STATE OF CONNECTICUT
State Innovation Model
Quality Council

Conference Call Summary
October 15, 2015

Members Present: Rohit Bhalla; Aileen Broderick; Kristen Casasanta (for Todd Varricchio); Mehul Dalal; Daniela Giordano; Elizabeth Krause; Arlene Murphy; Robert Nardino; Donna O'Shea; Marla Pantano; Andrew Selinger; Steve Wolfson

Members Absent: Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Karin Haberlin; Kathleen Harding; Kathy Lavorgna; Steve Levine; Tiffany Pierce; Meryl Price; Jean Rexford; Rebecca Santiago; Thomas Woodruff; Robert Zavoski

Call to order
The call was called to order at 6:01 p.m. Mehul Dalal and Steve Wolfson served as co-chairs. Mark Schaefer walked the Council through the agenda.

Base Rate Overview
Dr. Schaefer recapped the Council's past meetings and reviewed base rate considerations (see presentation here).

Health Plan Feedback regarding Care Coordination measures
The Council discussed the necessary patient panel size. While a provider may have 5,000 patients on its panel, those patients represent a mix of payers. The provider may not have enough of patients attributed to each payer to provide actuarially sound data. It was noted by the payer representatives that there were few ACOs with 5,000 or more attributable lives.

Arlene Murphy said she wanted to make sure there were effective measures for care coordination on the score card. It was noted that will depend on what the Council decides is most important. Care coordination may be very important for Medicare but less so for the commercial payers. Calling out the most problematic areas can have a huge influence on the marketplace. They need to look at what is critical and what is quality of care based on the stage of life a patient is in. It will not be the same across time. Other factors may come into play. Diabetes may be a high prevalence condition, but in claims it may be listed as a comorbidity, rather than a primary diagnosis. Dr. Schaefer noted that in discussions with the health plans, the Council should have taken more time to consider numerator sufficiency.

There was discussion as to what the importance of numerator sufficiency meant for the proposed core measure set. It would be unlikely that the Council would pull measures from the core set. The public comment period will allow additional time to pull or reposition a measure based on base rates. It was noted that the base rate discussion may force the Council to focus on health preservation rather than disease management and there are advantages to that. It was also noted that great contributions can be made in ensuring the adoption of race and ethnic stratified conditions, which has huge consequences for Medicaid and parts of commercial. The Council had previously recommended adopting the care coordination measures related to asthma in younger adults (NQF #0283) and the all-cause unplanned admission for patients with diabetes mellitus (NQF #0036) after considering feedback from the health plans. As that feedback was not favorable due to base rate issues, it was recommended the measures not be included in the core measure set but should be added to a list of items to further research and pursue. The Council agreed via consensus.

The call adjourned at 7:21 p.m.