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Massachusetts Statewide Quality Advisory Committee

Year 6 Final Report

January – October 2017



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BACKGROUND

The Massachusetts Statewide Quality Advisory Committee (SQAC) was established by Chapter 288 of the Acts of 2010, and reestablished by Chapter 224 of the Acts of 2012, *An Act Improving the Quality of Healthcare and Reducing Costs Through Increased Transparency, Efficiency, and Innovation*. Chapter 224 builds on Chapter 288 with an innovative set of market-based cost containment, health care delivery transformation, and health planning activities. Chapter 224 incorporated measures to ensure that cost containment efforts would not come at the expense of accessible, high quality health care. In a system where stakeholders are being increasingly asked to make value-based health care decisions, it was recognized that improved, standardized quality information was necessary to inform those decisions.

The SQAC is comprised of a diverse group of Massachusetts health care experts, industry stakeholders, and consumer advocates, and is chaired by the Executive Director of the Center for Health Information and Analysis (CHIA). The SQAC convened in 2012 with the goal of recommending the first-ever Massachusetts Standard Quality Measure Set (SQMS), a set of measures for each health care facility, provider type, and medical group in the Commonwealth. To do so, the SQAC engaged in a quality measurement priority setting process, solicited expert testimony on high-impact areas of quality measurement, and requested measure nominations. More than 300 nominated measures targeted to high-priority areas were reviewed and, ultimately, the SQAC recommended 130 measures for inclusion in the initial SQMS. Each year the SQAC reviews nominated measures, adds new measures, and removes retired measures to maintain an up-to-date and usable measure set.

The SQMS represents a wide range of clinical areas, including preventive health care, chronic disease management, pediatric, maternal and neonatal health, mental health, and substance abuse. It also includes indicators of efficiency, such as appropriate testing of upper respiratory infections and hospital readmissions, as well as measures of patient experience. The State Legislature mandated that the following nationally accepted measure sets also be represented in the SQMS: Centers for Medicaid and Medicare Services' Hospital Process Measures (for acute myocardial infarction, heart failure, pneumonia, and effective surgical care), Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), Healthcare Effectiveness Data and Information Set (HEDIS), and the Consumer Assessment of Healthcare Providers and Systems (CAHPS).

This report summarizes the work of the SQAC in 2017, including the annual recommendation of measures for the SQMS.



2017 MEETING CYCLE

Year 6 Process

In support of its mission to advise state agencies on health care quality data collection and reporting, the SQAC distributed a public call for quality measure nominations to the SQMS. This work followed on the SQAC's development of quality priorities in 2016. The public call for nominations solicited measures in one of the following domains identified as SQAC priority areas: appropriateness of hospital-based care; end of life care; integration of behavioral health and primary care; maternity care; and opioid use. Additionally, nominations were accepted if they were related to home care, long term services and supports, post-acute care, or if they filled a gap in the SQMS.

The SQAC received 23 formal measure nominations. Seven of the nominated measures were already in the SQMS, with one of the seven being proposed for use in a different care setting. The SQAC reviewed appropriate use for this measure, and evaluated the remaining 16 new measures nominated for consideration before voting on whether to include each of these measures in the 2018 SQMS.

In an ongoing effort to stay connected to the work state agencies are doing in quality measurement and reporting, the SQAC also facilitated presentations by CHIA on the forthcoming CHIA transparency website, and by MassHealth on Delivery System Restructuring. MassHealth discussed the pilot and full roll-out of ACO and Community Partner programs. They provided an overview of the metrics for success, efforts to improve care coordination, enrollment by MassHealth members in alternative payment methods, and quality measures used for evaluating ACOs and Community Partners.

The SQAC concluded the meeting cycle by reviewing changes to measures currently in the SQMS and making its annual recommendation of measures for the set.

Quality Measures Nominated through Public Call for Measures

Eleven nominated measures were voted into the SQMS by the SQAC:

1. Influenza vaccination coverage among healthcare personnel
2. HBIPS-2: Hours of physical constraint
3. HBIPS-3: Hours of seclusion use
4. Median time to transfer to another facility for acute coronary intervention
5. Aspirin at arrival
6. Acute stroke mortality rate
7. Thorax CT – Use of contrast material
8. OP-13: Cardiac imaging for preoperative risk assessment for non-cardiac, low risk surgery
9. Child Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)



10. Pediatric all-condition readmission measure

11. SUB-1: Alcohol use screening

Five nominated measures were not voted into the SQMS by the SQAC:

1. Median time to ECG
2. Prescriber prescription drug monitoring compliance
3. Substance use disorder evaluation in the ED following naloxone administration and suspected substance use disorder
4. SCARED: Screen for child anxiety related disorder
5. HBIPS-1: Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed

The SQAC also approved use of the HEDIS measure *Follow-up after hospitalization for mental illness* as appropriate for use on facilities in addition to physicians.

Changes to Mandated Measures

Chapter 224 requires four measure sets to be included in the SQMS: the CMS hospital process measures for acute myocardial infarction, congestive heart failure, pneumonia and surgical care; the Hospital Consumer Assessment of Healthcare Providers and Systems survey; the Healthcare Effectiveness Data and Information Set (HEDIS); and the Ambulatory Care Experiences Survey. The latter was replaced in 2013 by the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. These sets are subject to ongoing updates from the measure stewards. Staff recommendations and known updates to the mandated measure sets as of October 2, 2017 are outlined below.

1. The removal of eight measures from the CMS hospital process measures sets, as these measures are retired by CMS due to topping out (a measure is topped out if performance is statistically indistinguishable at the 75th and 90th percentiles and has a truncated coefficient of variation ≤ 0.10), or provider data submission to CMS is now voluntary:
 - a. VTE Prophylaxis (STK-1)
 - b. Discharged on Statin Medication (STK-6)
 - c. Stroke Education (STK-8)
 - d. VTE Prophylaxis (VTE-1)
 - e. ICU VTE Prophylaxis (VTE-2)
 - f. VTE Patients w/anticoagulation (VTE-3)
 - g. Thrombolytic Therapy (STK-4)



- h. Fibrinolytic Therapy Received within 30 Minutes of Hospital Arrival (AMI-7a)
- 2. New updates to the HEDIS Physician set measures will not be available until December, 2017. Therefore, staff will update the HEDIS measures at that time, and recommend associated SQMS updates to the SQAC at the first convening of the 2018 meeting cycle.

Conclusion

In the 2017 meeting cycle, the SQAC held a public call for new measure nominations and reviewed submissions for inclusion in the 2018 SQMS. The SQAC also facilitated presentations by CHIA on the forthcoming CHIA transparency website, and by MassHealth on Delivery System Restructuring. The SQAC looks forward to ongoing collaboration across the Commonwealth in the 2018 meeting cycle, including with CHIA, the Executive Office of Health and Human Services, the Group Insurance Commission, and the HPC, as it seeks to collectively improve the quality and value of the care provided in the Commonwealth.



APPENDICES

Appendix A: 2018 Standard Quality Measure Set

See attached



Appendix B: New Measure Evaluation Tool

See Attached

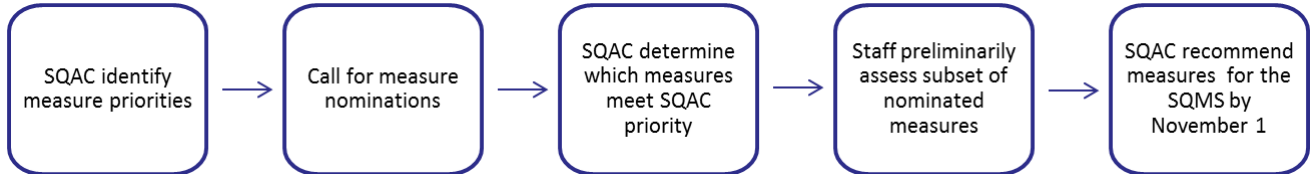


Appendix C: About the SQAC

SQAC Mission

The Statewide Quality Advisory Committee advises all branches of state government regarding the alignment of health care performance metrics and the efficient collection and uniform reporting of the Standard Quality Measure Set in order to support improvement in the health status of the residents of the Commonwealth.

SQAC Recommendation Process



Implementation of the SQMS

The Standard Quality Measure Set (SQMS) serves as a foundation for the uniform quality reporting CHIA is required to develop for each hospital, home health agency (HHA), skilled nursing facility (SNF) and registered provider organization (RPO) in the Commonwealth (957 CMR 4.00).

The Executive Director of CHIA determines the measures to include in the SQMS based on an annual recommendation from the SQAC. In developing the SQMS recommendation, the SQAC “shall select from existing quality measures and shall not select quality measures that are still in development” (MGL Ch. 12C, Section 14).

Mandated Uses of the SQMS

1. CHIA will publicly report hospital, HHA, SNF, and RPO performance on the SQMS periodically (957 CMR 4.00).
2. Merged market carriers with >5000 enrollees must offer at least one selective or tiered plan; these plans include use of provider quality comparisons using measures in the SQMS. DOI will require uniform reporting of tiering information (M.G.L. c.176J s.11).
3. The Health Policy Commission (HPC) will develop quality standards for patient centered medical homes with reference to the SQMS (M.G.L. c.6D, s.14).
4. HPC is directed to improve the quality of health services provided through Accountable Care Organization certification, as measured by the SQMS (M.G.L. c.6D, s.15).



Appendix D: Section 14 of Chapter 224 of the Acts of 2012

The center shall develop the uniform reporting of a standard set of health care quality measures for each health care provider facility, medical group, or provider group in the commonwealth hereinafter referred to as the “standard quality measure set.”

The center shall convene a statewide advisory committee which shall recommend to the center a standard quality measure set. The statewide advisory committee shall consist of the executive director of the center or designee, who shall serve as the chairperson; the executive director of the group insurance commission or designee, the Medicaid director or designee; and 7 representatives of organizations to be appointed by the governor, 1 of whom shall be a representative from an acute care hospital or hospital association, 1 of whom shall be a representative from a provider group or medical association or provider association, 1 of whom shall be a representative from a medical group, 2 of whom shall be representatives of private health plans, 1 of whom shall be a representative from an employer association and 1 of whom shall be a representative from a health care consumer group.

In developing its recommendation of the standard quality measure set, the advisory committee shall, after consulting with state and national organizations that monitor and develop quality and safety measures, select from existing quality measures and shall not select quality measures that are still in development or develop its own quality measures.

The committee shall annually recommend to the center any updates to the standard quality measure set on or before November 1. The committee may solicit for consideration and recommend other nationally recognized quality measures, including, but not limited to, recommendations from medical or provider specialty groups as to appropriate quality measures for that group’s specialty.

At a minimum, the standard quality measure set shall consist of the following quality measures: (1) the Centers for Medicare and Medicaid Services hospital process measures for acute myocardial infarction, congestive heart failure, pneumonia and surgical infection prevention; (2) the Hospital Consumer Assessment of Healthcare Providers and Systems survey; (3) the Healthcare Effectiveness Data and Information Set reported as individual measures and as a weighted aggregate of the individual measures by medical or provider group; and (4) the Ambulatory Care Experiences Survey. The standard quality measure set shall include outcome measures. The committee shall review additional appropriate outcome measures as they are developed.



Appendix E: List of SQAC Members

Ex-Officio Members

- Ray Campbell, Executive Director, Center for Health Information and Analysis (Chair)
- Roberta Herman, Executive Director, Group Insurance Commission (Designee: Sharon Pigeon)
- Daniel Tsai, Assistant Secretary, Office of Medicaid (Designee: Carolyn Langer)

Gubernatorial Appointments

- Dianne Anderson, President and CEO, Lawrence General Hospital (Representative from an acute care hospital or hospital association)
- Dr. James Feldman, Chair of Committee on Quality Medical Practice, Massachusetts Medical Society (Representative from a provider group or medical association or provider association)
- Dana Gelb Safran, Blue Cross Blue Shield of Massachusetts (Representative from a private health care plan)
- Jon Hurst, President, Retailers Association of Massachusetts (Representative from an employer association)
- Dr. Richard Lopez, Chief Medical Officer at Harvard Vanguard/Atrius Health (Representative from a medical group)
- Dr. Michael Sherman, Chief Medical Officer, Harvard Pilgrim Health Care (Representative from a private health care plan)

Non-Voting Members

- Katherine Shea Barrett, Policy Director, Accountable Care, Health Policy Commission
- Barbara Fain, Executive Director, Betsy Lehman Center for Patient Safety and Medical Error Reduction

