

**Wednesday, March 12, 2025**

**Committee members present:** Matt Flory, Jamie Galbreath, Cara Hull, Kate Hust (co-chair), Steven Inman, Craig Johnson, Clarence Jones, Jennifer Lamprecht, Sue Knudson (co-chair), Tim Miller, Christine Norton, Angela Olson, Bridget Olson, Carmen Parrotta, Laura Pelaez, Angie Pokharel, David Satin, Denise Schneekloth, Meetul Shah, Anne Stephen, Amanda Strom, Sean Wherry

**Committee members absent:** Dave Johnson, David Kurtzon

**Staff members present:** Lexie Adams, Jess Donovan, Rowan Mahon, Ma Xiong

**Observers:** Anna Grossbach

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### **Welcome & Announcements** – Kate Hust

*New MARC members:* Tim Miller, Carmen Parrotta, Laura Pelaez, Meetul Shah, Anne Stephen

The committee reviewed committee charter and membership policy. No changes were made.

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### **UPDATE: Asthma Workgroup Progress** – Jess Donovan

Jess Donovan provided an update of workgroup progress for redesigning the Optimal Asthma Control measure. The measure was reviewed by MARC in June 2024, and the committee voted to convene a workgroup due to concerns with the usefulness to providers and the proprietary nature of the Asthma Control Test (ACT).

The workgroup is comprised of two groups –

- 1) **Specification Engineering Group (SEG):** 3-4 clinicians with specialties in pediatrics, pulmonology, and asthma/allergy medicine. This group reviews the measure specifications in-depth.
- 2) **Technical Expert Panel (TEP):** Includes the members of the SEG, with 4-5 additional members with representation in family medicine, quality improvement, and government.

The SEG has met twice, with the next step being to provide a preliminary recommendation to the larger TEP. The TEP will review the recommendation and provide feedback. After the TEP has provided feedback, the SEG will re-convene as necessary to incorporate any changes suggested by the TEP. As necessary, the TEP will meet again to review the changes. Once the review is complete, the specifications will be open for public comment over a 2 week period. Once the comment period is over, the SEG will review comments over email.

A special MARC meeting will need to be convened in late April/early May to review the workgroup recommendations prior to the May 21<sup>st</sup> Board meeting. More information will be sent out after the TEP meeting on March 28<sup>th</sup>.

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## UPDATE: Adding PHQ-A Tool to Depression – Rowan Mahon

Rowan Mahon updated the committee on incorporating the PHQ-A tool into Depression measure specifications. The PHQ-9M and PHQ-A tools are variants of PHQ-9, with PHQ-9M explicitly mentioned in the measure specifications. However, the PHQ-A has been accepted in the depression measures since 2018. Since then, medical groups have been instructed to map PHQ-A score to the same submission code used by PHQ-9/9M. In order to map screening tools to their applicable LOINC codes for inclusion in outbound CCDs for the CHIRP program, and to also be validated for NCQA's DAV program, there needs to be a separate code for PHQ-A.

The plan going forward is to update the logic for the two depression care suites and the Adolescent Mental Health Screening measure. The measure specifications will also be updated to identify PHQ-A as an acceptable tool.

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## ACTION: Measure Review Recommendation – Jess Donovan

The Chlamydia Screening measure was reviewed by the committee.

Committee members received measure review reports prior to the meeting, which included information such as current measure specification, 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 the reports and provided their feedback and recommendation on the future of each measure prior to the meeting via SurveyMonkey.

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

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

The measure is stewarded by the National Committee for Quality Assurance (NCQA). 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:

- **Inclusivity Concerns:** Members discussed the challenges of accurately identifying sexually active individuals, with concerns about the use of oral contraception as a proxy and the exclusion of males.
- **Clinical Impact:** Several members expressed that the measure does not significantly impact clinical practice, with some providers choosing not to focus on it due to its limitations.

- **Alternative Measures:** Suggestions were made to consider alternative measures that include other STIs or to adjust the current measure to better reflect clinical needs.
- **Provider Engagement:** There was a consensus that the current measure has low provider engagement due to its perceived inadequacies and the challenges in data collection.

**MOTION** by David Satin and seconded by Christine Norton to approve three-part recommendation: 1) Continue collecting and reporting current measure; 2) Submit a comment to NCQA with recommended changes; 3) Convene a workgroup to explore alternative measure or adaptation of measure.

***Next MARC Meeting: Wednesday, June 11, 2025 – 7:30-9:00am***