

Statewide Quality Advisory Committee (SQAC) Meeting

Monday April 24, 2017

3:00pm – 5:00pm

MEETING MINUTES

Chair: Ray Campbell (CHIA)

Committee Attendees: Diane Anderson (Lawrence General Hospital), Katie Shea Barrett (Health Policy Commission), Jon Hurst (Retailers Association of MA), Rick Lopez (Atrius Health), Tracy Reimer (Group Insurance Commission), Dana Gelb Safran (BCBSMA), Linda Shaughnessy (MassHealth), Michael Sherman (Harvard Pilgrim Health Care)

Other Attendees: Cristi Carman (Center for Health Information and Analysis)

1. Chair Ray Campbell opened the meeting.
2. Chair Campbell asked for a motion to approve the minutes from the October 31, 2016 meeting. Minutes were unanimously approved.
3. Cristi Carman reviewed Open Meeting Law and requested members return signed Certificate of Receipt at the end of the meeting.
4. Chair Campbell proposed addition of Barbara Fain, Executive Director of the Betsy Lehman Center, as a non-voting member of the Committee.
 - a. There were no objections.
 - b. Barbara Fain joined the meeting shortly after this discussion.
5. Chair Campbell requested that members introduce themselves and spend a few minutes sharing the current quality measurement priorities or initiatives of their organizations.
 - a. Jon Hurst introduced himself and gave an overview of the stakeholders of the Retailer's Association. He noted that as employers are searching for health plans, cost is a major consideration but quality is also important.
 - b. Michael Sherman noted that measurement is foundational to his work, and identified some key areas of use including: to share quality information with the public, to find unchanging metrics for tracking over time, pay for performance, finding metrics that get at not just low cost but high value. He noted concerns about administrative burden of data collection and reporting, and an emphasis on valid and stable measures that make sense at the unit of measurement.

- c. Rick Lopez noted that SNFs are constantly rewarded or penalized based on quality ratings, which requires measurement from multiple sets. Including: The Visiting Nurse Association (VNA) scores from this year effect payment to SNFs in 2 years, NextGen quality metrics included in their set, and measures required by CMS. He noted that an expanding number of datasets is required to keep up with reporting requirements.
- d. Katie Shea Barrett provided an overview of the HPC's work reviewing mergers and transactional changes in the healthcare market and making recommendations to the Attorney General. She noted that the HPC will eventually use quality data to certify ACOs. Katie Shea Barrett also noted the HPC's interest in alignment of quality measures used in Massachusetts, and mentioned EOHHS's Quality Measurement Alignment Taskforce, slated to begin meeting in May, which will seek to select common measures for the purpose of payment and APM contracts. She emphasized the importance of relying on fewer process measures and more outcome and patient reported measures.
- e. Tracy Reimer noted that the GIC is a consumer of quality measure data, and that there is interest in building quality metrics into GIC contracts and/or the procurement process to select new health care vendors. Tracy also noted the GIC's Clinical Performance Improvement Initiative (CPII) for using quality and cost data to tier providers according to value.
- f. Barbara Fain explained that the BLC is within, but not of CHIA, and that the Centers share data resources. She noted that safety is a subset of quality, and that key patient safety threats are difficult to identify because while there is anecdotal information, the state has limited access to reliable data and measures.
- g. Diane Anderson commented that quality is essential to everything the hospital does. She noted that LGH participation in Medicare Pioneer ACO Model has quality measure reporting requirements, many metrics are required to be included in key networks, and there will be more measures for the MassHealth ACO program. She asked for clarification on the connection between the Standard Quality Measure Set (SQMS) and the MassHealth ACO measures.
 - i. Katie Shea Barrett replied that there is a subcommittee on the EOHHS Quality Measurement Alignment Taskforce to discuss MassHealth measures.
- h. Linda Shaughnessy added that MassHealth is emphasizing aligning without adding new versions of measures, and they have particular interest in special populations such as behavioral health.

- i. Dana Gelb Safran noted 4 uses of quality metrics: (1) Sharing performance data with providers, (2) Attaching financial incentives to measures, (3) Public reporting, and (4) Building metrics into network design (i.e., tiering). She noted the importance of aligning the alignment efforts nationally and in the state, while noting that the measures existing today leave important gaps toward this end. She added that today's measures were built of a Fee For Service (FFS) payment system, and that more "big dot measures" (meaning, system-level outcome measures) in each category of the triple aim are necessary. She expressed that summary measures for quality of care and health are needed, and that outcome measures get closer to this goal. Finally, she noted that it will ultimately be necessary to develop and validate a new wave of outcome measures to get away from reliance on process measures.
 - j. Linda Shaughnessy explained that MassHealth is working toward the following goals, as it builds its measures slate: (1) alignment with current and with new measures, (2) focus on particular populations (i.e., behavioral health), (3) balancing development of new measures with use of current measures, and (4) focus on new data collection methods.
6. Ray Campbell provided an update on CHIA's development of a transparency website. He noted that the first phase will include a procedure cost estimate tool, and will allow consumers to select and navigate cost estimate information, and will display quality information where possible.
7. Barbara Fain added that it is a priority to help consumers interpret measures and that the website will include aids to help them understand how the data should and shouldn't be used, decision aids, and a troubleshooting tool to direct consumers to where they can get help with an issue.
8. Michael Sherman noted that he has been hearing a lot about "softer skills" such as communication, and the importance of these skills to people trying to make decisions about their care. He asked if these will be included on the website?
 - a. Barbara Fain responded that, yes, the first phase of the website will include patient experience measures. She noted that more information will be shared with stakeholders as the website content is developed.
9. Diane Anderson noted that cost of care is complex. She asked how the website will address that complexity.
 - a. Ray Campbell responded that the website is not include quotes for services, and will be very clear about directing consumers to check with their insurance companies to determine their cost of a procedure. He noted that the intention is to

work with other state agencies (i.e., GIC, Connector, etc.) so the website can link consumers to their needs.

- b. Katie Shea Barrett noted that MHQP produced a report on what quality information should be next to cost on a website, and recommends review of that report for lessons learned.
10. Jon Hurst asked if there has been any feedback from self-insured employers following the Gobeille decision?
 - a. Ray Campbell also noted that the gap in the APCD created by the loss of self-insured employers is not as bad as it appeared at first. In many cases, self- and fully-insured employers look the same. He explained that this gap now seems manageable, but CHIA will continue to work with stakeholders to make the APCD as usable as possible.
11. Cristi Carman noted three work streams of the CHIA quality team: (1) Statutory requirement to publicize data on the standard quality measure set. CHIA produces a databook and an annual report on quality in the health care system. (2) Staff the SQAC and act as steward the standard quality measure set – the quality team keeps track of data and availability of data to support transparency. (3) Collaboration with other key state agencies on quality measurement, including measure alignment, administrative simplification, and providing data to others that monitor quality like the HPC.
12. Ray Campbell opened a discussion of the SQAC’s agenda for the year. Specifically, he noted two priorities:
 - a. Process for soliciting comments on and nominations of measures for the SQMS.
 - b. Providing to the SQAC opportunities to hear directly from state agencies about their quality measurement and reporting initiatives.
13. Cristi Carman asked the Committee if there is an interest soliciting input from the public on potential updates to the SQMS, which hasn’t been done since 2014? The SQAC was supportive.
14. Ray Campbell asked the Committee if the previously identified SQAC quality priorities areas were reasonable filters for new measures.
 - a. Diane Anderson noted that she would like to add post-acute care and home care.
 - b. Katie Shea Barrett agreed and would also like to add LTSS.
 - c. Linda Shaughnessy noted that transitions and care coordination are also priorities. She also asked what is the primary purpose of the SQMS?

- d. Cristi Carman responded that the original purpose envisioned that the SQMS would be a tool to standardize measures used in providing tiering. Over the years, the SQAC has added measures for quality improvement, public reporting, and other activities as well. Currently, it is used to guide CHIA quality data transparency work.
15. Rick Lopez asked if it might be feasible to include a weight to outcome measures in the process? He noted that the SQAC's measure evaluation tool emphasizes scientific rigor which is important, but it is also worthwhile to weight outcome and procedural measures differently to facilitate shift in that direction.
16. Ray Campbell agreed that this makes sense, and asked how many proposals the SQAC received during this process in the past?
 - a. Cristi Carman responded that the SQAC received about 68 nominations in 2014, largely from the payer and provider communities and advocacy groups. She noted that there has typically been a lot of interest in adding relatively new measures.
17. Terry Reimer posed the question of whether restricting to NQF/other ID endorsed measures is overly limiting, and doesn't allow the SQAC to look toward the future of measurement?
 - a. Katie Shea Barrett noted that she recently attended an NQF conference and the focus was heavily on outcome measures, so she is confident that the field is moving in this direction.
 - b. Katie Shea Barrett also shared that she thinks the SQMS should stick to established measures, and expressed concern about including measures for which data cannot be collected.
 - c. Cristi Carman suggested including a question on the nomination form for people to nominate innovative measures, to encourage awareness of them while acknowledging that they may not be appropriate for the SQMS at this time.
18. Dana Gelb Safran noted data limitations, that while Massachusetts is behind on HIE and no one has access to the data needed for outcomes until EHR data is available. She noted that this will require a multi-stakeholder effort.
 - a. Ray Campbell agreed this is a good point, and noted that CHIA's data is retrospective. He stated an interest in broadening the spectrum and considering the extent to which CHIA could provide more real time data.
 - b. Dana Gelb Safran suggested thinking about the data holding as federated instead of as a repository approach.

- c. Katie Shea Barrett responded that this is also an aspect of the EOHHS Quality Measure Alignment Taskforce work.
- 19. Cristi Carman asked for the Committee's thoughts on welcoming refinement of the current SQMS, noting that several of the measures are required by statute, but there could be discussion about removing others.
 - a. Tracy Reimer suggested an interagency workgroup to look at the nonessential measures.
 - b. Katie Shea Barrett agreed that the SQMS is large, and agreed there would be value in knowing if stakeholders are sunseting certain measures.
 - c. Cristi Carman noted that this will be put on the agenda for future SQAC meetings for further evaluation and consideration.
- 20. Michael Sherman suggested that given there are groups specializing in each of the SQAC priority areas, it would be worthwhile to identify the relevant groups and reach out to them specifically.
- 21. Ray Campbell closed by summarizing that the open call for new measures and presentations from other agencies are on this year's agenda, and asked the Committee if they would like to add anything else, or suggest other organizations to reach out to for presentations?
 - a. Michael Sherman noted the importance of harmonization of efforts already in play. He said that AHIP presented at a past meetings on their core measure collaborative work which was helpful, and noted the importance of staying connected to of changes in the field and organizations that may impact the SQAC's work. He suggested the International Consortium for Health Outcomes Measurement (ICHOM), based in Cambridge, as a possible presentation for a future SQAC meeting.
- 22. Ray Campbell adjourned the meeting at 5:00 p.m.