SQAC Scoring Priority Scoring Tool
Definitions and Methods
July 17, 2015

Document Purpose

To assist in considering potential quality priorities for the Commonwealth, we have developed the attached scoring tool. The tool is based on the criteria that the SQAC established for this project at its May meeting, with some additions based on feedback we have received during this process.   This document describes how the scoring tool works. **Please review this document and then look at the scoring tool. We are looking for your feedback as to whether you disagree with any of the scores for the proposed quality priorities across the criteria. Please provide any comments to the scores by the close of business on Wednesday, July 22nd. We are particularly interested in your feedback on the alignment column. If you have any questions please do not hesitate to contact Beth Waldman or Michael Joseph at 781-453-1166.**

Criteria Definition

Using the scoring tool, Bailit scored each proposed quality priority across the following 10 criteria, using the definition included in the table, based on the degree to which it met the criteria.

Criteria	Definitions
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[1]?	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?
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?

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[1] CHIA scored this measure.

Criteria	Definitions
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?

Scoring

A measure could be scored a "yes" if it met the criteria, a "sometimes" if it sometimes or partially met the criteria or "no" if it did not meet the criteria.   Please note that to make the scoring work for the criteria regarding not creating additional burdens to providers the criteria had to be phrased, "Will it not create new burden to providers?" and the scoring is a bit counter intuitive as the affirmative answer "yes" means yes the priority will <u>not</u> create a new burden to providers.

For all of the 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

Because stakeholder alignment is of significant importance to the success of the initiative, and there is no other similar criteria, the question "Is it aligned with the priorities of other stakeholders?" has been assigned a higher point level than the other criteria.   In scoring this section, Bailit tried to assess the degree of alignment between the proposed quality priority and activity of other stakeholders. For example, a "yes" would indicate that the area was aligned with more stakeholders while a "no" would indicate that an area was only aligned with one stake holder.

- Yes = 4 points
- Sometimes = 2 points
- No = 0 points

The total amount of points possible for any one priority is 22.