

## Update on SIM Workgroup Activities 1-30-15

### **Quality Council Update**

Arlene Murphy

Quality Council continues to work on review and selection of quality measures to be used by all payers for quality measurement and in shared savings program scorecards. It is very important that this measure set aligns, wherever possible, with Medicare measures for shared savings programs. Additional measures need to and are being developed to address pediatric health care, behavior health care and to address equity issues.

Quality Measures fall into the following 7 domains. Patient Caregiver Experience, Access to Quality Care, Care Coordination and Pt Safety: Preventive Health, Care to At Risk Population/Chronic Conditions, Acute Care, and Resource Efficiency.

### **Question for CAB Discussion**

The Quality Council process is focused on selecting a smaller number of measures from the current 140 possibilities under review. Current chronic care measures listed pertain to diabetes, COPD/asthma, breast cancer, colon cancer, cervical cancer, high blood pressure, ischemic vascular disease, and heart failure. There are Medicare measures for all these conditions and Quality Council Sub-Committees are working diligently to develop pediatric, obstetric, behavioral health and health equity measures.

**Of the above conditions, are there any that CAB members would identify as higher priority?** At the last Quality Council meeting, measures related to epilepsy were removed because they appeared to be more tied with use of a particular pharmaceutical.

Further information can be found in links below:

Quality Council Consumer Representatives Principles and Priorities for quality measures:

[http://www.healthreform.ct.gov/ohri/lib/ohri/work\\_groups/quality/2014-12-10/quality\\_consumer\\_principles\\_for\\_prioritizing\\_measures\\_draft.pdf](http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/quality/2014-12-10/quality_consumer_principles_for_prioritizing_measures_draft.pdf)

Quality Council Comparison Table listing all the measures under review:

<http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2765&q=335530>

### **Quality Council – Behavioral Health Measures Design Group Update**

Michaela Fissel

The Behavioral Health Design Group to Quality Council has met several times and is developing an initial list of behavioral health quality measures for the primary care setting for Quality Council consideration.

This is only the first phase of identifying measures and these measures focus on four areas.

1. Universal screenings in primary care settings that address mental health, substance use, trauma, and global functioning.
2. Follow up Assessment and Care

3. Access to Care (integrated in primary care setting, specialty care and peer support)

4. Coordination of Care

This is ground breaking work and Quality Council deadlines for measure development are very demanding. Work on development of these measures continues and more information is available upon request. The Behavioral Health Design group is recommending further discussions and educational opportunities for the community at large and health care providers on these important issues.

### **Practice Transformation Task Force**

Nanfi Lubogo

January 27 meeting was cancelled due to the blizzard.

January 13 meeting discussion focused on reviewing NCQA standards particularly must pass/critical factor standards. Some areas that stood out were cultural and linguistic appropriate services and measuring patient/family experience.

Seventeen "Areas of Emphasis" were proposed with further discussion at the next meeting. Members were asked to review a survey and rate the areas of emphasis as having low, medium or high importance for Advanced Medical Home recognition. Do not have yet have a reschedule date but next meeting will focus on survey results

### **Equity Access Council Update**

Alice Ferguson

January 22<sup>nd</sup> meeting. From late arrivals and rush hour traffic it appears that reaching this meeting location at this time of day is challenging for many Council members. The issue of meeting location was discussed during the meeting as well.

Vicki Veltri asked Linda Barry to lead the meeting because she was unable to attend. Equity Access Council spent considerable time discussing whether an appointed representative can send someone in their place if they cannot attend a meeting, Questions focused on whether this person can vote or participate in discussions.

Mark Schaefer gave an explanation of how the rules were currently set up in regard to this issue. It was explained that non-members can only contribute to the meeting during public comment. There is some confusion around this issue because there are non-members who currently participate in Equity Access Council meetings outside of public comment. The question was raised whether a consumer could send a non-voting representative in their place to contribute concerns and issues. Program Management Office will work to develop Workgroup participation practices that are consistent, effective and fair.

Adam Stolz of CHARTIS reported on his one-on-one interviews with Equity Access Council Members as part of their facilitation support to Equity Access Council. Adam shared that so far he has completed shared 16 of 20 interviews.

There was discussion regarding what are the actual "powers" attached to recommendations made by the Equity and Access Council to the Steering Committee. It was shared that we are an advisory committee and any input made to the Steering Committee would be considered as such. Some of the

membership found that to be a surprise and seemed to want anything proposed to have more substance and enforcement.

Adam presented an extensive power point presentation covering the scope of E&A, timeline for to do's, and other E&A related issues. See link below

[http://www.healthreform.ct.gov/ohri/lib/ohri/work\\_groups/equity\\_access/2015-01-22/presentation\\_eac\\_01222015\\_final.pdf](http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/equity_access/2015-01-22/presentation_eac_01222015_final.pdf)

Most Work Group members selected individual projects to which they would dedicate their focus going forward. There is a conference call planned for January 30<sup>th</sup> to begin this work.

### **Health Information Technology Council**

Theanvy Kuoch

I attended my first HIT meeting on 12-18-2014 as the liaison for the Consumer Advisory Board representing vulnerable underserved communities. This meeting primarily allowed members of the group to get to know each other and to review the overall plan for HIT meetings.

The timeline for the group is: January – March to describe the how technology can be used to make the SIM more functional and offer solutions for meeting goals of the SIM

April- May to development and Strategic Direction

May- June will be dedicated to building a roadmap for how we will achieve our HIT goals in the areas of population health, electronic records and the exchange of information across state agencies.

The HIT workgroup has spent time and energy on making the work of the group to understand and available to everyone via the [www.healthreform.ct.gov](http://www.healthreform.ct.gov) website. They described what the scope of work is for the group the process for doing the work.

Over the next couple of weeks, members of the work group will be interviewed to learn what their expectations are for the group, how they want to participate and what barriers might prevent them from being a part of the process. The Workgroup has also laid out very clear guidelines for participation and communications. I will be interviewed next week on Wednesday 4<sup>th</sup>, 2015.

For more information see link: [http://www.healthreform.ct.gov/ohri/lib/ohri/work\\_groups/hit/2014-12-18/presentation\\_hit\\_overview\\_12182014.pdf](http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/hit/2014-12-18/presentation_hit_overview_12182014.pdf)

### **Workforce**

Question for Discussion – **How will Workforce Issues relating to Healthcare Innovation be addressed if Workforce Council does not move forward?**