

**PMAC Preventive Care Subcommittee Meeting #1
November 16, 2017
Meeting Summary**

Meeting Attendees

Attendance	Name	Title	Organization
V	Kayla Rose (chair)		
IP	Stephanie Clouser		
IP	Randa Deaton		
IP	Christina Breit		
IP	Greg Potts		
IP	Lori Caloia		
V	Mike Hagen		
V	Brent McKune		
V	Judy Baker		
V	Teresa Couts		

* Attendance: In-Person (IP) or Virtual (V)

Meeting Items

Introductions

Each attendee introduced themselves to the group.

Goals/Priorities

Subcommittee chair Kayla Rose kicked off the meeting with some remarks on the goals and priorities of PMAC, specifically the role of the Preventive Care Subcommittee in the coming months. Then, several of the attendees shared some of their respective organizations' priorities related to healthcare measurement, particularly through the lens of preventive care. Some of those priorities are as follows:

American Board of Family Medicine – Decreasing measurement burden, developing tools to capture performance that are easy to implement

Kentucky Regional Extension Center – Accurate data collection

Papa John's – Patient engagement

Louisville Metro Department of Public Health and Wellness – Maximizing priorities for limited time with patients; focus on highest priority areas

Measure Selection Process

The committee went through the draft of a measurement selection criteria rubric and provided feedback and discussions for refining the process.

The suggestions/comments were as follows:

- Some criteria items that might be appropriate to add: opportunity to improve performance (ie. not topped out), capturing value (financial, cost effectiveness), whether they capture patient engagement (risk adjustment, implied in outcome measures?)
- It was suggested that perhaps the criteria items “Valid and Reliable” and “Sufficient Volume” could be combined into one, since sufficient volume is part of what makes a measure valid and reliable.
- Lori Caloia suggested that perhaps there should be some criteria items that are considered “stop points.” In other words, measures are not eligible to be included if they don’t meet certain criteria items. A couple of items in particular were suggested:
 - Currently Available Reporting Capabilities
 - Valid and Reliable/Sufficient Volume

The group also discussed how the rubric would be used and the ideal number of measures for this group. Comparisons to Washington Health Alliance Common Measure Set (10 measures in preventive care) and CMS/AHIP Core Set (7 measures in preventive care). The group suggested that the rubric be used as advisory to the measurement selection, to see which measures float to the top, where natural breaks occur, etc. Lori Caloia suggested that the group rank the final measures in order of importance, and the members agreed.

Mike Hagen suggested that we test our final rubric draft with a few measures that we are familiar with, to see how they shake out. The group agreed with the suggestion.

Next Steps/Scheduling

The group is looking at December for a possible date for the next meeting. However, if there aren’t any strong possibilities, the next meeting will be scheduled in January 2018.