

## Performance Measures Coordinating Committee Meeting Summary for March 5, 2024

Present: Sharon Eloranta, Judy Zerzan-Thul, Vishal Chaudhury, Dale Reisner, Darcy Jaffe, Herbie Duber, Gary Franklin, Ginny Weir, Pat Justis, Karie Nicholas, Eli Kern, Kim Emery, Larry Kessler, David Mancuso, Becky Harless, Rick Rubin, Sara Hallvik

Guests: Teresa Hattori, Susan Hernandez, Craig Sexton

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

### Welcome and Introduction

Sharon Eloranta, Executive Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting and introduced Darcy Jaffe from WSHA as the newest PMCC member. 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) Briefly recap the December 2023 PMCC meeting; (2) Discuss administrative requirements for the PMCC in 2024; (3) Reconvening the Primary Care Measures Workgroup; (4) Learn about NCQA Proposed Measures Updates for 2025 and (5) Revisit October 2023 discussions regarding improvement of the WSCMS and listening sessions.

### 1. Brief Recap of the December 2023 PMCC meeting

- Sharon Eloranta recapped highlights from the December 2023 PMCC meeting, including the Committee final vote to add the HIV viral suppression measure to the WSCMS and notification of upcoming OPMA training requirements for board members beginning in 2024.
- **Leap Frog:** Dr. Eloranta also circled back to the walk-on topic of Leap Frog Hospital Safety Ratings. At the [December PMCC meeting](#), a review of Leap Frog indicated that Washington's overall hospital safety ranking dropped to 25th place (Fall 2023) from 19th (Spring 2023). It was noted that not all hospitals are represented in this report. The PMCC recommended inviting a quality expert to a future PMCC meeting to learn more about how we measure quality across the state, using different data sources and reports.
  - Comments around approach to data analysis:
    - Should this group look at individual measures or at the LeapFrog report as a whole?
    - Is quality only a bunch of measures or the quality of the measure itself
    - Judy shared that Massachusetts has a similar committee as the PMCC and that they only have 24 measures. Their focus is on measuring compliance within the health plans.
    - Committee members indicated that they would be interested in having a guest lecturer share their work at a future meeting.
    - Sharon indicated some of the data from CMS shows decline in specific areas like infection control, but there is not enough information to determine if the overall decline in ratings is related to specific measures. Additionally, Leapfrog isn't meant to address Quality at large, it is meant to address safety. It looks at capacity and volume that doesn't exist in other sets

- There may be an opportunity soon to discuss what hospitals are thinking around surveying and concerns they have with conducting them (i.e. staffing capacity); the patient survey is the most powerful tool to have and the results i.e. communication can greatly influence the outcomes.
  - Quality measurement varies by context. When multiple entities look at the same data, they may have different ways of portraying it. This is not unusual and can seem contradictory, but it doesn't mean it is inherently bad.
  - How are the hospital measurement systems designed? Is it intended to be unidimensional or multi-dimensional? What new tools can we use those balances perspectives while also incorporating building infrastructure.
- Next Steps: Recommendation for Sharon to reach out to LeapFrog with PMCC comments and request presentation at future PMCC meeting.
- **Additional Comments from the Committee around general challenges to data collection:**
    - Are there opportunities for HR and DEIB to support voluntary demographic reporting?
    - Observation that WA-APCD demographical data is primarily collected from Medicaid.
    - There is a lack of awareness around how sparse the commercial data is for R/E/L but we can use WA-APCD and create reports through them to at least highlight the data gaps.
    - Using indirect and imputed data to fill in gaps - most of the time it doesn't yield anything meaningful. Imputed is also often wrong and there is a high chance of bias (like surnames).
    - There is also misapplied endorsement by some for imputed data based on client movement through the health system: Perceived "best case scenario" for collecting siloed demographic data means acceptance of lower standards and greater endorsement of AI SaS.
    - It is hard for every entry point to keep collecting the same info R/E/L information for each encounter and it is time consuming, we need an integrated hub that allows systems to streamline this information and make it accessible.
    - It is unclear if the drop in ratings is related to specific measures or locations.

## 2. Administrative Requirements for PMCC in 2024

- Judy Zerzan-Thul shared updated OPMA requirements for PMCC members, including 2024 required [public open meetings training](#):
  - PMCC members must complete the online, self-paced training no later than April 30th in order to maintain voting eligibility. The training should take around 15 minutes to complete.
  - PMCC members will only need to complete the training every four years.
- In addition, to ensure we are in compliance with state rules for public meetings, PMCC members are asked to complete a new membership application form. The form can be found [here](#).
  - PMCC members will need to submit a new application every four years.
- PMCC members were also asked to notify HCA staff upon completion of the training and application at [HCAPMCC@hca.wa.gov](mailto:HCAPMCC@hca.wa.gov).

## 3. Primary Care Measures Workgroup (Walk on topic)

- Judy reminded the committee of previous efforts to convene a primary care measures workgroup to review and recommend a set of measures to support state primary care transformation efforts.
- As primary care transformation efforts continue to evolve it makes sense to reconsider the current set of primary care measures.
- Therefore, we will be reconvening the primary care measures workgroup beginning in spring 2024.
- We are looking for representation from :

- Primary care providers
- Health plans
- FQHCs
- RHCs/rural health
- Please send any nominations you may have to Laura Pennington at [HCAPMCC@hca.wa.gov](mailto:HCAPMCC@hca.wa.gov) by March 22, 2024.

#### 4. NCQA Proposed Changes for MY 2025 HEDIS Measures

- Laura Pennington shared the NCQA's proposed changes to the 2025 set of HEDIS measures:
  - Antidepressant Medication Management will retire in 2025, so will need to be removed from the WSCMS
  - NCQA has proposed four new measures that signal a shift to more outcomes-based measures.
  - NCQA's proposed removal of the requirement to report the data source when stratifying measures by R/E.
  - The committee overall felt that indirect/imputed data is not necessarily accurate and that it poses a high potential for bias. In addition, we have seen situations where it has been misapplied.
  - Direct data is preferred.
  - Medicaid has a higher percentage of direct data than commercial. However, HCA has been working on getting access to better demographic data.
- The information provided is only for informational purposes, however the changes to HEDIS measures could impact some of the measures on the WSCMS. We are not proposing the addition of new measures at this time but want the committee to be aware of the direction that NCQA is heading.
- NCQA is accepting public feedback through March 13<sup>th</sup> for proposed changes, more info [here](#).

#### 5. Walk on Topic

- Sue Birch was present and shared concerns she has heard from providers that they cannot effectively treat their patients due to high cost of some prescription drugs like Hep C. She would like the PMCC to think about how to measure high-cost drugs.
- She also mentioned there is work going on in WA and other states like Oregon to improve care and look like ongoing eligibility for the 0-6 years old population.
- Oregon is also looking at families that have a member who is incarcerated and thinking about how to incorporate that into the intersection between social needs and health outcomes.
- Sue would like the committee to think about ways that we can bring in measures that look at social needs in children.
- CMS is also releasing a longitudinal grant funding stream; this may be something we may consider in supporting this work.

#### 6. Follow up from October Meeting: Listening Sessions and Health Equity

- Heleena Hufnagel provided a recap of the October 2023 PMCC meeting and revisited the recommendations from the Evaluation Workgroup.
- In August 2023, the PMCC Evaluation Workgroup completed their biennial review of the WSCMS and brought their discussion points to the October 2023 PMCC meeting. The recommendation was that
- The PMCC revisit the overall value of the WSCMS and consider how useful the measure set is for improving health outcomes. Additional recommendations included reviewing the categories of the common measure set and considering participant feedback to drive deeper discussion into specific categories.
- The PMCC also recommended convening a planning committee in 2024 and holding listening sessions to better understand how multiple types of users can utilize the current measure set. The recommendation was to then align goals with information received during the listening sessions and look for

opportunities to prioritize those who are not currently able to use the WSCMS like rural and ACH providers.

- Additionally, the Evaluation Workgroup asked the committee to consider opportunities to use the WSCMS to support efforts to advance health equity and explore how R/E and SDoH may adversely impact health outcomes.
- Comments:
  - Overall interest in reconvening the HE workgroup
  - It would be helpful to scope down the topic and figure out what the question is that we are trying to answer.
  - We should think about if we want to address the overall lack of awareness around intersectionality of health equity and health outcomes or whether we want to focus on measurement or contribute to an equity workgroup would also help to maintain relevance to other work going on in WA.
  - Do we focus on quality or are we focusing on health equity?
  - Committee members felt there may be folks at the UW who can help with both health equity and quality.
  - Larry provided a link to the Center for Anti-Racism and Community Health at UW and stated that he would be happy to connect the committee to this group: <https://sph.washington.edu/arch>.
- Heleena provided several options for the committee's consideration, including:
  - Convening a small workgroup to develop a plan and framework for listening sessions.
  - Bringing in the Health Equity Manager at HCA to share opportunities to engage with public partners to better understand how the WSCMS can support their efforts.
  - Reconvening of the 2021 Ad Hoc Health Equity Workgroup.

#### **Additional comments:**

- A question was posed to the committee about how we can begin to reconcile all of the different data reports that demonstrate how we are performing in Washington.
  - It was pointed out that there are multiple entities who are measuring quality in WA and that they bring different perspectives.
  - We may want to think about how we portray these multiple perspectives, while balancing them all and how do we incorporate different ways of measuring quality.
  - There is not one way to measure quality and at a minimum we should be able to explain any differences.

#### **Next Steps:**

- Committee was been asked to email the PMCC mailbox [HCAPMCC@hca.wa.gov](mailto:HCAPMCC@hca.wa.gov) and indicate their interest in participating in the following:
  - Primary Care Measures workgroup
  - Health Equity Ad Hoc Workgroup; and
  - Planning workgroup for listening sessions
- **Heleena asked all interested parties to email their interest by March 25, 2024,** in order to begin the planning process and identify dates for the interested parties to convene.

**Next Meeting:** May 31, 2024, from 9:00-11:00 a.m. There will be an option to attend in person at the Seattle Comagine offices. An email will be sent out with date and time and location.