

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
January 10, 2018

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 via conference line; Mehul Dalal; Tiffany Donelson; Amy Gagliardi via conference line; Daniela Giordano via conference line; Karin Haberlin via conference line; Arlene Murphy via conference line; Robert Nardino; Leigh Anne Neal via conference line; Jaquel Patterson via conference line; Steve Wolfson; Thomas Woodruff via conference line; Janette Yetter via conference line

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

Other Participants: Rob Aseltine; Laurel Buchanan; Stephanie Burnham; Sandra Czunas; Mark Schaefer; Sara Wakai

Call to Order

The meeting was called to order at 6:06 p.m. Mehul Dalal chaired the meeting. Attendance was taken by roll call.

Dr. Dalal said there was a request to add the Healthcare Cabinet recommendations for the Quality Council regarding pharmacy cost to the agenda. The Council decided to vote to add this agenda item to the meeting.

Motion: *to add the agenda item regarding the Healthcare Cabinet recommendations to the Quality Council – Steve Wolfson; seconded by Robert Nardino.*

Discussion: There was no discussion.

Vote: *All in favor.*

Public Comment

There was no public comment.

Review and Approval of Meeting Summary

Motion: *to approve the minutes of the December 13, 2017 Quality Council meeting – Steve Wolfson; seconded by Robert Nardino.*

Discussion: There was no discussion.

Vote: *All in favor.*

Abstains: *Jaquel Patterson, Janette Yetter*

Purpose of Today's Meeting

Stephanie Burnham reviewed the purpose of the meeting ([see presentation here](#)). She said they will follow up on a few outstanding questions from the last meeting. She said they will also review new measures for considerations and there will be a public scorecard update.

Healthcare Cabinet Recommendations to the Quality Council

Dr. Schaefer provided an overview of the Healthcare Cabinet recommendations. He said the Healthcare Cabinet (HCC) has been looking for a comprehensive strategy to address the issue of pharmacy cost and pharmacy related care. HCC recently released for public comment a set of recommendations. One of the recommendations from the HCC included for the Quality Council to add quality measures to the core measure set related to medication adherence, assistance, and monitoring; communication with patients about drug prices, barriers, and clinical value of each prescription; and patient priority setting and alternatives. They recognized that there are no NQF endorsed measures of medication related communication with patients. Dr. Schaefer said there was a suggestion that a survey could be a vehicle for this. He said HCC proposed that Quality Council (QC) deliberate on how to formulize the process of communication around medication.

Dr. Schaefer said the PMO and the QC Executive team discussed the recommendation and determined that it was reasonable for the QC to accept the charge of deliberating on this. Dr. Wolfson said that drug prices and variables are not transparent. He said it is difficult for physicians to predict what prices the patient will meet at the pharmacy counter. He said physicians do not have access to the determinants of price. Dr. Woodruff said he agrees and it is something the group could take on as a task. He suggested the goal should be to create that transparency for the physicians.

Dr. Wolfson asked whether it would be feasible to ask for representation from the pharmacy benefits managers to meet with the Council. Dr. Schaefer asked whether the Council was comfortable with the QC chairs drafting a response that accepts the task. He suggested that the process could be to share the substance of the recommendation, share the QC chairs response, and submit it. He said members could submit further comments they would like shared. The due date for the response is January 15th.

Dr. Schaefer said also the HCC is asking for the Quality Council to provide advice on formalizing the counseling process. He suggested that it might not be within the scope of the Council and could be proposed to be directed to the Practice Transformation Task Force (PTTF). PTTF focuses on care delivery and standards. The Council agreed.

Motion: to propose for PTTF to formulate the counseling process– Steve Wolfson; seconded by Arlene Murphy.

Discussion: There was no discussion.

Vote: All in favor.

Follow Up from 12/13/17

Ms. Burnham presented the follow up items from the December 13, 2017 Quality Council meeting. The follow up items included the NQF measure endorsement process, asthma medication management #1799, and female HPV #1959 verses immunization for adolescent #1407. Dr. Dalal opened up the floor for discussion. He asked whether there were any comments on the recommendation to replace the currently recommended HPV #1959 with the new immunization for adolescent (IMA) #1407 that will be updated.

The Council discussed the issue of bringing down the rate of compliance for adolescents who do not have all of the requisite vaccines. It was mentioned that it is all or none, either compliant or not. The group also discussed a timing issue of whether to adopt the IMA #1407 recommendation now with a pending status or do keep HPV #1959 because it is still NQF endorsed. It was mentioned that they would be recommending with the understanding that it is a pending NQF endorsement and

not a current NQF endorsement. The Council agreed to move forward with the IMA #1407 recommendation.

New Measures for Consideration

Ms. Burnham provided an overview of the United States Prevention Services Task Force (USPSTF). Dr. Schaefer said there is a question of whether they want to get ahead of the USPSTF by proposing to add to the core measure set a drug use screening measure in addition to depression. He said there seems to be general acceptance from providers on the idea of asking about alcohol and drug use in routine primary care. He said this is where the judgment of the council is relevant.

The Council discussed the USPSTF. It was mentioned that some of their analysis and data are old. It was mentioned that when looking at the evidence behind some of the practices, there are other sources that are more current. Dr. Dalal expressed concern about promoting practices whether or not they are affiliated with the measure without the full backing of evidence of the outcomes. There are a lot of things that need to be addressed but it is important to look at the fact of whether the literature shows it impacts outcomes.

The Council talked about the substance use screening and prevention. There was a question of how the unhealthy alcohol use would be screened for when it is added. It was mentioned that the screening may not be more sophisticated than the provider asking the patient how much he or she drinks and it is already being done. Dr. Bhalla pointed out that they already have NQF #0004 in the reporting measure set that addresses alcohol and drug dependence. Dr. Schaefer mentioned it could be adding checkbox burden to providers in the field in the midst of uncertainty about the clinical utility of the practice. There was a suggestion to reassess this in a year.

Dr. Dalal suggested consideration of the three opioid measures (#NQF 2940, NQF#2951, and NQF#2950) in more detail within the next year given the scope of the opioid crisis that the nation has been faced with.

Reporting Measure Set Review

This was not discussed.

Public Scorecard Update

Dr. Aseltine, of UConn Evaluation Team, presented the update on the public scorecard. The Council discussed attribution methodologies and information sourcing for the public scorecard. There was a suggestion to create a proposed decision tree with respect to PCP attribution and include subspecialist attribution. It was noted that it is important to get feedback regarding the attribution model, not just on the decision tree. Dr. Aseltine said the scorecard can include various links to external content to give a better understanding of what is being looked at. This can help support the evaluation effort. He said there are a number of potential sources and many of the measures will have multiple options where the content varies. The degree to which it is appropriate for a consumer audience and the degree of being user friendly will vary.

Dr. Aseltine said they would like help from the Quality Council to form a subgroup. He said the Subcommittee will help to review information sources for at least the first version of the scorecard and make recommendations so additional support can be offered for the disease or health domain that the measure is referring to. This will pertain to approximately 20 of the measures because some of the measures are not health domain specific. Dr. Aseltine said the Subcommittee will review the potential links to external information and meet together weekly by conference call.

Their recommendations will be summarized into a report for the next Quality Council meeting. Dr. Aseltine said they would like 5 people and a broad base of stakeholders.

Dr. Wolfson, Stacy Beck, and Stephanie Burnham volunteered to be on the Subcommittee. Ms. Murphy suggested having two consumers participate on the subgroup. Ms. Donelson suggested having someone with expertise in health literacy to review the content so the literacy levels are appropriate for everyone. Ms. Burnham said she will reach out to the consumers on QC. Riddhi Doshi, of the UConn Evaluation team, will be the liaison for this Subcommittee.

Dr. Aseltine said for next steps the mock demonstration will be given to Allan Hackney, the Health Information Technology Officer (HITO) and the PMO to ensure that everyone is on the same page regarding how to proceed. Dr. Dalal asked whether there will be additional materials regarding attribution strategies. Dr. Aseltine said the Evaluation Team could lay out a proposal for Quality Council to weigh in on.

Next Steps and Adjournment

Ms. Burnham reviewed the next steps. The next Quality Council meeting is scheduled for February 14, 2018. She said the meeting will be focused on the public scorecard. She said they will also continue the discussion on the substance use, unhealthy alcohol, and opioid measures.

The meeting adjourned at 8:06 p.m.

Glossary of Acronyms for this Summary

ACO – Accountable Care Organization
APCD – All-Payers Claims Database
FQHC – Federally Qualified Health Center
HCC – Health Care Cabinet
HITO – Health Information Technology Officer
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
PCP – Primary Care Provider
PMO – Program Management Office
PTTF – Practice Transformation Taskforce
QC – Quality Council
UCONN – University of Connecticut
USPSTF – The United States Prevention Services Task Force