

Performance Measures Coordinating Committee Meeting Summary for December 9, 2024

Committee members: Sharon Eloranta, Judy Zerzan-Thul, Vishal Chaudhury, Darcy Jaffe, Herbie Duber, Gary Franklin, Ginny Weir, Karie Nicholas, Kim Emery, Larry Kessler, David Mancuso, Becky Harless, Rick Rubin, Cindy McElhaney (Sara Hallvik), Alastair Matheson, Darcy Jaffe, Frances Gough, Theresa Hattori.

Guests: Missy Danforth, Leapfrog group

HCA Staff: Laura Pennington, Heleena Hufnagel, Heather Schultz, Shelbie Gertz

Additional Attendees: Stuart MacDonald, Carey Wallace, Karla Cowan, Meriah Gille, Kristen Rodriguez, Kari Samuels, JoEllen Colson, Karen Yao, Edwin Chen, Becky Breidenbach

Welcome and Introduction

Sharon Eloranta, Medical Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting. Dr. Eloranta 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 Healthier WA website. Dr. Eloranta reviewed the objectives for the meeting which included: (1) Brief recap of the October 2024 PMCC meeting; (2) Guest speaker Missy Danforth from the Leapfrog Group; (3) Ongoing discussion of the Health Equity Ad Hoc workgroup Recommendations (4) Planning Timeline of Activities for the PMCC in 2025; and (5) The PMCC Year in Review 2024.

1. Brief Recap of the October 2024 PMCC meeting

- Sharon Eloranta recapped highlights from the October 2024 PMCC meeting, including:
 - NCQA HEDIS measure updates for 2025.
 - Rural Health Collaborative Ad Hoc Workgroup: Next Steps
 - Health Equity Ad Hoc Workgroup Recommendations
 - Primary Care Measures Ad Hoc Workgroup Discussion and Final Vote on the Core and Alternative Measure Sets.

2. Special Guest: Missy Danforth from Leapfrog Group and the Hospital Safety Grade:

- Background: A review of Leapfrog's 2023 state rankings indicated that WA dropped from 19th to 25th place (Fall 2023). In spring 2024, WA was ranked 25th with 12 A grade hospitals, meaning WA is seeing positive improvement this year.
- To understand how hospitals are rated and to identify opportunities for improvement, the PMCC invited Leapfrog to learn more about the [Hospital Safety Grade](#) and their organization's approach to quality measurement.
- Background:
 - The Hospital Safety Grade is used by national and regional health plans, employers, transparency vendors, and consumers.
 - The purpose of the Leapfrog Hospital Safety Grade is to allow consumers to research hospitals and evaluate the safety and quality of their services.

- Additionally, the safety grade allows hospitals to compare their performance against others and identify opportunities for improvement.
- Types of Health Care Quality Measures Used by Leapfrog:
 - Structural
 - Process
 - Outcomes
- Wherever possible, Leapfrog uses existing outcome measures such as JCO/CMS.
 - Endorsement “is an indication that the measure is rigorous and has been specifically approved for use in public reporting and payment.”
 - If unavailable, they work with their national experts to develop new process and structure measures.
 - A range of existing, publicly reported patient safety measures are available from Leapfrog and CMS.
- Leapfrog’s Initiatives to Collect and Analyze Hospital Data:
 - Hospital Survey
 - ASC survey (Ambulatory Surgery Centers)
 - Hospital Safety Grade
 - Leapfrog VBP Program
- Hospital Survey:
 - Voluntary
 - Annual
 - Applicable to all hospitals
 - Includes <30 measures across patient safety, quality, and resource use.
 - Technical experts evaluate results and publicly report progress.
- Hospital Safety Grade
 - Biannual
 - “Safety Grades, A through F, are calculated using 22 measures, regardless of Hospital Survey participation.”
 - Sources include the Hospital Survey Results, CMS data, and other secondary data sources (such as imputed scores).
 - Only looks at general acute hospitals
 - Only includes measures that address patient safety, such as accidents, injuries, and errors.
- WA State Participation:
 - Hospital Survey:
 - “Survey participation is up from 54% of hospitals in 2023 to 72% of hospitals in 2024 submitting a Survey.”
 - WA ranks among the top states in survey participation.
 - Leap Frog Hospital Ratings for WA in 2024:
 - 49 general acute care hospitals received a Safety Grade (this fall 2024)
 - 16 of the 49 hospitals earning an A grade (32.7%)
 - This ranks WA as 17th in the nation for % of hospital A
 - In spring 2024, WA was ranked 25th with only 12 A grade hospitals, meaning WA is seeing positive improvement this year.
 - What can WA learn from these changes? What is the cause of this improvement and how can we sustain it?
 - All 2024 Leapfrog State rankings [here](#)
- Recommendations from Leapfrog for WA State to improve inpatient metrics:
 - Safety First: Consider safety implications for all metrics

- Service Line Excellence (consider metrics for important service lines e.g., surgery)
- Patient Centered Care and Experience
- Q&A, Comments:
 - Q: People talk about long ED waits for admissions, is anyone tracking why this is occurring?
 - A: The Batelle group is interested in this but there is no current measure developed, only collecting data related to waiting times in the waiting room and in the hallways. This is a complicated topic since boarding doesn't necessarily address the root cause.
 - Q: (In relation to the above), What would a potential measure do beyond collecting for data sake?
 - A: They are looking at metric bundles to make monitoring more useful and consideration for linking to things like chronic conditions and care coordination.
 - Q: Are there thoughts around PROMS?
 - A: Currently no PROMS are adopted. They are being tested by CMS and may be considered in the future.
 - Q: Who collaborated with you? How do you encourage hospitals to work with you?
 - A: Relationship building is important. Regional/local Leapfrog representatives tour hospitals, open channels of discussion around challenges and goals.
 - They also encourage hospitals to volunteer for the survey.
 - Q: Do the hospitals use any of your reports? Any overlap with data collection?
 - A: Hospitals commit to using the reports to educate staff with dashboards, briefs, etc. and help members to understand what is going on.
 - The regional representatives also help the hospitals to develop report cards to review and talk about PIPS or maintenance.
 - Q: Policy and Advocacy Work?
 - A: Regional representatives encourage the adoption of the hospital grade when considering value-based purchasing reimbursement.
 - Leapfrog is also increasing engagement with consumer groups.
 - C: A lot has also changed as it pertains to EHR data and utilize that to reduce provider burden and enhance the quality/utility of data collected. I would love to see a closer match between CMS and burden/cost of care.
- Next Steps:
 - Opportunity for PMCC and WHA to focus more on current WSCMS hospital measures and the hospital pricing report in 2025.
 - Request to also have more data presentations in the future to help support PMCC direction.

3. Continued discussion of the Health Equity Ad Hoc Workgroup Recommendations

- Heleena provided additional background around the scope and goals of the HE ad hoc workgroup.
- The committee supported a general recommendation to incorporate HE lens into PMCC
 - Begin with the existing Measure Set and determine if the current measures we have are able to identify health disparities and if there is a potential to advance health equity.
 - Identify and leverage the existing data streams available to the PMCC.
 - Promote participation with WA community partners in PMCC activities to inform the Committee as to how the WSCMS is achieving the goal of improving public health outcomes.
 - Support the interests of tribal partners and look for opportunities to elevate their voice in PMCC activities, including in the selection of tribal measures and tribal led data presentations.
 - Additional recommendation to reduce the size of WSCMS to promote more meaningful analysis of the measures.

4. Planning and Timeline of PMCC Activities in 2025:

- Laura Pennington shared a high-level overview of proposed activities and timelines for the PMCC in 2025.
 - Organizing the rural ad hoc workgroup (January 2025 will begin workgroup discussions)
 - WSCMS biennial review
 - The committee has agreed to change the process this year to begin reviewing the WSCMS in sections as a group to ensure all members are able to participate in the review process.
 - Heleena and Laura to begin drafting criteria and review guidelines for PMCC members prior to Feb 2025 meeting.
 - Equity work with PEAR
 - PMCC will continue to partner with HCA health equity staff to explore opportunities to collaborate with our community partners.
 - Continuing to explore opportunities for engagement and public participation in our PMCC meetings.
 - Are there topics of interest that the committee may want to explore?
 - What are people in Washington talking about and are there any conversations that the PMCC should be tracking?
 - Additional Considerations: Federal and State priorities for 2025
 - State priorities
 - WA Legislative session 2025
 - The transition to a new Governor
 - Federal priorities
 - Timelines for implementation
 - NCQA HEDIS Roadmap
 - R/E stratification and ECDS 2030
 - CMS Roadmap 2030
 - FHIR HL7
 - CMS final rule 2025-2030
 - HE Framework 2032
 - OMB updated R/E reporting 2025

5. Additional Discussion from Committee members:

- Recommendation from Committee member: Before we review (and reduce) the WSCMS in 2025, PMCC should make a strategic decision around the purpose of the measure set and clarity around measure selection criteria and objectives. Why pick one or the other?
- Additional recommendation: have a hard number of measures to force deeper conversations and review measured data.
 - Note: There is legislative criteria and also measure selection criteria developed by the PMCC.
 - Note: Original measure set recommendation in 2014 was 32. The current number is <65, no removals.
 - Is the PMCC ok with a smaller set of core measures and having sub measures? (MA has 6 in their core set, 24 more in a menu set).
- What about QI work that mirrors measurement utility and can address the gaps in measures?
- Consideration for reducing cost burden as well as administration.
- PMCC would also like to hear from the ACHs to understand how useful our large menu has been - we talked a bit about this at a previous meeting. (potential future topic for exploration).
- More data presentations requested to support our directives.
- Consider comparing other state sets beyond MA and what is their measure selection and review process?
- Is there an opportunity to align with/receive support from other partners?
- Is this possible to begin next year with the current burden on state?
 - State and Federal guidance in 2025 may change but we can begin the process with our current criteria and specific priority topics that we know we want to address for WA in 2025

- Next Steps:
 - Laura and Heleena will continue to provide NCQA/CMS measure updates for the committee.
 - Laura and Heleena will continue to explore opportunities to incorporate data reports/presentations into committee discussions for 2025, as identified by the Committee.
 - If Committee members or members of the public have additional questions or thoughts for future presentations, please contact Heleena and Laura at hcapmcc@hca.wa.gov .

6. PMCC Year in Review:

- Judy provided a recap of the 2024 PMCC meetings including the addition of (4) new members and a farewell to (2) retired members.
- Judy also announced the passing of PMCC member Dale Reisner, MD. Dale was a passionate advocate for perinatal health and instrumental in many WA State programs including the development of the WA Safe Deliveries Roadmap and an original member of the PMCC since 2014. We send our deepest condolences to her loved ones.
- Accomplishments in 2024:
 - Guest Presentations:
 - MA Medicaid Quality Alignment Task Force – Clara Filice and Joshua Twombly
 - Leap Frog Hospital Grade – Missy Danforth
 - PMCC 101 introductory presentation to PEAR CAT partners
 - Health Equity Ad Hoc workgroup June 2024
 - recommendations for incorporating HE lens in PMCC WSCMS review in 2025
 - SME meetings with community partners to discuss additional opportunities in 2025.
 - Primary Care Measures Ad Hoc Workgroup
 - Approval of core and alternative measure sets to support Primary Care Transformation Initiative

Wrap Up:

- February 25, 2025, 9:00 a.m. – 11:00 a.m.
- Proposed agenda topics:
 - Begin discussion on improvement of WSCMS
 - Timeline of Activities
 - Other?

Send additional topics to hcapmcc@hca.wa.gov ATTN: Heleena H. and Laura P.