STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
June 1, 2016

Meeting Location: CT Behavioral Health Partnership, Suite 3D, 500 Enterprise Drive, Rocky Hill

Members Present: Stacy Beck; Rohit Bhalla; Mehul Dalal; Amy Gagliardi; Daniela Giordano; Karin Haberlin; Elizabeth Krause; Arlene Murphy; Leigh Anne Neal; Jean Rexford; Andrew Selinger; Todd Varricchio; Thomas Wilson; Steve Wolfson; Thomas Woodruff; Robert Zavoski

Members Absent: Mark DeFrancesco; Steve Frayne; Kathy Lavorgna; Steve Levine; Robert Nardino; Tiffany Pierce; Rebecca Santiago

Call to Order
Chairman Mehul Dalal called the meeting to order at 6:10 p.m. It was determined a quorum was present.

Public Comment
There was no public comment.

Review and Approval of Meeting Summary
Motion to approve the minutes of the March 11, 2015, October 28, 2015, November 4, 2015, and May 11, 2016 meetings – Steve Wolfson; seconded by Arlene Murphy.
Discussion: none.
Vote: all in favor.

Review of Comments Received Regarding 2nd Draft
Mark Schaefer reviewed comments received to date (See Part 1 and Part 2). Dr. Schaefer asked for feedback on the key lessons comment. Todd Varricchio said it was included for historical context. Thomas Woodruff and Arlene Murphy said they felt it should be kept as is. Dr. Dalal said he thought the section could do a better job of addressing things more clearly. Daniela agreed that it set the context but expressed concern about being too wordy and said it would be helpful to make it clearer and more readable. Arlene Murphy suggested that the health plan contract variation be made clear that it came out of health plan interviews rather than out of Council discussions. Dr. Wolfson also recommended making it clearer rather than eliminating it.

Daniela Giordano said it should be made clearer that not all value based payment models are shared savings programs. She said what she hears is that it is all shared savings. Dr. Schaefer said they try to distinguish between value based payment and pay for performance.

The Council discussed the issue of providers paying for the cost of the CAHPS after the third year. Robert Zavoski said Medicaid would not want the providers to pay for the cost and that Medicaid would bear that cost. The Council discussed the cost of the CAHPS and how the cost could be borne out in the future. Dr. Wolfson expressed concerns that his constituency would agree to bear the cost. Dr. Woodruff suggested including it as part of ACO contract negotiations. Dr. Schaefer noted the language came from the test grant and the CAHPS would require someone to own it. If they are

not able to resolve the issue, they would not see care experience included long term. Susan Halpin asked whether they needed to name a sustainability point for it. Ms. Murphy suggested using more general language that they would flesh out a sustainability plan rather than trying to set it in stone. Dr. Woodruff said it may be more palatable to say the PMO will engage in discussions with stakeholders to discuss the value and potential sustainability of the CAHPS.

The Council discussed concerns expressed by the payers that the language in the report was obligatory (suggestion that language on page 6 be revised to replace "'whether' health plans or Medicaid would utilize recommended quality measures" to "'the extent which' health plans or Medicaid would utilize recommended quality measures"). Mr. Varricchio said that while the payers have said they are working towards alignment, it is still voluntary. Dr. Woodruff expressed surprise that all payers have not committed to working towards alignment. Ms. Giordano said that electing to working towards something can be quite broad while "whether" is more concrete. Dr. Schaefer noted that if it is voluntary, "whether" is implied but understand what it suggests beyond semantics as it could signal that plans will not align at all. Ms. Halpin said if it makes sense, payers will want to align. The language was vetted significantly and they felt it addressed their concerns. Ms. Murphy said that it is hard to convey to the group the reaction that consumers would have to that language and they offered a small change to the language. That word would not be politically expedient and some consumer reps would come out against it. Ms. Halpin said she could take it back to the payers and review it if that was the will of the group. Ms. Murphy said that the consumer reps acknowledge the voluntary nature of alignment but felt the one word was objectionable. Dr. Dalal asked for the implications on the timeline. Dr Schaefer said that if it could be resolved within 24 to 48 hours, it could still fit within the timeline.

Elizabeth Krause expressed concern that some of their discussions regarding health equity were lost. Dr. Schaefer said they could include a link to a document that would include their final take. He asked her to work with the PMO to make sure they have the correct reference document. She agreed.

The Council discussed the removal of "as a reference" from page 10. Ms. Murphy said that if the "whether" issue could be resolved, the consumers were okay with leaving "as a reference" in.

The consumer reps did not recall recommending the HIT Council develop all payer technology. Dr. Schaefer said they did send a memo to the HIT Council requesting they develop a solution to the technology challenge of producing EMR sourced quality measures. The Council decided to use the language used in the February 25, 2015 Inter-Council memo and to eliminate the reference to using SIM funds.

There were concerns about language in the report that the "State has already begun to work on methods to produce measures that require the collection of …." Dr. Schaefer noted that the language is not specific. They are working on methods to produce measures but are not far along. Ms. Murphy said she found the language confusing. He said they could just cut the language all together. The Council agreed.

The Council discussed the removal of "specific entities" from page 21 of the report. Dr. Schaefer said that it was used later in the report and thought it might be confusing. Ms. Giordano also recommended spelling out FQHCs in the report.

Dr. Schaefer noted that descriptions of presentations were removed to contain only what the PMO was certain had occurred.

Ms. Murphy said she thought "provider considerations" on page 32 should be included to provide an accurate picture of what was discussed. Dr. Schaefer said it was removed because the paragraph was problematic and felt it did not add to the report. He did not understand where the language came from. He suggested including the first and last sentences and removing the rest. The Council agreed.

Mr. Varricchio expressed concern that readers would view the linked documents as superseding what is in the report. Dr. Schaefer said this would be revisited due to lack of time.

The Council discussed adding the explicit reference to patient race/ethnicity/etc. as core data elements. Dr. Schaefer thought the inclusion of language and disability and other demographic characteristics was inconsistent with what had been determined. There are concerns about base rate sufficiency for language. Dr. Schaefer said they would add language. Dr. Zavoski noted that every medical record is different and suggested adding "to the extent available."

The Council discussed a number of other comments.

- Dr. Woodruff asked whether they should include an explicit reference to edge server technology. He suggested making reference to a pilot but he had concerns there was not a groundswell of support for edge server. Dr. Zavoski suggested adding "to the extent the solution is successful."
- Ms. Murphy requested that the recommendation that measures for HIV and Hepatitis be included for specialty care be made explicit.
- It was noted that technology solutions for measures may not come from the state. Dr. Schaefer said the PMO would remove the reference to state development of technology.
- The consumers had expressed concern regarding language that "the PMO acknowledges that measure customization may reduce alignment." They noted the issue would be less important if the "whether" issue was addressed. They are seeking expression of a shared goal for alignment to the extent possible.
- With regard to the Care Experience Design Group recommendations, the PMO is working through them with the payers. The PMO continues to seek clarification on payer support for their recommendations.
- There were concerns about a reference on page 61 to the utilization of clinical measures being dependent on the development of a state utility. The PMO agreed to eliminate the reference.

Other Discussion Regarding 2nd Draft

Dr. Dalal asked whether language was the only outstanding issue. He noted there appeared to be broad support to move the report forward to the Healthcare Innovation Steering Committee. Ms. Krause asked whether there was a way in the measures table to add a column to demonstrate where there is momentum towards alignment. That would reflect where we are as a state. Mr. Varricchio said he was not sure if it was appropriate to include that level of detail. Dr. Schaefer said it would require a column for each payer and Medicaid. The data may not be up to date and the payers may not be comfortable having that information in the report. Dr. Zavoski noted that it is a moving target. Ms. Krause acknowledged the practical realities and sensitivity around that information but added there is value in showing the goal. Ms. Giordano agreed, saying it would be valuable for the group to have that information so they can track the progression. Dr. Schaefer said that can be flagged for follow up as the Council begins its next phase. He would like to confer with the plans around the alignment calculation and how to represent that data. The Council agreed to

move forward with the report. The goal for the PMO is to get the report to the Steering Committee on Thursday or Friday

Next Steps and Adjourn
Dr. Schaefer noted legislation passed this past session to establish a Health Information Technology officer (HITO) position within the Lieutenant Governor's office. The SIM HIT Council will meet for the last time later in June. The HIT Advisory Council will take over the SIM goals in addition to their health information exchange work. The SIM HIT Council will discuss their visit to a demonstration of Zato technology. Dr. Woodruff asked if it changed the leadership for SIM HIT. Dr. Schaefer said that different agencies will play important roles moving forward and the Department of Social Services will figure centrally. The HITO will coordinate overarching HIT activities.

SB Chatterjee asked whether the HIT Operational Plan will be made available. Dr. Schaefer said they may not present it at the June HIT Council meeting. They are narrowing it to performance year one.

The meeting adjourned at 8:16 p.m.