

## Performance Measures Coordinating Committee Meeting Summary for December 15, 2023

Present: Sharon Eloranta, Judy Zerzan-Thul, Herbie Duber, Susan Hernandez, Becky Harless, Pat Justis, Rick Rubin, Kim Emery, Kim Wallace, Karie Nicholas, Sarah Hallvik, Francis Gough, Larry Kessler, Dale Reisner, Kim Wallace (for Gary Franklin), Karie Nicholas (for Ginny Weir), and Susan Hernandez (for Eli Kern).

HCA Staff: Laura Pennington, Heleena Hufnagel, Heather Schultz

Additional attendees: Karen Yao from Health Care Authority

### **Welcome and Introductions:**

Sharon Eloranta, Medical Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting. 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. Recap of the October PMCC 2023 meeting
2. Review public comment survey for addition of HIV Viral Suppression measure to the WSCMS
3. Committee final vote to adopt HIV Viral Suppression measure
4. Briefly discuss administrative requirements for PMCC in 2024

### **1. Recap of the October PMCC meeting**

The committee voted to adopt the following changes:

- a. Remove from WSCMS due to NCQA retirement
  - i. Ambulatory Care and Inpatient Utilization (AMB)
  - ii. Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
  - iii. Pneumococcal Vaccination Status for Older Adults (PNU)
- b. Updated the following measures due to changes in HEDIS specifications:
  - i. Hemoglobin A1c Control for Patients with Diabetes (HBD) updated to Glycemic Status Assessment for Patients With Diabetes (GSD)
  - ii. Eye Exam for Patients with Diabetes (EED)
  - iii. Kidney Health Evaluation for Patients With Diabetes (KED)
  - iv. Colorectal Cancer Screening (COL) – moving to ECDS reporting only
- c. Added to the WSCMS:
  - i. Adult Immunization Status (AIS-E) to replace immunization measures previously collected through CAHPS
- d. The Committee heard proposed recommendations from the 2023 PMCC Evaluation Workgroup
- e. Learned about HIV prevention efforts in Washington State and discussed a request to add HIV Viral Load Suppression measure to the WSCMS
- f. Committee voted for the *preliminary* addition of the HIV measure to the WSCMS, pending public comment

## **2. Review public comment survey and final discussion for addition of the HIV Viral Suppression measure:**

- Laura Pennington from the Health Care Authority provided an overview of the HIV Viral Suppression measure for MY 2024, which was presented at the October PMCC meeting.
- (3) Responses were received in support of the measure.
- The committee discussed challenges to adding the measure in VBP contracts due to an inability to have health plans report, and also the risk of low population stratification.
- The data source for this measure is the DOH, claims are processed by HCA, and there may need to be some collaboration around shared data access.
- It will continue to be reported to CMS for the Medicaid population only but results publicly reported will include commercial and the uninsured.

## **3. Final Vote on the HIV Viral Suppression Measure:**

- The committee formally agreed to adopt the HIV Viral Suppression Measure (HVL-AD) to the 2024 Washington State Common Measure set as a population health public reporting only measure.

## **4. Administrative Requirements for PMCC in 2024**

Heleena Hufnagel shared public meeting requirements with the committee, including meeting location and training requirements. Since the pandemic is officially over, we are once again required to provide an in person location for the public to attend. The committee discussed their preference to meet in person versus virtually.

- **Meeting in person:**
    - a. The Committee is open to meeting in person, when able.
    - b. Rotating locations may be an option to allow for committee members and the public to attend in person
    - c. The committee agreed that holding one primary meeting a year where most members can attend in person would be a good option
    - d. Recommend we consider SeaTac for folks who have to fly in
    - e. The committee members discussed potential locations that do not have an associated fee:
      - i. DOH Shoreline is option
      - ii. L& I has a conference room in Tukwila that is also available for in person meetings
    - f. Committee members asked that we schedule meetings for the year and notify in advance for those who may need to make travel arrangements
    - g. Please contact [heleena.hufnagel@hca.wa.gov](mailto:heleena.hufnagel@hca.wa.gov) if you have questions
  - **Required Public Meeting Training:** Heleena also reminded members that there is a required public meeting training that members will need to complete. The meeting is online and self-paced and she will send information and a link to members in January.
- ## **5. Walk on topic: Leap Frog inquiry: is this worth looking into?**
- a. According to [Leapfrog](#), Washington's overall hospital safety ranking dropped to 25th place (Fall 2023) from 19th (Spring 2023). Washington hospitals had the following grades:
    - i. 13 hospitals had an A
    - ii. 8 hospitals had a B
    - iii. 24 hospitals had a C
    - iv. 1 hospital had a D (Cascade Valley Hospital)

- b. Boeing was the original lead for this effort in WA, a legacy from the “Do No Harm” report of 1999. The WHA is our regional lead for Leapfrog currently.
- c. Not all Washington hospitals receive Leapfrog Safety Grades, including critical access hospitals.
- d. Some measures outcomes-based others are structural, perhaps not dissimilar to what we are already using in our WSCMS.
- e. Judy felt the results align with data shared at the WHA Quality meeting, however it was also noted that the data sources are varied and self-reported and due to some inconsistencies, they don’t always align. Data sources are varied and self-reported, some inconsistencies and unable to fully align.
- f. Different answers based on health care system, hospital, or patient experience, i.e. doesn’t get at population health if that is the direction we want to go.
- g. LF does not currently include an equity lens or direct information about patient experience; however, they are in the process of testing some measures about ability to stratify metrics using demographic data.
- h. Can we potentially use LF in conjunction with other data sources to get a more holistic picture?
- i. There are many different ways to look at quality. It would be good to invite someone with knowledge of these efforts to a future PMCC meeting to learn more about how we measure quality across the state.

**Next Steps:**

- Invite 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.
- We will follow up with future dates/times for in person meetings in January and send this out to the group.
- Information for the required public meeting training will be sent out in January.
- Next meeting: February (look for an email soon)