

Performance Measures Coordinating Committee Meeting Summary for October 25, 2024

Present: Sharon Eloranta, Judy Zerzan-Thul, Vishal Chaudhury, Darcy Jaffe, Herbie Duber, Theresa Hattori, Ginny Weir, Karie Nicholas, Alastair Mattheson, Kim Emery, David Mancuso, Rick Rubin, Sara Hallvik, Frances Gough

Guests: Anne Althaus, Ashley Bennett, Carri Beshears, Heather Drummond, Danielle Elkins, Jade East, Jim Freeburg, Meriah Gille, Peter Mann-King, Kristian Rodriguez, Trisha Ballard, Kelly Chen, Van Chaudhuri, Carey Wallace, Karen Yao, Edwin Chen, Lan Nguyen, Kaila Fung, Michelle Glatt, Abigail Berube, Stephanie Davis, Meghan Loucks, Katie Shebesta

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 Alastair Mattheson Data Modernization Director at Public Health—Seattle & King County, and an affiliate instructor in the Department of Epidemiology at the University of Washington, as the newest PMCC board 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 May 2024 PMCC meeting
- (2) NCQA final Updates for 2025
- (3) Rural Health challenges collecting measures/ad hoc workgroup
- (4) Health Equity Ad Hoc Workgroup Discussion and Vote
- (5) Primary Care Measures Workgroup Discussion and Vote

1. Brief Recap of the May 2023 PMCC meeting

Sharon Eloranta recapped highlights from the May 2024 PMCC meeting, (1) Briefly recap the March 2024 PMCC meeting (2) Discussing administrative requirements for the PMCC in 2024 (3) Overview of the Primary Care Measures and Health Equity Ad Hoc Workgroups (4) Rural Health Collaborative meeting and discussion (5) Updated standards from OMB and CMS and (6) Guest Presentation: The Quality Measure Alignment Task Force (Clara Filice and Joshua Twombly, MA Medicaid).

2. NCQA HEDIS final updates for 2025:

Heleena Hufnagel shared updates to NCQA HEDIS measures in 2025. List of 2025 measures [here](#).

- Highlights:
 - NCQA added (3) new HEDIS measures (All ECDS/digital).
 - NCQA has fully retired (1) measure, Antidepressant Medication Management, which is on the current Washington State Common Measure Set (WSCMS). This measure will be removed from the 2025 WSCMS.
 - NCQA has made “smaller changes” across multiple measures.

- Additional guidance:
 - NCQA continues to transition away from hybrid to ECDS only reporting.
 - (3) existing measures added to ECDS only reporting.
 - NCQA has stratified one new measure by R/E as part of their goal to stratify the measure set by 2030.
 - NCQA has made changes to methodology for R/E stratification.
 - NCQA has stratified (1) measure to include gender inclusive language.
 - NCQA is reviewing opportunities to expand stratification for SES and IDD.
- Additional discussion will be brought to Q1 PMCC meeting as the PMCC considers opportunities in 2025.

3. Update regarding the Rural Health Ad Hoc Workgroup

At the May 2024 PMCC meeting, Committee members agreed to convene an ad hoc workgroup to discuss opportunities for collaboration with the Rural Health Collaborative Quality Committee to better understand how the WSCMS can support rural health providers and learn if there are specific measures they use that are not in the WSCMS.

- Currently we are gathering membership with a planned start date of late 2024/early 2025. PMCC Committee members Kelly Shaw and Kim Emery will lead the discussion.
- The goal of this workgroup is to:
 - Identify current alignment of measures and gaps within the WSCMS
 - Identify opportunities to promote rural health priorities through the WSCMS
- Please submit nominations for participation to Heleena Hufnagel at Heleena.Hufnagel@hca.wa.gov by November 15, 2024
 - Include name, organization, and email of potential member
 - Let us know if you have any questions or suggestions!

4. Health Equity Ad Hoc Workgroup Discussion:

Heleena Hufnagel presented an overview of the Health Equity Ad Hoc Workgroup. This workgroup included volunteer members from the PMCC and HCA's Pro Equity Anti Racism (PEAR) team. The PMCC has long been interested in adding a health equity lens to the WSCMS. The expansion of HEDIS performance measures to include demographic stratification and social needs screening now affords the PMCC the opportunity to begin incorporating a health equity lens into the WSCMS and PMCC quality activities in 2025.

Some of the overarching discussion points included:

- What is the goal of advancing HE in WA? Why is this important?
- How do we currently collect equity data?
 - How do we monitor our progress and identify gap areas?
- How do we share our data with others?
 - How can we better engage with our partners and community organizations?

Discussion of broad and narrow opportunities

- In scope/Out of scope for this Committee
 - WSCMS/ measure selection process
 - Historic, current, and future state of the PMCC (ESHB 2572)
- How can the PMCC advance HE in the WSCMS with current levers available
 - Finite resources (funding/time)
 - Where will we have the most impact?
- Education around the PMCC, WSCMS and promoting community participation in public meetings

- PMCC engagement of existing organizations who may be addressing health equity in the community already (i.e. ad hoc workgroups, listening sessions)

Recommendation:

The workgroup recommended beginning with a narrow approach and looking at:

- The current WSCMS
 - Promote a smaller set of core measures and a subset of additional measures
 - Promote outcome measures
 - Add equity component where possible/ highlight measures with stratification
- Review the data sources currently utilized by the PMCC:
 - Understand what HE data we are currently able to collect/monitor.
 - Data source biographies (The who/why/for what purpose of collecting different data)
 - How might this impact our HE view?
 - Focus on identifying strengths and limitations of these data sources.
 - Potential to include HE disaggregation into existing WSCMS for closer look at gaps.
- Begin to seek opportunities to increase public awareness about what the PMCC is and the purpose of the WSCMS:
 - Promote public participation from diverse partners in PMCC meetings and ad hoc workgroups.
 - PEAR annual report out opportunity to leverage PEAR CAT meetings for PMCC conversations.
 - This may lead to greater public participation in meetings and ad hoc workgroups and allow for collaboration with community representatives to understand how individuals may be impacted by these identified disparities.
- Request for clarification around the goal of health equity and the PMCC engagement of external partners- is this to contribute to existing efforts?
- Support for the idea of learning more about the PMCC and potential collaboration opportunities.
- Would the PMCC stratify all measures by R/E or only the most crucial measures?
- How was/is data used by plans/systems to look at HE?
- Is there an opportunity to use levers like the SVI and ADI?
- Caution around geographical stratification methodologies and application to “all data.”

Next Steps/Action Items:

- The Committee would like more information around the opportunities discussed.
- Bring discussion back to the PMCC in December for additional discussion around workgroup recommendations and Committee vote.
- Please send any questions or comments you may have around both workgroups to HCA Staff at HCAPMCC@hca.wa.gov

5. Primary Care Measures Ad Hoc Workgroup Discussion:

- Judy Zerzan-Thul (HCA) presented an overview of the 2024 Primary Care Measures (PCM) workgroup. The goal of this ad hoc workgroup was 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. The original Primary Care Transformation Model has evolved, as Washington is now participating in the CMMI Making Care Primary initiative. Additionally, (6) new measures were proposed for consideration.

- Representation existed from:
 - Primary care providers
 - Health plans
 - FQHCs
 - RHCs/rural health
 - Other partners
- HCA provided an overview of the measure selection criteria, timeline for implementation, and identified targeted populations.
- Guidelines and recommendations for implementation of the measures are [attached here](#).
- The workgroup recommended a smaller core set of measures and an alternative set of measures. The alternative set of measures was recommended to offer flexibility for different types of practices.

Decision/Vote

- Do we agree with the recommendations from the Primary Care Measures Workgroup to adopt the following 6 core measures?

Core Set of Aligned Measures
Wellness and Prevention
Child and Adolescent Well Child Visits (WCV)- Ages 3-11
Colorectal Cancer Screening (COL-E) or CMS130v13
Chronic Disease Management
Controlling High Blood Pressure (CBP) or CMS165v13
Glycemic Status Assessment for Patients With Diabetes (GSD) Poor control (>9.0%)
Behavioral Health
Depression Screening and Follow up for Adolescents and Adults (DSF-E) or CMS2v14
Depression Remission or Response for Adolescents and Adults (DRR-E)

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Decision/Vote

- Do we agree with the recommendations from the Primary Care Measures Workgroup to adopt the following 6 alternative measures?

Alternative Measures
Wellness and Prevention
Breast Cancer Screening (BCS-E)
Child and Adolescent Well Child Visits (WCV)- Expand to include 12 – 21 years
Childhood Immunization Status (CIS) (Combo 10)
Chronic Disease Management
Asthma Medication Ratio (AMR)
Behavioral Health
Follow up after Emergency Department Visit for Substance Use (FUA) (30-day, total)
Follow Up After Emergency Department Visit For Mental Illness (FUM) (30-day, total)

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- PMCC Committee Members voted to adopt the PCM core and alternative measure sets.
- Next Steps:
 - Encourage the use of the measure sets between health plans and providers enrolled in the Washington Practice Transformation Initiative.

Public Comment:

- PCM: There was a concern noted about the addition of Depression, Remission, Response Measure (DRR-E), as it is difficult collect. Dr. Judy Zerzan-Thul acknowledged the difficulty and stated that in order to

make progress towards measures that are more outcomes-based and meaningful we need to start somewhere. In addition, DRR-E is already in our state contracts tied to financial incentives.

- Support for inclusion of clinical measures that require inclusion of EHR in addition to admin claims data.
- What is the guidance for how the two measure sets are used. Do you have to start with the core set then adopt others from the alternative set. No, these measure sets can be used interchangeably.
- We need to understand how to comply with the RCW 43.371.060 that requires reporting using the WA-APCD “ Statewide health performance and quality measure set.”
- Appreciation for opportunity to better understand multi payer models that quality is being designed for.
- Request for HCA and other sponsors to consider convening a best practices workgroup for ED follow up measures related to SUD and BH and discuss how we can create community resources in this space.
- There was also a request to use a learning collaborative approach to collectively figure out how to implement these measures.
- Encourage use of measure definitions that include USCDI standard data elements that EHR vendors are required to meet without added cost or burden.
- Comment that these PCM measures require systems changes rather than just operational ones at facility level.
- Request to know more about SDP.
- Changes need to be inclusive of community level data and resource integration (ex. Network referrals where the reporting provider may not have complete information since they did not administer service.)
- FQHCS - Health plans do not understand what the providers are sharing. The data isn't accurate.
- Slides and meeting summary for PMCC meeting will be available on the HCA PMCC website.

Next Meeting:

- Dec. 9, 2024 1:00-3:00 p.m., there will be a hybrid meeting with in-person option at Washington Health Care Authority in Olympia, located at...
- Proposed agenda topics:
 - Presentation from Leap Frog on Hospital Grade measures (Missy Danforth)
 - Opportunities for 2025: PMCC activities and timelines
 - Health Equity discussion continued
- Send additional topics to hcapmcc@hca.wa.gov ATTN: Heleena H. and Laura P.

Attention all PMCC Board members, if you have not yet completed your required training or membership application please do so:

- Public open meetings training:
 - PMCC members must complete the online, self-paced training to maintain voting eligibility. The training should take around 15 minutes to complete. The [link is here](#).
 - PMCC members will only need to complete the training every four years.
- Membership Application:
 - To ensure we remain compliant with State Board rules, PMCC members are asked to complete a new membership application form. The membership application form can be found [here](#).
 - PMCC members will only 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.