

Statewide Quality Advisory Committee (SQAC) Meeting

Monday, September 18th, 2017

3:00pm-5:00pm

MEETING MINUTES

Chair: Ray Campbell

Committee Attendees: James Feldman (BU Medical Center & Mass Medical Society), Richard Lopez (Harvard Vanguard/Atrius Health), Michael Sherman (Harvard Pilgrim Health Care), Sharon Pigeon (Group Insurance Commission), Linda Shaughnessy (MassHealth), Katherine Shea Barrett (Health Policy Commission), Barbara Fain (Betsy Lehman Center), Wei Yeng (BCBSMA)

Committee Members Joining by Phone: Jon Hurst (Retailers Association of MA), Dianne Anderson

Other Attendees: Josh Manning (CHIA), Lisa Ahlgren (CHIA), Randi Berkowitz (MassHealth)

1. Chair Ray Campbell opened the meeting.
2. Chair Ray Campbell asked for a motion to approve the minutes from June 26, 2017 meeting. Minutes were unanimously approved.
3. Josh Manning and Lisa Ahlgren reviewed the open call for measures.
 - a. Lisa reviewed the process for the public call for measures that was open from May 4th to June 15th.
 - b. Lisa gave an overview of current priorities areas the SQAC identified in April.
 - c. Twenty-three measures were formally nominated. Seven of these are already in the SQMS (one submission is an expansion of a current SQMS measure), and sixteen new measures were nominated for inclusion.
 - d. Josh reviewed the measure evaluation tool and the process for staff scoring of nominated measures.
 - e. The scoring rubric includes four domains: 1) reliability & validity, 2) amenability to targeted improvement, 3) ease of measurement, and 4) field implementation. The score in each domain is on a scale of 0-4, and the latter two require a minimum score of 1 to be considered. The four scores are combined to make one aggregate measure score.
4. Josh began to go through each of the formally nominated measures.
 - a. Katherine Shea Barrett asked if there were any measures from mandated sets that would be removed this year.

- i. Lisa noted that this maintenance task would be addressed at the next SQAC meeting.
 - b. Measure 1: Influenza vaccination coverage among healthcare personnel
 - i. SQAC staff rated the measure “Strong” and recommended for inclusion.
 - ii. James Feldman asked about the unit of analysis for the measure.
 - 1. Josh Manning said that is a hospital measure, Wei Ying confirmed that BCBSMA uses it as a hospital measure.
 - iii. Linda Shaughnessy asked how the measure handles health care personnel who decline vaccination. Wei Ying replied that people who decline are included in the measure.
 - iv. The SQAC voted to include the measure in the 2018 SQMS.**
 - c. Measure 2: HBIPS-1: Admission screening for violence risk, substance abuse, psychological trauma history and patient strengths
 - i. SQAC staff rated the measure “Strong” and recommended for inclusion.
 - ii. Katherine Shea Barrett noted that there are not a lot of measures for psych facilities, and this fills a gap because SQMS typically is for acute setting.
 - iii. Josh added that there are already two HBIPS measures in the SQMS and that the inclusion of this measure set is not unprecedented
 - iv. A caller from the public shared that HBIPS-1 has been dropped from CMS.
 - v. Wei Ying responded that she had not heard it was dropped by CMS, but if this is true and there is no data source, the measure should not be included.
 - vi. Richard Lopez pointed out that if the measure was dropped from CMS, scores would fall in the areas of ease of measurement and field implementation, which might exclude it from the SQMS.
 - vii. Josh Manning noted that there is a lag between when CMS drops a measure when data becomes unavailable.
 - viii. Josh suggested that staff conduct follow-up research to confirm reason for exclusion, and report back to SQAC at the October meeting.
 - ix. The SQAC voted not to include at this time, and to vote on measure inclusion at the next meeting.**
 - d. Measure 3: Hours of physical constraint
 - i. SQAC staff rated the measure “Strong” and recommended for inclusion. Michael Sherman asked if there is a benchmark.
 - 1. Josh Manning said he isn’t sure if there is a benchmark but confirmed that lower scores are better, though there is a floor because some patients do require physical constraints.
 - ii. Wei Ying added that BCBSMA collects this measure and they use an algorithm to calculate the benchmark.
 - iii. The SQAC voted to include the measure in the 2018 SQMS.**
 - e. Measure 4: HIPS-3 Hours of seclusion use

- i. SQAC staff rated the measure “Strong” and recommended for inclusion.
 - ii. There was no specific discussion about this measure.
 - iii. **The SQAC voted to include the measure in the 2018 SQMS.**
- f. Measure 5: Alcohol Use Screening Measure
 - i. SQAC staff rated the measure “Good” and recommended for inclusion. Katherine Shea Barrett asked how the measure is collected, and Wei Ying replied that it is collected from the Joint Commission.
 - ii. Michael Sherman asked about the collection burden, and whether we have access to the data from The Joint Commission.
 - 1. Josh Manning noted that data is only publicly available for VA hospitals in Massachusetts.
 - iii. Linda Shaughnessy asked if this lack of hospital reporting is because the measure is voluntary.
 - iv. Wei Ying suggested that including the measure in the SQMS could help encourage more hospitals to report it.
 - v. A member of the public noted that collection of this data poses significant burden.
 - vi. Katherine Shea Barrett added that while this measure is important, perhaps it should not be included if hospitals can’t report it.
 - vii. Michael Feldman agreed that the measure’s importance may not be sufficient for inclusion, and that precision is also important.
 - viii. Wei Ying offered to look into how many providers report this measure to BCBSMA and report back to the SQAC at the October meeting.
 - ix. **The SQAC voted not to include at this time, and to vote on measure inclusion at the next meeting.**
- g. Measure 6: Median Time to transfer to another facility for acute coronary intervention
 - i. SQAC staff rated the measure “Strong” and recommended for inclusion. There was no specific discussion of this measure.
 - ii. **The SQAC voted to include the measure in the 2018 SQMS.**
- h. Measure 7: Aspirin at arrival
 - i. SQAC staff rated the measure “Strong” and recommended for inclusion. Josh noted that NQF endorsement was removed because the measure was considered topped out, but in a quick review of scores, staff did notice some degree of variation at MA hospitals.
 - ii. Katherine Shea Barrett asked if CMS measures are required in SQMS, and Josh Manning replied that certain sets are legislatively mandated to be included, but this measure is not.
 - iii. Wei Ying and Sharon Pigeon added that topped out measures are important to include to ensure scores stay high.
 - iv. **The SQAC voted to include the measure in the 2018 SQMS.**

- ii. Measure 8: Median time to ECG
 - i. SQAC staff rated the measure “Good” and recommended for inclusion. Josh noted that NQF endorsement was removed because there was a lack of evidence indicating that door to ECG time improves outcomes.
 - ii. Michael Sherman said that concerns about reliability and validity make it less compelling for inclusion in the SQMS.
 - iii. James Feldman added that the removal of NQF endorsement is important, and that the accuracy of the ECG accuracy is more important than time to ECG.
 - iv. Wei Ying noted that though an imperfect measure, it is an important component in comprehensive quality reporting. She also pointed out that this is an outpatient measure and fills an important gap in the SQMS.
 - v. Richard Lopez added that perhaps door-to-balloon time would be a better alternative to consider.
 - vi. **The SQAC voted not to include the measure in the 2018 SQMS.**
- j. Measure 9: Acute Stroke Mortality Rate
 - i. SQAC staff rated the measure “Good” and recommended for inclusion. Josh Manning noted that CHIA should have the data elements to calculate it in house using the Hospital Discharge Database.
 - ii. There was no specific discussion about this measure.
 - iii. **The SQAC voted to include the measure in the 2018 SQMS.**
- k. Measure 10: Thorax CT
 - i. SQAC staff rated the measure “Strong” and recommended for inclusion. There was no specific discussion about this measure.
 - ii. **The SQAC voted to include the measure in the 2018 SQMS.**
- l. Measure 11: Cardiac Imaging for preoperative risk assessment for noncardiac, low risk surgery
 - i. SQAC staff rated the measure “Good” and recommended for inclusion. There was no specific discussion about this measure.
 - ii. **The SQAC voted to include the measure in the 2018 SQMS.**
- m. Measure 12: Child HCAHPS
 - i. SQAC staff rated the measure “Good” and recommended for inclusion. Josh explained that this measure is used for children facilities, but there is a high cost associated with survey administration.
 - ii. Katherine Shea Barrett asked if the survey could be implemented at a hospital that was not specifically targeted for children, and Josh confirmed that it could.
 - iii. **The SQAC voted to include the measure in the 2018 SQMS.**
- n. Measure 13: Pediatric all condition readmission measure
 - i. SQAC staff rated the measure “Good” and recommended for inclusion. Josh Manning noted that this measure is similar to Child HCAHPS measure in terms of collection and challenges.

- ii. Michael Sherman said he supports this measure because readmission indicates that something could potentially be improved. He asked if the measure could be used similarly to readmission at general population acute hospitals, and if there were enough pediatric admissions to make the measure valid
- iii. Linda Shaughnessy added that MassHealth is trying to determine whether there is enough data on non-pediatric hospitals to use this measure in their ACO program.
- iv. **The SQAC voted to include the measure in the 2018 SQMS.**
- o. Measure 14: Prescriber monitoring compliance
 - i. SQAC staff rated the measure “Good” and recommended for inclusion.
 - ii. Josh explained that this measure is not NQF endorsed, and only collected by Massachusetts (Department of Public Health).
 - iii. He added that it is not used nationally and there is currently no reliability testing, but evidence in the literature does support the use of prescription drug monitoring programs, and the measure is targeted towards the opioid crisis which is a priority area for the SQAC.
 - iv. James Feldman asked if the monitoring allows a designee to get credit for a provider (i.e., a nurse practitioner or physician’s assistant in the practice).
 - i. Josh and Lisa replied that staff would need to follow up with DPH to answer that.
 - v. Katherine Shea Barrett asked at what level the data is being reported.
 - i. Josh Manning replied that it is provided at the prescriber level, but staff would need to further discuss with DPH appropriate use of the data to determine how and what level the information would be publicly reported.
 - vi. Wei Ying asked if there are internally developed measures in the SQMS.
 - i. Josh Manning replied that the SQMS can include internally developed measures if an alternative is not publicly available, and noted that it might be difficult to get the data from prescribers.
 - vii. Josh asked SQAC members if this measure needs more time to develop before it is appropriate for the SQMS.
 - viii. Katherine Shea Barrett supported that it might not fit in the role of the SQMS at this point.
 - ix. **The SQAC voted not to include the measure in the 2018 SQMS.**
- p. Measure 15: Substance use disorder evaluation in the ED following naloxone administration and suspected substance use disorder
 - i. SQAC staff rated the measure “Weak” and did not recommend for inclusion. Josh noted that this is an important area of quality reporting, but there is currently no evidence of reliability or validity.
 - ii. **The SQAC voted not to include the measure in the 2018 SQMS.**

- q. Measure 16: SCARED Screen for Child Anxiety-Related Disorders
 - i. SQAC staff rated the measure “Weak” and did not recommend for inclusion. Josh noted that this is not really a quality measure but a clinical tool, and therefore not appropriate for the SQMS. There was no specific discussion about the measure.
 - ii. **The SQAC voted not to include the measure in the 2018 SQMS.**
- 5. Following a vote on each measure (results included above), Josh shared a proposal staff received through the nomination process to amend the use of an existing SQMS measure.
 - a. Josh explained that Dana Gelb Safran of BCBSMA proposed that regarding the measure Follow-up after hospitalization for mental illness, health plans be allowed to use Physician HEDIS specifications for facilities.
 - b. Josh noted that the HEDIS measure is already in the SQMS, and the denominator is based on hospital discharges, supporting that calculation at the facility level would be appropriate.
 - a. Wei Ying noted that this provides an opportunity to fill the gap of behavioral health measures in the SQMS. The SQAC agreed that this use of the measure would be appropriate and the proposal passed.
 - b. **The SQAC voted to permit the use of the Physician HEDIS specifications for facilities.**
- 6. Lisa Ahlgren noted that staff also received informal submissions of 23 measures which did not undergo formal review, but are included in the SQAC materials for consideration to nominate next year.
- 7. Randi Berkowitz and Linda Shaughnessy shared a presentation about the MassHealth ACO program.
 - i. Randi explained that Massachusetts received federal approval and funding to restructure MassHealth and transition to accountable care, including additional funds for Delivery System Reform Incentive Payments (DSRIP), and recognition of two new types of service entities: Accountable Care Organizations (ACOs) and Community Partners (CPs). Goal is to better coordinate care
 - i. Organizations can be very small, hard to do contracting
 - ii. Goal is to build them into larger organizations
 - b. Randi described the ACO Pilot, which began in December 2016 with 6 organizations and will run for 1 year.
 - i. She noted that they do not yet have all the pilot data, but that the process has been helpful to prepare for implementation of the full launch.
 - c. Randi described the full ACO procurement plan, which is anticipated to start serving members in March 2018 and will include three ACO models:
 - i. Accountable Care Partnership Plans
 - i. Close relationship between MCO and ACO

- ii. Blending together care management strategy so there is a uniform approach to care management.
 - ii. Primary Care ACOs
 - i. ACOs that contract directly with MassHealth.
 - iii. MCO-Administrated ACOs
 - i. ACOs that contract directly with MassHealth MCOs.
- d. Randi noted that these ACOs will cover about 850,000 members
- e. Ray asked how this ACO program compares to those in other states.
 - i. Randi responded that CMS has been asking for information about Massachusetts has been doing, noting that she believes Massachusetts has one of the largest programs in the nation.
 - ii. Barbara asked which providers are included in the program.
 - i. Katherine Shea Barrett replied that it includes 80% of providers.
- f. Randi explained MassHealth's procurement of Community Partners to support behavioral health and LTSS support to ACOs and MCOs.
 - i. The goals of this procurement include:
 - i. To get members into care management plans.
 - ii. To help community based organizations get electronic health record systems and support integration with the medical community.
 - iii. To potentially work with a statewide system to incorporate electronic notifications.
- g. DSRIP Payment
 - i. Randi noted that the DSRIP payment incentives are intended to support motivating doctors to stay in community health centers, and to invest in building a workforce for psychiatry.
 - ii. Sharon Pigeon asked if telehealth will be included in the program.
 - i. Randi replied that it will, but it is yet undetermined to what capacity.
- h. Linda Shaughnessy shared an introduction to the ACO models, including MassHealth ACO goals and principles. She noted the following key goals:
 - i. To increase behavioral health and LTSS integration with medical care.
 - ii. To improve linkages for members with social services in the community.
- i. Linda explained the Flexible Services Program, noting that the 1115 Demonstration Waiver permits the use of some DSRIP funds to fund Flexible Services to support health-related social needs not currently reimbursed by MassHealth. She also noted that only ACO members will be able to receive these services at this time, though she expects this will be changing in the future based on conversations with CMS.
- j. Linda noted that the goal is to increase awareness among providers about services available for members.
- k. Linda reviewed the ACO quality goals and use of quality metrics for incentives. She also reviewed the guiding principles for designing the measure set they will use.

- i. Wei Ying asked if all providers will be required to report these measures.
 - ii. Randi replied that providers in Community Partners settings, quality measurement will rely on claims data to reduce the reporting burden.
 - iii. Katie Shea Barrett confirmed that the ACOs will be required to report on the measures.
- l. Richard Lopez asked if EHR use is a component of the program, noting that they are integral to integration and that it would be great if MassHealth could head a directive initiative to equip Community Partners with EMRs.
 - i. Randi agreed that this would be an exciting initiative, but identified concerns about sufficient IT capacity at MassHealth.
8. Ray Campbell noted that SQAC next meets on October 16, and that they will review the 2017 final report and recommend the 2018 SQMS at that time.
9. Ray Campbell concluded the meeting at 5pm.