

Statewide Quality Advisory Committee (SQAC) Meeting  
Tuesday, February 21, 2012  
10:00AM – 12:00PM  
MEETING MINUTES

**Location:**

Division of Health Care Finance and Policy  
2 Boylston Street, 5th Floor  
Boston, MA 02116

**Co-Chairs:** John Auerbach (DPH) and Áron Boros (DHCFP)

**Committee Attendees:** Dianne Anderson, Dr. James Feldman, Dr. Richard Lopez, Jon Hurst, Amy Whitcomb Slemmer, Kathy Glynn as a designee until the arrival of Dolores Mitchell, Dolores Mitchell, and Dr. David Polakoff as a designee for Dr. Julian Harris

**Committee Members Not Present:** Dr. Julian Harris and Dana Gelb Safran

**Other Attendees:** Dr. John Freedman

[Insert documents here]

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1. Approval of minutes from SQAC meeting January 25, 2012
  - Motion to approve SQAC meeting minutes passed.
  
2. Review and approve draft bylaws
  - Co-Chair Auerbach reviewed the amendments to the bylaws, including a correction to the statutory chapter reference number and the addition of language pertaining to the Department's regulatory purview, role of Committee members' designees and measure recommendation categories.
  - The Co-Chairs amended the language to the priority bullet under the approach to evaluation of measures section to: "should utilize current public reporting requirements unless there is a demonstration that an enhanced approach is in the public interest." Co-Chair Auerbach also noted that there are now four (4) categories of recommendations that may be given by SQAC: strong, moderate, weak and no recommendation.
    - Several Committee members asked about the economic costs and burdens associated with the pace and proliferation that measures may be added.
    - Another Committee member requested clarification about HCQCC Principle 3. Co-Chair Boros provided clarification.
    - Co-Chair Auerbach noted that although SQAC cannot eliminate measures from the mandated measure set, the strength of the recommendation will take into account the level the burden via the practicality assessment.
    - A committee member asked a question about regulatory authority over entities who are outside of DPH's purview. Co-Chair Boros responded that to the extent that SQAC is making recommendations to DPH and there are other/additional measures to be considered, Committee members should help drive that dialogue.
  - The amendments to the Committee bylaws were approved by a vote of 8-0 with one abstention.
  - The bylaws as a whole were approved by a vote of 8-0 with one abstention.

3. Review and discussion of preliminary ratings of mandated measures
  - Dr. John Freedman was introduced by Co-Chair Boros and asked to review the four mandated measure sets (CMS Hospital Process Measures, HCAHPS, HEDIS and ACES) and provided background about each measure set. Dr. Freedman had assigned preliminary validity and practicality ratings on a scale of 1 to 10 (1=low, 10=high) based on the degree of alignment between the measure and each criterion within the validity and practicality evaluation categories for purposes of discussion at the meeting
  - CMS Hospital Process Measures
    - Both the Co-Chairs and some Committee members had questions about the preliminary ratings for HCQCC principle 4 [Current performance is variable or poor].
      - Dr. Freedman clarified that some measures received low scores because there was not much variance between providers in Massachusetts. For example, if the State average for a given measure is 99%, then there is not significant variance between providers and there is not a great deal of room for providers to improve, nor will the measure be helpful in distinguishing among providers, thus the measure receives a lower score. However, if there is not much variance between providers, but the State average performance is poor, then the measure could be useful because there is significant opportunity for providers to improve, thus the measure receives a higher score. He made note that if a measure is valid, widely used and performance is high, the measure could still be considered important as a sentinel measure - to identify when quality is decreasing.
      - A Committee member stated that although the State is scoring 99% on some measures, a few providers are scoring below the average and emphasized the consumer has the right to know which providers are scoring lower.
      - One committee member asked if there was a redundancy of measures in the mandated measure set, multiple measures that evaluated the same criteria. Co-Chair Boros noted that staff will coordinate with the EPPM to avoid redundancy.
      - Another Committee member cautioned against removing measures that seem redundant, stating that although some measures might seem duplicative one measure might be better for one purpose while another is better for a different purpose, which gave way to the “library approach.”
        - a. The SQAC would recommend a baseline of measures (the standard SQMS) based on priority/practicality/validity tests, and then work to identify subsets of measures to be used for specific purposes (e.g., a measure set for provider tiering by health plans, public reporting for consumers, or for internal QI efforts by provider groups, etc).
        - b. The subsets might be used to create a report card for the purpose of evaluating different DPH quality initiatives.
    - A Committee member raised the point that the opportunity for national benchmarking should be kept in mind; the Commonwealth may be consistent in some areas (with national quality measures) but that the SQAC should think about how we measure nationally on all fronts.
  - HCAHPS
    - Dr. Freedman gave a brief overview of HCHAPS and noted there is significant variability in this measure. He also pointed out that the measure set has high validity

but in contrast to CMS measures, higher variability and room for improvement on HCAHPS scores.

- HEDIS
  - Dr. Freedman gave a brief summary of HEDIS measures and noted that while this information is publicly reported by health plans, the data is not easily accessible and/or as easily found compared to the other three measure sets.
  - A Committee member asked if the data could be accessible through the All Payer Claims Database (APCD). Dr. Freedman responded and said that this could be done for a subset of measures, subject to methodological limitations.
- Overall preliminary ratings discussion
  - Co-Chair Auerbach raised the point that the ease of data collection vs. the ease of data analysis are two different perspectives and that the SQAC should be aware of that.
  - One Committee member asked about trying to select a specific number of measures to be recommended. The Committee member suggested that by accepting all of the mandated measures the Committee will not be providing any added value, but by recommending too few measures the Committee will be doing a disservice to the State. The Committee member stressed that the Committee should try to find a “sweet spot,” which is not totally comprehensive, but not narrow either.
  - One committee member noted that to include only measures with high variability (and therefore a higher rating for HCQCC principle 4) could give the impression that Massachusetts hospitals are performing worse than they actually are.
  - One committee member suggested that, where variability is low, this may be in part precisely *because* of quality assurance measures. Another committee member suggested that the Committee might still consider assigning a weak recommendation to these measures where they are redundant with other quality measure sets. For example, even if the SQAC does not recommend a measure already collected by CMS, CMS will still continue to monitor that measure and their efforts would preclude any increase in variability caused by a lack of oversight.
  - A member requested that quality measures related to Long Term Care and Pediatrics also be considered.
- ACES
  - Dr. Freedman gave a brief overview of ACES.
- Dr. Freedman then commented on the attached two-by-two grid containing all of the mandated measures sorted into one of two categories, sufficient validity and sufficient practicality or sufficient validity and insufficient practicality. This preliminary sorting is for discussion purposes.

#### 5. Nomination of potential measures

- Co-Chair Boros asked Dr. Freedman to provide information about which entities track and evaluate which measures and to give a brief overview of the process of nominating additional measures.
- The Co-Chairs described the website (<https://www.surveymonkey.com/s/SQACNomination1>) where members of the Committee and public can nominate additional potential measures from February 21 through March 16, 2012.

- The measure submission process would require information such as: measure name, measure developer, SQAC priority addressed by measure, source for information about measure methodology, setting(s) where measure is currently utilized. SQAC staff will compile and distribute the list of nominated measures to the Committee members for review. The nominated measures list would also be publicly available. In order for a measure to be formally considered by the SQAC, a Committee member must then formally nominate for evaluation any measure from that list in order for it to go through the comprehensive evaluation process before the Committee.

#### 6. Next steps

- The Co-Chairs requested that Committee members consider the preliminary ratings presented by Dr. Freedman and consult with other stakeholders in order to prepare for a final discussion and vote at the next meeting.
- The Co-Chairs noted that representatives from the Division of Insurance are planning to attend a future SQAC meeting to describe their regulatory process relevant to the Statewide Quality Measure Set and tiered insurance products.
- The Co-Chairs also announced that the Department and Division are actively identifying experts to speak about future measurement areas and encouraged SQAC members to suggest experts, too.

Meeting was adjourned.

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Next meeting:  
March 30, 9:00AM-11:00AM  
Division of Health Care Finance and Policy  
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Boston, MA 02116