STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
September 14, 2016

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

Members Present: Mehul Dalal; Tiffany Donelson (for Arlene Murphy); Amy Gagliardi; Daniela Giordano; Karin Haberlin via conference line; Elizabeth Krause via conference line; Robert Nardino; Leigh Anne Neal via conference line; Jean Rexford; Andrew Selinger; Steve Wolfson; Thomas Woodruff via conference line; Janette Yetter (for Thomas Wilson) via conference line

Members Absent: Stacy Beck; Rohit Bhalla; Mark DeFrancesco; Steve Frayne; Kathleen Harding; Kathy Lavorgna; Steve Levine; Tiffany Pierce; Rebecca Santiago; Robert Zavoski

Other Participants: Rob Aseltine via conference line; Sandra Czunas via conference line; Faina Dookh; Mario Garcia; Mark Schaefer

Call to Order
Chairman Mehul Dalal called the meeting to order at 6:14 p.m. It was determined that a quorum was present. Dr. Schaefer announced that unfortunately Aetna has withdrawn from participating in CT SIM citing resource limitations. Mark Schaefer thanked Todd Varrichio for his great contribution to the deliberations of this group since its inception.

Public Comment
There was no public comment.

Review and Approval of Meeting Summary
Motion: to approve the minutes of the July 13, 2016 Quality Council meeting – Steve Wolfson; seconded by Andrew Selinger.
Discussion: There was no discussion.
Vote: All in favor.
Abstain: Daniela Giordano

Quality Council Report – Public Comment
Mark Schaefer reviewed comments received regarding the Quality Council report and draft responses to the comments (see here). He said there were fourteen comments received. One comment came in April and was not in response to the public comment. The name of the commenter is not included in the materials so that the source of the comment would not be a distraction. All raw comments were previously shared with the council.

Dr. Schaefer said the PMO thought it would be most efficient to clear the brush and focus attention on issues that was suspected to deliberation rather than deliberate on the 60 comments received. He said if the council feels the responses are contrary to what is appropriate please flag it for discussion. The group discussed the public comments regarding the Quality Council report. There were no request to raise any other issues already flagged for discussion.

General Principles
Comment #6 - The group discussed and agreed on comment #6 as reasonable for a principle element. There was a consensus to modify and incorporate some language.
Comment # 7 - Dr. Selinger asked whether compared to an established baseline in the first year or would there be a payment target. He mentioned not remembering how they are structuring rewards. Dr. Schaefer said because we are not running a program as a single payer like Medicare, we are not setting the rules for application of the measures for the payer. He said it is left up to the payer and the provider negotiation to determine when a measure will kick in as a payment measure. He mentioned if we were Medicare, we would have to have a nationwide rule, but we are making recommendations in a multi-payer environment. The priority is to align measures, not to dictate the methods by which they are applied. Dr. Wolfson said with regard to ED so much of it depends on available resources, such as time of day and other factors that are not really susceptible to immediate control. He mentioned it is a large part to a reluctance to accept this measure. For example, in rural areas there may be fewer resources other than an ED visit. Council members agreed that it should not be adopted.

Health Equity Measures
Comment #15 – The Council agreed to acknowledge the commenter and recommended the PMO prioritize the development of methods and specification for the use of such measures to reduce health equity gaps. This could mitigate what would otherwise appear to be a directive to implement the health equity component. Ms. Rexford asked how they will show the commitment to health equity by what is being done. Dr. Schaefer said the process has begun by targeting certain measures for incorporation of value-based payments scorecard with a health equity component. He said commitment would be demonstrated by undertaking an activity that makes it feasible for the payers to adopt without having to do the research and development themselves. National health plans tend not to steward measures, but adopt measures that have been developed elsewhere.

Ms. Krause said the proposal for the PMO to steward the specification process shows commitment. She noted the CT Health Foundation is willing to see how they can support the measure development and incentives that might be necessary to move the work forward. Ms. Krause said she is comfortable with this as long as the Quality Council and PMO see to Ms. Rexford's question regarding the need to demonstrate good faith commitment through action. She mentioned the need to underscore that health equity is core to Connecticut's SIM grant and one of the things that differentiates CT's grant from other states. Dr. Schaefer suggested articulating a strategy and continuing the conversation at the next meeting. He said the PMO will modify the response to comments and create a final version of the report that will incorporate this as one of the exhibits and edits the report accordingly. There will be time for comments on the edited version before it is finalized by the Steering Committee.

Dr. Schaefer commented about race/ethnicity stratification in the EHR derived clinical quality measures. Dr. Dalal said he is supporting Dr. Schaefer's comment and emphasized that they should be very intentional about designing race/ethnicity stratification specifications early on in the EHR measure development ascertainment process. Ms. Donelson said with regard to the commercial, it is important to bring Access Health CT into the conversation with the qualified health plans. She said Access Health CT made a better effort at collecting the race/ethnicity data and perhaps they could look at some of the data and find a commercial partner.

Annual Monitoring for Persistent Medications (2371)

Comment #28 – It was noted that is not clear whether this is inappropriate for the under 65 population. There are some measures that are on the edge of base rate efficiency. Payers will call out if they are not appropriate for the under 65, but so far this measure passed our base rate analysis test. Dr. Schaefer said there are three rates being monitored that are combined. He asked whether those patients that likely to occur at a level of 150 per 5000 adults such that they could yield a valid measure. Dr. Selinger said yes with a denominator of 5000. Dr. Schaefer mentioned it was the sole concern about this measure and suggested to leave it intact. The Council agreed.

Chlamydia Screening (0033)
Comment #30 – Dr. Schaefer said this is a HEDIS measure and widely used by a couple of health plans. He said some of the things that aren't about where the care happened is about the experience of using the measure. Dr. Schaefer asked whether the concerns are sufficient to overturn the original recommendation. Dr. Nardino said the American College of Physicians supports this measure. Dr. Woodruff said regarding entering contracts, they would expect the organizations to be responsible for total care. He said he votes to keep this measure. The Council discussed and agreed to keep this measure.

Adolescent Female Immunization HPV (1959)
Comment #31 – There was a discussion regarding the parental influence and minimum age concern. Dr. Selinger said the parents are the decision makers for minors. Ms. Gagliardi said there is a law that minors do not need parental consent for anything OB/GYN related. Dr. Dalal said from the Public Health stand point there is a lot of room to improve in the parent, client, and provider interaction. It is really not to prevent STD but really to prevent cancer. Dr. Schaefer said he does not see parental agreement as a basis for denominator inclusion for the measure specification. Ideally, more effective clinics and clinicians will be persuasive in terms of highlighting the health implications alone. Dr. Schaefer said he is not hearing a call to eliminate this measure on this basis.

Prenatal Care & Postpartum Care (1517)
Comment # 60, 14, & 21 - Dr. Schaefer said no comments were received to say it is not appropriate to hold an ACO accountable for this measure. He said it is big question before the Council. NQF voted on this measure and it seems unlikely that they will eliminate this measure. Generally, the most recent available version of the measure is encouraged when it is re-specified or re-endorsed. Dr. Schaefer said when he hears back from NCQA, he will let the Council know whether they are expecting it to be eliminated. He asked should it not remain on the core measure set. There was no response. Dr. Schaefer suggested if they are testing out the Health Equity incentive concept, it should be on measures that are not challenged by another fundamental barrier.

Ms. Krause asked whether it was possible to have a personal communication response to each commenter in addition to the responses provided in the public comment grid. She said it may be helpful for people to why they are saying no to their comments. Dr. Schaefer responded that it is reasonable and a nice idea. The PMO can share a non-distribution list comment in advance of publication and invite commenters to contact the PMO if they would like to talk further about the deliberation. Dr. Schaefer said he appreciates the folks that took time to comment and formulate some questions about the recommendations.

It was noted that the quality of prenatal care does influence birth outcomes. The postpartum visit is equally as important and is where the family planning happens. Dr. Schaefer asked if they were going to stand. The Council agreed.

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (0058)

Comment #39 - There was a discussion that over use does not mean there should be no use. There is a target for low use because it will be happening under certain circumstances. This is a case in point for why there are exceptions to the absolute target concept. Dr. Schaefer said even though one hundred percent is not the goal, it is a long term health issue and the tool for influencing prescribing behavior. He suggested keeping the measure in play and try to improve it over time. Dr. Woodruff said this is an outcome of choosing widely measure. It not to say that all cases are inappropriate beyond a certain percentage. There are established measures with reasonable ranges verses what is not. Dr. Dalal said it looks like we are keeping it.

Appropriate Treatment for Children with Upper Respiratory Infection (0069)
Comment #40 – Dr. Schaefer said this measure has similar issues as the Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (0058). There is no unique concerns around the pediatric appropriate treatment for children with upper respiratory infection. Dr. Schaefer said if they follow the same logic as with the other measure, they would keep this one as well. It is not in the Core Quality Measure Collaborative set likely because they have not done pediatric measures. The Council agreed to keep it.

Comment #44 – Dr. Schaefer noted that this is not about development screening or suicide risk assessment. He said this is really about unhealthy alcohol use. There is a concern that it is PQRS and not NQF endorsed. There are four NQF alternatives but time will be needed to research and examine them. Dr. Schaefer proposed tabling unhealthy alcohol use associated with this particular measure and set as an objective to research whether there is a better measure. The Council agreed to tabling and research. Ms. Giordano asked regarding the timeframe. Dr. Schaefer said they can research for it if the next meeting is in November.

Oral Health: Primary Caries Prevention (1419)
Dr. Schaefer proposed moving primary caries prevention to the core measure set for Medicaid and reporting only for commercial. It was noted that this measure is no longer endorsed. The Council discussed the measure being on the development set and not a recommended measure for Medicaid. The Council considered the fact that Medicaid did not adopt the standard as specified in 1419, which means DSS also apparently had issues with the measure. Ms. Neal said she thinks they should wait before moving it to the core set. Ms. Giordano noted that early prevention and intervention is important. The Council agreed to keep it on the development set but the measure should be specified to be valid for all payers. The Council recommended that the SIM PMO examine whether and how it could support re-specification of this measure.

Draft Alignment Strategy for SIM Initiatives
This was not discussed due to a lack of time. Dr. Schaefer asked members to review the draft Alignment Strategy for SIM Initiatives (here). It will be presented at the next QC meeting.

Public Scorecard
Dr. Aseltine, of UConn Evaluation Team, presented on the Public Scorecard (see slide here). There were no questions. Dr. Schaefer proposed moving the next meeting to October in order to move on the Public Scorecard. He said it would be useful to spend some time looking at the websites to get a sense of which is preferred. A Survey Monkey may be sent to members. The information will be sent out to have a discussion at the next meeting.

Next Steps and Adjourn
Ms. Giordano questioned the date of the October meeting. Dr. Schaefer said a Doodle Poll could be sent to Quality Council members.

Motion: to adjourn the meeting – Steve Wolfson; seconded by Andrew Selinger
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 8:11 p.m.