

**MN Community Measurement (MNCM)
Measurement and Reporting Committee (MARC)
Wednesday, December 12, 2018
Meeting Minutes**

Members Present: Barb Anderson, Janet Avery, Cara Broich, Karolina Craft, Howard Epstein, Sue Gentilli, Stefan Gildemeister, Greg Hanley, Jordan Kautz, Sue Knudson, Deb Krause, Bill Nersesian, Chris Norton, Rahshana Price-Isuk, Jonathan Rose, Laura Saliterman, David Satin, Mark Sonneborn, Dan Trajano

Members Absent: Joe Bianco, Matt Flory, Tim Hernandez, Allan Ross, Jess Wheeler

MNCM Staff: Jess Amo, Liz Cinqueonce, Gunnar Nelson, Collette Pitzen, Anne Snowden, Julie Sonier

Topic	Discussion
Welcome & Introductions	Howard Epstein called the meeting to order and welcomed committee members and observers. Howard extended a special thank you to the retiring MARC members: Tim Hernandez and Bill Nersesian who have served MARC for many years. Howard performed a roll call of members.
Approval of Minutes	The committee reviewed minutes from the November 2018 meeting. Cara Broich made a motion to accept the minutes. Chris Norton seconded. Motion passed.
MNCM Slate of Measures for Reporting in 2019	<p>Bill Nersesian 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 approve the entire slate for the next reporting year. The Measure Review Committee met twice in 2018 and reviewed the DDS measures and the HEDIS measures. In summary, they recommended continuation of all reviewed DDS and HEDIS measures. Bill then introduced Anne Snowden, MNCM Director of Performance Measurement 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. MRC was formed approximately four years ago as an enhancement to MNCM’s measure review process. The formation of this committee allows for increased stakeholder participation and influence as well as transparency and awareness of the measure review process. 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. 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), Barb Anderson, Cara Broich, Karolina Craft, Matt Flory, Sue Knudsen, Deb Krause, Bill Nersesian, Allan Ross and Dan Trajano.</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><i>Community/Population Health</i></p> <p>The MRC reviewed the measures in this category and recommended continuation of all seven of the measures.</p> <p><i>Effective Clinical Care</i></p> <p>Under this section, all measures were recommended for continuation. Of note, the Osteoporosis Management in Women who had a Fracture HEDIS measure will be publicly reported for the first time in 2019. This measure was privately reported in 2018.</p> <p>Additionally, the new “Symptom Control During Chemotherapy” measures were approved by MARC last February and will be reported in 2020. This measure was added to the slate of measures as a “heads up” to medical groups.</p>

This measure is for Oncology specialties only, and MNMCM has been working on voluntary recruitment throughout the year and is pleased with the number of medical groups who plan to participate.

The Controlling High Blood Pressure measure has had several changes including a target of less than 140 over 90 for all patients ages 18-85. Previously, there were different targets based on age and diabetes diagnosis. Additionally, NCQA will not require health plans to publicly report this measure next year because of substantial changes to this measure. MNMCM will follow NCQA's recommendation. As a result, Anne requested an adjustment to the slate of measures so that public reporting will occur in 2020. MNMCM plans to proceed with private reporting in 2019, to the extent that it is feasible, to continue advancing improvement.

In addition, Anne noted that 11 MNMCM measures will be part of CMS's Quality Payment Program (QPP) in 2019. During the 2017 call for measures, 83% of measures submitted were rejected. Of the 22 measures selected for the Measures Under Consideration (MUC) list, 10 measures were included in the proposed rule and 5 MNMCM measures were selected for the final 2019 rule. This is an important achievement for MNMCM and our community. MARC members were acknowledged for supporting these patient-report outcome measures.

Finally, Anne wanted MARC members to be aware that MNMCM pilot tested the Rheumatoid Arthritis HEDIS measure to consider for potential inclusion in public reporting. Pilot test results were presented to the Data Planning Committee. This measure is not recommended for public reporting due to high performance rates (statewide rate = 89%); essentially, there is minimal room for improvement.

Efficiency and Cost Reduction

All measures were recommended for continuation under this category.

Hospital Measures

These are the same measures as last year. However, one hospital measure was inadvertently omitted from the slate but had been reported for many years – a safety composite outcome measure from the AHRQ Quality Indicators. MNMCM would like to continue to report this measure and recommends that it is added back to the slate of measures.

Retired Measures

Anne concluded the overview by directing the committee to page two of the slate of measures, where retired measures are described.

Questions/Comments/Discussion

Dan Trajano asked if aggregate level data for the CBP measure will be shared with the health plans as well. Anne confirmed that the information will be shared with the health plans. Dan also asked if the target was consistent with what the blood pressure workgroup recommended. Anne explained while the target is consistent with what the workgroup recommended, the charge of workgroup was to focus on the blood pressure component of the Optimal Diabetes Care (ODC) and Optimal Vascular Care (OVC) measures. The Controlling High Blood Pressure measure is a HEDIS measure focusing on controlling high blood pressure for people with hypertension. Therefore, the denominators are different for each of these measures. Howard Epstein added that NCQA is the measure steward of the Controlling High Blood Pressure measure, and MNMCM is the steward for the ODC and OVC measures.

Dan Trajano asked if the total cost of care and the resource use measures would be considered for the Medicare population. Gunnar Nelson explained that there will be an active discussion in 2019 with the cost measurement workgroup.

Karolina Craft asked for the names of the 11 MNMCM measures that will be in the QPP in 2019. They include:

1. average change in functional status for lumbar fusion
2. average change in functional status for total knee replacement
3. average change in functional status for lumbar discectomy/laminotomy
4. average change in leg pain for lumbar fusion
5. depression remission at 6 months
6. depression remission at 12 months
7. PHQ-9 utilization
8. optimal asthma control
9. average change in back pain for lumbar fusion
10. average change in back pain for lumbar discectomy/laminotomy
11. average change in leg pain for lumbar discectomy/laminotomy

	<p>Julie Sonier clarified that MNMCM is the measure steward of these measures.</p> <p>Dan Trajano asked about retiring measures and the criteria for topped out measures. Anne clarified that while being “topped out” is one criterion, there are other criteria considered as well. For example, while the maternity measure rate remained the same for three years, an acceptable target rate was unknown, which was the primary reason this measure was retired. Anne also explained that while there is not a set definition for “topped out”, in general, rates that remain at 90% and above for several years may need to be considered for retirement. However, even in those instances, opportunities for improvement may be identified if the population is segmented.</p> <p>Sue Gentilli asked about the MDH framework discussions in regard to the list of measures. Julie confirmed that there were no measure changes to the SQRMS rule for 2019.</p> <p>Amendments to the slate during the meeting discussion:</p> <ul style="list-style-type: none"> • Controlling High Blood Pressure – change reporting requirement to 2020 • Add AHRQ Safety Composite Outcome Measure <p>Chris Norton made a motion to approve the MNMCM Slate of Measures for Reporting in 2019 as amended. Cara Broich seconded the motion. One person abstained. Motion passed.</p>
Meeting Adjournment	Bill announced that the next meeting will be Wednesday, February 13, and adjourned the meeting.

Next Meeting: Wednesday, February 13, 2019