

December 15, 2025

9:00 a.m. – 11:00 a.m.

Optional in person at HCA- Sue Crystal Conference Room

Vision: *A single, measurable standard of evidence-informed, high-quality care.*

Purpose: Identify, prioritize, and monitor clinical performance measures for a Statewide Common Measure Set to standardize the way we measure performance and quality across Washington to track costs and improve health care outcomes.

Chairs: Judy Zerzan-Thul and Drew Oliveira

Committee Members in attendance: Judy Zerzan-Thul, Vishal Chaudhry, Herbie Duber, Kim Emery, Sara Hallvik, Theresa Hattori, Darcy Jaffe, Larry Kessler, David Mancuso, Rick Rubin, Ginny Weir, Karie Nicholas, Eli Kern, Kim Emery, Demetria Malloy, Jennifer Love-Tillotson, Yogini Kulkarni-Sharma, Gary Franklin

Attendees: Deedra Zabokrtsky, Amy Morrison (CIHS), Mike Gould, Ronya Berndt, Eden Roberts, Meriah Gille, Kate Bell, Diana Kolar, Kristen Tjaden, Margaret Bowen, Elya Prystowsky, Christine Dehlendorf, Shanna Harney-Bates, Erin Wingo, Mandy Stahre, Katy Fredrickson, Jodi Joyce, Deborah/Forks Hospital, Emily Transue

HCA Staff: Heleena Hufnagel, Laura Pennington, Heather Schultz, Amy Wolf, Karla Cowan, Carey Wallace, Karen Yao, Christine Davis, Ashley Bennett, JoEllen Colson, Andrea Estes

Agenda Item	Discussion
<p><u>Recap of the October PMCC Meeting:</u></p> <ul style="list-style-type: none"> • Discussion and public comment • Final Vote 	<ul style="list-style-type: none"> • Dr. Zerzan-Thul welcomed new members to the Committee and thanked retiring members for their participation. • Dr. Zerzan-Thul provided the Committee with a recap of discussion items from October 13, 2025, PMCC meeting. This included: <ul style="list-style-type: none"> ○ A brief overview of the proposed measures selected for the core set and supplemental set, and a preliminary vote by the Committee. ○ 2026 changes to HEDIS measures and reporting and potential impact to the existing WSCMS, including the transition toward ECDS only reporting and FHIR standard. ○ Topic areas to revisit in 2026, including patient experience measures and hospital performance measures. ○ Other quality topics that impact public health in WA. ○ Potential presenters to the PMCC.
<p><u>Biennial Review of the WSCMS:</u></p> <ul style="list-style-type: none"> • Recap of October meeting • Public comments received <ul style="list-style-type: none"> ○ Core and supplemental measure sets ○ Additional comments • Final Vote to adopt core and supplemental measure sets 	<ul style="list-style-type: none"> • Laura Pennington provided the PMCC with a brief recap of activities for the 2025 biennial review of the WSCMS, including the measures selected by the Committee for preliminary adoption for the core and supplemental measure sets. • Laura shared the feedback HCA received during the public comment period for the core and supplemental measure sets. These included: <ul style="list-style-type: none"> ○ Concerns from rural health providers regarding their ability to report on small denominators, including the HEDIS measures Plan All Cause Readmission (PCR), Prenatal/Postpartum Care (PPC), Depression Remission and Response for Adolescents

and Adults (DRR-E), and Follow-up After ED Visit for SUD (FUA) .

- Questions around the selection of HEDIS cervical cancer screening (CCS-E) for supplemental rather than core measure set.
- Comments from Committee and public regarding the core and supplemental measures and small numbers reporting:
 - Consider using minimum denominator counts for required reporting, as needed.
 - Request to clarify what “ minimum denominator requirements” are for reporting and to whom (i.e. [NCQA requirements for reporting](#) generally look to <30 for effectiveness of care measures, 100 responses for CAHPS surveys, etc.)
 - Distinguish between data quality issues(Validity), vs. privacy concerns that may arise from small numbers, especially for public reporting.
 - How does WA handle reporting on small numbers and suppression?
 - We can also consider in cases where there are small numbers in one year, whether the reporting unit can produce a two- or three-period (depending on interval of reporting) rolling average of the measure in question. That way, you still get valid data of the measures of interest. And a further refinement can be using Bayesian methods for small area estimation.
- Next Steps:
 - HCA will review the questions from participants regarding small numbers and bring the information back to the PMCC in Q1 2026 for more discussion.
- Comments from the Committee and public regarding the cervical cancer screening HEDIS measure (CCS-E) on the supplemental set:
 - American Cancer Society has changed its recommendations, including making HPV primary for testing, promoting home kits, and addressing concerns for under screening for cancer via PAP smear and/or HPV test for older women.
 - One member notated that the updated recommendations were just released, and it may be worth monitoring the data for at least a year; it remains to be seen as to whether the new recommendations (such as the home kits) change the data results.
 - Cervical cancer screening remains a priority for select regions and populations, as does breast and colon cancer.
 - Several committee members reminded folks that the PMCC has just completed the review of all measures on the WSCMS. They suggested focusing on the value of the core measure set as a whole, while still acknowledging that all measures on the WSCMS remain important.
 - Next Steps: The PMCC agreed to revisit CCS-E as necessary in 2026. Committee member Larry Kessler has offered to bring back additional information to the PMCC at a future meeting.
- **The Committee took a final vote to adopt the core and supplemental measure sets. The WSCMS will be updated to reflect these changes for MY 2026.**

- Next Steps:
 - HCA will commit to prioritizing these measures in our contracts with health plans and other quality initiatives.
 - The Common measure set will be updated and sent out to committee members and updated on our HCA webpage.
 - A notice will be sent through Gov delivery, along with a link to our webpage and a brief explanation of how the measures will be used.
- Feedback from the Committee regarding other public comments:
 - HIV-AD: Request from public comment is to continue to monitor this important and critical area, as we have been able to make significant progress in our state through a partnership with the National Alliance of State and Territorial AIDS Directors (NASTAD).
 - HCA currently reports this measure to CMS as part of the CMS Child and Adult Core measure sets.
 - This measure is “one of the few outcomes measures on the WSCMS” and may be used as a proxy for other measures.
 - A Committee member noted the federal de-prioritization of HIV.
 - Dr. Zerzan-Thul also noted that HIV is largely represented in our MCD population under the adult core measure set; HCA will continue to track this.
 - Another Committee member notated that DOH also report on this population.
 - Committee member Ginny Weir noted that the Bree Collaborative developed recommendations for HIV. They can be found here: [BREE LINK](#).
 - **The Committee voted to move this measure from recommended for removal into the monitoring category.**
 - Patient Centered Contraceptive Care-Survey (PCCC-RS) measure:
 - HCA has partnered with UCSF to pilot the use of the PCCC survey over the past year and have offered to bring the findings to a future PMCC meeting, if there is interest.
 - PCCC-RS has been endorsed by the Partnership for Quality Measurement (PQM).
 - Committee members expressed interest in this measure, especially around the data validation, variations in the way questions were posed to respondents, and how the information was scored across different demographics.
 - One member noted that CAHPS is a blind sample and difficult to identify action steps but they are interested to see how this measure survey could be useful for improving health outcomes.
 - Dr. Dehlendorf from UCSF indicated that they did a lot of work with Spanish-speaking populations to validate the survey. In addition, they worked with Mass to include up to 30 different language offerings, however those have not been validated as much as with the Spanish population. They are still working on smaller populations such as Haitian-Creole, and for different medical literacy levels. Support from WA via

	<p>reporting and public support for this measure on the WSCMS may help them to obtain additional funding in the future.</p> <ul style="list-style-type: none"> • Next Steps: <ul style="list-style-type: none"> ○ The Committee has expressed learning more in 2026. ○ The measure developers are willing to come back and present to the PMCC. Laura and Heleena will work on connecting with them.
<p><u>Visual Templates for updated WSCMS:</u></p>	<ul style="list-style-type: none"> • Laura Pennington shared (3) templates for updating the WSCMS in 2026. The updated template will be on the public HCA PMCC webpage. The Committee was asked if there was a preference for style and presentation of the core and supplemental measure sets. • Committee members generally liked options 1 and 2. • Folks also liked alphabetical, organized by set and detailed displays of measure specifications and/or linked to more info. • Another member indicated that it may be useful to also include the location for measure specifications and whether it is free or if audiences may need to pay for full specification. • Some Committee members noted that different audiences may have different needs; it is important to understand what the purpose of the visual will be. • One Committee member suggested that it may be helpful to work with the HCA Communications team regarding how best to present the materials in a digestible way for broad audiences. • Other Committee members recommended adding links for where to find more info. • Next Steps: <ul style="list-style-type: none"> ○ Laura and Heleena will discuss opportunities with HCA Communications team and update the Committee at the next PMCC meeting.
<p><u>Looking forward to 2026:</u></p> <ul style="list-style-type: none"> • Revisit in 2026: <ul style="list-style-type: none"> ○ Patient experience measures ○ Hospital performance • Other topic specific discussions for 2026 • Presentations/desires for 2026 from Committee members 	<ul style="list-style-type: none"> • Heleena Hufnagel resumed the conversation from October’s PMCC meeting around ongoing quality topic discussions for the PMCC in 2026. • Recommendations from October PMCC for discussion topics: <ul style="list-style-type: none"> ○ Discuss “problematic data,” and how we address important measures that we cannot readily get data for. ○ Discuss the overall status of public health, outside of specific clinical measures. ○ Potential for presentation from payors or OIC to discuss how they collect and maintain performance data. ○ Potential presentation from those with hands on experience using FHIR and ECDS measures in their operations. <ul style="list-style-type: none"> ▪ Rick and other Committee members will look for potential presenters. ○ Health Equity presentation: With current federal changes, how is WA state supporting diverse populations who may be impacted by these changes? How does this impact our data collection and monitoring? ○ Potential presentation: An ideal guest speaker would be someone who is, themselves, responsible for pulling the data to support these measures. For contrast, maybe there could be two guests, someone from a small system and someone from a large system? Those boots on the ground perspective would be very helpful. • Comments from Committee Members:

	<ul style="list-style-type: none"> ○ Several Committee members expressed interest in identifying populations that are at risk for service disruption resulting from federal changes to healthcare programs (rural health and tribal members were highlighted). ○ One member indicated that the uninsured population/FFS remains a blind spot for most quality measures. The proportion of uninsured is “likely to increase,” and how might the Committee explore these populations which may not be identified through insurance reporting. ○ One member noted that the Committee has struggled in the past with identifying their role as stewards of measures vs. improving health outcomes. Would interest in additional topics include elevating our conversations with others who may have the ability and/or resources to act on Committee recommendations? ○ Several Committee members noted that addressing the macro issues with health care may be out of the scope of the PMCC, but it is within the purview of the PMCC to consider how those changes can impact on the quality of care and performance on the measures in the WSCMS. ○ One member noted that it may be beneficial to bring in health care partners and the public to these discussions, as they may be able to share their knowledge with the PMCC and inform the PMCC on what is actionable. Essentially, the “PMCC is not executing but teeing-up conversations for others” who have the resources to take action. ○ The goal is to promote and identify the right measures. Understanding the health care landscape helps us to do that. ○ Given Medicaid changes anticipated for 2027, the PMCC platform can be a think tank to discuss the core set and consider populations which may be impacted by the ongoing changes. ○ The PMCC doesn’t have a clear sense of “if we are doing a good job” in identifying and stewarding measures. ○ Several members recommended developing a charter, along with a “Hippocratic oath” to guide the PMCC in the future. ○ It was noted that the original authorizing statute is vague, and the PMCC has not had a charter in the past. The scope and purpose has changed significantly since the original legislature in 2014 and there are efforts to update PMCC activities with the Governor’s office. ● Next Steps: <ul style="list-style-type: none"> ○ Laura and Heleena will develop a 2026 topic/presentation survey and follow up with Committee members via email prior to the next PMCC meeting. ○ The Committee will revisit the topic discussion at the next PMCC meeting. ○ Heleena will continue to work with the Governor’s office regarding the PMCC and options for the development of a PMCC Charter.
Next Meeting:	<p>February 10, 2026, 10:00 a.m. -12:00 a.m.</p> <p>Proposed agenda topics:</p> <ul style="list-style-type: none"> ● Initial discussion on patient experience and/or hospital measures

