CONNECTICUT
HEALTHCARE
INNOVATION PLAN

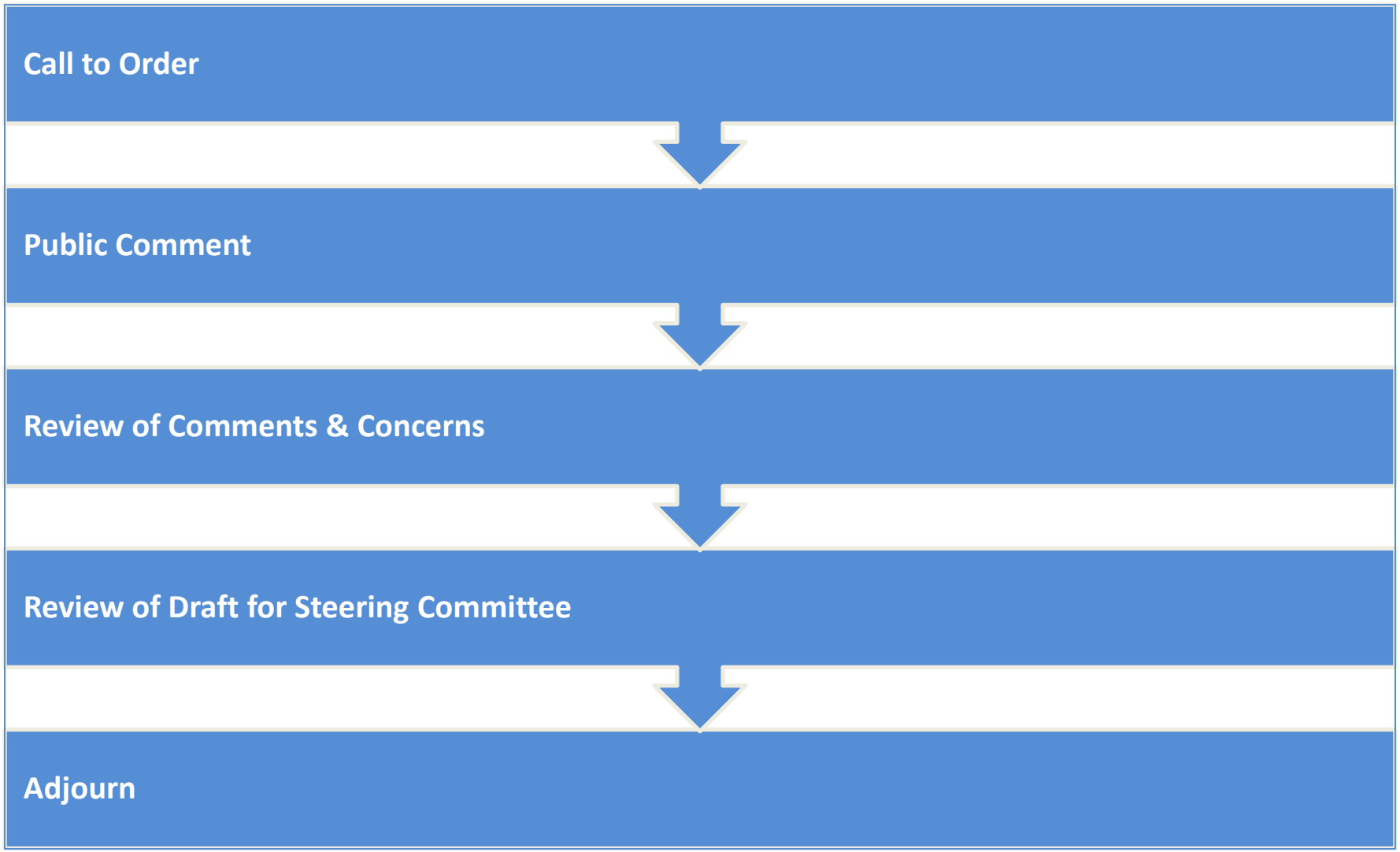
Quality Council

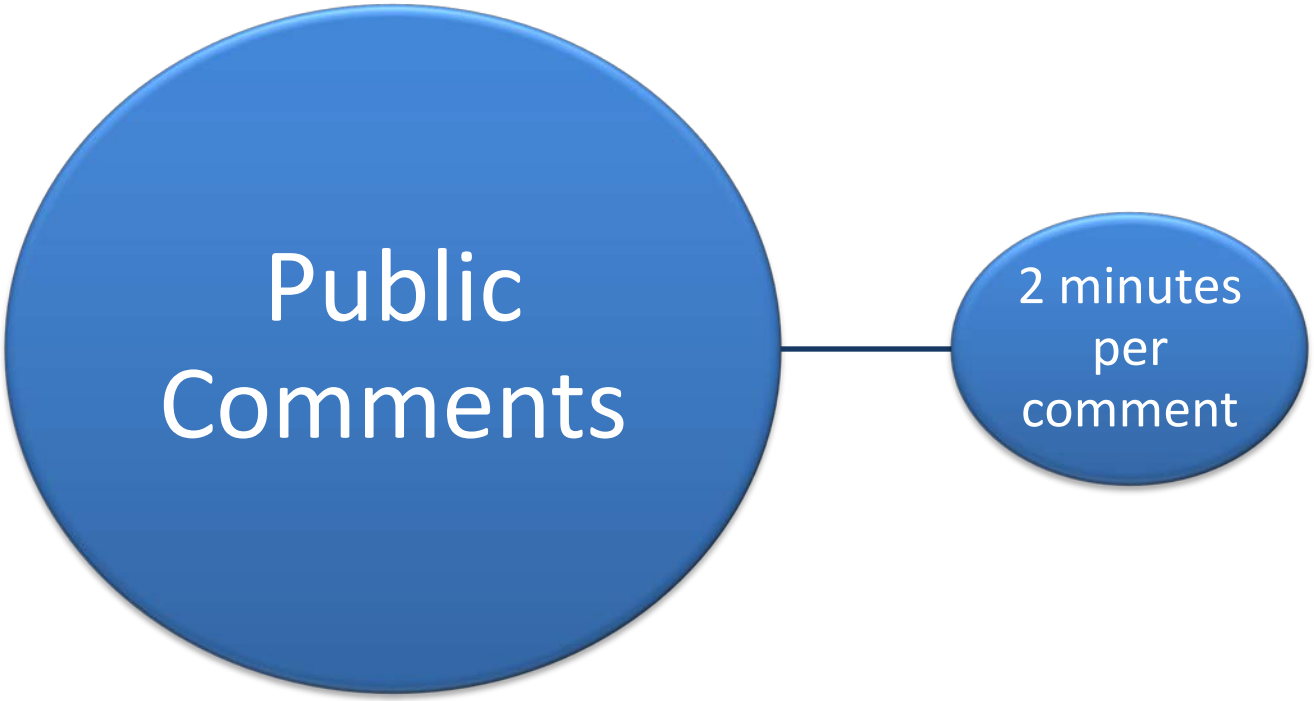
Report Review

November 4, 2015

Meeting Agenda

Item




Public Comments
2 minutes per comment

Review of Comments & Concerns

Care Coordination Measures

Concern that none of the CMS recommended and nationally recognized measures were included because of technical challenges

Comment Notes

- CMS, NQF, and other national groups emphasize care coordination in ACOs and other shared savings arrangements
- Care coordination was highlighted by the HEDG as important opportunities to detect racial and ethnic disparities
- Measures recognized as important include:
  - Ambulatory Sensitive Condition Admissions for Diabetes
  - Ambulatory Sensitive Condition Admissions for COPD/Asthma
  - All Cause Unplanned Admissions for Diabetes
  - All Cause Unplanned Admissions for Multiple Chronic Conditions

Commenter Suggestion

Consumer Representatives recommend that the Measure Development Design Group work to address Care Coordination measure questions quickly and report progress back to Quality Council by January 15, 2016. Without these measures, there may not be an adequate set of measures for Care Coordination in our recommendations.

Care Coordination Measures

ED/1000 is not categorized by Medicare SSP as a care coordination measure and should not be categorized as such by QC

Comment Notes

- Most payers categorize measures such as ED/1000 or inpatient days/1000 as resource efficiency measures or utilization measures
- Many payers do not consider utilization measures of this type to be quality measures (?)
- PMO described this measure as resource efficiency in original materials

Commenter Suggestion

Re-categorize as resource efficiency or utilization measure

Prenatal and Postpartum Care

Disagreement with the removal of pre-natal and post-partum timeliness (NCQA 1517) and frequency of ongoing prenatal care (NQF 1391)

Comment Notes

- During last meeting these measures were designated as Medicaid only with commercial health plans utilizing them as “reporting only”
- Both measures nationally recognized, NQF endorsed, and well-established
- There is the belief that there is opportunity for improvement and that the measures should be included even if some shared savings contracts do not include obstetrical care
- The Obstetrical Design Group supports the inclusion of these measures

Suggestion

Consumer Representatives recommend that prenatal care measures (NQF 1392, NCQA 1517) be included for all payers in the Quality Council Core Measure Set.

Pediatric Care

Concern that a number of measures are missing regarding prevention and general pediatric health needs

Comment Notes

- missing from the measure set are recommended payment measures for commercial plans that address childhood asthma or adolescent health other than HPV Vaccination. Pediatric measures include:

Recommended for Core Measure Set	Recommended for Medicaid / Reporting Only for Commercial	Referred for Development
Well Child Visits first 15 months of life (NQF 1332)	Well Child Visits third, fourth, fifth and sixth years of life (NQF 1516)	Pediatric Emergency Department Visits for Asthma
Developmental Screenings in first 3 years of life	Adolescent Well Visits (NCQA)	
Weight Assessment and Counseling for Children and Adolescents (NQF 24)	Oral Health Prevention Screening (NQF 2517)	
Adolescent HPV Vaccine (NQF 1959)		
Appropriate Treatment for Children with Upper Respiratory Infections (NQF 69)		

Suggestion

Consumer representatives recommend that well child visits measure (NQF 1516) and the adolescent well visits measure be recommended for all payers and that the pediatric emergency department visits for asthma measure be referred to the Measure Development Design Group.

Oral Health

Concern that oral health was delayed despite strong support for inclusion of oral health measures

Comment Notes

- Oral Health's impact on general health, particularly for children, is well-recognized.
- Oral Health Caries Prevention has been identified as a particularly important measure because fluoride varnish up to age 6 has been proven to significantly impact on a child's health.
- Since the oral health caries prevention measure is not NQF endorsed, the delay in the measure may be necessary, but there is the belief that oral health experts should be involved in the process.

Suggestion

Consumer Representatives recommend that the Measure Development Design Group include oral health advocates in the development of the oral health caries prevention measure.

Implementation and Alignment Questions

Concern over the lack of time provided for review of the alignment plan

Comment Notes

- There is concern that no measures would be implemented before January 2017 and that most will take several years for implementation. There is a question of how that could be is measures are already in place.
- There are additional questions for how measures will be used in scorecards and how they will be reported for monitoring.
- There is the strong desire that the Quality Council stay actively involved with addressing technological issues related to EHR measures.

Suggestion

Consumer Representatives recommend that in order to promote expeditious measure implementation and health plan alignment that a Design Group be established to consider the technical challenges to implementation and to balance these with the needs of those who receive their care under shared savings arrangements.

Health IT Questions

Questions over remaining follow-up with the HIT Council

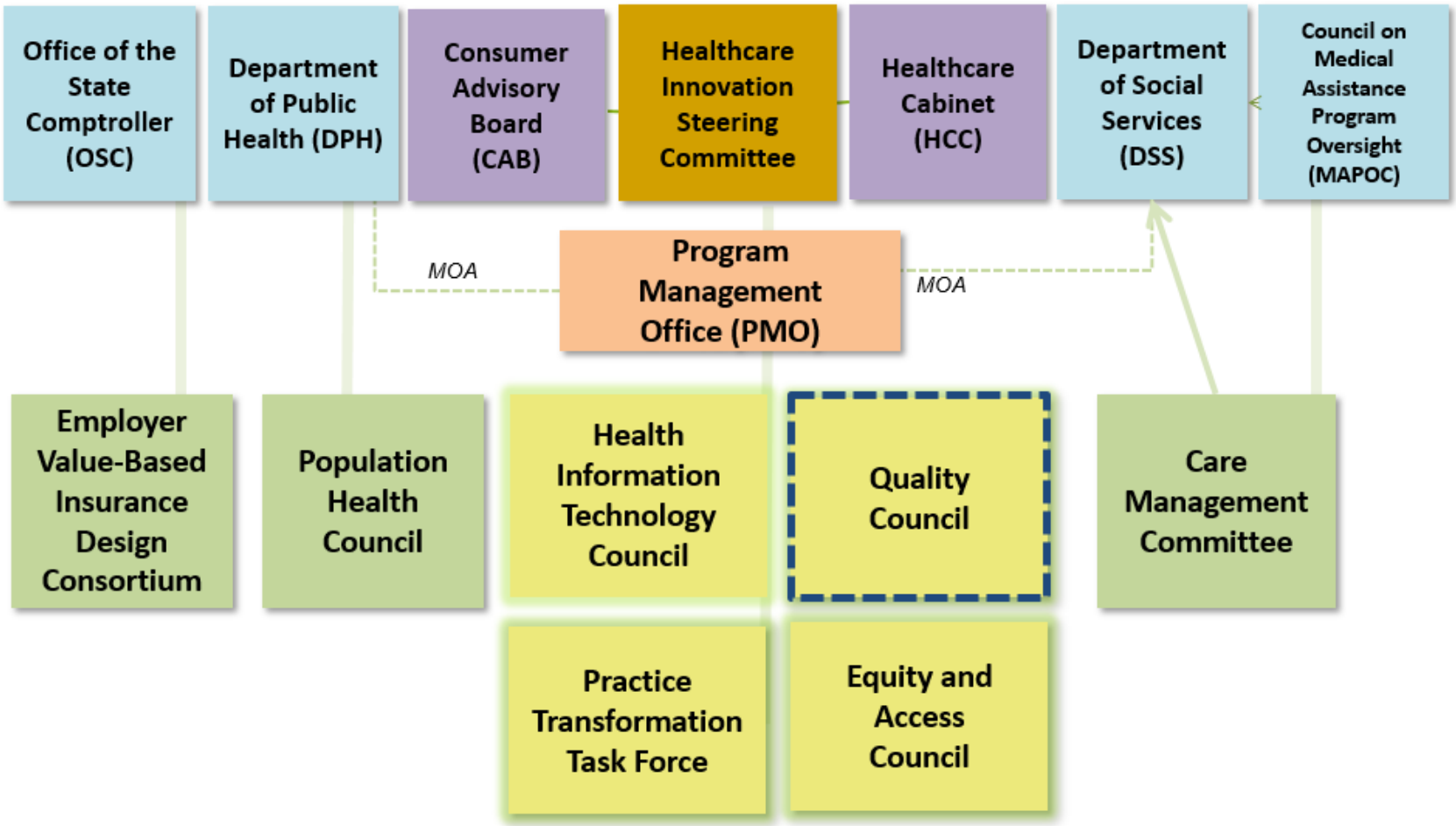
Comment Notes

- There was the question about the HIT Council Charter and whether or not another version had been released
- There were questions about the progress of the HIT vendor's demonstration and whether or not it had the ability to deal with 2 quality measures.
- There was a question over why the status of the HIT Council (page 10-11) appears parallel instead of reporting to the QC on clinical issues.

Question

There was the question whether the Quality Council should generate a formal request to the HIT Council or HISC for clarification.

SIM Governance



Additional Questions & Comments

A couple suggestions on the report narrative and classification of various measures

Notes

- What about new EHR measures being proposed – won't there be some added administrative time/expense for providers to support this submission?
- Can we say SIM QC evaluates core measure set on an annual basis? Updates imply we will constantly add measures year over year.
- Not sure I agree [that care experience does not differ by plan] – have seen instances where our performance for some of these measures look different than competitors. Also, how will ASO impacts be managed here when we are talking about created a single rate for all carriers?
- General comment… nowhere in this document do we reference challenges with ASO business

Additional Questions & Comments

Health Equity Design Group

Notes

- HEDG review comments from QC meeting and communication with Dr. Cleary and recommend that CAHPS be targeted as health equity measure

Additional Questions & Comments

ERH – based measure terminology

Notes

- Recommend using the term “clinical” measures rather than EHR-based measures

Additional Questions & Comments

A couple suggestions on the report narrative and classification of various measures

Notes

- There was the question of how annual monitoring for persistent medications is claims based unless it is studying for gaps in refills
- There were question of why breast cancer screening is claims based, but colorectal cancer screening is health record based since both require patient adherence outside of an office encounter with the primary care physician
- There is the belief that diabetic eye examination would be a billable encounter with an ophthalmologist to qualify as a valid funduscopic examination and therefore would be claims based
- There is the question of whether the purchase of antibiotics needs to be linked with the diagnosis of bronchitis and with upper respiratory infection so that it can be a claims-based measure
- There are questions over the alignment formula and the targeted percentages for alignment
- Core and Claims should not be “targeted for development” to avoid confusion with the development set

Additional Questions & Comments

A couple suggestions on the report narrative and classification of various measures

Notes

•I am concerned that so much of the report focuses on the SIM process and less about the outcomes of the Quality Council process. The Guiding Principles are not listed until P. 14 and the Measure Recommendations are not listed until page 32 of the report. It would be helpful if the report could be re-ordered so that it leads with our Guiding Principles, lists the Quality Measures recommended, then provide the rest of the report as Background.

PMO Response: OK, the new draft has a three or so page executive summary. Do all agree we should include measure set…all three?

*There are a number of important priorities and principles communicated by Consumers to Quality Council that are not included in this report even though we asked them to be. The Consumer Priorities for Measure Selection, Consumer Concerns Regarding Care Coordination, and the actual recommendations from the Design Groups on Health Equity, Behavioral Health, Oral Health, and Obstetrical Care should be included in the Appendix. The Design Group recommendations are "recapped" starting p.26 but the actual recommendations are only footnoted. These are important products of our process and need to be in the Appendix, not just a footnote.

PMO Response: All of the above should be included in the report, but as links rather than appendices. Item in red needs to be added. From comments on the PTTF report, there is a strong preference to have a more streamlined report (when printed) than to have everything embedded as appendices which makes the document look and feel long, unwieldy and intimidating.

Additional Questions & Comments

A couple suggestions on the report narrative and classification of various measures

Notes

*Appendix E contains a substantial overview of retrospective and prospective patient assignment issues. What is the intent of including this in the Quality Council report? Are we endorsing a particular methodology over another? As with other technical health plan alignment issues, will we have the opportunity to consider these issues carefully and address any questions? If there are questions not yet answered after our meeting tonight, could they be addressed through a Design Group?

PMO Response: Per above, propose to include this as a link. Agree that it is not central to the report. In the report, we say that we do not intend to pursue the issue of attribution methods. Yes, issues could be addressed through the design group. The key tonight is gauging whether there is comfort enough with the report to allow its release to the HISC so we can proceed with the presentation.

Next Steps

Quality Council Calendar: November 2015

Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4 **Quality Council Meeting: Review Report**	5	6 **Release Report to Steering Committee**
9	10	11	12 **Steering Committee: Present Report**	13
16 **Release Next Draft to Quality Council**	17	18 **Quality Council Meeting: Review Edits**	19	20
23	24 **Release Report for public comment (due 12/22)**	25	26	27
30				

Other Quality Council Next Steps

- Public Comment and review of Quality Council report;
- Work with the Health IT Council on demonstrating technology to stand up EHR measures;
- Begin survey for care experience measures;

Adjourn