Statewide Quality Advisory Committee (SQAC) Bylaws

This document serves to define a process by which the Committee will function, including but not limited to group process, identification, review and evaluation of candidate measures of quality, and prioritization of recommendations in an organized, efficient way that leads to the completion of a set of measures suited to the purposes of Chapter 288, §54 of the Acts of 2010.

Statutory Reference: **Chapter 288, §54 of the Acts of 2010**

Chapter 288, §54 of the Acts of 2010, as amended by Chapter 359 of the Acts of 2010, establishes the Statewide Quality Advisory Committee (SQAC). The SQAC will make recommendations that would require uniform reporting of a standard set of health care quality measures for health care providers, facilities and provider groups to be promulgated by the Department of Public Health (DPH).

The SQAC is co-chaired by the Commissioner of Public Health and the Commissioner of Health Care Finance and Policy. The members of the Committee are appointed by the Governor and are as follows:

- Executive Director of the Group Insurance Commission
- Director of Medicaid Office
- Representative from an acute care hospital or hospital association
- Representative from a provider group, medical association or provider association
- Representative from a medical group
- Representative from a private healthcare plan or health plan association
- Representative from an employer association
- Representative from a health care consumer group

The SQAC should examine existing quality measures and consult with experts as necessary. These quality measures must include:

- CMS Hospital process measures for heart attacks, congestive heart failure, pneumonia and surgical infection prevention
- The US Department of Health and Human Services' Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), which is a national, standardized survey of hospital patients.
- The Healthcare Effective Data and Information Set (HEDIS), a survey that is administered by the National Committee for Quality Assurance (NCQA). This national survey is used by more than 90% of health care plans to measure performance on care and service.
- The Massachusetts Ambulatory Care Experiences Survey

The final recommendations of this Committee will serve to advise DPH in promulgating regulations under M.G.L. Chapter 25P, §111.

Open Meeting Law:

Pursuant to MGL c.30A, §.18-25, the meetings of the SQAC are subject to Open Meeting Law (OML). The Massachusetts Attorney General's Regulation 940 CMR 29.10 allows remote participation in a meeting subject to specific restrictions defined in the regulation. The SQAC will vote whether or not to permit remote participation in instances in which circumstances meet the compass of unreasonable difficulty and in which a quorum of the public body is physically present, in alignment with OML guidelines and as adjudicated on a case-by-case basis by the Co-Chairs. No committee member may utilize the remote participation function of OML for more than two meetings per year.

Bylaws Overview

The name of the committee shall be the Statewide Quality Advisory Committee (SQAC). As defined under Chapter 288, §54 of the Acts of 2010 the purpose of the SQAC is to serve in an advisory role to the Department of Public Health ("Department") and the Division of Health Care Finance and Policy ("Division") in developing a standard quality measure set to enhance uniformity of reporting across the Commonwealth. The product of the SQAC should accordingly be recommendations to the Department to inform promulgation of regulations for measure reporting. The SQAC does not have a defined end-date, and instead is intended to longitudinally reassess and expand upon the Standard Quality Measure Set. Members of the SQAC are defined by statute. In the event of an open seat, the Co-Chairs will propose nominees to the Governor of the Commonwealth of Massachusetts, who retains the prerogative to fill vacancies. The statute specifies that members serve for two year terms. Members shall have one vote, and only members may vote. Designees are permitted for deliberation only. Members may resign at anytime by notifying the Co-Chairs and the Secretary of the Executive Office of Health and Human Services in writing. Any member of the SQAC shall fully disclose any relationship with an individual or with members of other organizations, which represents or has the potential to represent a conflict of interest or result in personal financial gain. The Co-Chairs shall preside over all meetings of the SQAC. In accordance with Massachusetts law, all meetings are subject to OML. Recommendations for revisions to the bylaws shall be considered at the prerogative of the Co-Chairs, and subject to approval by the Committee. The Co-Chairs shall submit them as approved into public record with or without changes.

Committee Scope, Process and Structure:

The SQAC will focus on identifying and endorsing measures for inclusion in the Standard Quality Measure Set and on recommending future priorities for quality measurement. With regard to measure identification, the SQAC will issue annual recommendations to the Department for the Standard Quality Measure Set. At a minimum, all endorsed measures will be reassessed every three years to ensure conformity with the priorities of the SQAC and reporting needs in the Commonwealth.

Nominating Non-Mandatory Measures for Evaluation:

Each member of the Committee will have the ability to nominate measures for evaluation during SQAC meetings through parliamentary process (nomination, second, deliberation, vote). A majority vote

endorsing or rejecting a given measure will be sufficient for consensus. At appropriate times, public attendees will have the opportunity to propose measures for nomination. A member of the SQAC must subsequently nominate such measures to allow for formal consideration by the committee. The SQAC Co-Chairs shall identify the appropriate time frame for measure nomination at the commencement of each annual session.

Approach to Evaluation of Measures: In assessing measures for inclusion in the recommended Standard Quality Measure Set, they will be evaluated against the criteria of priority, validity, and practicality. In keeping with the advisory role of the SQAC, the Co-Chairs will define priorities primarily through the expressed needs of the Department and the Division, but also with input from SQAC members and the public. Validity and practicality shall be semi-quantitatively scored based on alignment with the principles for quality measurement identified by the Health Care Quality and Cost Council (HCQCC).[1]

- ***Priority:*** measures should adhere to at least one of the Committee priorities - this will be a binomial (yes/no) evaluation for endorsement.
- ***Validity:*** measures should be sound, just, and well-founded in accordance with HCQCC principles 1, 3, 5 & 6.
    - Wherever possible, measures should be drawn from nationally accepted standard measure sets
    - There must be empirical evidence that the measure provides stable and reliable information, and that the data sources and sample sizes are sufficient for accurate reporting at the level chosen
    - There must be empirical evidence that the measured entity (clinician, site, group, institution) is associated with a significant amount of the variance in the measure. The measures offered for providers should, in totality, be representative of a significant proportion of their practices, OR
        - The measure is important for patients or communities, even though a clear consensus on accountability for performance has not been determined.
    - Providers should be informed about the development and validation of the measures and given the opportunity to view their own performance, ideally for one measurement cycle, before the data are used for public reporting. Where feasible, providers should be permitted to verify data and offer corrections
- ***Practicality:*** measures that are pragmatic, able to be applied without extensive additional work, and meet the practical considerations of this project/program in accordance with HCQCC principles 2 & 4.
    - Ease of data collection
    - The measure must reflect something broadly accepted as meaningful to providers or patients
    - There must be sufficient variability or insufficient performance on the measure to merit attention

[1] The HCQCC principles are available for review at http://hcqcc.hcf.state.ma.us/Content/AboutTheRatings.aspx.

As defined by the statute, the four mandated measure sets are a priority and therefore only the tests of validity and practicality should be applied. All measures except those in the mandated four sets must pass a "priority" test to be considered against other principles/criteria. A measure is considered practical based upon current data availability or whether a mechanism to collect the data is in place. A measure's validity will be considered based upon its alignment with the principles of the Health Care Quality and Cost Council.

All measures that meet the "priority" test are eligible for inclusion in the Standard Quality Measure Set. The performance of a measure or measure set against the tests of validity and practicality will determine the strength of the Committee's recommendation for their inclusion in the Standard Quality Measure Set.

- ***Strong recommendation***
    - If measure passes both the Practicality and Validity test, it is given a strong recommendation;
- ***Moderate recommendation***
    - If measure passes the Validity test, but not Practicality, the measure is considered valid, but further infrastructure development is needed for a strong recommendation;
    - If measure passes the Practicality test, but not Validity, the measure is considered not sufficiently valid, and further work on the methodology is needed for a strong recommendation;
- ***Weak recommendation***
    - If measure passes neither the Practicality nor Validity tests, the measure is given a weak recommendation.

Process: Work group staff and consultants will assign preliminary quantitative ratings to each measure or measure set for each aspect. SQAC members will have an opportunity to ask for clarifications regarding the preliminary ratings and discuss potential adjustments to the ratings before voting to approve or disapprove. For further consideration, a measure must meet a minimum threshold of validity and practicality. All measures meeting this threshold will be categorized according to the strength of recommendation, determined by their scores on Validity and Practicality.

Annual Reporting Process: The deliverables to be released by the SQAC as part of its annual reporting process are described below.

- ***Annual Standard Quality Measure Set:*** The list of measures recommended for inclusion in the Standard Quality Measure Set, categorized by the strength of recommendation derived from alignment with the evaluation criteria.
- ***Measure Evaluation Reports:*** Brief reports outlining how given measures align with the evaluation criteria, and any relevant discussion points. These reports will be released intermittently, following the Committee's decision whether or not to recommend a given measure or measure set.

- ***Annual Priorities Report:*** the document describing the Committee's recommendation for the future direction for the Commonwealth's quality measurement priorities as informed by the Co-Chairs, Committee, and the public at SQAC meetings.