STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
July 13, 2016

Meeting Location: CT State Medical Society, 127 Washington Avenue, East Building, 3rd Floor, North Haven

Members Present: Stacy Beck; Rohit Bhalla via conference line; Mehul Dalal; Tiffany Donelson (for Elizabeth Krause); Amy Gagliardi; Daniela Giordano; Karin Haberlin; Arlene Murphy; Robert Nardino; Jean Rexford via conference line; Andrew Selinger via conference line; Todd Varricchio; Thomas Wilson via conference line; Steve Wolfson; Thomas Woodruff; Robert Zavoski

Members Absent: Mark DeFrancesco; Steve Frayne; Kathleen Harding; Kathy Lavorgna; Steve Levine; Leigh Anne Neal; Tiffany Pierce; Rebecca Santiago

Other Participants: Rob Aseltine; Steve Cha, State Innovation Group; Supriyo Chatterjee; Christina Crider; Sandra Czunas; Faina Dookh; Rob Houston; Robyn Leone via conference line; Jenna Lupi; Mark Schaefer; Colin Planalp; Patricia Mactaggart; Akaki Lekiachvili

Call to Order
The meeting was called to order at 6:20 p.m. Steve Wolfson chaired the meeting. It was determined a quorum was present.
Dr. Schaefer introduced the guest CMMI representatives. Members and other participants introduced themselves.

Public Comment
There was no public comment.

Review and Approval of Meeting Summary
Motion: to approve the minutes of the June 1, 2016 Quality Council meeting – Arlene Murphy; seconded by Stacy Beck.
Discussion: Dr. Wolfson said there is a small amendment to page two, paragraph two on the minutes and for more clarity it should read "the extent which health plans or Medicaid would utilize recommended quality measures."
Vote: All in favor.

Ms. Dookh provided an overview of purpose of the meeting (see meeting presentation here).

Public Scorecard
Dr. Aseltine, of UConn Evaluation Team, presented on the Public Scorecard. He said they are working diligently to calculate performance metrics in a couple of different areas, one of which pertains to health outcomes that will be captured either by population health measures that the state collects or claims data that they have access to. The All Payer Claims Database (APCD) is currently moving into formation within the state.

Dr. Aseltine said they are also working with health plans to plan the consumer experience surveys for the state. He said planning for this is moving quickly to some data acquisition and a RFP for a vendor. He said these issues bear on quality reporting. Dr. Aseltine reviewed the purpose and aims of the public scorecard and provided some examples of scorecards published by other states. The examples show the different approaches of how this can be done and to provide some insight of how others are doing it. Dr. Aseltine said the public scorecard presents some decision points where they need some guidance from the Quality Council as the best way to execute on this.

The Council discussed the public scorecard. Dr. Schaefer said they have been deliberating on a core quality measure set of about 30 measures recommended for use by payers for value based payment. Each payer will attribute members to an Advanced Network on the basis of their own attribution and methodology. Payers tend to vary in terms of the attribution and methodology they use. Medicare will recognize a patient who is going to a specialist for a particular circumstance. Dr. Schaefer said there is variation in attribution. He said there is the option of using the attribution that each payer has and trying to figure it out, compile it, and then score the provider based on the mixed method attributions. It will leave out of the score card anybody that is not attributed for the shared savings program purposes.

It was noted that the purpose of this scorecard is not for payment purposes but for transparency and performance. Dr. Schaefer said the process of being able to manage this over time could be substantially streamlined by including all of the individuals served where they are the lead primary care provider (PCP) based on a standard attribution methodology that Quality Council define and apply to APCD. He suggested developing a standardized attribution methodology to provide consistency in the application of the common score card.

Mr. Varricchio said it is a significant undertaking to build your own attribution and you need all the claims data to do it. He said he is not familiar with the all payer claims data base in detail but it sounds like a proposal to build everything on to it such as running claims experience and history. He said it could create contention between the payers and the providers. The score card on the state says one thing and what is being provided says something else. Mr. Varricchio said it may be trading one set of issues for another. Ms. Beck said she agrees with Mr. Varricchio because it might create some animosity between the payers. She said payers may attribute a different way. Dr. Zavoski noted that not all payers pay the same way. He said they only attribute the purpose of getting data to the primary care provider who may not get information from the specialist.

Ms. Donelson, of the CT Health Foundation, suggested consideration of how the data is going to be stratified by race, ethnicity, and language data. She said it is critical to the overall scorecard process and the monitoring of how different entities are doing. Dr. Aseltine said currently they do not have any ability to do any racial or ethnic stratification with the all payer claims data because it is not a characteristic that is collected by payers. He said there are opportunities to populate this data but unlikely it will happen with the first scorecard publication. There are a dozen APCDs nationally and the number of members with claims that have racial and ethnicity attached to them is three percent. It is difficult to have this information mandated by employers.

Dr. Aseltine said he spoke with the Department of Public Health (DPH) and received a great letter from DPH in terms of supporting a demonstration project to try to populate the APCD with racial and ethnic information from vital statistics. He said they are doing a project with birth records using multiple statistical strategies to try to determine the racial and ethnicity of an individual. The preliminary modeling is coming out favorable with close to 80% accuracy. Also, naming dictionaries could be a useful assist. Dr. Aseltine mentioned the information could be a game

changer for APCD because nobody else has the data. He said APCD leadership and DPH have been supportive.

Dr. Dalal asked how Quality Council (QC) can best provide productive input and the process by which they can take a deeper dive. Dr. Aseltine said the next QC meeting is in September and the team would like to have more detailed feedback and responses. He said if there is some time on September's agenda, then they could prepare for this. Dr. Schaefer said in September the council will also need to take action on the Quality Council's report public comments coming in August. This will be two feature agenda items for the September QC meeting.

Dr. Schaefer said he is hearing a diversity of perspectives on whether they should use the APCD and by what means to attribute. A series of meetings may be needed to pose recommended options to look at advantages and disadvantages. Dr. Schaefer said if there are reservations about standardized attribution methodology and concerns about using the APCD, they need to step back to look at what would be the alternative. There should be a basic understanding of things like what the data source would be and how people will be attributed to entities. Dr. Schaefer suggested structuring a process of working through the key decisions to end up with a description of what they are proposing to do so that all will understand what is being recommended or endorsed.

CQMC Quality Measure Set: Conversation with CMMI

Dr. Schaefer provided an orientation and definition of CQMC. He said the Core Quality Measure Collaborative (CQMC) is a national committee that was established by America's Health Insurance Plans (AHIP), members of Centers for Medicare and Medicaid Services (CMS), National Quality Forum (NQF), medical groups, and consumer groups. The Core Quality Measure Collaborative released a national measure set.

Dr. Dalal presented the context of the CQMC recommended core quality measure set. Ms. Dookh reviewed the QC Set and CQMC Set Crosswalk (see here). Dr. Stephen Cha, director for the State Innovation Group at the Innovation Center for Medicare and Medicaid Services (CMS), said he appreciates the work that's been done in this room and it is the kind of quality discussion that is meaningful and robust that has impact on the way care is delivered. He said alignment is key and alignment does not always mean exactly the same. Dr. Cha said it is important to understand that the way those get resolved is through a thoughtful process like the one that QC is engaged in.

The group discussed questions and concerns regarding CQMS set (see here).

Question/Concern #1 & 2: Process

Dr. Cha said he did not know the answers to question one or two. He acknowledged from CMS standpoint it is an area where they can do more. They are hearing the need for more support and are trying to think through how to do a better job of finding staff on their team and to be more available to think through the issues.

Question/Concern #3: Base Rates

Dr. Cha said question three is a great guidepost but if there's diverge from this, the request is to do it thoughtfully in concert with everyone in the state. Dr. Wolfson asked whether there is an opportunity for CQMC to discuss QC's measures and consider alignment. Dr. Cha said he does not know at this point. He said CMS has measures that they are putting into payment programs and there will be ample room for public comment on those.

Question/Concern #4: Population Focus
Dr. Cha said there are some states that are working on the issues and thinking of ways to pay better for pediatrics, behavioral health, and maternal care. He said things are continuing to evolve and it is good to see where other states have emerged on this. Ms. Murphy said it would be great to learn what is being done in the areas regarding pediatric, behavioral health, maternal health. She said maternal and child health is an issue that the council has been grappling with because of the importance of good birth outcomes in population health and disparities that need to be addressed. There is a question about how measures are included relating to prenatal care and whether it is a primary care function. Dr. Cha said he would be happy to connect her with someone specifically within Medicaid on the maternal and child health initiative for some of the resources.

Question/Concern #5, 6, & 7: Implementation
Dr. Cha said in terms of clinical data, given the level of priority placed on value based purchase strategies, it is important that there be an expectation set. He said clinical data will need to be part of the picture at some point. Things are not there yet from a HIT perspective but it is important to keep the expectation alive. Dr. Cha said they are happy to work with us to help us to get to that point through SIM, other efforts, and resources. He said trying to do this without thinking about the robust data, even in the later years; could be a missed opportunity to think about this work.

Question/Concern #8: Care Coordination Measures
Dr. Cha said this is a critical piece and they are really trying to think about what it means to measure care coordination. Dr. Schaefer said there was a discussion about care coordination measures specifically about hospital readmissions. He said the Yale core measure and the NCQA measure are not risk standardized for Medicaid. Dr. Cha said CMS is setting up a contract to look at this particular issue. He said ideally they would like alignment. He mentioned the reason the Yale metric is not spec for Medicaid is because they need a full claims data set to do the risk adjustment model. He said getting the comprehensiveness of Medicaid data is a real challenge.

Dr. Cha said the Medicaid systems are being migrated to a more modern system to have timely Medicaid data for all of their beneficiaries. He said he is hopeful that in two years when the Medicaid data becomes available online and they will run it through their models, there will be better answers for everybody.

Quality Council Report: Public Comment Process
Ms. Dookh provided a brief overview of the Quality Council Report public comment process. Public comments may be submitted between July 5, 2016 and August 5, 2016 to the program management office. All public comments will be compiled and summarized for the Quality Council to review.

Next Steps and Adjourn
Dr. Schaefer thanked the guest for joining the kickoff of the public score card discussion. Dr. Wolfson expressed thanks to the members of the Quality Council for all of their work.
Motion: to adjourn the meeting – Arlene Murphy; seconded by Dr. Zavoski.
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 8:12 p.m.