

# SENATE NO. 677

## **AN ACT** IMPROVE THE QUALITY AND COST OF HEALTH CARE

*Be it enacted by the Senate and House of Representatives in General Court assembled,  
And by the authority of the same, as follows:*

1 SECTION 1. Section 16K of chapter 58 of the acts of 2006 is hereby amended by adding at the  
2 end thereof, the following:

3 The goals established by the council shall be based on key indicators of health system  
4 performance including, but not limited to, the indicators established by the Commonwealth  
5 Fund Commission on a High Performance Health System, which shall constitute a scorecard to  
6 assist policy makers, health care professionals and the public in measuring improvements in  
7 quality and cost of health care in the commonwealth. Those key indicators, which shall be  
8 compared to national performance of the health system in the United States and to benchmarks  
9 established by said commission, shall include:

- 10 1. Mortality amenable health care – deaths per 100,000 population,
- 11 2. Infant mortality, deaths per 1,000 live births,
- 12 3. Healthy life expectancy at age 60 years,
- 13 4. Adults under 65 limited in any activities because of physical, mental, or emotional  
14 problems,%,
- 15 5. Children missed 11 or more school days due to illness or injury, %,

- 16 6. Adults received recommended screening and prevention care, %,
- 17 7. Children received recommended immunizations and preventive care,
- 18 8. Needed mental health care and received treatment,
- 19 9. Chronic disease under control,
- 20 10. Hospitalized patients received recommended care for acute myocardial infarction,
- 21     congestive heart failure, and pneumonia, %,
- 22 11. Adults under 65 with accessible primary care provider, %,
- 23 12. Children with a medical home, %,
- 24 13. Care coordination at hospital discharge,
- 25 14. Nursing homes: hospital admissions and readmissions among residents,
- 26 15. Home health: hospital admissions, %,
- 27 16. Patients reported medical, medication, or lab test error, %,
- 28 17. Unsafe drug use,
- 29 18. Nursing home residents with pressure sores,
- 30 19. Hospital – standardized mortality ratios, actual to expected deaths,
- 31 20. Ability to see doctor on same/next day when sick or needed medical attention, %,
- 32 21. Very/somewhat easy to get care after hours without going to the emergency room, %,
- 33 22. Doctor-patient communication: always listened, explained, showed respect, spent enough
- 34     time, %,
- 35 23. Adults with chronic conditions given self-management plan, %,
- 36 24. Patient-centered hospital care,
- 37 25. Adults under 65 insured all year, not underinsured, %,
- 38 26. Adults with no access problems due to costs, %,

- 39 27. Families spending <10% of income or <5% of income, if low-income, on out-of-pocket  
40 medical costs and premiums, %,   
41 28. Population under 65 living in Massachusetts where premiums for employer-sponsored  
42 health coverage are <15% of under-65 median household income, %,   
43 29. Adults under 65 with no medical bill problems or medical debt, %,   
44 30. Potential overuse or waste,   
45 31. Went to emergency room for condition that could have been treated by regular doctor, %,   
46 32. Hospital admissions for ambulatory care sensitive conditions,   
47 33. Medicare hospital 30-day readmission rates, %,   
48 34. Medicare annual costs of care and mortality for acute myocardial infarction, hip fracture,  
49 and colon cancer (Annual Medicare outlays; deaths per 100 beneficiaries),   
50 35. Medicare annual costs of care for chronic disease: diabetes, congestive heart failure,  
51 chronic obstructive pulmonary disease,   
52 36. Percent of state health expenditures spent on health administration and insurance, %,   
53 37. Physicians using electronic medical records, %,   
54 In addition to the above indicators, the following indicators shall be reported and, wherever  
55 possible, compared to national statistics:   
56 38. Physicians and hospitals using computerized physician order entry systems, %,   
57 39. Acute hospital patients with bed sores, %,   
58 40. Acute hospital patient falls, %,   
59 41. Acute hospital patients with central line infections, %,   
60 42. Hospital implements a series of interdependent, scientifically grounded steps called the  
61 "Central Line Bundle," %,

62 43. Hospital deploys rapid response teams at first sign of patient decline, %,
63 44. Hospital prevents adverse drug events (ADE's) by implementing medication
64 reconciliation, %,
65 45. Hospital prevents surgical site infections by reliably delivering the correct perioperative
66 antibiotics at the proper time, %,
67 46. Hospital prevents ventilator-associated pneumonia by implementing a series of
68 interdependent, scientifically grounded steps including the "Ventilator Bundle," %,
69 The council shall provide the results of the scorecard to the public in an easily understandable
70 format and shall, whenever possible, report institution-specific comparative data relative to any
71 or all of the scores received for the key indicators.
72 SECTION 2. The provisions of this act shall take effect on July 1, 2008.