

Statewide Quality Advisory Committee (SQAC) Meeting  
Thursday, April 12, 2012  
Meeting Minutes

Location

Division of Health Care Finance and Policy  
2 Boylston Street, 5<sup>th</sup> Floor  
Boston

**Co-Chairs:** John Auerbach (DPH) and Áron Boros (DHCFP)

**Committee attendees:** Dianne Anderson, Dr. James Feldman, Amy Whitcomb Slemmer, Ann Lawthers for Dr. Julian Harris, Catherine Moore for Dolores Mitchell, Jon Hurst, Dana Gelb Safran, Richard Lopez

**Other attendees:** Kevin Beagan (Division of Insurance), Dr. Amy E. Boutwell (expert presenter) and Dr. John Freedman

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1. Approval of Minutes of March 30, 2012
  - Co-Chair Boros announced that the SQAC will vote on the minutes for two meetings (March 30<sup>th</sup> and April 12<sup>th</sup>) meeting at the next scheduled SQAC meeting on May 18, 2012.
2. Presentation from the Division of Insurance (DOI)
  - The Co-Chairs introduced Kevin Beagan from the Division of Insurance to give a presentation on MGL Ch. 288, Sec. 33.
  - Kevin gave a presentation on how the Standard Quality Measure Set (SQMS) will be used by insurance companies for tiered network products. Kevin mentioned specifically that this consideration only applies to the individual and “small group” plans (plans that cover 1 to 50 eligible employees). Under section 32 of Chapter 288 of the Acts of 2010, insurance companies participating in the merged small group/nongroup market must offer small group employers a tiered or reduced network product that is at least 12% cheaper than full network products. Section 33 of Chapter 288 of the Acts of 2010 became effective on January 1, 2012 which made a change to what was enacted under section 32A to require that carriers use standard data when developing so-called tiered products.
    - Tiered network products allow for the consumer to have access to all providers in the network but the consumer will pay higher co-pays based on the tiers. Carriers will maintain their independence in determining their own formula for tiering providers based on cost and quality, however they will be limited to using Relative Price (RP) and Total Medical Expenses (TME) as inputs in their

cost determinants and the SQMS as their quality determinants. The weights they put on each and how they construct that formula will be up to them.

- Although carriers could develop tiered products for large employers (51+ eligible employees) that use different tiering rules, it is unlikely that carriers will design separate tiering methodology for products targeted to the larger markets. There is no law, however, requiring that they use the same tiering methodology.
- Medicaid and Medicare markets are not under DOI's purview. Self-insured groups are also not included in the tiering regulation law.
- DOI is very concerned about giving consumers all of the appropriate information related to all health insurance products so that consumers can make informed choices when they purchase a health plan. DOI may require that health insurance carriers use SQMS when determining tiers but that the DOI does not have the authority to mandate how carriers use SQMS when determining the tier of a provider.
- A Committee member (Jon Hurst) raised concerns that DOI regulations would defeat the purpose of cost containment intended by Ch. 288 if SQMS led to cost measures being underweighted in tiering methodologies.
  - Kevin responded and said that the SQMS may not change the tiers but the SQMS will be a mechanism by which all health plans will evaluate quality on a more standardized basis, as opposed to a completely homegrown approach.
- A Committee member expressed concerns about a carrier changing the tier of a provider in the middle of the year and whether or not the SQMS would change that.
  - Kevin responded and said that consumer disclosure and effective use is a big concern for the DOI and that while the carriers can modify the tiers within a year, the DOI wants to make sure that consumers are aware of the products they are buying.
- Co-Chair Auerbach asked how the carriers could use the SQMS.
  - Kevin explained that there is no assumption that all the carriers will use the SQMS in the same way, the SQMS can be weighed differently from one carrier to another.

- A Committee member asked if carriers are limited using RP, TME and the SQMS to determine cost and asked for the definition of TME.
  - Kevin responded and said that as the carriers make tiering decisions, TME, RP and the SQMS are applicable to the small group and individual insurance products only and not applicable to products for large groups (50+ employees).
  - Co-Chair Boros said that TME and RP analysis will come out of DHCFP and asked Kevin to explain who the regulations will affect.
  - Kevin said that the DOI regulations related to tiered products will affect the markets for individual and small group plans only. Medicaid, Medicare and large group plans are not included in the regulation. This is because the carriers may use different criteria to determine tiers for self-insured and large group products.
- A Committee member asked how this is applied to hospitals and providers.
  - Kevin explained that a carrier's decision to put a provider in Tier A vs. Tier B should be done by using the SQMS.
    - Co-Chair Boros asked for clarification about this point. If hospitals and community health centers are covered under this regulation, do the plans have the flexibility to use all of SQMS, some of SQMS or none of SQMS when it comes to the other providers?
    - Kevin said that plans can develop their own weighting about the use of differing subsets of the SQMS and where the SQMS is not available for certain providers, Ch. 288, Sec. 33 specifically states the SQMS should be used "where applicable."
- A Committee member pointed out that the impact of increased costs is not limited to just the small employers.
  - Co-Chair Auerbach said that it is DPH's perspective that lower cost does not necessarily mean lower quality and that lower quality does not necessarily mean lower cost. Moreover, DPH believes high quality should be expected regardless of price. It is important that weighing of the two factors – cost and quality – is needed and should be central to tiering.
  - Co-Chair Boros thanked Kevin for his presentation and summarized the applicability of the SQMS: by DOI for tiering purposes and by DPH for reporting purposes.

### 3. Changes to Measure Recommendations

- John Freedman pointed out that the SQAC staff considered the feedback by the Committee members from the last meeting about moving some of the mandated measures from the “moderate recommendation” to the “strong recommendation” and that 8 of the 9 measures were moved. One of the measures related to body weight monitoring in schools was not moved due to the considerable difficulty in collecting the necessary data.
- A Committee member moved to adopt the changes and the Committee members voted unanimously in favor of the recommendations.
- The co-chairs noted that there are now between 38 to 46 measures that are “strongly recommended” for the SQMS and that the next few meetings will present an opportunity to add to the SQMS.

#### 4. Presentation and discussion of potential measures of Post-Acute Care

- Dr. Madeline Biondolillo introduced Dr. Amy E. Boutwell.
- Dr. Boutwell started her presentation by giving background on the current state of quality measurement in post-acute care and care transitions. Dr. Boutwell highlighted efforts to decrease avoidable hospital use because the readmission rate is a measurable proxy of the goodness of care transitions. Dr. Boutwell said that the best opportunities for improvement is in the delivery of care and that while none of the current quality measures individually reduce readmission rates, a composite of measures is necessary.
- Dr. Boutwell ‘s recommendations are:
  - Align the SQMS with the national priorities related to care transitions and post-acute care (CMS Community’s Care Transition Programs)
  - Measures that improve information transfer
  - Incorporate the HHCAPS, timeliness and acute hospitalization measures to keep track of emergency room use, skill nursing facilities and long term care facilities.
  - Consideration of quality measures that monitor pressure ulcers as an indicator of nursing facility quality
  - Make DHCFP resources and data available to the provider community.
- Co-Chair Auerbach asked Dr. Boutwell to explain how any of these measures can be used specifically in the hospital and community health care settings.
  - Dr. Boutwell said that there needs to be better education and clarity to patients regarding inpatient and outpatient hospital stays. She also said that the best way to consider these measures is by thinking about whether or not the

provider could have cared for a patient in a different way and if that could have produced a different outcome.

- Dr. Boutwell advised that the committee recommend the UHG 30-day all cause readmission measure be included in the SQMS. One committee member asked why Dr. Boutwell recommended the 30-day all cause readmission measure instead of the NCQA measure. Dr. Boutwell said that it was a matter of personal familiarity, indicating that the specific measure itself is less important than including in the SQMS *a measure* that speaks to hospital readmissions.
  - One committee member asked if those measures were also applicable in younger populations. Dr. Boutwell indicated that they are.
  - Dr. Boutwell indicated that although CTM-3 is an important measure to consider, it is not one of her recommendations at this time.
  - The same committee member also asked for clarification on the NQF-endorsed transition of information measure. To this Dr. Boutwell responded that it is not actually measured currently, but that it is something important for the SQAC to consider in the future. Co-Chair Auerbach said that this kind of guidance is helpful as they are also keeping track of measures that may be valuable outside the scope of the SQMS.
- Co-Chair Boros thanked Dr. Boutwell for her presentation and said that there will be further communication to the SQAC members regarding nominating measures to be included in the SQMS.

Meeting was adjourned.

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Next Meeting:

Friday, May 18, 2012, 10am-12pm

Division of Health Care Finance and Policy

2 Boylston Street, 5<sup>th</sup> Floor

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