

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
November 8, 2017

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

Members Present: Stacy Beck; Rohit Bhalla via conference line; Amy Chepaitis via conference line; Elizabeth Courtney; Sandra Czunas (for Thomas Woodruff); Mehul Dalal; Tiffany Donelson; Daniela Giordano; Karin Haberlin; Arlene Murphy; Robert Nardino; Kim Neelans (for Leigh Anne Neal) via conference line; Steve Wolfson; Janette Yetter via conference line

Members Absent: Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Kathy Lavorgna; Steve Levine; Jaquel Patterson; Tiffany Pierce; Andrew Selinger; Robert Zavoski

Other Participants: Stephanie Burnham; Lisa Honigfeld; Mark Schaefer

Call to Order

The meeting was called to order at 6:05 p.m. Mehul Dalal chaired the meeting. Attendance was taken by roll call. It was determined that a quorum was present.

Public Comment

There was no public comment.

Review and Approval of Meeting Summary

Motion: *to approve the minutes of the September 26, 2017 Quality Council meeting– Steve Wolfson; seconded by Tiffany Donelson.*

Discussion: There was no discussion.

Vote: *All in favor.*

Abstains: *Daniela Giordano*

Purpose of Today's Meeting

Stephanie Burnham reviewed the purpose of the meeting ([see presentation here](#)). Ms. Burnham thanked everyone that took time to meet with her. She said the purpose of today's meeting is to have a refresh on major activities of the Quality Council, to set a proactive agenda moving forward to have more productive and interactive conversations. She said there will also be an update on some national activities and programs especially around the National Quality Forum (NQF), Core Quality Measures Collaborative (CQMC), and the Quality Payment Program (QPP). Ms. Burnham mentioned there has been a lot of development after the core measure set was published. She said there will be a discussion on how they are going to look at the measures and the impact of some of the programmatic decisions.

Quality Council Procedure for Review and Calendar

Ms. Burnham provided an overview of the Quality Council's calendar of activities and procedure for review. She said the major activities and strategies that are essential to this Council have been narrowed down. It was noted that the major goals are to decide on an optimal set of core quality measures, improve payer alignment, ensure work towards alignment with value based payments,

and monitor progress of performance on how Advanced Networks are doing with information being displayed in a transparent way. Ms. Burnham said she is hoping to incorporate icons so that any information being sent out can easily be recognized and connected to the core activities of the Quality Council.

Ms. Burnham provided an update on the reconciling measure set and implementation timeline. Dr. Schaefer noted that the test grant has been extended until year 2020. He said it took quite a while to orchestrate the conduct of the survey with the two participating payers. He said the DSS survey for Medicaid is basically completed and they are looking to report back to the Council about what was learned. Dr. Schaefer said the Evaluation team is in the field completing the commercial survey.

Ms. Burnham said an update will be published on an annual basis on all the work that the Council is doing. Ms. Giordano suggested including the challenges and gaps into the reports. Dr. Schaefer said they may look at a measure more often than annually. He suggested the annual publishing version should be for public comment, to report out and get reactions to what they are proposing to drop or add. He said they usually send a draft report to HISC, send it out for public comment for 30 days, and then finalize it for the year. Ms. Murphy asked whether examining would be on a quarterly basis but changes being made on an annual basis. Ms. Burnham said information would be provided on a quarterly basis but decision making on an annual basis. Dr. Wolfson said it is important on a functional basis to keep the Council involved and he supports the quarterly concept.

Ms. Burnham said there is a calendar of activities and she would like to propose it to the group for feedback. She said the calendar is not meant to be prescriptive. She proposed quarterly meetings of the Council that will be more meaningful with direction based on the activities being reviewed. She said there is the possibility for Ad Hoc discussions, conference calls, subcommittees, and subgroups. Ms. Donelson asked whether the existing subcommittees will be maintained or other subcommittees will be created for this process. Dr. Schaefer proposed continuing to have on standby the Ad Hoc committees and design groups that advised in the original course. Ms. Donelson suggested the need to go back and look at the names on the list for the committees because there may need to be adjustments because of new people added to the Council.

Dr. Dalal suggested moving the environmental scan up to April. He said if they wanted to publish an annual update by December and a scan does identify as something viable, it will take some time to review the information. Ms. Courtney asked about the launch date for the score card. Dr. Schaefer said they would have to look at the timetable. UConn just received the APCD data non-Medicare and they are currently working on it. Also, they will need to establish an attribution rule because each payer has a different attribution rule. Dr. Schaefer said UConn will come to the Council before they start surfacing sample scorecards. The launch date may take a while and require some vetting.

Ms. Courtney said she knows that the Council has to advise on the public scorecard. She suggested having more concrete steps towards this. Ms. Burnham said the calendar of activities is meant to give a visual of what it might look like if they had a quarterly schedule and is not limited to the items on it. She said the aim is to know what to expect on a regular basis and there will be “fill in the blanks” as they come up. Ms. Burnham said members can email her with any additional information that comes to mind regarding this.

Review Core Measure Alignment

Ms. Burnham presented on the review of the core measure alignment. She said the review is for awareness purposes to inform decisions later and to know what has happened since the last time everyone took a look at this. The Quality Payment Program (QPP) is the new method that Medicare

and CMS are using to evaluate and measure quality, clinical improvement activity, and meaningful use of the electronic health record (EHR). Various programs were combined into to one program to make it easier for providers to report on quality of care.

MIPS Alignment – The Council discussed the Merit-based Incentive Payment System (MIPS). Ms. Burnham said of the core quality measures that the Quality Council chose, twenty of them are aligned with the MIPS, which is 65 percent alignment. Dr. Schaefer mentioned MIPS is focused on measures that can be reported based on the EHR. Ms. Giordano said because MIPS is Medicare based, the child/adolescent measures would never align because of the population. She mentioned our alignment is higher. Ms. Burnham said the only reason that some of them overlap with pediatrics is because the measure ask for various screenings from ages 12 and up.

Pediatric CQMC Alignment – The Council discussed the pediatric Core Quality Measure Collaborative (CQMC) alignment. The CQMC released their recommended core measures for pediatrics and of the nine measures released, five of the SIM core measures aligned. It was mentioned the reason that four of the measures were not chosen from CQMC and included in our set is because we performed well on these and they were topped. Ms. Honigfeld said there is a pediatric work group that discussed all of them. She said it was determined that the immunization measures would be waste of everybody's time and effort. Similarly, some of the others were topped out.

Dr. Dalal said there is plenty of opportunity for HPV and it is not topped out. He said in early discussions of the Council during the time of review, a point was brought up as to why the vaccine is recommended for females even though the recommendation hardly emerged for males to receive the vaccine as well. He said they found that the NQF endorsed quality measure only included the female recommendation at that time. Dr. Dalal said since that time, the quality measure which the Council endorsed was the three shot series, now the practice is down to a two shot series for most males and females. He suggested possibly taking another look at it.

Dr. Schaefer said they are not in a position today to recommend a male/female replacement. He said the PMO could reintroduce a male/female version of the measure when it comes in, track it, and circle back. Ms. Beck suggested revisiting this. Ms. Burnham said she reached out to the person who facilitated the pediatric CQMC committee for some insight on their decision making and will update the Council on what she hears from them. Dr. Wolfson asked if they could reach out to NQF for a query on their thinking of it. Ms. Burnham said she has also reached out to NQF and did not receive a response yet. Dr. Schaefer said NQF does not have much to say about what's in the pipeline. He suggested that they follow up with NCQA about their plans for a male/female measure.

Review Measure Endorsement Status

Ms. Burnham provided an overview of the measure endorsement status. The Council discussed the developmental screening in the first three years of life measure (NQF #1448). Ms. Honigfeld said in one of the notes and discussions about this, it was mentioned that it is not a claimed based measure. For FQHCs where they are paid for a visit such as removing stitches, they may not code this the way that other practices do. She said in CT CHNCT is working with FQHCs on the coding. Ms. Honigfeld said they are only having a discussion but she could answer some of the questions about developmental screenings in the first three years of life on the recommendations of the Academy of Pediatrics.

Ms. Donelson said this is an area where there are inequalities. She said there is a large gap for children of color in receiving the right screenings and being identified for getting early interventions. She said there could be some concern from the health equity perspective if they

don't have something that at least addresses the inequalities in developmental screenings for children of color. Dr. Nardino said it seems like there is some consensus that this is an important measure and they do not want to have a measure that lacks quality. Dr. Schaefer said stewarding a measure is important to the process. He said if a measure is not stewarded then it could be difficult to track how well a practice is doing and reward improvement.

Dr. Wolfson suggested tabling this measure and to ask a representative from AAP to attend the next QC meeting to discuss it. Members agreed. Dr. Schaefer said the PMO could arrange it. He said the fundamental question before the Council is whether they want to endorse measures that do not have a steward. Ms. Donelson said for this particular measure it is critical for members to have an understanding of why it lost stewardship as they move forward to make a decision. Ms. Murphy said it is important that their measures are respected and there is validity, however, this is the only measure that measures how well children are cared for in a critical period of their development. She said they could look into the possibility about others that may be stewarding.

Dr. Dalal said he would feel uncomfortable with the prospects of endorsing a measure without a steward. He said it seems like the PMO is tasked with some research and reporting back on the findings. He said the Council could look at the information and specifications to see how susceptible it is to changes, coding, and data acquisition. The Council decided to continue this discussion at the next Quality Council meeting due to a lack of time.

Next Steps and Adjournment

Ms. Burnham reviewed the next steps. She said in preparation of the next meeting she would ask that members review the culled out information of the report for a discussion regarding the core measure set. The next Quality Council meeting will be held on December 13, 2017.

Motion: to adjourn the meeting – Steve Wolfson; seconded by Arlene Murphy.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 7:58 p.m.

Glossary of Acronyms for this Summary

AAP – American Academy of Pediatrics
APCD – All-Payers Claims Database
CHN – Community Health Network
CQMC - Core Quality Measure Collaborative
DSS – Department of Social Services
EHR – Electronic Health Record
FQHC – Federally Qualified Health Center
HISC – Healthcare Innovation Steering Committee
HPV - Human Papillomavirus
MIPS - Merit-based Incentive Payment System
NCQA - National Committee for Quality Assurance
NQF - National Quality Forum
PMO – Program Management Office
QC – Quality Council
QPP – Quality Payment Program
UConn – University of Connecticut