STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
May 10, 2017

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

Members Present: Stacy Beck; Rohit Bhalla; Amy Chepaitis; Mehul Dalal; Tiffany Donelson; Daniela Giordano; Arlene Murphy; Robert Nardino; Jaquel Patterson; Steve Wolfson; Janette Yetter

Members Absent: Elizabeth Courtney; Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Karin Haberlin; Kathy Lavorgna; Steve Levine; Leigh Anne Neal; Tiffany Pierce; Andrew Selinger; Thomas Woodruff; Robert Zavoski

Other Participants: Rob Aseltine; Laurel Buchanan; SB Chatterjee; Faina Dookh; Jenna Lupi; Mark Schaefer

Call to Order
The meeting was called to order at 6:02 p.m. Steve Wolfson chaired the meeting.
Members and participants introduced themselves.

Public Comment
There was no public comment.

Review and Approval of Meeting Summary
The approval of meeting summary was postponed due to lack of a quorum.

Purpose of Today's Meeting
Mark Schaefer reviewed the purpose of the meeting (see presentation here).

Scorecard Exercise Review and Discussion
Dr. Aseltine, of UConn Evaluation Team, provided a status update and presented on the scorecard exercise. He said Quality Council members completed the scorecard exercise by rating some of the more prominent scorecards being used in the country. He said the group will look at the results from the exercise and discuss next steps as it relates to the development of a CT SIM strategy for a Public Scorecard.

Dr. Aseltine said within the SIM operational plan one of the things they are doing around consumer engagement is presenting a Public Common Scorecard. He said the most relevant charge for Quality Council is to present data from payers on the performance of advanced networks and federally qualified health centers (FQHC) using measure sets that have been developed by the Quality Council and then display it in a public scorecard.

Dr. Aseltine said there is a little bit of overlap with the state's All Payers Claim Database (APCD) or the Exchange in the missions. He said he sits on the APCD Advisory Board and is working with them around a strategy to make sure there is a coherent and non-overlapping presentation of data across the groups. Dr. Schaefer said there was a recent meeting to help coordinate efforts.

Ms. Murphy asked if everyone knew the meaning of eCQM. Dr. Schaefer said electronic clinical quality measures. He suggested inviting Allan Hackney, of the Health Information Technology Advisory Committee, to come to the July Quality Council meeting to allow a deep dive on the recommendations and what the eCQM Design Group is working on. The eCQM Design Group is a subcommittee of the Health Information Technology Advisory Council. Dr. Wolfson asked whether there was interest. Members agreed to extend an invitation.

The Council discussed the scorecard exercise results. Dr. Aseltine said reading level is critical along with other functionalities if they are going to continue to have as one of their driving use cases consumer access to quality information. Dr. Wolfson asked whether it would be available in other languages. He suggested that Spanish should be considered. Dr. Aseltine said they would need to decide whether there will be translation of multiple languages for it to be presented in. He said if it is the recommendation of the group they could work on building the function in or try to incorporate it through google translate. The Council agreed to include the Spanish language.

Ms. Dookh asked whether one of the recommendations should be that it aims for the six grade reading level. There was a discussion on the consideration of the reading level. It was noted that medical jargon and acronyms should be avoided but it depends on who the target audience is, for example consumers. Ms. Patterson asked regarding the frequency of the updates when people are looking at the consumer expectation side of the data. Dr. Aseltine said presently the charge is to present the data annually and it is a less frequent pace than the APCD receiving it. He said they could aspire to produce it twice a year. He said maybe once they get moving and the data exchange is streamlined they could do it even more frequently. Ms. Dookh asked if they should include star ratings explicitly in parenthesis. Dr. Aseltine said yes they could add it to their summary. He said it tends to be a much better appreciated scoring approach.

Dr. Aseltine said when they interviewed the scorecard sites they found that building trust around the accuracy of the process and the validity of measurement was critical. The Council discussed whether there is better care for an attributed population in a shared savings program verses a non-attributed population. There are some providers who do not have the ability to pull in all of the EHR information so they may be profiling based on certain payer groups. It was mentioned that some of the care management tools are only being applied to certain attributed populations. Ms. Donelson said she agrees that the consumer is not going to be as concerned about attribution. She asked how concerned groups and others will monitor this. She asked whether a distinction in what the functionality of the APCD will be verses the way we are looking at the scorecard. She asked how they get at the questions when they have them.

Dr. Schaefer said the scorecard is being proposed to be built in part because the consumer empowerment and transparency element is part of the plan. He said it is a relatively easy thing to do when you are already generating the statistics for statewide measurement for SIM. Dr. Schaefer said if he were an advocate focused on how to ensure that there is insight into how care delivery payment reforms are working over time, he would put energy into an APCD that enables widespread access to researchers who could get funding to answer questions that only a certain group of people are interested in. He said he thinks a lot of what we are doing to create analytic tools and attribution models can be sustained afterwards. He said it is development work and the cost will be much less to sustain it than to build it.

Dr. Wolfson said the attribution problem that CSMS ACO encountered was the dominant theme of attributing by primary care physicians. He said it becomes a problem when the patient has had an

ongoing level of severe illness or punctuated severe illness that results in the primary physician being a specialist. For example, oncology patients that have been cared for many years by their oncologist with enormous expenditures were attributed to a primary care physician who had not seen them in two years. He said this was the major issue that was a problem for attribution. Dr. Aseltine said it is a challenge and a converse is where they have seen the radiologist who ended up being the attributed practicing primary care physician. He said we are going to have to work on this and achieve consensus with the stakeholders and insurers.

Dr. Aseltine reviewed the next steps for the Public Scorecard. He said they will use the scorecard exercise results and today's discussion to inform the scorecard plans. He said they will present a detailed list of milestones and timeline at the next Quality Council Meeting. Dr. Wolfson suggested letting the Council know when they are ready to present. He said he thinks the group is flexible enough to generate a special meeting if needed.

Dr. Wolfson asked whether data is available. Dr. Aseltine provided the status of the APCD. He said there has been a change in leadership of APCD. He said Robert Blundo has taken leadership on a part time basis in overseeing the APCD and comes in with a lot of knowledge and experience. Dr. Aseltine said he has met with him and they are expecting Medicare data to be delivered. He said by the time they get everything together they will have anywhere between 1.5 to 1.7 million covered lives over a historical five year period. He said commercial is being completed, Medicare is on the way, and Medicaid will be resolved quickly either with the change in the status of the APCD or the direct transfer of data. Dr. Aseltine expressed thanks and said all of the input was really helpful.

Dr. Schaefer said he would like to pause to allow the newly appointed Quality Council members to say a little bit about themselves. Jaquel Patterson, Amy Chepaitis, and Tiffany Donelson spoke about some of their work and experience.

Quality Alignment Update and Next Steps

Dr. Schaefer provided an update on the Quality Alignment and next steps. Ms. Patterson asked what behavioral health measures are being looked at regarding health equity and health outcomes. Dr. Schaefer said they do not have the behavioral health measures queued up to be implemented as health equity measures. He said the goals were kept very modest around health equity measures, aiming for about four of the most common conditions where measures have been well established. In behavioral health there are two depression remission measures and they are best related to depression outcomes but they are not easily reported by providers. There is an ADHD medication use measure, an antipsychotic metabolic disorder measure that Medicaid is using. There are depression screening and suicidal children at risk behavioral health measures. Ms. Murphy said there is mental health screening for depression in general preventive health measure. Dr. Schaefer added there is also a developmental screening measure for which Medicaid is the only one it is recommended for. Ms. Giordano suggested maybe sending them out again before the next meeting.

Dr. Schaefer said there is one thing that is not on the list of next steps. It is the task of looking through what the Council wants to do with reporting measures. He suggested going through a process of pointing out the most important things that they should be standing up because the measures might become part of the public scorecard. Dr. Schaefer said there are a couple of challenges in this initiative. The biggest challenge is a resource challenge. He said he has been unsuccessful in hiring staff to lead the quality measurement activities which includes procuring a consultant to support the facilitation of the Quality Council. Dr. Schaefer said they are still planning to do a procurement to obtain a general consultant to have on board for a series of meetings that might begin in late summer or in the fall.

Next Steps and Adjourn
There was a suggestion to look at the development set and decide what to do this Fall at the next QC meeting. There was another suggestion to prioritize among the 30 current measures before considering the development set. The Council discussed the rationale for going to a smaller set verses a larger set. Ms. Donelson asked what leverage they have with the payers for them to adopt these metrics. Dr. Schaefer said the statutory leverage is limited in influence. He said presently this is a voluntary initiative and we should not be trying to legislate. Ms. Donelson said conceptually as they think about the number of metrics it is important to understand where the landscape is at. She said she would not advocate having more metrics given that we are still working to align payers around measure adoption. Dr. Schaefer said providers are already feeling taxed by all of the various requirements. He suggested being able to deliver greater alignment on a smaller set of measures.

Dr. Bhalla said in terms of thinking about the number of measures it important to consider the types of providers in underlying populations. He said there are measures that are pertinent to specific populations. There are measures that are pertinent to the adult population, pediatric population, obstetrical population, behavioral health population, etc. Dr. Bhalla said when looking at it from this advantage point it also represents different types of providers. He said when looking at the 30 measures there maybe only 5 applicable measures for the pediatrician. He said it is important to think about what proportion of CT population and the provider type population is touched to make sure there is as much coverage as possible.

Motion: to adjourn the meeting – Mehul Dalal; seconded by Tiffany Donelson.
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 8:00 p.m.