

Wednesday, December 14, 2022

Committee members present: Sue Knudson (co-chair), Barb Anderson, Lori Bethke, Joe Bianco, Cara Broich, Matthew Flory, Sue Gentilli, Greg Hanley, Craig Helmstetter, Kate Hust, Steve Inman, Craig Johnson, Stephanie Krieg, Jennifer Lamprecht, Jodi Morris, Christine Norton, Alisha Odhiambo, David Satin, Denise Schneekloth, Reetu Syal, Abbie Zahler

Committee members absent: Rahshana Price-Isuk (co-chair), Stefan Gildemeister

Staff members present: Collette Cole, Jess Donovan, Kathie Pugaczewski, Julie Sonier, Ma Xiong, Maegi Yang

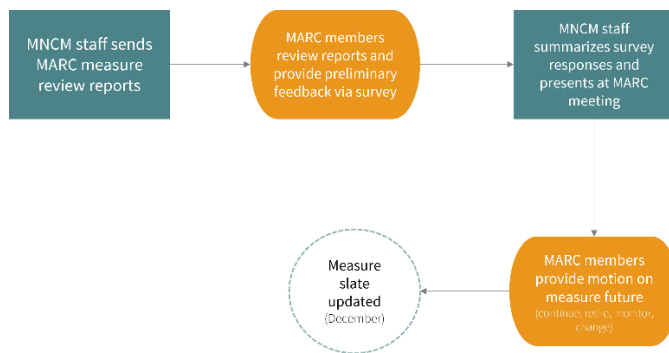
Observers: Denise McCabe, Jeanine Rosner

DISCUSSION: Measure Review and Prioritization (MRP) Recommendation – Jess Donovan

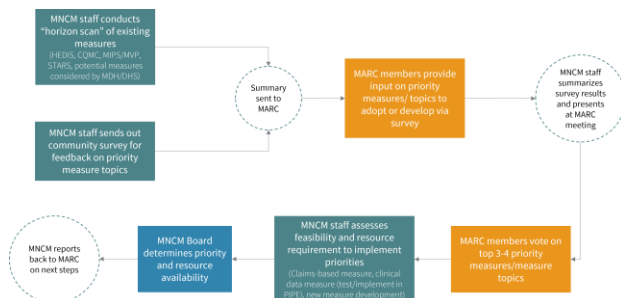
Jess Donovan presented the recommendation by the MRP for the new measure review and prioritization processes to be piloted beginning in 2023. The MRP was a subcommittee of MARC members that were tasked with reviewing and recommending a new measure review process, incorporating a health equity lens into the review of existing measures and the development of new measures and formalizing a prioritization process that ensures an appropriate balance of measures and topics available in MNMCM’s measure portfolio.

The new processes are summarized in the following flow charts. More detailed information can be found in the recommendation document.

Measure Review Process:



Measure Prioritization Process:



Highlights from the discussion:

- Clarification requested on how to handle measures that do not reach a consensus: The MARC uses a quorum of 50% of members present and simple majority rules. Since this is a new process that is being piloted, adjustment may be needed as it is being implemented in 2023. If a discussion on a particular measure goes beyond the allotted time or consensus is not reached, further discussion can take place at the next MARC meeting.
- Medical group surveys will be sent out annually in June to gather input and feedback on the measures.
- The prioritization process will take place every three years and on a similar schedule to the three-year measure review cycle.

DISCUSSION: Review of 2021MY Measure Results & Measure Slate – 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 2021MY results to 2020MY results, significance in differences between years and any upcoming changes to the measures to help inform the discussion around the measure slate. A majority of measures had significant increases in rates in 2021 compared to 2020. However, a few measures had significant decreases, but could be explained by the measure period for these measures taking place primarily in 2020, at the height of the pandemic. Upcoming changes to the measures include the following:

DDS/PIPE measures:

CHANGES BEGINNING 2022 MY	CHANGES BEGINNING 2023 MY
<ul style="list-style-type: none">• Colorectal Cancer Screening: Age range will be updated to 45-75 in accordance with USPSTF guidelines (Note: NCQA is measure steward)• Optimal Diabetes Care & Optimal Vascular Care: All patient reported blood pressures accepted (previously needed to be obtained in context of a visit)	<ul style="list-style-type: none">• Optimal Asthma Control, Optimal Diabetes Care, Optimal Vascular Care, Depression measures: Permanent nursing home resident exclusion to be discontinued

HEDIS measures:

CHANGES BEGINNING 2022 MY	CHANGES BEGINNING 2023 MY
<ul style="list-style-type: none">• Diabetes Eye Exam: Previously a sub-measure of Comprehensive Diabetes Care measure – will be transitioning to a standalone measure in 2022 (renaming to <i>Eye Exam for Patients with Diabetes</i>)	<ul style="list-style-type: none">• Breast Cancer Screening: NCQA is discontinuing administrative measure in MY2023 and will only be reporting Electronic Clinical Data Systems (ECDS) version of the measure

Jess also provided a brief overview of the cost measures, the hospital measures and MNM staff's recommendation on which measures to publicly report. MARC had the opportunity to discuss these recommendations, which are summarized below. The Board-approved slate of measures for public reporting in 2023 can be found [here](#).

Highlights from the discussion:

- **Question about why permanent nursing home exclusion is being removed –**
This exclusion has been part of these measures for almost 15 years, but is not typically information that is available in a discrete field, making it difficult to use. Further analysis

shows that it is being used less than 1% of the time across all measures. Additionally, it does not meet NQF criteria of volume to make a difference in rates.

- **Discussion on depression measures to include in part 3 of Health Care Quality Report –** MNMCM staff asked the committee for guidance on how to handle the number of depression measures included in the determination of high/top performers for part 3 of the Health Care Quality Report (anticipated January 2023). Medical groups must be eligible for at least five measures (e.g., assigned to the measure, number of patients meets reporting threshold) and has an “above average” rating on at least 50% of the measures to which they are eligible in order to be identified as a high/top performer. Previously, a committee member raised concerns that the number of depression measures (14) that are included in the total measures is disproportionate and may not be fair in this determination. MNMCM asked the committee if all depression measures should still be included in this determination or if only a handful should be used and if so, which measures. A majority of the committee agreed that the number of depression measures included in the determination had too much weight on the results. Initially, the committee was split as to which depression measures should be used. However, it was agreed that the Follow-up PHQ-9/PHQ-9M at 12 Months and the Remission at 12 Months measures for each of the population groups (adults and adolescents) should be used for the analysis. Committee members felt that remission was a clearly defined concept over response.
- **Discussion on discontinuing the Average Cost of Procedure (Average Unit Price) measure –** A couple committee members voiced concerns with discontinuing this measure as they do find the information useful for internal purposes. However, collection and aggregation of this information is burdensome. The original intent of the measure was to provide price transparency information to consumers regarding the average rates paid by health plans. This information is now required to be reported and other resources not from MNMCM are available that provide the information to providers, health plans and consumers. One committee member requested that the results for the measure be publicly reported for one more year to give their organization time to research and determine a new process for gathering the information they need. Committee members agreed that this measure will be publicly reported for one more year and will be discontinued beginning in 2024.
- **Measure slate –** The committee reviewed the measure slate. A motion was made to approve the slate of measures and the motion was seconded. All MARC members voted favorably, and the motion carried without objections. The slate of measures was approved by the MNMCM Board of Directors on December 14, 2022.

Next Meeting: Wednesday, March 8, 2023 7:30-9:00am