

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
March 10, 2016

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

Members Present: Rohit Bhalla; Aileen Broderick; Sandra Czunas (for Thomas Woodruff); Mehul Dalal; Amy Gagliardi; Daniela Giordano; Karin Haberlin; Elizabeth Krause; Arleen Murphy; Robert Nardino; Jean Rexford; Andrew Selinger

Members Absent: Mark DeFrancesco; Deb Dauser Forrest; Steve Frayne; Kathleen Harding; Kathy Lavorgna; Steve Levine; Donna O'Shea; Tiffany Pierce; Rebecca Santiago; Todd Varricchio; Steve Wolfson; Robert Zavoski

Call to Order

Mehul Dalal, co-chair, called the meeting to order at 6:09 p.m. It was determined a quorum was not present.

Public Comment

There was no public comment.

Review and Approval of Meeting Summary

Approval was deferred due to a lack of quorum.

Updates

Mark Schaefer provided an update on quality activities around alignment, CAHPS, and the Core Quality Measure Collaborative core measure set ([see meeting presentation here](#)). There were no questions or comments on the update.

PCMH CAHPS Behavioral Health Questions

Dr. Schaefer reviewed the behavioral health questions for inclusion in the CAHPS. There were questions as to whether questions 31 and 32 intended to preclude primary care as it appeared to be unclear. There were concerns that patients may report that they easily obtained an appointment and received prescriptions but they may not have received a full complement of behavioral health services. It was noted that patients experience difficulty finding a behavioral health practitioner within their geographical area; obtaining that data is important. There were also questions about behavioral health in the Pediatric CAHPS. The questions are adapted for the pediatric context and the survey is intended to be completed by a family member, rather than the youth. There was also a discussion about the sample rate. In most cases, the survey would be sent to a random sample of more than 600 patients per provider with estimate that perhaps 10% would complete and submit the survey. Questions were raised about determining the base rate, whether it is based on the total surveys sent or the anticipated return. It was also asked whether even 10% would be sufficient.

Core Measure Set Comparison: Quality Council vs. Core Quality Measures Collaborative

Faina Dookh presented on the Core Quality Measure Collaborative ([see measure set here](#)). Dr. Schaefer reviewed the Council's proposed measure set and highlighted measures that both the

Council and the Collaborative recommended. There was surprise that the Collaborative did not recommend a care coordination measure. It was noted that some measures that the Council recommended fall into areas that the Collaborative did not get to, such as pediatric care and specialty care (e.g. prenatal care and Chlamydia screening would fall under the OB/GYN measure set). It was noted that the two groups took different approaches to the developing their sets. The Council focused on the pre-65 year old population while the Collaborative included the Medicare population. It was suggested that the Council focused on the acceleration of the use of care coordination as a tool for redesigning healthcare delivery and that the Collaborative's segregation of specialty measures seemed to prove that. It was also noted that the Collaborative had a much broader mission than the Council's and they may not have delved into discussions regarding feasibility, base rates, and plan experience.

There was a concern raised about how budget constraints would impact the Council's work and SIM in general. Dr. Schaefer said that currently, Medicaid pays the same rates for primary care as Medicare but that a gap remains in specialty care. Any payment policies could change in response to budget issues. There will also likely be an impact on community services, the hospital community. The biggest concern for SIM is making sure our plans come to fruition amidst the changing landscape.

It was asked whether CMMI expected states to align with their measure set. Dr. Schaefer said that CMMI delayed quarterly performance reporting requirements in light of the release of the measure set. CMMI encourages SIM states to maximize alignment. It was asked whether there will be a comment period on the Collaborative measure set. Ms. Dookh said that the Collaborative's web site says they are seeking comment and that it is not clear that this is the final set. It was noted that the plan may be to adopt the measure set for use for ACOs for January 2017. It was noted that it would be useful to understand the process the Collaborative undertook to come up with their recommendations. There are also questions about whether the national health plans would align on the measure set and whether they would be open to state-level customization. In the meantime, the state will need to figure out whether edge server technology will serve its purpose and to learn what the plans intend to do so that SIM does not duplicate their efforts.

Review and Approval of Meeting Summary

As there was a quorum present at this point in the meeting, Dr. Dalal called for a motion to approve the December 16 minutes.

Motion: to approve the minutes of the December 16, 2016 Quality Council meeting – Jean Rexford; seconded by Daniela Giordano.

Discussion: Arlene Murphy noted she had sent revisions regarding the description of the Health Information Technology Team rather than the Health Information Technology Council Executive Team, as not all members of the executive team were included in meetings. The PMO noted that those revisions had been made in the draft that was approved. The Council will circle back on corrections to the October 28th minutes at its next meeting.

Vote: all in favor.

The meeting adjourned at 7:37 p.m.