
Statewide Quality Advisory Committee (SQAC) Evaluation Workgroup Meeting



August 1, 2013



Purpose of the Workgroup

- To review and revise the Committee's draft evaluation process and criteria for non-mandated measures
- To develop and recommend an evaluation process and criteria to the Committee on August 19th



Current SQMS Measure Evaluation

- Current evaluation tool is based on the Expert Panel on Performance Measurement / Health Care Quality and Cost Council (EPPM/QCC) criteria
- Received feedback that SQMS evaluation could be
 - Clearer and more transparent
 - More meaningful
 - More efficient
- Considered National Quality Forum, Measure Applications Partnership and other evaluation frameworks when developing proposed revisions



Crosswalk of Measure Evaluation

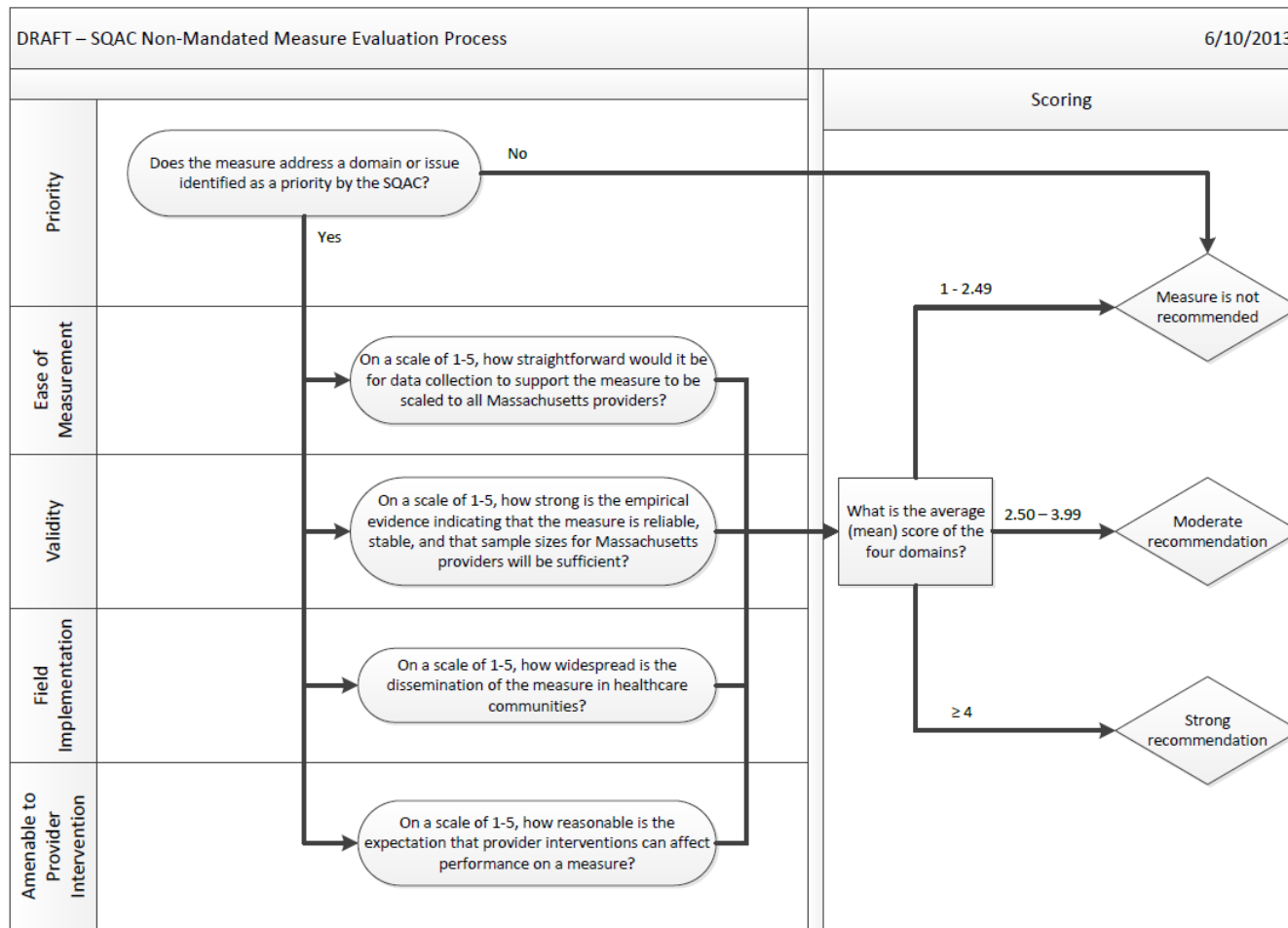
Evaluation Tool	Condition(s) for Evaluation	Evaluation Criteria	Scoring	Score Thresholds for Recommendation
SQAC 2012, based on EPPM/QCC	Must address priority area	<ol style="list-style-type: none"> 1. Drawn from nationally-accepted std. set 2. Meaningful to patients and providers 3. Stable and reliable 4. Sufficient variability or insufficient performance 5. Measured entity associated with variance 6. Provider engagement in measure develop. 	0-10, without definitions	No
NQF	<ol style="list-style-type: none"> 1. Public domain 2. Identified entity responsible for measure maintenance 3. Intended use includes both public reporting and QI 4. Complete information 	<ol style="list-style-type: none"> 1. Important to measure and report 2. Reliable/valid 3. Usable 4. Feasible 	High, medium, low and insufficient, with definitions	Yes
MAP	No	<ol style="list-style-type: none"> 1. NQF endorsement (or expedited review) 2. Meets NQS priorities 3. Addresses high-impact conditions 4. Aligns with intended program use 5. Set inc. appropriate mix of measure types 6. Enables measurement across person-centered episode 7. Considers health disparities 8. Promotes parsimony 	Expert judgment of Committee	Expert judgment of Committee
SQAC 2013	Must address priority area	<ol style="list-style-type: none"> 1. Ease of measurement 2. Validity 3. Field implementation 4. Amenable to provider intervention 	1-5, with definitions	Yes

Draft Revisions to SQMS Evaluation

- Based on the review of nationally accepted evaluation criteria, SQAC staff
 - Kept the QCC/EPPM criteria
 - Streamlined criteria, based on NQF process
 - Kept condition for evaluation (meets priority area)
 - Reduced score range from 0-10 to 1-5 rating
 - Developed a definition for each rating
 - Created a score threshold for each recommendation level



Draft SQAC Evaluation Process



Draft SQAC Evaluation Criteria

DRAFT – SQAC Non-Mandated Measure Evaluation Process – Scoring Key					6/10/2013
	1	2	3	4	5
Ease of Measurement	All necessary data elements are unavailable.	Some necessary data elements are unavailable.	Data elements are available, but attribution elements are poorly defined.	Data and attribution elements are available but field testing has been limited in Massachusetts.	Data and attribution elements are available and field testing is robust, or measure is already publicly reported.
Validity	No evidence is provided regarding validity, reliability, and minimum sample size.	Evidence regarding validity, reliability, and minimum sample size has more deficiencies than strengths.	Evidence regarding validity, reliability, and minimum sample size has both deficiencies and strengths.	Evidence regarding validity, reliability, and minimum sample size is such that the strengths outweigh the deficiencies.	Adequate reliability, stability, and minimum sample sizes are demonstrated, or measure is endorsed by NQF at the indicated provider level.
Field Implementation	The measure has not been implemented in a healthcare market, provider practice, or plan population.	The measure has been implemented in a field environment, but evaluation results are unfavorable or unavailable.	The measure has been implemented in a field environment, and evaluated positively in the literature.	The measure has been implemented in a field environment, and evaluated positively, but not at the indicated provider level.	The measure is publicly reported at the indicated provider level.
Amenable to Provider Intervention	There are no evidence-based interventions that can drive performance on the measure.	There are minimally-evaluated interventions that may drive performance on the measure.	There are evidence-based interventions that have an impact on patient outcomes, but have not demonstrated direct correlation with performance on the measure.	There are evidence-based interventions that drive performance on the measure, but have not been evaluated as delivered by the indicated provider type.	There are standard practice guidelines that fall within the scope of the indicated provider that drive performance on the measure.



Discussion

- Review and revise draft evaluation process and criteria

Goal

- Present recommended evaluation process and criteria at the next SQAC meeting

Monday, August 19th

3-5 p.m.

2 Boylston Street, 5th Floor

Boston, MA 02116

