STATE OF CONNECTICUT
State Innovation Model
Quality Council

Conference Call Summary
February 2, 2015

Members Present: Rohit Bhalla; Aileen Broderick; Jessica DeFlumer-Trapp (for Karin Haberlin); Daniela Giordano; Gigi Hunt; Elizabeth Krause; Kathy Lavorgna; Jean Rexford; Andrew Selinger; Steve Wolfson; Robert Zavoski

Members Absent: Mehul Dalal; Mark DeFrancesco; Deb Dauser Forrest; Kathleen Harding; Steve Levine; Arlene Murphy; Robert Nardino; Donna O'Shea; Meryl Price; Rebecca Santiago; Todd Varricchio

Other Participants: Steve Frayne; Mark Schaefer

Call to Order
The call was called to order at 5:02 p.m. Steve Wolfson chaired the meeting. Participants introduced themselves.

Q&A and Action List Review
Mark Schaefer said the call is intended to be an open discussion about questions that have arisen from the work they have undertook, the steps ahead, and the issues they are trying to address.

Rohit Bhalla asked whether there had been consideration of the ease or difficulty of collecting information. He said they may find out that data for many of the measures cannot be collected for a variety of reasons. Dr. Schaefer said that they have put in a request to the Health Information Technology Council around data collection for ACO-8, A1C poor control, and hypertension. Until they can figure out how the data can be collected, it will be difficult to have confidence that any of the measures can be implemented by 2016. One challenge is that the proposed edge serve technology has not been used for this purpose before and the Department of Social Services is just beginning the process of rolling it out. He said they are optimistic that the technology would provide the means to pull information out for electronic clinical quality measures (ECQM). Dr. Bhalla said there may be selection bias if they only focus on ECQM. He hoped that electronic health record (EHR) measures would remain on the table. Dr Schaefer said the ECQM measures mostly correspond to those required for reporting under Meaningful Use Stage 2 and the Physician Quality Reporting System. Andrew Selinger said there are concerns about both the reliability and burden of measures in Meaningful Use. Dr. Schaefer said he suspected they would need to be modest in what they undertake and in their expectations for EHR measures. How they do attribution and populate the scorecard will be a challenge. He suggested a staged process that aims to be more ambitious over time. Dr. Wolfson noted that they are undertaking a five year process, which is a lifetime in technology. Things will change quickly and something that is difficult now will become easier with time. He said they should aim for practicality with the measures.

Steve Levine said that while Epic and AllScripts are the front runners, technology wise, most specialty clinics are not well served by them and they use different technology. The systems managing ACOs will dictate the EHR system used for their system and that will be how things trickle down. Dr. Schaefer said that his understanding from Michael Hunt of St. Vincent's Health Partners that it is unrealistic to expect consistency, even within an ACO. St. Vincent's manages and derives data from 10 different systems. Dr. Levine said there is complete cacophony and morass in EHR systems. He said that hopefully the ACOs will manage and control the electronic communications tools used under different contracts. He may need one computer in his office can connect with Epic to connect with Yale New Haven Health, even though an ENT practice is not well served by Epic. Robert Zavoski said there are 100 practices that accept Medicaid and they use 39 different electronic medical record systems. Both primary and specialty care are being pulled into different systems.

Dr. Schaefer said that the Behavioral Health and Health Equity design groups are nearing a point where they can report back on their work and the Council can begin hearing their recommendations at the next meeting. He said he was optimistic they could get through the balance of the measures through the February 4th meeting, cardiology measures notwithstanding. Dr. Wolfson noted that the more he reviewed the cardiology measures, the less enamored he was of them as they were out of date and had very little room for improvement, such as the beta blocker measure. Dr. Schaefer asked why Medicare had not retired the measure if there was no improvement opportunity. Dr. Wolfson said he suspected they would be dropping them. Dr. Bhalla said that in a hospital setting, that is a dead measure. Aileen Broderick said that the HEDIS measure has changed and they look at persistence for six months while the discharge measure has been dropped. Dr. Bhalla said there is still room for improvement in an ambulatory setting. Dr. Levine suggested the measure be used for reporting purposes in the first year. Dr. Schaefer said that all of the measures will be for reporting purposes in the first year so that they can establish state-specific benchmarks.

In terms of cardiology measures, Dr. Schaefer said that before they throw any of them out, they should determine their use for ACOs rather than hospitals. They can broaden the array of measures to include PQRS measures. Dr. Wolfson said he would look further as he wouldn't want to end up with no measures. Dr. Bhalla noted that there are already penalties for not reporting PQRS, so it is important program in terms of alignment. Dr. Schaefer said he could share a CMS final rule on Medicare measures that is 1500 pages long and includes commentary that sheds light on Medicare's decision making.

The Council began reviewing items on the action list (see list here). Those items include which readmission measure to use, the gathering of base rate data, a review of obstetrics measures, a review of body mass index screening and follow up, and percent of physicians who meet Meaningful Use requirements. The PMO plans to discuss some of the measures with NCQA to get more information.

The Care Experience Design Group is leaning towards using the ACO Consumer Assessment of Healthcare Providers and Systems survey. The group is taking with the evaluator to see if they use a measure that is the same in the scorecard. The evaluator's baseline can be used as the state's benchmark which would save resources.

Dr. Schaefer said that if there are additional questions, they can be compiled for discussion. The Council will still meet on February 4. Dr. Schaefer expected that meeting would be brief.

The call adjourned at 5:57 p.m.