

Performance Measures Coordinating Committee Meeting Summary for June 26, 2025

Members present: Drew Oliveira, Judy Zerzan-Thul, Vishal Chaudhury, Herbie Duber, Kim Emery, Frances Gough, Theresa Hattori, Darcy Jaffe, Alastair Matheson, Karie Nicholas, Rick Rubin, Kelly Shaw (Nicole Fields), Ginny Weir

Members absent: Gary Franklin, Sara Hallvik, Becky Harless, Larry Kessler, David Mancuso

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, Christina Hankins, Leanne Mangrobang, Summer Duman, Kemi Adekanmbi, Monica Velez-Arias

HCA Staff: Heleena Hufnagel, Heather Schultz and Laura Pennington

Welcome and Introduction

Drew Oliveira, Executive Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting. Dr. Oliveira 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. Oliveira reviewed the objectives for the meeting which included: (1) Briefly recap the May 2025 PMCC meeting; (2) Ongoing biennial review of the WSCMS and (3) Discussion and next Steps for July meeting.

1.) Brief Recap of the May 2025 PMCC meeting

- Final recommendations from the rural health ad hoc workgroup;
- Review of the biennial review of the WSCMS (including housekeeping);
- Continued review of the WSCMS starting in the behavioral health domain of measures; and
- Welcome to Dr. Oliveira, Executive Director of the Washington Health Alliance. We wish Dr. Eloranta the best in her retirement!

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 December 2024, 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 8-10 focus measures.
 - This reflects the size of other state core measure sets, as provided to the Committee.
 - 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.

- The priority for 2025 is to focus on core set measures and those measures identified for removal from the WSCMS.
 - In March 2025, PMCC Committee members received a measure review template and supplemental documentation to complete prior to the May meeting.
 - No final voting occurred at the May meeting.
- Overview of responses from Committee members:
 - HCA received a total of 11 review template responses, 9 from Committee members, 2 from subject matter experts. Additional responses were received from 5 health plans.
 - A total of 10 measures were recommended for addition to the core set, 9 were recommended for removal from the WSCMS, and 5 were recommended for addition to a subset of measures for monitoring purposes.
 - Some measure topics were identified as “high priority,” but reviewers deferred to the Committee as to which specific measures they would prioritize for the core set (for example, diabetes measures or preventative screening).
- June review of measures:
 - Measures recommended for addition to the core set:
 - Controlling High Blood Pressure (CBP)
 - Glycemic Status Assessment for Patients with Diabetes (GSD)
 - Initial review of measures recommended for removal:
 - New Opioid Patients Transitioning to Chronic Opioids (Bree Collaborative)
 - Patients Prescribed High Dose Chronic Opioid Therapy (Bree Collaborative)
 - Asthma Medication Ratio (* Retiring from NCQA 2026)
 - Blood Pressure Control for Patients with Diabetes (BPD)
 - Eye Exam for Patients with Diabetes (EED)
 - HIV Viral Load Suppression (HVL-AD)
 - Measures recommended for additional discussion:
 - New Opioid Patient Days Supply of First Opioid Prescription (Bree Collaborative)
 - Use of Opioids at High Dosage (HDO)
 - Kidney Health Evaluation for Patients with Diabetes (KED)
- Discussion:
 - Measure specific discussion:
 - Opioid Prescribing:
 - #29 - New Opioid Patient Days Supply of First Opioid Prescription - WSHA and WSMA currently get the data for from the PMP at DOH and sends out to providers. However, this measure offers a limited use for quality efforts.
 - Need to consider who we are holding accountable.
 - #32 - Use of Opioids at High Dosage (HDO) - MCOs use this measure to monitor but don't have any interventions as the data doesn't really necessitate it. Also, a fairly new measure.
 - High dosage measures are not really useful.

- One member asked if there is really a gap here and we may want to prioritize areas where there is a gap.
- Effective Management Of Chronic Illness In The Outpatient Setting:
 - One MCO noted that there is still value in the Asthma Medication Ratio (AMR) measure but will wait to see if NCQA retires.
 - #34 - Blood Pressure Control for Patients With Diabetes (BPD) – This population is also covered in the Controlling Blood Pressure (CBP) measure so it might be helpful to select measures that collect information that is not already captured in other measures. Recommendation for removal.
 - #38 - HIV Viral Load Suppression (HVL-AD) - although the general consensus was to put on the list for removal, one member felt that we should retain it, as it is an outcome measure and is also required reporting for the CMS Core Measure Sets.
 - #39 - Kidney Health Evaluation for Patients with Diabetes (KED – Although general consensus was to not add to Core set, it was noted that this is a gap in our state and one MCO noted that they are seeing a lot of end stage renal disease so it is important to continue to monitor.
- Additional discussion points:
 - At the last meeting, the committee agreed to focus on the measures where there was consensus to add to the core set or remove from the WSCMS altogether. Measures not selected for core or removal would be reviewed separately at a later date.
 - Comments:
 - When trying to identify priority measures (for core set), there should be a broader consideration for who is measuring quality and to what result. If a measure is selected, what is the expectation for a [health plan] to implement change for their member? What is selected should lead to an identified action.
 - Process vs outcome: HEDIS measures are not always intended or designed to create the result we may be looking for.
 - Differentiate from a purely clinical standpoint vs. supporting better outcomes.
 - Not all HEDIS measures are designated appropriate for VBP.
 - How are plans to use these measures? Many of the non-HEDIS measures are not a part of the MCO conversation.
 - Homegrown measures may be part of their organization's ad hoc reporting or legislatively mandated.
 - Plans prefer HEDIS/standardized measures for reporting.
 - Monitoring measures are generally not acted upon unless there is a break in trend that warrants a plan to lean in.
 - Newer measures: health plans are in the early stages of benchmarking their trend data. As such, it is hard to identify actionable next steps.
 - Provider agreements generally do not exceed 10 measures to reduce administrative burden.

- Even if a measure is used for process/monitoring purposes, providers can still benefit from comparison.
- If there is not a large gap identified, is the measure needed for the core set?
- If the Committee believes the data is ambiguous, justification to leave measure in subset (vs removal).
 - How will additional data make a difference?
 - Do answers need to be data driven?
- Uncertainty leads to leaving measures in, which doesn't align with the goal of reducing the size of the WSCMS.
- Trying to capture "too much," we cannot include everything to everyone on the list. We need to be clearer than we have been in the past.
 - We are all here for different things, consider what is happening in regulatory spaces to reduce confusion.
- The Committee may want to prioritize measures that don't capture the data anywhere else.
- Consideration for how regulators drive priorities for health plan reporting: Alignment with marketplace QRS/MIPS, Medicare STARS and HCA VBP.
 - Customers also drive priorities
- Confusion around whether the subset of measures will be required for reporting. How are we defining core vs subset? (We will follow up with additional information next meeting).
- Opportunity to clarify data stewardship and reporting (WA-APCD and others).
- Next Steps:
 - The Committee was not able to complete their review of the WSCMS during the June meeting.
 - Committee members will convene during the summer for additional meetings to complete their review of the remaining measures and final recommendations.
 - HCA will work to provide additional definitions and clarification on subset and core set reporting for next meeting in July.
 - Final recommendations will be brought to the PMCC at the Fall meeting for voting.
 - HCA will maintain lens on State and Federal updates that may impact measure set.

3.) Public Comment:

- No additional comments from members of the public during the meeting.

4.) Next Meeting:

- Additional workgroup dates for the summer have been sent out:
 - July 21, 1:00 – 3:00 pm
 - August 20, 9:00 – 11:00 am (If needed)
- Questions regarding the biennial review or the summer meeting dates may be sent to hcapmcc@hca.wa.gov.
- Agenda topics:
 - Finalize 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.**

