Statewide Quality Advisory Committee

Quality Priorities

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Agenda

- Welcome and Business Items   3:00 – 3:05

- Scoring and Narrowing Priorities   3:05 – 3:45

- Pros and Cons of Potential Priorities   3:45 – 4:45

- Other/Next Steps   4:45 – 5:00

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Scoring and Narrowing Priorities

QUALITY PRIORITIES

Scoring Process

- Proposed quality priorities were scored against 10 criteria.
- For each criteria, excluding, "Is it aligned with the priorities of other stakeholders?" the scoring is as follows:
  - Yes = 2 points
  - Sometimes = 1 point
  - No = 0 points
- For "Is it aligned with the priorities of other stakeholders?" the scoring is as follows:
  - Yes = 4 points
  - Sometimes = 2 points
  - No = 0 points
- The total amount of points possible for any one priority is 22.

Criteria

Criteria	Definition
Can gaps in the quality of care be identified?	Can gaps in the quality of care be identified, either relative to other states or absolutely?
Can performance be improved and is there a performance goal that can be identified?	Is there an evidence-base or known best practice as to how transform care and is there a performance goal that can be identified? Is there evidence as to what the correct level should be, or the direction the measurement should be moving toward?
Is it aligned with the priorities of other stakeholders?	Are there existing state or private efforts or planning initiatives focused on this proposed quality priority?
Is quality measurement feasible by provider/payer?	Do quality measures or initiatives to create measures exist that address this priority area?
Is quality measurement feasible by CHIA?	Are measures related to proposed quality priority included in the SQMS that CHIA are currently able to report, or could CHIA report measures that address this proposed quality priority?
Does it impact a large group of citizens?	What is the relative size of the population impacted by the proposed quality priority?

Criteria (continued)

Criteria	Definition
Does it go beyond PCPs?	Does the proposed quality priority extend beyond the PCP to include others such as specialists, coordination among different providers or the health care system as a whole?
Can it lower costs?	Will implementing this proposed quality priority tend to lower costs across the health care system?
Will it not create new burden to providers?	Will the implementation of this proposed quality priority create a new practice or measure reporting burden on providers?
What is the ability of the health care system to drive change?	Can the health care system drive change in this proposed quality priority area, or is it outside the control of the health care system?

Proposed Quality Priorities Scoring At or Above the Mean

Potential Quality Priority	Clinical or Cross Cutting	Total Score
Maternity	Clinical	16
Childhood obesity	Clinical	16
Obesity	Clinical	16
Primary Care Integration With Behavioral Health	Clinical	16
Children's access for MH and SA treatment services	Clinical	15
Opioids	Clinical	15
Readmissions	Cross Cutting	21
Patient experience	Cross Cutting	19
Patient safety, inpatient	Cross Cutting	18
Parity/health equity	Cross Cutting	18
Care planning: avoidable hospitalizations	Cross Cutting	18
Transparency	Cross Cutting	15
Patient Activation	Cross Cutting	15

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Proposed Quality Priorities With Lower than Average Scores Through Tool

- These potential priorities will not be discussed further unless SQAC decides to continue consideration:

Priority	Score
Care planning: End of life	14
Access to care	14
Care planning: care coordination	13
Patient safety, outpatient	13
Integration of community and social supports with medical care	8

Discussion of Potential Priorities

QUALITY PRIORITIES

Maternity

- **Reasons to include**
  - While there has been progress, there are remaining gaps in care that can be identified
  - We know how to measure this
  - The health care system can drive change in this area

- **Reasons to not include**
  - Not aligned with the priorities of other stakeholders

Obesity, Childhood and Adult

- **Reasons to include**
  - Obesity is long-standing public health issue
  - Ability to measure level of obesity
  - Addressing issue can address long-term health care costs

- **Reasons to not include**
  - Not clear that health care system can drive change

Primary Care Integration With Behavioral Health

- **Reasons to include**
  - Aligned with the priorities of other stakeholders
  - Consistent with efforts to focus on patient-centered care

- **Reasons to not include**
  - May be difficult to measure how progress impacts outcomes

Opioids

- **Reasons to include**
  - Aligned with the priorities of other stakeholders
  - Impacts a large group of citizens

- **Reasons to not include**
  - Not clear that health care system can drive change

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Children's Access for MH and SA Treatment Services

- **Reasons to include**
  - Access to services need improvement

- **Reasons to not include not include**
  - May be difficult to measure
  - May not lower costs

Readmissions

- **Reasons to include**
  - Identified area where unnecessary care is being provided
  - Understand how performance can be improved and measured
  - Aligned with the priorities of other stakeholders
  - Will result in lower costs

- **Reasons to not include**
  - Significant work underway
  - Does it require more attention to drive change?

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Avoidable Hospitalizations

- **Reasons to include**
  - Identified area where unnecessary care is being provided
  - Understand how performance can be improved and measured
  - Aligned with the priorities of other stakeholders
  - Will result in lower costs

- **Reasons to not include**
  - Significant work underway
  - Does it require more attention to drive change?

Patient Safety, Inpatient

- ## Reasons to include
  - Still significant room for improvement
  - Completely within health care systems control to drive change

- ## Reasons to not include
  - Not clear that it needs more attention

Patient Experience

- **Reasons to include**
  - Ultimate measure of success of health care system

- **Reasons to not include**
  - Subjective on part of each individual patient
  - Improved experience may not lower costs

Patient Activation

- ## Reasons to include
  - Engaging an individual in on care is important step in improving health outcomes over time

- ## Reasons to not include
  - Difficult to measure overall success

Parity/Health Equity

- **Reasons to include**
  - Inequity in access to health system is key issue

- **Reasons to not include**
  - While health care system issue, more about access then quality
  - May not result in overall lowered costs

Transparency

- ## Reasons to include
  - Having access to data is important in understanding how health care system is working

- ## Reasons to not include
  - Perhaps this is more a tool rather than quality priority on its own

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Next Steps

- ## September 21st:
  - Finalize proposed quality priorities
  - Presentation on tiering measures and evaluation results