STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
Wednesday, February 4, 2015

Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Rohit Bhalla, Aileen Broderick, Mehul Dalal, Deb Dauser Forrest, Steve Frayne, Amy, Gagliardi, Daniela Giordano, Kathleen Harding, Elizabeth Krause, Steve Levine, Arlene Murphy, Robert Nardino, Donna Laliberte O'Shea, Meryl Price, Andrew Selinger, Todd Varricchio, Steve Wolfson, Thomas Woodruff, Robert Zavoski, Jessica DeFlumer-Trapp

Members Absent: Mark DeFrancesco, Karin Haberlin, Kathleen Harding, Gigi Hunt, Kathy Lavorgna, Jean Rexford, Rebecca Santiago

Other Participants: Mary Reich Cooper

The meeting was called to order at 6:02 p.m.

1. Call to order
Mehul Dalal chaired the meeting. Participants introduced themselves.

2. Public comment
Mary Reich Cooper- Connecticut Hospital Association (CHA)
-Dr. Cooper described a need for a single measure set that can be used for all to ensure a large enough data set for an effective post-assessment. She explained that starting with a smaller core set of measures would initiate Connecticut as a leader among State of Innovation Model (SIM) states. That will allow further data analysis of what providers are doing to reach the higher level of quality and patient-centered care. To ensure patients are getting the access and care in a high quality manner. Dr. Cooper also placed an emphasis on Connecticut being a lead in implementing routine depression screenings for children and young adults. Due to the high prevalence of depressive disorders, this will prevent future and costly diagnoses. She then discussed the concept and benefits of starting small, which will allow all the payers and providers to constantly measure the same indicators. Ending with stating the importance of a post hoc analysis on patient care that will collaboratively increase quality of care, decrease disparities and improve patient-centered care for the overall benefit of the State of Connecticut's health as a whole.

Preventing Health Measures

Quality Measure Comparison Table Review
Dr. Dalal set the context for the Council's review and discussion of the quality measures. He also reviewed the process used to complete the work to date. Mark Schaefer compiled all of the recommendations from the providers, payers, and consumers into one table. Any errors will be corrected as the group works through the table.

Adult Body Mass Index (BMI) Assessment-
All three review groups recommended the measure not be included. The previous measure Preventive care and screening: Body Mass Index screening and follow-up already covered BMI assessment. Consensus: do not include

Weight Assessment and counseling for nutrition and physical activity for children/adolescents

Recommend by the Pediatric Design Group. The consumer and provider group both agreed the measure was important. The payers said maybe depending on a build for some carriers to be included in the scorecard, dependent on Electronic Medical Record (EMR).
Consensus: include

Developmental screening in the first three years of life. Three age breakouts (ages 1, 2, and 3)
The Pediatricians supported the measure deeming it necessary and important. A Health Information Technology (HIT) tool needs to be reported by providers. Dr. Schaefer pointed out that the measure was NQF endorsed. He also stated that base rates will most likely go up. Preforming a baseline analysis on a template will give a sense of Medicaid and commercial payers. The group discussed the family perspective. That every child should be screened to prevent issues arising down the road (a parent insight). Baseline performance should be measured. Currently Anthem does not perform baseline rates.
Consensus: Include

Well-child visits in the first 15 months
Recommended by all groups.
Consensus: include

Well-child visits in the third, fourth, fifth and sixth years of life
Recommended by all groups.
Consensus: include

Adolescent well-care visits
Consumer and providers were in favor to include, payers said maybe due to some carriers require a build to be inclusive in the scorecard.
Consensus: include

Pediatric behavioral health screening
The group discussed a provisional no. It was not recommended by the pediatrician group due to a lack of confidence in screening. A broader screening is thought to be more effective. If the measure is implemented it needs to be done effectively. The group decided to circle back to the pediatrician group for further analysis.
Consensus: Pending, need further analysis by the pediatrician group.

Preventive care and screening: tobacco use: and cessation intervention
Both the consumer and provider group said yes, but the payers said no due to Aetna's dismissal of the measure. The group discussed that screening at age 18 may not be feasible at age 30 when the individual is marked as a non-smoker. Overall agreement on implementing the measure.
Consensus: include

Preventive care and screening: for high blood pressure and follow-up documented
Medicare dropped hypertension control for diabetes due to an overlap. The required hypertension values are not about whether the individual took their medication, but rather if their hypertension was under control (due to a higher prevalence of the older population).
Consensus: include

Preventive care and screening: screening for clinical depression and follow-up plan
Both the consumer and provider groups said yes, but EMR commercial build needed for payers. Providing a baseline for integration of physical and mental health.
Consensus: include

Annual dental visit
Both the consumer and provider groups said yes, but requires a commercial build.
Consensus: include

Care Coordination/patient safety Measures

Post admission follow-up: Percentage of adults w/ inpatient "medicine" admissions with post-admission follow-up within 7 days of discharge
The measure was in discussion due to a transition in care units for post admission follow-up that is not covered by Medicaid. The providers described a lack of details of "medicine" and its specific admission. The group discussed that follow-up appointments are routinely made, but had concerns of whether or not those appointments are kept. A need for an alternative previously tested measure to increase effectiveness in the future. Leaving the group in agreement for a more detailed review for further considerations.
Consensus: Pending under further review for further consideration

Asthma Measures

Use of appropriate medication for people with asthma
Getting retired due to very high performance with little variation between plans. Will likely to be retired from ACO and HEDIS as well.
Consensus: Provisional no, but will remain for back up purposes.

Medication management for people with asthma

Arthritis

Disease modifying anti-rheumatic drug therapy for rheumatoid arthritis
Provisional yes. However, subject to data referral by Dr. McLean.
Consensus: Provisional yes, under further review by Dr. McLean

Cancer

Colorectal cancer: follow-up after treatment
The population is too limited for the measure. Aetna is the only payer to include this measure.
Consensus: Provisional no

Diabetes

DM: High blood pressure control
The group decided that ACO 28 already covered the measure.
Consensus: Not included.

DM: Hemoglobin A1c control (<8%)
Consensus: Not include, recent evidence of risk to patient in pursuit of good control

Tobacco non-use
The measure overlaps with ACO 17.
Consensus: Not include

Diabetes foot exam
Consensus: Under further review

DM: Low density lipoprotein (LDL-C) control
The group decided that it no longer comports with clinical guidelines.

Consensus: Not include

DM: Low density lipoprotein (LDL-C) screening
The measure no longer comports with clinical guidelines.
Consensus: Not include

Diabetes all-or-nothing composite:
Consensus: include

Hemoglobin Alc Poor Control (>9%)
Consensus: include

Diabetes eye exam
Consensus: include

Diabetes treatment, medication for HTN
The measure overlaps with ACO 28.
Consensus: include

Diabetes: medical attention for nephropathy
Consensus: include

Diabetes: A1C testing
The providers discussed the importance of focusing on control rather than whether patient had the test. Deciding to not include the measure.
Consensus: Not include

Diabetes: A1C testing, pediatric
Consensus: Not include

Diabetes kidney disease monitoring/urine protein screening
The group decided to drop this measure due to the measure "Diabetes: medical attention for nephropathy" covering the same components.
Consensus: Not include

Comprehensive diabetes care
This measure is no long NQF endorsed.
Consensus: Not include

Comprehensive diabetes care
This measure overlaps with other measures and appears to contain an LDL measure that no longer comports with clinical guidelines.
Consensus: Not include

Diabetes annual lipid profile
The group had various viewpoints of whether or not his measure was covered by another measure. They decided to bring this discussion to further review.
Consensus: Under further discussion

Diabetes: Blood pressure management (<140/80)
This measure overlaps with ACO 28.
Consensus: Not included.

Diabetes: LDL=>100& lipid lowering agent use
The measure no longer comports with clinical guidelines.

Consensus: Not include

Percent of Metformin use for diabetic and pre-diabetic members (UCLA study)
The providers discussed that this is not a standard of practice.
Consensus: Not include

Medication Adherence
The providers agreed to a provisional yes, given availability of completeness and accuracy of pharmacy data. Questioning the impact of cost sharing and medication acquisition not captured by claims. The payers said maybe, but would require a build. Dr. Dalal agreed to review for deeper understanding for further discussion.
Consensus: Dr. Dalal will review for further discussion

3. Next Steps
The Council will continue with the measure review at its next meeting on February 18th.

The meeting adjourned at 8:32 p.m.