

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Quality Council***

**Meeting Summary**  
**September 26, 2017**

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

**Members Present:** Stacy Beck; Rohit Bhalla; Amy Chepaitis via conference line; Elizabeth Courtney; Sandra Czunas via conference line (for Thomas Woodruff); Mehul Dalal; Tiffany Donelson; Arlene Murphy via conference line; Robert Nardino; Andrew Selinger; Steve Wolfson; Janette Yetter via conference line

**Members Absent:** Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Daniela Giordano; Karin Haberlin; Kathy Lavorgna; Steve Levine; Leigh Anne Neal; Jaquel Patterson; Tiffany Pierce; Robert Zavoski

**Other Participants:** Stephanie Burnham; SB Chatterjee; Faina Dookh via conference line; Allan Hackney; Mark Schaefer

**Call to Order**

The meeting was called to order at 6:10 p.m. Steve Wolfson chaired the meeting. 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 May 10, 2017 and June 29, 2017 Quality Council meetings– Andrew Selinger; seconded by Robert Nardino.*

**Discussion:** There was no discussion.

**Vote:** *All in favor.*

**Purpose of Today's Meeting**

Stephanie Burnham reviewed the purpose of the meeting ([see presentation here](#)). She said they will have a presentation on Health Information Technology (HIT). She said they will also review and discuss the framework, priorities, and the goals of the Quality Council with member's input. She said they have switched the order of the agenda and will have the HIT presentation first. Dr. Wolfson asked whether they appropriately thanked Ms. Dookh for her services to the Quality Council. Dr. Schaefer said Ms. Dookh is still pivotal at the program management office (PMO) and will continue to be a presence and attend as she is able.

**HIT – Clinical Quality Measure Production**

Dr. Schaefer introduced Allan Hackney, the Health Information Technology Officer (HITO) and lead on the HIT strategy across public and private sectors in Connecticut. Mr. Hackney presented on the HIT clinical quality measure production. He provided an update on the eCQM and concepts. Dr. Selinger asked about the meaning of the acronym eCQM. Mr. Hackney said it stands for electronic clinical quality measures. Dr. Schaefer said eCQM, in this case, represents the recommended core

measures that require electronic health record (EHR) information in order to calculate them. He said when the SIM HIT Council was discontinued, the SIM Quality Council request for an eCQM technology solution was transferred to the State Health IT Advisory Council. Dr. Schaefer said measure recommendations that require EHR data hinges on the success of building a trusted solution that generates quality measure scores for providers that are robust and can be used in value based payments. He said this is one particular use case that the Health IT Advisory Council is interested in but not the only use case.

Dr. Wolfson asked whether the Quality Council will be represented at the Health IT Advisory Council's next meeting in October. Mr. Hackney said the meetings are usually held on the third Thursday of each month. He said SIM is represented broadly by various members at the Health IT Advisory Council meetings. Tom Woodruff is the liaison representing the Quality Council for the Health IT Advisory Council, eCQM design group.

There are various concepts being looked at for eCQMs. Mr. Hackney said they are pursuing the concept of a Data Lake to solve for eCQMs because they can build it in such a way that the first data that gets dropped into the Data Lake are the clinical measures coming from the EHRs which can then be aggregated, curated, and developed to be presented back to the plan designers and provider groups. He said they can also make the architecture universal so that after they are done with the eCQMs it can be possibly used for other types of data such as claims data, clinical data, hospital procedural data, social determinant data, and other relevant data to solve for better outcomes in the state.

Mr. Hackney said a Data Lake is different from a Data Warehouse. He said the Data Lake can tease out an enormous amount of flexibility so that the data can be repurposed many times without replication or reformatting. Ms. Courtney asked whether the integrity of the data will depend on the talent of who is managing it. Ms. Beck asked how the data is validated when it is extracted from the source. Mr. Hackney said when data comes out of the source system, the data value and metadata comes out. He said metadata is data about the data and describes the data elements. All of the data goes into the Data Lake and the master data management (MDM) tool oversees all of it and ensures that the integrity is maintained inside the Data Lake. There will be some challenges. The group discussed various concepts for linking different data sources, security, accuracy and reliability.

Ms. Donelson asked where they are in the process for buy-in for HIE and shared data. She said she is particularly concerned with how they are mitigating the front end before the development of the technology. Mr. Hackney said they are pursuing the concept to tap the health ecosystem to make their choices on what the priorities should be. He said Health IT Advisory Council is engaged and oversees the activities in the health information technology program management office (HIT PMO). Mr. Hackney said he's not getting as much resistance for things to happen as people have experienced in the past. With respect to HIE solutions that already exist in CT, Dr. Schaefer mentioned that the transport layer for the proposed health information exchange services are designed to work among the HIE networks that exist and they are not competing solutions. It was noted that the federal government is involved and provides guidance as well.

Dr. Schaefer said the work of HITO will support the efforts of the Quality Council to get to production with the core measure set. It will be the basis for the SIM public score card that Dr. Aseltine is working on at UConn Health. The Council thanked Mr. Hackney for the presentation. Mr. Hackney provided his contact information. He said members could reach out to him and he is interested to hear concerns and ideas related to HIT.

### **Review Framework and Plan for Fall 2017 and Future**

Ms. Burnham introduced herself and gave an overview of her background and the work she has been doing. She summarized some key points on the Quality Council's timeline. Ms. Burnham said a survey was sent out in August to Connecticut commercial payers to determine where they are with their quality measure alignment for value-based payment. She mentioned there is a baseline. Dr. Schaefer said the survey is how many of the measures out of those that the QC recommended are they using today in their value based scorecards. He said the process of setting up interviews with the various health plans has started and they will report back to the Council on harmonization efforts.

### **Next Steps and Adjournment**

Dr. Schaefer said they are planning to refresh the core measure set between now and December. He said next year they could look at the reporting measure set that will be used for public scorecard purposes. He suggested using the framework and priorities slide for a reference for the process they want to undertake in the next three months to refresh the core measure set. Ms. Burnham will reach out to members regarding input on the Quality Council's framework and goals for the future.

***Motion: to adjourn the meeting – Andrew Selinger; seconded by Robert Nardino.***

**Discussion:** There was no discussion.

***Vote: All in favor.***

The meeting adjourned at 8:02 p.m.