

Performance Measures Coordinating Committee Meeting Summary for May 31, 2024

Present: Sharon Eloranta, Judy Zerzan-Thul, Vishal Chaudhury, Darcy Jaffe, Herbie Duber, Gary Franklin, Ginny Weir, Karie Nicholas, Eli Kern, Kim Emery, Larry Kessler, , Becky Harless, Rick Rubin, Sara Hallvik, Theresa Hattori, Kelly Shaw

Guests: Emily Transue of CoMagine Health, and Clara Filice and Joshua Twomey, MA State Medicaid

HCA Staff: Laura Pennington, Heleena Hufnagel, Heather Schultz

Welcome and Introduction

Sharon Eloranta, Executive Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting and introduced Theresa Hattori and Wilhelmina Delostrinos as the newest PMCC board members. 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 March 2024 PMCC meeting
- (2) Discuss administrative requirements for the PMCC in 2024
- (3) Overview of the Primary Care Measures and Health Equity Ad Hoc Workgroups
- (4) Rural Health Collaborative overview
- (5) Updated standards from OMB and CMS
- (6) Guest Presentation: The Quality Measure Alignment Task Force (Clara Filice and Joshua Twombly, MA Medicaid).

1. Brief Recap of the March 2023 PMCC meeting

- Sharon Eloranta recapped highlights from the March 2024 PMCC meeting, including discussing administrative requirements for the PMCC in 2024, the reconvening of the Primary Care Measures Workgroup and development of the health equity ad hoc workgroup. In addition, she reminded members about the the NCQA Proposed Measures Updates for 2025 , including retirement of AMM, four new proposed outcomes measures and additional measures approved for R/E stratification. Dr. Eloranta also briefly revisited the Leap Frog Hospital Safety Ratings and the opportunity for a representative from Leap Frog to present at a future PMCC meeting.

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 online, self-paced training 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 [following 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.
- Please note that Heleena has reached out to the Governor's office with the list of current board members and dates of application submission. This process may take some time and board members who have not yet completed their applications are strongly encouraged to do so at this time.

3. Overview of the Primary Care Measures and Health Equity Ad Hoc Workgroups

Primary Care Measures Workgroup

- Laura Pennington of HCA presented an overview of the kick off meeting for the 2024 primary care measures workgroup. The goal of this ad hoc workgroup is to review the existing primary care measure set established in 2021 and consider whether the existing measures continue to meet the current needs of the State's primary care transformation efforts. Additionally, (6) new measures were proposed for consideration.
- Representation exists from:
 - PMCC board members
 - Primary care providers
 - Health plans
 - FQHCs
 - RHCs/rural health
 - Other partners
- The initial meeting provided an overview of the PCTM approach, measure selection criteria, timeline for implementation, and identified targeted populations.
- Some overarching themes included:
 - The need to think about EHRs and data collection capabilities.
 - Measures should be stable and allow for the necessary ramp up time for successful implementation.
 - Administrative burden on collection for some measures
 - Primary Care accountability for outcome measures with ED focus
 - Opportunities to advance health equity and measures with the potential to impact large populations.
- Next Steps/Action Items: This group will consider the recommended (6) measures and any additional measures for discussion at the next meeting on June 11, 2024. The final recommendations will be shared with the PMCC at the Fall meeting for approval.

Health Equity Ad Hoc Workgroup

- Heleena Hufnagel of HCA presented an overview of Meeting #1 of the Health Equity Ad Hoc Workgroup. This initial meeting included members from the PMCC and HCA's Pro Equity Anti Racism (PEAR) team.
- This introductory meeting laid out the foundation for workgroup members including the PMCC's long standing interest in opportunities to advance health equity with the common measure set.
- Some of the overarching discussion points included:
 - Historic, current, and future state of the PMCC (ESHB 2572)
 - What gaps have been identified in WA?
 - Do the current performance measures help us to address disparities?
 - What opportunities are there for the PMCC to support ongoing education around the WSCMS and promote community participation in public meetings?
 - How can the PMCC engage existing organizations who may be addressing health equity in the community already?
 - Would a listening session to understand how the WSCMS is being used (or not) be useful in the future?

- Next Steps/Action Items: Meeting #2 will have the workgroup focus on framing goals and developing recommendations for the PMCC to consider at the Fall meeting.
- **Please send any questions or comments you may have around both workgroups to HCA Staff at HCAPMCC@hca.wa.gov**

4. Rural Health Collaborative Meeting

- Laura Pennington and Heleena Hufnagel attended a meeting with the [Rural Health Collaborative](#).
- The goal of this meeting was to familiarize attendees with the PMCC, the measures selection process, and discuss opportunities for the PMCC to support rural health partners with the WSCMS.
- Laura provided a brief overview of the PMCC role, the purpose of the WSCMS, and discussed opportunities to collaborate in supporting rural health improvement efforts.
- Overarching themes from the discussion:
 - There is a lack of understanding regarding who the PMCC is and what the common measure set is used for. For example, members of the collaborative were interested in knowing:
 - Who is required to report the measures in the WSCMS?
 - Where are the results reported?
 - Are there benchmarks for the measures?
 - Does the WSCMS apply to Medicaid only?
 - How do individuals participate in the PMCC and who is representing rural health?
- Opportunities: Laura proposed several options to the PMCC, including convening an ad hoc committee, **or** creating a standing PMCC rural health subcommittee who would work closely with the RHCQIC committee and provide ongoing updates for the PMCC Board.
- Comments:
 - Several committee members felt additional discussion around rural health was valuable.
 - Some members indicated that an ad hoc committee may be easier to start with prior to a standing subcommittee.
 - Revisiting our ongoing discussion around the framework of the WSCMS:
 - Should there be one core set that has multiple categories; or
 - Should there be a WSCMS subset to take “deep dives” into identified gap areas
 - It was also noted that there are different types of hospitals, and we need to be able to define the scope and deliverables for the ad hoc committee.
- Next Steps: PMCC Board Members Kim Emery, Kelly Shaw and Darcy Jaffe to provide leadership support for a Rural Health Ad hoc workgroup to further consider the PMCC and WSCMS can support rural health efforts.

Please send any additional questions or comments you may have to HCA Staff at HCAPMCC@hca.wa.gov

5. Review of OMB and CMS Final Rule updates

- Heleena provided a broad overview of OMB’s State Policy Directive 15 (SPD-15), which outlines the federal standards for maintaining, collecting, and presenting data on race and ethnicity.
 - The provisions of these standards are effective March 28, 2024, for all new record keeping or reporting requirements that include racial or ethnic information. Link for the updated requirements are [here](#).
- Laura spoke briefly around the updated Medicaid Access Final Rule CMS-2442-F
 - CMS is changing network accessibility and adequacy standards for States beginning in 2025.
 - These requirements include more detailed reporting requirements for states and improving public facing partnerships to advance health equity.
- Considerations for the PMCC:
 - How could these changes impact the WSCMS?

- What conversations do we need to have with managed care systems and their partners who will be collecting data for our State reporting purposes?
- Next Steps: HCA will continue to monitor and share pertinent updates with the PMCC.

6. Quality Measure Alignment Task Force: Clara Filice and Joshua Twomey, MA State Medicaid

- The committee heard from representatives from the Massachusetts Medicaid Agency, who shared information about their state measure set and the committee who oversees the selection process.
- In 2017, the Executive Office of Health and Human Services (EOHHS) established the Quality Measurement Taskforce to:
 - Build consensus on an aligned measure set for voluntary adoption by private and public payers and by providers in global budget-based risk contracts.
 - Identify strategic priority areas for measure development where measure gaps exist.
 - Advise on the measurement and reporting of health and health care inequities and accountability for reducing such inequities.
- The Core Set includes measures that payers and providers are expected to always use in their global budget-based risk contracts and 24 measures in a Menu Set that includes all other measures from which payers and providers may choose to supplement the Core measures.
- For 2024 measure set implementation, parameters were released in June 2023 for January 2024 contract implementation.
- Measures sets are publicly released to allow for contract implementation timeframes. Although update is voluntary, uptake on core and menu set has been very strong.
 - Adherence to the Aligned Measure Set among those insurers that report to the Task Force has steadily increased from 65% in 2019 to 93% for 2023.
- Task Force is in the process of planning an impact analysis to understand how this alignment work has impacted provider burden and other outcomes.
- Questions and Comments:
 - Q: When talking about having an acceptance model, does that refer to the whole BoB or just Medicaid or private insurers?
 - A: Yes, the entire BoB
 - Q: How did you narrow down your measure set size?
 - A: Conversations MA Medicaid had with different partners focused on keeping the number of measures reasonable. MA uses a parsimonious methodology.
 - Comment: WA goes more with variety. Do we have too much information to sort through vs. not having much info to make decisions? Are we utilizing the info to improve outcomes? Just to note WA has 64 measures!
 - Q: How successful have you been in sunseting measures? Process and experience?
 - A: Ma has a very assertive approach and are mindful on how they communicate and link their requirements to financial, aligning EHR, etc.. In the past 5 years, an average of 2-3 measures a year have been sunset.
 - Q: How often do change measures?
 - A: Not often, core set is tried and true .
 - Comment: Alignment: Alignment is challenging to meet across payors. Measures were not aligned in the beginning. The Taskforce had heated discussions/sticking points around MCP and how meeting all requirements could lead to less adoption.

- Comment: Are we improving outcomes with information that we gather and areas that we are targeting? Impact analysis showed improvement over time. Analysis does include looking at provider burden. Assessment changes yearly and are still being reviewed for this year.
- Q: Provider engagement?
- A: There are a number of providers per Clara, along with clinicians.

Next Meeting:

- Oct 31, 2024 9:00a.m. – 11:00 a.m., in -person option at Labor and Industries building in Tukwila.
- Proposed agenda topics:
 - Presentation on data sourcing
 - Rural community challenges in collecting measures
- Send additional topics to hcapmcc@hca.wa.gov ATTN: Heleena H. and Laura P.