# Performance Measures Coordinating Committee Meeting Summary for February 21, 2025

Present: Sharon Eloranta, Judy Zerzan-Thul, Vishal Chaudhury, Darcy Jaffe, Herbie Duber, Gary Franklin, Ginny Weir, Karie Nicholas, Alastair Matheson, Kim Emery, Larry Kessler, David Mancuso, Becky Harless, Rick Rubin, Sara Hallvik, Theresa Hattori, Kari Samuel, Frances Gough

Guests: Meriah Gille, Elena Tiere, Kristian Rodriguez, Carey Wallace, Karen Yao, Ashley Bennett

HCA Staff: Heleena Hufnagel, Heather Schultz and Laura Pennington

**Welcome and Introduction**

Sharon Eloranta, Executive Director of the Washington Health Alliance, welcomed attendees and thanked them for participating in the meeting. Dr. Eloranta reminded everyone of the importance of keeping this a transparent process, allowing for public input and opportunities for participation, and sharing all meeting materials and summaries on the Healthier WA website. Dr. Eloranta reviewed the objectives for the meeting which included: (1) Briefly recap the December 2024 PMCC meeting; (2) Update on the rural health ad hoc workgroup; (3) Introduction to the biennial review of the WSCMS; and (4) Current timelines and priorities for 2025.

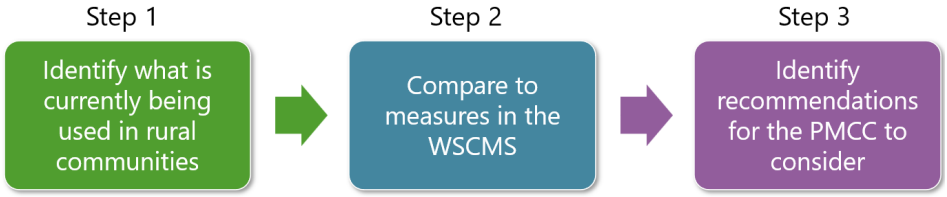
**1. Brief Recap of the December 2024 PMCC meeting**

- Sharon Eloranta recapped highlights from the December 2024 PMCC meeting, including:
    - Leap Frog Hospital Safety Grade Presentation by Missy Danforth
    - Continued Health Equity Ad Hoc workgroup discussion and final Recommendations
    - High-level overview of priorities in 2025
        - Convening of a rural Health ad hoc workgroup
        - Biennial review of the WA state common measure set
    - The PMCC Year in Review 2024
        - Welcome new members and farewell to old members

**2.) Update from the Rural Health Ad Hoc Workgroup:**

- Laura Pennington and Kim Emery shared an update on the 2025 Rural Health ad hoc workgroup.
- Charge of this workgroup:
    - Identify measure alignment and gaps with rural health priorities
    - Review measures for potential addition to the WSCMS
    - Explore opportunities to consistently apply a rural lens during the measure review process
    - Consider how the PMCC can work more closely with rural health communities and tap into their expertise
    - Identify opportunities to promote rural health priorities through the WSCMS
    - Develop and present recommendations for the PMCC to consider

- The workgroup will use the following three step measure review process:




- Meeting #1 highlights:
    - The work group discussed what measures are currently used in rural communities, including:
        - Required vs. voluntary reporting
        - Source of the measures (State, Federal or other)
        - Who is responsible for reporting and to whom
        - Measures that prioritize rural health

- Barriers to reporting:
    - <u>Measures and reporting are not consistent between communities:</u>
        - There are numerous measures reportable through multiple programs
        - Different people may report on different things within an organization/ data fragmented
        - Lack of trust in the data if reporting does not follow national standards
    - <u>Ability to Collect and Validate data:</u>
        - It is more difficult to collect clinical measures than hospital measures due to different EHR systems and the organization's size (challenging for smaller health systems)
        - Organizations use different methodologies (i.e. CMS vs. NCQA), which makes comparison difficult
        - If an organization wants to add a non-required measure, they must often develop it themselves which requires additional staff and/or monies
        - Duplicative reporting can exist across multiple programs
    - <u>Other barriers:</u>
        - Different populations are represented in different health plans
        - Not all services are provided within the same health system or area
        - Those who partner in a network must also follow operational guidelines
        - Year-to-date data reports are for reporting only
        - Rural Health providers have to build their own processes to use the data in a meaningful way
    - <u>Recommendation from this workgroup:</u>
        - It would be helpful to identify those measures that are most meaningful
        - When considering priority measures, the measures that are currently required may be the best to use as a starting point to reduce the administrative burden on those who must report.
- Next Steps:
    - A WSCMS measures template was sent out to ad hoc workgroup participants to compare with list of current measures used in rural communities. The information gathered will inform future discussions of gaps in the WSCMS specific to rural populations.

- Three workgroup meetings are scheduled through early March, with final recommendations to the Performance Measurement Committee presented on the May 7th meeting.

3.) **Biennial Review of the Washington State Common Measure Set:**

- Dr. Zerzan-Thul provided Board members with an overview of the 2025 biennial review of the Washington State Common Measure Set (WSCMS).

- Legislation ESHB 2572 defines the PMCC, their role in reviewing the current WSCMS, and the criteria that is used for the measure selection process.
- The biennial review measure criteria are here

- In December 2024, the PMCC agreed to reduce the size of the current WSCMS and identify priority measures from the existing WSCMS that may be considered for a core set. Additional measures on the WSCMS would be removed or retained as additional subsets of measures .
- Due to the number of new members on the board, a recommendation was made to include all members in the 2025 biennial review process over a period of months, rather than convene an ad hoc committee to bring recommendations to the PMCC.

- Questions for PMCC Members:
  - Measure Selection Criteria
    - Should the current set of criteria be updated?
    - Do the current categories of measures make sense?
      - VBP Arrangements in Contracts, Statewide Population Health Monitoring, Monitoring Hospital Quality
  - How to break down the WSCMS for review
    - By domain/topic area or by number of measures?
    - Does the PMCC want to select a goal for number of measures; or review recommendations for core set first and then determine size?
    - Should the core set include only "VBP appropriate" measures or others?

- Responses from PMCC members:

  - The committee members agree the number of current measures is too high.
  - Should we be comfortable moving away from a "menu" model?
    - Are we open to considering different types of measure sets?
  - Actionability should be considered when reviewing measures
    - What will this information be used for? (programs and services)
    - Are they being used to promote better outcomes (like VBP in contracts)
    - Who will be impacted?
    - What expectations will be set?
    - What is in the best interest of the population, as opposed to moving a reporting needle?
  - Many measures are not applicable to guide practice and quality improvement
    - The rates may not reflect what is occurring to address these gaps
    - There is no mechanism to report on all quality efforts
  - What resources are needed to be able to collect and report?
    - Cost should be considered especially for including non-CMS measures (required vs voluntary reporting)
    - Some measure performance improvement plans and homegrown measures work are not being reported for measure set
  - What are other states doing? What size are their measure sets?
  - Administrative burden:
    - Many measures are reported in many different types of programs. The reporting burden is very high for some.
  - Organizational size can impact data sharing and accessibility.
    - There is no way to validate the external data
  - Consider existing external factors like workforce shortage or services available.
  - Digital is important but at administrative level and shouldn't automatically impact measures we select.

- Answer to Questions:
    - Recommendation to start with domain or topic areas
        - The measures are already grouped, we can revise indicators
        - Maybe primary care and add a box for MTP
        - Is there priority of grouping?
        - Pay attention to how issues may impact hospitals/ networks
    - Look at what others have done as examples
        - i.e. Mass and other State sets
        - Send out links to other states
    - We should define the box first. What does that look like?
        - Previous criteria may need to be updated and definitions for key terms.
        - The definition of what is a 'core' measure will be important. For example, will it be an expectation that all/most purchasing arrangements include all/most of the 'core' measures in a meaningful way?
        - Define "actionable" and for whom? (Providers, plans, cross agency coordination)
        - Consider what may or may not be meaningful still (example required in contracts)
        - Plans/contracts are only a subset of our measures even if national
    - Set a goal number for the core and build from there.
        - Recommended 25-30 goal range but no hard target number.
        - What about 1-2 per domain as the core and then make arguments for more/less from there?
        - Another recommendation for 2-3 per category
    - High/medium/low priorities – members can make their case
    - Consult subject matter experts like ACH's to recommend what is important.
    - Committee members identified the following core criteria:

        Core criteria:
        - Actionable (Defined) and by whom
        - High Priority for WA (including State and Federal requirements)
        - Currently in use
        - Resources needed to support
        - Outcomes-based
        - Alignment (if appropriate)
        - Legislatively mandated

        - Additional criteria recommendations from Judy:
            - Mixture of PCP and other measures
            - Broad range of disease states
            - ECDS/ FHIR API
            - Health Equity Lens is a plus

      Maintain lens on Governor's office updates for what is a priority
        - Potential to address gaps if there are data changes federally.
        - Mandates from governor's office (may not be selected as core but still must remain on the measure set)
        - Like all adoptions, there may be some uneven implementation and lag (i.e. BHSO and community level organizations that may operate on a smaller scale).
- Next Steps:

    - The PMCC will receive measure criteria and the measures review list beginning in early March
        - Laura and Heleena will provide (where applicable) links to data reports and measure information for reference
        - Laura and Heleena will notate any *proposed* measure updates for 2026
    - PMCC members may be asked to support review based on their organizational role and reach out to SMEs for input, if able

- May need an additional meeting to review results. Proposed times:
    - June 26: 1:00 – 3:00 p.m.
    - July 21: 1:00 – 3:00 p.m.
    - August 18: 1:00 – 3:00 p.m.
- PMCC members may send their responses and any questions to hcapmcc@hca.wa.gov
- PMCC members will discuss final recommendations at the Fall meeting
    - Please note: If you have not completed the required PMCC membership application and OPMA training, you will not be able to vote

**3.) Timelines and Priorities for the PMCC in 2025:**

- Current Activities:
    - Rural ad hoc workgroup
        - Wrap up May 2025
    - WSCMS biennial review
        - Recommendations for core set brought to PMCC for voting in October
        - Final approval of recommendations December 2025
    - Explore additional opportunities to incorporate data reports and presentations into committee discussions
        - Community Check Up
        - Healthier Washington Dashboard
        - Cost Board
        - WA-APCD
        - Others?
    - Are there topics of interest that the committee may want to explore in 2025?
    - What are people in Washington talking about and are there any conversations that the PMCC should be tracking?
    - We recognize that some of this may change based on updated State and Federal guidelines

**Next Meeting:**

- May 7, 2025, from 9:00 a.m. –11:00 a.m.
- Proposed agenda topics:
    - Continued review of the biennial WSCMS
- Send additional topics to hcapmcc@hca.wa.gov ATTN: Heleena H. and Laura P.