

Statewide Quality Advisory Committee (SQAC) Meeting

Monday, June 17, 2013

3:00 – 5:00 p.m.

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, Dr. Richard Lopez, Deb Wachenheim for Amy Whitcomb Slemmer, Dr. Ann Lawthers (designated by Dr. Julian Harris), Dr. James Feldman, Dr. Michael Sherman, Jon Hurst, Katie Barrett (for Dr. Dana Gelb Safran), Dolores Mitchell, Dr. Madeleine Biondolillo (non-voting), Iyah Romm (non-voting)

Committee Members Not Present: Kim Haddad (non-voting), Dr. Dana Gelb Safran, Amy Whitcomb Slemmer

Other Attendees: Lori Cavanaugh (CHIA), Cristi Carman (CHIA), Mary Lutz (CHIA)

1. Chair Boros welcomed the Committee and announced that Amy Whitcomb Slemmer and Dr. Dana Gelb Safran were not able to join the meeting for the day and noted that Deb Wachenheim would be representing Amy Whitcomb Slemmer and Katie Barrett would be representing Dana Gelb Safran. Chair Boros asked the Committee members to introduce themselves.
2. Chair Boros announced that Miriam Drapkin has moved onto a new opportunity and introduced Mary Lutz, who will be supporting the work of the SQAC, to the Committee. Chair Boros also noted that CHIA will post a position for a Director of Quality soon and asked the Committee members to share any names of potential candidates with him.
3. Chair Boros also announced that the Health Policy Commission (HPC) would like to designate a non-voting member to the SQAC. Chair Boros said that the HPC would like to include Iyah Romm, formerly of the Department of Public Health, as their non-voting member.
4. Chair Boros summarized the agenda items for the meeting and asked Committee members for a vote to approve the meeting minutes from April 22 and to approve HPC's non-voting designee to the SQAC.
 - a. Motion to approve the meeting minutes from April 22 passed unanimously.
 - b. Motion to approve HPC's non-voting designee passed unanimously.

5. Chair Boros reviewed the Standard Quality Measure Set (SQMS) regulation timeline. He said that the SQMS regulation was filed on June 6 and that CHIA is currently developing administrative bulletins defining the SQMS measures that Home Health Agencies (HHAs) and Skilled Nursing Facilities (SNFs) will report. He said that the data used to calculate performance on the HHA and SNF measures is already available so the administrative bulletin will be relatively straight forward. Following the development of that administrative bulletin, CHIA will work on administrative bulletins that define measures to be reported by acute hospitals and Registered Provider Organizations (RPOs). He noted that the HPC is currently working on defining RPOs and an administrative bulletin for RPOs is contingent on that definition.
 - a. Dr. Madeleine Biondolillo asked if the data collection for HHAs and SNFs are from already reported sources. Chair Boros said that while administrative bulletin is not yet final, his sense was that this was the case.
 - b. Deb Wachenheim requested a copy of the final regulation and Chair Boros said the SQAC staff would circulate it to the Committee.
6. Iyah Romm arrived at the meeting and Chair Boros asked Iyah to introduce himself.
7. Chair Boros gave a summary of the SQAC staff's preliminary evaluation of the five measures added to the 2013 HEDIS. He said that four out of the five measures received a "moderate" recommendation by SQAC staff and the Asthma Medication Ratio received a "strong" recommendation by SQAC staff. Chair Boros said that the four measures that included both a physical health and behavioral health component received a "moderate" recommendation due to sample size concerns. Chair Boros said that the Committee will not take a vote on this today but wanted to present the SQAC staff's preliminary evaluation of the new HEDIS measures.
 - a. Dr. Michael Sherman said that four out of the five new HEDIS measures include a behavioral health component and, as behavioral health is a measurement area of high interest for the Committee, these measures should be strongly considered.
 - b. Dolores Mitchell said that the Measure Applications Partnership (MAP) and the National Quality Forum (NQF) have a thorough evaluation process when considering endorsement, and because these measures have been endorsed by NQF they should be considered. She added that these measures are evaluated on a national basis so when they are applied on a state-by-state basis, the population is naturally reduced. She said that she would like to know how big the issue of sample size is for these measures and asked if this issue could be addressed by creating a composite measure. She also said that she does not think that a concern about one aspect of a measures application is an appropriate litmus test for dismissing a measure and commented that the SQMS needs more, not fewer measures.

- c. Dr. Madeleine Biondolillo said that the validity of measures such as these is a topic that is widely discussed at her bureau in DPH. She noted that an analysis is done and she is often presented with the advantages and risks of using certain measures.
 - d. Chair Boros agreed that more data may help but he felt the Committee should also consider questions about how they make recommendations. For instance, should sample size be a consideration when proposing and evaluating measures for the SQMS?
 - e. Ann Lawthers said that another consideration is how the measures will be used. For instance, measures for accountability may have a higher threshold for validity than those used for quality improvement. She added that for a managed care organization that provides a lot of behavioral health care, adequate sample size may not be an issue.
 - f. Dianne Anderson said that the SQMS regulation should not focus solely on larger provider organizations because smaller provider organizations also need to be held accountable. She asked Chair Boros if the measures apply to the contracting entity or the provider organization itself.
 - g. Chair Boros noted that in general, the entities to which the SQMS will apply are dependent on HPC's definition of an RPO.
 - h. Dr. James Feldman noted that it is important to consider what these measures are used for but it is also worth considering that these measures are used to evaluate care provided to a high-risk population.
 - i. Dr. Michael Sherman pointed out that three of the four measures include a behavioral health component and a medical component. He said that there is much discussion around better integrating the two and that these measures present an opportunity to further that discussion.
 - j. Dr. Richard Lopez asked if these new HEDIS measures must be used in the SQMS because they are part of the mandated measure sets.
 - i. Chair Boros confirmed that the mandated measures must be included in the SQMS but that the SQAC staff can issue strong, moderate or "no recommendation" for the measures after they have been evaluated.
 - k. Chair Boros said that he and the SQAC staff will prepare for the next meeting a discussion of purpose of the SQMS.
8. Chair Boros introduced the SQAC staff's research about HEDIS Relative Resource Use (RRU) measures. He reminded the Committee that these measures are included in the mandated measure set but have never been applied to providers. RRUs are measures that are used to assess the intensity of health plan resource use in providing care to the health plan's members.

Chair Boros said that the SQAC staff's research verified that RRUs are not used to measure provider performance and therefore the SQAC staff recommend that RRU measures be designated "not applicable" for the purposes of the SQMS.

- a. Dolores Mitchell raised the point that it may not matter who is being studied by a measure, if it is an important measure it should be included in the SQMS.
 - i. Chair Boros said that resource use and efficiency measures are an area of interest for the Committee; designating these measures as "not applicable" does not preclude measures of resource use and efficiency from being proposed and evaluated in the coming months.
 - ii. Iyah Romm said that the staff's preliminary review of these measures indicate that the time and resources required to validate these measures for application to providers would be significant, and maybe not appropriate work for the SQAC.
9. Chair Boros reminded the Committee that they had expressed an interest in additional information on PROMs. He said Lori Cavanaugh would give a brief report on the staff research of PROMs. He also mentioned that parallel to staff work, Massachusetts Health Quality Partners (MHQP) has been investigating PROMs and Linda Shaughnessy will present on that work.
 - a. Lori Cavanaugh said that the SQAC staff did a literature review of PROMs and recommend further consideration of five measures based on the following criteria: 1.) there is strong evidence in the literature to support their use; 2.) they are high-impact conditions; and 3.) they are currently used in the field. She also provided guidance on how to read the summary of research that was provided to the Committee.
 - b. Dr. James Feldman and Dr. Richard Lopez both asked clarifying questions about how to read the summary of research and Lori Cavanaugh and Cristi Carman provided this information.
 - c. Lori Cavanaugh introduced Linda Shaughnessy from MHQP.
 - i. Linda Shaughnessy gave a presentation to the SQAC about MHQP's efforts to study PROMs. She said that the objective of studying PROMs is to provide better care and to engage the patient to improve care. She said one of the biggest setbacks with PROMs is that patients frequently reported that they did not receive clear information about the purpose of the surveys.
 1. Iyah Romm asked Linda Shaughnessy about the data sources for MHQP's survey.

- a. Linda Shaughnessy replied that the data came from a CMS/Medicare Survey that is administered in a two-year cycle. Linda noted that potential for PROMs to improve care can't be realized if the data is not at the provider level.
2. Madeleine Biondolillo noted that the PROMISES program at DPH has a goal to improve outpatient care through a more robust communications piece and this program has increased patient satisfaction overall.
3. Dolores Mitchell suggested that the PROMs be included in the continuing education of providers.
 - a. Dr. James Feldman responded to this comment and said that he does not think continuing education is the opportunity for this because PROMs currently lack meaningful use and accessibility is a problem.
 - b. Dr. Michael Sherman suggested that there can be several ways to disseminate information effectively.
 - c. Barbra Rabson, Executive Director of MHQP and a member of the audience said that creating a feedback loop and real-time information and getting information out to the parties will help define a broader spectrum for use.
4. Chair Boros asked the Committee to consider what the next step was in determining if PROMs are appropriate for use in the SQMS.
 - a. Ann Lawthers commented that the PROMs that the SQAC staff evaluated and the PROMs that were presented by MHQP are different, due to the purpose for the measures. She asked if the PROMs that the SQAC staff recommend are intended to be used in the delivery of care.
 - i. Dr. Madeleine Biondolillo said that the measures MHQP presented are strong resources and tools for patient-provider interactions and the measures the SQAC staff has recommended are intended to be used at organizational level.
 - b. Dolores Mitchell said that it may be helpful to consider integrating these surveys at a time when the patient is in the office.

- i. Dr. Madeleine Biondolillo said that the DPH PROMISES program is trying to figure out the challenge of the best way to engage patients.

- c. Chair Boros reiterated that the measures mentioned by MHQP are patient-provider interaction focused and the measures proposed by SQAC staff are applied at the organization level. He asked if the Committee thought that standardizing them for inclusion in the SQMS would be too difficult at this time.
 - i. Ann Lawthers said that she is interested in knowing the level of provider use or intervention (like SF-12) and more information about the level of change over an entire population (vs. an individual).
 - ii. Iyah Romm asked how well these measures align with analysis that the SQAC would like to engage in. He suggested tabling further SQAC staff research until the Committee had a better sense of what that analysis is.
 - iii. Dianne Anderson asked if this is reported now.
 - 1. Chair Boros replied that these measures are not widely reported.
 - iv. Iyah Romm also noted that PROMs are not useful for public reporting and/or incentives.
 - v. Chair Boros asked the Committee to table the discussion for now and to think more about the use of measures overall rather than individual measures. He also noted that the SQAC staff will be sending out notices to solicit additional measures in the meantime.
 - 1. Dolores Mitchell said that there is a lot of work going on now with regards to patient engagement and would like to revisit this in a future meeting.
 - 2. Dr. James Feldman said that he wanted to clarify his previous comments about CME and said that his comment was not about individual patients.

3. Dr. Michael Sherman said that CME is good but not mandatory.
5. Chair Boros introduced the new evaluation process for measures and said that between today and the next SQAC meeting, there will be a workshop led by Dr. Michael Sherman and Dana Gelb Safran to discuss the appropriate framework to evaluate measures. Chair Boros invited all members of the Committee to participate in this workshop.
 - a. Chair Boros said that the new evaluation criteria will separate ease of measurement and practicality into four separate vectors: 1.) ease of measurement, 2.) validity, 3.) field implementation and 4.) amenable to provider intervention
 - i. Ann Lawthers said that she would rate the priority on a scale of 1 to 5 and a yes/no scale is not sufficient. She also said that there should also be a discussion on weighting some measures against others.
 - ii. Dr. Richard Lopez said that the SQAC could consider scales but that there should be a threshold. For example, if a measure scores a 1 in one category but a 5 in other category, the measure may not be useful to consider. However, if a measure scores a 2 in one category and a 5 in all other categories, it may be worthy of SQAC consideration.
 - iii. Dolores Mitchell requested more information into the definition of “priority.” She also wanted the Committee to consider population size when thinking about measures.
 1. Chair Boros responded that the discussion is about relevance of measures in the abstract and that population size should be considered in addition to the four criteria.
 - iv. Iyah Romm said that in addition to the strong/moderate/weak recommendation categories, the Committee should also be mindful of the number of measures that are included in the SQMS.

6. Chair Boros concluded the meeting by reminding the Committee about the workshop. The meeting was adjourned at 4:55pm.