

**PMAC Preventive Care Subcommittee Meeting #5**  
**March 23, 2018**  
**Meeting Summary**

**Meeting Attendees**

Attendance	Name	Title	Organization
IP	Kayla Rose (chair)	Dir. of Practice Improvement Programs	Kentucky Primary Care Association
IP	Christina Breit	Internal Medicine	Norton Healthcare
V	Marydale Coleman	Nurse Consultant Inspector	Kentucky Department for Medicaid Services
IP	Stephanie Clouser	Data Scientist	Kentuckiana Health Collaborative
IP	Teresa Couts	UAW Director	UAW Ford Healthcare Initiative
V	Mike Hagen	Senior Vice President	American Board of Family Medicine
V	Brent McKune	Senior Project Manager	Kentucky Regional Extension Center
IP	Greg Potts	Senior Medical Director	Papa John's Inc.

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

**Meeting Items**

Measures Review and Measures Set Finalization

The group reviewed the final seven measures up for discussion and finalized the recommended preventive measures set.

The final measures set included eight measures, and two measures were placed on the future consideration with measure development list. The group reviewed an additional 16 measures that were NOT chosen for inclusion.

A summary of the recommended measures set is as follows:

**Preventive Care Core Measures Set**

Name	NQF #	Designation
Cervical Cancer Screening	32	High Priority
Colorectal Cancer Screening	34	High Priority
Breast Cancer Screening	2372	High Priority
Tobacco Screening and Cessation Intervention		High Priority
<ul style="list-style-type: none"> <li>• Tobacco avoidance is very important to the overall health of Kentuckians</li> <li>• There are codes that providers can use to bill for various interventions</li> <li>• The group would like to see a tobacco measure in the future that also includes vaping</li> </ul>	28	
Body Mass Index (BMI) Screening and Follow-Up	421	High Priority

<ul style="list-style-type: none"> <li>Although there are challenges around capturing this data, obesity is an important issue for Kentuckians, and the follow-up aspect of this measure is an important one</li> </ul>		
<b>Flu Vaccinations for Adults Ages 18 and Older</b> <ul style="list-style-type: none"> <li>While there are still some challenges with this measure, flu vaccinations are important, and this measure was preferred to the previously considered flu vaccination measure, which was only patient reported outcomes (part of CAHPS)</li> <li>Not a HEDIS measure, but providers are already reporting it</li> </ul>	41	Standard Priority
<b>Care for Older Adults Medication Review</b> <ul style="list-style-type: none"> <li>Keeping the list of current medications for the elderly up-to-date is challenging, but the review is critical to health outcomes</li> <li>Doing a review once a year to fulfill the measure isn't burdensome for providers</li> </ul>	553	Standard Priority
<b>Chlamydia Screening in Women</b> <ul style="list-style-type: none"> <li>This measure is included widely in core measures sets and value-based contracts and is standard practice for providers</li> </ul>	33	Standard Priority

**Preventive Care Measures for Future Consideration in Areas of Priority (Pending Measure Development and Data Availability)**

Name	NQF #
<b>CG-CAHPS</b> <ul style="list-style-type: none"> <li>Concerns about burden for smaller organizations to administer, as it stands currently</li> <li>Concerns about logistics of administering, such as response rates</li> </ul>	5
<b>Pneumococcal Vaccination Coverage for Older Adults</b> <ul style="list-style-type: none"> <li>New measure to HEDIS 2018, so EHRs aren't really set up to capture yet</li> </ul>	

**Measures NOT Selected for Core Measures Set**

Name	NQF #
<b>Fall Risk Management (FRM)</b> <ul style="list-style-type: none"> <li>Didn't include a fall-up component, questions around coding</li> </ul>	35
<b>Getting Needed Prescription Drugs</b> <ul style="list-style-type: none"> <li>CAHPS survey question</li> <li>More appropriate for health plan level analysis</li> </ul>	
<b>Physical Activity in Older Adults (PAO)</b> <ul style="list-style-type: none"> <li>Patient reported measure</li> </ul>	29
<b>Getting Needed Care and Seeing Specialists (Getting Needed Care)</b> <ul style="list-style-type: none"> <li>CAHPS survey question</li> </ul>	6
<b>Improving or Maintaining Mental Health</b>	
<b>Care for Older Adults Functional Status Assessment</b>	
<b>Improving or Maintaining Physical Health</b>	
<b>Care Coordination</b> <ul style="list-style-type: none"> <li>CAHPS measure</li> </ul>	
<b>Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews</b>	
<b>Rating of Health Care Quality</b> <ul style="list-style-type: none"> <li>CAHPS measure</li> </ul>	6
<b>Special Needs Plan (SNP) Care Management</b>	

<b>Adult BMI Assessment</b>	
<b>Care for Older Adults Pain Assessment</b> <ul style="list-style-type: none"> <li>• CAHPS measure</li> </ul>	
<b>Beneficiary Access and Performance Problems</b> <ul style="list-style-type: none"> <li>• Health plan level measure</li> </ul>	
<b>Use of High-Risk Medications in the Elderly (DAE)</b> <ul style="list-style-type: none"> <li>• This would be captured in the Care for Older Adults Medication Review measure on the core measures set</li> </ul>	22
<b>Non-recommended Cervical Cancer Screening in Adolescents</b> <ul style="list-style-type: none"> <li>• Not a high priority for the group</li> <li>• Conflicting recommendations for different groups of people make this measure less desirable</li> </ul>	

Considerations to Take to Large PMAC Committee

Kayla Rose led the discussion about insights/considerations/comments that the group would like to highlight for the large PMAC committee in April regarding measure alignment, patient care, measure selection considerations, etc.

Kayla started the conversation by reading a few key points made in subcommittee chair conversations, regarding:

- Successful quality or VBP programs must be clear and easy to understand by the provider to achieve improved quality of care.
- Status quo for quality measures was not acceptable for many reasons and stakeholders decided a change was needed
- This core set is not meant to replace the current quality efforts of payers nor to preclude work on other priorities. Just to provide some degree of alignment where possible and meaningful for payers, providers and patients.
- Capture of data is a key issue

The group agreed with these key points. They also suggested that we include a statement about why individual elements of CAHPS were not included.