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Health Care Quality and Cost Council
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KATHARINE LONDON
Executive Director

Health Care Quality and Cost Council

Meeting Minutes

Wednesday, March 5, 2008
1:00 – 3:00 p.m.
One Ashburton Place, 21st floor, room 3
Boston, MA

Council Members Present: JudyAnn Bigby (Chair), Charles Baker, Kevin Beagan, Elizabeth Capstick, James Conway, Kenneth LaBresh, Joseph Lawler, Thomas Lee, Shannon Linde, Katharine London, Dolores Mitchell, Quentin Palfrey representing David Friedman, Robert Seifert, and Greg Sullivan.

Meeting called to order at 1:09pm

I. Approval of Minutes of Council Meeting February 20, 2008
The Council approved the minutes of its February 20, 2008 meeting.

II. Items for Discussion

A. Update on Claims Data Submissions
Suanne Singer, Maine Health Information Center

Suanne Singer from The Maine Health Information Center reviewed a list of health insurance carriers whose data was Approved and Submitted, Approved and Partially Submitted, or Not Approved. She reported that 94% of Pharmacy Historical claims have been collected while currently there are only 25% of Medical Claims collected.

Suanne also announced that Failure to Comply letters have been sent out to several carriers who have failed to comply with the Councils statutory requirements, including Aetna Life Insurance, Nationwide, Midwest, MEGA, and Unicare.

B. Council policy on developing and publishing performance measurement benchmarks

Greg Sullivan noted the importance of the Council's role and responsibilities in establishing and approving performance benchmarks.

Ken LaBresh noted that the phrase "performance measurement benchmarks" is somewhat ambiguous. "Benchmarks" are targets or goals used to mark performance on each measure. Common benchmarks are the state or national average, or a percentile such as the ninetieth or eightieth percentile.

Council members noted the importance of benchmarks for accountability, and that benchmarks can be used to establish both a floor for unacceptable performance and a target for excellent performance.

C. Review and Approval of the Council's Recommendations to the Legislature under MGL c.6A, §16L(a) (*vote)

Katharine London reviewed the Council's statutory mandate under Massachusetts General Law *Chapter 6A, Section 16L* to develop, coordinate and implement health care quality improvement goals that are intended to lower or contain the growth in health care costs while improving the quality of care, including reductions in racial and ethnic health disparities.

Katharine London reviewed ***Goal I: Reduce the cost of health care. Reduce the annual rise in health care cost to no more than the adjusted growth in Gross Domestic Product (GDP) by 2012.*** The goal holds the Council responsible for the development of a website providing comparative cost information. Katharine London reviewed the scope of ***Goal I*** and discussed the recommended steps for achieving the goal.

- The Council approved ***Goal I*** by unanimous vote.

Beth Capstick reviewed ***Goal II: Ensure patient safety and effectiveness of care***. The Goal is followed by two sub- goals to eliminate hospital associated infections by 2012, and to eliminate Serious Reportable events as defined by the National Quality forum. Beth Capstick discussed the motivating factors that lead to the development of ***Goal II*** and reviewed the Patient Safety Committee's recommended steps for achieving the Goal.

- The Council approved ***Goal II*** by unanimous vote.

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Kenneth LaBresh reviewed ***Goal III: Improve screening for and management of chronic illnesses in the community.*** The goal focuses on the improvement of chronic and preventive care and also looks at reduction in disease complication rates, readmission rates and avoidable hospitalization. Kenneth Labresh reviewed the Chronic Care Committee's recommended steps to achieving ***Goal III*** and discussed the goals role in reducing the cost of health care and increasing quality.

- The Council approved ***Goal III*** by unanimous vote.

James Conway reviewed ***Goal IV: Develop and provide useful measurements of health care quality in areas of health care for which current data are inadequate.*** The goal designates the Council responsible for developing a process and measure to improve patient understanding and care at the end of life. James Conway reviewed the recommendations made by the End of Life Committee and discussed the cost and quality implications with respects to end of life care.

Dolores Mitchell asked that there be an amendment to the Title of ***Goal IV*** for communication and education purposes. The Council agreed that there should be changes to the title to allow

clear understanding of what the Council means when it refers to care at end of life. Members suggested that SolomonMcCown&, the Council's communication vendor, assist the Council in developing a title for Goal IV that better suits the Council's vision in this area.

- The Council approved ***Goal IV*** by unanimous vote with amendments to the title.

JudyAnn Bigby discussed ***Goal V: Eliminate racial and ethnic disparities in health and in access to and utilization of health care; health indicators will be consisted, and consistently improving, across all racial and ethnic groups.*** The secretary discussed the Council's agreement to include ***Goal V*** in all of its work and expressed the importance of targeting racial and ethnic disparities through each quality improvement effort, rather than through a separate effort.

- The Council approved ***Goal V*** by unanimous vote.

Quentin Palfrey reviewed ***Goal VI: Promote quality improvement through transparency.*** The goal focuses on quality improvement and holds the Council responsible for the development of a website and other materials providing comparative quality information. Quentin Palfrey reviewed the Communications and Transparency Committee's recommendations on the steps to achieving ***Goal VI***. Quentin also discussed the Committees work to date with respects to selecting cost and quality measures to be used on the website.

- The Council approved ***Goal VI*** by unanimous vote.

D. Review and Approval of the Structure and Format of the Council's Annual Report to the Legislature (*vote)

Katharine London reviewed the Council's statutory requirement to review and file of an Annual Report. Katharine also reviewed the components of the Annual Report and highlighted features of the report that summarizes the Council's accomplishments to date, and goals moving forward.

- The Council approved structure and format of the Council's Annual Report to the Legislature.

E. Proposal for Process for Posting Cost and Quality Data – short-term and long-term (*vote)

Katharine London presented a proposal for a short-term process to ensure that the Council launches its website by June, as well as a longer term process for identifying and calculating quality and cost measures for posting on the website. The Council suggested amendments to the scope for a clinical consultant to advise on any additional available quality measures, and to identify any closely aligned quality and cost measures for display on a single page. The Council also suggested convening technical advisors to assist the Council with this complex work.

The proposal, as amended, is as follows.

Short-term needs to launch the website by June, 2008:

1. DHCFP ISA to compile quality and cost data into one reporting dataset to populate the website. The web application to draw data from this reporting. DHCFP will only bill for hours spent. ……..…… Up to $40,000.

2. DHCFP ISA to calculate cost measures from Council claims dataset. I won't have a firm estimate of the cost of this project until the 3/19 meeting, but based on Council discussion in the last meeting, this is the priority…… Up to $50,000.

3. Clinical consultant to advise on
    - identify any quality measures for Massachusetts hospitals and physician group practices, in addition to those approved by the Council on March 19, 2008, that are validated, publicly available, and consistent with the Council's principles on publicly reporting quality measures;
    - review the quality and cost measures approved by the Council for display on its website to identify measures that are closely aligned, and recommend sets of closely aligned measures to be displayed on a single page;
    - text accompanying/explaining quality measures. The Council particularly needs sufficient information for physicians to feel confident about the data ...…. $25,000.

In order to prepare for to meet our longer-term goals:

4. Cancel the Analytic Consulting RFP that the Council issued in December. Revise and reissue the Analytic Consulting RFP in late April or early May.

5. Consultant to help us:
    - revise the Analytic Consultant RFP to ensure that it clearly states the services the Council wishes to procure
    - estimate the total cost of the services the Council wishes to procure
    - structure the RFP to create an iterative process where the Analytic Consultant would recommend a reporting plan to the Council, and the next stage of work would depend on the Council's approval of the plan
    - ensure that the Council's contracts with its various vendors cover all the tasks required to launch, maintain, and expand a successful website ……..……. $15,000.

    Total cost of short-term consultants …….. $130,000.

6. DHCFP longer-term ISA to calculate measures and aggregate data for the Council going forward. Cost to be determined.

- The Council <u>approved</u> the short-term and long-term processes for posting Cost and Quality Data, as amended, by unanimous vote.

Meeting adjourned at 3:00pm