

Statewide Quality Advisory Committee (SQAC) Meeting

Monday June 26, 2017

3:00pm – 5:00pm

MEETING MINUTES

Chair: Ray Campbell (CHIA)

Committee Attendees: Katie Shea Barrett (Health Policy Commission), Jon Hurst (Retailers Association of MA), Tracy Reimer (Group Insurance Commission), Linda Shaughnessy (MassHealth), Michael Sherman (Harvard Pilgrim Health Care), James Feldman (BU Medical Center & Mass Medical Society) Barbara Fain (Betsy Lehman Center)

Committee Members Attending by Phone: Dana Gelb Safran (BCBSMA)

Other Attendees: Cristi Carman (CHIA), Margaret Anshutz (CHIA)

1. Chair Ray Campbell opened the meeting.
2. Chair Campbell asked for a motion to approve the minutes from the April 24, 2017 meeting. Minutes were unanimously approved.
3. Katie Shea Barrett provided a brief update on the EOHHS Quality Measure Alignment Taskforce. She included that:
 - a. The Taskforce is chaired by Alice Moore and Michael Bailit is facilitating. The first meeting took place in May and was a level-setting meeting.
 - b. The Taskforce addressed the distinction between the Taskforce and the SQAC and other measure alignment efforts, clarified the relationship between the work of the Taskforce and the MassHealth DSRIP Subcommittee work or creating measure specifications for ACOs, and discussed process and goal-setting.
 - c. She will continue to share updates on the progress of the Taskforce at future SQAC meetings.
4. Chair Campbell introduced the presentation of the CHIA transparency website. He highlighted that the website is not only a pricing tool, but will have several types of material, including quality information and decision aids. He noted that the site will launch in the Fall, but that this launch will only be Phase 1 in an iterative project of ongoing refinement, and encouraged the SQAC to share feedback throughout the process.
5. Margaret Anshutz and Barbara Fain presented the CHIA transparency website.
 - a. Margaret stated that the website is not just a comparison tool for prices of procedures, but is intended to provide consumers with tools to make decisions and talk to their doctors about their care.
 - b. Margaret described the Phase 1 Objectives and Tactics of the project, and walked through the Phase 1 Timeline. She noted that Phase 1 won't be the final product and that will be many phases and opportunities to develop content, and that CHIA is happy to present at stakeholder organizations to solicit feedback.

- c. Margaret provided an overview of the site format, including types of information available on the website and some external resources the site links to.
- d. Chair Campbell noted that consumers who are on the website because they are interested in the price of an MRI may be at a point in time when they are especially receptive to being engaged with information about the health care system and how to navigate it better. He explained that while information on prices are likely to attract people, the goal of the website is to engage with consumers about how to talk to their doctor and connect them with other helpful information online.
- e. Michael Sherman observed that this may be an opportunity for general suggestions about how to pursue recommended care. He also suggested that Phase 2 might consider including information about pharmaceutical prices as well.
- f. Dana Gelb Safran asked how CHIA plans to attract people to the site?
 - i. Chair Campbell responded that there is a marketing plan which will be reviewed shortly during the presentation, but noted that he expects this site to be the best of its kind in the country and attract general interest.
- g. Katie Shea Barrett asked why cost is a separate inquiry from quality?
 - i. Chair Campbell replied that whenever price info is shown a link to quality info is included, but the site also offers a separate quality channel. He noted that they are different paths to the same information.
- h. Margaret reviewed the services that will roll out with Phase 1 and noted that maternity was included after CHIA received feedback that excluding it would leave a gap, and highlighted again that feedback is encouraged and incorporated.
- i. Margaret reviewed the analytic approach and how costs were determined for the website.
 - i. She highlighted that estimates include related costs for a procedure (i.e., colonoscopy estimate includes anesthesia-related costs), and that if there is a bundling discount for a procedure, the website estimate is adjusted for the cost without the discount.
 - ii. She also noted that consumers can look up cost based on their insurance plan, or can get a payer-agnostic quote if they don't know.
- j. Tracy Reimer asked if the data will be sourced from the APCD and if it is Massachusetts state-specific?
 - i. Margaret responded that it is mostly Massachusetts-specific data, but border states are captured and reflected in the data to the extent that Massachusetts residents sometimes receive care in a neighboring state.
- k. Margaret reviewed cost draft 2
 - i. Katie Shea Barrett asked what information will be included under the cost for doctors tab?
 - 1. Margaret replied that CHIA had considered breaking data out by facilities and doctors so the tab was included in this draft, but that is no

longer the plan. She clarified that there won't be quality safety information for individual providers, only cost information will be available at the individual provider level.

ii. Tracy Reimer noted that GIC's biggest payer is UniCare, and asked whether they will be included on this phase of the website?

1. Margaret confirmed that they will not be included in this phase.

6. Barbara Fain presented the quality and safety information that will be included in phase 1.
 - a. She noted that CHIA is working with BORIM to pull directly from their site so updates are automatic, and she is hopeful this will be accomplished in time for the Phase 1 rollout.
 - b. She identified the key considerations, highlighting that decision aids provide valuable information about procedures and specifically, a checklist of questions for consumers to print out and bring with them for conversations with their doctor or health plan in an effort to encourage them to talk to their care providers.
 - c. She reviewed the principles that guided selection of quality/safety metrics and discussed the role of the BLC research advisory committee to help develop a list of measures for inclusion in this phase of the project. She noted that some measures were limited to data that is currently available, so the list may be missing measures that are of interest to consumers.
 - d. Barbara Fain reviewed the Quality page drafts and explained that Draft 1 is what consumers will see if they go into the data through the quality option instead of the cost option on the homepage, and Draft 2 is a fictitious representation of a hospital page.
 - e. Barbara Fain described the user testing process and explained that CHIA is using a focus group company to reach out to typical Massachusetts health care consumers for feedback. She noted that the feedback they've received so far includes that:
 - i. Consumers want and expect to see patient-reported information in a yelp-like model.
 - ii. Consumers are concerned about the trustworthiness of the data
 - f. Margaret Anshutz added that more user testing and consumer reactions will be compiled as the website proceeds, and that CHIA is also working with health literacy experts on copywriting.
7. Michael Sherman commented that he does not see any downsides to the project and it looks good, but his main concern is about visibility and driving users to the site.
 - a. Barbara Fain responded that CHIA has contracted for a robust communications strategy to roll out the website and it is going to be a multi-stakeholder process. She also noted that Governor Baker has been a strong advocate for this, and she expects that will help with publicity.\
8. Katie Shea Barrett commented that she remains concerned that consumers will have to click out to see quality information and it is not presented directly along with cost.

- a. Barbara Fain explained that it is not all linked because consumers are searching by procedure, but there is no quality information at the procedure level for most procedures.
 - b. Katie Shea Barrett replied that there could be some relevant quality metric to match, such as including a patient experience rating for an office visit.
 - c. Dana Gelb Safran responded that it would do a disservice to consumers to show data for quality measures that are related but do not match procedures because it could be misleading.
9. Cristi Carman introduced the responses staff received to the open call for new measures.
 - a. She reviewed the guidelines for nominations and noted that staff reached out to organizations specializing in priority areas, as well as our regular stakeholders on quality, to invite participation.
 - b. She shared that the response was very positive overall, and that staff received 16 measures for consideration. She stated that staff recommends reviewing all 16 and asked if the SQAC had any opposition. No opposition was expressed, so she added that staff will review the measures over the summer and the SQAC can discuss initial assessments at the next meeting.
10. Cristi Carman noted that staff also received input outside of the formal nomination process and reviewed measures that were suggested informally.
 - a. Michael Sherman shared that he feels the end of life measures have a lot of merit in terms of filling a meaningful gap in the SQMS and he commends including them on principle, but he is unsure of data availability and validity.
 - b. James Feldman added that regarding the CAC-3 measure, literature suggests this is the lowest compliance of the CAC measures, so he thinks that it may have value if it for quality improvement considerations and should go through the review process.
11. Chair Campbell asked the SQAC if they believe all the informal suggestions should be included for review as well?
 - a. James Feldman noted that he suspects a lot of these will not be feasible at first pass, but he does think they add value and should be considered.
 - b. Katie Shea Barrett posed the question of to what end should these measures be considered? She noted that the point of the SQMS is tiering and product design, and public reporting, so she is unclear what value it adds to the SQMS if the data is unavailable.
 - c. Linda Shaughnessy agreed with that point, and added that perhaps the SQMS isn't the right forum for their consideration, and if they are developmental measures that may be better to consider for other purposes.
 - d. Cristi Carman suggested that another option would be to conduct a literature review of these measures that would be less detailed than the measure evaluation process, and then provide the SQAC with a summary document with information on how these measures are used, evidence of validity, etc.

- i. The SQAC approved this suggestion and determined that staff will provide this summary document along with initial assessment score for the 16 formally submitted measures at the September meeting.
- 12. Cristi Carman reviewed other general input staff received
 - a. Barbara Fain asked how many measures would be cut from the SQMS if it were reduced to only NQF-endorsed measures.
 - i. Cristi Carman stated that staff will present that information to the SQAC at the September meeting.
- 13. Chair Campbell closed by sharing that some state agencies have volunteered to present their work and staff has also reached out to ICHOM about a presentation to the SQAC, and asked the SQAC if they have any preference of who to invite to the next meeting?
 - a. No preference was stated – Chair Campbell noted that staff will proceed with planning.
- 14. Chair Campbell adjourned the meeting at 4:45 pm.