MN Community Measurement (MNCM)
Measurement and Reporting Committee (MARC)
Wednesday, December 14, 2016
Meeting Minutes

Members Present: Barb Anderson, Janet Avery, Cara Broich, Peter Dehnel, Howard Epstein, Stefan Gildemeister, Greg Hanley, David Homans, Jordan Kautz, Sue Knudson, Deb Krause, Robert Lloyd, Bill Nersesian, Chris Norton, Bruce Penner, Jonathan Rose, Allan Ross, Laura Saliterman, David Satin, Mark Sonneborn, Brian Whited – guest
Alternates: Ed Burrell, Roli Dwivedi
MNCM Staff: Tina Frontera, Amy Krier, Collette Pitzen, Anne Snowden
Members Absent: Matt Flory, Tim Hernandez, Rahshana Price-Isuk, Jeff Rank

Topic	Discussion
Welcome & Introductions	Chris Norton called the meeting to order and welcomed committee members and observers. Chris extended a special welcome to Greg Hanley, who is filling the Health Plan representative position on MARC vacated by Ariam De Leon. Greg is a vice president of Quality at UCare. He is responsible for directing the Quality Improvement Committee, Medicare Stars, NCQA Accreditation, and associated improvement projects. Chris performed a roll call of members. Observers introduced themselves.
Approval of Minutes	The committee reviewed minutes from the November 2016 meeting. **Peter Dehnel made a motion to accept the minutes; Cara Broich seconded the motion. Motion passed.**
MNCM Slate of Measures for Reporting in 2017	Howard Epstein reminded the committee that MARC reviews the Slate of Measures for Reporting each year to make note of any changes to the measurement specifications that may occur in the coming year as well as to approve the entire slate for the next reporting year. MARC has already discussed and approved most of the information in the slate during previous conversations earlier in the year. Howard then introduced Anne Snowden, MNCM Director of Performance Measurement, Validation, and Reporting, to share results of the Measure Review Committee meetings and walk through each item on the slate. **<u>Quality Measures</u>** Anne began with an overview of MNCM's Measure Review Process and shared results from the Measure Review Committee (MRC) meetings. The MRC's purpose is to annually review the DDS and HEDIS measures on the MNCM slate to ensure their collection and reporting continue to be of value to the community. Limited resources are available for collecting data, measuring performance and reporting performance results; therefore, it is important to weigh the potential impact of reporting with the associated burden. While the MRC is not under the directive to retire measures that continue to be of value, retirement is explicitly considered during review. Recommendations within the MRC's scope are to: • Continue the measure • Recommend further review and/or redesign of the measure • Remove the measure from public reporting, but continue to monitor (collect and report privately) • Retire the measure, using the following criteria: o Loss of measure validity o Loss of opportunity for improvement o Evidence of undesirable consequences of implementation o Replacement by a superior measure Before reviewing the slate, Anne acknowledged the members of MARC who also serve on MRC: Chris Norton, chair; Cara Broich; Matt Flory; Sue Knudsen; Deb Krause; David Homans; Robert Lloyd; Bill Nersesian; Allan Ross; and Pete Dehnel. Anne directed MARC to review the handout containing the MNCM measures that were recommended for public reporting in 2017. The slate is arranged to more visually reflect MNCM's measurement framework, which is aligned with the National Quality Strategy and IOM's quality domains. **<u>Clinical Measures</u>** Anne led the review of the slate by category:

Healthy People and Healthy Communities
The MRC reviewed the eight measures in this category and recommended continuation for all. These measures include:

- Breast Cancer Screening
- Childhood Immunization Status which includes the change to Combo 10
- Cervical Cancer Screening
- Colorectal Cancer Screening including changes to the Established Patient Criteria and the addition of two screening types (CT Colonography and FIT-DNA)
- Chlamydia Screening in Women
- Immunizations for Adolescents
    - For reporting in 2018, this measure will move to Combo 2 which includes the HPV vaccine
- Adolescent Depression/Mental Health Screening
- Pediatric Overweight Counseling measures
    - This measure is one of the five measures on the list for review in 2017 for potential retirement in 2018.

The changes indicated on the slate were approved by MARC earlier this year for implementation and alignment with guidelines and federal programs.

Better Care – Effective and Reliable
Under this section, all measures were recommended for continuation. Of note, the Diabetes Eye Exam HEDIS measure was added, which will be reported in 2018. Other measurement changes of note were to the Optimal Asthma Control, Optimal Diabetes Care and Optimal Vascular Care measures which adopted new Established Patient Criteria.

Two measures in this category are on the list of measures for review in 2017 for potential retirement in 2018: Follow-up for Children Prescribed ADHD Medication and Spirometry Testing and Assessment with Diagnosis of COPD.

The new Symptom Control During Chemotherapy measures are in pilot testing as approved by MARC. It is anticipated that pilot results will be brought forth to MARC in early 2018 for review and approval to move into full implementation.

Anne noted that CMS contacted MNCM about potentially including spine surgery pain measures in MIPS. As such, these measures are noted on the slate as potentially included in MIPS in the future pending a final decision by CMS.

Better Care – Communication and Care Coordination
The Health Information Technology (HIT) survey will continue to be conducted in 2017; however, Anne noted that there will be some changes to the HIT survey for 2017 reporting. In general, there will be far fewer questions in the survey. The updated survey will be reviewed by the workgroup in January.

Better Care – Patient Centered
Patient Experience is an "every-other-year" measure. For results publicly reported in 2015, the 12-month CG-CAHPS survey was implemented. For 2017, MNCM will be using the CG-CAHPS 3.0 survey.

The CG-CAHPS 3.0 survey uses a 6-month reference period instead of a 12-month reference period. Additionally, the CG-CAHPS 3.0 survey is shorter than the 12-month survey. MNCM will continue to report the following four domains: Access, Provider Communication, Courteous and Helpful Office Staff, and Rating of Provider; as well as a new fifth domain: a Care Coordination composite.

One of the most important reasons for moving to the 3.0 survey is to align with CMS and reduce the burden of having different surveys. Of note, CMS will be using the PQRS survey for Medicare patients only for MIPS, rather than the CG-CAHPS survey.

Better Care – Appropriateness
In the Better Care-Appropriate category, the MRC reviewed and recommended retirement of the Pharyngitis measure. They recommended continuation of the remaining measures in this category with the qualification that MNCM will review URI and C-Section Rate in 2017 for potential retirement in 2018.

Affordability
Total Cost of Care, Average Unit Price (Average Cost by Procedure), and Relative Resource Use measures will continue in 2017 with no changes.

<u>Hospital Measures</u>

	In general, the hospital measures recommended for public reporting by MNCM in 2017 are those not already publicly available on Medicare's "Hospital Compare" website and are a subset of the hospital measures recommended for SQRMS. One change from 2016 slate was the reduction of the Medicare Incentive Program composite measures from three to two. During the course of implementation in 2016, MNCM learned that one of those composites was not an actual composite and instead was made up of 10 separate measures, some of which were already being reported. To avoid consumer confusion, these individual measures will not be reported. **Retired Measures** Finally, Anne reviewed the summary of measures that have been retired as well as measures without plans for data collection or submission and those withdrawn as a measure development concept. They are measures in the MNCM portfolio that could be used in the future but there are no current plans for their use. **RECOMMENDATION** To approve the proposed Slate of Measures for 2017 Public Reporting as presented. **Questions/Comments/Discussion** Laura Saliterman inquired whether the Immunization for Adolescents – Combo 2 will be modified to align with new HPV vaccine guidelines around timing and number vaccinations required. Anne noted that HEDIS reviews and makes changes to measures approximately every three years after review of guidelines. Anne indicated that MNCM will continue to monitor the situation. David Satin asked whether the Overweight Counseling measure was included in MIPS. Collette Pitzen, Measure Developer at MNCM, noted that the numerator of MNCM's Overweight Counseling measure is aligned with the NCQA measure that is in MIPS, but the denominator is different. Howard questioned whether clinics would need to hire two different vendors to do both PQRS and CG-CAHPS 3.0 surveys. Anne explained that the same survey vendor could be used for both surveys, but different samples of patients would be required. She commented that MNCM could explore ways to better align the survey requirements, even though the surveys are different. David Homans asked whether there was an expected migration from paper to electronic surveying. Anne indicated that the CG-CAHPS survey can currently be done via mail, phone or email. Barb Anderson commented that ASC sites are required to field a different survey type. Sue Knudson asked whether the two hospital incentive program composites to be reported are Hospital Acquired Conditions (HAC) and Value-Based Purchasing (VBP). Anne indicated that that was correct. Sue's final inquiry was as to whether HAC and VBP would be reported as components or composites. Anne confirmed they would be reported as composites. David S. noted that patient experience survey response rates are an issue across the board and getting patients to respond to multiple surveys is even more complicated, so alignment is important. Anne noted that MNCM is working toward alignment in surveys and process while trying to influence requirements on a national level. Howard asked whether the slate document would be distributed with the necessary corrections. Anne said it would be after the board approves the slate in the afternoon. **Sue Knudson made a motion to approve the recommendation as presented. Bruce Penner seconded the motion. Motion passed.**
Meeting Adjournment	Howard announced that the next meeting will be Wednesday, February 8, and adjourned the meeting.

Next Meeting: Wednesday, February 8, 2017