

State Innovation Model Quality Council Meeting Minutes March 20, 2019

Meeting Date	Meeting Time	Location
March 20, 2019	6:00 - 8:00 p.m.	CTBHP 500 Enterprise Drive, Litchfield Room, Suite 3D, Rocky Hill, CT

Participant Name and Attendance

Quality Council Members					
Stacy Beck	X	Tiffany Donelson		Laura Quigley for Leigh Anne Neal via phone	X
Rohit Bhalla via phone	X	Steve Frayne		Jaquel Patterson	
NettieRose Cooley via phone	X	Amy Gagliardi		Tiffany Pierce	
Elizabeth Courtney via phone	X	Karin Haberlin		Andrew Selinger via phone	X
Sandra Czunas	X	Susan Kelley via phone	X	Steve Wolfson	X
Mehul Dalal	X	Arlene Murphy via phone	X	Robert Zavoski	
Mark DeFrancesco via phone	X	Robert Nardino	X		
Others Present					
Rob Aseltine, UConn Health		Laurel Buchanan, UConn Health		Mark Schaefer, OHS	
Stephanie Burnham, OHS		Robert McLean, NEMG			

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Quality-Council/Meeting-Materials>

	Agenda	Responsible Person(s)
1.	Call to Order	Mehul Dalal
	The regularly scheduled meeting of the Quality Council was held on Wednesday, March 20, 2019 at CT Behavioral Health Partnership, 500 Enterprise Drive, Suite 3D, Litchfield Room, Rocky Hill, CT. The meeting convened at 6:03 p.m. Mehul Dalal presiding. Members and other participants introduced themselves. It was determined a quorum was present.	
2.	Public Comment	Mehul Dalal
	There was no public comment.	
3.	Approval of Minutes	Mehul Dalal
	The motion was made by Steve Wolfson and seconded by Robert Nardino to approve the November 14, 2018, December 19, 2018, January 16, 2019, and February 20, 2019 meeting summaries. Motion carried.	
4.	Purpose of Today's Meeting	Stephanie Burnham
	<ul style="list-style-type: none"> Ms. Burnham reviewed the purpose of today's meeting, see presentation here. She said UConn Health will provide updates on the Public Scorecard and there will be some decision points that will need to be made. Additional handouts regarding Health Quality CT rating options will be sent to the Council via email. 	

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5.	Public Scorecard	Rob Aeltine
	<ul style="list-style-type: none"> • Dr. Rob Aeltine, of UConn Health presented on the Public Scorecard. <ul style="list-style-type: none"> ○ There was a discussion regarding the status update. It was noted that an issue with the Immunization for Adolescents measure has been identified. The Council discussed whether the Chlamydia screening measure would be a good substitute on the first scorecard publication. It was suggested that the Adolescent Well Care visits (AWC) measure would be a better substitution over the Chlamydia Screening. It was mentioned that AWC could be problematic in terms of frequency and expectation. There was a question of whether AWC is for Medicaid only. It was noted that if AWC is Medicaid only it could not be a substitute for the Immunization for Adolescents measure because the data is not available. ○ Concern was expressed with finding an adequate replacement of the Immunization for Adolescents measure for the first release of the scorecard. There was a suggestion for every effort to be made for a solution with the second release. ○ The Council agreed to include the Chlamydia screening measure as a substitute for the Immunization for Adolescents measure. It was noted that Chlamydia screening is not an adequate one-to-one substitution for immunizations, but it has the advantage of the health equity angle as well as a portion of the adolescents and a marker of evidence-based care. ○ There was a suggestion to make certain that AWC is Medicaid only before disregarding it as an option. ○ There was a discussion about data cleaning, validation and result review. Regarding the provider list that was sent out to the advanced networks (AN), there was a question of whether the review period would include the attributed providers as well as the clinical quality data. There was a suggestion to include the list of attributed providers to the ANs as a reminder of what was submitted and what will be used. ○ There was a question of whether a process is in place to reinitiate data cleaning and validation to resolve discrepancies. It was mentioned that some of the steps in the process are closed to view. It was stated that groups with serious concerns can send the data to us and it can be worked on. It was mentioned that given the nature of commercial data and APCD, it will only cover fully insured plans except for the state of Connecticut. It was noted that a step-by-step process has limitations because of information that we cannot obtain from the APCD. ○ There was a suggestion to include in the process something to make certain that the return information received is confidential and verifiable. UConn Health proposed to update the Council frequently on the status of the result review and also discuss a more in-depth review with the QC Executive or the Methods & Measures Subgroup if needed. It was noted that there will not be any physician level measurement only organizational level measurement. ○ There was a discussion about minimum sample size for claims based measures. The Council talked about when the denominator for a measure in a particular organization is too small to report their result on a metric. There was a recommendation to use the 	

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	<p>HEDIS guideline specs of 30. The Council agreed to use 30 as the minimum denominator size for any measure.</p> <ul style="list-style-type: none"> ○ The Council also talked about minimum sample size for care experience measures. It was mentioned that Dr. Paul Cleary, from Yale, who is on the Evaluation team and runs the CAHPS side of operations advises a minimum size of 50 for the CT public scorecard. The impact of this was reviewed. Concern was expressed that 50 completed surveys per advanced network seemed small. The Council discussed AHRQ recommendations. It was noted that the unit of analysis is the organization not the individual providers that comprise the organization. It was mentioned that 50 could be enough to provide statistical validity. Concern was expressed that it looks like a third of the organization will not have consumer experience on the scorecard and this should be reexamined. The UConn Health team volunteered to come back with more data and circulate the spreadsheet that shows implications of a different threshold for being able to include consumer experience ratings. ○ There was a discussion regarding the rating categories. It was mentioned that using the star rating with the standard deviation approach makes the most sense. The Council decided to take a vote on how to proceed with the rating categories. The motion was made by Rob Nardino and seconded by Rohit Bhalla to have the standard deviation method with five star ratings as proposed by the UConn team. Discussion: There was a suggestion to have more thought on the topic and to table the rating categories discussion. The motion was made by Steve Wolfson and seconded by Susan Kelly to table the discussion. Discussion: Elizabeth Courtney opposed the motion to table the discussion. Vote taken by roll call: 9 vs 2 to not table the discussion. Motion carried The motion to have the standard deviation method with five star ratings. Vote: All in favor. Motion carried. 	
7.	Review of Next Steps and Adjournment	Stephanie Burnham
	<ul style="list-style-type: none"> ● Ms. Burnham reviewed the next steps. <ul style="list-style-type: none"> ○ QC will determine the strategy for publicity and announcement of public score launch, continue to engage the Methods and Measures subgroup regarding final scoring decisions, and review final results in April. ● The next Quality Council meeting is scheduled for April 17, 2019. ● Mehul Dalal motioned to adjourn and Stacy Beck seconded. Motion carried. 	<p>The meeting adjourned at 8:08 p.m.</p>

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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
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
UCONN – University of Connecticut
USPSTF – The United States Prevention Services Task Force