

**Wednesday, June 12, 2024**

**Committee members present:** Jamie Galbreath, Cara Hull, Kate Hust, Steve Inman, Sue Knudson, Jennifer Lamprecht, Chris Norton, Angela Olson, Angie Pokharel, Denise Schneekloth, Amanda Strom, Sean Wherry, Clarence Jones, Dave Johnson

**Committee members absent:** Lori Bethke, Joe Bianco, Matt Flory, Craig Johnson, David Kurtzon, Bridget Olson Stephanie Krieg, David Satin, Erica Schuler

**Staff members present:** Liz Cinqueonce, Jess Donovan, Rowan Mahon, Ma Xiong

**Observers:** Julie Leibel, Jeff Huotari, Matthew Schneider, Melanie Teske, Denise McCabe, Julie Johnson, Emma Distel

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**Welcome & Announcements** – Kate Hust

- ***New MARC members:*** Clarence Jones
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**UPDATE: Measure Review Cycle** – Jess Donovan

During the meeting, it was discussed that the review of the three orthopedic measure suites and the cancer measure suite, initially moved up to September due to concerns from MDH's public comment period, will be rescheduled. Currently, these measures are privately reported. Given the number of measures (each suite containing at least three), reviewing them all in a single 90-minute meeting is impractical. Therefore, the total knee replacement and osteoporosis HEDIS measures will be reviewed in September, the two spine measures in June next year, and the cancer measures in September next year. While the ideal scenario would be to review these measures before recommending them for public reporting in December, it was acknowledged that, if necessary, these measures could continue to be privately reported through 2025. This will be further discussed in the December meeting.

There was no feedback from the board.

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**UPDATE: Social Risk Factors Data Collection** – Ma Xiong

Ma Xiong provided an update on the new method for collecting social risk factor (SRF) data. In 2022, the SRF Technical Advisory Group (TAG) established the feasibility of collecting all ten SRF data elements and determined the best methods for their collection and storage in the PIPE system. The system was updated to incorporate diagnoses programming and the Social History File. Starting in 2024, early adopters will include SRF data in their submissions, and validation processes will begin. By late 2024, all medical groups should be submitting SRF data. For 2025, SRF data will support risk adjustment, measure stratification, and value-based purchasing programs. The SRF TAG created a

library of questions and diagnoses for each SRF, guiding the mapping process via programming. The data collection process in PIPE involves two steps: identifying diagnoses from problem lists and encounters, and mapping social risk factor questions and responses. Diagnoses are flagged as positive risk factors if present, while questions and responses are mapped to determine SRF results. This method aims to efficiently, reliably, and minimally burden medical groups in obtaining SRF data.

#### **UPDATE/DISCUSSION: ADHD Measure** – Ma Xiong

MNCM reviewed the clinical measure for Follow-Up Care for Children Prescribed ADHD Medication (ADD). This measure assesses two rates: the Initiation Phase and the Continuation and Maintenance (C&M) Phase. The Initiation Phase evaluates children aged 6 to 12 diagnosed with ADHD who had one follow-up visit within 30 days of their first ADHD medication prescription. The C&M Phase evaluates children aged 6 to 12 who maintained their ADHD medication for at least 210 days and had at least two follow-up visits within 9 months after the Initiation Phase. A survey conducted with the Payer Clinical Quality Technical Advisory Group (PCQTAG) indicated that most members report on both phases, with some interested in piloting the C&M phase. The current attribution methodology can be used for the C&M phase, though further assessment may be needed. Notably, the denominator for the C&M phase is significantly smaller than that for the Initiation phase, ranging from 25% to 84% smaller.

#### **Highlights of discussion:**

Steve Inman recommended switching to the C&M phase because the Initiation Phase often loses participants due to intolerable side effects, and efficacy issues, whereas the C&M phase more accurately identifies the patients of interest. Erica Schueler agreed with Steve's perspective, acknowledging the concern about the low denominator but supporting the use of the C&M phase as a better measure to implement over the Initiation Phase. Kate Hust also voiced her support for the C&M phase measure.

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#### **ACTION: Measure Review Recommendation** – Jess Donovan & Rowan Mahon

The following measures were reviewed by the committee:

- Adolescent Mental Health and/or Depression Screening
- Optimal Asthma Control-Adults
- Optimal Asthma Control-Children

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.

Both measures reviewed are stewarded by MNCM. The recommendation options for these measures are:

| Option      | Description                                                                         |
|-------------|-------------------------------------------------------------------------------------|
| Continue    | Continue collecting, aggregating, and publicly reporting without changes to measure |
| Discontinue | Discontinue collecting, aggregating, and publicly reporting measure                 |
| Change      | Submit comment to measure steward with recommended change to measure                |

***Highlights of discussion:***

Adolescent Mental Health and/or Depression Screening

No additional discussion.

**MOTION** by Chris Norton and seconded by Steve Inman to approve recommendation to continue collecting, aggregating and reporting measure without changes. Motion passed unanimously.

Optimal Asthma Control-Adults

Cara Hull recommended keeping the OAC measure for children unchanged but suggested reviewing the adult measure due to its plateauing performance.

Steve Inman expressed concerns more focused on children, noting that asthma and allergy specialists find the current measure burdensome and ineffective, often resorting to other tools for control. He highlighted a new validated measure for adults, AIRQ, preferred by specialists for its focus on control and future risk. Additionally, he mentioned that the high royalties associated with the ACT scores have led to many smaller clinics being unable to incorporate it into their EMRs, complicating data collection. Steve recommended using AIRQ for both children and adults.

Angie Pokharel noted that the plans see this measure as having room for improvement.

**MOTION** by Cara Hull and seconded by Chris Norton to create a measure development work group. Motion passed unanimously.

Optimal Asthma Control-Children

Discussion was completed in the adult measure, no additional discussion completed

**MOTION** by Cara Hull and seconded by Chris Norton to create a measure development work group. Motion passed unanimously.

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**DISCUSSION: Prioritization & Measure Topics** – Rowan Mahon

***Highlights of discussion:***

All presented measures are managed and maintained by other steward organizations. The measures fall into three categories: well-child visits, maternity, and opioid use. Currently, replicating any opioid use measures is not feasible due to the lack of fill data. The discussion primarily focused on maternal and perinatal health, as well as well-child visits.

Members highlighted that the well-child visit (WCV) measures would synergize effectively with childhood vaccination measures, potentially enhancing the quality of care.

The PPC and PND-E measures, noted for their hybrid nature, often show significant differences between chart review and claims-focused measures. These measures will be addressed in CHIRP; however, it was concluded that they are not yet ready for public reporting.

The group reached a consensus to present the WCV measures at the August board meeting for a vote on their inclusion in the MNMCM slate of measures.

**Next MARC Meeting:** Wednesday, September 11, 2024 – 7:30-9:00am