

Statewide Quality Advisory Committee (SQAC) Meeting

Bailit Health Purchasing

May 18, 2015

bailit
health

Agenda

- Welcome and approve minutes 3:00 – 3:15
- OB Measures Review 3:15 – 3:45
- Priority Setting Project Overview 3:45 – 4:00
- Proposed Focus, Approach & Criteria 4:00 – 4:45
- Next Steps 4:45 – 5:00

OB Measures for SQMS

Question: Should we add specialty measures to SQMS?

Obstetrics as Pilot:

- Providers have shown ability to improve quality in a focused area (EEDs)
- Measures can support consumer decision-making in addition to policymaking, quality improvement

Approach:

- Researched obstetrical + neonatal care measures not in SQMS
- Conducted outreach and conducted key informant interviews (14, plus ACOG-MA group)
- Collected information on measures used and perceptions on appropriate uses of measures
- Synthesized findings

Key Informant Interview Findings

- **Primary measure uses:** Quality improvement and public reporting were cited more than incentives and tiering
- **Measure selection criteria:** required reporting; MassHealth examines volume and cost to target measure areas
- **Data sources:** primarily medical records, administrative claims data
- **Measurement gaps:**
 - Maternal and neonatal outcomes
 - Maternal experience
 - Post partum morbidity
 - Substance addicted newborns
 - Fertility treatment outcomes
 - Successful transitions
 - Evidence-based processes (e.g. admission before 4cm dilated)

Key Informant Interview Findings

OB Measures for SQMS: Desirability and Feasibility

Principal quality concerns

- C-sections
- VBACs
- Early inductions
- Breastfeeding support
- Accountability gaps
- Antenatal steroid use
- Patient experience
- Fertility treatment outcomes
- Over-medicalization of childbirth
- Practice variation

Measurement challenges

- Data availability
- Attribution
- Coding accuracy
- Complex measure specifications

OB Measures for SQMS

- **Conclusions**
 - Specialty measurement is feasible; not at individual practitioner level
 - Engagement of specialty society ideal
 - Needs:
 - Provider ability to influence results
 - Data credibility
 - Defined level of reporting
- **Next steps**
 - Prepare brief
 - Revisit in context of new SQMS priorities

Opportunity for SQAC to Define Quality Priorities

- SQAC statute directs development of Standard Quality Measure Set (SQMS)
 - Requires CHIA to report on those measures
 - Requires DOI to use the SQMS in regulating health plans
- Need for priority alignment in health care quality improvement initiatives in Commonwealth
 - Leadership role for SQAC in defining those priorities
- Goal: develop a small number of statewide quality priorities that can be acted upon by a variety of stakeholders

Process for Setting Quality Priorities

- Proposed criteria
- Research and stakeholder interviews
- Proposed priorities
- Ongoing review

Timeframe

Meeting Date	Discussion Topic
5/18	Define criteria; finalize stakeholder interviewees
6/22	Review findings from interviews and research
7/27	Discuss proposed priorities
9/18	Finalize priority selections
10/19	Final recommendations and implementation steps

Identifying Priorities

FRAMING THE CONVERSATION

Institute Of Medicine Report - Vital Signs: Core Metrics for Health and Health Care Progress

- IOM Report Vital Signs: Core Metrics for Health and Health Care Progress (issued May 2015)
- Proposes a basic minimum slate of measures for accessing and monitoring progress in the state of the nation's health
- The committee identified a set of 15 core measures that together constitute the most vital signs for the nation's health and health care:
 - life expectancy,
 - well-being,
 - overweight and obesity,
 - addictive behavior,
 - unintended pregnancy,
 - healthy communities,
 - preventive services,
 - care access,
 - patient safety,
 - evidence-based care,
 - care match with patient goals,
 - personal spending burden,
 - population spending burden,
 - individual engagement,
 - and community engagement

Institute Of Medicine Report - Vital Signs: Core Metrics for Health and Health Care Progress (Continued)

- The committee also identified 32 related priority measures which provide additional context to this core measure set for those interested in specific areas.

Experiences Nationally and in Other States (Buying Value, WA, ME, OR, CO)

- Development of a core measure set for Washington
 - Required by statute to:
 - inform public and private health care purchasers, and
 - enable identification of goals to track costs and improve health care outcomes.
- Prioritized the following:
 - Alignment with initiatives going on in the state
 - Areas of improvement, where the state is below national/regional averages
 - Or, where significant improvement can occur even if above those levels

Identifying Priorities

FOCUS, APPROACH AND CRITERIA

Confirm Focus of Priority Setting

- The SQAC is looking to set priorities for
 - Quality Improvements
 - Within the Health Care delivery system
 - Not bound by what is in current SQMS
- Proposed Approach
 - Identify 8-10 narrow priorities (e.g., improved birth outcomes)
 - Prioritize 2-3 to be implemented annually over a 3 year period
 - Alternatively can identify 2-4 broader priorities (e.g., diabetes; substance use)
 - Focus on these within three years

Proposed Criteria to Consider

- Area where quality of care and health outcomes could be measurably improved in the Commonwealth
- Aligned with priorities of other stakeholders including:
 - State Purchasers (Medicaid and GIC)
 - Other state agencies
 - Providers
 - Commercial insurers
 - National initiatives
- Area where quality measurement is feasible by CHIA or by other entities
- Areas that either are broad enough that they impact all citizens, or a mix of narrowly focused priorities that together impact all citizens

Identifying Priorities

NEXT STEPS: INTERVIEWING STAKEHOLDERS

Proposed Scope of Interview Questions for Stakeholders

- The SQAC has developed a proposed set of criteria for selecting priorities. How does this compare to the criteria you use in selecting priority areas for health care improvement?
- What are your three biggest priority areas for health care quality improvement?
- What areas would you like to be a greater focus for health care quality improvement
- What areas would you like to see greater quality measure reporting on?

Conducting Interviews

Proposed Interviewees

Health Plans

Medical Providers

Behavioral Health Providers

Hospitals

Children

Elders

State agencies

Quality organizations

Next Steps

- **Criteria:**
 - Bailit will circulate criteria for setting priorities based on discussion
- **Interviews:**
 - Bailit will finalize interview questions and list of interviewees and conduct interviews
- **Research:**
 - Bailit will research priority setting approaches in other states