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Massachusetts Statewide Quality Advisory Committee

Stakeholders' Perspectives on Quality Measurement and Reporting in the Commonwealth

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BACKGROUND

The Massachusetts Statewide Quality Advisory Committee (SQAC) is comprised of a diverse group of health care experts, industry stakeholders, and consumer advocates, and is chaired by the Executive Director of the Center for Health Information and Analysis (CHIA). Established by Chapter 288 of the Acts of 2010, and reestablished by Chapter 224 of the Acts of 2012, *An Act Improving the Quality of Healthcare and Reducing Costs Through Increased Transparency, Efficiency, and Innovation*, the SQAC is tasked with recommending measures annually to CHIA for the Commonwealth's Standard Quality Measure Set (SQMS).

In 2013 and 2014, the SQAC met regularly to discuss measures for and refinements to the SQMS. At the end of the 2014 meeting cycle the SQAC undertook an informal strategic planning process to determine its work for 2015.

Strategic Planning Motivations

Chair Boros and the Committee named four motivations for SQAC strategic planning:

1. The SQAC was heading into its fourth meeting cycle, and each year they undertook the process of evaluating and recommending quality measures for the SQMS. There was interest from the Committee in work beyond updating the SQMS.

2. The language in Chapter 224 is broad about the use of the SQMS. It states that SQMS measures should be used when health plans tier providers based on quality, but this requirement applies to a small portion of health insurance products offered in the state. It also requires CHIA to "uniformly report" on provider performance on SQMS measures. The broad language may provide the SQAC an opportunity to examine other potential uses for the SQMS.

3. The SQAC devoted time in 2014 to examining the SQMS use requirements in Chapter 224. CHIA sought the SQAC's input while preparing recommendations to the Division of Insurance (DOI) regarding the quality component of provider-tiering requirements. The SQAC also advised CHIA on its plans to report provider performance on SQMS measures. The Committee expressed an interest in staying engaged on these topics as needed but the initial work related to SQMS requirements has been completed.

4. Interest was expressed in making the most of the SQAC's potential as an advisory body. In a variety of forums, including the Health Policy Commission's annual Cost Trends hearings, stakeholders continually cite the potential of the SQAC – because of its diverse perspectives on the health care system and their expertise – to advise CHIA and other state agencies on quality related topics as needed.

Gathering Stakeholder Insights

In light of the interests outlined above, the Committee's first step of strategic planning, was to convene three ninety-minute roundtable discussions, with participants organized by the sector of the health system they represent: purchasers, employers and consumer advocates; health plans; and providers. Chair Boros facilitated the roundtable discussions and, together with CHIA staff, met one-on-one with individuals who were unable to attend these meetings and facilitated a similar discussion at the Massachusetts Association of Health Plans' Medical Directors' meeting in January 2015. Through these discussions, insights and feedback were gathered from a wide range of stakeholders.

The purpose of the meetings was to better understand stakeholders' perspectives on what state government can and should do with regards to quality measurement and reporting. The following questions were asked:

1. What is the one thing you would like to see government agencies in Massachusetts do with respect to quality measurement and reporting?

2. How can the state support quality measurement and reporting in Massachusetts? More specifically, how can the Commonwealth's transparency, information, and regulatory agencies (CHIA, Department of Public Health, Health Policy Commission and DOI) support your quality related work?

3. In what ways can/does a standard quality measure set help your organization?

4. How can reporting on provider quality performance be most useful to Massachusetts' health care stakeholders?

5. Is there work that your organization spends a lot of time on that the state could do for organizations like yours?

It was anticipated that the discussions and input received would vary across stakeholder groups and reflect the diversity of interests in health care; as a result, the goal was not to achieve consensus on any one topic or recommendation, but to give stakeholders an opportunity to describe specific projects, products, or actions that state agencies and the SQAC can take on to support the health care quality activities underway in the Commonwealth.

STAKEHOLDER FEEDBACK

Across all meetings, stakeholders consistently voiced an interest in CHIA and state agencies taking the following actions:

- Standardize and align quality measures used in Massachusetts
- Set statewide health and quality priorities
- Provide more outcomes measures and data
- Make current and relevant data available more frequently

- Use quality measures and data to support purchaser and consumer decision-making

Standardize and Align Quality Measures

Providers and payers see value in greater standardization and alignment in the quality measures used by various programs in the state.

Comments related to standardization and alignment fell into two categories:

(1) An interest in ***uniform measure specifications*** to be used by every program or organization that uses a specific quality measure for any purpose. Health care providers, in particular, expressed that standard specifications should be required, because standardization would make performance data more meaningful and actionable in their quality improvement efforts. Additionally, standard specifications would reduce the need for providers to report different data elements for the same measures to different payers.

Health plan representatives expressed a preference for standard specifications to be made available and for their use to be strongly encouraged but not required by regulation. They said that flexibility allows their organizations to address specific member populations and to foster creativity and innovation in quality measurement.

Employers, purchasers, and consumer advocates expressed the view that for quality data to be meaningful for decision-making, it should enable patients and consumers to make "apples to apples" comparisons. For example, when two health plans use quality measures for tiering differently, Provider A could be in Tier 1 for one plan and Tier 2 for another plan, complicating decision-making considerations about value.

(2) An interest in ***standardizing the specific measures*** used for the same purpose across programs and organizations. Providers, purchasers, and consumers advocated for health plans to use a standard set of measures for provider-tiering and for a single source of performance data to support consumer decision-making. Providers expressed that a single set of measures for which they must submit data to health plans and/or the state would reduce their reporting burden.

Some went further and suggested that if all the payers used the same quality measures, providers would have more incentive to provide the data. Similarly, payers encouraged greater coordination and collaboration between state agencies that use quality measures, the Group Insurance Commission (GIC) and MassHealth in particular, to identify and eliminate duplicative, overlapping or conflicting measures. Overall, stakeholders commented that aligning measures would simplify the measurement and reporting process, give more focus to quality improvement work, and provide a more meaningful framework for provider quality data.

Set Statewide Health and Quality Priorities

Participants in each meeting mentioned the need for statewide health and quality priorities with corresponding quality measures. Many stakeholders shared the view that making targeted improvements on every measure in the current SQMS is an overwhelming task. For health plan

representatives and providers, the value of statewide priorities is a focus on which measures to monitor and where to encourage improvement. Health plan representatives, in particular, expressed the view that the SQAC and state agencies are well-positioned to set health and quality priorities, select appropriate measures that match these priorities, and use those measures to monitor progress in priority areas.

Stakeholders consistently emphasized that priority areas should be matched with specific measures, and that those measures should in turn have specific goals based on the most current clinical guidelines. Among providers, there was a particularly interesting conversation about the potential to improve health outcomes in the state by setting both health care priorities and priorities related to social determinants of health, such as literacy, access to care, and socioeconomic status.

Provide More Outcomes Measures and Data

Participants in each discussion voiced the need to measure health care outcomes, but acknowledged the lack of readily available metrics. Health plans and providers cited the need for measures that show change over time and better distinguish providers' performance. Providers said they would rely on outcomes data to monitor the progress of their quality improvement initiatives. Consumer and commercial purchaser groups were very vocal about the need for measures that will allow individuals to compare physicians, hospitals, and provider organizations in a meaningful way. They stressed that patient-reported outcomes will be essential to support consumer-decision making once the data is available.

There was agreement that the SQAC should recommend more outcomes measures and more actionable measures, in general. Stakeholders expressed that state agencies could make the outcomes data they currently collect, such as vital statistics, more available and to broader audiences, including consumers and patients. Some participants also expressed that a long-term goal for the state should be to create a standard set of outcome measures within the SQMS.

Make Relevant and Timely Quality Data Available

Stakeholders suggested that the state could provide more timely data and report performance more frequently. Providers, in particular, were interested in receiving quality data and reports more often in order to monitor the success of quality improvement efforts.

Several stakeholders suggested that, while claims data are an important part of quality measurement, more clinical data is needed to fully measure quality. Given the availability of electronic health records (EHRs), the state may be able to capture richer data electronically. One suggestion was for the state to help establish a standard template for transmitting clinical data electronically, across the many EHR platforms operating in the state. This would help reduce the need for custom reporting to individual organizations.

Another significant need expressed was for behavioral health data, especially outcomes, which is largely unavailable. Participants in all roundtables mentioned the need for more data that reflects patient engagement, patient-centered care, and care coordination.

Support Purchaser and Consumer Decision-Making

Health plans, purchasers, and consumer advocates expressed that state agencies and the SQAC could have a role in supporting purchasers and consumers in selecting providers. In particular, stakeholders would like the state to publish data about the relative value of certain services and providers, complementing quality performance data with cost information. The state could also support consumers and patients by providing physician-level performance data, particularly on "shoppable conditions" (e.g., maternity care, joint replacements), and by providing educational materials to better inform consumers and patients about quality and the metrics used to assess provider quality. Further, members of the purchasers' roundtable voiced that when these data are available, they should be produced and made public by the state, over commercial vendors, because of its objective role in the health system.

However, other participants expressed that measures in the SQMS are not well-suited to consumer decision-making and that, in general, existing quality measures are not relevant and useful to patients and consumers. Consumer advocates stated that the information that is most helpful to patients and their families – provider office hours, available social supports, translation services, and health plan information like level of cost sharing – are not captured by quality measures. Further, some stakeholders said the state should not provide more information and data to consumers, as it is unclear if and how consumers are using the data and decision-making tools currently available to them.

NEXT STEPS

In February, CHIA staff summarized the findings described in this document for the SQAC. In light of the quality-related needs and interested expressed by stakeholders, Chair Boros facilitated a discussion of how the SQAC would like to prioritize their work in 2015.

Based on interview findings, there is general agreement that the Committee should establish statewide quality priorities and set related performance goals. To set the stage, the SQAC determined it would need to define the process around setting priorities and goals.

Based on the Committee's response, CHIA issued a request for quotes to find a qualified consultant to develop and implement a rigorous and thoughtful process for setting statewide quality priorities and goals. The health care quality priority areas will inform the SQAC's discussions and deliberations on specific quality measures and, ultimately, provide a framework for the SQAC's recommendation of measures for the SQMS in 2015.

In the coming months, the SQAC will continue to seek input from payers, providers, consumer advocates, purchasers, and state agencies, as they consider the priority areas, quality measures, and performance benchmarks that may focus quality improvement in the Commonwealth.

Appendix A: Meeting Participants

We would like to thank the following participants for their contributions to the discussions.

Dianne Anderson, President and Chief Executive Officer, Lawrence General Hospital

Ana Berridge, Manager of Quality Improvement Operations, BMC HealthNet

Lisa Feingold, Vice President of Clinical Informatics, BMC HealthNet

James Feldman, MD, Chair of Committee on Quality Medical Practice, Massachusetts Medical Society

John Guppy, Assistant Budget Director, Group Insurance Commission

Jon Hurst, President, Retailers Association of Massachusetts

Paul Kasuba, MD, Tufts Health Plan, Senior Vice President and Chief Medical Officer

Elaine Kirshenbaum, Vice President for Policy, Planning and Member Services, Massachusetts Medical Society

Ann Chamberlin LaBelle, Health Policy Analyst, Massachusetts Association of Health Plans

Ann Lawthers, Director for Quality for MassHealth in the Office of Clinical Affairs

Elizabeth Leahy, Research Analyst, Massachusetts Association of Health Plans

Eric Linzer, Senior Vice President for Public Affairs and Operations, Massachusetts Association of Health Plans

Richard Lopez, MD, Chief Medical Officers, Harvard Vanguard/Atrius Health

Dolores Mitchell, Commissioner, Group Insurance Commission

Catherine Moore, Budget and Research Director, Group Insurance Commission

Brian Rosman, Research Director, Health Care for All

Nancy Ryan, Staff Attorney for Commercial Insurance Appeals Program, Health Law Advocates

Dana Safran, Senior Vice President for Performance Measurement and Improvement, Blue Cross Blue Shield of Massachusetts

Matt Selig, Executive Director, Health Law Advocates

Christina Severin, President and Chief Executive Officer, Beth Israel Deaconess Care Organization

Michael Sherman,MD, Senior Vice President and Chief Medical Officer, Harvard Pilgrim Health Care

Robert Sorrenti, MD, Vice President and Chief Medical Officer, UniCare

Barbara Spivak, MD, President, Mount Auburn Cambridge Independent Practice Association

Delia Vetter, Senior Director of Benefits and Programs, EMC Corporation

Amy Whitcomb Slemmer, Executive Director, Health Care for All

Mark Wolin, Program Manager, Group Insurance Commission