

Quality Council Meeting Minutes July 22, 2020

Meeting Date	Meeting Time	Location
July 22, 2020	4:00 – 6:00 p.m.	Webinar and Conference Call

Participant Name and Attendance

Quality Council Members					
Rohit Bhalla	X	Amy Gagliardi	X	Laura Quigley	
Steven Choi	X	Karin Haberlin	X	Andrew Selinger	X
Alan Coker	X	Syed Hussain	X	Marlene St. Juste	X
NettieRose Cooley	X	Michael Jefferson	X	Christine (Chrissa) Tibbits	X
Elizabeth Courtney	X	Nikolas Karloutsos	X	Carolyn (Cary) Trantalis	X
Sandra Czunas	X	Paul Kidwell	X	Orlando Velazco	X
Mark DeFrancesco		Kate McEvoy	X	Victoria Veltri	X
Tiffany Donelson	X	Robert Nardino	X	Steve Wolfson	X
Lisa Freeman	X	Joseph Quaranta	X		
Others Present					
Olga Armah		Karen Dorsey		Jason Prignoli	
Susannah Bernheim		Allan Hackney			
Laurel Buchanan		Brent Miller			

Meeting Information is located at: <https://portal.ct.gov/OHS/Services/Cost-Growth-Benchmark/Quality-Council>

	Agenda	Responsible Person(s)
1.	Welcome and Introductions	Victoria Veltri
	<p>The regularly scheduled meeting of the Quality Council was held on Wednesday, July 22, 2020 by webinar.</p> <p>Victoria Veltri called the meeting to order at 4:01 p.m.</p> <p>Attendance was taken by roll call and other participants introduced themselves.</p> <ul style="list-style-type: none"> Ms. Veltri welcomed everyone and reviewed the purposed of the meeting. She suggested discussing where the Quality Council is headed directionally. The Council’s charter may need a revision since the Quality Council was created a while back for a specific purpose and the purposes are being broadened. Ms. Veltri stated that the Council may want to have a charter and a set of bylaws like some of the other groups with a chair and a vice chair. There may be a draft of this for the next meeting for everyone to consider. Steve Wolfson has been the chair for a while, this may or may not continue and will be something for the group to decide. 	
2.	Approval of Minutes	Victoria Veltri
	<p>The motion was made by Steve Wolfson and seconded by Robert Nardino to approve the Quality Council meeting summary of February 19,2020. The motion passed. The following new Council members abstained: Steven Choi, Alan Coker, Lisa Freeman, Syed Hussain, Michael Jefferson,</p>	

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	Nikolas Karloutsos, Paul Kidwell, Joseph Quaranta, Marlene St. Juste, Chrissa Tibbits, Carolyn Trantalis, Orlando Velazco.	
3.	Update on Executive Order No. 5	Victoria Veltri
	<ul style="list-style-type: none"> • Ms. Veltri provided the update on Executive Order No. 5. It was mentioned that the goal of the Executive Order is to have the players in our healthcare system working together collaboratively to focus on the rate of growth of healthcare cost, improving quality, and investing more in primary care. • Ms. Veltri provided an overview of Connecticut’s Benchmarks and Target program. The program includes four components: cost growth benchmark, primary care target, data use strategy, and quality benchmarks. It was noted that it is important for primary care to be resourced to get to early intervention, support team-based care, and address inequities across the state. It was mentioned that the Quality Council will be the advisory group on the quality benchmarks. There will be a deep dive in this work in the fall. The charter will need to account the quality benchmarks. It was also mentioned that work on clinical quality measure alignment will continue. • There was a question about the purpose of developing new quality benchmarks because they were developed by the Quality Council under SIM. It was stated that mostly the Quality Council worked on clinical quality measures. However, there is significant interest in other types of quality measures such as patient safety and public health measures. The goal is to disaggregate data and track the impact on the communities in the state. 	
4.	Quality Council Scorecard Discussion	Laurel Buchanan
	<ul style="list-style-type: none"> • Laurel Buchanan, of UConn Health, provided an overview and update on the Scorecard. A new data extract was received from the APCD in December. It included commercial, Medicare, and Medicaid data. There was a delay in receipt of the pharmacy Medicare data. There was a question about why the Medicare data lags so far behind. It was mentioned that it could have something to do with the way Connecticut collects and reports the data. • Ms. Buchanan reviewed some of the issues found with Medicaid data. The Council reviewed and discussed the results of the findings. It was noted that the submitted Medicaid data included federally paid claims and excluded state paid claims. Ms. McEvoy indicated that DSS will provide claims to OHS APCD that also contains the state only paid claims, for more complete information. It was suggested that measures should not be published using this data until further discussion to support accurate report calculations. There was also a suggestion for a standard of data completeness with a threshold of what would be needed before moving forward. • The Medicare attribution results for 2017 were reviewed. There was a question about whether the NPIs were attributed to providers or organizations. It was stated that patients are first attributed to a provider and the provider list is used to attribute them to the organization. It starts with which provider has seen them the most for management visits. It was noted that the provider is not being rated but rather providers are grouped into an organization and the organization is rated with the score. The Council continued to discuss 	

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	<p>the attribution. It was noted that there has been a lot of change in the healthcare landscape over the years and the 2017 results are a snapshot of what was happening at that time.</p> <ul style="list-style-type: none"> • The Council reviewed the list organizations that are being rated in the Scorecard. There was a question about the OB/GYN attribution and how it is attributed if the patient visits the OB/GYN and a PCP. It was mentioned that if the patient sees a PCP once then the attribution goes to the PCP. There was a question about the rationale around this. There was a response that the Quality Council had worked on this a while back and discussed whether OB/GYNs would be considered the PCPs. It was acknowledged that if the patient is seeing a PCP then that is where they are probably getting their primary care and to use the OB/GYN as a second round. There was a suggestion for the Council to relook at this because there is legislation that defines OB/GYNs as PCPs. The Council continued to discuss attribution and what counts as the definition of the PCP. It was suggested that the Council revisit this topic in the future. • The next steps are to publish the first set of Medicare results and to do an entity review for the second set of Medicare results. These results will be presented to the Quality Council. 	
5.	National Quality Task Force Report	Victoria Veltri
	<ul style="list-style-type: none"> • Ms. Veltri presented on the National Quality Task Force Report. The strategic objectives, actionable opportunities, accelerator options, and next steps were reviewed. • The Council discussed the NQTF Report. There was a question about whether there was anything regarding tort reform and/or defensive medicine in the report. It was mentioned that they were not in the report. There was a suggestion that Opportunity No. 1 should be revised to “require commitments” as opposed to “seize commitments”. 	
6.	Next Steps	Victoria Veltri
	<ul style="list-style-type: none"> • The next steps were reviewed. Work will start on the quality benchmarks and there will be a revisit of the core measure set and realignment of the quality measures. Regular meetings will need to be determined but at this point all Quality Council meetings will be held virtually. • There was a question regarding if someone will be designated as the primary contact for the Council now that Stephanie has left. It was mentioned that OHS is in the process of working on this and positions have been posted. There may be help with this in the interim. 	
7.	Adjournment	Victoria Veltri
	<ul style="list-style-type: none"> • The motion to adjourn was made by Steve Wolfson and seconded by Andy Selinger. There was no opposition to adjourn the meeting. The motion passed. The meeting adjourned at 5:57 p.m. 	

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Glossary of Acronyms for this Summary

ACO – Accountable Care Organization
APCD – All-Payers Claims Database
AN – Advanced Networks
APRN – Advanced Practice Registered Nurse
AWC – Adolescent Well Care
CAHPS- Consumer Assessment of Health Plans Survey
CQMC – Core Quality Measures Collaborative
DPH – Department of Public Health
eCQM – Electronic Clinical Quality Measure
EHR – Electronic Health Record
E&M – Evaluation and Management
FQHC – Federally Qualified Health Center
HCC – Health Care Cabinet
HISC – Healthcare Innovation Steering Committee
HIT – Health Information Technology
HITO – Health Information Technology Officer
HPV - Human Papillomavirus
ICP – Integrated Care Partners
IMA – Immunization for Adolescents
MPS – Medical Professional Services
NCQA - National Committee for Quality Assurance
NPIs – National Provider Indicators
NQF - National Quality Forum
NQTF – National Quality Task Force
OB/GYN – Obstetrics and Gynecology
OHCA – Office of Healthcare Access
OHS – Office of Healthcare Strategy
OSC – Office of State Comptroller
PA – Physician Assistant
PCM – Primary Care Modernization
PCP – Primary Care Provider
PTTF – Practice Transformation Taskforce
QC – Quality Council
SIM – State Innovation Model
UCONN – University of Connecticut
USPSTF – The United States Prevention Services Task Force