Statewide Quality Advisory Committee (SQAC) Meeting

March 30, 2012

Agenda

- Approval of minutes of February 21, 2012
- Agency presentations of framework for using SQAC recommendations
- Review of mandated measure recommendations, discussion
- Update on public nominations
- Next steps

Committee

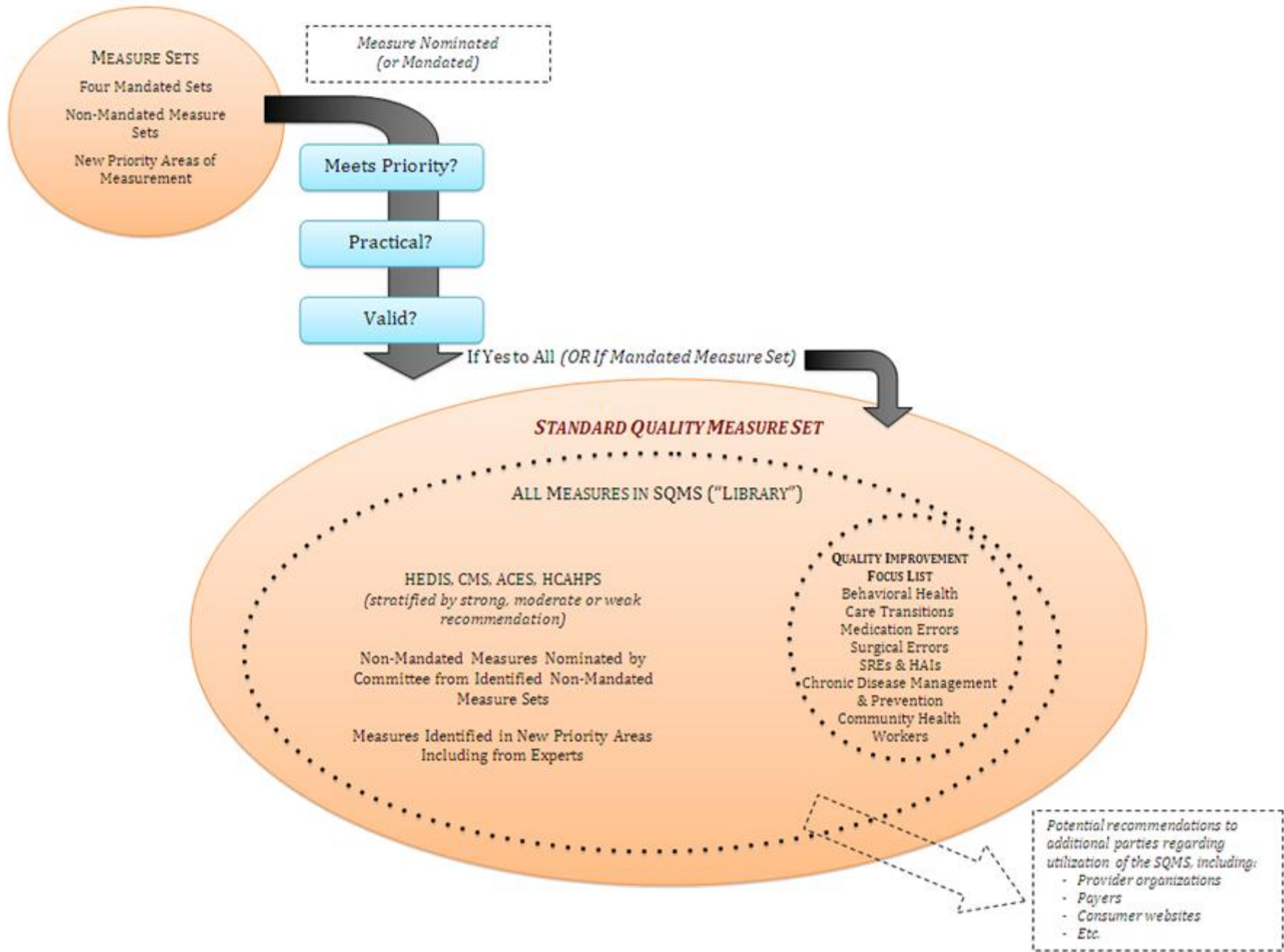# APPROVAL OF MINUTES

DPH - REGULATORY INTENT OF SQAC RECOMMENDATIONS

Principles for Measure Selection

- It is imperative that SQAC recommendations and their subsequent implementation be value-added, and not perpetuate the "waterfall" of measures

- There is the increasing central challenge of identifying valid, practical measures for additional sites of care and service lines, such as community & population health, behavioral health, care coordination, free standing surgical centers, and post-acute settings

- Determining if and how best to hold providers or sites of care responsible for an integrated care system is critical
  - selecting a subset of measures for prioritization by the Department as a Quality Improvement Focus List

MEASURE SETS

Four Mandated Sets

Non-Mandated Measure Sets

New Priority Areas of Measurement

Measure Nominated (or Mandated)

Meets Priority?

Practical?

Valid?

If Yes to All *(OR If Mandated Measure Set)*

STANDARD QUALITY MEASURE SET

ALL MEASURES IN SQMS ("LIBRARY")

HEDIS, CMS, ACES, HCAHPS
(stratified by strong, moderate or weak recommendation)

Non-Mandated Measures Nominated by Committee from Identified Non-Mandated Measure Sets

Measures Identified in New Priority Areas Including from Experts

QUALITY IMPROVEMENT FOCUS LIST
Behavioral Health
Care Transitions
Medication Errors
Surgical Errors
SREs & HAIs
Chronic Disease Management & Prevention
Community Health Workers

Potential recommendations to additional parties regarding utilization of the SQMS, including:
- *Provider organizations*
- *Payers*
- *Consumer websites*
- *Etc.*

Commissioner Auerbach

DISCUSS MANDATED MEASURES AND PRELIMINARY RECOMMENDATIONS

Principles for Measure Selection

- In assessing measures for inclusion in the recommended Standard Quality Measure Set, three areas will be evaluated prior to endorsement:
  - *Priority*
  - *Validity*
  - *Practicality*

Validity/Practicality Grid

- Work group staff and consultants will assign preliminary quantitative ratings to each measure for each aspect. For further consideration, a measure must meet a minimum threshold of validity and practicality. All measures meeting this threshold will then be grouped based on their scores on Validity and Practicality, as seen below.

	Sufficient Practicality	Insufficient Practicality
Sufficient Validity	Strongest recommendation	Measure is considered valid, but further infrastructure development is needed for a strong recommendation
Insufficient Validity	Measure is considered not sufficiently valid, and further work on the methodology is needed for a strong recommendation	Weakest recommendation

CMS Hospital Process

Strong Recommendation	Moderate Recommendation
•AMI-3: ACEI or ARB for LVSD •AMI-7a: Fibrinolytic tx w/in 30 minutes of arrival •AMI-8a: PCI w/in 90 minutes of arrival •AMI-10: Statin prescribed at discharge •HF-1: Discharge instructions •PN-2: Pneumococcal vaccination •PN-7: Influenza vaccination •SCIP-Inf-4: Controlled postoperative blood glucose •SCIP-Inf-9: Urinary catheter removed •SCIP-Card-2: Beta-blocker therapy	•AMI-1: ASA arrival •AMI-2: ASA discharge •AMI-4: smoking cessation •AMI-5: beta-blocker at discharge •HF-2: LV function •HF-3: ACEI or ARB for LVSD •HF-4: Smoking cessation •PN-3b: Blood cultures in ED •PN-4: Smoking cessation •PN-5c: Antibiotic w/in 6 hours •PN-6: Antibiotic selection for CAP •SCIP-Inf-1a: Antibiotic w/in hour to incision •SCIP-Inf-2a: Antibiotic selection •SCIP-Inf-3a: Antibiotics d/c 24 hours after surgery •SCIP-Inf-6: Hair removal •SCIP-Inf-10: Perioperative temperature management •SCIP-VTE-1: VTE prophylaxis ordered •SCIP-VTE-2: VTE prophylaxis received

HCAHPS

Strong Recommendation	Moderate Recommendation
•Communication with nurses •Communication with doctors •Responsiveness of hospital staff •Pain control •Communication about medicines •Discharge information •Cleanliness of hospital •Quietness of hospital •Overall rating of hospital care •Overall recommendation	

HEDIS

Strong Recommendation	Moderate Recommendation
•Breast CA screening •Colorectal CA screening •DM: LDL screening •DM: nephropathy screening •DM: Hemoglobin A1c testing •Antidepressant med •Annual monitoring for med management •Spirometry in COPD •Cervical CA screening •Chlamydia screening in women •Appropriate tx for URI •Use of imaging studies for LBP •Comprehensive back pain care •Appropriate meds for adults with asthma •Follow-up care for ADHD med	•Cholesterol management •Controlling high blood pressure •DM: HbA1c control •DM: LDL control •DM: Foot exam •DM: Blood Pressure Management •Adult BMI Assessment •Weight assessment children •Childhood immunization •Adolescent immunization •Lead screening in children •Use of high-risk meds in elderly •Care for older adults •Children with pharyngitis •Tx in adults with acute bronchitis

HEDIS

Strong Recommendation	Moderate Recommendation
•Well-child visits 3-6 •Adolescent well-care visits •Antidepressant med management	•Comprehensive IVD •Comprehensive adult DM care •Appropriate meds for children with asthma •Drug-disease interactions in elderly •Med reconciliation post-discharge •Adults' access to health services •Children's access to primary care •Prenatal and postpartum care •Initiation and engagement of alcohol and drug tx •Frequency of ongoing prenatal care •Well-child visits in first 15 months •Anti-rheumatic tx in RA •Osteoporosis management •Beta-blocker tx after heart attack •DM: Retinal eye exam •Glaucoma screening in older adults •Flu shots for older adults

HEDIS

Strong Recommendation	Moderate Recommendation
	•Pneumonia vaccination for older adults •Follow-up after hospitalization for mental illness •Tx of COPD exacerbation •HPV for Female Adolescents •Med Management for People with Asthma •Fall Risk Management •Management of Urinary Incontinence •Osteoporosis Testing in Older Women •Physical Activity in Older Adults •Aspirin Use and Discussion •Flu Shots for Adults Ages 50–64 •Smoking and Tobacco Use Cessation •Children with Chronic Conditions •Plan All-Cause Readmission •Supplemental items for CAHPS (4.0)

ACES

Strong Recommendation	Moderate Recommendation
•Quality of MD-Patient Interactions: Communication •Quality of MD-Patient Interactions: Integration of care •Quality of MD-Patient Interactions: Knowledge of the patient •Quality of MD-Patient Interactions: Health promotion •Organizational Features of Care: Organizational access •Organizational Features of Care: Visit-based continuity •Organizational Features of Care: Clinical team •Willingness to Recommend Doctor	

Commissioner Boros

NOMINATION OF POTENTIAL MEASURES

Nominated Measures Overview

- AHRQ Inpatient Quality Indicators (IQIs)

- AHRQ Patient Safety Indicators (PSIs)

- CMS Children's Asthma measures (CAC)

- The Joint Commission Hospital Based Inpatient Psychiatric Services (HBIPS)

- The Joint Commission Maternity measures (MAT)

- AMA-PCPI Substance Use Disorders

- ORYX Substance Use Disorders (SUB)

- Children's Hospital Boston Inpatient Experience Survey (PIES)

Nominated Measures

- Process reminder
  - SQAC members may "propose" any of the nominated measures, or any other measure, for consideration by SQAC by **April 20, 2012**
  - Next three meetings will focus on priority topic areas, beginning with Post-Acute Care

For more information

- www.mass.gov/dhcfp/sqac
- sqac@state.ma.us

- Next Meeting

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

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