

Wednesday, September 13, 2023

Committee members present: Lori Bethke, Matt Flory, Jamie Galbreath, Sue Gentilli, Craig Helmstetter, 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, Rashana Price-Isuk, Denise Schneekloth, Erica Schuler

Committee members absent: Joe Bianco, David Satin

Staff members present: Liz Cinqueonce, Collette Cole, Jess Donovan, Julie Sonier

Observers: Kelsey Kannenberg, Denise McCabe, Sherri Ryan, Sam Smith

ACTION: Measure Review Recommendation – Jess Donovan

The following measures were reviewed by the committee:

- Optimal Diabetes Care
- Optimal Vascular Care
- Eye Exam for Patients with Diabetes

Committee members received measure review reports prior to the meeting, which included information such as current measure specifications, PQM* 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.

**PQM = Partnership for Quality Measurement; new consensus-based entity contracted by CMS for measure endorsement (previously NQF)*

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

MN Community Measurement (MNCM) is the measure steward for both the Optimal Diabetes Care and Optimal Vascular Care measures. The recommendation options for these measures are:

Option	Description
Continue	Continue collecting, aggregating, and publicly reporting without changes to measure
Retire	Retire measure; discontinue collecting, aggregating, and publicly reporting measure
Monitor	Transition to monitoring; collect and aggregate measure, but do not publicly report
Change	Option 1: Minor technical changes needed <i>Responsible party – MNCM clinical staff</i>
	Option 2: Small changes needed; discuss at MARC <i>Responsible party – MARC</i>
	Option 3: Redesign measure construct <i>Responsible party – Measure development workgroup</i>

National Committee for Quality Assurance (NCQA) is the measure steward for the Eye Exam for Patients with Diabetes measures. The recommendation options for these measures are:

Option	Description
Continue	Continue collecting, aggregating, and publicly reporting without changes to measure
Discontinue	Discontinue collecting, aggregating, and publicly reporting measure
Change	Submit comment to measure steward with recommended change to measure

Highlights of discussion:

Optimal Diabetes Care

- Publicly reporting the five measure components by medical group/clinic would provide context with the optimal composite measure.
 - Public awareness/perception of how the measure is composed is challenging and may cause misunderstanding of the composite ratings.
 - Only reporting the composite measure may not provide the full picture of diabetes care and motivate change.
 - Reporting component data is helpful to medical groups to better understand how to approach improvement.
 - MNCM does report the individual components at the statewide level within the community reports (e.g., Health Care Quality report)
- However, it is important to continue reporting the composite measure because it is a patient-centric measure – focusing on all components, rather than a few, leads to optimal care for patients.
- Each component is based on evidence-based research for diabetes care.
- Composite measure is PQM-endorsed – not the individual components.
- Committee felt it is important to continue publicly reporting the composite measure but with the addition of reporting the individual components at the medical group/clinic level.
 - MNCM will discuss internally how to report on the individual components (e.g., risk adjustment) for medical group/clinic level results and provide an update to MARC in December.

MOTION by Steve Inman to continue collecting, aggregating, and reporting composite measure without changes and seconded by Lori Bethke. 100% (18) of participating members agreed with motion. Motion passed.

Optimal Vascular Care

- Similar comments to the Optimal Diabetes Care measure – publicly reporting four measure components by medical group/clinic to provide context with the composite measure.
- Performance is high for most of the components in this measure, especially in the statin component.
 - CMS criteria for a measure “topping out” is 95%. The statin component rate in 2022 was 91%.

- Even though a lot of medical groups have high results for most of the components, it can be helpful to see that medical groups in Minnesota have high rates compared to the rest of the country.
- Results have not returned to pre-pandemic (2019) levels, so it is important to keep focusing on this measure.
- Patient behaviors play a huge role in patient compliance for all measures; however, that does not mean the measure isn't valuable or important.
- The population for these measures is not static from year-to-year –
 - Eligibility for the statin component is dependent on age and/or presence of contraindications/exceptions.
 - For example, if a patient is between the ages 18 and 20, they are automatically assigned a “Statin Use Free Pass” (automatically added to numerator) because statin use is not required for this population. However, they will eventually age into a group that is required to be on a statin so important to continue tracking.
- Like the diabetes measure, the committee felt it is important to continue publicly reporting the composite measure but with the addition of reporting the individual components at the medical group/clinic level.
 - MNCM will discuss internally how to report on the individual components (e.g., risk adjustment) for medical group/clinic level results and provide an update to MARC in December.

MOTION by Cara Hull to continue collecting, aggregating, and reporting composite measure without changes and seconded by Steve Inman. 89.5% (17) of participating members agreed with motion. Two members opposed motion, with one member commenting on their preference to transition the measure to monitoring. Motion passed with majority vote.

Eye Exam for Patients with Diabetes

- Claims measure so effort of data collection is relatively straightforward for medical groups
 - However, if medical groups want to track their performance internally, it requires more effort since primary care don't typically perform retinal eye exams, so they would need to track down that information.

MOTION by Lori Bethke to continue without changes and seconded by Steve Inman. 100% (20) of participating members Motion passed.

DISCUSSION: Feedback for measure review process – Jess Donovan

2023 was the first year MARC began using the new measure review process, recommended by the Measurement Review and Prioritization (MRP) subcommittee. In general, MARC members felt that the new process works well, particularly the measure review reports and the survey ahead of the meeting.

Some additional improvements were suggested related to the evaluation criteria and measure reports:

- Adding a question to the criteria that determines if a measure has “topped out”, using the CMS definition of 95% or higher.

- Better define what is meant by level of impact – improvement of rates over time vs. sending a signal to community that the measure topic is a priority (latter).
- Specify in reports who is collecting/submitting data for the measure (e.g., medical groups vs. health plans) to help answer the effort question related to data collection.
- Include the measure review cycle so that committee members are prepared for what measures are on the horizon for review.

DISCUSSION: Prioritization of measure topics – Jess Donovan

Jess provided an overview of the upcoming prioritization process, another component of the MRP recommendations for measure review:

Year	Month	Responsible Party	Description
2023	September	MARC	Discuss topics presented during meeting and add to list as needed
	October	MNCM Staff	Send out community survey with list of topics identified by MARC, plus option to add areas not listed
	December	MNCM Staff MARC	<ul style="list-style-type: none"> • MNCM staff will present results of community survey • MARC will identify top 5 priority areas
2024	January-February	MNCM Staff MARC Chair	<ul style="list-style-type: none"> • MNCM staff will complete preliminary analysis on feasibility and cost evaluation of top 5 priority areas identified and complete landscape assessment of available measures • MARC chair will provide update to Board on top 5 priority areas identified during December MARC meeting
	March	MNCM Staff MARC	<ul style="list-style-type: none"> • MNCM staff will present results of feasibility assessment to MARC • MARC will confirm top 3 priority areas
	May	MNCM Staff MARC Chair	MNCM staff will complete final analysis on feasibility/cost evaluation for top 3 priority areas and present to Board
	June	MNCM Staff	Provide update to MARC on final feasibility assessment and results on Board meeting
	September	MNCM Staff	Provide update to MARC on next steps after Board budget approval, confirmation of measures of success, evaluation of resources, etc.

The prioritization process will include input for new measure topics/areas that are not already covered in MNCM's [Slate of Measures](#). Topics previously and newly identified included:

Care Coordination:

- Advanced care planning
- Shared decision-making
- Coordination of care

Health Equity/Disparities:

- Improvements in health equity
- Social determinants

Chronic Conditions:

- Multiple chronic conditions
- Pre-diabetes screening
- HbA1c testing (2 in 1 year)
- Heart failure
- Obesity
- Hypertension monitoring
- Alzheimer's disease
- Chronic kidney disease

Mental Health/Behavioral:

- Anxiety
- Adverse childhood experiences (ACEs)
- Behavioral

Maternal/Child Health:

- Prenatal care engagement
- Maternal/child health

Medication Use/Misuse:

- Medication adherence
- Opioid use
- Overuse
- Substance use disorder

Wellness/Prevention:

- Healthy Days
- Annual wellness visits
- Well-child checks
- Improvement in vaccine rates in populations with high rates in populations with high refusal

Other:

- Lung cancer screening
- Hip replacement
- Anesthesia suite
- Genetic counseling referrals
- Physical therapy
- Mortality
- Hospital-acquired infections
- Hospital readmission

MNCM will be sending out a survey to the community in October with this list and the option to add to it. Results of the survey will be presented during the December MARC meeting.

Next MARC Meeting: Wednesday, December 6, 2023 – 7:30-9:00am