

Wednesday, August 5, 2026

Committee members present: Kate Hust, Clarence Jones, Sue Knudson, Sterling Kowalski, David Johnson, Jennifer Lamprecht, Leota Lind, Christine Norton, Bridget Olson, Carmen Parrotta, Laura Pelaez, Angie Pokharel, Denise Schneekloth, Anne Stephen, Amanda Strom, Sean Wherry

Committee members absent: Cara Hull, Craig Johnson, David Kurtzon, Angela Olson

Staff members present: Liz Cinqueonce, Jess Donovan

Observers: Elizabeth Hermsen, Denise McCabe

Welcome – Sue Knudson

Sue Knudson opened the meeting by welcoming members and introducing the newest member, Dr. Steve Robinson. Dr. Robinson serves as the Vice President of Medical Practice for primary care as well as a family medicine physician from M Health Fairview. He is also serving on MNMCM's Board of Directors.

Sue then completed a roll call of committee members, welcomed observers, and noted that only official members of the committee can participate in the discussion.

ACTION ITEM: Measure Review – Sue Knudson & Jess Donovan

The committee reviewed three measures – Optimal Diabetes Care, Optimal Vascular Care, and Eye Exam for Patients with Diabetes.

Optimal Diabetes Care

This measure is stewarded by MNMCM and reported to MNMCM by medical groups/clinics.

Pre-meeting survey results:

- Performance gap: Yes (100%)
- Impact on care: High
- Effort – Data collection: Medium
- Effort – Improving outcomes: High
- Inclusive denominator: Yes (90%)
- Algorithm bias: No (40%), Unsure (40%)
- Inclusive numerator: Yes (90%)
- Stratification capability: Yes (90%)
- Appropriate risk adjustment variables: Yes (90%)
- Known disparities: Yes (100%)

Summary of Discussion:

- While the measure makes sense clinically, some health systems aren't using the composite measure because composite measures are often difficult to achieve. Most providers are focused on improving the individual components rather than the composite measure.

- Deciding on an appropriate BP target (< 130/80 vs < 140/90) can be difficult. While some guidelines suggest the lower target and is more desirable, it may be difficult to achieve for older patients. For HEDIS measures, there is a “frailty and advanced illness” exclusion that accounts for some of these concern. While this exclusion is not included in the Optimal Diabetes Care measure, there is an exclusion related to nursing home residents and those receiving hospice/palliative care.
- Focusing on a particular component within the measure (e.g., HbA1c Control) may be more impactful for improvement.

MOTION BY Sean Wherry, seconded by Steve Robinson to approve recommendation to continue collecting, aggregating, and reporting measure without changes. The motion passed unanimously.

Optimal Vascular Care

This measure is stewarded by MNCM and reported to MNCM by medical groups/clinics.

Pre-meeting survey results:

- Performance gap: Yes (100%)
- Impact on care: Medium-high
- Effort – Data collection: Medium
- Effort – Improving outcomes: High
- Inclusive denominator: Yes (90%)
- Algorithm bias: No (40%)
- Inclusive numerator: Yes (80%)
- Stratification capability: Yes (100%)
- Appropriate risk adjustment variables: Yes (100%)
- Known disparities: Yes (100%)

Summary of Discussion:

- Coronary artery calcium scores within a particular range may be flagged in the EMR as having cardiovascular disease, which may not be a true reflection of the condition. Because of this a lower BP target may be more beneficial to prevent cardiovascular events such as stroke, MI, etc. and may also be a better motivator for providers.
- Like diabetes, this measure does not have the “frailty and advanced illness” exclusion, but does have the nursing home residents and those receiving hospice/palliative care exclusions. There may be opportunity to look at including something like the HEDIS exclusion in these measure specifications as well.

MOTION BY Steve Robinson, seconded by Denise Schneekloth and Christine Norton to approve recommendation to continue collecting, aggregating, and reporting measure without changes. The motion passed unanimously.

Eye Exam for Patients with Diabetes

This measure is stewarded by NCQA and reported to MNCM by health plans.

Pre-meeting survey results:

- Performance gap: Yes (100%)
- Impact on care: Medium-high
- Effort – Data collection: Medium

- Effort – Improving outcomes: Medium-high
- Inclusive denominator: Yes (67%)
- Algorithm bias: No (56%)
- Inclusive numerator: Yes (78%)
- Stratification capability: No (56%)
- Known disparities: Yes (78%)

Summary of Discussion:

- NCQA will continue to steward the measure and remains part of health plan rating scale and CMS STAR ratings. NCQA is retiring the hybrid version of the measure as it moves to ECDS reporting.
- Diabetic retinopathy is a huge cause of blindness globally and remains an important priority for the health care community.
- Challenges with this measure include the fact that eye exams are often completed outside of the health system and are dependent on optometry/ophthalmology offices sending reports, which are sometimes faxed. However, this measure is reported by health plans rather than health systems, which makes the data a little bit cleaner. Still, these challenges are significant and notable.

MOTION BY Denise Schneekloth, seconded by Leota Lind to approve recommendation to continue collecting, aggregating, and reporting measure without changes. The motion passed unanimously.

Next MARC Meeting: Wednesday, December 2, 2026 – 7:30-9:00am