OHS Quality Council Meeting

July 22, 2020

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Agenda

- Welcome and Introductions - 10 minutes
- Approval of February 19, 2020 Meeting Minutes - 5 minutes
- Update on Executive Order No. 5 - 15 minutes
- Quality Scorecard discussion – Laurel Buchanan - 30 minutes
- National Quality Task Force Report - 30 minutes
- Next steps - 5 minutes
- Adjourn - 1 minute

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Quality Council members

Elizabeth Courtney, Consumer Representative

Nikolas Karloutsos, Consumer Representative

Alan Coker, Consumer Representative

Marlene St. Juste, Consumer Representative

Andrew Selinger, ProHealth Physicians

Steve Wolfson, Cardiology Associates of New Haven, PC

Joe Quaranta, Community Medical Group

Mark DeFranceso, Westwood Women's Health

Amy Gagliardi, Community Health Center of Connecticut, Inc.

Robert Nardino, American College of Physicians, CT Chapter

NettieRose Cooley, United Healthcare

Laura Quigley, ConnectiCare

Michael Jefferson, Anthem

Christine Tibbits / Carolyn Trantalis, Cigna

Syed Hussain, Trinity Health New England

Steven Choi, Yale New Haven Health

Rohit Bhalla, Stamford Health

Paul Kidwell, Connecticut Hospital Association

Tiffany Donnelson, Connecticut Health Foundation

Lisa Freeman, Connecticut Center for Patient Safety

Tom Woodruff, Office of the State Comptroller

Kate McEvoy, Department of Social Services

Orlando Velazco, Department of Public Health

Karin Haberlin, Department of Mental Health and Addiction Services

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Approval of February 19, 2020 Meeting Minutes

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Update on Executive Order No. 5

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Governor Lamont's Executive Order #5 Directs Connecticut's Office of Health Strategy to:

1. Develop annual **healthcare cost growth benchmarks** by December 2020 for CY 2021-2025.
2. Set **targets for increased primary care spending** as a percentage of total healthcare spending to reach 10% by 2025.
3. Develop **quality benchmarks** across all public and private payers beginning in 2022, including clinical quality measures, over/under utilization measures, and patient safety measures.
4. Monitor and report annually on healthcare spending growth across public and private payers.
5. Monitor accountable care organizations and the adoption of alternative payment models.

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Connecticut's Need for a Cost Growth Benchmark

1. For the last two decades health care spending has annually grown at a pace *more than double* growth in median household income (4.8% vs. 2.0%).*

2. Connecticut residents can't afford health care - not insurance premiums, and not the cost sharing.

   AccessHealthCT unsubsidized coverage for a family of four as of July 2020

   - "low cost" plan: $18,000 premium plus $13,000 annual deductible
   - high cost plan: $28,000 premium plus $9,000 annual deductible

*Office of Health Strategy. Cost Growth Benchmark Technical Team Meeting #5, June 16, 2020.

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Connecticut's Need for a Cost Growth Benchmark

3. High growth in health care costs have major effects on consumers – especially on those with low and modest wages.
   - Employers offer less comprehensive coverage
   - Employers reduce workers' wage growth due to health coverage cost growth
   - Consumers have less money to spend on non-health care needs
   - Consumers delay or avoid necessary care – and suffer as a result
   - State government cuts spending everywhere else - human services, public health, housing, public works, public safety, etc.

- Continued high growth in health care spending is a major problem for Connecticut residents.

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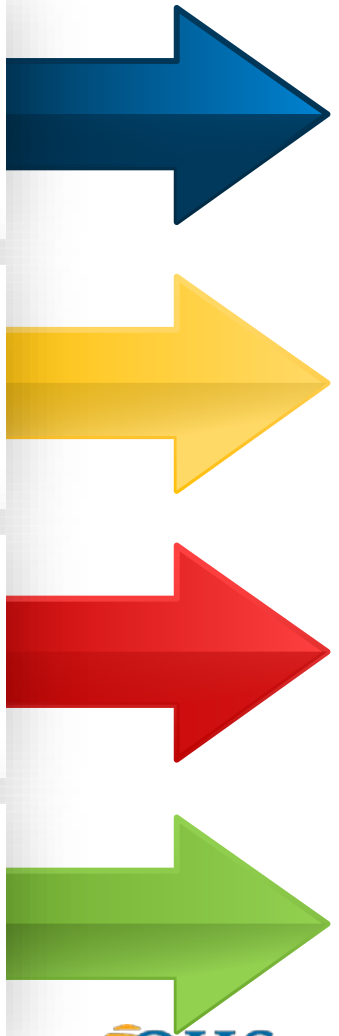
Connecticut Benchmarks and Target Program

1	Cost Growth Benchmark	Recommendations for a cost growth benchmark that covers all payers and all populations for 2021-2025.
2	Primary Care Target	Recommendations for getting to a 10% primary care target that applies to all payers and populations as a share of total health care expenditures for CY 2021-2025.
3	Data Use Strategy	This is a complementary strategy that leverages the state's APCD to analyze cost and cost growth drivers.
4	Quality Benchmarks	Beginning in CY 2022, quality benchmarks are to be applied to all public and private payers.



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Technical Team Recommendations on the Cost Growth Benchmark

- The Technical Team tentatively recommended setting cost growth benchmarks for fives years, using a **20/80 weighting of projected CT Potential Gross State Product and CT Median Income**. The resulting value of the benchmark would be **2.9%.**
- Following stakeholder input, on 7/29 the Technical Team will be considering options for establishing a higher initial value for the benchmark.
- The Technical Team recommended convening an advisory group to revisit these benchmark values should there be a significant rise in inflation in the future.

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Primary Care Target and Data Use Strategy Status

Primary Care Spending Target

- It's unclear what Connecticut has historically spent on primary care: three separate analyses have yielded different results
- The Technical Team is currently weighing key questions such as: What is definition of primary care? What constitutes a primary care payment?

Data Use Strategy

- Using APCD data, OHS will examine cost drivers and cost variability to help identify approaches to achieving the cost growth benchmark
- A contractor – Mathematica – will perform the initial analysis, to be completed by the end of 2020.
- Supplemental analyses will include out-of-pocket spending, and stratification of spending by demographic data, chronic conditions, and zip code.

Quality Benchmarks

- Work to develop the quality benchmarks will begin this fall.
- Unlike the cost growth benchmark and the primary care spend target, quality benchmark development will be the responsibility of the Quality Council.
- As a reminder, the quality benchmarks, per the Executive Order #5, don't become effective until January 2022.

Technical Team Members

- Vicki Veltri — Office of Health Strategy *(Chair)*
- Paul Grady — Connecticut Business Group on Health *(Vice Chair)*
- Rebecca Andrews — American College of Physicians, Connecticut Chapter
- Angela Harris — Phillips Metropolitan CME Church
- Luis Pérez — Mental Health Connecticut, Inc.
- Patricia Baker — Connecticut Health Foundation
- Zack Cooper — Yale University
- Melissa McCaw — Office of Policy and Management
- Deidre Gifford — Department of Social Services
- Paul Lombardo — Connecticut Insurance Department
- Rae-Ellen Roy — Office of the State Comptroller

Stakeholder Advisory Board Members

- Vicki Veltri – Office of Health Strategy
- Reggy Eadie – Trinity Health of NE
- Kathy Silard – Stamford Health
- Janice Henry – Anthem BCBS of CT
- Rob Kosior - ConnectiCare
- Richard Searles – Merritt Healthcare Sol.
- Ken Lalime - CHCACT
- Margaret Flinter – Community Health Ctr
- Karen Gee – OptumCare Network of CT
- Marie Smith – UConn School of Pharmacy
- Tekisha Everette – Health Equity Solutions
- Pareesa Charmchi Goodwin – CT Oral Health Initiative
- Howard Forman – Yale University
- Nancy Yedlin – Donaghue Foundation
- Fiona Mohring – Stanley Black and Decker
- Lori Pasqualini – Ability Beyond
- Sal Luciano – CT AFL-CIO
- Hector Glynn – The Village for Fam & Children
- Rick Melita – SEIU CT State Council
- Ted Doolittle – Office of the Healthcare Adv
- Susan Millerick - patient representative
- Kristen Whitney-Daniels - patient represent.
- Jonathan Gonzalez-Cruz - patient represent.
- Jill Zorn - Universal Health Care Foundation

Quality Scorecard –Laurel Buchanan

Agenda: Online Healthcare Scorecard

- Status Update
- Medicare Provider Lists
- Medicare Attribution Results
- Next Steps

Status Update

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Status Update (1 of 6)

- New data extract received December 2019
  - Limited data set (real dates, month & year of birth)
  - Includes commercial, Medicare and Medicaid data
    - Medicaid 2016-2018
    - Medicare 2015-2017 (pharmacy through 2016)
  - Extensive inspection and validation of data

Status Update (2 of 6)

- Issues have been found with Medicaid data in the extract
  - Drop off in claim numbers for last quarter of 2018
    - Refresh needed prior to calculation of 2018 results
  - Many beneficiaries in the eligibility file do no have medical claims

Age	With Medical Claims	No Medical Claims
<18 years	91,503	249,969
18-64 years	218,674	335,598
65+ years	40,394	20,078
Total	**350,571**	**605,645**

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Status Update (3 of 6)

- Office of Health Strategy and Onpoint have researched and have been in communication with DSS
  - Medicaid data submitted includes only State paid claims and excludes Federally paid claims
    - ➢ Gaps of unknown nature
  - Discussion with OHS, Onpoint and UConn Health Staff
    - ❖ Recommendation: do not publish measures using this data

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Status Update: Medicaid Scorecard (4 of 6)

- Medicaid Measures: Measures coded and validated

Medicaid Measures (2017)	
Access to long acting reversible contraception	Hospital readmissions
Annual testing for patients on ACE inhibitors, ARBs, digoxin and diuretics	Initiation of treatment for alcohol and other drug dependence
Antidepressant medication at 12 weeks & 6 months	Metabolic Monitoring for Children and Adolescents on Antipsychotics
Appropriate use of x-ray, MRI and CT scan for low back pain	Non-recommended cervical cancer screening of adolescents
Appropriate use of antibiotics: adults with bronchitis	Well-care visits: adolescents
Asthma medication maintenance ≥ 50% and 75% of treatment period	Well-care visits: children aged 3-6
Behavioral Health Screening for children	Well-care visits: first 15 months of life
Chlamydia screening for women	Diabetes: HbA1c
Engagement of treatment for alcohol and other drug dependence	Diabetes: Eye Exams
Follow up after hospitalization for mental illness at 7 and 30 days	Diabetes: Attention for nephropathy

Status Update: Medicare Scorecard (5 of 6)

- Medicare Scorecard (2016&2017)
  - First 2016 results reviewed by entities (old extract)

Medicare Measures (2016)
Breast cancer screening
Cervical cancer screening
Follow up after hospitalization 7 &30 days (Advanced Networks only)
Hospital readmissions

  - Feedback from entities
    - Results are old
    - Medicare patients make up a small portion of patient population (FQHCs)
    - Questions about attribution- results extensively researched and validated

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Status Update: Medicare Scorecard (6 of 6)

- Second set of Medicare measures are under development

Measure	Year	Status
Access to long acting reversible contraception	2016	Final validation
Annual testing for patients on ACE inhibitors, ARBs, digoxin and diuretics	2016	Running entity level results
Engagement of treatment for alcohol and other drug dependence	2016	Running entity level results
Initiation of treatment for alcohol and other drug dependence	2016	Running entity level results
Medication management for asthma- 50% & 75%	2016	Running entity level results
Diabetes- Hba1c testing	2016	Running entity level results
Diabetes- eye Exams	2016	Final Validation
Diabetes- monitoring & treatment for nephropathy	2016	Final Validation
All cause hospital readmissions	2017	Running entity level results
Breast cancer screening	2017	Running entity level results
Cervical cancer screening	2017	Running entity level results
Follow up after hospitalization for mental illness at 7 & 30 days	2017	Running entity level results

Medicare Provider Lists

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Medicare Provider Lists

- Provider lists collected for Medicare 2017
  - Commercial provider lists
  - Additional providers from Medicare only list when submitted by organization
- Only providers found on a Medicare claim will be attributed patients for the Medicare scorecard

Medicare Attribution Results

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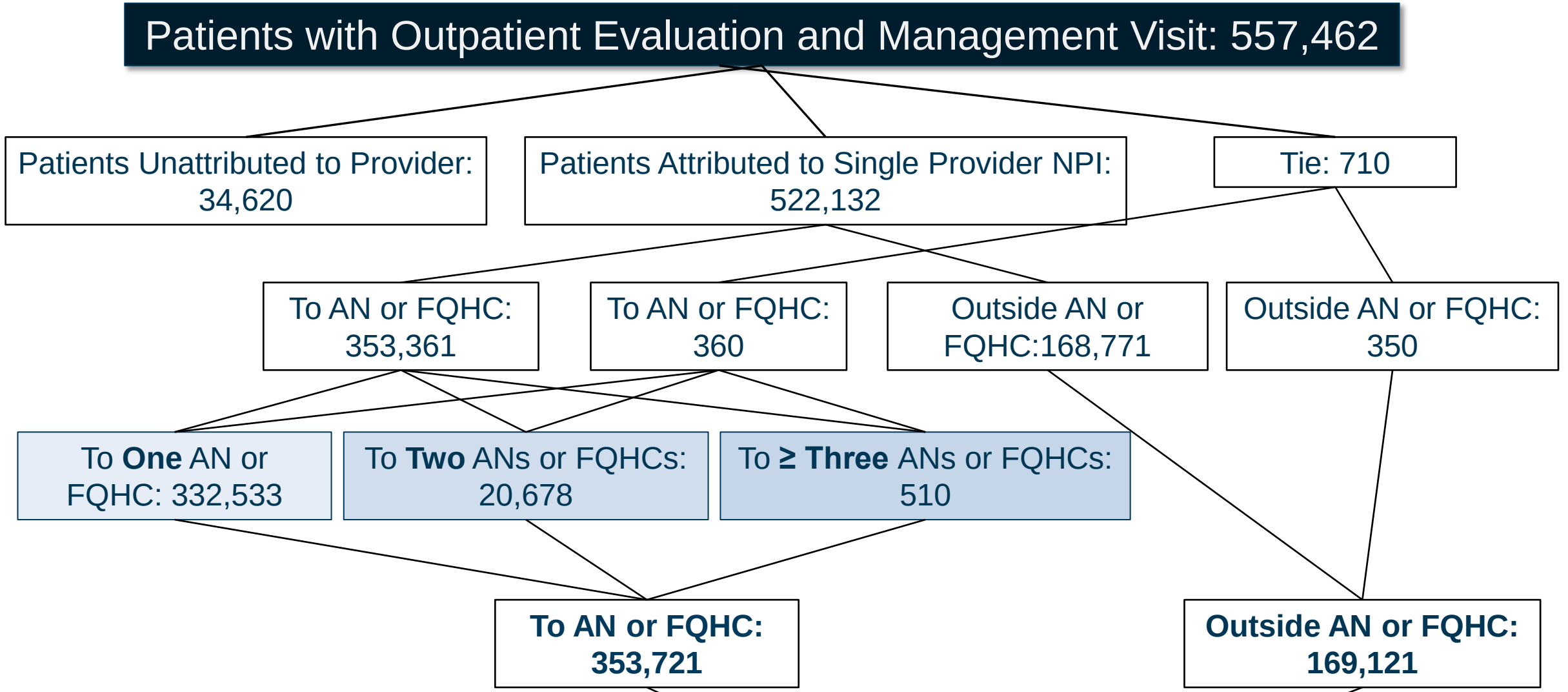
Medicare Attribution Results, 2017 (1 of 3)



NPI= National Provider Identifier
AN= Advanced Network
FQHC = Federally Qualified Health Center

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Organization	MD PCP	Nurse Prac.	Cert. Nurse Specialist	Phys. Asst.	Ob/Gyn	Total
Alliance/Waterbury	85	0	0	0	16	101
Community Medical Grp	104	20	0	22	7	153
Day Kimball Healthcare	32	7	0	2	4	45
Eastern CT Health Net.	61	0	0	32	17	110
Griffin Health	20	5	0	2	2	29
Integrated Care Partners/HHC	221	106	4	101	36	468
Middlesex Hospital	50	14	0	5	0	69
Northeast Med Grp	186	45	0	14	11	256
ProHealth Physicians	146	81	0	62	0	289
Saint Francis	121	34	0	7	37	199
Saint Mary	48	7	0	11	20	86
Soundview Med. Assoc.	12	2	0	1	0	15
Stamford Health	53	0	0	0	10	63
Starling Physicians	41	25	0	4	17	87
St Vincent	26	3	0	3	0	32
Western CT Health Net.	119	4	0	3	1	127
Westmed Med. Group	76	17	0	10	11	114
Yale Medicine		19	0	19	22	186

Organization	MD PCP	Nurse Prac.	Cert. Nurse Specialist	Phys. Asst.	Ob/Gyn	Total
Charter Oak Health Center	6	10	0	5	6	27
Community Health Center, Inc.	24	16	0	5	4	49
Community Health Services	4	8	0	2	2	16
Community Health and Wellness	3	3	0	0	0	6
Cornell Scott Hill Health Center	15	18	0	3	1	37
Fair Haven Community Health Center	12	8	0	2	0	22
First Choice Health Centers	3	4	0	6	2	15
Generations Family Health Center	8	17	0	0	0	25
Greater Danbury Com. Health Center	16	1	0	0	2	19
Intercommunity Health Care	5	6	0	0	0	11
Norwalk Community Health Center	7	3	0	0	0	11
Optimus Healthcare	28	13	0	4	5	50
Southwest Community Health Center	7	6	0	1	2	16
Staywell Health Center	13	5	0	1	0	19
United Community and Family Services	5	7	0	0	0	12
Wheeler Family Health and Wellness Center	2	4	0	0	0	6

Next Steps

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Next Steps

- Publish first Medicare results
  - Includes update to website to allow user choice of:
    - Payer
    - Year
- Entity review for second Medicare results

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020.

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National Quality Task Force - The Care We Need

- Attempt to build from previous Institute of Medicine (IOM) Report
- Vision:
  - *"Every person in every community can expect to consistently and predictably receive high-quality care by 2030"*
- Over 100 participants, including CT participants
  - Representing payers, health systems, clinicians, purchasers, patients, consumers, policy, community leaders, and more
- Align public and private leadership on goals and activities
- Shift to keeping people well instead of system "optimized to treat the sick"
- Pricing and affordability out of scope but noted as "unsustainable relationship between the nation's spending and health outcomes"

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020.

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FIGURE 2.
NATIONAL QUALITY TASK FORCE COMMITTEE STRUCTURE

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020.

NQTF Report

- Recognition of progress so far, but frustration that we have not progressed further
- Need to build foundational requirements
- Build in accelerator options to advance quality
- Focus on creating actionable steps and starting implementation in the next year or two

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Strategic Objectives

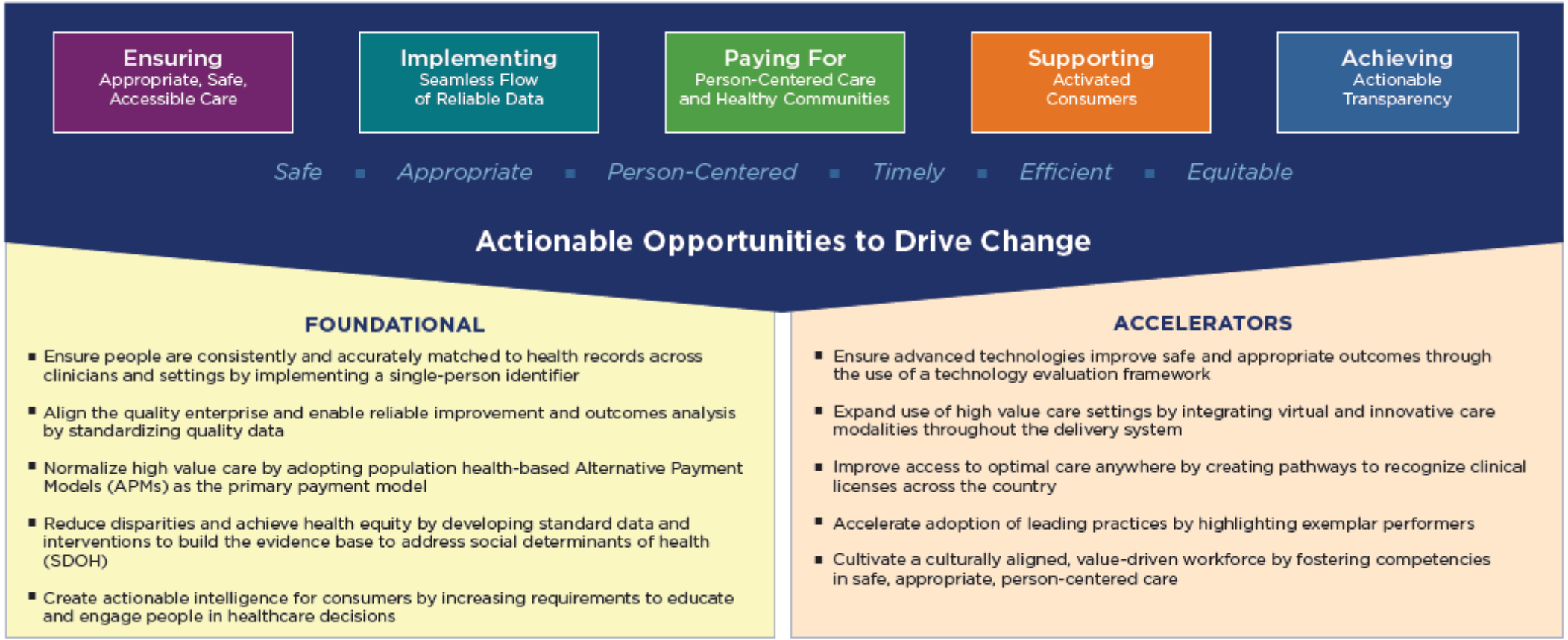

FIGURE 1. NATIONAL QUALITY TASK FORCE RECOMMENDATIONS

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020.

Strategic Objectives – some highlights

- Person-centered v. patient centered in IOM report – recognizes that well-being is more than healthcare delivery system
- Appropriate v. effective in IOM report – intervention in context of person's needs and setting
- Supporting activated consumers – clinical evidence + individual's needs and wants
- Seamless flow of reliable data for real-time data for system stakeholders that safeguard people from harm and bias.
- Person-Centered Care and Healthier communities - investing more in primary care and prevention, and accelerating the transition to population health models that implement person-centered strategies that integrate community resources and care across modalities and settings to deliver care
- Actionable transparency – "transparent, consistent, and verifiable safety and quality standards" including consumer experience ratings

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020.

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Actionable Opportunities

Opportunity No. 1

- Records sharing – seen as essential to drive value and improve outcomes
  - Seize commitment while recognizing risks to e-data sharing. Involve policymakers, HHS security and data experts

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020, p.29.

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Actionable Opportunities

Opportunity No. 2

- Build on and ensure the six IOM Aims of quality improvement of
  - safe, effective, patient-centered, timely, efficient, and equitable
- "Measures should be built on standardized data definitions to take advantage of new approaches to support measure innovation and quality improvement through advanced technology such as artificial intelligence
- Standardize measures for use across the ecosystem
- Create set of standardized SDOH and other disparity measures
- Measures should be transparent and shared across all users

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020, p. 30-31.

Actionable Opportunities

Opportunity No. 2 (cont'd)

- Measure usage should be linked across the healthcare delivery system to the individual person where appropriate to enable continuity of care across the continuum
- Measures should capture consumer perspectives and definitions of quality as well as the data recommended by consumers to best inform the measure
- There should be requirements and standards for all measures to achieve validity from the point of data capture
- Measures should be accessible and available electronically to make the process as seamless as possible for healthcare provider workflow
- Measures should account for new delivery models such as virtual care"

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020, p.30-31.

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Actionable Opportunities

Opportunity No. 3

- Population-based Alternative Payment Models (APMs)
  - Primary payment method across system
  - High quality patient experience and outcomes key in value
  - Dramatic acceleration away from fee for service
  - Across all private and public programs
  - Episodic and condition-specific bundles
  - Aligned with Health Care Payment Learning & Action Network (HCPLAN) categories
  - Stresses inclusion of virtual and interventions to address social determinants of health (SDOH)
  - Emphasis on integrating behavioral health/primary care
  - Recognizes patients with primary care higher quality care, better access and preventive care
  - Models disincentivize underuse or misuse because of evidence-based outcomes
  - Need to recognize challenges for smaller practices and challenged systems

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020, p. 32-33.

Actionable Opportunities

Opportunity No. 4

- Reduce Disparities and Achieve Health Equity
  - Standardize clinical and non-clinical data
  - Address SDOH though Pop Health APMs and flexible financing models rather than additional payments in new Fee-for-Service (FFS) models
  - Build evidence base for best interventions while recognizing unintended consequences, potential harm and bias
  - Collective effort required.
  - Get to SDOH screenings, closed loop referrals, outcomes tracking in community networks.

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020., p.34.

Actionable Opportunities

Opportunity No. 5

- Actionable intelligence for consumers, consumer-defined measures, integrate shared decision-making
  - Better usefulness of quality data and tools that make it easier to compare and evaluate data
  - "Include consumers and patients as key partners through each phase of quality reporting to reflect consumer priorities: measure concept and design, development, testing, and reporting"
  - Transparency of patient comments
  - Integrate shared-decision making

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020, p. 35.

Accelerator Options

Opportunity No. 6

- Advanced Technologies and Evaluation Framework
  - Reduce consumer burden
  - Assess new technologies
  - Evaluate for consumer protection from harm and bias
  - Use advanced technology seamlessly to assess:
    - Overcome inefficiencies
    - High-impact interventions
    - Variations in care

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020, p. 36-37.

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Accelerator Options

Opportunity No. 7

- High value care through virtual and other innovative care
  - Improve patient engagement and access
  - Responding to consumer need and preferences
  - Most innovative use in preferred settings to move away from fee-for-service (FFS), including community-based settings
  - Integrate approaches seamlessly – workflow, data, patient experience
    - Avoid confusion and burden
  - Include consumer designed measures

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020, p. 38.

Accelerator Options

Opportunity No. 8

- Optimal care by recognizing licensure across U.S.
  - Use interstate compacts or other agreements to reduce burden but assure qualifications and access to care
    - Includes access for public health emergencies and disadvantaged communities
  - Assess practice history for patient safety concerns

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020, p. 39.

Accelerator Options

Opportunity No. 9

- Accelerate best practices by leading performers
  - Learning community
  - Consider population served, complexity and risk in evaluation
  - Third-party diverse evaluation team to find exemplars
  - Incentives for exemplars
  - National resource library

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020, p. 40.

Accelerator Options

Opportunity No. 10

- Cultivate normalized culture of quality
- Options
  - Boards that hold fiduciary responsibility for outcomes
  - Improvement based models
  - Accreditation bodies can help
  - Recommendation:

"Develop common set of competencies that will be appropriate for healthcare professionals for the next 10 years, based on anticipated demographics (language, aging), payment reform, promoting comprehensive, person-centered care and accelerated digital technology in healthcare"

The Care We Need, a National Quality Task Force Report, available at https://thecareweneed.org/, June 24, 2020., p. 41.

Next Steps

Adjourn