

Wednesday, June 11, 2025

Committee members present: Kate Hust (co-chair), Matt Flory, Jamie Galbreath, Cara Hull, Steven Inman, Craig Johnson, Dave Johnson, Clarence Jones, Sue Knudson (co-chair), Sterling Kowalski, David Kurtzon, Jennifer Lamprecht, Chris Norton, Angela Olson, Bridget Olson, Carmen Parrotta, Laura Pelaez, Angie Pokharel, Meetul Shah, Anne Stephen, Amanda Strom, Sean Wherry

Committee members absent: David Satin, Denise Schneekloth

Staff members present: Lexie Adams, Jess Donovan, Ma Xiong

Welcome – Sue Knudson

Sue Knudson welcomed members of the committee and completed a roll call of committee members. Observers were welcomed and reminded that only official members of the committee can participate in the discussion.

Updates – Jess Donovan

Jess Donovan provided two updates:

ASTHMA REDESIGN RECOMMENDATIONS

The MNMCM Board of Directors reviewed and approved all five of the recommendations for the redesign of the Optimal Asthma Control measure:

- 1) Remove ACQ from numerator definition
- 2) Add AIRQ to definition of well-controlled component
- 3) Add AIRQ to definition of low risk of exacerbation component
- 4) Stratify results by original tools (ACT, C-ACT, ATAQ) and new tool (AIRQ) for adults and children
- 5) In 3-5 years, evaluate adoption of AIRQ tool to determine if it is appropriate to transition to a one-tool measure

Beginning with the 2026 measurement year (reporting in 2027), statewide and medical group/clinic results will be privately reported. After private reporting, MARC will evaluate the results to determine appropriate level of public reporting.

MEASURE REVIEW SCHEDULE CHANGE

The Depression measures have received some feedback recently, which MNMCM staff felt warranted an earlier review of the measure suite. As a result, the schedule of measure review will change slightly:

Measure	Original Date of Review	Revised Date of Review
Controlling High Blood Pressure	September 2025	June 2025
Depression Suite	June 2026	September 2025
Eye Exam for Diabetes	September 2026	June 2026

ACTION ITEM: Measure Review Recommendation – Jess Donovan

Three HEDIS measures were reviewed by the committee: Childhood Immunization Status (Combo 10); Immunizations for Adolescents (Combo 2); and, Controlling High Blood Pressure.

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:

- Continue: Continue collecting, aggregating, and publicly reporting measure.
- Discontinue: Discontinue collecting, aggregating, and publicly reporting measure.

Separately, the committee also has the option to submit feedback to the measure steward, if warranted.

HIGHLIGHTS OF DISCUSSION:

Childhood Immunization Status (Combo 10)

- **Declining rates and flu vaccine:** Members discussed rates declining over the last few years, with multiple members stating that influenza vaccination is likely what is causing the decline in rates. However, members agreed that it is important to continue influenza vaccination in the measure.
- **Timing of vaccines:** Members discussed the measurement period utilized in the measure (by age 24 months). It was noted that some patients might not receive all their vaccines precisely by 24 months (e.g., by 25 months). However, it is acknowledged that measurement is not perfect, and in practice, certain clinical decisions made for individual patients may not strictly align with the measure definition, which is acceptable. It is not expected that the rate be 100%.

MOTION by Steven Inman and seconded by Sean Wherry to continue collecting, aggregating, and reporting measure. Motion passed unanimously.

Immunizations for Adolescents (Combo 2)

- **HPV vaccine:** Members discussed that the rates of HPV vaccine series completion are typically lower than those for meningococcal and Tdap vaccines. They also talked about the importance of messaging to encourage earlier vaccination for HPV. Some parents may be hesitant to have their child receive the vaccine due to concerns about its association with sexual activity. Instead, messaging that explains the vaccine's role in preventing cancer caused by HPV can help shift the focus away from its link to sexual activity.

- **Inclusion in DHS contract:** While the Childhood Immunization Status is included in MNCM's *Disparities by Insurance Type* report, the Immunizations for Adolescents measure is not included. One member voiced strong support that the measure be included in the report in the future.

MOTION by Sean Wherry and seconded by Matt Flory to continue collecting, aggregating, and reporting measure. Motion passed unanimously.

Controlling High Blood Pressure

- **Advanced illness/frailty exclusion:** Members questioned why the advanced illness/frailty exclusion does not apply to patients aged 81 to 85. While not entirely clear, it is suspected that because this measure has an older age range compared to other NCQA-stewarded measures, it may be an oversight.

MOTION by Chris Norton and seconded by Cara Hull to continue collecting, aggregating, and reporting measure. Motion passed unanimously.

Next MARC Meeting: Wednesday, September 10, 2025 – 7:30-9:00am