

Wednesday, March 13, 2024

Committee members present: Lori Bethke, Joe Bianco, Jamie Galbreath, Kate Hust, Steve Inman, Craig Johnson, Dave Johnson, Sue Knudson, Stephanie Krieg, David Kurtzon, Jennifer Lamprecht, Chris Norton, Angela Olson, Bridget Olson, Angie Pokharel, Denise Schneekloth, Amanda Strom, Sean Wherry

Committee members absent: Matt Flory, Cara Hull, David Satin, Erica Schuler

Staff members present: Liz Cinqueonce, Jess Donovan, Rowan Mahon, Ma Xiong

Observers: Julie Johnson, Denise McCabe

Welcome & Announcements – Sue Knudson

- **New Co-chair:** Kate Hust
- **New MARC members:** Bridget Olson, Amanda Strom, and Sean Wherry

Thank you to Julie Sonier for seven years of excellent leadership as President & CEO of MNMCM! Best wishes, Julie!

Congratulations to Liz Cinqueonce as MNMCM's new President & CEO of MNMCM!

DISCUSSION: PCSK9 Inhibitors & Statins – Rowan Mahon

MNCM received an inquiry from a physician regarding statin intolerance for individuals asking if in the Optimal Diabetes Care and Optimal Vascular Care measures. Specifically, the physician suggested including PCSK9 inhibitors (PCSK9i) to the list of acceptable medications for the statin component. However, these medications are not comparable to statins. Current guidelines from ADA and AC/AHA, patients should only receive solo therapy with PCSK9is if they are intolerant to statins.

However, patients who are intolerant to statins are excluded from the measures all together. Rowan asked the committee if these patients should continue to be excluded from the measure or if additional research should be completed to enhance the logic to include intolerant patients in the denominator and include them in the numerator if they are on PCSK9i therapy.

Highlights of discussion:

- PCSK9i medications are subject to prior authorization and mandatory cardiology consultations, which makes it difficult to prescribe them.
- Proportion of patients with statin intolerance is relatively small, so there is likely not much benefit to adding in the logic to the measure.

- There are a lot of individual clinical nuances and management needs for patients with statin intolerance.
- This could be a topic to readdress in future years once payment/prior authorization changes as well as open discussion for adding other lipid-lowering agents.
- While likely small, there could be some sort of opportunity cost for not incentivizing the continued use of lipid-lowering agents for patients with statin intolerance. However, it's likely that providers are doing the best they can, regardless of what the measure is.

Committee was in agreement with not changing the measure at this time. However, both measures will be reviewed by the committee in 2026 and this topic will be noted for discussion.

ACTION: Measure Review Recommendation – Jess Donovan

The following measures were reviewed by the committee:

- Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis
- Follow-up Care for Children Prescribed ADHD Medication

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.

Both measures reviewed are 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:

Avoidance of Antibiotic Treatment in Acute Bronchitis/Bronchiolitis

No additional discussion.

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

Follow-up Care for Children Prescribed ADHD Medication

- ADHD management is complicated, and the measure poorly reflects the proper management and improvement in this space.
- The 30-day follow-up window is very restrictive; most patients are told to come back within 4 weeks, but they often come back within a 4-6 week range due to scheduling availability.
- This measure has a second piece related to Continuation and Maintenance, which may be a better fit, especially from a clinical perspective.

MOTION by Steve Inman and seconded by Chris Norton to change reporting of measure to the Continuation & Maintenance (C&M) phase. Motion passed.

MNCM staff will discuss internally to determine the feasibility of changing to reporting the C&M phase of the measure. An update to MARC will be provided via email.

DISCUSSION: Prioritization & Measure Topics – Jess Donovan

As part of the measure prioritization process, MARC identified several topic areas for further research. These topic areas were:

- Social determinants of health
- Improvements in health equity
- Maternal/child health
- Well-child checks
- Behavioral health
- Coordination of care
- Annual wellness visits

The committee was sent a preliminary landscape analysis with several measures for each category that exist in the national landscape and could be reviewed further for feasibility. 34 measures were included in this analysis and committee members were asked in the pre-meeting survey to provide their top five choices for measures. While there weren't specific measures related to improvements in health equity, committee members also shared how they are looking at health equity within their own organizations. These ideas were summarized and provided in the meeting packet.

Of the measures that were most frequently selected in the pre-meeting survey, topic areas covered included:

- Well-child visits
- Maternity
- Screening/intervention for social needs
- Opioid use
- Advanced care planning

Highlights of discussion:

- From experience, measuring advance care planning can have a lot of barriers.
- Intervention for social needs can be so variable based on where patient lives and there are workflow barriers that still need to be ironed out since it's such a new measure area.
 - May not be the right time since it's so new or it could be the perfect time to start – difficult to determine at this point.
 - May want to focus on the screening aspect first and then look at a measure related to intervention.
- New CDC guidelines changed the how high dosages of opioids are defined, as a result of pushback from the chronic pain community
 - Definition is not as clear as it was before.
 - Opioid use is important but may want to consider another measure or way to look at it.
- NCQA has several different measures related to well-child visits – birth to 15 months; 15-30 months, and then child and adolescent visits.
- For health equity, we'd need to be very intentional about what we're reporting and make sure to seek input from the community.
 - A lot of work has been done in this area by academic stakeholders.
 - Partnering with academic stakeholders could allow us to understand what they've learned, what works, what doesn't work, etc.
- The purpose of this exercise is to complete a pulse check on what is relevant to the community and see what is feasible for measurement.
 - Looking to potentially add one or two measures; however, this is all dependent on what is feasible.
 - It is possible no measures will be adopted/developed at this time, based on the feasibility assessment.
- Follow-up and access to services can be difficult in rural areas and is often outside of the control of the provider.
 - It would be important to consider how we use the data – attributing rates to the clinic may not tell the whole story.
 - Re-imburement can play a huge role in follow-up, especially in rural areas.

Next MARC Meeting: Wednesday, June 12, 2024 – 7:30-9:00am