

Statewide Quality Advisory Committee (SQAC) Meeting

Friday, August 10, 2012

9:30 a.m. - 12:00 p.m.

MEETING MINUTES

Location:

Division of Health Care Finance and Policy
2 Boylston Street, 5th Floor
Boston, MA 02116

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

Committee Attendees: Diane Anderson, Dr. Richard Lopez, Amy Whitcomb Slemmer, Dana Gelb Safran, Dr. James Feldman, Jon Hurst, Dolores Mitchell, Dr. David Polakoff (for Dr. Julian Harris)

Committee Members Not Present: Dr. Julian Harris

Also Present: Iyah Romm (DPH), Miriam Drapkin (DHCFP)

1. Approval of minutes from SQAC meeting on July 24, 2012
 - a. Dolores Mitchell stated that she believes that Committee meetings minutes should include the names of Committee members along with their comments and questions, as the minutes are made public and the Committee has an obligation to be transparent.
 - b. Commissioner Boros suggested that Committee members' names can be included in Meeting 8 minutes and asked if past meeting minutes should be amended.
 - c. Dolores Mitchell responded that Committee members' names can be included in meeting minutes going forward.
 - d. Motion to include Committee member names in meeting minutes passed unanimously.
 - e. Motion to approve meeting minutes passed unanimously.
2. Commissioner Boros began the discussion of the implications of Chapter 224 for the SQAC
 - a. Under the new legislation, the oversight of the SQAC will move from DPH to the Center for Health Information and Analysis (the Center).
 - b. The Center to be formed in approximately 90 days
 - i. The Division of Health Care Finance and Policy and most of its staff, resources and work will transition to become the Center
 - ii. The Center has an enhanced role in regards to health care quality
 - iii. The Center will retain the cross-agency functions that the Division currently has so partnerships with the Group Insurance Commission (GIC), the Department of Public Health (DPH), the Division of Insurance, for instance, will continue.
 - c. Commissioner Boros stated that he believes the transition of the SQAC to the Center will be smooth because of the continued involvement of DPH and the SQAC's reliance on their expertise.
 - d. Commissioner Boros stated that he believes that due to a technical oversight, DPH is not granted a seat on the SQAC under Chapter 224, but that this will be amended in a technical corrections bill.

- e. Commissioner Auerbach added that Chapter 224 also moved the regulatory implementation of the SQMS to the Center
 - f. Commissioner Boros stated that the SQAC will reconvene in the early months of 2013, at which point the roles of DPH, the Center, and the SQAC under Chapter 224 will be better defined.
 - g. Commissioner Auerbach added that Chapter 224 also created a Public Health Trust Fund of \$60 million with the expectation that the money will support innovations in community initiatives that will be linked to clinical quality measures, which presents future opportunities for the SQAC.
3. Commissioner Boros opened the discussion of concerns raised by Committee members about certain proposed measures. This discussion is in response to a call for feedback on what measures to include in the SQMS.
- a. Dana Safran started the discussion on measure CCM-3 – Timely transmission of transition record.
 - i. It is currently on the list of proposed SQMS measures, but with only a moderate recommendation because it is not endorsed by the National Quality Forum (NQF).
 - ii. Because of the importance of transition measures, Dana’s staff researched similar measures for one that is endorsed by NQF. They found: Timely transmission of transition record, sponsored by American Medical Association’s Physician Consortium for Performance Improvement (PCPI).
 - iii. Given that the Committee is in the late stages of recommending measures for the SQMS, she recommended that the PCPI measure be held for future consideration.
 - iv. Dolores Mitchell suggested that instead of trying to distinguish between CCM-3 and the PCTI measure, the SQAC should align the SQMS with CMS when possible.
 - v. The Committee agreed that the CCM-3 measure will be a placeholder for a care transitions measure. The final report will note that as more care transition measures become available in the future, the SQAC will revisit the measures’ status.
 - b. Dr. Feldman started a discussion of four measures: (1) PSI 06 - Iatrogenic Pneumothorax Rate (Strong 15); (2) Screening for Clinical Depression (Moderate 9); (3) Measure pair: a. Tobacco Use Assessment, b. Tobacco Cessation Intervention; (4) Unhealthy Alcohol Use: Screening & Brief Counseling (Moderate 11).
 - i. Dr. Feldman raised to the Committee concerns that the most likely source of data to populate these measures, CPT codes, may be unreliable due to the fact that many payers do not reimburse for the associated codes.
 - ii. Dr. Feldman also expressed concern that there was not significant variation in these events for a quality measure to be meaningful. He suggested that the Committee look at the research on these events/conditions and into whether there is meaningful variation of these events/conditions in the state.
 - iii. Dana Safran stated that top performers in the state consistently receive zero scores on these measures and the percent experiencing bad outcomes is small; however, if other providers have a 2-fold or higher probability of a bad outcome, it is worth taking a closer look at. With the PSI measures, many providers consistently receive zero scores, but another provider may receive a

- 0.03, which seems tiny, but when you consider this score relative to a score of zero, it is worth highlighting.
- iv. Dolores Mitchell expressed concern with the view that if something doesn't happen often it is not important; she stated that the Committee should consider two dimensions of importance: (1) frequency of the outcome occurring, and (2) the impact when the outcome occurs.
 - v. Dr. Feldman raised concerns about weighing equally events that are rare but important when they do happen with events that are common and important.
 - vi. Dana Safran stated that another criterion that should be considered is what proportion of patients are exposed to the event in a given hospital.
 - vii. Dr. Lopez stated that in the next SQAC cycle these concerns should be addressed and that in this cycle, the Committee decided to focus its attention on measure domains.
 - viii. Dr. Polakoff stated that what is really important to consider is variation in performance among providers. When there is zero variation the Committee should begin discussing the relative importance of different measures.
- c. Diane Anderson raised concerns about providers and if the SQMS will pose additional reporting burdens. Diane Anderson raised the issue of the AHRQ measures, which are not currently reported by all providers and which may require AHRQ software in order to report. She stated that the measures are important by the burden on providers should be considered.
- i. Dana Safran responded to Diane Anderson's concern by stating that BCBS has used these measures for some time to report to providers on their performance. The data comes from the Hospital Discharge Database, so there is no new reporting required of hospitals for these measures. However, if providers determine that they would like to monitor its own performance and progress on these measures, in-house software may be required. She also said that in this case, the Committee should consider the data that already exists for this measure vs. what it would take to improve the provider's performance on this measure.
 - ii. Diane Anderson stated that there is variation in coding for the claims data and while the measure may be important, the data collection is burdensome.
 - iii. Commissioner Boros stated that he and other Committee members believe that the AHRQ and PSI measures can be calculated using Hospital Discharge Database (HDD) data from hospitals. There may be some issues with the dataset worth considering, but that these measures do not pose an additional reporting burden on providers. He also mentioned that an evaluation of the total burden of the outcome represented in some of these measures would be reflected in the SQAC Final Report.
 - iv. Commissioner Auerbach asked Dr. Feldman if, based on the concerns he raised, PSI-06 would not receive his vote. Dr. Feldman responded that initially based on the literature he may not have recommended it, but if Dana Safran's assessment was correct the measure was worth considering and that, in the next session of the SQAC, consideration of variation is important.
- d. Dr. Feldman also expressed concerns regarding Unhealthy Alcohol Use: Screening and Brief Counseling (moderate-11). He stated that the Committee had discussed that this measure could be collected via CPT codes; he expressed concern that not every provider

uses CPT codes and that not every provider would be reimbursed for this CPT code, causing the measure to not be consistently collectable. Dr. Feldman noted that Medicare does not reimburse for this CPT code. Payment matters if the Committee recommends a claims-based performance measure.

- i. David Polakoff stated that the medication errors system is underreported but that it is still worth collecting and analyzing that data.
- e. Commissioner Boros asked if Committee members had any further comments on the proposed measures.
 - i. Jon Hurst stated that his priority is to represent consumers and small businesses and to help them to receive high quality care that is affordable. With that in mind, he stated that two criteria are important: (1) that the measure is publically available, and (2) that the measure can be used right now for tiered products.
4. Commissioner Boros opened the discussion of the purposes for which the proposed and mandated quality measures are determined to be suitable.
 - a. Dana Safran asked to confirm that the 96 mandated measures, plus the 34 proposed measures make up the SQMS, which is the universe of measures which the state may wish to draw from. She also asked if it is the Committee's position to be making an authoritative decision on the SQMS or merely discussing the suitability of the SQMS?
 - b. Commissioner Boros confirmed Dana Safran's description of the proposed and mandated measures. He asked the Committee members to reflect on what they feel are most appropriate measures for the purposes the Committee outlined (payment incentives or provider tiering, consumer reporting, etc.).
 - c. Dr. Lopez suggested that the Committee could discuss what makes, for instance, a tiering measure, for instance, most suitable and attempt to agree broadly on criteria.
 - d. Committee members offered input about other committees and/or organizations who use suitability criteria and Dana Safran asked if the SQAC staff could compile these various suitability criteria that the other Committee members mentioned to see which measures meet certain criteria and measures who do not meet these criterion.
 - e. Commissioner Boros stated that this discussion posed an opportunity for Committee members to go on the record about readiness or suitability of various measures.
 - f. Dr. Polakoff suggested that staff might go through the measures and research which are endorsed by the NQF and other bodies' criteria for usability and suitability.
 - i. Commissioner Boros stated that additional staff work could help. He proposed that the Committee vote on the SQMS today and discuss the outline for the final report, then discuss readiness/suitability after staff work. He also asked that Committee members send SQAC any research materials and resources.
 - g. Diane Anderson asked if there are any measures for which providers would have to adopt a new process in order to report.
 - i. Commissioner Boros stated that information for each measure regarding whether the data is already reported is contained in the Framework spreadsheet. He stated that the Committee's mandate is to create a set of quality measures for uniform reporting. Minimizing the additional burden on providers is a mission of the SQAC, so it's up to the Committee to determine if the measures pose additional burdens.
 - ii. Diane Anderson stated that she has concerns about providers being required to report on any new data elements.

- iii. Commissioner Boros stated that the SQAC is an advisory group. The purpose of the Committee is to make recommendations.
 - iv. Commissioner Auerbach ensured that in the final SQAC report that the recommendation will include whether or not the measure or data is currently reported.
- h. Diane Anderson stated that she has two concerns: (1) Reporting burden for providers and (2) the use of the measures by payers.
- i. Dana Safran stated that many of these measures are already used by payers for tiering purposes.
 - ii. Iyah Romm noted that of the measures that aren't currently publically reported, only six (6) of those measures have data sources that are not currently available (proposed-moderate: 4, 6, 8, 9, 10, 11). Iyah noted that if this discussion about data sources refers to any of the measures in the Mandated Measure Set, the discussion is moot because the mandated measure must be included in the SQMS per the statute.
 - iii. Dolores Mitchell stated that the Committee has considered the reporting burden on providers throughout process and that the data is available to providers; it's a matter of providers grabbing and reporting the data. She also stated that because of the paucity of behavioral health measures 9, 10, and 11 are very important.
 - iv. Commissioner Auerbach stated that he agreed; there are very few measures in which new data elements will be required of providers. He stated that voting that these measures be included in the SQMS is not an endorsement that they should be collected if they are not already.
 - v. Amy Whitcomb Slemmer added that Chapter 224 places increasing importance on behavioral health care in the state.
 - vi. Commissioner Boros recommended three ways for the Committee to move ahead:
 - 1. Include a strong recommendation in the SQAC report regarding any additional reporting burden on providers;
 - 2. Committee work in the future to advise on implementation of measure set;
 - 3. To vote on the SQMS today, with the understanding that a vote is not to say the measures should be collected now. Rather, a vote is a statement that the SQMS is strong measure set and there will be future conversations around implementation.
 - vii. Commissioner Boros asked Diane Anderson if she felt comfortable voting on the SQMS today or if she would prefer to postpone the vote to the next meeting.
 - 1. Diane Anderson said she would prefer to defer the vote.
 - 2. Amy Whitcomb Slemmer asked how a deferred vote would impact the SQAC final report.
 - 3. Commissioner Boros stated that the measures the Committee votes on today can be used as a working set and that the Committee may choose to strike measures at a later date.
 - 4. Dolores Mitchell stated that she viewed a vote on this measure set as a statement that the Committee member believes that each of the measures is important, but the Committee has an understanding that

future conversations about how the measures are implemented are necessary. She also proposed that the Committee vote on the SQMS.

5. Commissioner Boros asked the Committee for their vote on the SQMS, with the consideration that the SQAC report will strongly recommend the consideration of additional reporting burden on providers and that the Committee will advise on implementation of measure set.
 - a. Motion to approve the SQMS passed unanimously.
6. Commissioner Boros asked the Committee to send any feedback regarding the final report outline to SQAC staff.

The meeting was adjourned.
