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MASSACHUSETTS STATEWIDE QUALITY ADVISORY COMMITTEE

Year 2 Final Report

January – November 2013

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BACKGROUND

The Massachusetts Statewide Quality Advisory Committee (SQAC) was established by Chapter 288 of the Acts of 2010, and reestablished by Chapter 224 of the Acts of 2012, *An Act Improving the Quality of Healthcare and Reducing Costs Through Increased Transparency, Efficiency, and Innovation*. Chapter 224 builds on Chapter 288 with an innovative set of market-based cost containment, health care delivery transformation and health planning activities. Chapter 224 incorporated measures to ensure that cost containment efforts would not come at the expense of accessible, high quality health care. In a system where stakeholders are being increasingly asked to make value-based health care decisions, it was recognized that improved, standardized quality information was necessary to inform those decisions.

The SQAC is comprised of a diverse group of Massachusetts health care experts, industry stakeholders, and consumer advocates, and is chaired by the Executive Director of the Center for Health Information and Analysis (the Center). The SQAC convened in 2012 with the goal of recommending the first-ever Massachusetts Standard Quality Measure Set (SQMS), a set of measures for each health care facility, provider type, and medical group in the Commonwealth. In 2012 the SQAC engaged in a priority setting process, solicited expert testimony on high-impact areas of quality measurement, and requested measure nominations. Over 300 nominated measures targeted to high-priority areas were reviewed and, ultimately, the SQAC recommended 130 measures for inclusion in the initial SQMS.

The SQMS represents a wide range of clinical areas, including preventive health care, chronic disease management, pediatric, maternal and neonatal health, mental health, and substance abuse. It also includes indicators of efficiency, such as appropriate testing of upper respiratory infections and hospital readmissions, as well as measures of patient experience. The State Legislature mandated that the following nationally accepted measure sets also be represented in the SQMS: Centers for Medicaid and Medicare Services' Hospital Process Measures (for Acute Myocardial Infarction, Heart Failure, Pneumonia, and effective surgical care), Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), Healthcare Effectiveness Data and Information Set (HEDIS), and Ambulatory Care Experiences Survey (ACES). Together, measures from these four mandated sets made up 95 of the 130 measures in the initial SQMS.

This report summarizes the work of the SQAC in 2013, including the second annual recommendation of measures for inclusion in the SQMS.

SECOND-YEAR MEETING CYCLE

Year 2 Process, Mission and Priorities

The first business item of the 2013 meeting cycle was to approve revised Committee bylaws. The bylaws were revised to reflect the changes in Committee structure, as the SQAC is no longer co-chaired by the Commissioner of the Department of Public Health. The revised bylaws also defined the purpose of the SQAC, and removed language related to measure evaluation to a separate document. The revised bylaws were approved unanimously. The SQAC also approved the addition of three new, non-voting members of the Committee, representing the Department of Public Health, the Executive Office of Administration and Finance and the Health Policy Commission.

The Chair proposed that the SQAC adopt a mission statement to guide its recommendations for the measure set. To reflect that the Committee recommends measures that will be used across the Commonwealth to promote quality improvement, transparency and cost-containment, the SQAC unanimously approved the following mission statement:

> *The Statewide Quality Advisory Committee advises all branches of state government regarding the alignment of health care performance metrics and the efficient collection and uniform reporting of the Standard Quality Measure Set in order to support improvement in the health status of the residents of the Commonwealth.*

The SQAC determined that it would focus its quality measure recommendations on gaps in the initial standard measure set. A range of measurement domains were identified as potential gaps in the SQMS, including behavioral health, pediatrics, care coordination, and efficiency and utilization measures. There was consensus that patient-centered measures – such as patient-reported outcomes, shared decision-making and functional status – could provide meaningful information to consumers and was a gap in the 2012 SQMS recommendation. Overall, there was consensus that the SQMS is an important tool to support the state's goal of encouraging coordinated, high-quality, affordable health care.

The consensus SQAC measurement priority areas for 2013 were:

1. Behavioral health
2. Care coordination
3. Patient-centered care

Measure nominations this year were limited to quality measures related to these domains.

Patient Reported Outcome Measures

In support of the SQAC's patient-centered care measurement priority, SQAC staff researched patient-reported outcome measures (PROMs) currently in use. This review of PROMs resulted in a summary of the use of and evidence for twenty-six PROMs. Four PROMs were recommended to the SQAC for further consideration, based on the evidence of broad use and validity of the tools.

The Center also invited Massachusetts Health Quality Partners (MHQP) to present their research on PROMs. MHQP is a broad-based coalition of physicians, hospitals, health plans, purchasers, patient and public representatives, academics, and government agencies working together to promote improvement in the quality of health care services in Massachusetts. In early 2013, MHQP hosted a meeting to understand stakeholder perspectives, priorities and current experiences with PROMs, identify challenges to advancing PRO measurement, and develop next steps to collaborate on PROMs.

MHQP presented to the SQAC their findings on patient perspectives on patient-reported information, the types of feedback patients currently offer their providers, as well as PRO measurement activities in which stakeholders are currently engaged. A theme in MHQP's meeting and their presentation to the SQAC was that PROMs are early in their adoption and clinical use, and that PROMs are not typically used for public reporting and incentive programs. For these reasons, the SQAC determined it would reconsider PROMs for inclusion in the SQMS at a later date.

Refining the Measure Evaluation Process and Criteria

As part of its continuing work to develop a meaningful quality measure set, the SQAC decided to revise the measure evaluation framework previously used to evaluate proposed measures. In 2012, measures considered for the SQMS were evaluated by reviewing the evidence of their validity, the practicality of reporting and collecting the necessary data, and the extent to which the measure met a SQAC priority. To refine and standardize the evaluations, the SQAC staff drafted and proposed a new evaluation process and

four new, streamlined evaluation criteria: ease of measurement, validity, field implementation and amendable to provider intervention.

SQAC members Dr. Dana Gelb Safran (Blue Cross Blue Shield of Massachusetts) and Dr. Michael Sherman (Harvard Pilgrim Health Care) co-chaired an Evaluation Workgroup to review the draft evaluation tool. A majority of the SQAC attended and participated in the discussion. In addition to simplifying the evaluation process, the workgroup refined the language in a scoring key, added "reliability" to the "validity" criterion, and revised the "amenable to provider intervention" criterion to reflect that measured entities may not be health care providers.

Final Measure Evaluation Tool

The SQAC approved a final evaluation tool that quantifies the relative merits of potential additions to the SQMS (Appendix A). The final tool included five criteria: priority and alignment, reliability and validity, ease of measurement, field implementation, and amenability to targeted improvement.

A quality measure under consideration was first evaluated against the priority and alignment dimension to determine whether the measure supports national and state priorities. To meet this criterion, the measure must address a domain or issue identified as a priority by the SQAC. Measures that did not meet a SQAC priority were not evaluated. Next, a measure must be endorsed by the National Quality Forum (NQF) or included in a nationally recognized measure set (such as those maintained by the Agency for Healthcare Research and Quality (AHRQ) or endorsed by the Measurement Applications Partnership). Measures that did not meet this criterion were evaluated but highlighted for additional discussion among the SQAC. Nominated measures were then evaluated on the following four criteria:

- *Reliability and Validity*: How strong is the empirical evidence indicating that the measure is reliable and valid?
- *Ease of Measurement*: How straightforward is data collection and reporting for this measure?
- *Field Implementation*: How widespread is the dissemination of the measure in the field?
- *Amenability to Targeted Improvement*: How reasonable is the expectation that targeted improvement at the level of analysis can affect performance on the measure?

The goal of the Evaluation Workgroup was to develop a tool that can be applied consistently across reviewers and that produces a score that meaningfully informs the SQAC's recommendations. There was broad consensus that the workgroup achieved this goal.

2013 Nominated Measures

In August, the SQAC Chair solicited nominations for quality measures from the Committee. Members of the SQAC were required to submit a formal nomination, including information about the measure developer, whether the measure met a SQAC priority area and is included in a nationally recognized measure set, examples of programs or settings in which the measure is currently used, and the measure methodology and sources to verify the validity and reliability of the measure. This year, measure nominators were also required to include a proposed level of analysis for the nominated measure (i.e. to define the entity to which the measure would be applied).

Three measures were nominated in 2013:

1. *Obstetric trauma - vaginal birth with instrumentation (PSI 18)*
2. *Use and Quality of Shared Decision-making*
3. *Patient Confidence*

QUALITY MEASURE ASSESSMENTS

The SQAC sought to apply the new measure evaluation tool in two ways: first, through a re-review of the 35 non-mandated measures that were recommended in 2012; and second, by applying the measure evaluation tool to the three new measures proposed in 2013.

The Committee staff and consultants assessed each measure and assigned preliminary quantitative ratings on a scale of 0 through 4 for each of the criteria. The individual scores for the four criteria were used to calculate an average score for each measure. Measures that did not meet a minimum average score were not recommended at the time of the evaluation. The average score indicated the level of confidence, based on a preliminary assessment, that the measure met the evaluation criteria. Assessments of all measures were subject to SQAC discussion and used to inform the final recommendation of the SQMS measures.

Even with a strong tool to guide measure evaluations, scoring decisions can be influenced by a range of factors, including an evaluator's prior experience with the measure, the extent and depth of available evidence, and the perceived intent or use of the measure. The SQMS evaluation tool proved to be a clear and well-defined tool for scoring quality measures. The evaluators focused on applying the tool for each of the dimensions as consistently across measures as possible, and each measure was assessed by three evaluators. In assigning scores for each criterion, evaluators were instructed to view each numerical value in the evaluation tool as a floor, or the minimum necessary to achieve the score. The approach was necessarily conservative, acknowledging potential gaps in knowledge or the literature that limited evaluators' ability to judge the measure dimension and evaluate the tool.

UPDATING THE SQMS

Changes to Mandated Measures

Chapter 224 requires four measures to be included in the SQMS: the CMS hospital process measures for acute myocardial infarction, congestive heart failure, pneumonia and measures to improve surgical care; HCAHPS; HEDIS and ACES (Appendix B). These sets are subject to ongoing updates that may add or retire a given measure from the set. Updates to the mandated measures since last year include:

1. The addition of five new measures to 2013 HEDIS
    a. Asthma Medication Ratio
    b. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications
    c. Diabetes Monitoring for People with Diabetes and Schizophrenia
    d. Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
    e. Adherence to Antipsychotic Medications for Individuals with Schizophrenia

2. The removal of three measures from the CMS hospital process measures sets
    a. Emergency Medicine: Aspirin at Arrival for Acute Myocardial Infarction (AMI 1)
    b. Beta-blocker Prescribed at Discharge for Acute Myocardial Infarction (AMI 5)
    c. Surgery Patients with Appropriate Hair Removal (SCIP-Inf 6)

3. The substitution of the CAHPS Clinician & Group Survey for the mandated ACES. The ACES questionnaire no longer exists as a separate measure set and the CAHPS Clinician & Group Survey is now the standard tool for measuring patient experience in ambulatory settings.

Summary of Recommendations

Of the three measures nominated and assessed in 2013, one measure is recommended for the SQMS, *Obstetric trauma - vaginal birth with instrumentation (PSI 18)*. This AHRQ Patient Safety Indicator measures the rate of third and fourth degree obstetric traumas per 1,000 instrument-assisted vaginal deliveries. This measure is typically paired with *Obstetric trauma - Vaginal Delivery without Instrument (PSI 19)*, a measure currently in the SQMS. Two other measures proposed in 2013, *Use and Quality of Shared Decision-making* and *Patient Confidence*, were not recommended for the SQMS at the time of the evaluation. As with PROMs, these measures are not typically used for public reporting and incentive programs and are, therefore, not aligned with the current purposes of the SQMS. However, the Committee expressed its sense that continued evaluation and use of measures of patient confidence and shared-decision making are aligned with the Commonwealth's quality improvement goals.

FUTURE WORK

In the coming year, the Committee will continue to consider measures that reflect the 2013 priorities (behavioral health, care coordination and patient-centered care). The Committee may also expand its priorities to other areas (for instance, to include measures of health care cost and efficiency). Finally, the Committee will determine whether the SQMS should incorporate measures for which there is a very high compliance rate or very low variability across providers, as well as measures related to events that have a great impact on patients but that rarely occur and, therefore, may present sample size issues.

The Center is required by Chapter 224 to provide uniform public reporting using the SQMS. Ultimately, the SQMS will be a tool to drive quality improvement and inform value-based decision making to promote a more efficient and effective health care system. Also pursuant to Chapter 224, carriers are required to offer at least one selective or tiered plan for individual and small-group insurance products. These plans include provider quality comparisons using SQMS measures and the Division of Insurance will require carriers to report the information used to tier plans. Additionally, the Health Policy Commission may also use the SQMS to develop quality standards for the certification of PCMHs and ACOs to measure and improve the quality of health services provided by these entities.

CONCLUSION

Over the course of ten months, the SQAC developed consensus quality measurement priorities, explored an emerging measurement area, created a rigorous evaluation tool, and recommended timely and appropriate updates to the Commonwealth's standard quality measure set. Much has changed in the Massachusetts health care landscape since the SQAC's first meeting cycle, including a new home for the SQAC and new statutorily required uses for the SQMS. The SQAC looks forward to ongoing collaboration across the Commonwealth, including with the Center for Health Information and Analysis, the Executive Office of Health and Human Services, the Group Insurance Commission and the Health Policy Commission, as it seeks to collectively improve health for populations, improve care for each Massachusetts resident, and reduce costs for the health system.

APPENDICES

Appendix A: SQAC Measure Evaluation Tool

See accompanying document

Appendix B: Standard Quality Measure Set

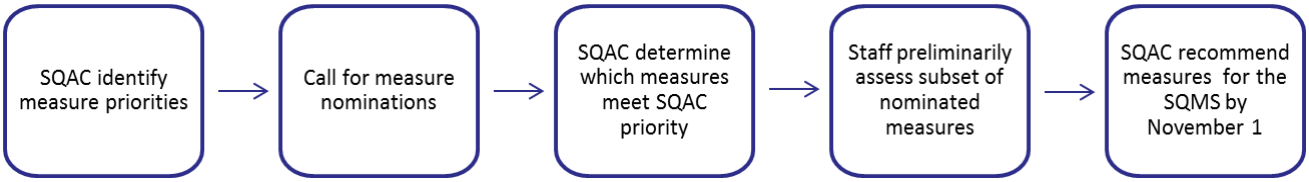
See accompanying document

Appendix C: About the SQAC

SQAC Mission

The Statewide Quality Advisory Committee advises all branches of state government regarding the alignment of health care performance metrics and the efficient collection and uniform reporting of the Standard Quality Measure Set in order to support improvement in the health status of the residents of the Commonwealth.

SQAC Recommendation Process



Implementation of the SQMS

The Standard Quality Measure Set (SQMS) serves as a foundation for the uniform quality reporting CHIA is required to develop for each hospital, home health agency (HHA), skilled nursing facility (SNF) and registered provider organization (RPO) in the Commonwealth (957 CMR 4.00).

The Executive Director of CHIA determines the measures to include in the SQMS based on an annual recommendation from the SQAC. In developing the SQMS recommendation, the SQAC "shall select from existing quality measures and shall not select quality measures that are still in development" (MGL Ch. 12C, Section 14).

Mandated Uses of the SQMS

1. CHIA will publicly report hospital, HHA, SNF and RPO performance on the SQMS periodically (957 CMR 4.00).
2. Merged market carriers with >5000 enrollees must offer at least one selective or tiered plan; these plans include use of provider quality comparisons using measures in the SQMS. DOI will require uniform reporting of tiering information (M.G.L. c.176J s.11).
3. The Health Policy Commission (HPC) will develop quality standards for patient centered medical homes with reference to the SQMS (M.G.L. c.6D, s.14).
4. HPC is directed to improve the quality of health services provided through Accountable Care Organization certification, as measured by the SQMS (M.G.L. c.6D, s.15).

Appendix D: Section 14 of Chapter 224 of the Acts of 2012

The center shall develop the uniform reporting of a standard set of health care quality measures for each health care provider facility, medical group, or provider group in the commonwealth hereinafter referred to as the "standard quality measure set.

The center shall convene a statewide advisory committee which shall recommend to the center a standard quality measure set. The statewide advisory committee shall consist of the executive director of the center or designee, who shall serve as the chairperson; the executive director of the group insurance commission or designee, the Medicaid director or designee; and 7 representatives of organizations to be appointed by the governor, 1 of whom shall be a representative from an acute care hospital or hospital association, 1 of whom shall be a representative from a provider group or medical association or provider association, 1 of whom shall be a representative from a medical group, 2 of whom shall be representatives of private health plans, 1 of whom shall be a representative from an employer association and 1 of whom shall be a representative from a health care consumer group.

In developing its recommendation of the standard quality measure set, the advisory committee shall, after consulting with state and national organizations that monitor and develop quality and safety measures, select from existing quality measures and shall not select quality measures that are still in development or develop its own quality measures.

The committee shall annually recommend to the center any updates to the standard quality measure set on or before November 1. The committee may solicit for consideration and recommend other nationally recognized quality measures, including, but not limited to, recommendations from medical or provider specialty groups as to appropriate quality measures for that group's specialty.

At a minimum, the standard quality measure set shall consist of the following quality measures: (1) the Centers for Medicare and Medicaid Services hospital process measures for acute myocardial infarction, congestive heart failure, pneumonia and surgical infection prevention; (2) the Hospital Consumer Assessment of Healthcare Providers and Systems survey; (3) the Healthcare Effectiveness Data and Information Set reported as individual measures and as a weighted aggregate of the individual measures by medical or provider group; and (4) the Ambulatory Care Experiences Survey. The standard quality measure set shall include outcome measures. The committee shall review additional appropriate outcome measures as they are developed.

Appendix E: List of SQAC Members

Ex-Officio Members

- Áron Boros, Executive Director, Center for Health Information and Analysis (Chair)
- Dolores Mitchell, Executive Director, Group Insurance Commission
- Kristin Thorn, Director, Office of Medicaid (Designee: Ann Lawthers)

Gubernatorial Appointments

- Dianne Anderson, President and CEO, Lawrence General Hospital (Representative from an acute care hospital or hospital association)
- Dr. James Feldman, Chair of Committee on Quality Medical Practice, Massachusetts Medical Society (Representative from a provider group or medical association or provider association
- Dana Gelb Safran, Blue Cross Blue Shield of Massachusetts (Representative from a private healthcare plan or health plan association)
- Jon Hurst, President, Retailers Association of Massachusetts (Representative from an employer association)
- Dr. Richard Lopez, Chief Medical Officer at Harvard Vanguard/Atrius Health (Representative from a medical group)
- Dr. Michael Sherman, Chief Medical Officer, Harvard Pilgrim Health Care (Health Plan Representative)
- Amy Whitcomb Slemmer, Executive Director, Health Care For All (Representative from a health care consumer group)

Non-Voting Members

- Dr. Madeleine Biondolillo, Department of Public Health
- Kim Haddad, Executive Office for Administration and Finance
- Iyah Romm, Health Policy Commission