

Statewide Quality Advisory Committee (SQAC) Meeting

Monday, December 16, 2013

3:00pm-5:00pm

MEETING MINUTES

Location:

Center for Health Information and Analysis (CHIA)
2 Boylston Street, 5th Floor
Boston, MA 02116

Chair: Áron Boros (CHIA)

Committee Attendees: Dr. James Feldman, Dr. Michael Sherman, Iyah Romm (non-voting), Dr. Madeleine Biondolillo (non-voting), Deb Wachenheim (for Amy Whitcomb Slemmer), Dianne Anderson, Katie Barrett (for Dana Safran), Jon Hurst, Dr. Richard Lopez

Committee Members Participating by Phone: Ann Lawthers, Mark Wolin (for Dolores Mitchell)

Committee Members Not Present: Amy Whitcomb Slemmer, Kim Haddad (non-voting), Dana Safran, Dolores Mitchell

Other Attendees: Cristi Carman (CHIA), Kristina Philipson (CHIA)

- 1.) Chair Boros opened the meeting and Committee members introduced themselves. He said that because there was not a quorum [to start the meeting], the Committee would not vote to approve the October 21 meeting minutes. Chair Boros also said that Dolores Mitchell designated a GIC representative to participate by phone.
 - a. Mark Wolin introduced himself as the GIC's representative.
- 2.) Chair Boros stated the purposes of the meeting: 1) to outline the work of the Committee for 2014 and 2) to identify priorities for the SQMS. He said that Kristina Philipson, CHIA's Director of Quality, and Cristi Carman, a CHIA policy analyst, would provide a brief update on CHIA's planned reporting of SQMS measures and an assessment of the current SQMS.
- 3.) Chair Boros said that, in addition to evaluating the SQMS and ensuring it is a robust measures set, there are other possible SQAC tasks for 2014:
 - a. Advise on high-value measures for analysis and public reporting. He said analysis and uniform reporting on a subset of SQMS measures will begin in 2014 and CHIA may benefit from the SQAC's input on measures that may be most impactful. He also noted that CHIA would be working on an inter-agency effort to produce the "State of Quality in Massachusetts" report and will continue to work closely with the Division of Insurance (DOI) regarding the use of the SQMS for provider tiering.

- b. Develop a policy on how to address and/or report on measures for which there is high compliance and/or low variation in performance in Massachusetts.
 - c. Advise the Health Policy Commission (HPC) on the quality measures linked to the certification of Patient-Centered Medical Homes (PCMH) and Accountable Care Organizations (ACOs). The HPC's certification plans are in development, but Chair Boros said he expected that the HPC will solicit the Committee's feedback.
 - d. Provide feedback to CHIA on how to most effectively engage providers, plans and stakeholders in CHIA's reporting of performance on SQMS measures.
- 4.) Chair Boros asked the Committee for suggestions of other possible SQAC work in 2014.
- a. Dr. James Feldman said that an organization at Harvard Business School, ICHOM, is doing interesting work on patient-reported outcomes and patient confidence measures. He suggested the SQAC might hear from ICHOM during the year.
 - b. Dr. Michael Sherman said that it could be helpful to have ICHOM present their work to the SQAC. He said that they are a globally-focused organization that is local and could provide useful feedback to PCMH and ACOs for aligning physician group certifications.
 - 1. Chair Boros said that the HPC is overseeing the PCMH and ACO certification process and the HPC will solicit feedback.
 - c. Dr. Michael Sherman said that the Committee discussed the topic of measuring efficiency and resource use in the past year and the discussion was mixed. Dr. Sherman asked if the Committee could revisit the topic of efficiency and effectiveness.
 - i. Chair Boros said that the discussion of the topic could potentially lead to the addition to the SQMS of new measures or to the identification of measures currently in the SQMS that efficiency and effectiveness. He added that there would be time to discuss potential opportunities to build on the SQMS later in the meeting. Chair Boros introduced Kristina Philipson.
- 5.) Kristina Philipson gave an update on CHIA's SQMS reporting plans. She said that the SQMS measures that apply to Home Health Agencies (HHAs) and Skilled Nursing Facilities (SNFs) are currently collected and reported by CMS; at this time, CHIA will not require HHAs and SNFs to submit additional data. She said that CHIA is currently selecting SQMS measures for hospitals and CHIA will seek the Committee's input on high value measures for public reporting of hospital performance.
- a. Kristina Philipson said that, at this time, CHIA will only report on measures for which data is currently available. She added that after the HPC defines Registered Provider Organizations (RPOs), CHIA will then select measures for RPOs.

- i. Dianne Anderson asked about the timeline for public reporting and how current the data would be.
 - 1. Kristina Philipson responded that currently the first planned reporting is CHIA's Annual Report, which will be published by Sept. 1 this year.
 - ii. Dr. Michael Sherman asked if the data that is collected would be made available to the health plans for the purposes of tiering. He said that aggregated data would be helpful to health plans.
 - 1. Chair Boros said that CHIA anticipates all data will be available to the public, but he acknowledged that individual physician reporting could be more difficult. Chair Boros said that DOI recently issued proposed guidance related to the use of SQMS for tiering. He also noted that the HPC will likely issue a proposed regulation for RPOs in early 2014 and likely promulgate a regulation in spring 2014.
 - iii. Katie Barrett asked where and how the data would be reported, and if the data would be technical or consumer-friendly.
 - 1. Chair Boros responded that this data would be reported in CHIA's Annual Report and on its website; the agency's goal is to present information in several different ways, including for a lay audience.
- 6.) Cristi Carman gave a summary of the 128 measures in the SQMS. She outlined the number of measures in the SQMS for each of the 2013 measurement priority areas. She said that, for the purposes of this discussion, the SQMS was divided by measure domain and measure type, using the National Quality Forum's (NQF) definitions of domain and measure type.
- a. Eric Reines, a member of the audience, asked if the SQMS includes measures related to geriatric care and end-of life-care. He also asked if reporting the HEDIS diabetes composite would be stratified by age ranges.
 - i. Cristi Carman responded that the SQMS includes one measure related to palliative care, "Hospice and Palliative Care Treatment Preferences," as well as other measures targeted to the elderly population like fall risk management, potentially harmful drug-disease interaction in elderly, and flu vaccination rates among seniors. She noted that there are several HEDIS measures, which are mandated, that target that particular population.
 - ii. Chair Boros commented that presenting performance on measures by various age ranges is something that may be taken into consideration.

- iii. Cristi Carman said that a preliminary level of analysis – or the provider type that will be measured – has also been assigned to each measure in the SQMS. There are 70 measures used to assess care provided in ambulatory care settings, 51 to evaluate hospital care, and 7 measures for post-acute care (SNFs and HHAs).
- 7.) Chair Boros said that the Committee has, so far in the meeting, voiced an interest in identifying measures for analysis, public reporting, tiering and ACO/PCMH certification as areas for continued discussion. He asked the Committee if there were other areas that they would like to focus on.
 - a. Kristina Philipson asked the Committee to consider measurement areas that may be underrepresented in the SQMS: She named access, disparities, cost and resource use, as well as measures for physician specialists, and for serious reportable events (SREs) as potential gaps in the SQMS.
 - i. Katie Barrett said that access is difficult to define, because the well visit rates and preventive care measures in HEDIS could be considered access measures.
 - ii. Dianne Anderson said that hospitals currently report SREs and she advised the Committee to avoid duplicative reporting.
 - 1. Chair Boros proposed that the Committee review the list of potential gaps in the SQMS one domain or measure type at a time.
 - iii. Dr. Madeleine Biondolillo said that behavioral health may be worth examining, as there are currently behavioral health measures in the SQMS, but that segment of the measure set could be improved.
 - iv. Dr. Richard Lopez said the Committee could organize the SQMS by a specific population or setting of care and define “high value” SQMS measures for those specific segments. For example, behavioral health, pediatrics and palliative care are all different and important segments of care delivery, but considering the overall number of measures in the SQMS could constrain the development of the SQMS with regard to various populations or settings.
 - v. Ann Lawthers agreed and said that what constitutes a good measure depends on what it is used for and who the audience for performance on the measure is.
 - 1. Chair Boros agreed that a review of measures by population may inform the SQAC’s development of the SQMS more than a discussion of priority measurement areas.
 - b. Chair Boros started a discussion of SREs, and also introduced Barbara Fain, the Executive Director of the Betsy Lemay Center (BLC). He said that bringing Barbara on marked the

beginning of a new investment in the BLC. He added that he anticipates some data for SQMS measures will be collected by the BLC and therefore would not be publically reported. Chair Boros said that the Department of Public Health (DPH) currently collects SREs data and asked the Committee to consider whether the SQMS should include these measures as well or if this task of reporting on these events could be referred to DPH.

- i. Dr. Madeleine Biondolillo said that DPH receives notification of about 350 SREs in acute care hospitals in Massachusetts per year and these incidents are not evenly distributed among the hospitals. She said that she is very interested in seeing these measures mature, but that administrative simplification is also an important factor to consider. She said that DPH has seen a demand for consolidated oversight of and more dialogue about these types of events. Dr. Biondolillo suggested that the Committee might focus on measures of healthcare associated infections, as these measures are more mature.

1. Chair Boros asked Deb Wachenheim and Jon Hurst to express their views on the reporting of SREs, as they are the two Committee members who represent consumer interests.

- a. Deb Wachenheim said that it is important to make the information accessible to consumers and her organization tries to publicize the DPH reports on SREs. She said that the SQAC can also play a role to ensure the public understands SREs.
- b. Jon Hurst said he agrees with Deb Wachenheim's comments and that DPH's annual reporting on SREs and infections is sufficient; unnecessary reporting or duplicative efforts are not useful.

2. Chair Boros said that he is hearing from the Committee members that SREs is not an area for Committee work in the coming year. He noted that the Committee may wish to do some work in parallel to DPH to promote their reporting of SREs.

- a. Eric Reines, a member of the audience, said that he thought it is helpful for consumers to know the risks of medical care. He mentioned that research indicates that the number of unnecessary tests ordered is a deterrent to physicians seeking medical care for themselves.

- i. Chair Boros acknowledged the comment.

- c. Chair Boros proposed that the Committee discuss resource use and efficiency measures. He said that CHIA reports on Total Health Care Expenditures (THCE), Total Medical Expenses (TME) and other cost measures. He said that CHIA analyzes these metrics in parallel with the SQMS. He asked the Committee if these types of measures are a priority for the SQMS.
 - i. Dr. Michael Sherman said that the discussion should be about value and resource utilization is an important part of value. He said that at Harvard Pilgrim Health Care, tiering is weighted towards resource utilization; the goal is to eliminate low quality providers from higher tiers. Dr. Michael Sherman also noted that consumers perceive high cost to mean high quality and measures of cost and quality can paint a clearer picture of value.
 - ii. Dr. Richard Lopez said that the Committee may decide to identify measures that include both quality and efficiency; for example, imaging studies for low back pain. He said that there is practice variation; wide variation indicates poor quality in that area and usually higher costs.
 - iii. Dianne Anderson said that this discussion is important to hospitals. She agreed that the public perceives higher cost as higher quality, but that the same procedures can be done by lower cost providers with the same outcomes.
 - iv. Dr. Madeleine Biondolillo said that Dr. Amy Boutwell from Harvard School of Public Health has proposed using a composite of measures to capture “value,” including examining the frequency of tests and appointments. She agreed with earlier comments about consumers’ perception that higher cost providers are a higher value. She noted that consumers appreciate care coordination and perhaps the Committee could consider providing insight on the intersection between patient-centeredness and efficiency.
 - v. Iyah Romm said that efficiency measures are important and some measures of cost and resource do not have a quality component; he said he is not sure that this is a body of measures that are missing from the SQMS.
 - vi. Katie Barrett noted that Choosing Wisely is a set of guidelines coming from the medical community about effective use of resources; this program may be a useful tool. She noted that while measures of affordability can be valuable to consumers, TME and other cost data are not particularly useful to consumers.
 - vii. Chair Boros summarized the discussion points from the Committee:
 - 1. CHIA can continue to examine how to meaningfully merge its quality analyses with its cost data and analyses.

2. The SQAC staff will do more research into the measures in the SQMS that capture misuse/overuse of resources and quality of care.
- viii. Iyah Romm said that it will be important to discuss the analytic needs and potential uses of measures as they consider measures for inclusion in the SQMS.
 1. Chair Boros responded that the Committee can advise on analytic questions and reporting.
- d. Chair Boros asked the Committee to consider the value of adding measures of outpatient specialist care.
 - i. Jon Hurst said that this is an important area to examine eventually but wondered if the SQAC had the resources to explore this.
 - ii. Dr. Michael Sherman said specialist measures are valuable but that outpatient specialist care is usually integrated with other care and there is difficulty in disaggregating the data to make it useful.
 - iii. Katie Barrett noted that another difficulty in collecting and analyzing this data is that specialists practice at multiple sites; plans can ask physicians for what site they want their performance to be evaluated, but that is not always sufficient.
- e. Chair Boros asked the Committee if, assuming they could address these challenges, if this is an area the Committee would like to explore.
 - i. Dr. Michael Sherman said yes, that each health plan measures specialists differently and there is value in standardization.
 - ii. Dr. Richard Lopez said yes, this is an opportunity to link resource use and efficiency with specialty care. He added that another difficulty with measuring specialist care is that picking one specific measure for a specialty may not be useful.
- f. Chair Boros asked the Committee if they have other items or suggestions for discussion.
- g. Chair Boros proposed the following work for the Committee:
 - i. Review and discuss the SQMS measures for specific populations, beginning first with pediatrics as a straw model.
 - ii. Examine the measures in the SQMS that capture both overuse/unnecessary use of resource and quality. This could potentially lead to the nomination of additional measures of resource use/efficiency.

iii. Begin to investigate measures of care delivered by outpatient specialists; SQAC staff will begin by looking into Choosing Wisely, the measures that may align with the Choosing Wisely guidance, and what data is available to calculate performance on the measures.

1. The Committee agreed with the proposed work.

8.) Chair Boros reviewed the 2014 SQAC meeting calendar. He said that the SQAC will hold 6 bi-monthly meetings in 2014. He noted that the call for proposed measures will occur earlier in the year to allow the SQAC staff more time to do the necessary research. Chair Boros also noted that November 1 is the due date for the SQAC Final Report as mandated by the statute.

The meeting was adjourned at 4:33pm.