

Performance Measures Coordinating Committee Meeting Summary for October 13, 2025

Present: Judy Zerzan-Thul, Vishal Chaudhry, Herbie Duber, Kim Emery, Sara Hallvik, Theresa Hattori, Tracy Wellington (Darcy Jaffe), Larry Kessler, David Mancuso, Rick Rubin, Ginny Weir, Kari Nicholas, David Mancuso.

Guests: Ashley Bennett, JoEllen Colson, Karla Cowan, Kahlie Dufresne, Nicole Fields, Tracy Fitzgibbon, Veronica Flores, Colleen Haller, Dennis Hsieh, Jodi Joyce, Kim Wallace, Jennifer-Love Tillotson, Hope Kilbourne, Kristian Rodriguez, Laura Ryan, Kari Samuel, Katie Shebasta, Elena Sawyer, Karen Yao, Carey Wallace.

HCA Staff: Heleena Hufnagel, Heather Schultz and Laura Pennington, Shelbie Gerds

Welcome and Introduction

Judy Zerzan-Thul, Medical Director at the Health Care Authority, welcomed attendees and thanked them for participating in the meeting. Dr. Zerzan-Thul reminded everyone of the importance of keeping this a transparent process, allowing for public input and opportunities for participation, and sharing all meeting materials and summaries on the PMCC webpage. Dr. Zerzan-Thul reviewed the objectives for the meeting which included: (1) Briefly recap of the 2025 Biennial Review of the Washington State Common Measure Set (WSCMS); (2) Recommendations for core and supplemental measure sets; (3) Discussion with Committee members and preliminary vote; and (4) PMCC updates for 2026.

1.) Biennial Review of the WA State Common Measure Set (WSCMS):

- The PMCC completed their formal review of the WSCMS and identified priority measures for addition to the core and supplemental sets.
- The recommendations for the core and supplemental measure sets were brought to the Committee for a preliminary vote.
- Laura Pennington from the Health Care Authority led the PMCC through the initial discussion and voting process.

2.) Biennial Review of the Washington State Common Measure Set:

- Brief background:
 - The PMCC agreed to reduce the size of the current common measure set and identify priority measures that may be considered for a core set of measures that would be prioritized in VBP and health plan contracts. The recommended core set size was 8-10 focus measures.
 - Committee members were also asked to consider <20 measures appropriate for a supplemental measure set. The Committee recognized that some measures on the core set will not be appropriate for all health plans, and the supplemental set includes measures which are appropriate replacements for health plan contracts.
 - HCA received a total of 11 review template responses, 9 from Committee members and 2 from subject matter experts. Some templates included additional input from Committee member colleagues.
 - A total of (12) measures were recommended for addition to the core set and (10) measures were recommended for addition to the supplemental measure set.

- To maintain the goal of <10 measures on the core set, the Committee members completed a ranking exercise. The lowest ranking (2) measures on the core set were added to the supplemental measure set.

3.) Discussion and Vote:

- Committee review of ranking exercise:
 - On scale of 1-12 (12 being lowest priority), the Committee discussed the lowest ranking (4) measures on the core set.
 - Several Committee members expressed concern for a lack of care coordination measures in the Core set.
 - Regarding immunizations, it may be more difficult to achieve goals with the changes from ACIP and CDC.
 - Committee members also expressed concern that the lowest ranking measures were the only BH measures in the Core set and felt that there needed to be at least 1-2 included to maintain focus on this topic.
- Comments:
 - DRR-E is a data collection challenge for health plans, due to the inconsistent reporting from providers.
 - Rural follow up is difficult, especially when people may have to travel outside of their area for services.
 - It is not easy for hospitals to collect much of this data, especially when individuals leave the hospital and seek services elsewhere.
 - For DRR-E, the numbers reported are very small, but they are growing. It may take some time to see progress, but the state is making headway.
 - FUH and FUA are claims based, which makes the data source more reliable.
 - FUH is a long game but important to track.
 - FUH is common for clinicians and partners to look at, FUA depends on the topic and may be focused on smaller populations.
 - Reminder when looking at follow up measures: not all who visit the ED for SUD are seeking follow up. We should be focusing on those individuals who are activated to seek follow-up care when considering how we view performance, and this is hard to get from a measure denominator.
 - Given SUD's impact on health and the high cost associated, FUA is important to have in the Core set.
 - There are challenges to engagement with MH needs, but collective experience indicates that FUA may be the best tool we have for right now.
- The committee agreed to move DRR-E and FUA back to core.
 - Question: What are payors doing to facilitate change in the follow up measures? What is the clear intervention?
 - Health plans have CM systems that attempt to address this and reach out to members, including gift cards and setting up transportation.
 - Increased focus on provider engagement to support follow up, especially for individuals on the "do not call" list.

The committee voted to adopt the following Core set of 10 measures:

- 1.) Breast Cancer Screening (BCS-E)
- 2.) Child and Adolescent Well-Care Visits (WCV)
- 3.) Childhood Immunization Status (CIS-E) Combination 10
- 4.) Colorectal Cancer Screening (COL-E)
- 5.) Controlling High Blood Pressure (CBP)
- 6.) Glycemic Status Assessment for Patients with Diabetes (GSD)

- 7.) Plan All-Cause Readmissions (30-day) (PCR)
- 8.) Prenatal/Postpartum Care (PPC)
- 9.) Depression Remission or Response for Adolescents and Adults (DRR-E)
- 10.) Follow-Up After ED Visit for Substance Use (FUA)

- Supplemental Set Review:

- Committee members discussed several measures that were proposed for reconsideration and addition to the Supplemental measure set.
 - BPD:
 - i. The Committee believed this measure's goals to be represented by CBP on the Core set, as people with diabetes are included.
 - Opioid at high dosage measures (Bree and HDO):
 - i. Committee members felt that these measures are hard to monitor in rural areas with limited access to resources.
 - ii. Committee members felt the opioid epidemic is still ongoing, and there needs to be formal tracking of this topic in some way.
 - iii. WA is doing better than many states.
 - iv. Request for performance information on these measures to be brought to future meeting.
 - v. The committee agreed to add to a list of monitoring measures for further discussion.
 - Obesity measures:
 - i. The committee discussed the impact of obesity on overall health and the lack of measures for adults.
 - ii. NCQA is working on development of new ECDS obesity measures and the committee agreed to add to revisit once those are available. No timeline announced yet.
- Preliminary measures approved for the Supplemental set:
 - 1. Adult Immunization Status (AIS-E)
 - 2. Cervical Cancer Screening (CCS)
 - 3. Chlamydia Screening (CHL)
 - 4. Depression Screening and Follow Up for Adolescents and Adults (DSF-E)
 - 5. Follow-up After Emergency Department Visit for Mental Illness (FUM)
 - 6. Follow-Up Care for Children prescribed ADHD Medication (ADD-E)
 - 7. Kidney Health Evaluation for Patients with Diabetes (KED)
 - 8. Patient Safety for Selected Indicators (composite measure)
 - 9. Statin Therapy for Patients with Cardiovascular Disease (SPC-E)
 - 10. Well Child Visits in the First Thirty Months of Life (W30)
 - 11. Follow-Up After Hospitalization for Mental Illness (FUH)
 - 12. Immunization for Adolescents (IMA)

- Next Steps:

- Discussion on how the Core set and Supplemental set will be used going forward.
- Annual review process to track performance.
- Open public comment period before final vote in December.
- Committee members will be provided feedback from public comment in advance of December meeting.

4.) Looking forward to PMCC activities in 2026:

- Heleena Hufnagel from the HCA shared the 2026 updates to HEDIS measures and reporting. This includes changes to measure specifications for select measures on the WSCMS, NCQA's transition toward ECDS only reporting, and changes to terminology to align with FHIR.
- Additionally, Heleena discussed topic areas that the Committee will need to revisit in 2026. These include the patient experience measures (CAHPS) and the hospital performance measures.
- Lastly, the Committee was asked to think about other topics, specific discussions they would like to have in 2026, and recommendations for guest presentations.
- Thoughts from Committee:

- 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, and what measures they are using and how they are able to reduce provider burden.
- Potential presentation from those with hands on experience using FHIR and ECDS measures in their operations.
 - 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.
- Next Steps:
 - HCA will bring these recommendations back to the December PMCC meeting for additional discussion.
 - HCA will check in with Committee members and subject matter experts to further develop recommendations.

5.) Public Comment:

- No comments from members of the public during the public comment period.

Next Meeting:

- 2025 Q4 PMCC meeting: Monday, December 15, 2025, 9:00 a.m.– 11:00 a.m.
- Agenda topics:
 - Final vote for core and supplemental measure sets following formal public comment period
 - Year in review accomplishments for the PMCC
 - Proposed topics for 2026
 - PMCC Charter
- Questions regarding the biennial review or ideas for 2026 presentations may be sent to hcapmcc@hca.wa.gov.