

Wednesday, March 8, 2023

Committee members present: Lori Bethke, Joe Bianco, Cara Broich, Matthew Flory, Sue Gentilli, Stefan Gildemeister, Greg Hanley, Craig Helmstetter, Kate Hust, Steve Inman, Craig Johnson, Dave Johnson, Sue Knudson, Stephanie Krieg, Jennifer Lamprecht, Jodi Morris, Christine Norton, Angela Olson, Rahshana Price-Isuk, Sherri Ryan (temp), Denise Schneekloth

Committee members absent: David Satin, Reetu Syal

Staff members present: Collette Cole, Jess Donovan, Julie Sonier, Ma Xiong

Observers: Naomi Carlson, Kelsey Kannenberg, Denise McCabe, Angie Pokharel, Jaclyn Popehn

UPDATE: Overview of New Projects – Jess Donovan, Collette Cole, Julie Sonier

MNCM has three new projects that are starting in 2023. Jess Donovan, Collette Cole and Julie Sonier provided an overview of each of these projects:

Chronic Kidney Disease (CKD)

- Project kicked off at the beginning of January.
- The purpose of this project is to develop and provide medical groups with analysis/data tools (dashboard) for improvement in the screening, diagnosis and treatment of CKD in patients with diabetes.
- Project is 36 months in length with 24 months dedicated to use of the tool by medical groups in PIPE.
- Currently in phase 1, which involves recruitment of the Dashboard Advisory Committee (DPAC)
 - Comprised of experts in the field of diabetes/CKD and/or quality improvement
 - Tasked with making recommendations about data elements, metrics and data visualizations to be included in a dashboard.
 - Will meet three times – March, April and May
- Funding is provided by Bayer Healthcare Pharmaceuticals, Inc. To ensure program integrity, project will be implemented in compliance with MNCM Guidelines for Engagement of Commercial Interests.

Continuous Glucose Monitoring (CGM)

- Project kicked off in March.
- The purpose of this project is to understand the feasibility of collecting data from patient wearable CGM devices (via EHR or cloud-based downloads) and determine best metrics for glucose control (e.g., time in range, Glucose Management Index (GMI)).
- Working with Park Nicollet International Diabetes Center (IDC) with grant funding from the Helmsley Foundation.
- Project is 18 months and includes project recruitment, planning for metrics, portal set-up, data aggregation, analysis and dissemination.

- Pilot team includes representation from IDC, MNMCM and NCQA and involves executive committee and a CGM Data Quality Metrics Team.

Fetal Alcohol Spectrum Disorder (FASD) Prevention

- Project kicking off in March.
- The purpose of this project is to assess landscape of current screening and intervention for alcohol use during pregnancy (e.g., tools being used, coding/billing practices) and how this can inform development of measures aimed at FASD prevention.
- Stakeholder Advisory Group will be convened to inform project.
- In addition to landscape assessment, MNMCM will also draft specifications for a quality measure of screening for alcohol use during pregnancy and identify additional measure concepts for screening and/or intervention.
- Project is 3 months in length (through June 2023) with potential for subsequent work (measure testing).
- Funding to support this project will be provided through a contract with Proof Alliance, a Minnesota nonprofit dedicated to preventing FASD.

ACTION: Measure Review Recommendation – Jess Donovan

Using the new measure review process approved by the MNMCM Board of Directors, three measures were reviewed by committee members:

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening

Committee members received measure review reports prior to the meeting, which included information such as current measure specifications, NQF endorsement status, measure notes, risk-adjustment information, performance over time, variation by medical group, stratification by demographic variables as available and information on known disparities within the condition being measured. Committee members reviewed and provided their feedback and recommendations on the future of each measure prior to the meeting via SurveyMonkey.

Jess Donovan collated these responses and provided a summary to the committee, which was made available in the meeting packet. After each measure summary, discussion was opened up to committee members and a motion was sought for the final recommendation of the measure future.

The three measures reviewed are stewarded by the National Committee on Quality Assurance (NCQA) and the recommendation options for the measure future are limited to the following:

- Continue: Continue without changes
- Discontinue: Discontinue collecting, aggregating and reporting measure
- Change: Submit comment to measure steward with recommended change to measure

Highlights of discussion:

Breast Cancer Screening

- The continuous enrollment criteria makes sense from a payer perspective, but has limitations from a person-centered clinical perspective.

- Potential for lost opportunities in screening because patient did not meet criteria, which is especially true in the younger population when patients may switch insurance product more frequently.
- Health plans do have the ability to calculate HEDIS measures without the continuous enrollment flag, which could be valuable information for providers to receive.
- Some medical groups define “active patients” through encounter data and hold providers accountable for the patients that meet that definition.
- Because NCQA is the measure steward, MNMCM is tied to NCQA’s measure specifications.
- There are some differences in guidelines by age group used by the U.S. Preventive Services Task Force (USPSTF) compared to the state SAGE program and the American Cancer Society (ACS).
 - Measure specifications are based on USPSTF guidelines.
 - USPSTF recommends that the decision to screen patients between the ages of 40-49 is based on individual needs.
 - For this measure, NCQA uses the USPSTF recommendation that applies to everyone.
- Race/ethnicity information is not available for this measure but would be helpful in identifying disparities.
 - NCQA introduced Race and Ethnicity Stratification (RES) to five HEDIS measures in measurement year 2022 and eight more in measurement year 2023, including breast cancer screening.

MOTION by Christine Norton and seconded by Steve Inman to approve recommendation to continue collecting, aggregating and reporting measure without changes. Motion passed.

Cervical Cancer Screening

- The Cervical Cancer Screening measure is on NCQA’s candidate list for Race and Ethnicity Stratification for measurement year 2024.

MOTION by Christine Norton and seconded by Steve Inman to approve recommendation to continue collecting, aggregating and reporting measure without changes. Motion passed.

Colorectal Cancer Screening

- While process measures are not typically risk adjusted, screening for colorectal cancer, particularly using colonoscopy, requires additional time to schedule compared to other screening methods (e.g. may need to take time off of work) and there are potential barriers in doing so.

MOTION by Matthew Flory and seconded by Joe Bianco to approve recommendation to continue collecting, aggregating and reporting measure without changes. Motion passed.

DISCUSSION: Initial Feedback on New Measure Review Process – All

Because this was the first meeting using the new measure review process, committee members provided their feedback using the following questions:

- What worked well in new measure review process?
- What could use improvement in the new process?
- Was the timing of measure review reports being sent out appropriate or is more time needed?

Highlights of discussion:

- Committee members were generally happy with the process, reports and timing.
- For the measures that are stewarded by other organizations, it is a bit challenging to identify which pieces the committee has a choice about changing versus what is part of the measure design.
- The risk adjustment question was a little confusing so examples or re-wording of the question may be helpful.
- Timing of the process for certain measures may need to be extended so that committee members can also consult with others in their organization.
- It may be helpful to have a general comment section at the end of each measure so that committee members can put in any questions they have for discussion during the meeting.

Next MARC Meeting: Wednesday, June 14, 2023 – 7:30-9:00am