STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
November 9, 2016

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

Members Present: Stacy Beck; Mehul Dalal; Amy Gagliardi via conference line; Daniela Giordano; Karin Haberlin via conference line; Arlene Murphy via conference line; Leigh Anne Neal via conference line; Andrew Selinger; Steve Wolfson; Thomas Woodruff via conference line; Janette Yetter via conference line

Members Absent: Rohit Bhalla; Mark DeFrancesco; Steve Frayne; Kathy Lavorgna; Steve Levine; Robert Nardino; Tiffany Pierce; Robert Zavoski

Other Participants: Rob Aseltine; Laurel Buchanan; Tiffany Donelson via conference line; Faina Dookh; Jenna Lupi; Mark Schaefer

Call to Order
The meeting was called to order at 6:10 p.m. Steve Wolfson chaired the meeting. 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 October 31, 2016 Quality Council meeting –Andrew Selinger; seconded by Mehul Dalal.
Discussion: There was no discussion.
Vote: All in favor.

Purpose of Today's Meeting
Mark Schaefer reviewed the purpose of today's meeting (see meeting presentation here). He said the purpose of the meeting is to discuss the online healthcare scorecard also known as the public scorecard. He said there will also be a presentation and discussion on the alignment grid.

Public Scorecard
Dr. Aseltine, of UConn Evaluation Team, presented on the Public Scorecard. He said they have conducted interviews with a number of different states and entities regarding their scorecard activities. He said there are a diverse set of approaches in terms of purpose, data sources, resources, and the kind of scoring information they provide. He said the interviews provided a cross-section of what other states are doing and how they are doing it. Ms. Murphy asked whether Connecticut's data will come from the all-payer claims database (APCD). Dr. Aseltine said yes, the two primary data sources for what they are proposing is the consumer experience survey data that will be collected as part of the evaluation and the claims being submitted into Connecticut's APCD claims repository.

Dr. Aseltine reviewed the lessons learned about building a scorecard and the process. Ms. Beck asked whether the look back on attribution is generally one or two years and how is it determined. Dr. Aseltine said it depends on whether it is actually being calculated. He said they saw one year in virtually all of the groups doing it internally. He mentioned it depends on the payer attribution methodology when it is reported in. Dr. Schaefer said his understanding from some of the published reports is that they are not using payer data. Dr. Aseltine said one other aspect of attribution is that some of the entities reported primary care provider (PCP) assignment as an attribution. It is sort of the same way that DSS and Medicaid think about attribution, it being the assignment of a PCP to the individual. He said it would not impact hospital ratings or surgical center ratings but certainly would in medical groups.

Dr. Wolfson raised the issue of attribution where the specialist is the primary care physician or to whom the patient is attributed from an ACO perspective. He mentioned chronic diseases that become acute such as the development of a malignancy where the oncology is the primary care physician for the patient. Dr. Aseltine said there are specialists that monitor chronic disease management and function as the primary care physician or coordinator. He said they would need to sort through this. He suggested adopting an attribution strategy that is coherent and does not clash with the information that some of the groups will be receiving from payers.

Dr. Schaefer said the vision for the scorecard is for it to be an all payer compliment to the individual scorecards that payers have now for value-based payment. He said most of the payers have scorecards that are specific to the populations that the payer is covering, using an attribution method that is their own. Dr. Schaefer said ideally we want to come as close to assigning the same patients across payers to the Advanced Network (AN) or Accountable Care Organization (ACO). The difficulty in using the payers' attribution information is that it may not come through the APCD right away which could mean a separate feed and a burden on payers. Dr. Schaefer said they can propose using something such as what is used nationally by some of the larger payers. He said it is not linked to payment and payers can be asked if it is close enough to be a reasonable all payer-standard for public reporting purposes. He mentioned it is important to have one method in place to be applied fairly across advanced networks that does not change over time.

Dr. Woodruff asked whether other APCDs have both patient and provider identifiable information. He said an issue is a lot of payers have a different population base and may want to score risk or stratify differently. Dr. Aseltine said all of the APCDs in the United States would have identifiable information. He said for us to meet this need we would need to be presenting risk adjustment data and transparency around the adjustment process.

Dr. Schaefer explained "use case" is another name for purpose and is a term that arises out of the Health Information Technology planning process. He said it is a reasonable extension to the issue of the APCD. Dr. Schaefer mentioned they have been talking about the public scorecard for some time. He asked whether anyone had a particular use in mind where it would be needed. Dr. Dalal said he wanted to dig deeper regarding transparency driving healthcare quality. He asked whether it is a proposed hypothesized benefit or from published sources that transparency does actually drive healthcare quality. Dr. Aseltine said they have seen some quality literature that suggest by doing ratings it makes people pay attention. He said it is not just recording and evaluation but a part of the SIM intervention. He mentioned different entities will be rated and providing the information publically will change behavior.

The Council discussed some of the priorities for consideration. Dr. Wolfson suggested that one priority should be to promote improvement through transparency. Dr. Dalal suggested the need for

policy makers to be able to assess performance and determine the utility for the interventions. Dr. Aseltine said the two endorsed areas should drive the design considerations and methodology. Dr. Wolfson asked where they would fit the question of access and equity. Dr. Aseltine said right now they do not have access to race ethnicity data in the APCD. He said from an equity standpoint it would be in the near future. Dr. Wolfson said all of the data over the years was structured to be color marked and class blind which was ethnically and politically correct. He said if we are trying to make the healthcare system more accessible to the underserved population, we need to go in a slightly different direction depending on how equity is achieved.

Dr. Schaefer suggested the first use case at its basis should be an easy way of illustrating the performance of providers on certain measures of quality and addition of social demographic risk adjustment. He said they should aim to stratify the providers' performance relative to their peers on race ethnicity and the three major segments of the payer population. He said it may make it difficult to use national benchmarks. In this use case providers are at the level of the Advanced Networks and FQHCs and are not being proposed at the level of the individual physician. Dr. Schaefer asked whether everyone was in agreement on it being the right place to start. The Council agreed.

Ms. Murphy asked how large could the Advance Network level be. Ms. Beck said the largest accountable network she can think of has 270 physicians alone. She said this includes primary care physicians and specialists. Ms. Murphy suggested subdivisions for some of the larger groups. Dr. Woodruff said he agrees with a drill down of the organization to be able to have actionable information to improve performance. Dr. Schaefer said there is cost and complexity with trying to do too much in the first stage of implementation with APCD. Dr. Wolfson mentioned the issue of being able to define cost very accurately but quality very inaccurately. He said it is vital in defining transparency and determining the overall quality of care delivered to the patient.

Dr. Aseltine said the two endorsed primary use cases should drive the decision making. He said there will be a maximum amount that could be built into the scorecard with the availability of funds. Dr. Dalal said they didn't dive into the employer piece of this. He suggested considering partners that could contribute to the sustainability plan going forward.
Dr. Aseltine reviewed the scorecard timeline. He said the Council was already sent information from the last Quality Council meeting but it was more on an advisory basis about other states scorecards. Dr. Aseltine said they would like to send the Council a couple of links and for members to review and complete a few brief survey questions for feedback. He said the survey will be informative in prioritizing functionality and they will analyze the results to present in January.

Draft Alignment Strategy for SIM Initiatives
Ms. Dookh presented the draft alignment strategy for SIM initiatives (see alignment grid here). She noted that feedback, questions, and comments are welcomed. Ms. Giordano asked about the depression piece of recommended screenings and antidepressants, under the Consumer Empowerment and Value Based Insurance Design tabs. She asked how they came up with these two pieces particularly. Ms. Lupi said there was a process on the VBID Consortium to identify which elements would be included on the VBID templates. She said the templates are recommendations for potential examples of insurance plans that would include these covered benefits. Ms. Giordano asked whether Council members could get this information. Dr. Schaefer said the link to the self-funded and fully insured templates will be circulated.

Ms. Beck asked regarding the hypertension piece, under Health IT tab where it says to enable use of clinical data to track HTN control and act on data and the focus of mobile apps. She asked whether

this means the patient will be able to monitor their blood pressure at home and report it back. Ms. Dookh said that this is the intent of the mobile app item (not public scorecard) but planning around this component is in very early stages. She said it is a performance year two priority and additional planning would need to take place. Ms. Beck said it is a good idea as we move towards people using mobile apps and a good way for members to keep up with their measures.

Dr. Schaefer said the various initiatives are in either a more developed phase or in a design phase. He said mobile apps is one of the things that were hypothesized for use in the test grant. He said there is the question of whether the state has a role in supporting it. Also, whether it is the sort of thing that might naturally emerge, where providers guide their patients to the apps and create an interface capability with the PCP or electronic health record (EHR). Ms. Beck mentioned it is available in some pediatric groups. Dr. Selinger mentioned there is a patient portal but he has not seen this in adult medicine. Dr. Wolfson said the mobile apps have not been validated so there is a lot of bad data to analyze. He said clearly this is the way to go with blood pressure control and measuring blood pressure at home in a non-threatening environment.

Updates

Dr. Schaefer provided an update and recap. He said at the Quality Council meeting on October 31st there was a decision to retain the Prenatal/Postnatal quality measure. The Quality Council report was finalized and will be discussed and presented for approval at the Steering Committee meeting on November 10th. The final report will be made available. Dr. Selinger asked regarding the events of the recent election and whether the impact on the process going forward in the new year of 2017 is foreseen. Dr. Schaefer said there is no official word from CMMI regarding what the implications are for the initiatives it funds, including the SIM initiative. He said there is much speculation on the implications the election will have on things such as the Affordable Care ACT (ACA). Dr. Schaefer said the program management office does not have a greater insight than anyone else around the table regarding how things will play out. He said in the meantime the intention is to stay the course and continue to support multi-payer solutions to advance quality.

Next Steps and Adjournment

The next Quality Council meeting will be held in January.

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

The meeting adjourned at 7:43 p.m.