

Statewide Quality Advisory Committee (SQAC) Meeting
Friday, March 30, 2012
9:00AM – 11:00AM
MEETING MINUTES

Location:

Division of Health Care Finance and Policy
2 Boylston Street, 5th Floor
Boston, MA 02116

Co-Chairs: John Auerbach (DPH) and Áron Boros (DHCFP)

Committee Attendees: Dianne Anderson, Dr. James Feldman, Dr. Richard Lopez, Jon Hurst, Dana Gelb Safran and Deb Wachenheim as a representative for for Amy Whitcomb Slemmer

Committee Members Not Present: Dr. Julian Harris and Dolores Mitchell

Other Attendees: Dr. Madeleine Biondolillo, Dr. John Freedman, and Iyah Romm (SQAC staff)

Notes: Dolores Mitchell participated by phone and Ann Lawthers participated halfway through the meeting to represent Dr. Julian Harris.

1. Approval of minutes from SQAC meeting February 21, 2012
 - The Co-Chairs moved to approve the SQAC meeting minutes. The meeting minutes were passed. There were zero abstentions.
2. Agency presentations of framework for using SQAC recommendations
 - Co-Chair Auerbach laid out the framework for discussion regarding how DPH would use the Statewide Quality Measure Set (SQMS). He wanted to make sure that the SQAC members were aware that the SQMS were to be used at DP and also as it related to payment reform. However, the SQMS would also apply to tiered network products and carriers that are under the purview of the Division of Insurance (DOI).
 - Co-Chair Boros discussed Section 11. within M.G.L. Chapter 288, Section 33 and noted that a representative from the DOI would come to a future meeting to discuss the DOI's understanding of this legislation. He explained that without quality measure guidelines for tiering, the third paragraph of section B gives DOI the ability to tier based solely on cost. He also noted that he had two stakeholder conversations, one with payers and one with providers.
 - Payers are looking for flexibility with respect to tiering: they would like to maintain the ability to change focus based on what specific measures their accounts request.
 - Providers are particularly concerned with the "waterfall effect." They would ideally prefer measure uniformity. Moreover, they would prefer to focus on high-value measures
3. Principles of Measure Selection
 - Dr. Biondolillo spoke about the Standard Quality Measure Set (SQMS). She emphasized that the SQMS is supposed to be a "library" of measures that would contain all measures that meet SQAC priorities and passed practicality and validity tests. All statutorily mandated measures, Committee proposed measures and measures identified in new priority areas (including by experts) would be included in the measure "library."
 - Dr. Biondolillo explained the Department's Quality Improvement Focus List (QIFL), which is a subset of measures from the SQMS that pertain to certain areas of interest (currently including: behavioral health, care transitions, medication errors, surgical errors, SREs and HAIs, community health workers and chronic disease management and prevention). She

emphasized that Committee members should focus on areas proposed by the Department in the Quality Improvement Focus List.

- Three Committee members how DPH planned to apply quality measures to different types of entities. Specifically, they wondered whether or not individual doctors under DPH purview (individual doctors employed by hospitals, for instance) would be subject to the same quality measures as entire provider groups.
 - Co-Chair Auerbach responded that SQAC will focus on hospitals and community health centers in the first year and broaden to other types of providers in subsequent years. He also mentioned that it was the intent of the legislators to expand to the physician level, but noted, currently that DPH has no regulatory authority reporting at that level. He furthermore noted that, as such, although he is happy if the SQAC would comment on applicability of SQMS to individual doctors, he does not want it to be the focus of discussion.
 - A Committee member asked if reliable samples size factored into the validity test for preliminary mandated measure recommendations and inquired about a preliminary analysis to examine how many state entities currently have sufficient sample sizes.
 - Dr. Biondolillo and Iyah Romm (SQAC staff) affirmed that the bylaws include a definition of validity that *does* include sample size.
 - Dr. Freedman said the validity criteria are based on data availability and the six principles from the Health Care Quality and Cost Council (HCQCC). He noted that reliable sample sizes will be determined at the time of use. Dr. Biondolillo mentioned that the specific process and criteria are outlined in the Committee Bylaws.
 - Another member noted that sample size may be an issue for hospitals, but that it is rarely an issue where community health centers are concerned. In light of this, Co-Chair Auerbach encouraged committee members to perhaps consider community health centers when looking at which measures should be strongly or weakly recommended.
 - Dr. Biondolillo laid out the context for which the SQMS would be used: 1) transparency and 2) quality improvement. She noted that there is significant room for improvement in specific areas (the QIFL). The SQAC is to provide input on how measures can be used to drive quality improvement in these specific areas.
4. Review of mandated measure recommendations and discussion
- Co-Chair Auerbach went through the four mandated measure sets and asked Committee members for input regarding preliminary measure recommendations.
 - Co-Chair Auerbach affirmed that measures with low variability and low performance are given a strong recommendation, whereas measures with low variability and high performance are given a moderate recommendation.
 - A Committee member noted two HCAHPS measures are not answered by many patients, resulting in a potentially insufficient sample size:
 - Pain control
 - Communication about medicines
 - Committee members asked that nine HEDIS measures be further examined for strong recommendations instead of moderate recommendations:
 - Cholesterol management: control
 - Controlling high blood pressure
 - Diabetes: HbA1c control
 - Diabetes: LDL control
 - Diabetes: blood pressure management

- Weight assessment children
- Treatment in adults with acute bronchitis
- Initiation and engagement of alcohol and drug therapy
- Follow-up after hospitalization for mental illness
- A Committee member noted that the committee might want to reconsider the labeling of strong, moderate and weak recommendations.
- A Committee member noted that since measures from clinical data are not readily available, then the majority of measures that receive a strong recommendation will be process measures instead of outcome measures. Iyah Romm noted that there was a typo in the PowerPoint: children with pharyngitis is actually a strongly recommended measure.

5. Nomination of Measures

- Iyah Romm discussed the additional nominated measures that SQAC received from the public, including the AMA-PCPI substance use disorder measures, AHRQ Inpatient Quality Indicators (IQIs) and Patient Safety Indicators (PSIs). Committee members have until April 20, 2012 to propose any of the nominated measures, or any other measure, for consideration by SQAC.
- Co-Chair Auerbach noted that, although entire measure sets were nominated to the committee, committee members could recommend individual measures within those sets.

6. Next Steps

- The next three SQAC meetings will focus on priority topic areas, beginning with Post-Acute Care.

Meeting was adjourned.

Next meeting:

April 12, 9:00AM-11:00AM

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