

Statewide Quality Advisory Committee (SQAC) Meeting

Monday, August 19, 2013

9:00am-11:00am

MEETING MINUTES

Location:

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

Chair: Áron Boros (CHIA)

Committee Attendees: David Tringali (representing MassHealth), Iyah Romm (non-voting), Lisa Buchsbaum for Amy Whitcomb Slemmer, Dolores Mitchell, Dr. James Feldman, Jon Hurst, Katie Barrett for Dana Safran, Dr. Michael Sherman, Dr. Madeline Biondolillo (non-voting), Pat Noga for Dianne Anderson

Committee Members Participating by Phone: Dr. Richard Lopez

Committee Members Not Present: Kim Haddad (non-voting), Amy Whitcomb Slemmer, Dana Safran

Other Attendees: Cristi Carman (CHIA), Lori Cavanaugh (CHIA)

1. Chair Boros opened the meeting and asked the participants to introduce themselves and the organization they represent. Chair Boros thanked everyone for their work at the evaluation workgroup meeting and presented the draft evaluation tool to the SQAC. He said that the SQAC staff will test this evaluation tool in the next month and after applying the evaluation tool may propose additional changes.
2. Chair Boros asked for a vote to approve the minutes from the evaluation workgroup meeting.
 - a. Dolores Mitchell and Iyah Romm said that they had minor changes.
 - b. SQAC staff noted the changes and will incorporate them into the minutes.
 - c. The motion to approve the minutes passed unanimously under the condition that the SQAC staff incorporate the changes.
3. Dr. James Feldman and Dolores Mitchell asked for a clarification regarding any measure that is not in a nationally recognized measure set and where there may (or may not) be an alternative measure that is endorsed or in a standard set.
 - a. Chair Boros said that if a similar measure exists that is in a nationally recognized measure set, it may not make sense to consider the proposed measure that does not have broadly recognition. However, if the measure is neither in a nationally recognized

measure set nor does a similar measure exist, then the SQAC could consider that measure.

- b. Iyah Romm said that if the measure does not fall into a measure set, what is the clear reason for including the measure? He also said that the SQAC should keep considerations such as administrative simplification in mind.
4. Chair Boros walked through the updated draft evaluation process and criteria. He said that SQAC staff will apply this tool to any measures proposed by the Committee. The result will be preliminary recommendations on measures that the SQAC will consider at the September 30, 2013 meeting. He reiterated that the evaluation tool is not intended to be used for a mechanical yes/no recommendation.
 - a. Dr. Michael Sherman asked if the SQAC can overrule the SQAC staff recommendation.
 - b. Chair Boros said that the SQAC staff will present a preliminary strong, moderate or no recommendation on measures based on this tool while considering the duplication and proliferation of measures. Chair Boros said that it's up to the SQAC to consider what happens to the measures.
 - c. Dolores Mitchell said that she is concerned that even though the NQF is robust, good measures are not endorsed by NQF for a variety of reasons. She said that she did not want the SQAC to load the dice against innovation in this regard and would prefer if the SQAC was silent on this category of measures.
 - d. Lori Cavanaugh responded to Dolores Mitchell and said that the intent was to up the ante for new measures not endorsed by NQF or included in a nationally accepted measure set, and they would all be highlighted for discussion by the SQAC.
 - e. Chair Boros and the SQAC agreed that the language be changed to "highlighted for additional discussion."
5. Chair Boros reviewed the score key and explained that the "Ease of Measurement" category focuses on the ease of data collection and takes administrative burden into consideration.
 - a. Pat Noga said that she understood "Ease of Measurement" to refer to the data collection and the measure development.
 - b. Chair Boros said that "Field Implementation" refers to the prevalence of the measure and that the Reliability and Validity definitions are based on the Expert Panel on Performance Management (EPPM) definition.
6. Chair Boros explained that the "Reliability and Validity" criterion had been updated to include "Reliability" and clearer definitions.

- a. Dolores Mitchell asked for a clarification about the minimum value. She said that she is concerned that linking measure evaluation to pre-ordained minimum scores could limit good measures. She pointed out that this currently happens with NQF and MAP and said it is more important to find good, useable measures and she would not want there to be too much emphasis on methodological or statistical scores.
- b. Katie Barrett said that the standard in the field is that a measure has at least a 0.7 reliability rating.
- c. Iyah Romm had two comments. First, he asked if a pilot test is sufficient to meet the minimum literature threshold. He pointed out that, while some measure may not be reviewed in the literature, they are used and evaluated by quality improvement programs, for instance. He also proposed a Yes/No threshold for Reliability and Validity, rather than the 1 to 4 scale for scoring and suggested that either a measure meets the standard for Reliability and Validity or does not.
 - i. Katie Barrett responded and said that the proposer of the measure should be able to demonstrate some testing of the measure of testing; while evaluations of the measure do not have to be formally published, some testing should be done for the SQAC to adopt the measure. She also agreed with Iyah Romm's comments that a Yes/No threshold for Reliability and Validity would be useful. She also proposed moving the scoring definitions to the left, so that definitions for 1-4 became definitions for 0-3.
- d. Dr. Michael Sherman said that the SQAC should keep a measure for consideration even if it does not meet minimum thresholds. He suggested it may be important to strike a balance between new measurement areas and measures and robust testing of measures.
 - i. Dr. Madeleine Biondolillo said she agrees with Dr. Michael Sherman's approach for carving out exceptions to promote measure innovations.
 - ii. Dr. James Feldman said that some Reliability and Validity is important.
- e. Dolores Mitchell proposed dropping the minimum to 1 and making the Reliability and Validity minimum score equal to the other minimum scores. She gave the example of estrogen replacement use and said that methodological tests that are applied to estrogen replacement use indicate that there is strong evidence for and against estrogen replacement use.
 - i. Chair Boros asked the SQAC to vote on the proposal to move the minimum threshold for Reliability and Validity down from 2 to 1 and keep the rest of the definitions and thresholds as is.

1. Yay: Dolores Mitchell
 2. Nay: Dr. James Feldman, Jon Hurst, Dr. Michael Sherman, David Tringali, Áron Boros
- f. Katie Barrett asked the SQAC to consider moving the definitions in the scale to the left (i.e. the definition under a score for 2 would move to 1).
- i. Dr. James Feldman proposed that the SQAC vote on Katie Barrett’s proposal.
 - ii. Dr. Michael Sherman said that he is concerned that the Committee may be getting caught up in the details.
- g. Chair Boros proposed making Reliability and Validity another gate with a Yes/No option and then evaluating the Ease of Measurement, Field Implementation and Amenable to Targeted Improvement criteria on a 1-4 scale.
- i. Dolores Mitchell asked if the measure must pass through one gate or all three. She said that NQF takes all three gates into account. Chair Boros said the measure must go through all three gates and that some measures can be carved out.
 - ii. Chair Boros said that the Committee could leave the threshold for Reliability and Validity at a minimum of 2 as it currently stands but move the definitions to the left, as Katie Barrett suggested. Chair Boros added that the Reliability and Validity of a measure would only be evaluated at the proposed level of measurement.
 1. Dolores Mitchell asked if this threshold was going to be used for a staff evaluation of strong or moderate recommendation for the measure.
 2. Dr. James Feldman said “level of measurement” refers to the site of service.
 3. Chair Boros asked the Committee to vote on his proposal.
 - a. Nay: Dolores Mitchell
 - b. Yay: Dr. Michael Sherman, David Tringali, Jon Hurst, Dr. James Feldman, Dr. Richard Lopez
 - c. Abstain: Chair Boros
 - i. Dolores Mitchell said that she could not support a proposal that would limit the organizational level that a measure could be used for.

- ii. Chair Boros said that the SQAC staff would make the change to the scoring key as voted on by the Committee.
 - h. Dolores Mitchell said that the Group Insurance Commission (GIC) sent in measures last year and their submission did not include the level of measurement.
 - i. Chair Boros responded that the level of measurement was not required during last year's call for measures. He said that the SQAC staff will also evaluate measures based on Field Implementation and if the measure is Amenable to Targeted Improvement.
 - 1. Dr. Lopez aside if "Amenable to Targeted Improvement" is meant for tracking purposes as opposed to quality improvement.
 - 2. Dolores Mitchell said that proving causation would be tough but observation is important.
 - 3. Dr. Sherman said that a lack of evidence should not preclude a measure from being considered or measured for observation purposes.
- 7. Chair Boros explained that "Field Implementation had been updated to reflect that a measure might be used for public reporting, performance programs and accountability purposes.
 - a. Iyah Romm said that under "Field Implementation," the language that says "...and evaluated positively in the literature" should be stricken and the definitions for 2 and 3 should be switched.
 - b. Katie Barrett asked if a measure can be recommended even if there is a low score.
 - i. Dr. Michael Sherman responded and said that a measure could be recommended despite having a low score.
- 8. Chair Boros explained that "Amenable to Targeted Improvement" had been updated by striking the phrase "provider intervention," as measures will not be limited to those used to evaluate providers.
- 9. Chair Boros asked the Committee to vote to approve the SQAC staff's application of the updated scoring key with amendments discussed so far in the meeting. SQAC staff may also then recommend additional refinements after having applied the evaluation tool.
 - a. Yay: Dr. Michael Sherman, David Tringali, Dolores Mitchell, Jon Hurst, Dr. Jim Feldman, Dr. Richard Lopez and Chair Boros.
 - b. Nay: None

10. Chair Boros said that the next steps are to review the non-mandated measures and for any additional measures to be submitted to the SQAC staff by August 30 for preliminary evaluation before the next SQAC meeting. He said that at the September 30 SQAC meeting, the Committee would discuss the purpose of the Statewide Quality Measure Set (SQMS) and the three policy questions: 1.) how to address measures related to low frequency but highly impact events, like never events, 2.) how to approach measures for which there is high performance and low variation and 3.) the level of measurement for measures.
 - a. Dr. Michael Sherman asked Chair Boros to clarify what he meant by “level of measurement.”
 - b. Chair Boros said that it refers to the site of service, such as the individual provider, provider group, etc.
 - c. Chair Boros adjourned the meeting at 4:04pm.

Next Meeting:

September 30, 2012
9:00 – 11:00 a.m.
2 Boylston Street, 5th Floor
Boston, MA 02116