

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
December 13, 2017

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

Members Present: Rohit Bhalla via conference line; Amy Chepaitis via conference line; Elizabeth Courtney via conference line; Mehul Dalal; Tiffany Donelson via conference line; Daniela Giordano; Arlene Murphy; Leigh Anne Neal via conference line; Andrew Selinger; Steve Wolfson; Thomas Woodruff via conference line; Janette Yetter via conference line

Members Absent: Stacy Beck; Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Karin Haberlin; Kathy Lavorgna; Steve Levine; Robert Nardino; Jaquel Patterson; Tiffany Pierce; Robert Zavoski

Other Participants: Rob Aseltine; Laurel Buchanan; Stephanie Burnham; SB Chatterjee; Sandra Czunas; Allan Hackney; Lisa Honigfeld via conference line; Mark Schaefer

Call to Order

The meeting was called to order at 6:07 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

The approval of the meeting summary was deferred.

Purpose of Today's Meeting

Stephanie Burnham reviewed the purpose of the meeting ([see presentation here](#)). She said they will complete the discussion on the measures where their endorsement status has changed. She said they will also look at elements of the public scorecard where work is just starting to begin in earnest and there will be a presentation from the UConn Evaluation Team who is standing up this effort.

Review Measure Endorsement Status

Ms. Burnham presented the review of the measure endorsement status. The Council reviewed and discussed the measures and their endorsement status.

Adolescent HPV - Ms. Yetter mentioned there is no single HPV measure anymore, it is now included in IMA. Dr. Wolfson asked what IMA stands for. Ms. Yetter said it is immunization for adolescents. Dr. Schaefer asked whether NCQA will discontinue the HPV measure entirely and whether it won't be something they steward going forward. Ms. Yetter said NCQA discontinued the stand alone HPV measure and will now include HPV in the immunization for adolescent measure for male and female. She said it is referred to as "combo two". Dr. Schaefer suggested not finalizing a decision on this measure until they find out from NQF whether they will discontinue the separate stewarding, in light of Ms. Yetter's comments. Members agreed to defer action on this measure. Dr. Wolfson suggested adding it onto the agenda for the next meeting.

Developmental Screening in the First Three Years of Life (NQF #1448) – Dr. Selinger asked what constitutes the \$500,000 and creates this cost. Ms. Murphy asked about the additional criteria that the NQF put on that ended up costing that. Dr. Schaefer said the best window into what NQF requires is in the applications that are submitted for endorsements. He said they could shed a little bit more light on the NQF endorsement process and what the measure developers have to go through to maintain the endorsement.

Council members expressed thanks to Ms. Honigfeld for her input and contributions in the process. The Council decided to continue to retain the measure in the core measure set and to monitor it.

Medication Management for People with Asthma (NQF#1799)

The Council discussed the loss of NQF endorsement. It was mentioned that for NCQA the gap between Medicaid and commercial is more material for them. NCQA are more focused on health plan performance and we are focused on the performance of providers. Medicaid and commercial maintain separate sets of quality measures. There was a question of why the two thresholds, 50% and 70% and to distinguish between them. It was mentioned that adherence to medication plays a major role but not the only role in keeping people with asthma out of a higher care facilities. It was proposed to wait on a report from NCQA regarding endorsement efforts before deliberating on this.

Use of Imaging Studies for Low Back Pain (NQF#52)

It was mentioned that this is a Choosing Wisely item and is being pushed quite a bit in the practice community. Ms. Burnham said she consulted with Dr. Nardino regarding what the ACP process was with regards to measures that lose NQF endorsement and it was confirmed that there is no method to address endorsement status changes. She reviewed NCQA feedback regarding the measures with endorsement status change. Dr. Selinger asked how many measures they have that speak to over utilization. Dr. Schaefer said just this one as he recalls. Dr. Wolfson expressed a concern about the measure. He said there is not a great correlation between abnormalities on this scan and symptoms. He said that if the measure is currently stated as overuse, it might make sense to keep it. The Council discussed whether to retain the measure in the measure set. Dr. Schaefer said being cautious about changes and having a certain amount of continuity is a good thing. He mentioned perhaps having a probationary period where they give stewards time to remediate, like development testing before they take action. The Council decided to vote on the two measures.

Motion: to retain both the Medication Management for People with Asthma#1799 and Use of Imaging Studies for Low Back Pain #0052 measures at the present time upon further review – Andrew Selinger; seconded by Arlene Murphy.

Discussion: There was no discussion.

Vote: All in favor.

Prenatal and Postpartum Care (NQF#1517)

Ms. Burnham said this measure had already been discussed by the Council and a decision had been made to retain the measure. The Council decided to keep the previous decision as is.

New Measures for Consideration

Long Acting Reversible Contraception (#2904)

It was noted that there were strong recommendations on this measure. Ms. Giordano asked whether the cost is covered for the part that requires the patient to obtain the device from the pharmacy under Husky. Ms. Burnham responded yes. She said the QC Executive Team discussed that it could be important to include in the reporting set and public scorecard.

Dr. Selinger asked whether this is also proposed by our ob/gyn colleagues. Ms. Burnham said yes. It was also noted that this measure should not have a threshold as the goal is not to have 100% compliance but to improve access to LARC.

The Council approved including this measure in the reporting measure set.

Substance Use Screening and Prevention

Dr. Schaefer said they were going to talk about what USPSTF does and the fact that they recommend universal alcohol screening but do not today recommend universal drug screening because it implicates as to whether they use an alcohol measure, drug screening measure, or a combined measure. Dr. Schaefer asked members to look through the slide deck and to advise the PMO if there is additional research that they should undertake in preparation of the next meeting.

At this time, the Council revisited the approval of the meeting summary.

Review and Approval of Meeting Summary

Motion: to approve the minutes of the November 8, 2017 Quality Council meeting–Mehul Dalal; seconded by Andrew Selinger.

Discussion: There was no discussion.

Vote: All in favor.

Public Scorecard Update

Dr. Aseltine, of UConn Evaluation Team, presented the update on the public scorecard. The Council discussed details of the scorecard, usability, and testing. There was a suggestion to have two different views on the website geared to two different audiences. A highly refined and uncluttered simplified view versus a more detailed version. The site could allow for different navigations such as for a patient or a provider.

Dr. Aseltine said they have previously talked about the need to have external content accessible to users to provide more information about the measures, test the substance of the measures, and underlying health conditions or diseases. He said there are a number of potential sources but they will need help with this. Dr. Aseltine said there is the need to think about how to link to external content. There have been discussions with QC's leadership on ways to do this. He said they are proposing a working group to be formed from within QC. The work group could help with feedback such as what are the best informational sources and how to approach the more elaborate measures that aren't so straight forward in terms of what content to link.

Dr. Selinger asked where content would be accessed by the average consumer. Dr. Aseltine said it could be positioned on any website such as OHS or the PMO. He said positioning it would be easy to do once a decision has been made because it is not standing on top of an active database. Dr. Selinger asked whether other states talked about the use of social media for marketing the availability of this for consumers and are they that far. Dr. Schaefer said many states are very far along. He said one takeaway from sitting in interviews with various states is that consumers do not use these sites. He said it could be for a number of reasons. Dr. Aseltine said the level of granularity of ratings is such that it may not be as appealing to a consumer as other approaches to rankings.

The Council talked about shop ability for consumers such as looking for lowest cost/highest quality. Dr. Woodruff said the Office of the State Comptroller (OSC) is working on this issue. They are working to create a smart shopper tool that will be tied to financial incentives for people to go to a facility that is higher quality and lower cost based on the cost data in the networks that they have for a particular condition. It will be focused on the things that are "shoppable" such as a hip replacement procedure. Dr. Aseltine said being able to know whether the procedure would be covered and in or out of network would be key factors in shop-ability. Dr. Woodruff said there can

be some degree of variation by network in terms of the cost per facility. He said quality should be fairly comparable across networks but a challenge is a particular provider to facility may negotiate very different arrangements with different networks.

Dr. Bhalla said there have been talks about making the process easier for consumers and the star ranking. He suggested adding to their deliberation process what criteria will be used to assign stars because there are different approaches. He said Advanced Networks and providers will probably be interested in this and they should be transparent. He asked whether it would be possible to consider having focus groups with providers to get their input on this. Dr. Aseltine said they will talk about benchmarks in the QC January meeting. He said they have work to put together of relevant benchmarks for all the measures from different sources. There is quite a bit of consistency, depending on the patient population because Medicaid will differ from commercial. Dr. Aseltine said some of the questions include what would they use for benchmarks, what would they use when a national benchmark is not available, and how will people get rated relative to the benchmark.

Next Steps and Adjournment

Ms. Burnham reviewed the next steps. The next Quality Council meeting is scheduled for January 10, 2018. Ms. Burnham said they may be able to review payer alignment but if not then it will be at another QC meeting with regard to the quality measures. She said they are looking to do a repeat exercise of the reporting set. They will also continue the public scorecard process, input, and updates with the UConn Evaluation Team.

Dr. Dalal asked when they would need the workgroup to start. Dr. Aseltine suggested raising it on the next QC executive team call to talk about a strategy.

Motion: to adjourn the meeting –Arlene Murphy; seconded by Andrew Selinger.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 7:59 p.m.

Glossary of Acronyms for this Summary

ACO – Accountable Care Organization
APCD – All-Payers Claims Database
FQHC – Federally Qualified Health Center
HPV - Human Papillomavirus
IMA – Immunization for Adolescents
NCQA - National Committee for Quality Assurance
NQF - National Quality Forum
OHS – Office of Healthcare Strategy
OSC – Office of State Comptroller
PMO – Program Management Office
QC – Quality Council
UConn – University of Connecticut
USPSTF – The United States Prevention Services Task Force