Statewide Quality Advisory Committee (SQAC) Meeting



September 22, 2014



Agenda

Welcome and Approve Minutes	9:00
• Review of proposed measures – Tim Prinz, Lewin Group	9:05
• Updates	10:30
 PSI 19 – OB trauma without instrument 	
 Obstetrical Measure Study 	
 DOI Tiering Letter 	
Next Steps	10:50



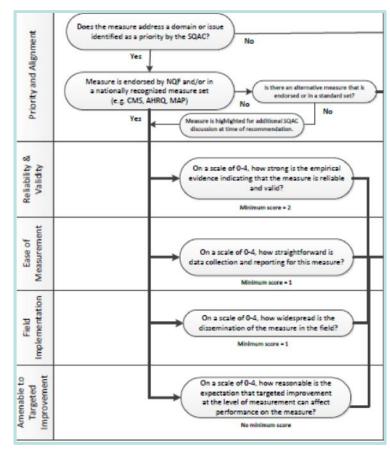
New SQMS Measure Evaluation: Overview

- Reviewed 35 proposed measures, and 10 Leapfrog measures
- Followed SQAC priorities:
 - 1) Behavioral Health 3) End of Life Care
 - 2) Pediatric Care
- 4) Patient-Centered Care
- Built on 2013 work assessing 2012 and 2013 measures



METHOD

- Overall: Search & Research
- Four Dimensions:
 - Ease of Measurement
 - Reliability & Validity
 - Field Implementation
 - Amenable to Targeted Improvement
- Team
 - 4 Reviewers
 - Individual scoring/Team meeting
 - Consensus





Applying the Measure Evaluation Criteria

- Ease of Measurement
 - Collection
 - Reporting
- Reliability & Validity
 - Nature of evidence (mixed/good/strong)
- Field Implementation
 - Evidence of implementation, and how widespread
- Amenable to Targeted Improvement
 - Current use
 - Amenability



Challenging Measures

- Several measures posed challenges:
 - Clinical Survey Questionnaires
 - Leapfrog
 - Hospice Item Set
 - Patient Engagement



Challenges: Clinical Survey Questionnaires

Measure Name	Ease of Measurement	Reliability and Validity	Field Implementation	Amenable to Targeted Improvement	Score	Preliminary Evaluation
Patient Health Questionnaire: the PHQ-9 (NQF 712)	2	3	3	3	2.75	Good
Generalized Anxiety Disorder 7-item (GAD-7)	1	3	2	2	2.0	Good
Columbia Suicide Severity Rating Scale	1	3	2	2	2.0	Good
Alcohol Use Disorder Identification Test (AUDIT)	1	4	3	3	2.75	Good



Challenges: Leapfrog

Measure Name	Ease of Measurement	Reliability and Validity	Field Implementation	Amenable to Targeted Improvement	Score	Preliminary Evaluation
High-risk Newborn Deliveries (PC-03)	2	3	4	3	3	Good
Newborn Bilirubin Screening & DVT Prophylaxis in Women Undergoing Cesarean Section	3	4	2	2	2.75	Good
Incidence of Episiotomy	3	2	4	1	2.5	Good
Aortic Valve Replacement	2	3	1	3	2.25	Good
Pancreatic Resection	3	2	3	2	2.5	Good
Abdominal Aortic Aneurysm Repair	3	1*	0*	1	1.25	Weak
Esophagectomy	3	1*	1	2	1.75	Weak

Challenges: Hospice Item Set

Measure Name	Ease of Measurement	Reliability and Validity	Field Implementation	Amenable to Targeted Improvement	Score	Preliminary Evaluation
HIS: Pain Screening	3	2	3	3	2.75	Good
HIS: Pain Assessment	3	2	1	2	2.0	Good
HIS: Dyspnea Screening	2	2	1	2	1.75	Moderate
HIS: Dyspnea Treatment	2	2	1	2	1.75	Moderate
HIS: Patients Treated with an Opioid who are Given a Bowel Regimen	2	1*	1	2	1.5	Weak



Challenges: Patient Engagement

Measure Name	Ease of Measurement	Reliability and Validity	Field Implementation	Amenable to Targeted Improvement	Score	Preliminary Evaluation
Use and Quality of Shared Decision- Making	1	2	1	2	1.5	Moderate
Active Patient Engagement	0	0*	1	1	0.5	Weak



Recommendations: Behavioral Health

Measure Name	Ease of Measurement	Reliability and Validity	Field Implementation	Amenable to Targeted Improvement	Score	Preliminary Evaluation
Post discharge continuing care plan created	1	2	4	3	2.5	Good
Post discharge continuing care plan transmitted to next level of care provider upon discharge	1	3	4	3	2.75	Good
Maternal Depression Screening	3	2	2	3	2.5	Good



Recommendations: Pediatric Care/Behavioral Health

Measure Name	Ease of Measurement	Reliability and Validity	Field Implementation	Amenable to Targeted Improvement	Score	Preliminary Evaluation
Depression screening by 18 years of age	2	3	2	3	2.5	Good
Diagnosis of ADHD in primary care for school-aged children and adolescents	2	3	1	1	1.75	Moderate
Developmental Screening in first 3 years of life	3	0*	3	3	2.25	Weak



Recommendations: End-of-Life Care/Patient-Centered Care

Measure Name	Ease of Measurement	Reliability and Validity	Field Implementation	Amenable to Targeted Improvement	Score	Preliminary Evaluation
Proportion admitted to hospice for less than 3 days	3	4	4	3	3.5	Strong
Beliefs/Values Addressed (if desired by the patient)	2	3	3	3	2.75	Good
Advance Care Plan	2	2	4	3	2.75	Good
Palliative and End of Life Care: Dyspnea Screening & Management	3	3	3	1	2.5	Good
CARE - Consumer Assessments and Reports of End of Life	1	2	1	3	1.75	Moderate
Family Evaluation of Palliative Care	1	1*	0	0	0. 5	Weak

Recommendations: Other Measures

Measure Name	Ease of Measurement	Reliability and Validity	Field Implementation	Amenable to Targeted Improvement	Score	Preliminary Evaluation
PC-02 Cesarean Section	3	3	4	3	3.25	Strong
Patient Safety Composite	4	3	4	3	3.5	Strong
Pneumonia 30-day mortality rate	3	3	4	3	3.25	Strong
Heart failure 30- day mortality rate	3	3	4	3	3.25	Strong
AMI 30-day mortality rate	3	3	4	3	3.25	Strong
Hospital-onset methicillin resistant staphylococcus bacteremia aureus (MRSA)	4	3	3	3	3.25	Strong



Recommendations: Other Measures (cont'd)

Measure Name	Ease of Measurement	Reliability and Validity	Field Implementation	Amenable to Targeted Improvement	Score	Preliminary Evaluation
Central-Line Associated Bloodstream Infection	2	3	4	3	3	Good
Hospital-onset <i>C.</i> difficile	2	3	4	3	3	Good
Catheter- Associated Urinary Tract Infections	2	2	4	3	2.75	Good
SSI Surgical Site Infection: SSI colon, SSI- abdominal hysterectomy	2	2	4	2	2.5	Good



PSI 19 – Obstetric Trauma w/o Instrument

- Issue Summary
- CHIA Process
- Recommendation



SQAC 2014 Agenda

Annual Recommendation due Nov 1

#1 February 10 #2 April 14 #3 June 16 #4 September 22

TODAY

#6 October 20 #7 December 15

- Hospital measures for public reporting
- Straw model for SQMS by population
- HPC Update on PCMH/ACO certification
- SQMS for behavioral health
- Provider tiering using SQMS
- Discuss measures for end-of-life care
- Determine which of the proposed measures to assess

Review preliminary assessments of proposed measures

Review and approve final report and recommendation

Review priorities for 2015



Solicitation of Nominations for Proposed SQMS Measures

Next meeting

Monday, October 203:00-5:00 p.m.2 Boylston Street, 5th Floor

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