

- 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.
- Co-Chairs:** Judy Zerzan-Thul & Drew Oliveira
- PMCC members:** Vishal Chaudhry, Herbie Duber, Kim Emery, Gary Franklin, Sara Hallvik, Becky Harless, Theresa Hattori, Darcy Jaffe, Larry Kessler, David Mancuso, Eli Kern, Rick Rubin, Jennifer Love-Tillotson, Ginny Weir, Karie Nicholas, Yogini Kulkarni-Sharma, Jeffrey Gibbs, Demetria Malloy
- Staff:** Heleena Hufnagel, Laura Pennington, Heather Schultz, Shelbie Gerdts

Agenda Items	Discussion
<p>Brief recap of PMCC December meeting</p>	<p>Judy Zerzan-Thul provided a brief summary of the December meeting:</p> <ul style="list-style-type: none"> • Final approval for the Core and Supplemental Measure sets <ul style="list-style-type: none"> ○ Notice to members that the updated WSCMS visual for 2026 is now on the public facing web page. • The PMCC proposed topic areas for discussion in 2026: <ul style="list-style-type: none"> ○ Revisiting the hospital and patient experience measures ○ Discussed clinical and data topics of interest for PMCC members • The topic survey was sent out to PMCC members via email for voting and presentation at today’s meeting.

“ State of the State” current updates for 2026:

- Federal changes in 2026 (including HB1, NCQA and CMS updates)
- State and agency priorities
- Considerations for the PMCC

Judy Zerzan-Thul shared high level federal and state updates with the Committee. These included:

- H.R. 1 and impacts to WA: HCA is working on a new informational PowerPoint slide set that will provide updates about H.R. 1 impacts. It will be sent out when it is available. In the meantime, you can visit the HCA website at: [H.R. 1 impacts | Washington State Health Care Authority](#) for additional information. The web page also provides links to the current projected timeline and notice for upcoming 2/26 webinar on the federal changes.
- Rural Health Transformation Project: Announced 2/10/2026, the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) approved Washington state’s revised budget for the [Rural Health Transformation \(RHT\) Program](#). CMS has allocated Washington a year 1 budget of \$181 million.
- Primary care transformation: HCA Director Ryan Moran recently met with MCOs, PEB and SEB plans to discuss supporting primary care. HCA is working on refreshing the primary care MOU and have proposed new work that includes:
 - Primary care spend target
 - Promoting greater quality measure alignment
 - Encouraging practices to go through a recognition process [Primary Care Practice Recognition | Washington State Health Care Authority](#) that will help us collect data on practice capabilities and gaps
- HCA still intends to keep working on primary care transformation.

Additional Comments:

- Support for VBP is still ongoing. Efforts to reform payment systems are still ongoing.
- Measuring VBP implementation: The Health Care Payment Learning and Action Network (HCP-LAN) has been [measuring progress](#) thus far. AHIP and BCBS Foundation are partnered to continue this measurement. There has been some flattening in the commercial space, but Medicare is still going strong and we are seeing increased expansion in Medicaid.
- Something to consider: We may want to track the percentage of insured people that can be attributed to a PCP.

We will continue to update the PMCC as more information becomes available.

Revisiting the measures placed on hold in 2025:

- CAHPS
 - Recap of measures on the WSCMS
 - Discussion with the Committee
 - Committee Vote

Laura Pennington opened the discussion with PMCC members regarding the CAHPS measures placed on hold during the biennial review in 2025.

Background:

- There were previously (4) patient experience measures on the WSCMS.
- HCA uses select CAHPS measures in their health plan contracts and CAHPS reporting is required by CMS.
- In previous conversations, Committee members and health plans identified similar challenges with CAHPS measure reporting, including declining response rates, timeliness of information, associated costs

Question for the Committee: Should CAHPS measures be included in the WSCMS?

Discussion with Committee:

- CAHPS have limited value. Only English and Spanish are available. If we were to keep any, recommendation is the patient experience physician bundle.
- Delayed, low response rates. All practices do conduct patient satisfaction surveys. We may have higher response rates number wise looking at these. There are plenty of standardized tools like Press Ganey for it.
- Also, some health plans use proxy measures to deep dive into responses and get more meaningful information. However, this may be difficult to align across plans. It may be wise to explore more before selecting anything right now.
- From a public health perspective, how we collect lived experience isn't always helpful, as inequities are hidden in aggregate data. A low response rate is one thing, but the interpretations of questions and the concepts behind them is something else. You cannot readily correct for this type of bias in the data.
- Comments from local convenings and partnerships indicate the CAHPS questions do not always represent client populations. Adding equity questions to community advisory councils surveys increased engagement with members.
- Patient experience measures are recommended by the Bree Collaborative. Specific CAHPS examples are provided.
- Several health systems that have switched to the updated Press Ganey surveys have expressed more satisfaction with using them. (Note: Press Ganey is one CMS approved vendor but has widespread market use).
- We just reduced the WSCMS, not looking to add more back on, and we would have difficulty judging conclusions. This may be an opportunity to discuss patient experiences.
- The UW has created a crosswalk to map PG scores by CG CAHPS. This may be something we can look at.
- Health plans have heard similar comments around blind surveys--from the provider's perspective, are not

actionable. Also, surveys go out at a significant time after the encounter.

- Small sample sizes are also a barrier, especially in rural areas. You may get minimal surveys and cannot do anything with them.
- Patient experience is often based on more than just the provider's interaction. The time/location also impact the overall satisfaction. Caring is a team experience.
- We need to consider that patient experience surveys should include a patient's experience with interacting with the full health system and not just their interaction with providers. This may reflect unfairly on the provider if they have had a negative experience with other aspects of the care delivery system.
 - One organization recently updated their experience surveys to include interactions with a specific provider.
- In larger organizations, response rates are low and often responses are received based on very good or very bad experiences.
- Press Ganey has updated their surveys and added provider specific questions which make the ask clearer for survey respondents.
- Post Covid trends are showing improvement in PCP access, but specialty care is still an issue. Investing in messaging and talking points, using direct scheduling apps with EMRs has helped a lot but it is still up and coming.
- When patients understand the reality of situations, they are more likely to be understanding with their feedback.
- Engagement in a different way with health plans:
 - Advisement from member advisory groups makes a big difference and is part of the organizational plan.
 - Recruit across different regions and populations as part of Governance structure.
 - Recommendations feedback loop has been useful and helps create action.
 - Incentivizing 9-month provider training (investing in education).

Next Steps:

- The committee agreed that it would be helpful to learn more about:
 - How health plans are assessing patient experience outside of CAHPS
 - NCQA person-centered outcomes measures pilots
 - UCSF and HCA pilot results of implementation of the Patient Centered Contraceptive Care (PCCC) measure
- CHPW (Dr. Malloy), Molina Healthcare (Yogini Kulkarni-Sharma) and CCW (Kari Gilson) agreed to present their experience with using different tools to assess member performance.
- Heleena and Laura will reach out to those interested in presenting.

Revisiting the measures placed on hold in 2025:

- Hospital Measures
 - Recap of measures on the WSCMS
 - Discussion with Committee
 - Committee Vote

Laura Pennington opened the discussion with PMCC members regarding the hospital quality measures placed on hold during the biennial review in 2025.

Background:

- The committee selected two hospital-based measures to add to the updated WSCMS
 - Plan all cause readmission- Core
 - Patient Safety composite – Supplemental

Questions for the Committee:

- How do we want to monitor hospital performance?
- Are these the areas we want to monitor? Should we consider alternative measures?
- How would the Committee like to receive updates on the hospital measures?

Discussion with the Committee:

- Conceptually, there is value in monitoring hospital performance. The challenge is that hospitals can operate very differently and there would not be a single measure that would be useful across all systems.
- Using a single measure would miss experience and also safety.
 - Ex.) Leapfrog does grades but skips critical access hospitals and specialty children's hospitals.
 - Hospitals could get an A on the CMS measures they report on but this may not be reflective of actual experience.
- Note: For HCA's State Directed Payment, the expected to observed rate is used, which would help with risk adjustment.
- Similar to the previous CAHPS question, maybe this is less about measures and more about how we are doing in WA?
- The difficulty is that not all hospitals provide the same services and track the same things, so it won't always be an "apples to apples" comparison.
- It is important to monitor hospital performance, but instead of using a retrospective process, it would make sense to let them decide in advance what makes sense for them to track performance on (i.e. specialties or populations served). This helps to avoid "cherry picking."
 - Consider Ad hoc check ins, as needed.
- Based on the discussion, Laura proposed that we consider approaching the monitoring of hospital performance from a high level, considering what data sources we can leverage:
 - Regular WSHA updates
 - Updates from rural hospital systems
 - Look at annual Leap Frog results
- This approach also leverages existing data and reporting without adding additional measurement burden.

Next steps:

- Laura and Heleena will reach out to Darcy Jaffe to share the conversation points with her and provide a recommended timeline leveraging existing data reports.

Topics of Interest Identified by the Committee for 2026:

- High level overview of focal areas the Committee discussed in October-December 2025
- Results from the survey sent to PMCC in January
- Discussion around tentative timeline for presentations

Heleena Hufnagel shared survey results for the topics of interest recommended by Committee members in 2026.

These included:

- Data and monitoring
- Quality of Care
- Additional topics of interest

Committee members selected 2-3 focus topics for discussion in 2026.

Question for Committee Members:

- What order would the Committee like to begin?
- Are there presenters they would like to recommend (including themselves) to lead the conversations?
- Is there an opportunity to combine some of the recommendations (i.e. combine federal impacts with rural health)

Note: For 2026, we do not have additional ad hoc meetings scheduled. These discussions will occur during regularly scheduled PMCC meetings.

Discussion with the Committee:

- Opportunity to combine discussion topics: There is a natural alignment around federal impacts and how we are addressing disparities and gaps. Consider combining these two.
- We have [also] had great conversations with tribes discussing opportunities for how we can leverage tribal data to better understand gaps and data governance concerns while creating understanding and awareness around Tribal sovereignty. DOH works closely with Tribal partners who may be a good resource to engage in this discussion.
- JanMarie Ward and Cindy Gamble have presented at the Bree on an indigenous health framework. We may want to invite to a future meeting.
 - <https://www.youtube.com/watch?v=4gv-9Y1auzQ>
- The Bree is part of a group working on developing a healthcare data portal. It might make sense to invite them.
- There is interest in the upcoming changes in measurement strategies at NCQA and aligning this with the data discussion around gaps and opportunities.

Regarding the order:

- We have talked a lot about FHIR and what is coming down the road, which cuts across a variety of initiatives. What are challenges and opportunities with API information exchange? This is also something we can do now and that could be paired with the Bree's suggestion.
- Federal changes and challenges for at risk populations: This topic feels especially timely and a good starting place for Committee discussion: With current federal changes, how is WA state supporting diverse populations who may be

	<p>impacted by these changes? How does this impact our data collection and monitoring?</p> <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • Heleena and Laura will reach out to potential facilitators and presenters. • This initial discussion topic will be brought to the May PMCC meeting.
<p>Wrap Up</p> <p>Next Meeting Date/Time:</p> <ul style="list-style-type: none"> • Date: May 11th, 2026 @ 10:00 a.m.-12:00 p.m. <p>Proposed Agenda:</p> <ul style="list-style-type: none"> ○ NCQA updates for 2026 ○ Recommendations from today's topic focused meeting 	<ul style="list-style-type: none"> • There were no questions or comments received today during the public comment portion of the meeting. • Heleena and Laura will reach out to prospective presenters regarding the topics of interest recommended by the Committee for discussion at the upcoming May PMCC meeting. • If you have any questions or suggestions, please contact HCA staff at HCAPMCC@hca.wa.gov

Additional attendees:

Peter Mann-King, Director of Clinical Quality and Safety, HealthPoint
LaDon Kessler, Comagine Health
Kristian Rodriguez, DSHS ALTA QA policy program manager
Joy Heemsah, Revenue & Coding Manager for Yakama Nation
Kenisha Campbell MD, CMO Seattle Children's Care Network
Jill Knoblauch-Prosperity Wellness Center Admission Tacoma Washington
Usha Sankrithi, CMO, Coordinated Care of WA
Van Chaudhari, Administrator, UW Medicine population health and value-based care
Mayday Levine, VP BH Plan Operations w/ Coordinated Care of WA
Kari Gilson, VP Quality at Coordinated Care of WA
Karen Yao, Epidemiologist, Health Care Authority
Ashley Bennett, Health Equity Program Manager, Health Care Authority
JoEllen Colson, Clinical Strategy and Operations ,Health Care Authority
Staci West
Stefanie Davis
Violet Brown
Darlene Halverson