

Quality Council Meeting Summary October 1, 2020

Meeting Date	Meeting Time	Location
October 1, 2020	4:00 – 6:00 p.m.	Webinar and Conference Call

Participant Name and Attendance

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

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 Thursday, October 1, 2020 by webinar.</p> <p>Victoria Veltri called the meeting to order at 4:03 p.m.</p> <p>Attendance was taken by roll call.</p>	
2.	Public Comment	Victoria Veltri
	<p>There was no public comment.</p>	
3.	Approval of July 22, 2020 Meeting Summary	Victoria Veltri
	<p>The motion was made by Michael Jefferson and seconded by Alan Coker to approve the Quality Council meeting summary of July 22, 2020. The motion passed.</p>	
4.	Quality Scorecard Discussion	Laurel Buchanan
	<ul style="list-style-type: none"> Laurel Buchanan, of UConn Health, presented on the Quality Scorecard. A status update was provided. The first set of Medicare measures were published on the OHS live website. The second set of Medicare measures are in process. Results will be shared with the Quality Council before being published. There was a question of whether the long acting reversible contraceptive (LARC) measure should be included in the Medicare scorecard. The Council discussed the LARC measure. A 	

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	<p>few issues were identified with this measure. An issue identified is that the measure requires complete data on pregnancies that end during the measurement year. Another issue is the steward does not recommend use for healthcare quality measurement that could encourage abuse.</p> <ul style="list-style-type: none"> • There was a question about how many people are in the denominator for this population. Ms. Buchanan responded the denominator is approximately 4000 women. Concern was expressed about the LARC measure being used to value care. There was mention that it would be better for the measurement to look at how many physicians are offering it as opposed to who is receiving it. It was noted that it may not be possible to do this now but going forward it is the kind of adjustment worth looking for. • There was a discussion about the contraceptive counseling CPT code. It was noted that the APCD tracks CPT codes. A suggestion was to pause on a decision regarding the LARC measure until a little more research is done to know what is included in the CPT codes that would capture this information, to see if it could be captured in claims. There was mention that access to claims only happens when a prescription is written and filled. It was also mentioned that many providers may not always use these codes for counseling services and if a provider did not use it, it would not be captured. A suggestion was to find out which networks are using this CPT code. Another issue mentioned is the denominator is low. The Council decided to pause on the LARC measure decision. • The Medicare Attribution method was reviewed. The Council discussed should Medicare beneficiaries who have only commercial claims be included in the Medicare scorecard on future iterations. The current method is to rate those that are using Medicare, not those that are just Medicare eligible. It was noted that the impact is not expected to be huge. • There was a question about whether individuals only using commercial were being captured on the commercial side. Concern was expressed that if those patients are not being captured on the commercial scorecard or the Medicare scorecard, then there would be a gap and they should be captured somewhere. It was stated that there should not be a cohort of patients unaccounted for. There was a suggestion that it might be better to capture them in the Medicare scorecard even though they are covered by commercial payers. It was mentioned that Medicare quality measures may be geared more towards their age range. There was a consensus on the Council that individuals should not be unaccounted for and the Medicare scorecard would be more appropriate to ensure coverage for individuals that did not have any claims. • The next steps will be entity engagement followed by the publication of the second set of Medicare results. There will be an update regarding the 2018 and 2019 provider lists. We are looking to receive new data extract with updated data. 		
5.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Draft Charter and Draft Bylaws</td> <td style="width: 40%;">Victoria Veltri</td> </tr> </table> <ul style="list-style-type: none"> • Ms. Veltri provided an overview of the draft charter and bylaws. The documents were developed to have a governing document for the Council. The objectives of the Quality Council were reviewed. 	Draft Charter and Draft Bylaws	Victoria Veltri
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	<ul style="list-style-type: none"> • Comments on the charter and bylaws should be sent to OHS within the next couple of weeks for review. A goal is to vote on the charter and bylaws at the November Quality Council meeting. There was a suggestion to modify the categories of members, to include clinicians and providers. • Ms. Veltri said members may send her an email if they are interested in being the Chair or Vice Chair of the Quality Council. • There was a question about how long the Quality Council will be convened, whether months or years. It was noted that there is no set end date for the Quality Council. Currently, the group should meet monthly and it may be determined later to meet on a quarterly basis. 		
6.	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Cost Growth Benchmark Technical Team Report</td> <td style="width: 30%;">Victoria Veltri</td> </tr> </table>	Cost Growth Benchmark Technical Team Report	Victoria Veltri
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	<ul style="list-style-type: none"> • Ms. Veltri presented on the Cost Growth Benchmark Technical Team report. A copy of the draft report was provided to members and posted on the homepage of the OHS website. It is currently open for public comment through October 16th. Comments will go to the OHS Communications Director, be compiled, and reviewed. 		
7.	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Next Steps</td> <td style="width: 30%;">Victoria Veltri</td> </tr> </table>	Next Steps	Victoria Veltri
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	<ul style="list-style-type: none"> • The next steps were reviewed. There will be a discussion on the core measure set, a review of the Governor’s Executive Order requirements, and a start on the quality benchmarks. • There was a question about whether the Council will be referring to the core measure set developed with the SIM grant as a starting point or a point of reference. It was mentioned that it would be a starting point. There is no reason to begin from scratch, but it should be discussed to see where it is in terms of being up-to-date and whether new measures will need to be added. • There was a question regarding information on what other states have done for their quality benchmarks. Bailit Health, the consultant for OHS, will be at upcoming Quality Council meetings to talk about this. This information may be shared ahead of time. 		
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	<ul style="list-style-type: none"> • The motion to adjourn was made by Steve Wolfson and seconded by Elizabeth Courtney. There was no opposition to adjourn the meeting. The motion passed. The meeting adjourned at 5:07 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