Reporting Advisory Committee
Wednesday, 9 December 2009
Meeting Minutes

Members: Barry Bershow (Fairview)-chair, Craig Christianson (UCare), Sarah Cook-Burton(Medica), Chuck McKinzie (PrimeWest), Christine Norton (Consumer), Linda Walling (HealthEast), Terry Murray (Quello Clinic), Diane Wehrle (HealthPartners), Cara Broich (Medica), Ann Robinow (Consultant for Medica), Jane Gendron (Blue Cross), and Catherine Spurr (Park Nicollet)
MNCM Staff: Jim Chase, Anne Snowden, Brenda Paul, Jane Duncan, Diane Mayberry, Collette Pitzen, Laura Bloom, and Mandi Proue
Absent: Betty Hanna (NorthPoint Health and Wellness Center), David Tilstra (CentraCare), Nancy Jarvis (Park Nicollet), Bruce Penner (Northstar Physicians), Mark Nyman (Mayo Clinic), John Frederick (PreferredOne)

Topic	Discussion	Action
Introduction/ Review Minutes	Barry welcomed everyone and asked for any changes or comments to the November meeting minutes. Chris Norton motioned to approve the minutes. Cara Broich seconded. Motion passed.	Minutes approved.
Clarification on Asthma Care measure	The next agenda item included a clarification on the asthma care measure. At the October meeting, RAC approved the new asthma measure that will be collected through the DDS process. This agenda item is about clarifying how we "score" the numerator for "well controlled asthma". The measure as it originally came to RAC read for the allowance of UP TO TWO events to assess asthma exacerbations – ER <u>and</u> Hospitalization. The current optimal asthma specification reads: Patient reports values for all of the following questions (at date of most recent asthma visit): • Number of emergency department visits not resulting in a hospitalization due to asthma in the last 12 months (response must be less than 2) AND • Number of hospitalizations requiring an overnight stay due to asthma in last 12 months (response must be less than 2) After further staff and technical advisory committee review, the allowance should be ZERO or ONE event - ER <u>or</u> Hospitalization - to remain consistent with guidelines. Brenda stated that the intent is to **ASSESS EXACERBATIONS,** so allowing both ONE emergency department visit <u>and</u> ONE hospitalization would not be consistent with existing clinical guidelines which specifically allow 0 – 1 exacerbations per year for well-controlled patients. She noted that t*he workgroup would recommend that the intent is to ASSESS EXACERBATIONS.*	Motion passed to add clarification to asthma spec to allow 0-1 events as numerator hit instead of 2 events.

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	The clarification includes changing the language to clarify the intent to allow 0-1 events as a positive numerator hit and changing the AND between the two bullets above to an OR to allow 0-1 exacerbations per year for well-controlled patients. This is consistent with the risk component of the NHLBI guideline for Well-Controlled Asthma Care. The workgroup raised no comments or concerns with adding this clarification. Hearing no comments, Barry stated that the motion to approve the clarification passed.	
Provide input on DDS Colorectal Cancer Screening measure specifications	The next agenda item included providing input on the DDS Colorectal Cancer Screening measure specifications. The technical workgroup is looking for RAC input prior to the public comment period. The plan will be to bring back the final version for RAC's approval at the February meeting. The meeting packet included a handout listing the specs along with comments/changes/questions for RAC to address. A copy of the 2010 HEDIS Colorectal Cancer Screening specs was provided for reference. No one from the Colorectal workgroup was able to attend the RAC meeting but both Barry and Jim are members of the ICSI Colorectal Round Table. The Colorectal Round Table has already provided comments on the specs that have been incorporated into the draft. Brenda gave a brief overview of the workgroup's work on developing this measure. The workgroup – made up of specialists, family practice physicians and other members – formed in August. Some of the members also sit on the ICSI Round Table. The workgroup first focused on the development of a colonoscopy quality measure. That measure was reviewed and approved by RAC in October. The workgroup is now working on developing a Colorectal Cancer Screening measure for the DDS process. The discussion has included consideration of the potential data burden that would affect medical groups; the workgroup has also discussed the benefits associated with such a measure. Potential data burden/drawbacks include: long look back period and difficulty obtaining documentation from specialists. The workgroup decided that the benefits outweigh the drawbacks and include: more timely/actionable data, collecting data via DDS will allow the results to be more representative (it will include the entire patient population including Medicaid and Medicare FFS population, and Medicaid managed care which is not currently included in the current HEDIS measure), and it will increase accountability/line up with the medical home model of holding primary care responsible. Ann Robinow asked if the workgroup has received any pushback on not including CT colonography. Brenda stated that the colonography is not included in the USPSTF guidelines as a method for routine screening. She stated that the workgroup decided to stay with a measure that matched HEDIS and USPSTF guidelines for the first round. Barry suggested that although the CT colonography is not routinely used or recommended for routine use, it is	Ann Robinow motioned to send spec for public comment after technical workgroup reviews RAC comments. Catherine Spurr seconded. Motion passed.

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	sometimes used as a backup method. Should we allow this exam to be a numerator hit? Craig Christianson suggested that if the new DDS measure is to measure the primary screening method, it should not include CPT colonography at this point as its efficacy as a primary screening method has not been proved. CMS will allow it as a back-up method but if we want to keep this measure as measuring primary screening method, it should not be included as a method. Brenda will bring these comments to the technical workgroup on December 17. After this, the spec will go out for public comment. It will be brought to RAC in February for approval. Ann Robinow motioned to send out the current spec for public comment (after RAC's comments go to the technical committee in December). Catherine Spurr seconded. Motion passed.	
Update on RAC membership in 2010	At the last meeting, Jim provided an update on the changes that will be occurring with the Reporting Advisory Committee in 2010. Jim stated that the board is considering having RAC become a committee of the board. This move reflects the continuing evolution for the group as it becomes a more strategic committee focusing on helping set priorities for the board about what measures are to come next with support from technical subcommittees and public/community input via public comment period. Most of the original measurement work was done around primary care measures but this scope is now broadening to include specialties, patient experience, hospital measures, etc. The proposal presented at the last RAC meeting was brought to an Ad Hoc committee of the board and will be brought to the full board on Dec 16. The Ad Hoc committee suggested that 1/3 of RAC membership should be board members. However, Jim does not agree with this suggestion. He recommends that RAC serves as a great opportunity to be as inclusive as possible by including a variety of other stakeholders. The Ad Hoc committee also discussed the appropriate size of the committee as a whole and the representativeness. Barry was part of the Ad Hoc committee and noted that he was comfortable with the committee's recommendations. It was also discussed that the workgroup doesn't have to be a representational committee (e.g. a member from every health plan, etc.) and co-chairs don't necessarily need to have one rep from a health plan and one from a medical group. The MNCM Board chair will appoint the co-chairs and members of the committee based on input from staff. We will then be able to let people know who will be attending the February meeting.	
Year-end celebration and thank you!	Lastly, Anne thanked the members for sharing their time and energy to this committee. She also thanked Barry for his leadership as a co-chair for the past 3 years. She noted that we look forward to having Linda Walling as our co-chair for the next 2 years.	

Next Meeting: Wednesday, 10 February 7:30 – 9:00 am