

**MN Community Measurement (MNCM)
Measurement and Reporting Committee (MARC)**
Wednesday, December 13, 2017
Meeting Minutes

Members Present: Barb Anderson, Joe Bianco, Cara Broich, Howard Epstein, Stefan Gildemeister, Greg Hanley, David Homans, Jordan Kautz, Sue Knudson, Deb Krause, Robert Lloyd, Bill Nersesian, Chris Norton, Rahshana Price-Isuk, Jonathan Rose, Laura Saliterman, Mark Sonneborn

Members Absent: Janet Avery, Ed Dasso, Matt Flory, Tim Hernandez, Jeff Rank, Allan Ross, David Satin

MNCM Staff: Liz Cinqueonce, Collette Pitzen, Anne Snowden, Julie Sonier, Lindsey Ziegler

Topic	Discussion
Welcome & Introductions	<p>Chris Norton called the meeting to order and welcomed committee members and observers. Chris extended a special thank you to the retiring MARC members: David Homans, Robert Lloyd and Jeff Rank who have served MARC for many years.</p> <p>Chris performed a roll call of members. Observers introduced themselves.</p>
Approval of Minutes	<p>The committee reviewed minutes from the October 2017 meeting. Bill Nersesian made a motion to accept the minutes. Mark Sonneborn seconded. Motion passed.</p>
MNCM Slate of Measures for Reporting in 2017	<p>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 the slate.</p> <p><u>Quality Measures</u></p> <p>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, retirement is explicitly considered during review.</p> <p>Recommendations within the MRC’s scope are to:</p> <ul style="list-style-type: none"> • Continue the measure • Recommend further review and/or redesign of the measure • Retire the measure <p>Before reviewing the slate, Anne acknowledged the members of MARC who also served on the MRC: Chris Norton, chair; Cara Broich; Matt Flory; Sue Knudson; Deb Krause; David Homans; Robert Lloyd; Bill Nersesian; and Allan Ross.</p> <p>Anne directed MARC to review the handout containing the MNCM measures recommended for public reporting in 2018. The slate is arranged to visually reflect the National Quality Strategy’s quality domains.</p> <p><u>Clinical Measures</u></p> <p><u>Community/Population Health</u></p> <p>The MRC reviewed the measures in this category and recommended continuation of all of them (MARC approved retirement of the Pediatric Overweight Counseling measure in June).</p> <p>These measures include:</p> <ul style="list-style-type: none"> • Breast Cancer Screening • Childhood Immunization Status (Combo 10) • Cervical Cancer Screening

- Colorectal Cancer Screening including the removal of the exclusion for deceased patients within the measurement period and the expansion of encounter types to include new and established patient home and office visits.
- Chlamydia Screening in Women
- Immunizations for Adolescents. For report year 2018, this measure will move to Combo 2 which includes the HPV vaccine
- Adolescent Depression/Mental Health Screening

Effective Clinical Care

Under this section, all measures were recommended for continuation. Of note, the Diabetes Eye Exam HEDIS measure will be reported for the first time in 2018. The Osteoporosis Management in Women who had a Fracture HEDIS measure will be added for public reporting in 2019. It is included on this slate to give medical groups a heads up.

The new Cancer Symptom Control During Chemotherapy measures were pilot tested in 2017. Pilot results will be brought forth to MARC in early 2018 for review.

In addition, Anne noted that eight MNCM measures were submitted to CMS for inclusion in the Quality Payment Program (QPP) and all eight are currently included in CMS's "Measures Under Consideration" list. This is quite an achievement since a total of 184 measures were submitted to CMS through the call for measures. Only 32 (17 percent) of the measures that were submitted to CMS are included on the MUC list, with eight of those being MNCM measures. This speaks well of the work that MNCM has done in measure development over the years, and the support for robust quality measures by this committee and the community at large.

Efficiency and Cost Reduction

All measures were recommended for continuation under this category.

Hospital Measures

There are no changes to the hospital measures for reporting in 2018.

Retired Measures

Finally, Anne reviewed a summary of the five measures that have been retired this year including:

- Pediatric Overweight Counseling – this measure was approved for retirement in June 2017 due to topped out rates.
- Maternity Care: C-section rate – this measure was previously approved for retirement in June 2017 due to the statewide rate was below the national average and remained the same for multiple years, with no known acceptable target rate.
- Appropriate Treatment for Children with URI (HEDIS measure) – this measure is recommended for retirement due to consistently high rates, with no room for improvement.
- Patient Experience of Care Survey – this measure is recommended for retirement due to its removal from SQRMS and little interest in voluntary submission.
- HIT Survey – this measure is recommended for retirement due to significant changes in the survey that no longer correspond to MNCM's public reporting displays.

Questions/Comments/Discussion

Sue asked whether public reporting for the HIT measure could be explored for next year. Anne replied that MNCM could review possibilities for public reporting. Stefan Gildemeister added that the Office of Health Information Technology at the Minnesota Department of Health (MDH) have been charged by the legislature to produce a study on the future of health information technology. As part of their work, they have plans to publicize the information from the HIT survey. He encouraged MNCM to connect with them to learn about their plans for reporting the HIT survey data.

Deb Krause asked for further information about the rationale for retiring the Patient Experience of Care survey. She stated that this measure is incredibly important for patients and consumers. Several MARC members expressed concerns about losing such an important survey, which encompasses a significant portion of the Triple Aim. Anne explained that MNCM investigated voluntary submission of the survey with medical groups. They indicated participation in several patient experience surveys. From their perspective, the medical groups see less value in the statewide patient experience survey because it's collected every other year and doesn't provide real-time data for use in quality improvement efforts. Julie Sonier added that, in 2017, the state legislature passed a bill prohibiting MDH from including measures in SQRMS that require providers to contract with an outside vendor. An outside vendor is required

	<p>for administration of the Patient Experience survey. Sue suggested that MNCM could review patient experience tools currently in use by the medical groups for consistent questions and potentially collect data on a voluntary basis for these common questions. Cara Broich expressed concern that few groups would submit data voluntarily. Sue noted that prior to the SQRMS mandate, voluntary submission still had statewide support. David Homans cautioned that they would need to ensure comparability between surveys and medical groups, as well as maintain value for the medical groups. Anne also noted that comparability does not depend solely on the similarity of language of the survey questions, but also on how the denominator is determined and sampled at each medical group. This is a critical piece that took considerable effort to develop for the statewide patient experience measure. Howard added that the gap in the third arm of the triple aim is important to consider and suggested that further discussions of this topic, both in MARC and the MNCM board, would be important. Anne confirmed that Julie has brought this issue to the MNCM board's attention, and MNCM will review the suggestions generated by MARC members to determine next steps.</p> <p>Laura asked why NQF removed its endorsement for Appropriate Testing of Children with Pharyngitis. Collette Pitzen replied that the measure had had consistently high rates and was determined to be topped out with no room for improvement.</p> <p>Rahshana Price-Isuk inquired about the oncology measure and its inclusion on the 2018 slate, even though the approved measure would not be reported until 2020. Collette confirmed that measures are often included on the slate in order to best prepare medical groups for future reporting needs.</p> <p>Rahshana Price-Isuk made a motion to approve the MNCM Slate of Measures for Reporting in 2018. Cara Broich seconded the motion. Motion passed.</p>
Meeting Adjournment	Howard announced that the next meeting will be Wednesday, February 14, and adjourned the meeting.

Next Meeting: Wednesday, February 14, 2018