

## Quality Council Meeting Summary November 19, 2020

Meeting Date	Meeting Time	Location
November 19, 2020	4:00 – 6:00 p.m.	Webinar and Conference Call

### Participant Name and Attendance

Quality Council Members					
Rohit Bhalla	X	Amy Gagliardi	X	Joseph Quaranta	X
NettieRose Cooley	X	Karin Haberlin	X	Andrew Selinger	X
Elizabeth Courtney	X	Michael Jefferson	X	Marlene St. Juste	X
Sandra Czunas	X	Nikolas Karloutsos	X	Christine (Chrissa) Tibbits	X
Stephanie DeAbreu	X	Paul Kidwell	X	Carolyn (Cary) Trantalis	X
Tiffany Donelson	X	Kate McEvoy	X	Steve Wolfson	X
Others Present					
Olga Armah		Deepti Kanneganti		Cara Passaro	
Michael Bailit		Krista Moore		Victoria Veltri	
Susannah Bernheim		Hanna Nagy			
Laurel Buchanan		Karen Siegel			
Members Absent					
Steven Choi		Lisa Freeman		Laura Quigley	
Alan Coker		Syed Hussain		Orlando Velazco	
Mark DeFrancesco		Robert Nardino			

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

	Agenda	Responsible Person(s)
1.	<b>Welcome and Introductions</b>	<b>Hanna Nagy, OHS</b>
	The regularly scheduled meeting of the Quality Council was held on Thursday, November 19, 2020 by webinar. The meeting was called to order at 4:00 p.m. Attendance was taken by roll call. Hanna Nagy, of the Office of Health Strategy (OHS), introduced herself. Ms. Nagy will provide support and will be the point of contact for the Quality Council going forward.	
2.	<b>Public Comment</b>	<b>Hanna Nagy, OHS</b>
	There was no public comment.	
3.	<b>Approval of October 1, 2020 Meeting Summary</b>	<b>Hanna Nagy, OHS</b>
	The motion was made by NettieRose Cooley and seconded by Michael Jefferson to approve the Quality Council meeting summary of October 1, 2020. The motion passed.	
4.	<b>Vote on Adoption of Bylaws and Charter</b>	<b>Hanna Nagy, OHS</b>
	The motion was made by Steve Wolfson and seconded by Elizabeth Courtney to adopt the Bylaws and Charter of the Quality Council. The vote was taken by roll call. There was no discussion. The motion passed.	

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	<ul style="list-style-type: none"> <li>Ms. Nagy asked for members to fill out the Conflict of Interest form and email it to her. The Conflict of Interest form can be found in the Bylaws. A copy of the Conflict of Interest form will also be sent out to members for completion.</li> <li>Quality Council members were encouraged to submit their interest or nominations for becoming the Chair or Vice Chair of the Council as this will be voted on at the December Quality Council meeting.</li> </ul>	
<b>5.</b>	<b>Review of Executive Order #5</b>	<b>Michael Bailit, Bailit Health</b>
	<ul style="list-style-type: none"> <li>Ms. Nagy introduced Michael Bailit, of Bailit Health. Mr. Bailit has been working with the Cost Growth Benchmark, Technical Team, and Stakeholder Advisory Group.</li> <li>Mr. Bailit provided a review and refresher of Executive Order #5. The Quality Council will be working on the quality benchmarks portion. The charge is to develop quality benchmarks, which will compliment the cost growth benchmark, to apply to all public and private payers to have recommendations in place by January 1, 2022.</li> <li>The timeline for developing the quality benchmarks was reviewed. A goal is to begin updating the core measure set in December and to complete it in May 2021. The selection of quality benchmarks will begin once the core measure set process is complete.</li> </ul>	
<b>6.</b>	<b>Overview of Quality Benchmark Design Decisions</b>	<b>Michael Bailit, Bailit Health</b>
	<ul style="list-style-type: none"> <li>Mr. Bailit provided an overview of the quality benchmark design decisions. There were three key design decisions for the Council to review:               <ol style="list-style-type: none"> <li>What criteria should the Quality Council utilize to select measures?</li> <li>What measures should Quality Council select for the quality benchmarks?</li> <li>What values should the Quality Council adopt for the quality benchmarks?</li> </ol> </li> <li>The difference between a measure and benchmark was explained. It was noted that measures will be used to establish the benchmarks. The benchmark is essentially a value attached to a measure. There was a suggestion for the criteria for choosing the measures broadly represent the quality of care being delivered in Connecticut. There was mention that the discussion regarding the criteria will take place in May or June when the review of the core measure set is complete. The Council will try to reach a consensus about the ones that make the most sense.</li> <li>There was mention that the focus should be what would work best for Connecticut. A suggestion was to have access to a snapshot of Connecticut’s demographic profile as it is now to help the Council select appropriate measures. Mr. Bailit commented they will create an opportunity analysis to show where Connecticut stands on a broad array of health/healthcare dimensions and share it with the group.</li> <li>A suggestion was to include the NCQA’s HEDIS measure set as a source for the Council when selecting measures. There was also mention that CT Data Haven would be a good source for statistics related to the health of communities within Connecticut.</li> </ul>	

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<b>7.</b>	<b>Review of Delaware’s Quality Benchmarks</b>	<b>Deepti Kanneganti, Bailit Health</b>
	<ul style="list-style-type: none"> <li>• Deepti Kanneganti, of Bailit Health, reviewed Delaware’s quality benchmarks. The Council discussed the Delaware’s 2019-2021 quality benchmark values healthcare measures. There was a question regarding the ED utilization being only for the commercial market. Ms. Kanneganti responded that per NCQA it is only for the commercial market and therefore there were not Medicaid specific data in the Quality Compass.</li> <li>• There was a question about whether Delaware had a Quality Council to set the aspirational goals. Ms. Kanneganti responded that Delaware had an advisory group that discussed both the cost growth benchmarks and quality benchmarks. A subgroup was formed with subject matter experts to specifically discuss the quality benchmarks.</li> <li>• There was a question about why the Medicare population is not being reflected. It was noted that Delaware relied on NCQA for their healthcare measures and chose to use only commercial and Medicaid. The Medicare/fee for service population is not captured by NCQA. The data for the measures used in Delaware was from NCQA Quality Compass.</li> </ul>	
<b>8.</b>	<b>Update on Scorecard</b>	<b>Laurel Buchanan, UConn Health</b>
	<ul style="list-style-type: none"> <li>• Laurel Buchanan, UConn Health, presented an update on the Scorecard.</li> <li>• The Council discussed the preliminary Medicare ratings for advanced networks and federally qualified health centers (FQHCs). Concern was expressed regarding an ongoing issue of measures with low denominators. It was suggested that when selecting a measure that repeatedly has low denominators among large medical groups, to pause and consider whether the measure is valid to apply across multiple providers and medical groups. There was a suggestion, that at some point, the measures with low denominates should be reevaluated to see if they are tracking the goals that trying to be accomplished.</li> <li>• It was stated that low denominators that are seen with a lot of organizations tend to be with the behavioral health measures. There is a similar issue with follow up visits after hospitalizations for mental illness.</li> <li>• There was a question about whether any of the measures have an economic benefit for the organizations to drive performance or greater effort. Ms. Buchanan responded that this information is not currently included in their data.</li> <li>• There was a question about whether actual numerators and denominators could be shared with the Council to provide a sense of the populations being measured for the different groups. It was mentioned that it might be helpful to understand the impact of the measures across population size. Ms. Buchanan responded that this information can be shared.</li> <li>• There was also a question about whether confidence intervals are being calculated with the data sets. It was noted that confidence intervals are not currently being calculated.</li> <li>• Next steps for the Scorecard will be to publish the second set of Medicare results, update 2018 and 2019 provider lists, and to receive new data extract with updated data.</li> </ul>	

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<b>9.</b>	<b>Wrap-up &amp; Next Steps</b>	<b>Hanna Nagy, OHS</b>
	<ul style="list-style-type: none"> <li>• The next steps were reviewed by Hanna Nagy.             <ul style="list-style-type: none"> <li>▪ Members should review, sign, and return the conflict-of-interest forms.</li> <li>▪ Please reach out to Jeannina Thompson or Hanna Nagy if there is interest in being the Chair or Vice chair of the Council.</li> <li>▪ The next Quality Council meeting will be December 17<sup>th</sup> at 4:00 p.m.</li> </ul> </li> </ul>	
<b>10.</b>	<b>Adjourn</b>	<b>Hanna Nagy, OHS</b>
	<ul style="list-style-type: none"> <li>• The motion to adjourn was made by Elizabeth Courtney and seconded by Steve Wolfson. There was no opposition to adjourn the meeting. The motion passed.</li> <li>• The meeting adjourned at 5:34 p.m.</li> </ul>	

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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