

Statewide Quality Advisory Committee (SQAC) Meeting

Monday, October 20, 2014

3:00pm - 5:00pm

MEETING MINUTES

Location:

Center for Health Information and Analysis (CHIA)
2 Boylston Street, 5th Floor
Boston, MA 02116

Chair: Áron Boros (CHIA)

Committee Attendees: Dianne Anderson, James Feldman, Kim Haddad (non-voting), Jon Hurst, Ann Lawthers, Iyah Romm (non-voting), Amy Whitcomb Slemmer, Dolores Mitchell, Dana Safran, Michael Sherman

Committee Members Attending by Phone: Madeleine Biondolillo (non-voting)

Committee Members Not Present: Richard Lopez

Other Attendees: Kristina Philipson (CHIA)

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1. Chair Boros opened the meeting, and reminded the Committee that this is the last meeting of the 2014 cycle.
 2. Kristina Philipson said that at the previous meeting the Committee agreed they would like more information for 14 measures, and that CHIA and the Lewin Group had researched the SQAC's questions regarding those measures.
 3. Kristina Philipson began a discussion of the clinical assessment tools with the PHQ-9. She said that there are 3 measures associated with PHQ-9: 1 process measure which asks about the use of the PHQ-9, and 2 outcome measures which look at depression remission at 6 and 12 months, respectively. She said that CHIA cannot report on the outcome measures, partly due to a lack of available data, and said that CHIA recommends including only the process measure in the SQMS. Kristina Philipson said that the GAD-7 and Columbia Suicide Severity Rating Scale are also used by providers in clinical visits, but are not amenable to quality reporting, and recommended against including these in the SQMS.
 - a. Dolores Mitchell asked why CHIA recommends not including the GAD-7 if it is clinically important. Ann Lawthers and Dana Safran said that a quality measure needs a numerator and denominator specification, but the GAD-7 does not include this, and there is no process measure that corresponds with the GAD-7 that specifies the patient population for the GAD-7, so outcomes would be difficult to interpret.
 - b. Amy Whitcomb Slemmer pointed out that, as an outcome measure the PHQ-9 and GAD-7 should be considered, given the agreement on the importance of including outcome

measures in the SQMS. Kristina said that there is no way to compare outcomes by providers on these measures. James Feldman added that there are many confounders to a purely outcome measure in mental health, and this poses a potential challenge for these nominated measures.

- i. Kristina Philipson restated that there are procedural challenges with getting data on the 6 and 12 month tests for improvement, since it would require chart review.
 - ii. Chair Boros said that of the existing measure set, there are 28 measures that are publicly available, 4 measures which can be calculated today from CHIA's casemix data, 32 measures which may be reportable in the future using the APCD, and 38 other measures which cannot be reported and do not yet have a practical path to reporting.
 - iii. Ann Lawthers asked if health plans do any longitudinal follow-up on clinical measures. Dana Safran said that this is done by survey on a voluntary basis.
 - iv. Dana Safran said that there should be a place for measures that are good by all standards, but are not practical, such as these behavioral health tools. She said these measures are different than ones that are fundamentally flawed in their specifications, and that if CHIA was able to obtain data they would be included in the SQMS.
 1. Dolores Mitchell agreed that there should be a separate categorization for these issues.
 2. Dianne Anderson said that practicality is one of the issues when considering measures.
 - c. The Committee held a vote on the nominated PHQ-9 Measures. There was a unanimous vote to include the process measure, NQF #712, in the SQMS. The Committee also voted to include the 2 outcome measures, NQF #710 and NQF #711, in the SQMS, with 2 dissenting votes from Dianne Anderson and Jon Hurst.
4. Kristina Philipson said that the Committee had previously voted to include the Hospice Item Set in the SQMS with the exception of the measure of patients treated with an opioid who are given a bowel regimen. She said that the SQAC had requested an explanation in the difference in the ease of measurement scores for the pain and dyspnea measures, and that Lewin had said that the different scores reflected the amount of time needed to measure: pain takes 1 minute to measure, and dyspnea takes 5 minutes to measure. She added that CMS is not ready to report these measures, and asked the SQAC whether they should be included in the SQMS or held until CMS is ready to report in 2016. The SQAC recommended including the measures now, with the knowledge that they will likely not be reportable until 2016.
 5. Kristina Philipson said that CHIA recommends against including the MGH survey on shared decision-making because it is not a practical tool for public reporting at this point, but that shared decision-making is an area to keep on the radar. She said that CHIA plans to engage with Don Kemper from the Informed Medical Decision Foundation, as well as MGH to learn more about how they measure patient engagement. She also said that CHIA recommends against the

inclusion of the Wasson patient confidence tool and that the measure of Patient Activation (PAM) previously discussed because they are proprietary tools.

- a. Amy Whitcomb Slemmer said that for now, she is comfortable not adding a proprietary tool in an area where tools are still being developed, although shared decision making and patient confidence are very important.
 - b. The SQAC voted to not add both of the nominated patient engagement tools to the SQMS.
6. Kristina Philipson said that CHIA had requested a literature review from the Lewin Group on whether the measure of ADHD diagnosis promoted over-diagnosis. She said that the literature review was inconclusive, with some papers saying that the measure did promote over-diagnosis and others saying that it did not.
7. Kristina Philipson said that on the developmental screening measure, CHIA is recommending the CHIPRA core measure (NQF #1399) which has an advantage of being claims-based and focused on physician performance, whereas the nominated measure (NQF #1488) is population-based.
 - a. Ann Lawthers said that the documentation on 1488 includes extensive reliability testing, but there is none for NQF #1399.
 - b. Chair Boros recommended not including either measure during this SQAC cycle, but revisiting the developmental screening measures at a future meeting. The Committee agreed on this course of action.
8. Kristina Philipson said that for the end-of-life care measures, CHIA recommended not adding both the CARE measure and the Family Evaluation of Palliative Care measure. She said that the CARE measure was difficult to administer and had been withdrawn from NQF by the measure steward because the steward could not generate sufficient volume to demonstrate that the measure was working. She said that the family evaluation measure is no longer being tracked by the National Hospice and Palliative Care Organization, although the tool is still available for internal tracking. The Committee agreed that these measures should not be included in the SQMS.
9. Kristina Philipson said that CHIA had looked into the DPH equivalents of two nominated Healthcare Associated Infection (HAI) measures – Central Line Associated Bloodstream Infection and Surgical Site Infection – at the request of the Committee. She said that there are no compelling differences between the measures collected by DPH and by CMS, because both are for all payers and have the same data source. She said that for consistency, CHIA recommends using the CMS measures. The SQAC voted to include the CMS measures in the SQMS.
10. Kristina Philipson said that five of the 12 Measuring What Matters end-of-life measures, which the SQAC had requested be formally scored for evaluation, are already in the SQMS, and that the remaining 7 are still under development and not ready for consideration.
11. Kristina Philipson said that the SQAC had previously requested evaluation of a measure for opioid addiction, and had identified the measure “Percentage of Patients With Low Back Pain Diagnosis Who Are Prescribed Opiates.” She said that this measure received a moderate rating by the Lewin Group due to a lack of evidence for reliability and validity. The Lewin Group said that there are not many measures to evaluate opioid use, even though this is a priority in Massachusetts.

- a. Dolores Mitchell asked for clarification on whether opioid use was ever appropriate. James Feldman said that treating chronic pain with opioids may cause more harm than good.
 - b. Chair Boros said that this measure was not nominated during the public nomination period, and was not evaluated along with other measures. Dana Safran said that this is a priority area, but that the SQAC needs a better understanding about existing measures in the area of opioid use before deciding that this is the best one. Dolores Mitchell said that the measure has face validity. James Feldman said that for the next nomination cycle, opioid addiction is a good topic. Amy Whitcomb Slemmer said that it was best to ultimately include a measure that makes sense, even if this means waiting until 2015.
12. Chair Boros said that Committee members had been provided with a draft of the final SQAC report, and that this draft would be updated to reflect decisions made during this meeting. He asked Committee members for any feedback on the report.
 - a. Dolores Mitchell submitted a copy with suggestions for minor edits to the report.
 - b. The Committee voted unanimously to approve the report with the updates reflecting this meeting's decisions.
13. Chair Boros said that the next step is to prepare for the 2015 meeting cycle, and that CHIA would be reaching out to schedule meeting dates for 2015. He proposed that the next meeting would involve strategic planning to identify the purpose and direction of the SQMS. He said that there is tension between the statute, which limits the SQMS to uniform reporting and tiering, and the visions of a standard measures set.
 - a. Chair Boros said that possibilities for the measure set could include: supporting provider quality improvement; standardization of data collection and reporting, administrative simplification, standardizing the use of measures linked to financial incentives, coordinating with other state agencies, and the promotion of non-SQMS measures. He said that the plans that are affected by a SQMS tiering requirement make up only 15% of the market overall, and only 8% of the market without the Group Insurance Commission.
 - i. Dolores Mitchell said that tiering is used in 2 senses: 1) a performance evaluation by a third party, and 2) broad versus narrow networks.
 - b. Chair Boros proposed that the next meeting cycle include time to discuss the following topics: how to handle measures that are important, but aren't ready for public reporting; clinical outcomes that are important, but which are not easy to report; an obstetrics specialty measure set, and possibly other specialty measure sets; and potentially the development of a core measure set.
 - c. Dolores Mitchell said that there are measures endorsed by one entity which are subsequently rejected by others. She said that this was a problem for high-priority areas where the SQMS could be a useful tool but may end up not including important measures.
 - d. Micheal Sherman said that many SQAC members are involved in similar meetings for other initiatives, and recommended considering coordination and alignment efforts between states or other initiatives.

- i. Iyah Romm said that there is also misalignment within Massachusetts, and suggested that the SQAC may be able to identify ways to begin the conversation about in-state alignment.
 - e. Dana Safran said that the initial charge of the SQAC was to identify measures for use in tiering. She said that it may be valuable for the SQAC to also play a role in identifying priority areas for quality improvement.
 - i. Ann Lawthers said that the next step in measurement is acting on results. She said that some measures are better suited to quality improvement, but not necessarily accountability.
 - f. Dolores Mitchell suggested finding out who is using the SQMS measures, potentially via a survey. Iyah Romm suggested also determining the real-world perception of the measures. He said that even within organizations, CEOs and CMOs have different perspectives on quality measurement, and it would be useful to understand perceptions throughout the stakeholder community. He said this may allow the SQAC to challenge its perceptions about how to encourage the right types of quality measurement.
- 14. Chair Boros asked for a motion to approve the minutes from the September 22, 2014 meeting.
 - a. The Committee approved the September 22 meeting minutes unanimously.
- 15. The meeting adjourned at 4:15 PM.