
Statewide Quality Advisory Committee (SOAC) Meeting



September 18, 2017



Agenda

- Welcome 3:00 – 3:10
- June 26 meeting minutes
- Review nominated quality measures 3:10 – 4:15
- Presentation on MassHealth ACO Program 4:15 – 4:45
- Next Steps 4:45 – 5:00



Review of Open Call for Measure Proposals

- Open from May 4 to June 15
- Asked that measure nominations
 - Align with the SQAC's priorities:
 1. Appropriateness of hospital-based care
 2. End of life care
 3. Home care
 4. Integration of behavioral health and primary care
 5. Long term services and supports
 6. Maternity care
 7. Opioid use
 8. Post-acute care
 - Fill a gap in the current SQMS

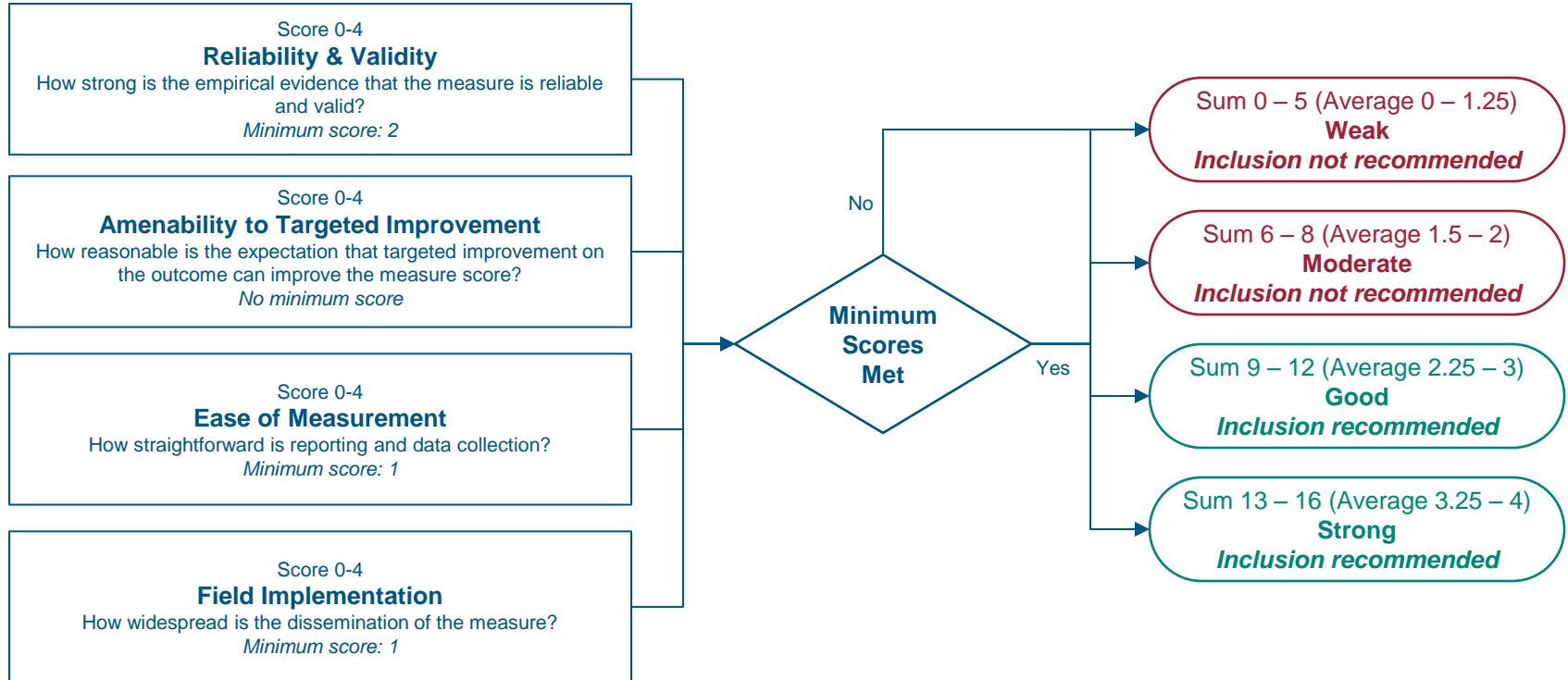


Nominated Quality Measures

- Formal Survey Submissions
 - Total of 23 nominations received
 - 7 of these are already in the SQMS
 - **One proposal to expand an existing measure**
 - **16 new measures for consideration**
 - Nominations received from commercial payers, state agencies, providers, and researchers



Scoring Nominated Measures



Influenza vaccination coverage among healthcare personnel

Percentage of healthcare personnel (HCP) who receive the influenza vaccination

Steward CDC

Endorsed (0431)

Nominated by Dana Safran, BCBSMA

Strong 14 Recommended for inclusion

Reliability & Validity

3

Measure tested well. However, there is no gold standard for comparison, especially for HCP who decline vaccination.

Amenability to Targeted Improvement

3

Vaccination of HCP is associated with reduced work absenteeism and fewer patient deaths. HCP can voluntarily decline vaccination, hindering efforts to increase rates.

Ease of Measurement

4

Already publicly reported by CMS.

Field Implementation

4

Already used and publicly reported by CMS on a facility level.



HBIPS-1: Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed

Patients admitted to a hospital-based inpatient psychiatric setting who are screened within the first three days of hospitalization for all of the following: risk of violence to self or others, substance use, psychological trauma history and patient strengths.

Steward Joint Commission

Endorsed (1922)

Nominated by Dana Safran, BCBSMA

Strong 14 Recommended for inclusion

Reliability & Validity

3

All of the HBIPS measures have undergone a rigorous process of public comment and testing.

Amenability to Targeted Improvement

3

There is evidence to support integration of substance abuse and traditional mental health treatment, but there is no specific link between this measure and outcomes.

Ease of Measurement

4

Already used and publicly reported by TJC on a facility level, but not available on Hospital Compare.

Field Implementation

4

Already used and publicly reported by TJC on a facility level.



HBIPS-2: Hours of physical constraint

The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were maintained in physical restraint.

Steward Joint Commission

Endorsed (0640)

Nominated by Dana Safran, BCBSMA

Strong 15 Recommended for inclusion

Reliability & Validity

3

All of the HBIPS measures have undergone a rigorous process of public comment and testing.

Amenability to Targeted Improvement

4

There are documented interventions that facilities can take to reduce use of physical constraints.

Ease of Measurement

4

Requires chart review, but is already publicly reported by CMS.

Field Implementation

4

Already used and publicly reported by CMS on a facility level.



HBIPS-3: Hours of seclusion use

The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion.

Steward Joint Commission

Endorsed (0641)

Nominated by Dana Safran, BCBSMA

Strong

15 Recommended for inclusion

Reliability & Validity

3

All of the HBIPS measures have undergone a rigorous process of public comment and testing.

Amenability to Targeted Improvement

4

There are documented interventions that facilities can take to reduce use of seclusion.

Ease of Measurement

4

Requires chart review, but is already publicly reported by CMS.

Field Implementation

4

Already used and publicly reported by CMS on a facility level.



SUB-1: Alcohol use screening

Hospitalized patients 18 years of age and older who are screened within the first three days of admission using a validated screening questionnaire for unhealthy alcohol use.

Steward Joint Commission

Endorsed (1661)

Nominated by Dana Safran, BCBSMA

Good

10 Recommended for inclusion

Reliability & Validity

3

The measure tested well, but there were meaningful numbers of exclusions due to cognitive impairment and LOS < 1 day.

Amenability to Targeted Improvement

2

A large number of exclusions may impact the ability to improve on scores. Evidence for screening does not examine this measure's target population.

Ease of Measurement

2

There is public reporting on 3 VA hospitals in Massachusetts, but data for other facilities would need to come from administrative data and medical records.

Field Implementation

3

The measure is collected by TJC, but results are only available for a few hospitals in MA.



Median time to transfer to another facility for acute coronary intervention

Median time from emergency department (ED) arrival to time of transfer to another facility for acute coronary intervention (ACI) for ST-segment myocardial infarction (STEMI) patients that require a percutaneous coronary intervention (PCI).

Steward CMS

Endorsed (0290)

Nominated by Dana Safran, BCBSMA

Strong 13 Recommended for inclusion

Reliability & Validity

3

NQF found the measure to be reliable but had limited concerns about validity due to large numbers of exclusions.

Amenability to Targeted Improvement

3

There is evidence to support reducing time-to-treatment for patients with AMI, but we did not find evidence that reducing time-to-transfer improves outcomes.

Ease of Measurement

3

Requires chart abstracted data, but already used and publicly reported by CMS on a facility level. However, CMS does not report scores for most hospitals.

Field Implementation

4

Already used and publicly reported by CMS on a facility level.



Aspirin at arrival

Emergency department acute myocardial infarction (AMI) patients or chest pain patients (with Probable Cardiac Chest Pain) without aspirin contraindications who received aspirin within 24 hours before ED arrival or prior to transfer.

Steward CMS

Endorsement Removed (0286)

Nominated by Dana Safran, BCBSMA

Strong 14 Recommended for inclusion

Reliability & Validity

3

There are no reliability results at the measure level, but the underlying data is extensively validated and considered the gold standard.

Amenability to Targeted Improvement

3

NQF removed endorsement because this measure was "topped out". Evidence shows improved outcomes with *immediate* use of aspirin, not the first 24 hours.

Ease of Measurement

4

Requires chart review, but is already publicly reported by CMS.

Field Implementation

4

Already used and publicly reported by CMS on a facility level.



Median time to ECG

Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients (with Probable Cardiac Chest Pain).

Steward CMS

Endorsement Removed (0289)

Nominated by Dana Safran, BCBSMA

Good **11** Recommended for inclusion

Reliability & Validity

2

Variation may exist in the assignment of ICD-10-CM codes; therefore, coding practices may require evaluation to ensure consistency.

Amenability to Targeted Improvement

1

NQF removed endorsement in 2014 for lack of evidence indicating that knowing the door-to-ECG time improves outcomes.

Ease of Measurement

4

Requires chart review, but is already publicly reported by CMS.

Field Implementation

4

Already used and publicly reported by CMS on a facility level.



Acute stroke mortality rate

In-hospital deaths per 1,000 hospital discharges with acute stroke as a principal diagnosis for patients ages 18 years and older.

Steward AHRQ

Endorsed (0467)

Nominated by Dana Safran, BCBSMA

Good

9 Recommended for inclusion

Reliability & Validity

2

There were some concerns that hospitals may be able to artificially lower their scores by moving stroke patients to other care settings.

Amenability to Targeted Improvement

2

Expert panels rated the measure a 6.1 on a scale of 1-10 for overall usefulness for quality improvement within a hospital.

Ease of Measurement

3

Measure scores are not currently reported, but software to calculate measures is maintained by AHRQ and should be possible to calculate from CHIA Case Mix data.

Field Implementation

2

The software to calculate the measure is publicly available, but measure scores are not widely reported or consistently used in performance programs.



Thorax CT – Use of contrast material

Thorax computed tomography (CT) studies that are performed with and without contrast out of all thorax CT studies performed (those with contrast, those without contrast and those with both) at each facility.

Steward CMS

Endorsed (0513)

Nominated by Dana Safran, BCBSMA

Strong 15 Recommended for inclusion

Reliability & Validity

4

Measure testing indicates strong measure reliability and expert panels rated strong face validity. Underlying Medicare claims data is extensively validated.

Amenability to Targeted Improvement

3

The process of identifying thorax CT studies performed concurrently is related to reduced exposure to radiation and contrast agents, and better efficiency.

Ease of Measurement

4

Claims-based and already publicly reported by CMS.

Field Implementation

4

Already used and publicly reported by CMS on a facility level.



Cardiac imaging for preoperative risk assessment for non-cardiac, low risk surgery (OP-13)

Cardiac imaging studies performed at each facility in the 30 days prior to an ambulatory non-cardiac, low-risk surgery performed at any location.

Steward CMS

Endorsed (0669)

Nominated by Dana Safran, BCBSMA

Good 12 Recommended for inclusion

Reliability & Validity

2

The measure can reliably identify outliers, but is not a "gold standard" because of exclusions. The underlying claims data is extensively validated.

Amenability to Targeted Improvement

2

Because the measure may include some appropriate use of imaging, it is unclear what a target score would be.

Ease of Measurement

4

Claims-based and already publicly reported by CMS.

Field Implementation

4

Already used and publicly reported by CMS on a facility level.



Child HCAHPS

Like other CAHPS surveys, this questionnaire focuses on aspects of pediatric inpatient care that are important to patients and their parents, and for which patients and their parents are generally the best source of information.

Steward Center for Quality Improvement and Patient Safety – AHRQ

Endorsed (2548)

Nominated by Matthew Westfall, Boston Children’s Hospital

Good **11** Recommended for inclusion

Reliability & Validity

4

Testing indicates that composite Child HCAHPS scores have good reliability and validity.

Amenability to Targeted Improvement

4

Research shows that more patient-centered care is associated with positive outcomes.

Ease of Measurement

1

High resource cost: requires fielding of a patient survey.

Field Implementation

2

It is used in some settings (e.g. children’s hospitals) but not in any public reporting or accountability programs, and may not be applicable to many MA providers.



Pediatric all-condition readmission measure

Case-mix-adjusted readmission rates, defined as the percentage of admissions followed by 1 or more readmissions within 30 days, for patients less than 18 years old. The measure covers patients discharged from general acute care hospitals, including children's hospitals.

Steward Center for Excellence for Pediatric Quality Measurement

Endorsed (2393)

Nominated by Matthew Westfall, Boston Children's Hospital

Good **10** Recommended for inclusion

Reliability & Validity

3

There are some broad concerns about the appropriateness of all-cause readmissions measures, but the measure performed well in reliability tests.

Amenability to Targeted Improvement

2

There has been little evaluation of pediatric interventions to reduce readmissions, but there are effective ways to reduce readmissions in adult populations.

Ease of Measurement

3

Data elements for measure are captured in CHIA Case Mix data, but measure is not currently calculated or publicly reported.

Field Implementation

2

The measure is used by some providers (e.g. Boston Children's Hospital), but it is not widely implemented.



Prescriber prescription drug monitoring compliance

Numerator: Quantity of RXs for schedule II and III where prescription drug monitoring program was checked by prescriber prior to prescribing.

Denominator: Quantity of RXs for schedule II and III opioids written by independent provider.

Steward MDPH

Not Endorsed

Nominated by Kate Fillo, MA DPH

Good 12 Recommended for inclusion

Reliability & Validity

2

No reliability testing, but the metric directly measures compliance using data that is entered independently by both the prescriber and the pharmacy.

Amenability to Targeted Improvement

4

Evidence suggests that PDMPs are effective in combating prescription drug abuse.

Ease of Measurement

3

Data is collected by MA DPH but not publicly reported. Data sent to prescribers is used for monitoring but not for accountability or performance programs.

Field Implementation

3

Data is collected by MA DPH and reported back to providers at the prescriber level. However, data is not publicly reported at the prescriber level.



Substance use disorder evaluation in the ED following naloxone administration and suspected substance use disorder

Numerator: Presence of CPT codes 99408, 99409, Medicare codes G0396 or G0397, or Medicaid codes H0049 or H0050.

Denominator: Corresponds to ICD-10 :T40.0-4 (x1-x4) as a diagnosis.

Steward MDPH

Not Endorsed

Nominated by Kate Fillo, MA DPH

Weak 6 Not recommended for inclusion

Reliability & Validity

0

There is currently little evidence that submissions to MA DPH align with other data sources.

Amenability to Targeted Improvement

2

The measure does not specify a particular screening tool, so evidence is limited. Substance abuse screening tools may be useful in driving better outcomes.

Ease of Measurement

2

MA DPH collects this data, and MA APCD, Case Mix, and EMS submissions may also be used. But these sources may conflict, making accurate measurement difficult.

Field Implementation

2

DPH collects this data and reports some pieces to providers.



SCARED: Screen for child anxiety related disorders

A 41-item inventory rated on a 3 point Likert-type scale. It comes in two versions; one asks questions to parents about their child and the other asks these same questions to the child directly. The purpose of the instrument is to screen for signs of anxiety disorders in children.

Steward N/A

Not Endorsed

Nominated by Julianne Walsh, Bridgewater Pediatric

Weak

4 Not recommended for inclusion

Reliability & Validity

3

Several reviews have concluded that the tool successfully identifies depressive and disruptive disorders.

Amenability to Targeted Improvement

0

The tool is used to identify issues; however, there are no metrics about use of the tool or success in improving issues. This is a clinical tool, not a quality measure.

Ease of Measurement

0

Extreme resource cost: survey must be administered and scored individually.

Field Implementation

1

Results are not publicly reported anywhere, though they may be used in individual facilities for identifying problems and planning clinical interventions.



Measures with a "Strong" or "Good" Rating		Mean Score	Rating
1	Acute stroke mortality rate	2.25	Good
2	Aspirin at arrival	3.5	Strong
3	Cardiac imaging for preoperative risk assessment for non-cardiac, low risk surgery (OP-13)	3	Good
4	Child HCAHPS	2.75	Good
5	HBIPS-1: Admission screening for violence risk, substance use, psychological trauma history and patient strengths completed	3.5	Strong
6	HBIPS-2: Hours of physical constraint	3.75	Strong
7	HBIPS-3: Hours of seclusion use	3.75	Strong
8	Influenza vaccination coverage among healthcare personnel	3.5	Strong
9	Median time to ECG	2.75	Good
10	Median time to transfer to another facility for acute coronary intervention	3	Good
11	Pediatric all-condition readmission measure	2.5	Good
12	Prescriber prescription drug monitoring compliance	3	Good
13	SUB-1: Alcohol use screening	2.5	Good
14	Thorax CT – Use of contrast material	3.75	Strong

Measures with a "Moderate" or "Weak" Rating		Mean Score	Rating
1	SCARED: Screen for child anxiety related disorders	1	Weak
2	Substance use disorder evaluation in the ED following naloxone administration and suspected substance use disorder	1.25	Weak



Follow-up after hospitalization for mental illness (FUH)

Dana Safran requested that health plans be able to use the Physician HEDIS specifications for facilities. The HEDIS measure is already in the SQMS.

Staff recommendation for SQAC consideration:

Because the denominator for this measure is based on hospital discharges, this use of the measure seems appropriate.



Informal Submissions (23 Measures)

- These measures were not formally reviewed by staff, but some information is included for your future consideration.



Next Steps

Next Meeting

October 16, 3:00-5:00 pm

For more information

- <http://chiamass.gov/sqac/>
- sqac@state.ma.us

