

Performance Measures Coordinating Committee Meeting Summary for July 21, 2025

Members present: Judy Zerzan-Thul, Vishal Chaudhury, Gary Franklin, Kim Emery, Frances Gough, Darcy Jaffe, Gary Franklin, Karie Nicholas, Rick Rubin, Kelly Shaw (Nicole Fields), Ginny Weir, Becky Harless, David Mancuso, Sara Hallvik, Larry Kessler

Members Absent: Drew Oliveira, Herbie Duber, Theresa Hattori

Guests: Yogini Kulkarni-Sharma, Tracy Wellington, Kari Gilson, Kyleen Carey, Fran Marasow, Kayla McCarthy, Ty Jones, Ben Dibble, Kate Bell, Shawna Altmiller, Tara James, Lisa Rawlins, Summer Duman, Kemi Adekanmbi, Monica Velez-Arias, Kate Bell, Colleen Haller, Katie Shebesta, Jodi Joyce, Lan Nguyen.

HCA Staff: Heleena Hufnagel, Heather Schultz and Laura Pennington

Welcome and Introduction

Judy Zerzan-Thul, Executive Director of the Washington Health Alliance, 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 Healthier WA website. reviewed the objectives for the meeting which included: (1) Briefly recap the June 2025 PMCC meeting; (2) Ongoing biennial review of the WSCMS and (3) Discussion and next Steps for Fall meeting.

1.) Brief Recap of the June 2025 PMCC meeting

- Overview of the biennial review of the WSCMS (including housekeeping);
- Continued review of the WSCMS beginning with the Overprescribing of Opioids section.

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

- Dr. Heather Schultz from HCA provided an overview of the 2025 biennial review of the Washington State Common Measure Set (WSCMS).
 - Link to 2025 WSCMS [here](#)
 - Brief background:
 - In February of 2025 the PMCC agreed to reduce the size of the current common measure set and identify priority measures from the existing WSCMS that may be considered for core set. Additional measures currently on the WSCMS would be removed or retained as a subset of measures. These remaining measures will be revisited once the core recommendations are finalized.
 - Recommended core set size is no more than 10 focus measures, however there could be a few more or less. Desire is for WA to model after other states such as Massachusetts who also have small, comparable core sets.
 - To help guide the discussion, Committee members were asked to consider a max of 2-3 measures from each domain that they would like to see prioritized for the core set.

- Dr. Schultz also reminded folks that just because a measure is not selected for the Core or full WSCMS does not mean it is not important.
- The priority for 2025 is to focus on core set measures and those measures identified for removal from the WSCMS.

3.) Walk through of Washington State Common Measure Set:

- Laura Pennington from HCA walked the Committee through a discussion about the remaining measures for review:
 - Proposed framework:
 - HCA provided a draft “Global Recommendations” draft that grouped the measures that have been reviewed to date into the same categories, but also include the measures identified for removal and potential measures for “monitoring.”
 - July review of measures:
 - The goal for the July review is to:
 - Agree on *recommended* Core measures
 - Agree on *recommended* measures for removal
 - Revisit any measures, as needed
 - Discuss additional topic areas
 - Measures recommended for addition to the Core set:
 - Plan All Cause Readmission (PCR)
 - Immunization for Adolescents (IMA)
 - Measures recommended for removal:
 - Antibiotic Utilization for Respiratory Conditions (AXR)
 - Appropriate Testing for Pharyngitis (CWP)
 - 30-Day All-Cause Risk-standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization
 - Cesarean Birth (NTSV C-Section)
 - Catheter-Associated Urinary Tract Infections
 - Patient Experience with Hospital Care: Discharge Information and Communication About Medicines
 - Stroke Care (STK-04): Thrombolytic Therapy
 - Measures recommended for addition to the Supplemental set:
 - Statin therapy and adherence (SPC)
 - Patient Safety for Selected Indicators (composite measure)
 - Measures recommended for addition to the Monitoring set:
 - Potentially Avoidable Use of the Emergency Room
 - Use of Imaging Studies for Lower Back Pain (LBP)
 - Falls with injury
 - Substance Use Disorder Treatment Rate (moved from core to monitoring)
- Discussion:
 - Measure specific discussion:
 - All CAHPS measures
 - On hold, consideration for whether we are using the right CAHPS measures in contracts and/or if the CAHPS measures should be reviewed by reporting type (provider, health plan, consumer). HP indicates that CAHPS methodology makes it

difficult to collect data, and the surveys are based on individual experience (they don't offer any insight into how to effectuate systemic change).

- Statin Therapy (SPC)
 - Aligning with Medicare STARS, this measure topic of interest to HP and represents opportunities.
- Antibiotic utilization for respiratory conditions (AXR)
 - Fairly new measure, many health plans are not reporting this; members feel this measures may not rise to the level of Core set.
- Appropriate Testing for Pharyngitis (CWP)
 - Not required in VBP, lower priority. Process measure, not a STARS measure.
- Potentially Avoidable Use of the Emergency Room
 - Moderate priority, we do well in WA.
 - Alliance will still track this measure in Community Check Up. Health plan perspective is that this measure is used internally and is of interest.
 - Federal changes to programs make this an interesting topic in future to track.
 - This measure is about avoiding cost; it is not a proxy for a quality-of-care measure. There are other mechanisms that may look at expenditure like the Cost Board.
- Use of Imaging Studies for Lower Back Pain (LBP)
 - Actionable, varying priority by provider type. Independent marketplace measure, not Medicare measure. On MCD EQRO list.
 - Standard of care for 40 years. Concern that ignoring this topic will lead to sentinel effect.
 - This measure is proxy for cost to system, and this may be tracked elsewhere.
 - The Committee felt it is important to monitor and recommended addition to Monitoring set.
- 30-Day All-Cause Risk-standardized Mortality Rate Following Acute Myocardial Infarction (AMI) Hospitalization
 - The cardiac measure already covers this topic.
 - This measure is not in use nationally based on WA cardiac group internal review.
 - Not treated by all health plans but those that do already report to CMS.
- Hospital based Measures
 - Recently removed from SDP is the NTSV measure but PCR is still part of this.
 - PCR is tracked by HPs. Hospitals report this to CMS or accrediting organizations.
 - Proposal for Leapfrog, WSHA and WHA to consider presenting in future as needed for this measure domain.
 - This section has the highest number of outcomes measures. Looking ahead to aging populations.
 - All hospitals report the patient safety composite.
 - CMS new requirements are to promote age friendly guidelines and monitoring.
 - Important measures to track CoC.
- Health Care Spending Cost measures (moved to monitoring status)
 - We may be able to leverage the work of the Healthcare Cost Board.

- HCA will investigate this further and determine if this is something that can be monitored by the Cost Board rather than the PMCC.
- WA developed Social Recovery Measures: (required reporting; section moved to monitoring)
 - Long term goal to add to MCO contracts, focus on youth SUD Tx.
 - Workforce issues have kept from expanding.
 - Known concern for commercial plans as well but no means to use this measure for those contracts at this time.
 - Not all health plans have enough age groups to focus on specific demographics.
 - Health plans express preference for HEDIS measures/ avoid homegrown measures.
 - Also used to look at dual populations.
- The Committee also reviewed the following measures:
 - Immunizations for Adolescents (IMA)
 - The PMCC originally put in the parking lot for further discussion but agreed to add to the core set.
 - Substance Use Disorder Treatment (Homegrown measure)
 - The PMCC originally voted to add to Core Set. However, agreed to move to Monitoring, as this is only tracked for Medicaid.
 - Depression Remission or Response in Adolescents and Adults (DRR-E)
 - The PMCC originally voted to add to Core Set but wanted the option to revisit. The Committee agreed to retain in Core.
- Additional discussion points:
 - Voting process: Will this be PMCC voting on them as a “core set” or by individual measures recommended for core and removal?
 - The Committee agreed that it would make the most sense to use a “rank by priority/choice” format.
 - Opportunity to clarify data stewardship and reporting (WA-APCD and others).
- Next Steps:
 - The Committee was able to complete their review of the WSCMS during the July meeting, although there may be further discussion for some measures, such as Asthma Medication Ratio, depending upon NCQA final decision to retire for 2026. .
 - HCA will work to provide additional clarification on subset and core set reporting language for proposed framework. This will be brought to the Fall meeting.
 - Final recommendations will be voted on by the PMCC at the Fall meeting for voting. Committee members are asked to prioritize this meeting or notify HCA of designated voting proxy.
 - HCA will maintain a lens on State and Federal updates that may impact measure set.

2.) Public Comment:

- Member of public requested opportunity to have additional discussion around how the WSCMS may (1) best align with HB 2572’s stated aim of “healthier outcomes for all residents in Washington” and (2) are being driven based on the key considerations of evidence, providers’ ability to influence, and overall reporting burden.
- HCA will bring follow up conversation to next PMCC meeting.

4.) Next Meeting:

- Next Meeting will be October 13, 2025 @ 9-11 a.m.

- Questions regarding the biennial review may be sent to hcpmcc@hca.wa.gov.
- Agenda topics:
 - Committee vote for the selection of core measures for the WA State Common Measure Set.
 - Updates from State, CMS and NCQA regarding quality measures in 2026.
 - **Please note: If you have not completed the required PMCC membership application and OPMA training, you will not be able to vote.**