Statewide Quality Advisory Committee

Quality Priorities

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September 21, 2015

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Agenda

- Welcome and Business Items   3:00 – 3:05

- MHA-MAHP Proposed Tiering Measures 3:05 – 3:35

- Measure Evaluations   3:35 – 3:45

- Finalization of Quality Priority Selections 3:45 – 4:45

- Other/Next Steps   4:45 – 5:00

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Measure Evaluations

- **Measures reviewed using SQMS evaluation criteria**

- **Suitability for tiering not assessed**
  - Performance variance
  - Room for improvement
  - Relevance for all payers

- **Results**
  - All measures met threshold for "strong recommendation"

- **Considerations**
  - Readmissions amenability to improvement (condition-specific v. system-wide)
  - NQF endorsement retraction
  - CMS will make some measures voluntary (FY16 Final Rule); or retire them

Finalization of

QUALITY PRIORITY SELECTIONS

Appropriateness of Facility-Based Care (1 of 2)

- **Description:**
  - A significant percent of health care spend is considered wasteful; in recent years there has been a concerted effort to reduce unnecessary use of facilities, particularly in the areas of readmissions and preventable hospitalizations, whether from the community or skilled nursing facilities.

- **Why highlight:**
  - Continued opportunity for improvement
  - Requires coordinated and collaborative community effort
  - Avoidable admissions and readmissions are expensive, disruptive and disorienting
    - Particularly true for frail elders and persons with disabilities

- **How to improve quality:**
  - Improved discharge planning and follow-up care
  - Involvement of the PCP
  - Improved patient activation and self-care management
  - Improved care coordination

- **Other key factors:**
  - Significant quality measurement underway by CHIA and others
  - Potential to close gaps in disparities
  - Significant state work underway; will boost current efforts

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- **Description:**
  - Emerging focus on support and medical care given to patients during the time surrounding death.
  - Includes decisions about medical treatments, hospitalizations, admissions to skilled nursing facilities, palliative care and hospice as well as patient and family decision making.

- **Why highlight:**
  - Significant variation in the amount and cost of intervention near the end of a patient's life.
  - Interventions often do little if anything to improve a patient's chance for sustained improvement.
  - Increased focus on end of life care can improve quality and patient experience.

- **How to improve quality:**

  – Increased counseling and shared decision-making

  – Honest conversation about chance for improvement and harm of treatment

- **Other key factors:**

  – Existing quality measures in SQMS

Maternity Care (1 of 2)

- **Description:**
  - Care provided to an individual while pregnant, during delivery and at follow-up post-birth

- **Why highlight?**
  - High cost service area that impacts almost everyone
  - Opportunities for improvement
  - Area where patients are more willing to proactively choose provider

Maternity Care (2 of 2)

- **How to improve quality:**
  - Reduction of C-section rates
  - Increased rate of women having a vaginal birth after cesarean (VBAC)
  - Reduced provider variation, through increased use of best practices.

- **Other key factors:**
  - Significant quality measurement
  - CHIA already working in this area

Opioid Use (1 of 2)

- **Description:**
  - Opioid epidemic in Commonwealth and across country
  - Increased rates of use, overdoses and overdose deaths
- **Why highlight?**
  - Reinforce work of Administration and others to combat epidemic.
  - Significant work to identify and implement ways to improve access to substance use treatment services, including provision of additional funding to support prevention, intervention, treatment and recovery.
  - Support implementation efforts by measuring progress.

Opioid Use (2 of 2)

- **How to improve quality:**
  - Improve access to and pricing of Naloxone (Narcan)
  - Improve compliance with the Prescription Monitoring Program (PMP)
  - Improve understanding of access to the behavioral health system
  - Improve access to treatment services through mandates on commercial insurers to cover services without prior authorization
  - Improve access to medication assisted treatment (MAT)
  - Improve access to services covered through the Department of Public Health's Bureau of Substance Abuse Services (BSAS), including residential recovery homes and recovery support centers

- **Other key factors:**
  - Measurement of success is difficult; relapse is an expected and common part of the recovery process

Integration of Behavioral Health and Primary Care (1 of 2)

- **Description:**
  - Integration of behavioral health with primary care allows for an individual to receive integrated care of all conditions within a primary care practice that is supported by behavioral health clinicians.

- **Why highlight?**
  - Improved integration is a key focus of delivery system reform, particularly for Medicaid.
  - Focus on whole person, not conditions based on how health care system is organized.

Integration of Behavioral Health and Primary Care (2 of 2)

- **How to improve quality:**
  - Improved access to behavioral health services
    - May lead to earlier detection and/or intervention of behavioral health issues
  - Treating behavioral health issues concurrently with medical issues, such as diabetes, may also lead to improvements in those conditions

- **Other key factors:**
  - Quality measurement for integration is in progress
  - Focus on whole person may help reduce disparities; improve patient activation and ease care coordination
  - Significant statewide activity to promote integration

Questions for Group Discussion

- **Priority Selection**
  - Are you comfortable with these topic areas?
    - Should they all be included as priorities?
    - Can we narrow any of them?
    - How can the SQAC prioritize these topics over the three year period?
  - How frequently should the SQAC review these priorities?
  - What can SQAC do to advance these quality priority topics?

Next Steps

- **Monday, October 19:**
  - Wrap up of Quality Priorities Selection and Discussion of Implementation Plan