

MN Community Measurement (MNCM) Measurement and Reporting Committee (MARC)

Wednesday, December 2, 2020

Meeting Minutes

Members Present: Rahshana Price-Isuk (Co-chair), Sue Knudson (Co-chair), Barb Anderson, Janet Avery, Lori Bethke, Joe Bianco, Cara Broich, Clarissa Cox, Matt Flory, Sue Gentilli, Stefan Gildemeister, Greg Hanley, Steve Inman, Jennifer Lamprecht, Asif Mujahid, Christine Norton, Christopher Restad, Jonathan Rose

Absent: Karolina Craft, David Satin

MNCM Staff: Trisha Brinkhaus, Liz Cinqueonce, Collette Cole, Jess Donovan, Sandy Larsen, Gunnar Nelson, Julie Sonier

Topic	Discussion
Welcome &	Rahshana called the meeting to order and welcomed committee members.
Introductions	
	This meeting was conducted via Zoom so a roll call of committee members was taken. MNCM staff and observers also
	introduced themselves.
ACTION ITEM:	Sue introduced Jess Donovan, MNCM's clinical measurement analyst, who reviewed the recommendation for public
Approval of 2021	reporting and the recommended slate of measures for 2021 public reporting.
Slate of Measures and	The draft recommendation for public reporting in 2021 is as follows:
Recommendation for	Medical group level performance results and ratings will be publicly reported with medical group names
Public Reporting	All performance results and ratings will have a clear statement cautioning against comparison to previous years
	because of potential impact of COVID-19 on performance
	Because the impact of COVID-19 on quality measures for 2020 will not be fully understood until data is
	submitted, new considerations might arise that warrant adjustment to the planned approach for reporting.
	MARC recommends MNCM Executive Leadership be entrusted with the responsibility to use their professional
	judgement in determining whether changes to the approved plan for medical group and clinic level reporting
	are warranted and seeking input from the Board of Directors to address any significant concerns that were not
	foreseen.
	MRC review
	The Measure Review Committee (MRC) met at the end of November to review both HEDIS and DDS measures.
	HEDIS measures
	MRC reviewed nine out of the 11 HEDIS measures
	 2020 report year performance rates were not yet available at the time of the meeting
	 MRC members rated impact and effort only (not performance gaps)
	The Osteoporosis Management in Women with Fracture measure was not reviewed because
	it was reported for the first-time last year and new information was not yet available
	 The Controlling High Blood Pressure measure was privately reported last year so was not reviewed this year since it would be the first year being publicly reported
	All reviewed HEDIS measures were recommended for continuation without changes
	DDS measures
	MRC reviewed five DDS measures
	 Depression measure suite was not reviewed due to significant measure changes in 2020
	report year
	 Orthopedic measures and cancer measure were postponed for 2020 report year and will be
	postponed again in 2021 so were not reviewed
	All reviewed DDS measures were recommended for continuation without changes
	Cost and hospital measures There are no changes to the sect or hospital measures, and all are continuing for public reporting
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	Discussion
	One member asked for clarification regarding reporting of the asthma education measures. The education component
	was removed as a component of the Optimal Asthma Control measure and has not been publicly reported since 2014.
	Although no longer publicly reported, the Minnesota Department of Health decided to continue collection of the measure.
	Members of the committee expressed differing points of view regarding the strength of evidence for the relationship of
	the asthma action plan and improvement of asthma outcomes. It was because of the discrepancies in evidence and
	failure of NQF endorsement that the MARC decided to remove it as a component in 2014. One member commented that

	while education is extremely important in managing asthma, measurement of education became more of a check box for providers, which did not meet the original intent of the measure. Additionally, while having a written asthma action plan may be helpful to other providers (e.g., school nurses, day care providers, etc.), it is not always helpful to the patient. Another member commented that public reporting may be important in light of COVID-19. Chris Norton made a motion to approve the draft slate of measures and the recommendation for public reporting in 2021. Matt Flory seconded the motion. Motion passed.
Meeting	The next meeting will be Wednesday, March 10, 2021. Sue adjourned the meeting.
Adjournment	

Next Meeting: Wednesday, March 10, 2021