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Massachusetts Statewide Quality Advisory Committee

Year 5 Final Report

January – October 2016



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BACKGROUND

The Massachusetts Statewide Quality Advisory Committee (SQAC) was established by Chapter 288 of the Acts of 2010, and reestablished by Chapter 224 of the Acts of 2012, *An Act Improving the Quality of Healthcare and Reducing Costs Through Increased Transparency, Efficiency, and Innovation*. Chapter 224 builds on Chapter 288 with an innovative set of market-based cost containment, health care delivery transformation, and health planning activities. Chapter 224 incorporated measures to ensure that cost containment efforts would not come at the expense of accessible, high quality health care. In a system where stakeholders are being increasingly asked to make value-based health care decisions, it was recognized that improved, standardized quality information was necessary to inform those decisions.

The SQAC is comprised of a diverse group of Massachusetts health care experts, industry stakeholders, and consumer advocates, and is chaired by the Executive Director of the Center for Health Information and Analysis (CHIA). The SQAC convened in 2012 with the goal of recommending the first-ever Massachusetts Standard Quality Measure Set (SQMS), a set of measures for each health care facility, provider type, and medical group in the Commonwealth. To do so, the SQAC engaged in a quality measurement priority setting process, solicited expert testimony on high-impact areas of quality measurement, and requested measure nominations. More than 300 nominated measures targeted to high-priority areas were reviewed and, ultimately, the SQAC recommended 130 measures for inclusion in the initial SQMS. Each year the SQAC reviews nominated measures, adds new measures, and removes retired measures to maintain an up-to-date and usable measure set.

The SQMS represents a wide range of clinical areas, including preventive health care, chronic disease management, pediatric, maternal and neonatal health, mental health, and substance abuse. It also includes indicators of efficiency, such as appropriate testing of upper respiratory infections and hospital readmissions, as well as measures of patient experience. The State Legislature mandated that the following nationally accepted measure sets also be represented in the SQMS: Centers for Medicaid and Medicare Services' Hospital Process Measures (for acute myocardial infarction, heart failure, pneumonia, and effective surgical care), Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), Healthcare Effectiveness Data and Information Set (HEDIS), and the Consumer Assessment of Healthcare Providers and Systems (CAHPS).

This report summarizes the work of the SQAC in 2016, including the annual recommendation of measures for the SQMS.



2016 MEETING CYCLE

Year 5 Process

In support of its mission to advise state agencies on health care quality data collection and reporting, the SQAC underwent a process of identifying statewide quality improvement priorities. The purpose of the quality priority setting process was to select areas for the SQAC to focus its attention in the next 3 to 5 years. In 2015 the SQAC, in partnership with Bailit Health Purchasing who facilitated the work, synthesized information on similar priority setting initiatives in other states, completed an informal assessment of quality issues and needs in the Commonwealth, conducted key informant interviews, and created a framework and criteria for evaluating and selecting quality priorities. In April 2016, the SQAC completed this process and named the following five domains or issues as statewide quality priorities: appropriateness of hospital-based care, integration of physical and behavioral health, maternity care, end of life care, and opioid use.

The SQAC also facilitated presentations from both the Massachusetts Health Policy Commission (HPC) and America's Health Insurance Plans (AHIP) on work related to quality measurement alignment. The HPC shared its developing Accountable Care Organization (ACO) Certification Program, most notably the proposed set of measures that would be used to evaluate and re-certify ACOs. AHIP presented the work of the Core Quality Measures Collaborative, a private-public partnership that aims to maximize the value of quality measurement and minimize the burden of data collection by refining, aligning, and harmonizing measures across payers and payment and accountability initiatives. In the spring of 2016, the Core Quality Measure Collaborative released consensus core measure sets for seven clinical areas. AHIP briefed the SQAC on both the process of developing consensus within the Collaborative, the planned use of the measure sets, and the future efforts of the Collaborative.

The SQAC concluded the meeting cycle by reviewing changes to measures currently in the SQMS and making its annual recommendation of measures for the set.

Changes to Mandated Measures

Chapter 224 requires four measure sets to be included in the SQMS: the CMS hospital process measures for acute myocardial infarction, congestive heart failure, pneumonia and surgical care; the Hospital Consumer Assessment of Healthcare Providers and Systems survey; the Healthcare Effectiveness Data and Information Set (HEDIS); and the Ambulatory Care Experiences Survey. The latter was replaced in 2013 by the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. These sets are subject to ongoing updates from the measure stewards. Staff recommendations and known updates to the mandated measure sets as of October 1, 2016 are outlined below.

1. Staff recommend that the SQMS reference the HEDIS Physician Measure set as the HEDIS subset of the SQMS. The HEDIS physician set includes measures and specifications designed to evaluate individual physicians, practice sites, or medical groups. Currently, the SQMS includes measures from the HEDIS Health Plan Measurement set. In years past, the SQAC has approved the removal of HEDIS Health Plan measures from the SQMS (e.g., Plan All-Cause Readmissions) because the measures do not apply to the current uses of the SQMS (provider



quality reporting, provider tiering). This recommendation would result in the removal of the following eleven measures from the SQMS, as they are currently only in the HEDIS Health Plan set:

- a. Annual dental visit
 - b. Aspirin use and discussion
 - c. CAHPS Health Plan Survey v 3.0 children with chronic conditions supplement
 - d. Counseling on physical activity in older adults
 - e. Fall risk management
 - f. Flu shots for adults ages 18-64
 - g. Flu shots for adults ages 65 and older
 - h. Medical assistance with smoking and tobacco use cessation
 - i. Osteoporosis testing in older women
 - j. Pneumococcal vaccination status for older adults
 - k. Urinary incontinence management in older adults
2. The retirement of two measure from 2017 HEDIS:
- a. Use of appropriate medications for people with asthma
 - b. Human Papillomavirus vaccine for female adolescents
- NOTE: both measures have been rolled into other HEDIS measures that are in the SQMS. Relevant specifications from measure (1a) are now included in the “Medication Management for People with Asthma” measure. Relevant specifications for measure (1b) are included in “Immunizations for Adolescents.”
3. The addition of five measures to the 2017 HEDIS:
- a. Follow-up after emergency department visit for mental illness
 - b. Follow-up after emergency department visit for alcohol or other drug dependence
 - c. Depression remission or response for adolescents and adults
 - d. Statin therapy for patients with cardiovascular conditions
 - e. Statin therapy for patients with diabetes
4. The removal of eight measures from the CMS hospital process measures sets, as these measures are retired by CMS or provider data submission to CMS is now voluntary:



- a. Evaluation of Left Ventricular Systolic (LVS) Function (HF-2)
 - b. Surgery patients on beta-blocker therapy prior to arrival who received beta-blocker during the perioperative period (SCIP-Card-2)
 - c. Prophylactic antibiotics discontinued within 24 hours after surgery end time (SCIP-Inf-3a)
 - d. Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery (SCIP-VTE-2)
 - e. Cardiac surgery patients with controlled postoperative blood glucose (SCIP-Inf-4)
 - f. Home management plan of care document given to patient/caregiver (CAC-3)
 - g. Detailed discharge instructions (HF-1)
 - h. Patients discharged on multiple antipsychotic medications (HBIPS-4)
5. The addition of one CMS hospital process measure, which replaces measure (4h) above because it has NQF endorsement, and CMS believes it sufficiently includes the information that HBIPS-4 was intended to collect.
- a. Patients discharged on multiple antipsychotic medications with appropriate justification (HBIPS-5, NQF #560)

A committee member suggested that the SQAC consider adding hospital outpatient measures to the SQMS and recommended three specific measures:

1. Median Time to Transfer to Another Facility for Acute Coronary Intervention – Reporting Measure (OP 3b)
2. Aspirin at Arrival (OP 4)
3. Median Time to ECG (OP 5)

Conclusion

In the 2016 meeting cycle, the SQAC concluded an in-depth process of identifying quality priorities and named five specific areas of emphasis for future focus. The SQAC also discussed the quality measures that may be used in the HPC's certification of ACOs and the measure sets released by Core Quality Measure Collaborative to promote the simplification and alignment of quality metrics used across programs and payers. The SQAC looks forward to ongoing collaboration across the Commonwealth in the 2017 meeting cycle, including with CHIA, the Executive Office of Health and Human Services, the Group Insurance Commission, and the HPC, as it seeks to collectively improve the quality and value of the care provided in the Commonwealth.



APPENDICES

Appendix A: 2017 Standard Quality Measure Set

[See attached](#)

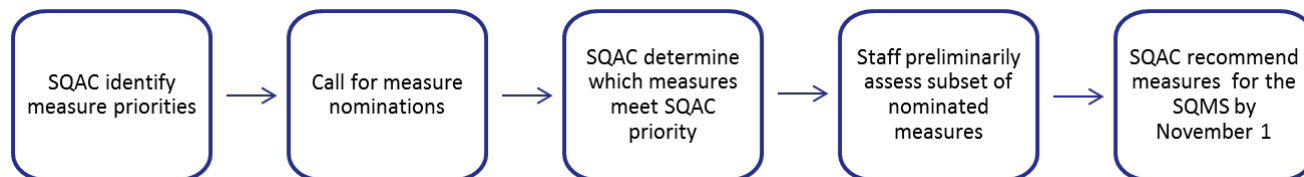


Appendix B: About the SQAC

SQAC Mission

The Statewide Quality Advisory Committee advises all branches of state government regarding the alignment of health care performance metrics and the efficient collection and uniform reporting of the Standard Quality Measure Set in order to support improvement in the health status of the residents of the Commonwealth.

SQAC Recommendation Process



Implementation of the SQMS

The Standard Quality Measure Set (SQMS) serves as a foundation for the uniform quality reporting CHIA is required to develop for each hospital, home health agency (HHA), skilled nursing facility (SNF) and registered provider organization (RPO) in the Commonwealth (957 CMR 4.00).

The Executive Director of CHIA determines the measures to include in the SQMS based on an annual recommendation from the SQAC. In developing the SQMS recommendation, the SQAC “shall select from existing quality measures and shall not select quality measures that are still in development” (MGL Ch. 12C, Section 14).

Mandated Uses of the SQMS

1. CHIA will publicly report hospital, HHA, SNF, and RPO performance on the SQMS periodically (957 CMR 4.00).
2. Merged market carriers with >5000 enrollees must offer at least one selective or tiered plan; these plans include use of provider quality comparisons using measures in the SQMS. DOI will require uniform reporting of tiering information (M.G.L. c.176J s.11).
3. The Health Policy Commission (HPC) will develop quality standards for patient centered medical homes with reference to the SQMS (M.G.L. c.6D, s.14).
4. HPC is directed to improve the quality of health services provided through Accountable Care Organization certification, as measured by the SQMS (M.G.L. c.6D, s.15).



Appendix C: Section 14 of Chapter 224 of the Acts of 2012

The center shall develop the uniform reporting of a standard set of health care quality measures for each health care provider facility, medical group, or provider group in the commonwealth hereinafter referred to as the “standard quality measure set.”

The center shall convene a statewide advisory committee which shall recommend to the center a standard quality measure set. The statewide advisory committee shall consist of the executive director of the center or designee, who shall serve as the chairperson; the executive director of the group insurance commission or designee, the Medicaid director or designee; and 7 representatives of organizations to be appointed by the governor, 1 of whom shall be a representative from an acute care hospital or hospital association, 1 of whom shall be a representative from a provider group or medical association or provider association, 1 of whom shall be a representative from a medical group, 2 of whom shall be representatives of private health plans, 1 of whom shall be a representative from an employer association and 1 of whom shall be a representative from a health care consumer group.

In developing its recommendation of the standard quality measure set, the advisory committee shall, after consulting with state and national organizations that monitor and develop quality and safety measures, select from existing quality measures and shall not select quality measures that are still in development or develop its own quality measures.

The committee shall annually recommend to the center any updates to the standard quality measure set on or before November 1. The committee may solicit for consideration and recommend other nationally recognized quality measures, including, but not limited to, recommendations from medical or provider specialty groups as to appropriate quality measures for that group’s specialty.

At a minimum, the standard quality measure set shall consist of the following quality measures: (1) the Centers for Medicare and Medicaid Services hospital process measures for acute myocardial infarction, congestive heart failure, pneumonia and surgical infection prevention; (2) the Hospital Consumer Assessment of Healthcare Providers and Systems survey; (3) the Healthcare Effectiveness Data and Information Set reported as individual measures and as a weighted aggregate of the individual measures by medical or provider group; and (4) the Ambulatory Care Experiences Survey. The standard quality measure set shall include outcome measures. The committee shall review additional appropriate outcome measures as they are developed.



Appendix D: List of SQAC Members

Ex-Officio Members

- Áron Boros (January to June) and Ray Campbell (beginning in August), Executive Director, Center for Health Information and Analysis (Chair)
- Dolores Mitchell (January to March), Ray Campbell (April to June), and Roberta Herman (July to Present), Executive Director, Group Insurance Commission
- Daniel Tsai, Director, Office of Medicaid (Designee: Carolyn Langer)

Gubernatorial Appointments

- Dianne Anderson, President and CEO, Lawrence General Hospital (Representative from an acute care hospital or hospital association)
- Dr. James Feldman, Chair of Committee on Quality Medical Practice, Massachusetts Medical Society (Representative from a provider group or medical association or provider association)
- Dana Gelb Safran, Blue Cross Blue Shield of Massachusetts (Representative from a private health care plan)
- Jon Hurst, President, Retailers Association of Massachusetts (Representative from an employer association)
- Dr. Richard Lopez, Chief Medical Officer at Harvard Vanguard/Atrius Health (Representative from a medical group)
- Dr. Michael Sherman, Chief Medical Officer, Harvard Pilgrim Health Care (Representative from a private health care plan)
- Amy Whitcomb Slemmer, Executive Director, Health Care For All (Representative from a health care consumer group)

Non-Voting Members

- Katherine Shea Barrett, Policy Director, Accountable Care, Health Policy Commission

