

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
October 28, 2015

Meeting Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Aileen Broderick; Mehul Dalal; Deb Dauser Forrest (for Marla Pantano); Amy Gagliardi; Daniela Giordano; Karin Haberin; Elizabeth Krause; Arlene Murphy; Donna O’Shea; Jean Rexford; Andrew Selinger; Todd Varricchio; Steve Wolfson; Thomas Woodruff; Robert Zavoski

Members Absent: Rohit Bhalla; Mark DeFrancesco; Steve Frayne; Kathy Lavorgna; Steve Levine; Robert Nardino; Tiffany Pierce; Rebecca Santiago

Call to order

Mehul Dalal called the meeting to order at 6:10 p.m. It was determined a quorum was present.

Public comment

There was no public comment.

Follow-up on measure review

Mark Schaefer recapped work completed to date ([see presentation here](#)).

Diabetes Foot Exam - #0056

Dr. Dalal reviewed additional research done on the measure. There was discussion as to what level of amputation is described in the measure and it was noted that there are other foot issues to be mindful of besides amputation. There are racial and ethnic disparities in this area. The Council also discussed the source of the measure. The payer representatives said the measure could not be sourced from claims and there remain concerns about the use of measures sourced from electronic health records. It was suggested that focusing on A1C Poor Control could have the biggest impact.

Final decision: include in development set

Oral Health Primary Caries Prevention (formerly #0419)

The Connecticut Oral Health Initiative submitted comments in support of this measure ([see comments here](#)). It was noted that this was an important issue for adults, as well as children, as oral health impacts a person’s employability. The measure, however, uses high risk children receiving an early and periodic screening, diagnostic and treatment examination. There were concerns regarding duplicative services in the event a patient had the treatment at the dentist and then at the primary care office. It was noted that the primary care provider would ask if it had been done and would check yes if it had. There was discussion as to whether to source the measure through claims versus EHR. If sourced through claims, it could drive providers to bill for it. It was noted that Delaware includes the measure in its core list. Fluoride varnish has also been mandated and is an essential health benefit under the ACA. Implementing a non-HEDIS or NQF measure would require a reporting year. Medicaid includes the measure in its set and would continue to do so. It was

suggested that the Council review the progress of the measures in the development set so they can continue to work towards implementation.

Final decision: include in development set.

Mark DeFrancesco and Amy Gagliardi requested the Council discuss prenatal and postnatal care. After further review, the prenatal performance rate is between 50 and 70 per cent so there is an improvement opportunity. It was also noted that there are racial and ethnic disparities as African Americans tend to have higher levels of pre-term births. It was suggested that the postpartum measure might be more appropriate for commercial as there was a higher potential for opportunity. There were concerns holding primary care providers accountable for postpartum care. While OB/GYNs may serve as primary care providers, not every payer attributes them to primary care, particularly if there is a PCP listed. Some payers also have OB/GYN payment models so there is a risk of duplication. It was asked whether Dr. DeFrancesco would have an opportunity to weigh in. Dr. Schaefer said he would follow up with him.

Final Decision: include in the developmental set to address technical questions.

Health Equity Design Group Recommendations

Elizabeth Krause reviewed the Health Equity Design Group recommendations for measures that should be race/ethnic stratified. There were concerns about the Asthma Medication Ratio measure as the definition was imprecise. There was also a concern about how the data would be collected as the existing racial and ethnic data payers have is sparse. It was noted there may be potential with EHR measures and through Meaningful Use. Ms. Krause said the expectation is that the quality of the data should get better overtime. The payers have said they don't intend to begin to collect race/ethnic data so only those payers that collect the data could provide information. There was discussion as to whether they could collect that data through the CAHPS measure. The CAHPS does ask for race and ethnicity. Dr. Schaefer said he would circle back to Robert Zavoiski and Paul Cleary about the measure.

Summary of health plan interviews

Dr. Schaefer reviewed the health plan interview summary.

Proposed quality measure alignment plan

Faina Dookh walked through the proposed measure set and alignment plan. Arlene Murphy said the that the Emergency Department Usage Per 1000 measure should not be included under Care Coordination and should not go out for public comment that way. Dr. Schaefer said that is something the Council will need to discuss. There was discussion regarding how the payers should approach alignment. There are two potential approaches. It was requested that language be added to the 35th slide clarifying that the expectation is that alignment will increase over time as new code is written as it is not realistic to expect all the measures to be all-payer ready in 2016. The payer representatives described the process for introducing new measures into contract negotiations. How quickly the payers can align will depend on how many measures they will need to program.

The Council discussed the process for administration of the CAHPS survey. There were concerns about synchronizing collection of the survey data with the contract cycle. It was suggested the PMO follow the same time frame as is used for the Hospital CAHPS. The data will need to be available when the payers enter their reconciliation period.

It was asked whether the meeting was the only time to raise concerns. Members can submit comments offline in advance of the next meeting on November 4.

Next steps

Dr. Schaefer reviewed next steps. He noted that the draft report could be released on Friday but would be rough. Council members could receive a better draft on Monday but they would have less time to review. It was suggested that the PMO issue the report on Friday and allow for comments in advance of the next meeting. The comments could be collected and shared with the group.

The meeting adjourned at 8:15 p.m.