
Preliminary Stakeholder Input Findings

MAD Draft 6/29/18

Process

From May 15 to June 27, 2018, MAD conducted 14 small group and key informant interviews across stakeholder groups using the interview guide developed in collaboration with the Steering Team.

Key takeaways

The following are the key points derived from conversations:

- Many respondents noted that SQRMS has tried to be all things to all people, and a framework should provide a more focused approach.
- There was universal interest in knowing more about social determinants of health (SDOH); Most groups mentioned the need to measure them. Most groups also expressed interest in population health, though some were cautious that providers would be held accountable for aspects of health that are out of their control and were interested in measuring across settings. Suggestions for which settings to measure varied widely.
- At a high level, possible statewide goals/priorities respondents cited most often were:
 - Caring for the whole person, incorporating SDOH and other context, patient centered (mentioned in 12 discussions)
 - Providing care that is effective; achieves intended results (mentioned in 11 discussions)
 - Care that is affordable, not specific to whom (mentioned in 11 discussions)
 - Improving access to care (mentioned in 10 discussions)
 - Creating a system that is fair and equitable (mentioned in 9 discussions)
 - Providing preventative care (mentioned in 9 discussions)
- Most were in favor of alignment to reduce measurement burden and increase consistency in reporting. No one voiced opposition except to caution that it might cause backslide in patient impact or that full alignment alone could cause SQRMS to become an afterthought for health care systems.
- Most groups said the draft values and principles were good at a high level but were too general and lacked ownership or perspective (to whom? for whom?).
- Most groups said it would be important to continue gathering stakeholder input, including community engagement.

Other considerations

The following statements were less common or without prompt but seemed meaningful and informative for framework development.

- Most groups provided input on how measurement is connected to improvement. Collectively, they said measurement alone does not drive improvement. Improvement is driven more by payment and dedication of internal resources (including provider interest). To the extent that measures drive payment, measures should be aligned with intended areas of improvement.
- Most groups cited the need for innovation and advancement in technology resources in order to create an efficient system of measurement. Such a system could allow for more streamlined data entry, extraction, reporting, and sharing.
- In terms of ongoing maintenance and evaluation of the framework, several groups cited a tension between needing a framework that is nimble and can quickly adapt to innovation or research and the need for consistent measurement to develop historic data and reduce measurement burden. A few cautioned that there should be monitoring to ensure measures are used for their intended purpose and avoid unintended consequences.
- Groups generally favored a broader scope of health versus health care for the framework, but a few are satisfied with the current system.