Statewide Quality Advisory Committee (SQAC) Meeting
Evaluation Workgroup Meeting
Thursday, August 1, 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: Dianne Anderson, Dr. Ann Lawthers (representing MassHealth), Dr. James Feldman, Dr. Michael Sherman, Dr. Dana Gelb Safran, Iyah Romm (non-voting), Catherine Moore for Dolores Mitchell, Amy Whitcomb Slemmer,

Committee Members Participating by Phone: Dr. Madeleine Biondolillo (non-voting),

Committee Members Not Present: Kim Haddad (non-voting), Dr. Richard Lopez, Jon Hurst, Dolores Mitchell

Other Attendees: Cristi Carman (CHIA), Mary Lutz (CHIA)

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1. Chair Boros opened the meeting and reviewed the purposes of the meeting: 1.) to review and revise the measure evaluation process for non-mandated measures, and 2.) to recommend a measure evaluation process to the full SQAC. Chair Boros introduced CHIA staff member Cristi Carman to give an overview about the current Statewide Quality Measure Set (SQMS) measure evaluation process and criteria. Chair Boros said that Cristi Carman from the CHIA staff will provide background information on the proposed revisions to the measure evaluation framework and SQAC members Dr. Michael Sherman and Dr. Dana Safran will lead the discussion.

2. Cristi Carman explained that the current evaluation framework is derived from the Health Care Quality and Cost Council (HCQCC) criteria. Last year SQAC staff received feedback that the measure evaluations could be clearer and more transparent. To refine the evaluation process and criteria, Cristi Carman said that the workgroup might consider the issue of reliability and the extent to which this evaluation tool will produce similar results across evaluators. She said the proposed revisions included fewer, more simplified criteria, modeled on the National Quality Forum (NQF) evaluation criteria.. The new evaluation process could have a reduced scorecard from 1 to 5, standardized definitions and three thresholds that resulted in strong recommendation, moderate recommendation and no recommendation.

3. Dr. Dana Safran said that she knows some of the SQAC members were also members of the HCQCC's Expert Panel on Performance Management (EPPM) and may have mixed familiarity with developing an evaluation framework. Dr. Dana Safran said that a good starting point would be to simplify the existing framework and to consider the criteria against the national criteria of the NQF.

4. Amy Whitcomb Slemmer asked if there is a same or related goal of the same outcome with different evaluators.

    a. Dr. Michael Sherman said that the reliability is desirable as a goal.

5. Dianne Anderson asked if the administrative burden on providers is a consideration.

    a. Dr. Dana Safran responded that the ease of measurement is a consideration.

    b. Chair Boros noted that the draft measure evaluation process handout that was provided does note that administrative simplification is one of the criteria.

6. Dr. Dana Safran proposed walking through the framework to make sure that what was captured in the old framework is captured in the new framework. Then, the discussion could compare the framework to the NQF and Measure Applications Partnership (MAP) criteria. That way, the group can flag where the new framework may have fallen short.

7. Chair Boros encouraged all the SQAC members to provide feedback.

8. Dr. Dana Safran asked the group to think about the intent of the old framework and said that administrative simplification was a part of the old framework. She said that the EPPM meant to capture the art and science of measurement and asked if the SQAC wanted to be consistent with NQF whenever possible.

    a. Dr. Michael Sherman said that simpler tools are preferable and the framework can have caveats to include NQF but not to the extent that it would complicate scoring.

    b. Iyah Romm said he agrees with Dr. Sherman's comments and that if the SQAC isn't recommending what NQF endorsed then the SQAC may think about a list of priorities. Iyah Romm suggested that the measures go through two tests: Yes/No for the SQAC priorities and a Yes/No for NQF endorsement and if the measure passes one of those two thresholds then the SQAC could consider the measure to be included in the SQMS. He also said that NQF endorsement could be limiting and raised the concern that measures that could be "ahead of the curve" would be left out.

        i. Amy Whitcomb Slemmer agreed with Iyah Romm's idea about applying two filters to before evaluating a measure.

ii. Dr. Feldman said that measures such as domestic violence measures would be left out of the SQMS, even though these measures are a priority, if only measured against NQF endorsement.

c. Ann Lawthers said that field implementation was important to think about and asked if NQF and MAP endorsement carried more weight than implementation of the measure.

d. Amy Whitcomb Slemmer said that while an NQF endorsement is desirable, she did not want any measures to be overlooked due to a lack of NQF endorsement.

e. Catherine Moore cautioned the group not to rely too much on NQF endorsement. She said that it would be preferable to consider good measures but did not want the measure evaluation and recommendation process be tied to the NQF. She described some instances where previously endorsed NQF measurements lost endorsement for performance because of near universal strong performance on the measure.

f. Dr. Dana Safran concluded that the group seemed to agree that NQF/MAP endorsement is worthy of consideration but the measure should also meet other requirements such as field implementation and alignment.

9. Dr. Dana Safran moved the discussion to validity and reliability. She noted that reliability and validity are different; reliability is the stability of the estimate. She first wanted to discuss the reliability of measures and asked if the SQAC had any thoughts about this.

    a. Catherine Moore asked the SQAC to be aware of "never events" and how those types of events would affect sample size. She suggested that these "never events" be grouped together and asked the SQAC to consider if the particular use of the measure is worth incorporating.

        i. Dr. Dana Safran said that reliability is important and measurement for rare events can be packaged together so that we can accurately assess performance. She noted thatthere is an important distinction between reportable events vs. patterns.; she felt we need an indicator of patterns and that can address the issue of sample size.

        ii. Iyah Romm said that the SQAC would have to really think about this when there is low reported volume and how to override reliability and validity.

        iii. Dr. Madeleine Biondolillo said she agrees with Iyah Romm's comments and raised concerns that the further towards statistical relevance these discussions move, the opportunity to focus on improvement could be lost.

        iv. A phone participant said that the SQAC should keep both of these considerations in the recommended framework.

10. Dr. Dana Safran then asked if the SQAC had any thoughts about validity.

    a. Ann Lawthers said that that a definition of "validity" is necessary.

    b. Iyah Romm said that defining reliability and validity based on the EPPM definitions would be helpful because the concepts are complicated and it could be hard to come up with good definitions for these.

    c. Dr. Dana Safran asked if the group wanted to combine the two concepts.

    d. Chair Boros asked if the measure was NQF endorsed, if we could skip this step.

        i. Dr. Dana Safran said that it is not advised because the reliability of a measure at a particular care-setting level (such as a hospital) is not evaluated by NQF. She said that the field of measurement and sample size is now a part of performance evaluation.

    e. Iyah Romm said that he saw consensus that the concepts of validity and reliability needed to be refined.

        i. David Smith from the Massachusetts Hospital Association said that on the scoring sheet, any score of "1" skews an unacceptable measure and that a column should be able to get a "0" score.

            1. Dr. Dana Safran acknowledged his comment.

11. Dr. Dana Safran opened up EPPM criteria about sufficient variability or insufficient performance for discussion. She asked the group to think about consistent reporting – if 99% of respondents have high performance, what does this mean?

        i. Dr. Michael Sherman asked the group to think about where this fits.

        ii. Ann Lawthers said that there is a role for measures that show high performance to be tracked over time and these measures should be kept in the SQMS. She gave the example of childhood immunizations.

            1. Chair Boros noted that the rubric does not mean that the measure automatically gets into the SQMS but that a discussion about inclusion for these measures is important.

            2. Dr. Dana Safran said that this should not be the formal part of the recommendation and that continually monitoring performance is important.

a. Iyah Romm agreed with Dr. Dana Safran's comments.

12. Dr. Dana Safran asked if the SQAC wanted to be specific to include "provider intervention" in the evaluation criteria and definitions.

    i. Catherine Moore asked for more clarity in the meaning of "provider intervention" to facilitate more consistency.

    ii. Iyah Romm said that Dr. Dana Safran is referring to evidence-based intervention at the unit of measurement that would be tailored to the setting.

    iii. Dr. Dana Safran said that not all measures are applied to providers, so the language should measurement at the appropriate unit of measurement.

    iv. Iyah Romm said that the spirit of this is that that SQAC needs to be mindful that there are many areas where the treatment course should be applied appropriately.

        1. Dr. Dana Safran said that the "evidence-based" term could have unintended consequences on the treatment course.

        2. Chair Boros said that this could be addressed by adding an "expert opinion" field in the text of the scoring key.

        3. Dr. Dana Safran said that there is shared accountability and that it is not easily measured at the provider level.

            a. Iyah Romm suggested that the SQAC discuss the issue of applying a different unit of measure further.

13. Dr. Dana Safran moved onto the criterion regarding provider review of results before public reporting. She said that the field implementation speaks to the spirit of this criterion.

    i. Dr. Michael Sherman said that this is the right place to consider this.

    ii. Chair Boros said that the spirit of this criterion is also reflected in the SQMS regulation.

14. Dr. Dana Safran continued onto the criterion regarding "ease of measurement" and asked if the group thought anything else was needed in this criterion.

    a. Amy Whitcomb Slemmer wanted to know why this is a separate criterion.

    b. Dr. Michael Sherman asked if the "ease of measurement" is sufficient as a criterion.

    c. Chair Boros said that this is the discussion of data availability versus new data collection.

d. Dianne Anderson said she would like the language in this criterion to be clarified.

e. Dr. James Feldman said that there is a parallel process vs. a sequential process in this regard.

f. Iyah Romm said that even if a measure passes through this criterion, there is still room for discussion.

g. Dr. Dana Safran concluded that there are only minor suggestions to this and that everyone noted that consistent scoring is important.

15. Catherine Moore wanted to go back to the discussion about priority and said that if a measure is not a priority, the SQAC could put it in a separate bucket. Then, the SQAC can choose not to recommend the measure at all or not recommend the measure at the time and re-visit the measure at a later date.

16. Amy Whitcomb Slemmer said that it was a good discussion because the goals of the meeting were laid out clearly.

17. Iyah Romm asked about field implementation and public reporting. He wanted to know if they should shift the lens to include other areas of accountability.

    a. Dr. Dana Safran said this is a good idea.

    b. Iyah Romm said that Dr. Richard Lopez had raised this in previous meetings that establishing a minimum threshold is important to keep in mind.

        i. Ann Lawthers said that it would be necessary to first see the distribution and then set the threshold.

        ii. Dr. Dana Safran said that the SQAC staff could use the “extreme” tests to see if the measure passes on math and then decide on the weight for each criterion.

18. Chair Boros, Dr. Dana Safran and Dr. Michael Sherman thanked everyone for their participation and the meeting was adjourned at 10:37am.