

Statewide Quality Advisory Committee (SQAC) Meeting

Monday, February 25, 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, Amy Whitcomb Slemmer, Dr. Ann Lawthers (designated by Dr. Julian Harris), Dr. James Feldman, Dolores Mitchell, Dr. Dana Gelb Safran, Dr. Madeleine Biondolillo (non-voting)

Committee Members Participating by Phone: Dr. Michael Sherman

Committee Members Not Present: Jon Hurst, Kim Haddad (non-voting)

Other Attendees: Miriam Drapkin (CHIA), Iyah Romm (DPH)

1. Chair Boros welcomed the Committee, described the agenda and introduced the second health plan representative to the Committee, Dr. Michael Sherman.
2. Chair Boros discussed proposed changes to the Committee's 2013 bylaws.
 - a. The bylaws have been simplified to include information on Committee purpose and structure. Details on Committee process have been removed to another document so that the bylaws need not be revised each year; the Committee's process can then be revisited as necessary.
 - b. Chair Boros asked for approval of SQAC 2013 bylaws.
 - c. Motion to approve bylaws passed unanimously.
3. Chair Boros proposed that the Committee extend an invitation to be a non-voting member of the SQAC to two stakeholders: Dr. Madeleine Biondolillo of the Department of Public Health and Kim Haddad of the Executive Office for Administration and Finance.
 - a. Motion to include two non-voting members in the Committee passed unanimously.
 - b. Dolores Mitchell suggested that the Committee may be most effective if it remains relatively small.
4. Chair Boros led a discussion on a proposed mission statement for the SQAC.
 - a. Chair Boros highlighted a few key features of the proposed mission statement. "Alignment" in the mission statement reflects concerns expressed in the SQAC's first year regarding the proliferation and lack of standardization of quality metrics used. "Efficient collection" addresses concerns regarding the complex and burdensome reporting requirements for providers. "Uniform reporting of the SQMS" comes directly from the SQAC's statute. The mission highlights the SQAC's advisory capacity.

- b. Dolores Mitchell suggested that the mission does not link alignment of quality measures and improved health status of Massachusetts residents.
 - c. Dana Gelb Safran commented that improved quality of care delivered and more affordable care, not simply collecting the SQMS, will impact the health status of Massachusetts residents.
 - d. Amy Whitcomb Slemmer commented that she appreciated that “health status of the residents of the Commonwealth” was in the mission statement. The Committee’s work is ultimately to improve health.
 - e. Chair Boros said staff will revise and the Committee can revisit the mission statement at meeting 2 in April.
5. Chair Boros introduced Miriam Drapkin and Iyah Romm’s discussion of quality measure alignment and coordination of alignment efforts across Massachusetts, as well as across states and federal programs.
- a. Miriam Drapkin noted that lack of alignment of measure use across programs and initiatives was a key theme from SQAC year 1. Staff analysis since the Committee last met indicates that there is a lot of activity around quality but very little alignment across initiatives and programs.
 - b. Miriam displayed a series of graphics demonstrating the number of unique quality measures used across 15 programs analyzed.¹
 - i. Dolores Mitchell asked if it would be possible to analyze the extent to which there were different measures of the same condition/process/population or whether the absence of alignment is driven by key differences in which conditions, processes and populations were being measured.
 - ii. Dana Gelb Safran asked if “identical” referred to measure specifications or if the measure was “identical” by population. She cautioned that while these are similar, comparison by specification vs. population is different. Dana also asked the SQAC to consider the ideal level of alignment and to think carefully about the end goal.
 - iii. Miriam responded that SQAC staff used the NQF number as the base for criteria and from there, tried to link similar measures.
 - iv. Miriam also noted that the catalog is a tool that can be used to for additional analyses and to answer future research questions.
 - c. Iyah Romm introduced the HIT Trailblazers initiative and the overlap in the five aims of the HIT Trailblazer initiative and SQAC priorities.
 - i. Iyah also mentioned that at a National Academy of State Health Policy (NASHP) meeting in DC last month, there were no less than eight distinct alignment initiatives represented, but no overlap among those initiatives.
 - ii. Dolores Mitchell commented that the Measure Policy Council’s request that agencies submit reasonable justification for retaining certain quality measures was not stakeholder friendly. Miriam responded that that was a fair assessment, but that the experience in Massachusetts is different from that of federal programs, where there are over 1,700 measures in place.

¹ The full presentation can be accessed on the SQAC website, at <http://www.mass.gov/chia/gov/commissions-and-initiatives/statewide-quality-advisory-committee/meeting-schedule-and-materials.html>

- iii. Iyah commented also that important to balance measures that are appropriate to individual programs with the alignment mission.
 - d. Miriam Drapkin discussed several tools that may be used to align quality activities.
 - i. Dolores Mitchell asked why the data map included the Employer Insurance Survey but did not include “purchaser” as a data sources, and expressed concerns about the potential for duplicative data.
 - ii. Dana Gelb Safran questioned whether the SQMS represented a data source, as today it is just a list of quality measures.
 - 1. Chair Boros responded that the SQMS would eventually be a dataset, but that the point was well taken; SQAC staff are still developing the data map and considering how to make it useful and usable. Chair Boros also said that the SQAC statute says that the SQMS will be used for “uniform reporting” but that he is mindful of the burdens of additional reporting requirements.
 - iii. Dolores suggested there be a “data that should not be collected” category for data that raises privacy concerns. She said she endorses an IRB-style review of any data collection.
 - 1. Chair Boros responded a column for “level of access” could be added in future iterations of the data inventory.
 - iv. Dr. Susan Abookire, Chair of Quality and Patient Safety at Mount Auburn Hospital, who was listening to the meeting by phone, said that asking for providers for data can be problematic and asks the SQAC to be cognizant about this.
 - 1. Chair Boros recognized the comment and said that the SQMS regulation will go through the regulatory process and after the regulation is proposed, there will be a public comment period and he encourages all to participate and provide public comment.
 - v. Iyah said that staff will continue to work on developing an alignment strategy and present to the Committee in April.
 - e. Chair Boros started a discussion of the presentation with two questions:
 - i. Where does Massachusetts fit in among states participating in the HIT Trailblazers initiative?
 - ii. By introducing our own alignment initiative are we adding value to or contributing to the fragmentation of these efforts?
 - 1. Iyah responded to the first question that we are mid-pack relative to other participating states. Some have more advanced HIE and infrastructure, we have a standard measure set. The Massachusetts structural and hierarchical framework seems to be more advanced relative to other states. To the second question, Iyah said it was an open question. It will valuable to tailor an alignment strategy for our state but continuing with the peer-learning promoted through HIT Trailblazers will be critical.
 - iii. Ann Lawthers said that she has concerns that the HIE/HIX implementation is not necessarily aligned with other activities in the state.

1. Iyah agreed and said that at NASHP's meeting in January there were no HIE/HIX representatives from Massachusetts and there were from other states.
- iv. Dana Gelb Safran that an alignment strategy may be important, but she asked to what end the Committee would be working toward alignment. If it included analyzing how measures inform improvement, for instance, the Committee would have to meet much more often.
 1. Chair Boros said that having a conversation about how the SQAC can best contribute to the initiative is key, but that we will start with state agencies and evaluate how we can (or can not) align. He said that we need to get state entities to agree before we can go to the private entities.
 2. Dolores agreed and said that the Committee should consider end use and user of any such strategy or its components.
- v. Jim Feldman agreed that an alignment strategy was important but reinforced the concern about reporting burden on providers. Dr. Feldman suggested that the SQAC look at measures in some areas before they become high stakes and even if there is no collection infrastructure in place, it will be a useful way identify areas of care where more attention is needed.
- vi. Ann Lawthers shared her observations about the differences between SQAC I and SQAC II. She said that SQAC I seemed to be more focused on the measures whereas SQAC II is more focused on the data collection of these measures, the end use of this data and the administrative burdens of reporting. Ann also suggests that HIE/HIT also be a part of this discussion to align portals.
- vii. Madeleine Biondolillo commented that the analysis of what is in use and where programs are misaligned is really interested. She said it is important to focus on and address this misalignment but also allow for a certain level of risk taking.
 1. Miriam Drapkin said that in the Standard Quality Measure Set regulation there is a provision for certain measures to be confidentially reported to the Betsy Lehman Center, which can serve as a "safe place" for providers and the evaluation of measures that are not yet ready for prime time.
 2. Iyah Romm agreed that it is important an alignment strategy be meaningful and substantive. Madeleine agreed and added that it would be valuable to continue communicating with agency leaders and stakeholders to make the strategy actionable.
6. Chair Boros asked Committee members to review the SQAC Year 1 Final Report and to review the meeting minutes once they are circulated. In preparation for meeting 2 in April, he asked that Committee members think about what the goals and priorities of Year 2 should be.

The meeting adjourned at 3:40 pm.