MN Community MEASUREMENT

Measurement and Reporting Committee (MARC)
Meeting Minutes

Wednesday, December 6, 2023

Committee members present: Lori Bethke, Matt Flory, Jamie Galbreath, Sue Gentilli, Cara Hull, Kate Hust, Steve Inman, Craig Johnson, Dave Johnson, Sue Knudson, Stephanie Krieg, David Kurtzon, Jennifer Lamprecht, Jodi Morris, Christine Norton, Angela Olson, Angie Pokharel, Denise Schneekloth, Erica Schuler

Committee members absent: Joe Bianco, Craig Helmstetter, Rahshana Price-Isuk, David Satin

Staff members present: Liz Cinqueonce, Jess Donovan, Rowan Mahon, Julie Sonier, Ma Xiong

Observers: Denise McCabe, Tegan Presley, Sherri Ryan, Stacy Wesley

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MNCM Staff Update – Sue Knudson

Sue Knudson provided a brief update regarding MNCM Staff:

Collette Cole will be retiring at the of December, after 15 years with MNCM. Collette has such a wealth of knowledge and a passion for clinical quality measurement and has been an advocate and leader in measurement at both the local and national level. MNCM is lucky to have had her on the team and she will be missed. Thank you and all the best to you, Collette!

Rowan Mahon is MNCM's new Senior Clinical Measure Developer Analyst who started in November. She will be taking over many of Collette's responsibilities and has 11 years of experience in clinical research, data analytics, pharmacy, and clinical lab science. Rowan holds a PharmD, MPH and MHI and is a registered pharmacist and certified laboratory scientist. Welcome, Rowan!

ACTION: Slate of Measures for Public Reporting in 2024 – Jess Donovan

Jess Donovan provided a high-level overview of the performance rates for DDS/PIPE and HEDIS measures. This overview included a comparison of 2022MY results to 2021MY results, including significant differences between years, and any upcoming changes to the measures to help inform the discussion. Measures with notable differences between years included:

SIGNIFICANT RATE INCREASES

- Optimal Diabetes Care
- Adolescent Mental Health and/or Depression Screening
- Depression: Follow-up PHQ-9/9M at Six Months (Adults & Adolescents)
- Depression: PHQ-9/9M Utilization (Adults & Adolescents)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- Breast Cancer Screening
- Chlamydia Screening in Women
- Diabetes Eye Exam

SIGNIFICANT RATE DECREASES

- Optimal Vascular Care
- Optimal Asthma Control – Children
- Colorectal Cancer Screening
- Adult Depression: Response at 12 Months
- Adult Depression: Remission at 12 Months
- Childhood Immunization Status (Combo 10)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD

In 2022, NCQA updated the eligible age range for the Colorectal Cancer Screening was expanded from 50-75 to 45-75 based on the new USPSTF guidelines. MNCM completed additional analysis that was featured in Part 1 of the Health Care Quality report to determine the impact the expansion had on rates. The analysis revealed that while age did play a significant role in the rate decrease, the rate would have decreased even without the age expansion.

The Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measure had a large increase in denominator in 2022MY. However, in 2021MY, there was a large decrease in denominator compared to 2020MY. Discussions with health plans showed that some of the impacts from COVID-19 were at play in 2021MY based on the timeline used for the measure. The 2022MY denominator appears to be back to what was observed in 2020MY.

UPCOMING CHANGES TO MEASURES

- Starting in 2023MY:
    - Permanent nursing home exclusion will be removed from the Optimal Asthma Control, Optimal Diabetes Care, Optimal Vascular Care and Depression measures.
        - ***Rationale:*** This information is not often stored in a discrete field within the EMR, making it difficult to use. Additional analysis revealed that the exclusion is being used less than 1% of the time across all measures, which does not meet NQF/PQM criteria of sufficient volume to make a significant impact on rates.
    - Breast Cancer Screening measure (HEDIS) is moving from an administrative measure to an Electronic Clinical Data Systems (ECDS) version of the measure
        - MNCM's Payer Clinic Quality Technical Advisory Group (PCQTAG), which consists of health plan representatives, determined that health plans will still be able to submit data to us for this new version.
        - Measure specifications have also not changed significantly.
- Starting in 2024MY, NCQA will be retiring the Use of Spirometry Testing in the Assessment and Diagnosis of COPD

SUMMARY OF PUBLIC COMMENTS RE: ONCOLOGY AND ORTHOPEDIC MEASURE SETS

Jess also provided a summary of some comments that came through the SQRMS public comments process regarding MNCM's Oncology and Orthopedic measure sets. These measure sets are currently scheduled to be privately reported to medical groups in 2024 (2023MY) and publicly reported in 2025 (2024MY).

For the Oncology measure set, some positive comments were received, including one that this measure set addresses high priority gaps in quality measurement for specialty care. However, some concerns that were raised included:

- The measure set is not PQM-endorsed or used in other quality reporting programs.
- Some organizations are not currently using the PRO-CTCAE tool (the tool used in the measure) and it would take significant resources to develop, test and implement it into workflows.
- Patients may feel burdened with how many questionnaires they're receiving during visits.
- The measure construct may need to be reassessed and suggests delaying measure until after 2025.

For the Orthopedic measure set, some positive comments were received, including one that this measure set addresses high priority gaps in quality measurement for specialty care. However, some concerns that were raised included:

- The average change measure is not in CMS programs, nor is it PQM-endorsed.
- Readiness in PIPE and the additional build needed within systems to start collecting data.
- Suggestion to delay measure until after 2025.

This summary was intended to tee-up future conversations for these measure sets as a deeper conversation will be needed. It is difficult to determine the population size without data so MARC discussion about these measure sets will likely take place in the later half of 2024.

MNCM RECOMMENDATION FOR MEASURE SLATE

MNCM recommended that all measures included for public reporting in 2023 are carried forward for public reporting in 2024. Additionally, the five components of the Optimal Diabetes Care measure and the four components of the Optimal Vascular care measure will also be publicly reported at the medical group/clinic level beginning in 2024 (2023MY).

MNCM recommends continuing the plan to privately report the Oncology and Orthopedic measure sets in 2024, with the caveat that MARC will discuss these measure sets in more depth in 2024.

Per MARC conversation in December 2022, the Average Cost per Procedure measure will be discontinued for collecting and reporting in 2024. MNCM recommends the other three cost measures continue to be collected and publicly reported.

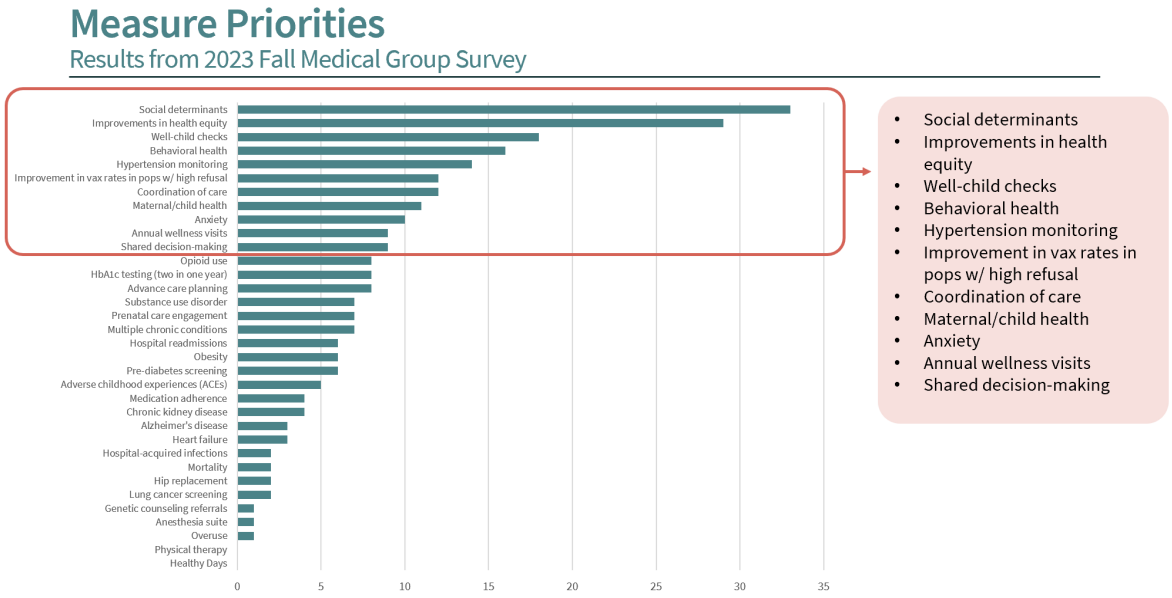
Highlights of discussion:

- **Permanent nursing home exclusion** – The 1% use of this exclusion is based on aggregated analysis. Some groups find it difficult to abstract, while others can easily abstract the information and use it more frequently.
- **Oncology PRO tools** –
    - While questionnaires may provide a little burden to patients and office staff, they can help focus on things that are vitally important to the patient. The questionnaire helps patients see that side effect severity is important in oncology care. Symptom severity can also play a role in patient choosing not to continue therapy.
    - The measure set is important, but it's unclear if the PRO-CTCAE tool is widely used in clinical practice. It will be important to get consensus on the tools that are used.
    - Private reporting will be a good first step in understanding use of the tool and denominator size before moving to the decision to publicly report.
    - While the PRO-CTCAE may not be the only evidence-based tool that could be used, measurement does help drive use of the tools. For example, the PHQ-9 tool was not as widely used as it is today before the development of the depression measures.
- **Rate decrease in Childhood Immunization Status (Combo 10)** – The continued decline in rate for this measure can almost be entirely explained by the decrease in influenza vaccination. Rates are expected to decrease next year as well for the same reason.
- **Average Cost per Procedure** – While there is some value in seeing the delta between commercial and government pricing, the information is not directly useful to consumers because it is the average prices of health plans. Most payers have this information on their website for consumers to see cost data for that health plan.

MOTION by Steve Inman to approve slate of measures and motion was seconded by Christine Norton. All MARC members voted favorably, and the motion was carried out without objections. The slate of measures will be reviewed for final approval by the MNCM Board of Directors on December 20, 2023.

DISCUSSION: Prioritization of Measure Topics – Jess Donovan

Jess Donovan provided an overview of the measure prioritization process and reviewed the results of the medical group survey that was sent in the Fall of 2023. The results of the survey are below:



Additional topics provided by survey participants included: fluoride and dental hygiene for children; lipid management; vision/hearing screening for children under 4; early detection/diagnosis of dementia; cognitive screening in annual visits; unintended pregnancy; and atrial fibrillation.

From this list, committee members were asked to indicate their top five priority areas. The results of the top five areas include:

1. Social determinants*
2. Improvements in health equity*
3. Maternal/child health
4. Well-child checks
5. Behavioral health
6. Coordination of care
7. Annual wellness visits

*Social risk factor data collection will begin in 2024 and may address some of these areas. Additionally, MNCM currently publishes two disparities reports that look at disparities by insurance type and disparities by race, ethnicity, language, and country of origin. Coordination of care and annual wellness visits were #6 and #7 in priority areas and will be included in the review in addition.

Highlights of discussion:

- **Improvements in health equity** – While MNCM is doing some of this work already, an additional way to measure improvement in health equity is tracking the gap between patient groups with high rates to patient groups with low rates and seeing how those change over time. Some organizations segment their patient population by Persons of Color (POC) and White patients and determine the gap between the subpopulations.
- **Lung Cancer Screening** – MNCM has been approached several times about developing a lung cancer screening measure. However, a barrier that has been brought up is around smoking history to determine the eligible population and how the information is not always readily available in a structured field within the EHR. A couple committee members noted that EPIC has a new tool that is being piloted to capture quantifiable information more easily and reliably for smoking history.

NEXT STEPS

MNCM staff will complete a preliminary landscape and feasibility assessment based on the measure topics identified. Staff will present the results of these assessments during the March MARC meeting, where MARC will be asked to narrow down to three priority areas.

Next MARC Meeting: Wednesday, March 13th 7:30-9am