

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

**Meeting Summary**  
**February 14, 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; Sandra Czunas via conference line (for Thomas Woodruff); Mehul Dalal; Karin Haberlin via conference line; Susan Kelley; Arlene Murphy via conference line; Robert Nardino; Andrew Selinger

**Members Absent:** Elizabeth Courtney; Mark DeFrancesco; Tiffany Donelson; Steve Frayne; Amy Gagliardi; Kathy Lavorgna; Steve Levine; Leigh Anne Neal; Jacquell Patterson; Tiffany Pierce; Steve Wolfson; Janette Yetter; Robert Zavoski

**Other Participants:** Olga Armah; Rob Aseltine; Stephanie Burnham; SB Chatterjee; Riddhi Doshi; Allan Hackney; Laura Morris; Jason Prignoli; Mark Schaefer; Sara Wakai

**Call to Order**

The meeting was called to order at 6:06 p.m. Mehul Dalal 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 there will be a recap from the last meeting. She said they will finalize the reporting measure set review and recommendations. Ms. Burnham said they will have a discussion on the public scorecard and there will be an update on the Office of Health Strategy (OHS).

Dr. Schaefer provided an update on OHS. He said OHS was formally established by a statute on January 1<sup>st</sup> of this year. OHS will consolidate the SIM program management office (PMO), health systems planning under the Office of Healthcare Access (OHCA), Health Information Technology (HIT) PMO, and the All-Payers Claim Database (APCD) into one office. OHS will work to advance health, healthcare, and affordability in Connecticut. Dr. Schaefer said Victoria Veltri was nominated by the governor to be the executive director of OHS and her appointment will need to be enacted by the senate.

Ms. Kelley asked whether OHS is under any agency. Dr. Schaefer said it is located within the Department of Public Health (DPH) for administrative purposes only. OHS has its own budget, multiple funding sources, and has the ability to manage procurements and contracts but other support will be provided by DPH. Physically the office will be located next to DPH but currently it is located in the Office of the Healthcare Advocate.

### **Recap from 1/10/18**

Ms. Burnham provided the recap from the January 10, 2018 QC meeting. She said the Healthcare Cabinet (HCC) accepted the reviewed recommendations from the Quality Council. She said she could send the link for the report. Ms. Burnham said the Council had voted to include in Immunizations for Adolescents measure (NQF #1407) in the core measure set replacing the Female HPV measure (#1959). The Council deferred action on the Unhealthy Alcohol Use measure (NQF#2152) and will reevaluate at a later date.

Dr. Dalal asked whether the HCC is expecting a follow up communication from the Quality Council. Ms. Burnham said she can follow up with Vicki Veltri regarding the expectations of this and report back to the Council.

### **Reporting Measure Set Review**

Ms. Burnham reviewed the reporting measure set. The Council discussed the reporting measure set. Dr. Dalal asked whether any concerns with removing the two measures as recommended. The Council agreed to remove the Frequency of Ongoing Prenatal Care (#1391) and PCPs Compliant with Meaningful Use measures from the reporting measure set.

### **Public Scorecard Update**

Rob Aseltine, of UConn Evaluation Team, presented the public scorecard update. The Council discussed the process and whether there should be a vote on each method. It was mentioned that the intention is to publish a summary of the proposed methods even as the implementation activities begin so that if there is something missing it could be addressed. The Council agreed to a process that ultimately leads to an overall vote on the methodology and take on the consideration of public comment such as with the process of the selection of quality measures.

The Council discussed having prolonged use of corticosteroids for Imaging Low Back Pain (#0052) being defined. Ms. Czunas suggested checking with the Office of the State Comptroller (OSC) for additional information regarding low back pain.

The Council talked about the need to consider Developmental Pediatrics subspecialties on a list for attribution and decided that further research will be needed. There was a suggestion to reach out to child development providers or Dr. Stone and Dr. Zavoski as a follow up. Members agreed. Members agreed that Hospice and Palliative subspecialty should be included on the list of subspecialist that qualify for attribution.

There was a discussion on how patients are attributed to physician assistants and how physician assistants appear on claims. It was mentioned that physician assistants cannot bill separately but APRNs can. Ms. Murphy asked how Medicaid attributes ob/gyn providers. The group talked about whether ob/gyn providers are treated as primary care providers for attribution purposes in Medicaid. It was mentioned that some women only see an ob/gyn provider and maybe preferred because they do various screenings.

Ms. Murphy said she wanted three general questions noted in the minutes. She said they would not be able to answer the questions today. She said it appears they are picking an attribution method for the scorecard that is different than what Medicare and Medicaid uses for their value based payment (VBP). Ms. Murphy asked whether there could be feedback for what the implications would be, that the scorecard would have an attribution method that will be different from value based payment methods. She said asked whether there are any questions regarding adverse selections that would need to be considered before putting it to public comment. She also asked

whether any problems that could occur down the road that using the method recommended by the Treo Solutions/3M approach. Dr. Mehul said they are a set of important questions and proposed not tackling the questions today. Dr. Aseltine noted that the Medicare method, Medicaid method, and commercial payers' methods all use different attribution methodology. He said they will never be aligned with any one of those groups.

Dr. Aseltine said they have additional things to cover and decisions to make at next month's QC meeting. He said they have talked about how to have patients assigned to a provider. He said next they need to talk about having providers assigned to networks and entities.

### **Next Steps and Adjournment**

Ms. Burnham reviewed the next steps. The next meeting is scheduled for March 14, 2018.

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

**Discussion:** There was no discussion.

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

The meeting adjourned at 8:03 p.m.

### **Glossary of Acronyms for this Summary**

ACO – Accountable Care Organization  
APCD – All-Payers Claims Database  
APRN – Advanced Practice Registered Nurse  
DPH – Department of Public Health  
FQHC – Federally Qualified Health Center  
HCC – Health Care Cabinet  
HIT – Health Information Technology  
HITO – Health Information Technology Officer  
HPV - Human Papillomavirus  
IMA – Immunization for Adolescents  
NCQA - National Committee for Quality Assurance  
NQF - National Quality Forum  
OHCA – Office of Healthcare Access  
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  
VBP – Value Based Payment