

Statewide Quality Advisory Committee (SQAC) Meeting

Monday June 22, 2015

3:30pm – 4:45pm

501 Boylston Street, 5th Floor, Boston, MA 02116

MEETING MINUTES

Chair: Áron Boros (CHIA)

Committee Attendees: Dianne Anderson, Dr. Michael Sherman, Jon Hurst, Amy Whitcomb Slemmer, Dolores Mitchell, Richard Lopez

Committee Members Attending by Phone: Ann Lawthers

Committee Members Not in Attendance: James Feldman, Iyah Romm, Dana Safran

Other Attendees: Beth Waldman and Michael Joseph (Bailit Health Purchasing, LLC.)

1. Chair Áron Boros opened the meeting.
2. Chair Boros asked for a motion to approve the minutes from the May 18, 2015 meeting. Minutes were unanimously approved.
3. Chair Boros discussed the schedule for the next few meetings. He proposed not having a call for proposed quality measures during this SQAC meeting cycle. For this meeting cycle he proposed focusing on quality priorities and then reviewing proposed measures in early 2016. He also noted that MAHP and MHA were working on proposed measures for tiering that would be ready for review by the SQAC in September.

Dolores Mitchell and Amy Whitcomb Slemmer expressed some concern with the MAHP/MHA process, noting that it does not include purchasers or consumers.

4. Beth Waldman presented on the research that Bailit Health Purchasing conducted regarding quality priorities, including stakeholder interviews. This presentation is available at <http://www.chiamass.gov/sqac>
5. In reviewing the quality priorities named by interviewees, Michael Sherman noted that much of conversation about health care is in terms of value, for employers and others. He asked if value came up with interviewees.
 - a. Beth Waldman replied that the interviews focused on quality priorities, but that a lot of stakeholders mentioned cost and gaps in care.

- b. Jon Hurst noted that Bailit had not really met with consumers, so that could be why value was not extensively discussed.
- c. Beth Waldman noted that Bailit interviewed consumers and when asked what their quality priorities were some mentioned cost, but cost did not come up as a quality priority in itself.
- d. Dolores Mitchell noted that employers would like to ensure that the money they spend is buying good care, quality care.
- e. Amy Whitcomb Slemmer noted that she thought quality is how you frame a conversation about value.
- f. Michael Sherman noted that cost and quality are closely related. The high cost of specialty pharmaceuticals is an area where he thought the high cost was potentially impeding quality care.
- g. Jon Hurst noted that he thought that cost should be at the table and that none of his members want low quality.
- h. Chair Boros stated that employers think about cost, that MA has relatively good quality and access, but also high costs. He noted that the SQAC is specifically focused on quality.
- i. Dolores Mitchell recalled being at a meeting at the Massachusetts Medical Society some time ago where Nancy Turnbull put up a slide that had 14 organizations in Massachusetts focusing on quality and only two on cost. She noted that now there is a shift as people are concerned with the impact costs are having on quality. She noted that employers are concerned about cost and if they are going to be able to provide health care at all.
- j. Jon Hurst noted that most employers are trying to do their business. He also noted that the legislation that led to the formation of this group was centered around cost and that the SQAC cannot ignore cost.
- k. Amy Whitcomb Slemmer commented that cost can be a barrier, but that the SQAC's work is to identify and measure quality priorities, and that the SQAC has an opportunity to move forward on quality. She also noted that there were 14 organizations working on quality because they cannot all agree on what to measure.
- l. Dianne Anderson noted that creating better value is what her organization is working on in its work with population health and ACOs. The work they are

doing to reduce readmissions, sending people home with a visiting nurse visit to follow up or to palliative care is the future of health care.

- m. Beth Waldman agreed that the SQAC cannot ignore cost as a dimension and that it may be a criterion, but perhaps improving value can be one of the criteria in selecting quality priorities.
6. The group then provided feedback on proposed quality priorities for the SQAC gathered through the interview process:
- a. Dolores Mitchell commented that care for people with chronic conditions should be mentioned separately, also care for the elderly as that population gets bigger and bigger.
 - b. Richard Lopez commented that there should be a focus on care coordination.
 - c. Dolores Mitchell commented that the issues around social supports raises issues about providers and their ability to provide the social supports that people are asking for, given their budgets.
 - d. Amy Whitcomb Slemmer commented that the SQAC should also track outcomes.
 - e. Dianne Anderson noted that her organization has patients in the ED all of the time and they need to find a place for those people to go or they have to admit them.
 - f. Michael Sherman noted that medication adherence for those with chronic disease is something that he would like to see tracked, particularly sub-optimal adherence.
 - g. Jon Hurst said prescription drugs, chronic conditions, and from an employer perspective what works for wellness programs are areas he would like to focus on.
 - h. Beth Waldman asked the group about behavioral health and primary care integration as a quality concern and if they thought it was something they considered as a priority area.
 - i. Dolores Mitchell asked how integration would work, particularly if you do not have a large specialty group.
 - ii. Michael Sherman noted that this is an important issue, be the Committee should consider who and what it would measure.
 - iii. Dolores Mitchell noted an area where a focused effort could have an impact would be having everyone with a chronic condition receive a mental health screening.

- iv. Ann Lawthers commented that from a MassHealth perspective they view behavioral health integration as an area of importance regardless of measures.
 - v. Richard Lopez commented that the Health Policy Commission has pushed behavioral health integration for PCMH accreditation. He noted that there are lots of barriers, confidentiality, health plan carve outs, prescriptions on data sharing, and that this could be a measure.
 - vi. Chair Boros commented that behavioral health integration seems like a “little dot” issue and asked if the group agreed.
 - vii. Ann Lawthers, Dolores Mitchell and Michael Sherman thought that it was too broad, in part because it is hard. They also commented that they know that people with chronic conditions often have associated mental health disorders and that they are concerned that people get referred to the right treatment.
- i. Beth Waldman asked about separate measures for children.
 - i. Amy Whitcomb Slemmer thought that children have particular quality measures that would be lost if children are not identified as a special population.
 - ii. Michael Sherman commented that many children do well with regular well care visits and that to be impactful the SQAC needs to focus on something measurable.
 - iii. Richard Lopez commented that with childhood obesity the impact on the health system are 20-30 years out.
 - iv. Michael Sherman noted that it is multifactorial, Dianne Anderson noted that it impacts schools, Amy Whitcomb Slemmer noted that you can measure it.
 - v. Chair Boros noted that children’s health care is a “big dot” and that they could consider narrowing the focus. Childhood asthma was mentioned as potential area.
 - j. Beth Waldman asked if patient safety is an area where focus is needed.
 - i. Richard Lopez noted that it was not an area that should be on top of the list. He noted that Leapfrog has just put out a report and Massachusetts hospitals were doing well. He also noted that outpatient safety is

something that they struggle to measure at Atrius. He acknowledged it is a leading edge issue but that it is difficult to measure.

- ii. Dolores Mitchell agreed that it is important, but not a priority. She suggested that the Committee note in its final report that it is important but not a priority and that other stakeholders are doing work in this area.
 - iii. Chair Boros said that this conversation could be included in the Committee's final report, but noted that patient safety is still something that Massachusetts need to work on, particularly in the outpatient setting where there is not much work.
 - iv. Michael Sherman noted that all of the proposals have merit, where you have to prioritize things is when it will become interesting.
- k. Beth Waldman asked about consumer and patient engagement.
- i. Amy Whitcomb Slemmer noted that she supports this as a priority. She noted that it is an area that is not being paid consistent attention to and important to health reform. She said the Committee has discussed in the past the thorny nature of some of these quality measures, but thought the measures were evolving.
 - ii. Michael Sherman also noted his support for patient engagement as a priority. He said he is not sure what the SQAC can do. There are state requirements around transparency, also getting patients into more integrated systems. One of the frustrations on the payer side is that patients don't know about tools to provide information; the adoption of transparency tools is in the high teens.
 - iii. Jon Hurst noted that any tools have to be easy for consumers to use.
 - iv. Richard Lopez said patient engagement, access to care, appropriate care and transparency seem like tactics that would fall under a particular clinical area that was related to a larger, statewide goal. For example, given 2-4 clinical goals, stakeholders could try to improve patient engagement. Otherwise, these topics are very broad and difficult to address.
 - v. Dianne Anderson and Chair Boros agreed with Rick Lopez's perspective.
 - vi. Amy Whitcomb Slemmer noted that patients are not often asked upfront for their feedback on a tool or website and that they have easier to digest ways of what consumer engagement would look like.

- vii. Richard Lopez asked if patient engagement for chronic disease or surgery is one of the areas that she had looked at.
- viii. Amy Whitcomb Slemmer noted that the process of shared decision making is designed to work with all of these areas.
- ix. Obesity was discussed as a potential area of interest
 - 1. Amy Whitcomb Slemmer noted that obesity, if you are measuring it and looking at it from a systems level, will ultimately save the Commonwealth money.
 - 2. Michael Sherman noted that care for obesity ranges from counseling to surgery and many areas in between. The health care system is at the tail end of addressing obesity.
 - 3. Jon Hurst asked what if obesity is part of a chronic condition.
 - 4. Michael Sherman said that the focus could be on metabolic syndrome instead of obesity.
 - 5. Chair Boros asked if there is any momentum in the state around addressing obesity.
 - 6. Amy Whitcomb Slemmer noted that MA DPH and the Boston Foundation are working on obesity, and programs like Shape Up Somerville have had success.
- x. Opioids was introduced as another area to consider
 - 1. Dolores Mitchell commented that when the Governor has made a commitment to this issue, other stakeholders should be supportive.
 - 2. Amy Whitcomb Slemmer suggested that if the SQAC could shine a light on the issue it would help.
 - 3. Richard Lopez noted that the only measurement he has heard discussed is the number of overdose deaths and that there is probably an opportunity to address other aspects.
- xi. Jon Hurst asked if there were other areas of prescription drugs that should be considered.
- xii. Michael Sherman noted that pharmaceutical issues are mostly a cost issue, however there is a phased roll out of the treatments for Hepatitis C drugs because it would otherwise be too costly for the state.

- xiii. Access to care was brought up as an area of interest related to the issue of lack of access.
 - 1. Chair Boros noted that other stakeholders were addressing this.
 - 2. Diane Anderson thought that the issue was too broad.
- xiv. Appropriate care was brought up as a potential area of interest. The group noted that it seemed too broad and embedded in other issues.
 - 1. Chair Boros commented that focusing on overuse may be one way to examine appropriate care. He commented that patient safety and wasteful care were topics of interest to him, as they are obviously bad.
 - 2. Michael Sherman commented that these areas need to be narrowed, like narrowing maternity to a focus on reducing C-sections.
 - 3. Dolores noted that you can measure negatives, for example Choosing Wisely identified procedures that should not be done and the SQAC can measure each entity on their relative use of the “shall not” procedures, but noted there will always be exceptions.
 - 4. Chair Boros noted that the criticism of Choosing Wisely is that the medical societies were being too timid.
 - 5. Jon Hurst thought that this was worth more discussion.
- xv. Maternity was brought forth as a potential area of interest.
 - 1. Amy Whitcomb Slemmer said she thought it related to care planning.
 - 2. Dianne Anderson said the SQAC can make an impact to help reduce early C-sections.
 - 3. Michael Sherman said that there are issues around early induced labor.
 - 4. Richard Lopez suggested that the SQAC look at how MA is doing compared to the nation.
 - 5. Amy Whitcomb Slemmer said that some data have been compiled and that MA performance on maternity care was lower than she expected. She said that she would look into it.

xvi. Care planning and End of Life Care were brought forth as a potential area of interest

1. Amy Whitcomb Slemmer, Richard Lopez and Michael Sherman noted that they would not rule either of those areas out.

xvii. Transparency was brought forth as a potential area of interest

1. Jon Hurst thinks that transparency should stand alone as a quality priority.
2. Michael Sherman noted that he thinks everyone is for transparency, but it is not clear how to make it a standalone priority would be implemented.
3. Dolores suggested that to help the SQAC that potential priorities be categorized as those things that are a means within themselves, things that are means to an end, what the potential measures would be, and who would do the measuring.

7. The next meeting of the SQAC will be July 27, 2015.