Statewide Quality Advisory Committee (SQAC) Meeting
Monday, February 10, 2014
3:00pm-5:00pm
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. James Feldman, Jon Hurst, Ann Lawthers, Dr. Richard Lopez, Catherine Moore (for Dolores Mitchell), Katie Barrett (for Dana Safran), Iyah Romm (non-voting), Amy Whitcomb Slemmer

Committee Members Participating by Phone: Dr. Madeleine Biondolillo (non-voting), Dolores Mitchell, Dana Safran, Dr. Michael Sherman,

Committee Members Not Present: Kim Haddad (non-voting)

Other Attendees: Kristina Philipson (CHIA)

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1. Chair Boros opened the meeting and Committee members introduced themselves. He said that because there was not a quorum [to start the meeting], the Committee would vote on the October 21, 2013 and December 16, 2013 meeting minutes at the end of the meeting if a quorum was present.

2. Chair Boros stated the purpose of the meeting: 1) to discuss the usefulness and meaningfulness of the SQMS, specifically in the context of hospital reporting and the pediatric population, but also for other purposes; and 2) to explain the process for the upcoming public call for proposed measures. He said that Kristina Philipson, CHIA's Director of Quality, would present details on the current status of the measure set and its usefulness for a variety of purposes.

3. Chair Boros said that an additional purpose of this and future SQAC meetings would be to determine the completeness of the SQMS and for the SQAC to advise CHIA on how to best utilize the measures in the SQMS.

4. Kristina Philipson said that CHIA staffs are beginning to assess the adequacy of the measures in the SQMS for various uses. She said that data was readily available for many SQMS measures, including 1) HCAHPS; 2) ARHQ Patient Safety Indicators; 3) CMS hospital process measures for heart failure (HF), acute myocardial infarction (AMI), pneumonia (PN), and the surgical care improvement project (SCIP); 4) 30-day all-cause hospital-wide readmissions; 5) computerized physician order entry; and 6) rate of elective delivery prior to 39 weeks. She said that all of these

measures were reported last year except 30-day all-cause hospital-wide readmissions, computerized physician order entry, and rate of elective delivery prior to 39 weeks.

5. Kristina Philipson said that the goal of public reporting was transparency. She asked to what extent the SQMS were a complete measure set for the purposes of public reporting.

    a. Dianne Anderson asked what time period these measures would be reported on.

        i. Kristina Philipson answered that measures would either be reported for 2012 or 2013 depending on the measure. She said that patient experience measures would be available for 2013, but for other measures the data is from 2012.

    b. Katie Barrett said that a number of measures are being retired by CMS or AHRQ between 2014 and 2016. She said this would decrease the number of measures in the HF, AMI, and PN groups.

        i. Kristina Philipson asked whether CHIA should stop reporting on these measures when they are retired, try to continue reporting on them after they are retired, or stop reporting on them now. She said that the reason for measure retirement was high compliance combined with low variability in performance.

            1. Chair Boros said that the default would be to stop reporting on measures as they are retired.

                a. Dr. James Feldman supported this default, unless there is a specific argument for a certain measure.

                b. Catherine Moore said that one advantage of keeping the measures in the SQMS would be to prevent compliance rates from slipping.

                    i. Ann Lawthers said that many of these measures can only be calculated by chart abstraction.

                c. Iyah Romm said that every domain with a retired measure is captured through another measure in the set. He said that this supported the default proposed by Chair Boros.

6. Kristina Philipson asked the Committee about the possibility of substituting one measure for another similar measure when data would be more widely available for the substituted measure. She used the example of the rate of elective delivery prior to 39 weeks; the data for the measure in the SQMS is supplied by Leapfrog, which received its data through voluntary reporting by hospitals; CMS Hospital Compare reports on PC-01, which is roughly the same but may be more uniformly reported.

a. Amy Whitcomb Slemmer said that the approach Kristina described seemed wise.

b. Iyah Romm said that we should keep measures from previous years moving forward; if CHIA substituted one measure now but later used the original SQMS measure, it would be important to keep both measures.

c. Chair Boros said that CHIA will identify any measure substitutions and notify the Committee. He said that due to time restrictions, there may not always be a chance to fully discuss this in a meeting before moving forward, but that CHIA will discuss any substitutions with the Committee to gather input on the risks and benefits of the substitution.

7. Kristina Philipson asked the Committee for recommendations on benchmarks.

    a. Amy Whitcomb Slemmer said that CHIA should use the top providers as the benchmark, and invite local hospitals to do better.

    b. Iyah Romm recommended including 50th, 75th, and 90th percentiles in the database of measure scores. He said that most out-of-state data will only be available as state averages, but more detailed information would be available in-state. He also mentioned the possibility of separating community hospitals from the major teaching units, but noted that small sample size may make this impossible.

        i. Dianne Anderson agreed that separating hospital types was relevant to the different populations to which the SQMS apply, but agreed with Iyah Romm's concerns about whether this would be statistically possible.

        ii. Chair Boros said that separating out by both percentile and hospital type may result in a confusing dataset. He asked the Committee for recommendations on the most meaningful way to stratify the data.

            1. Dr. James Feldman said that a national comparison may be less useful to consumers in the state.

                a. Chair Boros said that the central question was about whether quality or relative quality is more important. He said that absolute quality was more reflected by national benchmarking, where relative quality was more reflected by state benchmarking. He said that he preferred a focus on absolute quality because Massachusetts providers are generally better than the national average, so a national benchmark would tell a more accurate and complete story.

b. Iyah Romm said that he agreed with Chair Boros' preference for national benchmarks. He said considering quality in the context of cost is important; showing how Massachusetts performs on quality relative to the nation is important considering the relative high cost of care in the state.

2. Dr. Richard Lopez said that since the intended audience of the database is researchers, concern about including too many benchmarks are less critical than they would be for a consumer-oriented dataset.

3. Dana Safran said that it would also be useful to include an indicator for what improvement is achievable in the reported measures.

iii. Kristina Philipson said that as mandated measures are retired, they are expected to be replaced with measures that will be added to the SQMS.

1. Dr. Richard Lopez said that if the measure set did shrink, it would present the opportunity to improve the set as a whole.

iv. Kristina Philipson said that the data on some measures currently in the SQMS are not readily available. She said that, for example, the measure Hospice and Palliative Care – Treatment Preferences is based on a voluntary survey; it is currently not known what percent of hospitals are using this survey.

1. Amy Whitcomb Slemmer said that in order for the measure set to be robust, it may be necessary to require hospitals to provide data beyond what they are required to provide to other sources.

2. Chair Boros said that once a process is in place to report on the measures for which data are currently available, the Committee will discuss a timeframe and special considerations regarding reporting other measures in the SQMS.

8. Kristina Philipson said that CHIA has categorized the SQMS by various uses: 1) public reporting and transparency; 2) monitoring the health care system; 3) provider tiering; and 4) consumer decision-making. She asked the Committee for their assessment of whether the current SQMS was useful for each of these purposes.

a. Chair Boros noted that the discussion of measures for provider tiering would occur at the next Committee meeting.

b. Dr. Richard Lopez said that most of the current measures should be used for monitoring, but that the number of measures that could be used for consumer decision-making was very small.

i. Amy Whitcomb Slemmer said that some measures in the set that CHIA had not indicated for consumer decision-making could be used for this purpose.

ii. Iyah Romm said that there was a broader question about how to present measures. He said that all safety measures could be important for consumer decision-making, but due to sample size, not all are good measures on which consumers should base decisions. He said that the good measures for this purpose are: 1) rate of babies electively delivered before full-term; 2) hospital-wide all-cause unplanned readmission; 3) plan all-cause readmissions; and 4) individual HCAHPS measures. He said that a potential option for safety indicators would be a composite PSI, but indicated that the PSI-90 was not necessary a good composite measure to support consumer decision-making.

c. Chair Boros asked the Committee members for their thoughts on a very simplified reporting mechanism, such as reporting on the 4 areas Iyah Romm mentioned using a "traffic light" system.

i. Amy Whitcomb Slemmer said that CHIA and the Committee's goal is to communicate complicated information to Massachusetts consumers in an understandable way. She said that this is an opportunity to raise the level of patient awareness and engagement in the state. She said that other measures beyond these 4 should be used if they could be described to consumers in a meaningful way.

ii. Ann Lawthers said that providers and insurance companies drive most decisions about which hospital a patient goes to. She said that given this dynamic, there is limited opportunity to set a different expectation for consumer decisions on hospitals using reported quality measures.

iii. Dr. James Feldman asked if there was a chance to engage with consumers regarding their thoughts on the SQMS. He said that significant education is needed on what the measures mean.

1. Chair Boros said that an interagency workgroup is considering these issues.

9. Kristina Philipson said that in the December 2013 Committee meeting, there was a recommendation to examine the completeness of the SQMS for specific populations. She said CHIA staff started this by examining the SQMS measures for pediatric population. She said that the SQMS included measures specific to the pediatric population, as well as measures that included both adults and children. She asked the Committee whether there would be problems isolating the pediatric population from the measures that spanned a wider age range.

a. Ann Lawthers said that MassHealth is currently using these measures, and is weighting the pediatric and adult populations differently. She said separating the pediatric population would not present problems.

    i. Dr. Richard Lopez said that separating out the pediatric population would eliminate the chance to benchmark these measures.

    ii. Iyah Romm said that the benefit of restricting the measures to the pediatric population was showing their impact on a specific population. He said that the need for benchmarking was more important, but that an option would be to track performance on the measure for pediatric patients specifically, but report on the full measure.

b. Kristina Philipson asked the Committee whether the pediatric subset of measures was comprehensive. She said that CHIA had spoken with the Massachusetts Child Health Quality Coalition (CHQC) about potential additional measures for the SQMS, and identified these additional measures in the meeting materials.

    i. Dolores Mitchell said that the dental measures and suicide risk assessment were important measures and should be considered for inclusion in the SQMS.

    ii. Iyah Romm said that the suicide risk assessment, medication reconciliation, and ambulatory care emergency department visits were particularly important measures. He said that the Central Line Associated Blood Stream Infections (CLABSI) measure was already being tracked, so the data would be available.

    iii. A public attendee from the CHQC said that a recent project was working on pediatric measures of care coordination for behavioral health. She said that these measures may be useful for the future.

c. Chair Boros said that there is no current plan to produce a report specifically on pediatric measures.

10. Chair Boros turned the conversation to the call for proposed measures. He said that the primary function of the Committee is to keep updating the SQMS. He said that an extended call for proposed measures would be posted online on February 11, 2014, and that the nomination process would be open through May 15, 2014. After May 15, the Committee would evaluate the nominated measures and form recommendations. Chair Boros said that the call for nominations would be open for all measures, but that CHIA would specifically solicit measures for the following focus areas: 1) pediatric care; 2) overuse/misuse of resources; 3) behavioral health; 4) care coordination; and 5) patient-centered care.

    a. Amy Whitcomb Slemmer said that end-of-life care would also be a potential area of interest.

11. Chair Boros asked for a motion to approve the minutes from the October 21, 2013 meeting.
    a. The Committee approved the October 21 meeting minutes unanimously.
12. Chair Boros asked for a motion to approve the minutes from the December 16, 2013 meeting.
    a. The Committee approved the December 16 meeting minutes unanimously.
13. The meeting was adjourned at 4:15 PM.

List of Meeting Materials:

- Meeting agenda
- Presentation
- Meeting minutes from October 21, 2013 and December 16, 2013
- Proposed SQMS measures for hospital reporting
- Subset of SQMS measures for pediatric population
- SQMS measures by focus area

Next Committee Meeting:

Monday, April 14
11:30 a.m. – 1:30 p.m.
2 Boylston Street, 5th Floor
Boston, MA 02116