

STATE OF CONNECTICUT
State Innovation Model
Quality Council

August 12, 2015

Pre-Meeting Summary

Location: CT State Medical Society, 127 Washington Avenue, North Haven

Present: Sandra Czunas; Mehul Dalal; Karin Haberlin; Susan Halpin; Kevin Kappel; Elizabeth Krause; Kathy Lavorgna; Arlene Murphy; Jean Rexford; Mark Schaefer; Todd Varricchio; Steve Wolfson; Thomas Woodruff

Steve Wolfson called the pre-meeting to order at 5:21 p.m.

The Council undertook discussion of base rate issues and potential ways to account for measures that may have insufficient numbers to obtain an accurate assessment. The Council's consumer advocates have expressed concerns that care coordination measures have been eliminated because of base rate issues rather than trying to work through the existing technical issues. Part of that concern is that moving toward a composite measure may dilute the value of the data. The group discussed how a composite measure would work.

The pre-meeting adjourned at 6:10 p.m.

Meeting Summary

Members Present: Rohit Bhalla; Mehul Dalal; Deb Dauser Forrest; Amy Gagliardi; Daniela Giordano; Karin Haberlin; Elizabeth Krause; Kathy Lavorgna; Arlene Murphy; Robert Nardino; Jean Rexford; Andrew Selinger; Todd Varricchio; Steve Wolfson; Thomas Woodruff; Robert Zavoski

Members Absent: Aileen Broderick; Mark DeFrancesco; Steve Frayne; Kathleen Harding; Steve Levin; Donna O'Shea; Tiffany Pierce; Meryl Price; Rebecca Santiago

Other Participants: Deb Amato; Sandra Czunas; Monica Farina; Susan Halpin; Kevin Kappel; Sheldon Toubman; Brad Weeks

Call to order

Steve Wolfson called the meeting to order at 6:24 p.m.

Public comment

Sheldon Toubman, a staff attorney with Greater New Haven Legal Assistance, provided comment on the Conflict of Interest document, asking Council members not to sign it ([see handouts here](#)). He said that Council members should abide by the full State Code of Ethics rather than the Conflict of Interest document as the State Code accounts for both substantial and potential conflicts of interest. He said potential conflicts of interest are not accounted for in the SIM Conflict of Interest document.

He noted that Ellen Andrews is organizing members of the Equity and Access Council to sign a letter against the use of the Conflict of Interest document in favor of the State Code of Ethics.

Meeting summary – review and approval

Motion to approve the meeting summaries of the November 19, December 10, January 7, and July 15 Quality Council meetings – Jean Rexford; seconded by Arlene Murphy.

There was no discussion.

Vote: All in favor; Daniela Giordano abstained.

Level 3 Culling

The Council began discussing the Level 3 culling process. Mark Schaefer reviewed the scoring methodology for the Level 3 Presentation Format ([see tool here](#)). The Council began by discussing the ranking for the Prevention Domain. Arlene Murphy asked about the Health Equity Design Group's recommendations. Elizabeth Krause briefly reviewed the Design Group's process and recommendations ([see recommendations here](#)). The Council discussed benchmark data and how to handle measures with no relevant benchmark data but with the opportunity for quality improvement. Ms. Murphy asked what the difference was between the prenatal and postpartum care measures. Dr. Schaefer said they were complimentary measures without overlap. Todd Varricchio noted that electronic health record (EHR) measures will be challenging to produce.

Measure	Discussion	Outcome
Frequency of Ongoing Prenatal Care	None	Approved
Colorectal cancer screening	None	Approved
Adolescent female immunizations HPV	It was asked why the measure focuses only on females. Dr. Schaefer said the only NQF endorsed measure was for female adolescents and is stewarded by NCQA. Robert Zavoski noted that male HPV immunizations are a more recent development and that Medicaid is tracking it.	Approved
Prenatal care and postpartum care	None	Approved
Breast cancer screening	Jean Rexford asked which standard is used. Mehul Dalal said it is the measure based on the US Preventative Services Task Force (USPSTF) measure. The recommended screening tool covered by the measure is mammography.	Approved
Preventative care and screening: BMI screening and follow up	None	Approved
Well-child visits in the first 15 months of life	None	Approved
Well-child visits in the third, fourth, fifth and sixth years of life	None	Approved
Chlamydia screening in women	None	Approved
Weight assessment and counseling for nutrition and physical activity for children/adolescents	It was noted this measure is not NQF endorsed. Dr. Zavoski said he was in favor of the measure but that data collection will be difficult. Daniela Giordano asked whether the lack of endorsement meant the measure lacked adequacy. Dr.	Approved

	Schaefer said there are a number of reasons it may not be endorsed, from data collection problems to being too new. Dr. Dalal noted that the USPSTF recommends the measure for age 6 and older and references behavioral health interventions. Thomas Woodruff suggested the measure be re-worded.	
Cervical cancer screening	None	Approved
Adolescent well-care visit	Dr. Wolfson noted it was not NQF endorsed. Dr. Zavoski noted that other similar measures are not NQF endorsed. Dr. Schaefer said it may require EHR data, which is why it is not endorsed but that it was commonly used. Mr. Varricchio said Aetna did not use it on the scorecard as it was a HEDIS measure. Dr. Zavoski said it should be easy to capture through claims.	Approved
Tobacco use screening and cessation intervention	Ms. Giordano asked to follow up on the lack of benchmark. Dr. Schaefer said that Medicare alignment is not as helpful if the only benchmark is for the age 64 and over population. He noted the Council may need to weigh in on overall Medicare alignment. When the Council discusses staging, the benchmark issue can be taken into consideration.	Approved
Screening for clinical depression and follow-up plan	Ms. Giordano noted that the lack of benchmark will come up for many of the behavioral health measures. Mr. Varricchio said no benchmark is different from lack of volume. If there is no benchmark, they can set it and then set yearly targets.	Approved
Preventive care and screening: influenza immunization	Dr. Wolfson said this measure is a challenge as vaccinations take place in different locations and there could be irregular documentation. Rohit Bhalla said that if there is a vaccine shortage, it would pose issues. Thomas Woodruff said that while an Accountable Care Organization may not have a record of the vaccination, the payer may. It would depend on whether it ran through the medical payer versus a pharmacy payer.	Not approved
Developmental screening in the first three years of life	There was discussion regarding how to source the data (claims versus EHR). Robert Nardino noted that NQF is in the process of updating the measure. Dr. Zavoski said that Medicaid pays extra for this but added he is not in favor of endorsing one particular screening tool. He noted that Medicaid only checks to see if it was done. Dr. Schaefer noted that taking Dr. Zavoski's recommendation into account changes the measure from being NQF endorsed to a custom measure. The Council discussed implementing it as reporting-only for the first year. Mr. Varricchio said it would likely not be billable.	Approved for Medicaid only use, with further research needed for broader applicability
Pediatric behavioral health screening	The Council determined more information was needed.	Not approved
Preventive care and screening: screening for high blood pressure and follow-up documented	Ms. Murphy noted there may be better measures under the Acute Care domain.	Not approved
Oral health: primary caries prevention	Dr. Schaefer noted it was the only oral health measure and includes fluoride varnish provided in a primary care setting. Minnesota was the measure steward but did not have the resources to continue. Mr. Varricchio noted it would only come from primary care. Dr. Schaefer noted it was one of the	Approved with additional information needed.

	most important things that can be done in early child care. Dr. Woodruff said the point is to change behavior.	
Maternal depression screening	Dr. Bhalla asked if the measure was redundant. Dr. Schaefer said the screening takes place in a pediatrician's office rather than an OB/GYN's.	Not approved.

Next Steps

Dr. Schaefer introduced Kevin Kappel from Chartis. Mr. Kappel will draft the Quality Council report that walks through the process. He will frame what the next few years will look like and research the mechanics of standing up measures. The expectation is to present the report to the Healthcare Innovation Steering Committee and go to public comment. The Health Information Technology Council will discuss its edge server demonstration which builds on EHR measures. The Health IT Council update will discuss where to go with technology.

It was noted that while there was a principle in place about getting down to a smaller set, there has not been discussion about what the right size set would be. It was suggested the Council go through a ranking process. Council members said a timeline that includes staging would be helpful.

The meeting adjourned at 8:18 p.m.