

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
June 29, 2017

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

Members Present: Amy Chepaitis via conference line; Elizabeth Courtney; Mehul Dalal; Tiffany Donelson via conference line; Amy Gagliardi via conference line; Leigh Anne Neal via conference line; Jaquel Patterson via conference line; Andrew Selinger via conference line; Steve Wolfson

Members Absent: Stacy Beck; Rohit Bhalla; Mark DeFrancesco; Steve Frayne; Daniela Giordano; Karin Haberlin; Kathy Lavorgna; Steve Levine; Arlene Murphy; Robert Nardino; Tiffany Pierce; Thomas Woodruff; Janette Yetter; 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 6:06 p.m. Mehul Dalal chaired the meeting. The roll call was read for member attendance. It was determined a quorum was not yet present. Ms. Courtney, new member, introduced herself.

Public Comment

Supriyo Chatterjee provided public comment. His comments referenced the scorecard and two data sources, APCD and CAHPS survey. He raised the question of whether there are plans to report monthly or quarterly. He said within in SIM there are new variables that are being applied that fluctuate over a year such as social determinants of population health and CCIP. He said it would be more information for risk adjustments. Dr. Aseltine said as they developed a vision of what the scorecard would look like, it became important to have a process that would validate the data and obtain buy in, in terms of the validity and reliability of the data from the entities that are being rated. He said presently annually is the most feasible target that is agreed on. He said it is an open question of whether it could be moved to semiannually.

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](#)).

Proposed changes in Charter

Dr. Schaefer reviewed the proposed changes to the Quality Council's charter. Dr. Dalal asked regarding the timeline. He said it was important to have an evaluation and revisiting the success of the scorecard. He mentioned that post implementation of the scorecard would fall under the Council's scope. Dr. Schaefer suggested adding a number four to the proposed scope which would be ongoing advice regarding the implementation and ongoing operation of the scorecard. The

Council agreed on adding the language. The Council did not need a vote as the Healthcare Innovation Steering Committee (HISC) would need to vote on the charter.

Scorecard Scope of Work Review and Discussion

Dr. Aseltine, of UConn Evaluation Team, presented on the scorecard scope of work. Dr. Wolfson asked what options are being considered for attribution. Dr. Aseltine said they do not want to create a new method of attribution that would run counter to the way payers are doing attribution to the entities. Dr. Schaefer said payers do not all use the same methodology and there is not a standard method that could be used. Dr. Aseltine said they are not sure how much contextual information will be included in the files and what will come in as actual data submission to inform attribution. He said they would like to evaluate it with the all-payer claims database (APCD) and come up with a proposal to the Council.

Dr. Wolfson asked whether there are any published techniques for validating attribution. Dr. Aseltine said there are different approaches being used by payers but none for validating attribution that he is aware of. He said a question could be whether an agreement will be received from the ACO or network once a decision is made on how to attribute a person. Dr. Schaefer mentioned there's the stakeholder validation. He said based on the Council's concern it make sense to have a review on what methods are used for validation in addition to a stakeholder process whereby one of things being validated about the entire project is the attribution.

Dr. Wolfson expressed concern regarding the physicians in the process. He said the credibility of our process among providers will depend on the validation of attribution. Dr. Aseltine said it is one of the reasons why the box is left unchecked on slide 11. He said this is something that has to be done carefully and they do not want to adopt an approach without seeing whether the data can support it.

Dr. Schaefer asked whether the public scorecard would be published in the first quarter of year 2018. Dr. Aseltine said yes but they are planning to have an annual schedule. There are 3 instances of the scorecard being published between 2018 and 2019. Dr. Schaefer asked regarding the performance period. Dr. Aseltine said the performance period would be the preceding year for each and an annual report will be culminating in a publication in quarter four of each year. It was noted that the work period is constrained but the amount of data to inform the scorecard remains the same.

Ms. Courtney asked whether there will be any tasks related to the marketing and letting people know that the scorecard exists. Dr. Aseltine said they were thinking about using most of the SIM infrastructure to disseminate information and are open to what else they can do. Dr. Schaefer said they are working with the Consumer Advisory Board (CAB) on aspects of healthcare reform and SIM related initiatives and how to push the information to the consumer community. Dr. Schaefer said the public scorecard is among some of the things that they believe needs be part of their strategy. He said there is enough lead time before the launch to formulate a strategy specifically to the public scorecard. Dr. Schaefer said they will also be working with the Health Information Technology Officer (HITO) and the APCD leadership to figure out what the public interface is going to be.

The Council discussed to what extent this will guide consumers in terms of deciding which health system to be affiliated with. It was mentioned that consumers don't seem to value shop as much as we would expect them to do. Dr. Wolfson said part of the problem that seems to be evolving in the state is geographic monopoly so people don't really have choices. Dr. Aseltine said the other side of

it is where consumers have constrained choice. Dr. Wolfson mentioned insurers have put in differential pricing based on their networks and if people want to go out of network it will cost. Dr. Dalal said there seems to be an entire scope of work that is related to interface design, potentially tied in with marketing. He asked whether it will happen in parallel over the next six months. He said the publishing of the scorecard rests on some of this. Dr. Aseltine said over the last few weeks they have been working with Robert Blundo from the APCD and Allan Hackney, the HITO. He said they will put together a tentative plan on targets to evaluate in terms of websites, applications, and presentation tools that might be shared across the various work streams. He noted they are looking to do this in an efficient way that will allow them to maximize the dollars available while creating a sustainable quality scorecard in the future.

There was a question regarding where things are in the process of the stratification of race/ethnicity for reporting. Dr. Aseltine said the Evaluation team has been working on a strategy to populate the claims database with race and ethnic information. He said it has been a challenge because only about 3 percent of commercial claims have racial ethnicity attached to it. Dr. Aseltine said the team has been working on a methodology to do this. He said it has been preliminarily reported that there is a large percentage of the Connecticut population where racial/ethnicity can be captured in ancillary data sets, most prominently in birth records.

Dr. Aseltine said they partnered with the Department of Public Health (DPH) in an analysis of their data. He said they will work with DPH to provide birth records to the APCD vendor which is OnPoint LLC. The data will be matched to indicate how many patients can be found in birth records. They will also use an imputation strategy for the remainder and come up with a consolidated profile of the Connecticut population. Ms. Courtney asked what kind of securities are around this data. She asked whether it is secure. Dr. Aseltine said it is hosted and protected by OnPoint LLC, the vendor, and they are the only authorized entity to have the data. He noted they are very secure.

Next Steps and Adjournment

Dr. Schaefer suggested that since the quorum had not been reached they report that the members in attendance did not have any objections to the scope of work. Dr. Wolfson asked whether a vote was needed. Dr. Schaefer said they would like to put this in as a budgeted item and it would be helpful to have a vote and quorum. He said if HISC is okay that this did not have a vote then they can move forward.

Dr. Schaefer mentioned there may need to be a review to eliminate some of the positions that may not be needed on the Council and rather than dropping the seats there would need to be a replacement.

Motion: to adjourn the meeting – Steve Wolfson; seconded by Elizabeth Courtney.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 7:10 p.m.