Measurement and Reporting Committee (MARC)
Meeting Minutes

Wednesday, September 10, 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), David Kurtzon, Jennifer Lamprecht, Leota Lind, Chris Norton, Angela Olson, Bridget Olson, Carmen Parrotta, Laura Pelaez, Angie Pokharel, Denise Schneekloth, Anne Stephen, Amanda Strom, Sean Wherry

Committee members absent: Sterling Kowalski, Meetul Shah, David Satin

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

Observers: Angela Grove, Stephanie Krieg, Soo Lauby

Welcome – Kate Hust

Kate Hust 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:

SUSPENSION OF ORTHOPEDIC AND ONCOLOGY MEASURES

MNCM made the operational decision to suspend measure calculation validation and public reporting of the orthopedic (Spine Surgery: Disc/Lami, Spine Surgery: Lumbar Fusion, Total Knee Replacement) and oncology (Symptom Control During Chemotherapy) measures. This decision follows a review of MNCM and medical group resources required to support the reporting of these measures, which revealed limitations in MNCM staff capacity and provider readiness to produce validated, comprehensive statewide measure results.

Medical groups were sent communication about this decision via email on August 19th.

CHALMYDIA SCREENING FEEDBACK

During the March 2025 MARC meeting, the committee review NCQA's Chlamydia Screening measure. The committee recommended two action items:

1. Send a letter to NCQA outlining concerns and feedback for the measure construct
2. Form a subgroup of MARC to review alternative measures and/or adapt the current measure.

In Fall 2025, MNCM staff will write an initial draft of the letter to NCQA, with the items that were discussed during the March meeting. Interested MARC members will be asked to provide additional input before finalizing the letter and sending it to NCQA. The full committee will be provided with the final letter during the December MARC meeting.

In early 2026, a subgroup of MARC will begin work on reviewing alternative measures and/or adaption of the current measure. More information will be provided in the new year.

ACTION ITEM: Measure Review Recommendation – Jess Donovan

The committee reviewed the suites of depression measures for adults and adolescents. These measures include:

- Follow-up PHQ-9/9M at Six Months
- Response at Six Months
- Remission at Six Months
- Follow-up PHQ-9/9M at 12 Months
- Response at 12 Months
- Remission at 12 Months
- PHQ-9/9M Utilization

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 MNCM, and the recommendation options for these measures are:

- Continue: Continue collecting, aggregating, and reporting measure.
- Discontinue/retire: Discontinue collecting, aggregating, and reporting measure.
- Monitor: Transition to monitoring
- Change:
    - Option 1: Minor technical changes needed
    - Option 2: Small changes needed
    - Option 3: Redesign measure construct

HIGHLIGHTS OF DISCUSSION:

- **Simplification of measures:** Members discussed the importance of simplifying the measure and aligning with the HEDIS measure (Depression Response & Remission (DRR-E)) to reduce burden.
    - HEDIS measure uses a 4-8 month follow-up window, which is in alignment with the six month versions of the measures
    - There are too many measures in the suite.
- **Clinical considerations:** Members discussed extensively clinical considerations in the diagnosis and treatment of depression –
    - Often, when patients are first diagnosed with depression and put on a medication, they are followed up with one month to six weeks after starting treatment. If PHQ-9 is

reduced during that timeframe, providers may not need to see the patient again for several months.
    - Patients may be referred to community services and/or psychologists/therapists after being diagnosed, and so providers may not receive follow-up PHQ-9 scores to document in the EMR.
    - Depression is a subjective condition that is often best assessed for response and remission through patient interview by a provider, rather than with the PHQ-9 score.
        - Measuring depression outcomes is difficult because it's so subjective.
        - PHQ-9 is a better screening tool, rather than a diagnostic tool
        - The depression denominator requires a clinical diagnosis of depression PLUS an elevated PHQ-9 score, suggesting that there should be some sort of clinical assessment to evaluate depression severity.
        - Reduction of PHQ-9 score by 50% to define response seems arbitrary.
    - The PHQ-9 Utilization measure uses a 4-month window, which is not particularly useful. Instead a 12-month timeframe would make more sense clinically.
        - It can be a useful measure for specialty groups (e.g., OB/GYNs) who report on this measure, but may not be the ones doing the follow-up for patients. This measure helps make sure the patients are still being screened and receiving referrals as needed.
- **Inclusion in programs and contracts:** Several measures are included in federal programs and/or state contracts.
    - Follow-up at Six Months: None
    - Follow-up at 12 Months: None
    - Response at Six Months: CQMC
    - Response at 12 Months: CQMC
    - Remission at Six Months: SQRMS (MDH), DHS
    - Remission at 12 Months: CMS QPP
    - PHQ-9 Utilization: None

    NOTE: CQMC is considering removing the two response measures from the Behavioral Health Core Set.

The committee ran out of time to complete a formal vote of the appropriate recommendation. However, several options were proposed for consideration and will be discussed further at the December meeting before making a final recommendation:

- **Discontinue validating and publicly reporting 12-month suite of measures for both adults and adolescents.**
    - *Considerations & items for discussion: Not particularly useful to clinicians because of the subjective nature of depression; not PQM-endorsed and not included in federal programs or state contracts.*
- **Continue validating and publicly reporting Follow-up at Six Months measures for both adults and adolescents.**
    - *Considerations & items for discussion: Timeframe aligns with HEDIS DRR-E measure; places emphasis on the importance of follow-up in depression care.*
- **Continue validating Response and Remission at Six Months measures for both adults and adolescents.**

    - *<u>Considerations & items for discussion</u>: Remission at Six Months is included in state contracts; determine if both information should continue to be publicly reported or if it should transition to private reporting.*
- **Continue validating PHQ-9 Utilization measure for both adults and adolescents.**
    - *<u>Considerations & items for discussion</u>: Using the 4-month timeline or expanding to 12 months; potential redundancy with follow-up measure; useful for specialty groups; pro/cons of public vs private reporting*

Next MARC Meeting: Wednesday, December 3, 2025 – 7:30-9:00am