

Statewide Quality Advisory Committee (SQAC) Meeting

Monday, February 24, 2014

3:00pm – 5:00pm

MEETING MINUTES

Location:

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

Chair: Áron Boros

Committee Attendees: Dianne Anderson, James Feldman, Jon Hurst, Ann Lawthers, Richard Lopez, Dana Safran, Amy Whitcomb Slemmer, Michael Sherman, Iyah Romm

Committee Members Attending by Phone: Dolores Mitchell

Other Attendees: Kristina Philipson (CHIA)

1. Chair Boros opened the meeting and reviewed the agenda. He said the purpose of the meeting was to review the findings from the quality round-table discussions that he had SQAC staff held in December and January, and determine how the SQAC should move forward. He said that he had suggested the SQAC conduct these discussions for four reasons: 1) Chapter 224 is vague about how the SQMS should be used and there may be opportunities to do more with the standard set; 2) to understand how the SQAC can make the most of their mandate, based on feedback at the Cost Trends Hearing and other occasions about the potential for the SQAC to provide leadership on quality; 3) an interest among the SQAC in engaging more in work related to the implementation of the SQMS; and 4) the SQAC has settled on the business of managing the SQMS and can take on new challenges.
2. Chair Boros asked for a motion to approve the minutes from the October 20, 2014 minutes. Minutes were unanimously approved.
3. Kristina Philipson said that SQAC staff had conducted discussions with three major stakeholder groups: providers; purchasers (employers and consumer advocates); and health plans. These stakeholder groups were asked what the state could do to support them in quality measurement and reporting. She highlighted 5 key themes in the roundtables: 1) a need for standardization and alignment of quality measures, including publishing uniform measure specifications and identifying one measure set for tiering; 2) statewide priorities and performance goals would focus providers' quality improvement efforts; 3) more outcomes measures are needed; 4) more frequent report of quality data would be helpful; and 5) consumers need more information and quality data to support decision-making, including physician-level data. She said that stakeholders, especially consumers, view the state as a

dispassionate and balanced source of information. She said that consumers want meaningful and fair quality data, and also want to see it paired with cost data.

- a. Dana Safran said that health care cost data is not relevant to consumers; out-of-pocket cost are what they need to know. She said that consumers may see that a provider is expensive, but costs the same to them, and assume that this means better quality at the same price.
 - i. Chair Boros said that the feedback was related to combining cost and quality data together, as current website and products focus on cost data. He said that the best way to present cost and quality data together for consumers is unresolved.
 - b. Dolores Mitchell said that all plans have set up websites to provide information to beneficiaries. She asked whether resources would be best spent pushing web developers to grow this data, rather than CHIA providing it directly.
 - i. Chair Boros said that he hoped to have a discussion about how to focus the SQAC's efforts.
4. Chair Boros identified the core SQAC work as the continued stewardship of the SQMS. He said that CHIA will continue to use the SQMS to measure quality for specific subgroups, including pediatric care and behavioral health care, and that the SQAC would continue to review and advise on specialty measures. He said that SQAC staff synthesized stakeholder feedback and identified opportunities for the SQAC to expand beyond its core work. He said that the SQAC could lead the development of statewide priorities for quality improvement. He outlined a five-step approach to develop health care quality priorities:
- a. define the priorities – areas that are broad enough to allow people to organize around related efforts, but narrow enough to provide focus for meaningful improvement;
 - b. set quality goals for these priorities, such as provider improvement, helping patient decision-making, or simplification;
 - c. identify appropriate measures that align with the quality goals;
 - d. set a performance benchmark for each measure; and
 - e. advise CHIA and other agencies on how to monitor performance changes.
5. Chair Boros said that this approach will also provide a venue to sandbox measures that may be meaningful for a targeted priority area, but might not otherwise make it into the SQMS because they haven't yet been rigorously evaluated. He said that the approach would also allow the SQAC test new ways of working with stakeholders.

- a. Michael Sherman said that the description of the approach was very general the SQAC may want to specifically frame priorities in order to evaluate this approach, because.
- b. James Feldman said that the conceptual structure makes sense, but the details will be difficult because many areas of potential focus do not have corresponding quality measures that are meaningful. He said end-of-life care was one such area where the barriers to measurement are a large obstacle, even though it is an important area to measure.
- c. Chair Boros said that the outlined approach is intended to narrow the SQAC's focus.
 - i. Kristina Philipson added that this approach would allow the SQAC to try to measurably improve a specific area of care over time, such as reducing the incidence of diabetes.
 - ii. Richard Lopez said that picking a specific area would also shed light on that health or quality issue for the legislature and the public. He said that the SQAC tends to leave good measures out of the SQMS because they have not been tested, with this approach, those measures might play a role in this more targeted work.
- d. Ann Lawthers said that the proposed approach seems like a blank slate. She asked who would use the results of the proposed 5 steps, and how the results would be used. She said that one set of priorities could be around the population, or another could be about care delivery.
- e. Dolores Mitchell said that while the SQAC may agree on what ought to happen, the approach may be taking the SQAC's reach for granted. She said that the SQAC has no information about how the SQMS measures are used. She asked if staff could canvas hospitals and physician groups to find out what they do with the measures.
- f. Iyah Romm said that the SQAC should not add noise to an already complicated conversation. He said that there is fragmentation across government agencies with regards to quality measures and it may be worth taking a step back to develop a unified quality strategy for the state before picking a specific target for improvement.
- g. Michael Sherman said that the proposed approach is very broad and that his sense is that the SQAC wants to have an impact. He said that the SQAC should have a hypothesis for improving quality and then have a targeted focus on answering that question.
 - i. Iyah Romm said that the first step in this should be to figure out what the quality improvement needs are, not immediately pick a set of measures.

1. Amy Whitcomb Slemmer said that she could support a unified quality strategy, but still would like to focus on specific areas of care that matter to consumers. She expressed worry that focusing on a unified quality strategy would delay work on improving quality.
 2. Chair Boros said that these could be viewed as two phases in the same process: a first phase where the SQAC tries to understand a general strategy while being agnostic towards specific priorities, and a second phase of identifying priorities and measuring quality improvement.
 3. Iyah Romm said that “moving the needle” in one space doesn’t affect the entire system. He said that SQAC discussions about a unified quality strategy should take a couple months but not go on indefinitely.
 4. Ann Lawthers said that building a strategy would ultimately help the SQAC focus on specific problems.
 5. Dana Safran said that priorities should be limited to what the SQMS identify as problems. She said that the SQAC should look to the data that has already been compiled when making decisions.
 - a. Chair Boros said that currently CHIA can only calculate values for roughly one-third of the SQMS. While this number will increase with the APCD, there are many SQMS measures for which there is no reporting timeline because of data restrictions. He expressed an understanding of the importance of using data to guide decisions, but also awareness that the data was incomplete.
- h. Dianne Anderson said that she would like to see the SQAC have a more tangible effect on care implementation.
 - i. Ann Lawthers suggested using the Triple Aim as a base for a unified quality strategy, focusing on pain points for Massachusetts.
 - i. Iyah Romm reiterated the breadth of misalignment in quality measurement across the state.
 1. Dianne Anderson said that many states have a more uniform focus and that their approaches have led to significant improvements.
 2. Chair Boros suggested that SQAC staff could reach out to stakeholders to get their perspectives on the appropriate priorities and asked what this conversation should look like.

- a. Iyah Romm said that the SQAC could pick a specific segment for focus, such as Alternative Payment Models or Value-Based Purchasing.
- 3. Dana Safran said that the SQAC should be careful when thinking about what alignment could achieve. She said that even though the intent of the SQMS was to standardize and align measures for tiering, everyone uses different targets, and even if targets were aligned, individual contracts have key differences. She said that a core measure set has been important, but that there are so many gaps in the set that all providers and agencies should not be moving in lock-step.
 - a. Chair Boros said that alignment has seemed promising but has proved elusive. He said that perhaps the SQAC can identify consensus areas for quality improvement.
 - b. Kristina Philipson said that stakeholders expressed a desire for the SQAC to reduce the number of measures.
 - i. Dana Safran asked whether the SQAC is the correct body to focus on reducing the number of measures. She said that CMS is largely responsible for the proliferation of measures and reducing measures in the SQMS will not improve this significantly.
 - ii. Dolores Mitchell said that she is less concerned with the proliferation of measures than understanding and improving delivery systems and understanding how providers are actually scoring on the measures.
- j. Chair Boros asked whether SQAC staff should survey organizations to find out their quality improvement goals.
 - i. Dana Safran, Iyah Romm, and Dolores Mitchell said yes. Dana Safran said that the suggested goals across organizations may not harmonize.
 - ii. Dolores Mitchell suggested instead asking how organizations are using SQMS measures.
 - iii. Michael Sherman said that Harvard Pilgrim is looking at the effectiveness of disease management programs. He said that provider entities are increasingly taking on disease management and Harvard Pilgrim is trying to identify how to measure this area as expectations shift.

- iv. Amy Whitcomb Slemmer said that she worries about missing the opportunity to test innovative measures and make an impact on quality improvement.
 - 1. Chair Boros said that innovative measures may be a way to address specific priorities, such as a plan trying to get patients more involved in their care.
 - k. Dana Safran said that taking on a small area, such as maternity care, may give the SQAC a small win. She said that a valuable question to stakeholders would be “What do you think is the biggest problem that you think we could solve?”, especially if the problem is focused on a specific population.
 - i. Chair Boros said that staff could draft a survey to stakeholders about quality priorities and the results of the survey could guide future conversation.
 - ii. Chair Boros said that he and staff would be in touch about next steps.
6. The meeting adjourned.