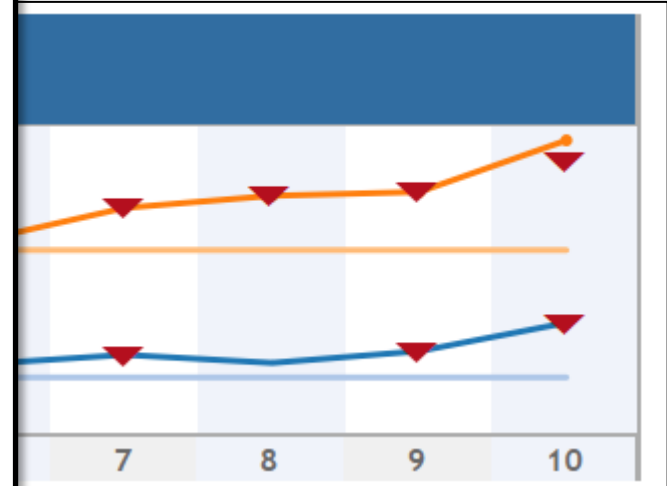
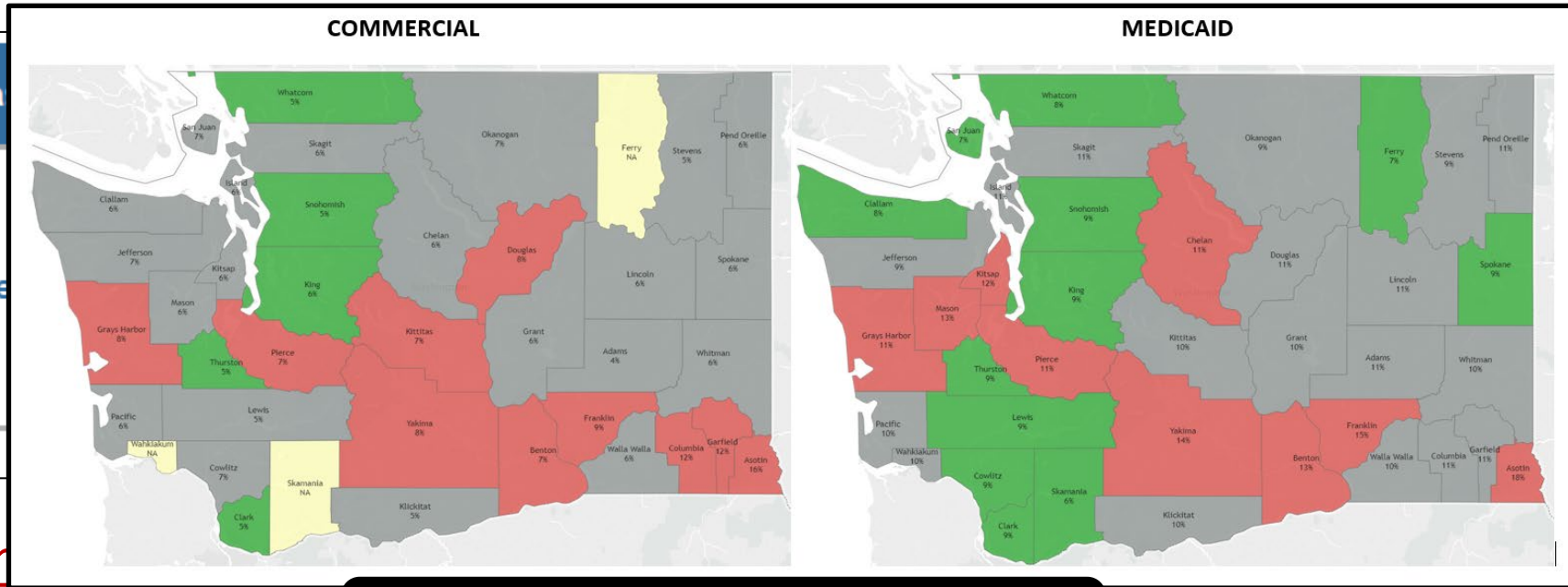
# Additional results not shown at the All Alliance meeting



## Commercial and Medicaid plots have similar shapes and patterns of statistical significance

- Uneven statewide **distribution of ambulatory capacity** affecting both payer groups?
- Better availability of **weekend/evening office visits** in more advantaged neighborhoods?
- **Cost of missing work** rises with neighborhood deprivation?
- Greater incidence of **ER visits for children** as decile rises?
- Also notable: Medicaid-commercial gap is smallest for the least deprived neighborhoods

# Additional results not shown at the All Alliance meeting

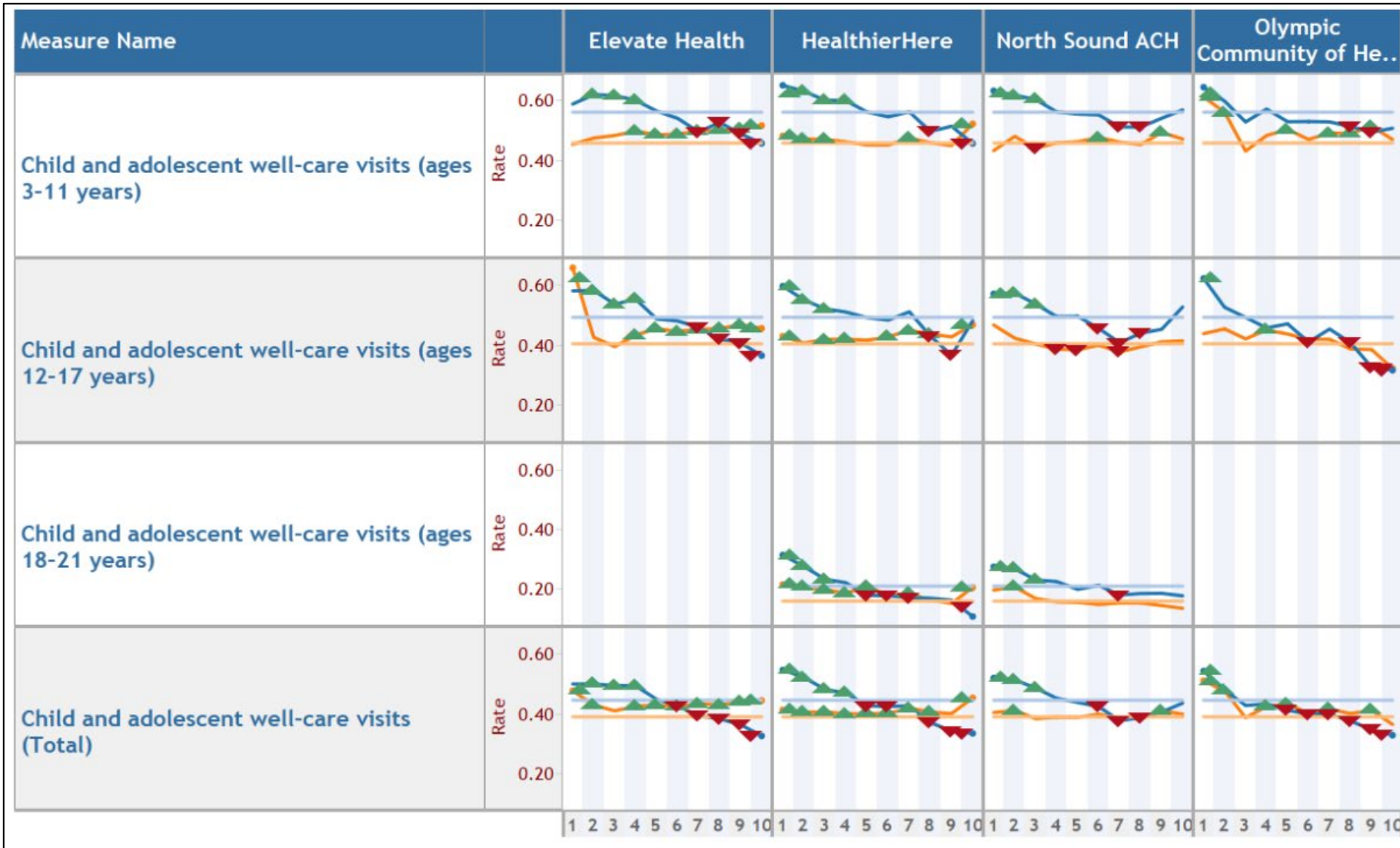


## Correlation with statistical significance

- Uneven statewide **distribution of ambulatory capacity** affecting both payer groups?
- Better availability of **weekend/evening office visits** in more advantaged neighborhoods?
- **Cost of missing work** rises with neighborhood deprivation?
- Greater incidence of **ER visits for children** as decile rises?
- Also notable: Medicaid-commercial gap is smallest for the least deprived neighborhoods



# Additional results not shown at the All Alliance meeting



**Child and adolescent well-care visits**

Adherence patterns for 4 ACHs

**Would ACH leaders find these data useful?**

(see less cluttered view, next slide)

# Additional results not shown at the All Alliance meeting

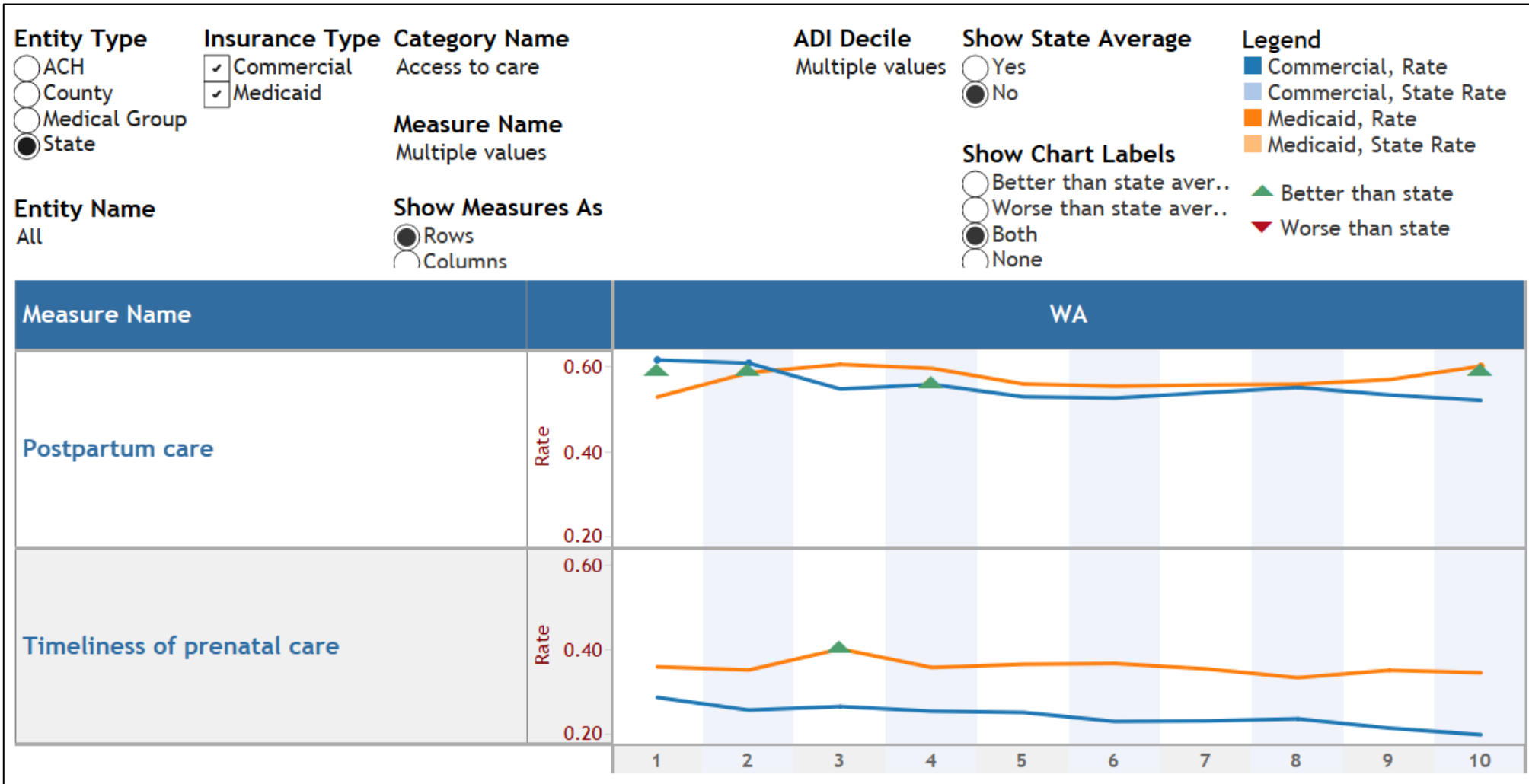
Comparison between deciles 1 and 10; steeper lines indicate greater inequities

## Commercial

## Medicaid

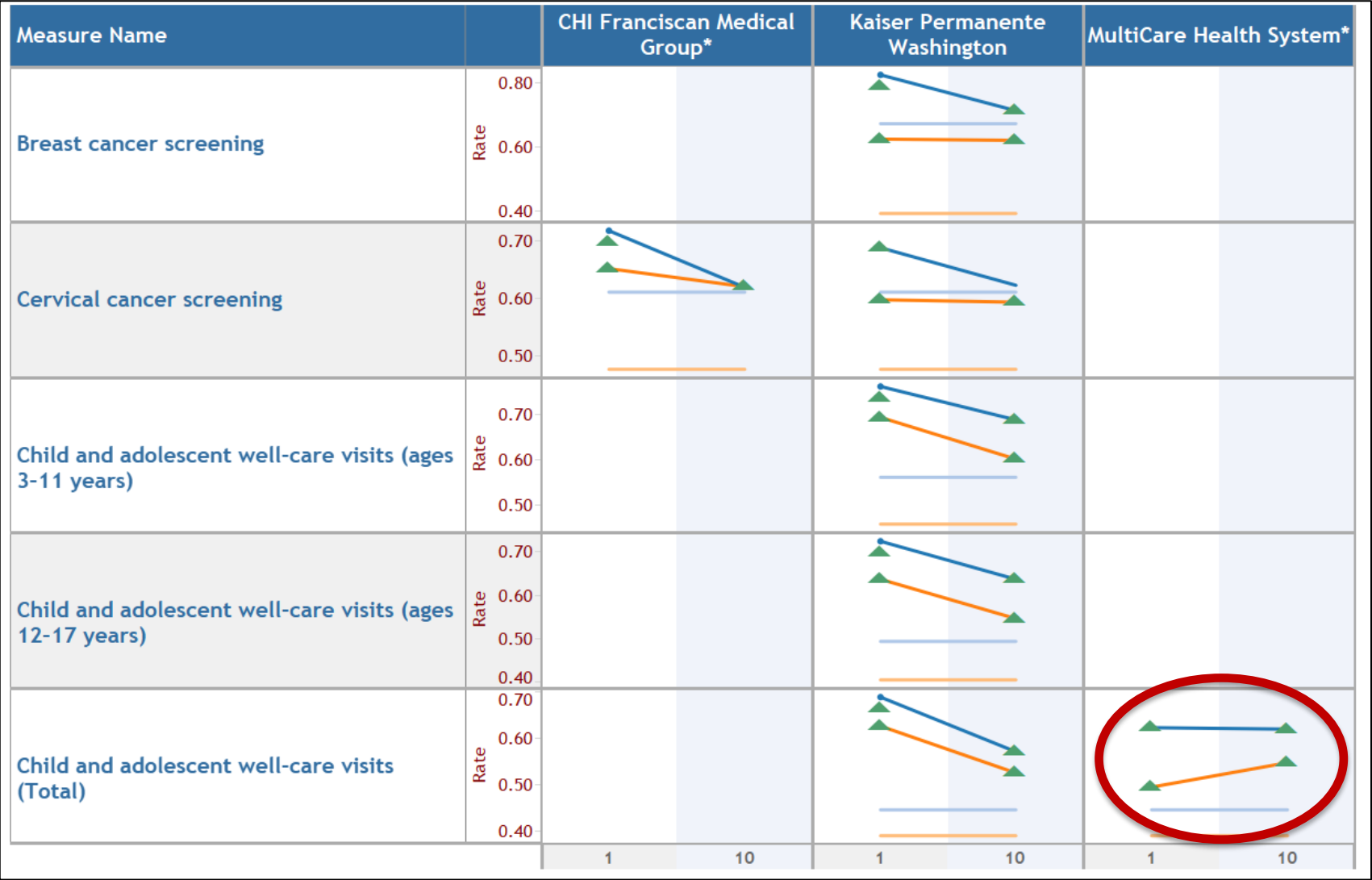


# Additional results not shown at the All Alliance meeting



Medicaid is competitive with or exceeds commercial performance for **maternity access measures**

# Additional results not shown at the All Alliance meeting



## Prevention Measures

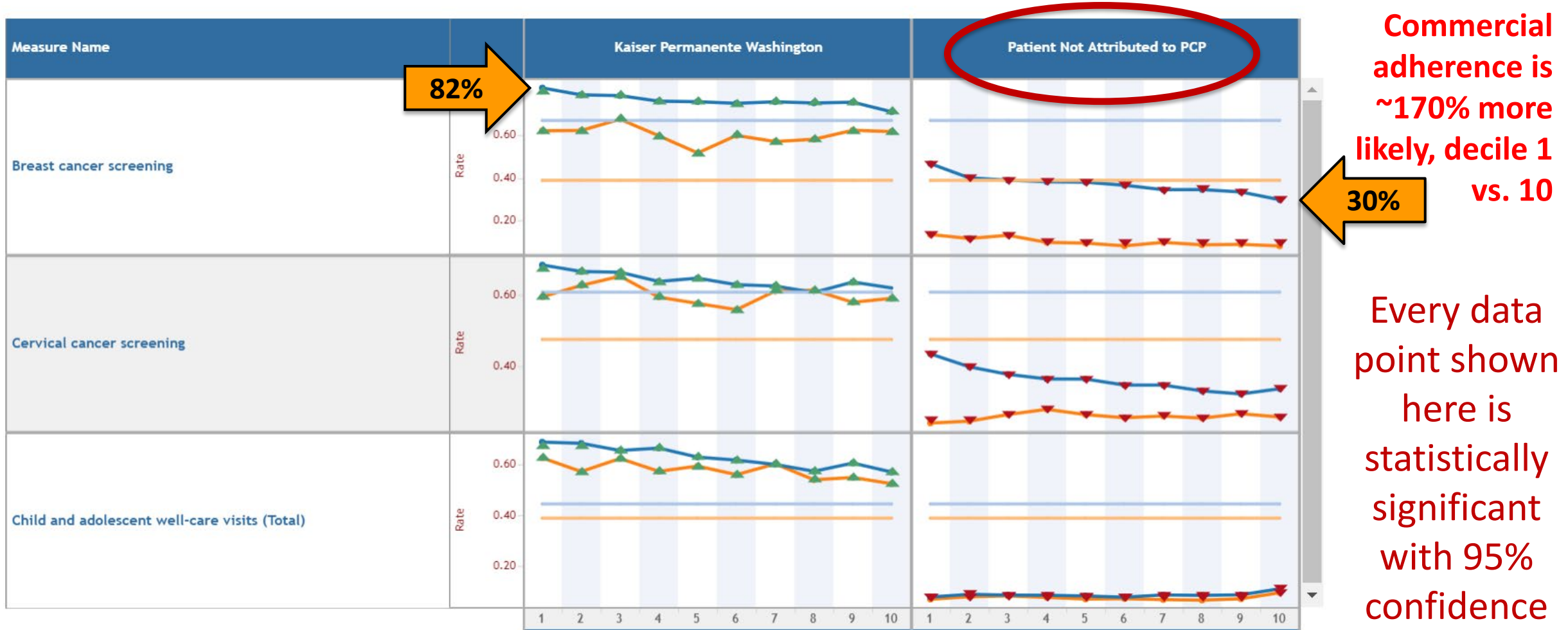
Adherence patterns for 3 medical groups

### Decile 1 vs decile 10

Once again: patients attributable to medical groups have better adherence to recommended care

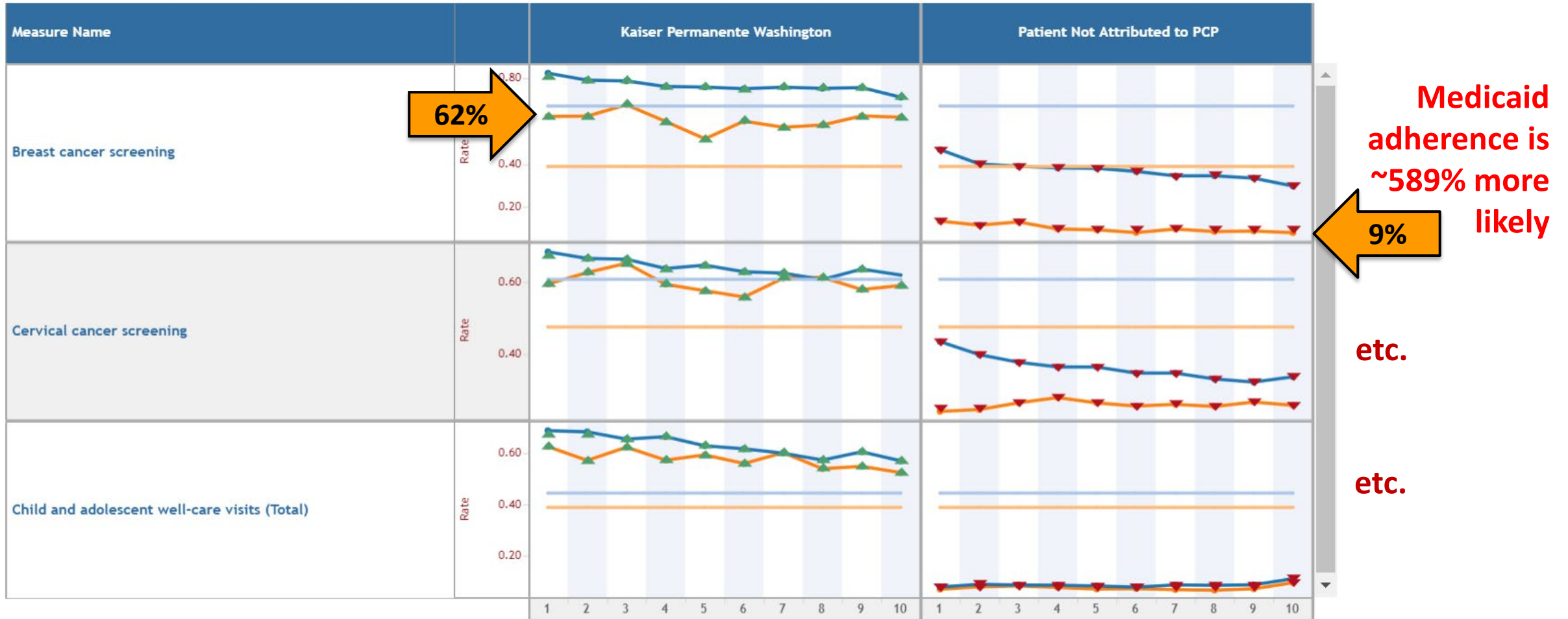
# Additional results not shown at the All Alliance meeting

Eye-popping quality advantages are associated with patients who attribute to PCPs



# Additional results not shown at the All Alliance meeting

Eye-popping quality advantages are associated with patients who attribute to PCPs



# See 22 specific *Calls to Action*

- for **Employers**
- for **Health Plans**
- for **Providers**
- for **The Washington Health Alliance**

at: <https://wacommunitycheckup.org/reports/2023-community-checkup-report/>

# Thank you



# Potential Changes to 2024 Washington State Common Measure Set

Laura Pennington, HCA

# Potential changes to 2024 WSCMS

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- ▶ HEDIS measures in Washington State Common Measure Set (WSCMS)
  - ▶ Proposed HEDIS updates for MY 2024
  - ▶ MY 2023 HEDIS updates
- ▶ HIV Viral Suppression Measure
  - ▶ Previously recommended for addition to WSCMS
- ▶ 2023 Bi-annual evaluation of WSCMS

# NCQA Proposed Changes to HEDIS MY 2024 Measures – Retirement

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- ▶ Proposed measures for retirement currently in the WSCMS:
  - ▶ Antidepressant Medication Management (AMM)
  - ▶ Ambulatory Care (AMB)
  - ▶ Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
- ▶ Other proposed measures for retirement not in WSCMS:
  - ▶ Care for Older Adults (COA): Pain Assessment Indicator (Medicare only)
  - ▶ Inpatient Utilization—General Hospital/Acute Care (IPU)
  - ▶ Medical Assistance with Smoking and Tobacco Use Cessation
  - ▶ Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

# NCQA Proposed Changes to HEDIS MY 2024 Measures – Updates to existing measures

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- ▶ Proposed changes to existing measures
  - ▶ Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD)
  - ▶ Eye Exam for Patients With Diabetes (EED)
- ▶ Proposed Changes to Gender Documentation and Inclusion
  - ▶ Breast Cancer Screening
  - ▶ Cervical Cancer Screening
- ▶ Expansion of number of HEDIS Measures requiring stratification by Race and Ethnicity

# Impacts of HEDIS measures proposed for retirement

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- ▶ Antidepressant Medication Management (AMM)
  - ▶ The measure only addresses adherence to antidepressants as a treatment for depression and does not address other guideline recommended treatments such as psychotherapy.
- ▶ Currently required for reporting for Medicaid only
  - ▶ Ambulatory Care (AMB)
- ▶ Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
  - ▶ Required reporting for WSCMS not NCQA (Commercial and Medicaid)

For additional detail go to: [04.-Measures-Roadmap.pdf \(ncqa.org\)](#)

# Updates to existing HEDIS measures

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## ▶ Eye Exam for Patients with Diabetes (EED)

- ▶ Current description
  - The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.
- ▶ Removed the Hybrid reporting method
- ▶ Updated the event/diagnosis criteria
  - **Claim/encounter data.** Members who had at least two diagnoses of diabetes on different dates of service during the measurement year or the year prior to the measurement year.
  - **Pharmacy data.** Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the measurement year or the year prior to the measurement year (Diabetes Medications List) and have at least one diagnosis of diabetes during the measurement year or the year prior to the measurement year.
- ▶ Updated required exclusions.
- ▶ Little impact to contracts
  - Currently a VBP measure in ERB contracts
  - Required for reporting only in MCO contracts
  - Currently an MTP measure

# Proposed changes to gender documentation and inclusion for Breast & Cervical Cancer Screening

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- ▶ NCQA seeks comments on expanding the denominator populations of the Breast and Cervical Cancer Screening measures to include transgender and gender-diverse members recommended for routine breast and cervical cancer screening.
- ▶ The revised language is designed to better reflect the measures' intent, which is that all members who are recommended for routine breast and cervical cancer screening receive the screening.

# Proposed changes to gender documentation and inclusion for Breast & Cervical Cancer Screening

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**Table 1: Proposed Measure Revisions**

Measure	Current Measure Description	Revised Measure Description
Breast Cancer Screening	The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.	The percentage of <b>members</b> 50–74 years of age who were <b>recommended for routine breast cancer screening</b> and had a mammogram to screen for breast cancer.
Cervical Cancer Screening	The percentage of women members 21–64 years of age who were screened for cervical cancer.	The percentage of <b>members</b> 21–64 years of age who were <b>recommended for routine cervical cancer screening</b> and were screened for cervical cancer.

For additional detail go to [Changes to Existing HEDIS® Measure: \(ncqa.org\)](https://www.ncqa.org/changes-to-existing-hedis-measures/)



# Breast Cancer Screening details

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- ▶ Breast Cancer Screening will assess screening among a denominator population of members recommended for routine breast cancer screening, including members with any of the following:
  - ▶ Administrative gender of female (currently in specification), or
    - ▶ Sex of “female” assigned at birth, or
    - ▶ Sex for clinical use of “female” or “specified”, or
    - ▶ Administrative gender, sex assigned at birth or sex for clinical use of “male” and 5+ years of exposure to gender-affirming estrogen therapy
  - ▶ The measure will exclude members with bilateral mastectomy, including gender-affirming chest reconstruction.
- ▶ Initial feedback:
  - ▶ Overall support for the intent behind these changes but also recognize the potential for additional administrative burden to collect appropriate gender information. In addition, recognize there will be small numbers, at least initially.

# Cervical Cancer Screening details

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- ▶ Breast Cancer Screening will assess screening among a denominator population of members recommended for routine cervical cancer screening, including members with any of the following:
  - ▶ Administrative gender of female (currently in specification), or
    - ▶ Sex of “female” assigned at birth, or
    - ▶ Sex for clinical use of “female” or “specified”, or
  - ▶ The measure will exclude members with total hysterectomy or acquired absence of cervix
- ▶ Initial feedback:
  - ▶ Similar feedback provided for BCS, with the following addition:
    - ▶ Need to exclude people who have an assigned sex at birth of male.

# Expansion of Race and Ethnicity Stratification Into Select HEDIS Measures

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- ▶ 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 and 8 additional measures for MY 2023.
- ▶ NCQA has proposed a list of candidate measures in which to expand the stratification in MY 2024. They are also seeking feedback on any additional measures not on this list.
- ▶ NCQA intends to add a minimum of 5 new measures for MY 2024.

For more information go to: [02.-Race-Ethnicity.pdf \(ncqa.org\)](#)

# Current required measures for stratification by race and ethnicity

**Table 1. Measures Stratified by Race/Ethnicity in MY 2022 and MY 2023**

<b>Domain</b>	<b>Measure</b>	<b>Product Lines</b>
<b>Prevention and Screening</b>	Colorectal Cancer Screening (COL, COL-E)	Commercial, Medicaid, Medicare
	Adult Immunization Status (AIS, AIS-E)	Commercial, Medicaid, Medicare
	Immunizations for Adolescents (IMA, IMA-E)	Commercial, Medicaid
	Breast Cancer Screening (BCS-E)	Commercial, Medicaid, Medicare
<b>Respiratory</b>	Asthma Medication Ratio (AMR)	Commercial, Medicaid
<b>Cardiovascular</b>	Controlling High Blood Pressure (CBP)	Commercial, Medicaid, Medicare
<b>Diabetes</b>	Hemoglobin A1c Control for Patients With Diabetes (HBD)	Commercial, Medicaid, Medicare
<b>Behavioral Health</b>	Follow-Up After Emergency Department Visits for Substance Use (FUA)	Commercial, Medicaid, Medicare
	Pharmacotherapy for Opioid Use Disorder (POD)	Commercial, Medicaid, Medicare
<b>Access and Availability of Care</b>	Prenatal and Postpartum Care (PPC)	Commercial, Medicaid
	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Commercial, Medicaid, Medicare
<b>Utilization</b>	Child and Adolescent Well Care Visits (WCV)	Commercial, Medicaid
	Well-Child Visits in the First 30 Months of Life (W30)	Commercial, Medicaid

# Candidate measures for MY 2024

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**Table 2. RES Candidate Measures for MY 2024**

Domain	Measure	Product Lines
<b>Behavioral Health</b>	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Commercial, Medicaid, Medicare
	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	Commercial, Medicaid, Medicare
	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Commercial, Medicaid, Medicare
	Follow-Up After Hospitalization for Mental Illness (FUH)	Commercial, Medicaid, Medicare
	Prenatal Depression Screening and Follow-Up (PND-E)	Commercial, Medicaid
	Postpartum Depression Screening and Follow-Up (PDS-E)	Commercial, Medicaid
	Risk of Continued Opioid Use (COU)	Commercial, Medicaid, Medicare
	Use of Opioids at High Dosage (HDO)	Commercial, Medicaid, Medicare
	Use of Opioids from Multiple Providers (UOP)	Commercial, Medicaid, Medicare
<b>Prevention &amp; Screening</b>	Cervical Cancer Screening (CCS-E)	Commercial, Medicaid
	Childhood Immunization Status (CIS-E)	Commercial, Medicaid
	Prenatal Immunization Status (PRS-E)	Commercial, Medicaid
<b>Diabetes</b>	Kidney Health Evaluation for Patients With Diabetes (KED)	Commercial, Medicaid
	Eye Exam for Patients with Diabetes (EED)	Commercial, Medicaid
<b>Care Coordination</b>	Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)	Medicare

# NCQA MY 2023 retirements/addition

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Proposed for removal:

- ▶ In MY 2023, NCQA retired the following CAHPS-based measures:
  - ▶ Flu Vaccinations for Adults Ages 18–64 (FVA)
  - ▶ Flu Vaccinations for Adults Ages 65 and Older (FVO)
  - ▶ Pneumococcal Vaccination Status for Older Adults (PNU)
    - ▶ PNU was added to the Adult Immunization Status (AIS-E)
    - ▶ PNU is currently on the WSCMS and needs to be removed

Proposed for addition:

- ▶ Adult Immunization Status (AIS-E)
  - ▶ This measure is an NCQA approved alternative for PNU
  - ▶ This measure will be electronic only effective MY 2024
  - ▶ This measure was reviewed by the PMCC in 2022

# AIS-E Measure specifications

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- ▶ The AIS-E measure assesses the percentage of adults 19 years of age and older who are up to date on recommended routine vaccinations, with separate indicators for influenza; tetanus and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap); zoster; and pneumococcal vaccinations.
- ▶ All LOB: Commercial, Medicaid and Medicare

# HIV Viral Suppression Measure

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- ▶ Originally considered as part of the original 2014 WSCMS
- ▶ Again, presented for consideration in 2016 at the recommendation of GSK
- ▶ The PMCC agreed it was important but put it in the parking lot due to insufficient data
- ▶ Is on the current CMS Adult Core Measure Set
- ▶ We are now able to collect and report this measure
- ▶ Therefore, we may want to consider the addition to the WSCMS



# Biannual Evaluation of WSCMS

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- ▶ Need to identify a process to conduct a biannual review of performance data for the measures in the WSCMS
- ▶ Plan is to convene a small workgroup over the summer to evaluate the measures in the WSCMS and present recommendations to the PMCC for consideration at the fall meeting

- ▶ Past workgroup members:

ACH – Olympic Community of Health

Aetna

Cigna

Community Health Plan of WA

Kaiser Permanente-Washington

Health Care Authority

Molina Healthcare of WA

Premera Blue Cross

Regence Blue Shield

Seattle-King County Public Health

UnitedHealthcare

Washington Health Alliance

WA State Department of Health

WA State Department of Social & Health

WA State Hospital Association

# Next Steps

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- ▶ Convene evaluation workgroup over summer 2023
- ▶ Monitor final changes to NCQA HEDIS MY 2024 measures
- ▶ Bring proposed changes to 2024 WSCMS for final vote

# Public Comment

Sharon Eloranta, MD

# Public Comment

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- ▶ 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

# Wrap Up/Next steps

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- ▶ Action Items

- ▶ Next Meeting:

  - ▶ October 2023

  - ▶ Proposed agenda topics:

    - ▶ Initial vote of proposed changes to 2024 WSCMS

    - ▶ Revisit rural health quality

    - ▶ Send additional topics to Laura P.