Statewide Quality Advisory Committee

Quality Priorities

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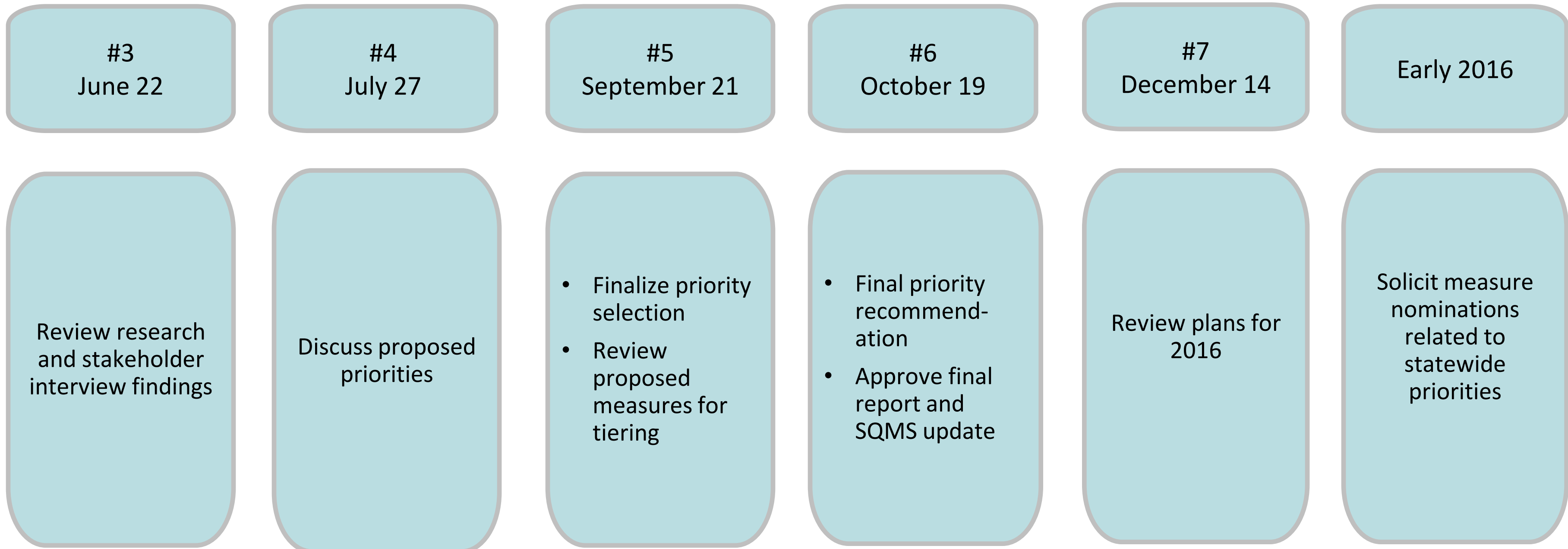
bailit health

Agenda

- Welcome and Business Items 3:00 – 3:15
- Quality Priorities: Findings from Research and Stakeholder Interviews 3:15 – 4:30
- Other/Next Steps 4:30 – 4:45

Proposed SQAC 2015 Agenda



National Research

QUALITY PRIORITIES

Relevant National Efforts

- Most state work is focused on selecting quality measures
- Nationally, two relevant efforts:
  - IOM Report (May 2015)
  - National Quality Strategy (March 2011)

IOM Report Vital Signs: Core Metrics for Health and Health Care Progress (issued May 2015)

- Looked at Key Domains of Influence:
  - healthy people;
  - care quality;
  - care costs, and
  - people's individual and collective engagement in health and health care.
- Also looked at cross-domain priority of disparities
- The committee identified goals for health and health care, followed by an assessment of domains of influence that can promote those goals, and then identified the key elements and measures that most represent those domains.
- The committee's approach helped identify ways in which a core measure set might help channel and transform the effectiveness of the many otherwise siloed efforts aimed at engaging the various potentially controllable determinants of health.

Quality Domains Identified in IOM Report

- Healthy People
  - Length of life
  - Quality of life
  - Health behaviors
  - Healthy social circumstances
- Care Quality
  - Prevention
  - Access to care
  - Safe care
  - Appropriate treatment
  - Person-centered care
- Care cost
  - Affordability
  - Sustainability
- Engaged people
  - Individual engagement
  - Community engagement

National Quality Strategy

- Mandated by ACA
- First published in March 2011
- Large stakeholder process
- Three overarching aims
- Six quality priority areas
- Nine levers

National Quality Strategy: Three Broad Aims

- **Better Care**: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
- **Healthy People/Healthy Communities**: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.
- **Affordable Care**: Reduce the cost of quality health care for individuals, families, employers, and government.

National Quality Strategy: Six Priority Areas

- Making care **safer** by reducing harm caused in the delivery of care.
- Ensuring that each person and family is **engaged** as partners in their care.
- Promoting effective **communication** and **coordination of care**.
- Promoting the most **effective prevention** and **treatment** practices for the leading causes of mortality, starting with **cardiovascular disease**.
- Working with communities to promote wide use of **best practices** to enable healthy living.
- Making quality care more **affordable** for individuals, families, employers, and governments by developing and spreading new health care delivery models.

National Quality Strategy: Nine Quality Strategy Levers

- Payment
- Public Reporting
- Learning and Technical Assistance
- Certification, Accreditation, and Regulation
- Consumer Incentives and Benefit Designs
- Measurement and Feedback
- Health Information Technology
- Workforce Development
- Innovation and Diffusion

Stakeholder Interviews

QUALITY PRIORITIES

Completed Interviews

Organizations	
BMC Health Net	Massachusetts Association of Health Plans (MAHP) Medical Directors
Children's Hospital	High Point
Health Care For All	Massachusetts League of Community Health Centers
Patient and Family Advisory Council	Partners Health Care
Massachusetts Medical Society	University of Massachusetts Geriatrics
Massachusetts Council of Community Hospitals	Massachusetts Health Quality Partners
Betsy Lehman Center for Patient Safety and Medical Error Reduction	Harvard School of Public Health
Greater Boston Interfaith Organization	Towers Watson

Planned Interviews

Organizations
Executive Office of Health and Human Services Department of Public Health
Executive Office of Elder Affairs
Small Business Group
Massachusetts Hospital Association

Quality Definition Varied Based on Organizational Focus

- Good outcomes/improving outcomes
- Positive patient experience
- Patient Activation
- Patient participation in process
- Patient safety
- Improving internal processes, both where relative performance is low and where relative performance is high
- Providing high quality while controlling cost
- Systems integration (physical, dental, behavioral health)

System For Selecting Quality Focus

- Based on Quality Reports, JHACO, Patient Surveys, Root Cause Analysis
- Dictated by Requirements: NCQA, MassHealth Contract, Meaningful Use
- Bottom up process based on discussion by members
- Quality Improvement initiatives:
  - Areas where gaps in care
  - Ability to improve vs. external benchmarks (HEDIS, public health data)

Most Organizations Had Small Number of Organizational Priorities

- Small number of organization wide priorities (3-6)
  - Departments often have own initiatives
- Some focus on different quality priorities based on different contract requirements
  - Try to align goals across membership

Frequency of Quality Priority Review

- Most organizations review quality priorities annually
  - As part of annual QI process
  - Current goals are reviewed on an ongoing basis
  - Specific quality projects may have longer or shorter timeframe
- Strategic review of quality occurs on a longer term basis (every three years)

Identified Quality Priorities of Interviewees (1 of 2)

- Patient activation
- Patient experience
- Patient safety
- Overuse
- Improving system of care
  - Integration (Oral health, behavioral health)
  - Care Coordination and Communication

Identified Quality Priorities of Interviewees (2 of 2)

- Behavioral Health
  - Access
  - Integration
  - Opioids
  - Smoking, marijuana
- Obesity
- Domestic Violence
- End of Life Care

Quality Priorities Drive Investments

- Focus of education and programming
- Quality improvement projects
- Lobbying/advocacy

Quality Priorities Can Be Combination of Cross Cutting or Clinical/Disease Specific

- Most interviewees thought that a combination of both cross cutting and clinical disease specific priorities would be appropriate.
- However, many of the interviewees selected cross cutting goals as what the Commonwealth should focus on.

Breadth and Number of Priorities for SQAC

- There was concern about either missing the forest or missing the trees –
  - Need broad priorities
  - But narrow implementation to focus on specific areas that need attention.
- Interviewees thought that a “handful” of priorities, perhaps 3-5 priorities would be the most that the SQAC could effectively focus on

Social Determinants of Health and Disparities

- Some interviewees considered social determinates of health and disparities in looking at their own quality priorities, while others did not.
  - Some had specific focus on social determinates of health and disparities and thought that is how priorities should be targeted
  - Others thought priorities should be considered regardless of social determinates of health and disparities
  - Some thought priorities should be considered regardless of social determinates of health and disparities but that specific initiatives could be targeted towards those areas and populations
- More than race/ethnicity
  - Geography
  - Income
- Need better data on race/ethnicity to target appropriate initiatives

Proposed Criteria (1 of 2)

- Area where quality of care and health outcomes could be measurably improved in the Commonwealth, considering the following:
  - Whether gaps in the quality of care are able to be identified (either relative to other states or absolutely)
  - Whether performance can be improved, because there is an evidence-base or known best practices as to how transform care
  - Whether there is a performance goal that can be identified, and some evidence as to what correct level should be, or the direction the measurement should be moving toward

Proposed Criteria (2 of 2)

- Aligned, to the extent possible, with priorities of other stakeholders including:
  - State Purchasers (Medicaid and GIC)
  - Employer Purchasers
  - Other state agencies
  - Providers
  - Commercial insurers
  - National initiatives
- Area where quality measurement is feasible by CHIA or by other entities
- Areas that either are broad enough that they impact all citizens, or a mix of narrowly focused priorities that together impact all citizens

Interviewees Agreed with Proposed Criteria

- Still a number of cautions:
  - Quality focus should go beyond PCPs
  - Cost containment should be considered
  - Select areas where real ability to make improvements in care
  - Importance of alignment
  - No new burden to providers

Quality Priorities for SQAC to Consider Adopting (1 of 2)

- Integration
  - Behavioral Health and Primary Care integration
  - Integration of community and social supports with medical care
- Children’s Health Care
  - Childhood obesity
  - Access for Mental Health and Substance Abuse Treatment Services
- Patient safety – both inpatient and outpatient
- Consumer/patient engagement
- Obesity
- Opioids
- Patient activation

Quality Priorities for SQAC to Consider Adopting (2 of 2)

- Access to care
- Appropriate care
- Maternity Care
- Care Planning
  - End of life care
  - Avoidable hospitalizations (especially for the frail elderly population)
  - For serious and terminal illnesses
  - Care coordination
- Transparency

Next Steps

- July: Discuss Proposed Priorities for MA