

Performance Measures Coordinating Committee Council Meeting

Wednesday, May 7, 2025
9:00 a.m. – 11:00 a.m.

Housekeeping

- ▶ 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

- ▶ 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 at hcapmcc@hca.wa.gov

*<https://www.hca.wa.gov/about-hca/who-we-are/washington-state-common-measure-set>

Welcome & Introductions

▶ Please share the following

- ▶ Your Name
- ▶ Your Role
- ▶ Your organization

Today's Objectives

- ▶ Welcome and Introductions
- ▶ Recap of the February PMCC meeting
- ▶ Rural Health Ad Hoc Workgroup Final Recommendations
- ▶ Biennial Review of the WSCMS
- ▶ Public Comment
- ▶ Wrap Up

Recap of the February 2025 PMCC Meeting

- ▶ Updates from the Rural Health ad hoc workgroup
- ▶ Introduction to the Biennial Review of the WSCMS
 - ▶ Finalized recommendations to reduce size of core set
 - ▶ Overview of the measure review template and measure review criteria
 - ▶ Next steps for Committee members
- ▶ High-level overview of priorities in 2025
 - ▶ Biennial review of the WA state common measure set
 - ▶ NCQA and CMS quality measure anticipated changes in 2026.

Rural Health Ad Hoc Workgroup Final Recommendations

Laura Pennington, HCA and Kim Emery, CCHS

Workgroup membership

Member	Organization
Amy Diaz	Kittitas Valley Healthcare
Becky Harless	Whidbey Health
Darcy Jaffe	Washington State Hospital Association
Heather Reathafor	Whitman Hospital & Medical Clinics
JoEllen Colson	Health Care Authority
Kari Nicholas	Foundation for Healthcare Quality
Kelly Shaw (Co-Lead)	Department of Health
Kim Emery (Co-Lead)	Columbia County Health System
Mandee Olsen	Kittitas Valley Healthcare
Melissa D Strong	Mason General
Nicole Fields	Department of Health
Theresa Hattori	Community Health Plan of Washington
Tracy Wellington	Washington State Hospital Association

Charge of the workgroup

- ▶ Identify current alignment of measures and gaps within the WSCMS to rural health priorities
- ▶ Review measures for potential addition to the WSCMS
- ▶ Explore opportunities to consistently apply a rural lens during the measure review process
- ▶ Consider how the PMCC can work more closely with rural health communities and tap into their expertise
- ▶ Identify opportunities to promote rural health priorities through the WSCMS
- ▶ Develop and present recommendations for the PMCC to consider

Review process for workgroup

Step 1

Identify what is
currently being
used in rural
communities



Step 2

Compare to
measures in the
WSCMS



Step 3

Identify
recommendations
for the PMCC to
consider

Step 1: Identify what is currently being used in rural communities

- ▶ Required vs voluntary
- ▶ Meaningful to rural health
- ▶ Hospital vs. Ambulatory
- ▶ Priorities to your communities
- ▶ Current barriers
 - ▶ Administrative burden
 - ▶ Lack of complete data
 - ▶ Easily collectible vs difficult
 - ▶ Confidence in the data

Key themes – barriers to reporting

- ▶ Lack of standardization
 - ▶ Numerous measures reportable through multiple programs, both required and voluntary
 - ▶ Different people report different things within an organization, which can lead to potential duplication
 - ▶ Measures and the reporting activities are not consistent between communities
 - ▶ They are all doing it a bit differently and use different methodologies, which makes comparison difficult
- ▶ Depends on what type of organization is reporting
 - ▶ It is more difficult to collect clinical measures than hospital measures due to different systems and organizational size
 - ▶ CAHPS measures are easier for clinics than hospitals due to patient size
- ▶ Voluntary measures
 - ▶ If they want to add a non-required measure, they must develop it themselves
 - ▶ Lack of trust of the data for measures that are not based on national standards

Step 2: Compare to measures in the WSCMS

Washington State Common Measure Set, 2025

Please identify which measures on the following list your organization currently uses:

#	Measure Name	Measure Steward	Required Reporting	If required, whom do you report to?	Voluntary Reporting	If not using, please provide a brief explanation why not	Is there a similar measure that you use? (Please provide name and measure steward)	Please indicate with an X if you think the measure should remain on the WSCMS	Please share any additional relevant information
Primary Care And Prevention									
Primary Care and Prevention – Children and Adolescents									
1	Audiological Evaluation No Later Than 3 months of age	CDC							
2	Child and Adolescent Well-Care Visits (WCV)*	NCQA (HEDIS)							
3	Childhood Immunization Status (CIS-E) Combination 10 (Uses Electronic Data System (ECDS) reporting)	NCQA (HEDIS)							
4	Immunizations for Adolescents (IMA)*	NCQA (HEDIS)							
5	Primary Caries Prevention Offered by a Medical Provider	HCA							
6	Well Child Visits in the First Thirty Months of Life (W30)*	NCQA (HEDIS)							
7	Youth Obesity (Self-reported BMI) ↓	DOH							
8	Youth Substance Use ↓	DOH							

General observations

- ▶ Not as much alignment as originally thought
 - ▶ Only one measure that was required reporting for all
 - ▶ Catheter-Associated Urinary Tract Infections
 - ▶ Some measures are difficult for rural communities due to lack of access to services
 - ▶ Breast cancer screening is difficult for some providers due to a lack of mammography services
 - ▶ Lack of OB providers in rural areas
- ▶ Lack of familiarity with “state produced” measures
- ▶ Several measures that were “similar” to WSCMS measures that are currently being reported both required and voluntarily
- ▶ No mandatory reporting for pediatric measures
 - ▶ Low volume, no peds clinics part of health system
 - ▶ Pediatric immunizations are input into WAIS
- ▶ General agreement on which measures should remain on WSCMS

Measure recommended to remain on WSCMS

- ▶ All preventive screening measures
 - ▶ Breast, Cervical, Chlamydia, and Colorectal
- ▶ Pediatric measures
 - ▶ Well care visits, immunizations, youth substance use
- ▶ Diabetes measures
 - ▶ Blood Pressure Control, Glycemic Status Assessment, Kidney Health Evaluation
- ▶ Other (2 or more members selected)
 - ▶ Controlling High Blood Pressure
 - ▶ Patient experience measures – provider specific

Key themes – Critical gaps

- ▶ Youth behavioral health and substance use
- ▶ Impact of heat and wildfire smoke on health outcomes
- ▶ Overall access
- ▶ Patient experience
- ▶ Measures that monitor time to appointment and distance traveled
- ▶ Population to provider ratio
- ▶ Screening for social needs
- ▶ Patient reported outcomes measures

Proposed recommendations

1. Addition of new measures that support rural priorities
2. Addition of alternative versions of current measures
3. Addition of a “sub-set” of measures particularly relevant to rural communities
4. Ongoing engagement of rural communities and application of rural lens to WSCMS
 - ▶ Are there additional opportunities for collaboration with rural providers?
 - ▶ Other suggestions you may have for ensuring the WSCMS reflects the work of rural health providers

1. Addition of new measures that support rural priorities

- ▶ No specific measures recommended for addition, more topic-focused
- ▶ Struggle with finding meaningful measures that are appropriate for rural health, outcomes-based AND meet criteria of being nationally endorsed
- ▶ Would like the PMCC to consider the following gap areas:
 - ▶ Youth behavioral health
 - Need to identify the best way to measure this area
 - ▶ Impact of heat and wildfire smoke on health outcomes
 - WSHA Medicaid Quality Initiative “home-grown” measure
 - Recommend the PMCC consider other ways to measure
 - ▶ Patient experience
 - CAHPS is difficult due to small numbers, although long term trending is useful
 - Is there a better way to do this?

Parking lot

▶ Overall access:

- ▶ This is a very complicated issue so it would be good to explore the best way to measure access
- ▶ As technology advances is there a better way to measure access?

▶ Patient reported outcome measures:

- ▶ CMS versions of Pro-PMs are difficult to implement at the larger health systems.

▶ Screening for social needs

- ▶ Pause for now but continue to monitor at the Federal level

Other recommendations

2. Addition of alternative versions of current measures
 - ▶ Controlling High Blood Pressure (CBP) or CMS165v13
 - The group was not in support of this, as they felt that it would cause confusion and promote duplicative reporting of both measures.
3. Addition of a “sub-set” of measures particularly relevant to rural communities
 - ▶ Agreement that it would be good to have a subset of measures that demonstrates and promotes alignment across rural organizations. Also appreciates a rural lens.
4. Ongoing engagement of rural communities and application of rural lens to WSCMS

Discussion/questions/next steps

- ▶ No “official” vote is needed at this time, as there are no recommended measures for addition
- ▶ Do you agree with the workgroup’s recommendation to take a deeper dive into the following topics:
 - ▶ Youth behavioral health
 - ▶ Impact of heat and wildfire smoke on health outcomes
 - ▶ Patient experience
- ▶ Do you agree with the workgroup’s recommendation to parking lot the following topics for now:
 - ▶ Overall access
 - ▶ Patient reported outcome measures
 - ▶ Screening for social needs

Closing

Please give a shout out to our workgroup members for their time, participation, and dedication to improving the health of individuals within their communities!



Biennial Review of the WA State Common Measure Set

Heather Schultz, HCA

Overview

- ▶ In February, the PMCC voted to reduce the overall size of the existing common measure set, focusing on identifying a smaller core set of priority measures.
- ▶ Committee members were provided with a measures template and defined set of criteria to review the current list of measures.
- ▶ The template asked members to identify if a measure was used by their organization, what its priority level is, and whether the measure was appropriate for the core set, removal or a measure subset for population health monitoring.

[Washington State Common Measures Set 2025](#)

Review of Responses

- ▶ HCA received a total of 10 review template responses, 8 from Committee members and 2 from subject matter experts. Some templates included additional input from Committee member colleagues.
- ▶ Any measure that received 4 or more recommendations was identified as a priority.
- ▶ A total of 6 measures were recommended for addition to the core set, 5 were recommended for removal, and 1 was recommended for addition to a subset of measures for monitoring purposes.
- ▶ Some measure focus areas were identified as “high priority,” but reviewers deferred to the Committee as to which measures they would prioritize for the core set (preventative screening, diabetes).

Ground Rules

- ▶ The goal is to have no more than:
 - ▶ 10 measures for the core set.
 - ▶ 2 measures from each domain.
- ▶ Just because a measure is not identified as a priority for the Common Measure Set, it doesn't mean it is not important.
- ▶ There are no final votes today; the goal is to narrow down the recommended measures for the core set.
 - ▶ Measures which require a more in-depth discussion may be placed in parking lot for future discussion.
- ▶ In the interest of time, initial review discussion is with formal committee members. There is a designated time for the public to weigh in later in the meeting.

Walk Through Review Findings

Laura Pennington, HCA

Washington State Common Measure Set | Washington State Health Care Authority

Public Comment

Sharon Eloranta, MD

Public Comment

- ▶ 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

Heather Schultz, MD



Changes in PMCC Leadership

- ▶ Sharon Eloranta, MD, will be stepping down from her role as Co-Chair of the PMCC
- ▶ Welcome to Drew Oliveira, MD, MHA, Executive Director of the Washington Health Alliance



**Many thanks to Sharon for your leadership over the past 3 years.
You will be missed!**



Wrap Up/Next steps

- ▶ Reminder: Please fill out the survey sent out on Friday indicating your availability for additional meetings over the summer
- ▶ PMCC members will discuss final recommendations and vote at the Fall meeting
 - ▶ Please note: If you have not completed the required PMCC membership application and OPMA training, you will not be able to vote
- ▶ Next Meeting:
 - ▶ TBD
 - ▶ Proposed agenda topics:
 - Continued review of the biennial WSCMS
 - Send additional questions to hcapmcc@hca.wa.gov ATTN: Heleena H. and Laura P.