

**Statewide Quality Advisory Committee (SQAC) Meeting**

Monday, September 30, 2013

9:00am-11:00am

MEETING MINUTES

**Location:**

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

**Chair:** Áron Boros (CHIA)

**Committee Attendees:** Ann Lawthers, Dr. James Feldman, Jon Hurst, Dr. Michael Sherman, Iyah Romm (non-voting), Dolores Mitchell, Kim Haddad (non-voting), Dana Safran, Dr. Richard Lopez, Dr. Madeleine Biondolillo (non-voting), Deb Wachenheim (for Amy Whitcomb Slemmer)

**Committee Members Participating by Phone:** Dianne Anderson

**Committee Members Not Present:** Amy Whitcomb Slemmer

**Other Attendees:** Cristi Carman (CHIA), Lori Cavanaugh (CHIA), Kristina Philipson (CHIA)

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1. Chair Boros opened the meeting and asked the participants to introduce themselves and the organization they represent. Chair Boros introduced Kristina Philipson, CHIA's new Director of Quality. Chair Boros also introduced Tim Prinz, a consultant from the Lewin Group, who CHIA contracted with to support measure research and evaluation.
2. Chair Boros asked for a motion to approve the meeting minutes from June 17, 2012.
  - a. Motion to approve the meeting minutes passes unanimously.
3. Chair Boros asked for a motion to approve the meeting minutes from August 19, 2012.
  - a. Motion to approve the meeting minutes passed unanimously.
4. Chair Boros provided an update on the evaluation tool; preliminary use of the tool indicates that it is effective. Staff worked with Dana Safran and Michael Sherman to make two changes to the evaluation tool: 1.) added a definition to the scoring key for "Reliability and Validity" category and 2.) edited the scoring definitions for "Amenable to Targeted Improvement" to make them more clear.
5. Chair Boros presented the framework for the Standard Quality Measure Set (SQMS) implementation. He said that last year the Committee recommended two specific items for future work: measure alignment and suitability of SQMS measures for specific uses. He said that the Committee has made some progress to identify how measures will be used, by indicating a

level of analysis for proposed measures this year. He added that the SQAC may also provide feedback on how measures should be applied. Chair Boros also said that although CHIA currently has no alignment agenda and is focusing on the mandated uses of the measure set, his goal is to build a robust measure set that others may use and that can be adapted for diverse programs.

- a. Dolores Mitchell suggested that “Amenable to Targeted Improvement” be moved up to the top of the list because the purpose of the SQMS is access to better care rather than making data collection less burdensome to providers.
    - i. Chair Boros responded that the Committee could consider this change after the presentation by Lewin, when there would be time to discuss the tool itself.
6. Chair Boros outlined the mandatory uses of the SQMS. CHIA must uniformly report on hospital, skilled nursing facility and home health agency and Registered Provider Organizations (RPOs) performance on the SQMS. The data reporting requirements are still in development and, in the case of RPOs, is pending the Health Policy Commission (HPC) formally defining an RPO. He also noted that the SQMS is also not applicable to individual providers.
7. Chair Boros also noted the Chapter 224 mandate that carriers tier certain plans, including performance on the SQMS measures. The Division of Insurance (DOI) will require uniform reporting by carriers of tiering information.
8. Chair Boros reminded the Committee that according to the statute, the SQMS shall not include measures that are “in development”. He added that the Committee may define what “in development” means.
  - a. Dr. Michael Sherman asked for clarification regarding the role of the SQMS and DOI. He asked if the SQAC should be identifying specific measures to be used for tiering purposes.
    - i. Chair Boros said that this is for DOI to decide and to date DOI has not yet issued regulations on this matter.
    - ii. Dana Safran said that DOI may require the use of the SQMS in certain tiered plans, but that other quality measures may be used for that purpose as well.
    - iii. Dolores Mitchell said she is concerned about the tendency in the literature and media to conflate the terms “limited network” and “tiered product.” She emphasized that the difference is important.
9. Chair Boros asked Iyah Romm to provide an update on the HPC’s mandated uses of the SQMS. Iyah Romm said the SQMS would be used in the development of quality standards for Patient-

Centered Medical Homes (PCMH) and to improve quality of care provided by Accountable Care Organizations (ACOs). He said the HPC will license ACOs in Massachusetts.

10. Chair Boros outlined the timeline for CHIA's implementation of the SQMS and the role of the DOI and HPC in the timeline.

a. Dana Safran asked if the statute specifies that the data be reported at an aggregated or individual level. Chair Boros responded that there is an ability to segregate the data and noted that the statute is not distinct about the unit of measurement.

b. Dolores Mitchell suggested that the quality performance reporting include aggregated data and emphasized the importance of making the data usable to patients.

i. Ann Lawthers said that payer-level and provider unit would be useful to patients. Chair Boros replied that CHIA plans to report out the data in a digestible way. He also said that CHIA plans to launch a health information website for consumers that may include this data. He outlined four ways in which CHIA would use this data:

1. State of the State report: an interagency report on a core measure set and would provide information on what and how quality is being measured.

2. Betsy Lehman Center: the Betsy Lehman Center would collect data on SQMS measures that are not ready for public reporting, and report performance directly to providers.

3. CHIA's reporting on health systems performance: CHIA will develop and publish accessible information on health care quality, such as policy briefs.

4. Health Information Website: CHIA is working to develop a health information website where consumers could get information on health care, including quality information.

a. Dolores Mitchell asked if the health information website would be a next iteration of the "MyHealthcareOptions" website.

b. Chair Boros said that CHIA has a statutory obligation to maintain this website and some of the elements from "MyHealthcareOptions" could be included in this new website.

11. Chair Boros said and that he anticipated the discussion of applicability of measures would continue over the years and the Committee might be helpful to DOI and the HPC as they implement Chapter 224.

- a. Dianne Anderson said that the hospitals have been focused on tracking Total Medical Expenses and patient experience over the years. She asked how the SQMS fits into the discussion about efficiency and cost of health care.
    - i. Chair Boros said that CHIA's "Annual Report" included a preliminary analysis to link cost measures and quality measures. He said there is work to be done in this realm and that for now, the use of the SQMS will be considered within the scope of the statutory language and the Betsy Lehman Center, but he anticipates there will be new uses for the SQMS that the Committee can discuss.
12. Chair Boros introduced Tim Prinz from The Lewin Group. Tim Prinz introduced himself and gave an overview of the process for evaluating the non-mandated measures using the evaluation tool. Tim Prinz also noted that, given the tight timeline, a new tool, and a more standardized tool, the measures were generally scored more conservatively than in 2012.
- a. Dolores Mitchell said she was concerned about the scoring because the decision on "substantial evidence" is subjective and the literature available varies. She also asked him how many consultants worked on this.
    - i. Tim Prinz said that the consultants at Lewin applied their expertise and judgment to their research. He noted that they are familiar with the literature and have the expertise to know where to look and how to assess the information available. He said three consultants evaluated the measures and added that they found the evaluation tool worked well.
13. Tim Prinz discussed ease of measurement and said, generally, they used "ease of measurement" to refer to the data collection for the measure. He said they evaluated whether the data collection was standard or in production and if the measure needed to be risk-adjusted. He noted that, increasingly, data is collected electronically so the ease of measurement metric will be easier to evaluate.
14. Tim Prinz went over the reliability and validity metrics of the evaluation tool. He said that the first test is a yes/no about whether or not evidence of the reliability and validity of the measure is available. If yes, then Lewin assessed the literature. He explained that Lewin used sources such as the Agency for Healthcare Research and Quality (AHRQ) website and noted that the more widely used the measure was, the more literature existed on the measure and therefore the reliability and validity score would be higher for that measure.
- a. Dana Safran stated that it was her understanding that Lewin was "pressure testing" the evaluation tool.
    - i. Chair Boros responded that Lewin was asked to do two things: 1.) generate preliminary evaluations of the measures and 2.) provide some feedback on the

evaluation tool after having used it. He said there will be opportunities to discuss and request more literature from Lewin on their research, as well as a collective effort by the Committee to look into these measures further.

- ii. Dana Safran noted that although the literature for some measures may be limited, data on the measure performance is available from those that have experience using it. She said that if the Committee is putting forth a measure for inclusion in the SQMS, the Committee should have the evidence to know how the measure works.

1. Tim Prinz responded that Lewin had a short timeline to perform this analysis and there may be additional literature. He also noted that there are some measures that are evaluated for use in some settings but proposed to be used at another setting, which can affect reliability and validity.

15. Tim Prinz discussed the field implementation criteria of the evaluation tool and he said that this was the easiest metric to score because there was a relatively easy preliminary Yes/No test for the measures.

16. Tim Prinz explained their approach to “Amenable to Targeted Improvement” was twofold: 1.) how is the measure being used currently? and 2.) is there a connection between the measure and outcomes?

17. Tim Prinz stated that Lewin re-evaluated the current non-mandated SQMS measures. He went over the changes to the level of recommendation for the 2012 non-mandated measures. In the re-evaluation, 21 of the 35 measures received the same recommendation and 14 measures received a different recommendation; 8 measures went from strong to moderate and 6 went from moderate to strong. Any measure that moved from moderate to strong recommendation indicated that there was sufficient evidence to score the measure as a 3 or higher across on all four criteria. He explained that any measure that went from a strong to a moderate recommendation indicated that there was a lower score on one of the four metrics to bring down the total average. He said most of the measures are evaluated as “high moderate”.

- a. Ann Lawthers said that she does not agree with the scoring of the Screening for Depression measure. She said this measure is part of the CMS quality performance measures, Meaningful Use and the score of 1 on “field implementation” does not match up with the current use of this measure.

- i. Chair Boros said that he will ask Lewin to re-examine this measure.

- b. Dolores Mitchell said she was concerned with the use of the word “moderate” and asked if another word could be used instead. In addition, “strong recommendation” is



Committee can choose to make a different recommendation.

- e. Ann Lawthers commented that the relevance of the measure to the SQAC seems to be important. She suggested perhaps the Committee could revisit the evaluation tool to assign some numeric value to relevance.
  - i. Chair Boros responded that the SQAC priority area is how relevance of the measure can be addressed and there will be another discussion about whether or not to include measures in the SQMS. He also noted that Lewin could not assign for the SQAC a numerical value for the relevance or priority of a measure.
    - 1. Ann Lawthers said that discussing the outcome of the tool as a “strong” or “moderate” recommendation in a public meeting could be interpreted as a Committee recommendation, although internally the Committee treats it as an assessment.
    - 2. Iyah Romm said that another consideration is that small deviations in the average score are probably not useful; however, measurement analysis is important so that the Committee could consider the minimum threshold for non-mandated measures.
    - 3. Dr. Richard Lopez said that last year, the Committee discussed relevance when it chose 35 non-mandated measures out of hundreds of measures. He said that the SQMS will offer measures for all to use and that including a score of the relevance of the measure to the SQAC would be getting too precise. He also said that if there is really no difference between a strong and moderate rating and measures that are both strong and moderate are included in the SQMS then the Committee could decide not to include the “strong” and “moderate” language in its recommendation for the SQMS.
      - a. Dr. Madeleine Biondolillo agreed with Dr. Richard Lopez.
      - b. Dr. Michael Sherman said that he agreed with Dr. Richard Lopez’s comments.
- f. Dana Safran said the pressure testing of the evaluation tool indicated that the evaluation tool works. She also commented that the evaluations could be used to flag potential limitations of the measures that would help the Committee to determine whether or not the measure should be included in the SQMS.





- a. Ease of Measurement: consider the difference between how widely the measure is collected and how easily the measure could be collected.
- b. Reliability and Validity: realize that applying the definitions for this criterion requires the evaluator to sometimes make judgment calls.
- c. Field Implementation: clarify the terms “evaluated positively” and “public reporting”.
- d. Amenable to Targeted Improvement: newer measures may lack an evidence base so the Committee may think about how much literature should be considered and how much the evaluator’s subject matter expertise and intuition should be used.

21. Chair Boros thanked Tim Prinz and Lewin for their work and thanked the Committee for the day’s discussion.

Meeting adjourned at 10:55am.

Next Committee meeting:

Monday, October 21, 2013  
2 Boylston Street, 5<sup>th</sup> Floor  
Boston, MA 02116