

Performance Measures Coordinating Committee Council Meeting

Friday, May 31, 2024
9:00 a.m. – 11:00 a.m.

Housekeeping

- ▶ No formal break, so feel free to step out briefly if needed.
- ▶ For committee members:
 - ▶ Please keep your phone line muted when not speaking.
- ▶ For members of the public:
 - ▶ Please keep your phone line muted at all times.
 - ▶ There will be dedicated time for questions and comments.
 - ▶ Please use the chat box to submit your question/comment and it will be addressed in the order received.

Public Process

- ▶ Maintaining a transparent process is important.
- ▶ Public comment opportunities:
 - ▶ PMCC meetings are open to the public.
 - ▶ There is time on the agenda for public comment prior to action on measures.
 - ▶ Meeting materials are posted on the Health Care Authority website*
 - ▶ Comments can be submitted to HCA anytime at hcapmcc@hca.wa.gov

*<https://www.hca.wa.gov/about-hca/who-we-are/washington-state-common-measure-set>

Today's Objectives

- ▶ Briefly recap the March PMCC meeting
- ▶ Review of Ad Hoc workgroup discussions
- ▶ Rural Collaborative update
- ▶ Review of OMB and CMS reporting updates
- ▶ Guest speakers: Clara Filice and Joshua Twomey, MA Medicaid
- ▶ Public Comment
- ▶ Wrap Up

Welcome & Introductions

▶ Please share the following

- ▶ Your Name
- ▶ Your Role
- ▶ Your organization

▶ Welcome to our newest members:

- ▶ Theresa Hattori, Enrolled Citizen of the Muscogee Nation and Tribal Affairs Administrator, CHPW
- ▶ Wilhelmina Delostrinos, Director of Quality & Medicare Stars, Premera Blue Cross

Recap of the March PMCC Meeting

Sharon Eloranta, MD, WHA

Recap of the March 2024 PMCC Meeting

- ▶ Committee members notified of updated Public Meeting Requirements in 2024
 - ▶ Notice to complete OPMA public meetings training
 - ▶ Notice of renewed membership application
- ▶ Walk on topics:
 - ▶ Prescription drug pricing
 - ▶ Reconvening the Primary Care Measures Workgroup
 - ▶ How we can begin to reconcile all the different data reports that demonstrate how we are performing in Washington
 - ▶ Sue would like the committee to think about ways that we can bring in measures that look at social needs in children.
 - ▶ Recommendation for Sharon to reach out to LeapFrog with PMCC comments and request presentation at future PMCC meeting.
- ▶ NCQA Proposed Changes for MY 2025 HEDIS Measures
- ▶ Follow up from October on Health Equity Ad Hoc workgroup

Administrative requirements for PMCC in 2024

Judy Zerzan-Thul, HCA

Reminder of administrative requirements

- ▶ PMCC members were notified in March that they must complete the online, self paced training and membership application [form](#) to maintain voting eligibility.
- ▶ If you have not already completed the training and/or the application, please do so as soon as possible.
- ▶ Please email the HCA PMCC mailbox when completed HCAPMCC@hca.wa.gov
- ▶ If you have any questions or concerns, please reach out to Heleena at heleena.hufnagel@hca.wa.gov

Review of Ad Hoc discussion: Primary Care Measures Workgroup

Laura Pennington, HCA

Status of Primary Care Measures Workgroup

- ▶ 33 members from the following:
 - ▶ Primary Care providers
 - ▶ FQHCs
 - ▶ Rural health
 - ▶ Health plans
 - ▶ Health systems
 - ▶ Quality organization
- ▶ Four meetings scheduled through early July
- ▶ Considering a smaller set to support Primary Care Transformation Initiative
- ▶ Initial draft set includes 6* measures from the following domains:
 - ▶ Wellness and Prevention
 - ▶ Chronic Disease Management
 - ▶ Behavioral Health
 - ▶ Cost/Utilization

*4/6 were on the 2021 Primary Care Measure Set

Next Steps

- ▶ Next meetings are:

- ▶ June 11
- ▶ June 28
- ▶ July 9 (If needed)

- ▶ Please reach out to Laura Pennington for any questions or comments regarding this workgroup laura.pennington@hca.wa.gov

Review of Ad Hoc discussion: Health Equity Workgroup

Heleena Hufnagel, HCA

Brief Overview of discussion

- ▶ This month, participating members of the PMCC and the HCA Pro Equity Anti Racism (PEAR) group participated in an introductory workgroup meeting to discuss opportunities to address health equity in the WSCMS.
- ▶ The goal of this meeting was to:
 - ▶ Briefly recap the role of the PMCC and the purpose of the WSCMS
 - ▶ Revisit the 2021 ad hoc discussion around the future of quality measurement.
 - ▶ Consider different opportunities to incorporate a health equity lens into the PMCC.
 - ▶ Discuss next steps for this group/ action agenda items to share with PMCC in May

Approach

- In Scope
 - WSCMS performance measures
 - Federal and State guidance for advancing HE
 - Qualitative and Quantitative data sources accessible to the PMCC
 - WA Community collaboratives (i.e. state agencies, tribal, local health systems, advocacy groups, etc.)
- Out of Scope
 - We will not be reviewing/selecting new clinical performance measures (CPM) at this meeting.
 - We will not be voting on any changes to the current roles/responsibilities of the PMCC members in this meeting.

Questions this group considered

- ▶ How do we define health equity? What are the current gaps in our WSCMS?
- ▶ What are the opportunities for the PMCC to address health equity in a meaningful way?
- ▶ How do we monitor progress? How do we define success?
- ▶ What would the PMCC need to accomplish these goals? How can the PMCC engage partners and community organizations in these efforts?

Initial thoughts

- ▶ Broad and Narrow roles of the PMCC
 - ▶ Historic, current and future state
- ▶ Data focus
 - ▶ Accessibility
 - ▶ Accuracy
 - ▶ Power Sharing: " How do we tell a story?"
- ▶ Relationship Building and getting to quality outcomes
 - ▶ What are we already doing in WA state?
 - ▶ What gap areas still exist?
 - ▶ Do the performance measure metrics help us to answer our questions?
 - ▶ What opportunities are there for the PMCC to support education around the WSCMS and promote community engagement in public meetings?
 - ▶ What opportunities are there to engage existing organizations who may be doing this work already?

Next Steps

- ▶ Continue to gather feedback from the PMCC and interested partners.
- ▶ Convene a secondary workgroup in June to continue looking at opportunities for advancing HE within the scope of the PMCC and begin to formulate recommendations.
- ▶ Future consideration: convene listening sessions around the usefulness of the WSCMS for different user groups.
- ▶ Please send any questions or comments for this group to heleena.hufnagel@hca.wa.gov

Rural Collaborative Quality Committee: Opportunities for collaboration

Laura Pennington, HCA

Rural health and WSCMS

- ▶ Presentation to The Rural Collaborative Quality Committee
- ▶ Learned there is not a universal understanding of what the WSCMS is and how those measures are used
 - ▶ Who is required to report and where do these get reported?
 - ▶ Do we have benchmarks?
 - ▶ Are these only for Medicaid or all payors?
 - ▶ For the hospital-only measures, where are those reported?

Next Steps

- ▶ Ask the PMCC to incorporate the rural health perspective into the measure selection process
- ▶ Opportunities:
 - ▶ We can convene an ad hoc committee to better understand how the WSCMS can support rural health providers and if there are specific measures they use that are not in the WSCMS
 - ▶ We can create a rural health subcommittee to provide ongoing expertise and recommendations for the PMCC to promote the rural health perspective
 - ▶ Work more closely with the Rural Health Collaborative Quality Improvement Committee
 - ▶ Provide ongoing updates, as needed
 - ▶ Reach out, when a broader rural health voice is critical to the conversation

Review of OMB and CMS updates

Heleena Hufnagel, HCA

OMB Updates to SPD-15

- ▶ The State Policy Directive 15 (SPD-15) illustrates the federal standards for maintaining, collecting, and presenting data on race and ethnicity
- ▶ This 2024 policy revision replaces and supersedes OMB's 1997 version.
- ▶ These revisions are intended to result in more accurate and useful race and ethnicity data across the federal government.
- ▶ 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 to full document [here](#)

Broad Overview of Final Changes

- ▶ A single, combined race and ethnicity question that allows for multiple responses.
- ▶ Addition of Middle Eastern or North African (MENA) as a minimum reporting category, separate and distinct from the White category.
- ▶ Requires states to collect more detail beyond the existing (7) minimum race and ethnicity reporting categories.
 - ▶ However, Federal agencies shall not present data on detailed categories and specific Multiracial and/or Multiethnic populations if doing so would compromise data quality or respondent privacy
- ▶ Updated terminology in SPD 15.
- ▶ Requires agency action plans on race and ethnicity data and timely compliance with this revision.

Race and Ethnicity Question with Minimum Categories, Multiple Detailed

Figure 1. Race and Ethnicity Question with Minimum Categories, Multiple Detailed Checkboxes, and Write-In Response Areas with Example Groups

What is your race and/or ethnicity?
Select all that apply and enter additional details in the spaces below.

☐ **American Indian or Alaska Native** – Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

☐ **Asian** – Provide details below.

☐ Chinese ☐ Asian Indian ☐ Filipino
☐ Vietnamese ☐ Korean ☐ Japanese
Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American** – Provide details below.

☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali
Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino** – Provide details below.

☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Cuban ☐ Dominican ☐ Guatemalan
Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African** – Provide details below.

☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Israeli
Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander** – Provide details below.

☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese
Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White** – Provide details below.

☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish
Enter, for example, French, Swedish, Norwegian, etc.

Figure 2. Race and Ethnicity Question with Minimum Categories Only and Examples

Figure 2. Race and Ethnicity Question with Minimum Categories Only and Examples

What is your race and/or ethnicity?

Select all that apply.

☐ **American Indian or Alaska Native**

For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

☐ **Asian**

For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.

☐ **Black or African American**

For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

☐ **Hispanic or Latino**

For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.

☐ **Middle Eastern or North African**

For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.

☐ **Native Hawaiian or Pacific Islander**

For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.

☐ **White**

For example, English, German, Irish, Italian, Polish, Scottish, etc.

Figure 3. Race and Ethnicity Question with Minimum Categories Only

Figure 3. Race and Ethnicity Question with Minimum Categories Only

What is your race and/or ethnicity?

Select all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

Considerations for the PMCC

- ▶ How could these changes impact the WSCMS?
- ▶ What conversations do we need to have with commercial carriers or MCOs who will be collecting this information for reporting purposes?
 - ▶ “Certain programs that involve interconnected data across multiple agencies or offices, or that rely on data collected and provided by non-Federal entities, may take longer to implement [these changes] than programs like statistical surveys”

CMS Final Rules for Medicaid

Federal Register :: Medicaid Program; Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality

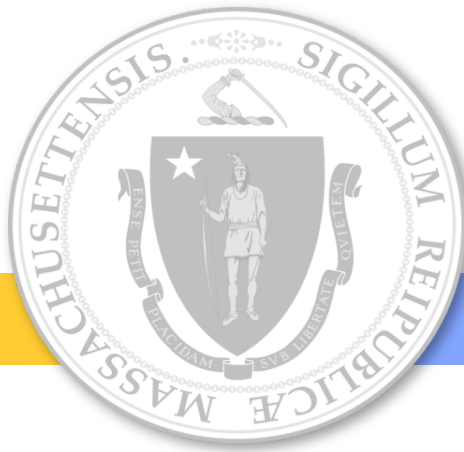
Federal Register :: Medicaid Program; Ensuring Access to Medicaid Services

Next steps

- ▶ Continue to monitor implementation efforts at Federal level
- ▶ Connect with others, as appropriate
- ▶ Share information with others to ensure we have a united approach

Guest Presentation: Quality Measure Alignment Task Force

Clara Filice and Joshua Twomey, Massachusetts Medicaid



Massachusetts Experience: The Quality Measure Alignment Taskforce

Executive Office of Health and Human Services

May 31, 2024

Quality Measure Alignment Taskforce



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

Measure Set Development

- Measures determined by Taskforce members with guiding criteria
- Feedback from multiple stakeholder groups and public comment
- Refreshed yearly for contract implementation

See more: [EOHHS Quality Measure Alignment Taskforce | Mass.gov](#)

Measure Set Development



The **Core Set** includes measures that payers and providers are expected to always use in their global budget-based risk contracts...

1. CG-CAHPS2 (MHQP3 version)
2. Childhood Immunization Status (Combo 10)
3. Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c Poor Control (>9.0%)
4. Controlling High Blood Pressure
5. Screening for Clinical Depression and Follow-Up Plan (CMS or MassHealth-modified CMS)
6. Substance Use Assessment in Primary Care

... and 24 measure in a **Menu Set** that includes all other measures from which payers and providers may choose to supplement the Core measures.

The Taskforce also develops a **Monitoring Set, On Deck Set, Developmental Set,** and **Innovation Set** for tracking. Definitions are available in the appendix.

See more: [2024 Quality Measures](#)

Measure Set Implementation



Implementation:

For 2024 **measure set implementation**, parameters were released in June 2023 for January 2024 contract implementation:

- **Implementation parameters:** Automatic incorporation of annual measure set modifications, voluntary adoption, meaningful financial implications, measuring inequity reduction.
- **Guiding principles across measures:** Reasonable benchmarks, adequate denominators, recommending 15 or fewer measures.

Review Process:

The Taskforce conducts an annual review of the Massachusetts Aligned Measure Set and finalizes any **recommended modifications to the measure set by 5/31 each year for the next calendar year.**

See more: [2024 Implementation Parameters](#)

Measure Set Uptake and Monitoring



- 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

Enabling Consensus & Payer Collaboration:

- Inviting a broad range of stakeholders to have a seat at the Task Force and reprocurring members every 3 years has contributed positively for a broad range of perspectives.
- Task Force is chaired by the Undersecretary for Health, and Aligned Set is approved by the Secretary to underscore importance.

See more: [Measure Set Dashboard](#)

Public Comment

Sharon Eloranta, MD

Public Comment

- ▶ Please enter your question or comment into the chat box.
- ▶ If you prefer to speak, enter your name into the chat box and unmute yourself when called upon.
- ▶ If speaking, please limit your comments to 2 minutes.

Wrap Up and Next Steps

Judy Zerzan-Thul, MD

Wrap Up/Next steps

▶ Action Items

▶ Next Meeting:

- ▶ October 25, 2024 9:30a.m. – 11:30 a.m.

- ▶ Proposed agenda topics:

 - Final NCQA changes to 2025 HEDIS measures

 - Report out of rural health conversations

 - Other?

 - Send additional topics to hcapmcc@hca.wa.gov ATTN: Heleena H. and Laura P.