STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
March 14, 2018

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

Members Present: Stacy Beck via conference line; Rohit Bhalla via conference line; Amy Chepaitis via conference line; Mehul Dalal via conference line; Tiffany Donelson; Susan Kelley via conference line; Arlene Murphy via conference line; Robert Nardino; Leigh Anne Neal via conference line; Tiffany Pierce; Andrew Selinger; Steve Wolfson; Thomas Woodruff via conference line; Janette Yetter via conference line

Members Absent: Elizabeth Courtney; Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Karin Haberlin; Jaquel Patterson; Robert Zavoski

Other Participants: Olga Armah via conference line; Rob Aseltine; Laurel Buchanan; Stephanie Burnham; SB Chatterjee via conference line; Sandra Czunas; Riddhi Doshi; Cathy Matins via conference line; Mark Schaefer; Victoria Veltri via conference line

Call to Order
The meeting was called to order at 6:04 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 Summaries
Motion: to approve the minutes of the January 10, 2018 and February 14, 2018 Quality Council meetings – Andrew Selinger; seconded by Robert Nardino.
Discussion: There was no discussion.
Vote: All in favor.
Abstains: Tiffany Donelson; Janette Yetter

Purpose of Today's Meeting
Stephanie Burnham reviewed the purpose of the meeting (see presentation here). She said they will review quality measure alignment and the UConn Evaluation team will provide an update on the public scorecard.

Recap from 2/14/18
Ms. Burnham provided the recap from the February 14, 2018 QC meeting. She said they previously reviewed the final recommendations from the Healthcare Cabinet (HCC) report. The HCC does not have any immediate expectations for the Quality Council to report back recommendations. Ms. Burnham said the Council reviewed the reporting measure set and alignment with various national programs. The UConn Health Evaluation team presented on the results of the Information Source Review Workgroup, measure calculation issues, and started discussions regarding attribution methodology for the public scorecard. There were no questions.

Quality Measure Alignment
Ms. Burnham presented on the CT SIM All Payer Quality Measure Alignment. It was noted that progress has been made towards the goal of 75% alignment. There are 4 payers reporting for 2017 and we are currently at 60%. There was a question about which two payers did not participate. It was decided it would be best not to mention which payers did not take part in. Members discussed the process to get more buy in. Ms. Burnham mentioned the scorecard is part of the buy in process and they are engaging with payers. Dr. Schaefer said they can convey the importance of aligning and scorecard will help to raise awareness considerably.

Dr. Woodruff spoke regarding scorecard measures. It was mentioned that as the Health IT Advisory Council is beginning to stand up electronic clinical quality measures (eCQM), the Office of the State Comptroller (OSC) will pay into a pilot and have Accountable Care Organizations (ACOs) apply and participate. Financial assistance will be provided to them. It was noted that having quality measures and clinical data will be of value to ACO groups and health plans. Dr. Woodruff said there is a need to standardize across systems.

Dr. Wolfson asked how many different Electronic Health Record (EHR) systems they are dealing with. Dr. Woodruff said two or three different systems. He said they may chose organizations that do not have multiple EHRs. Dr. Wolfson said the implications are that they start with large networks with common EHRs. Dr. Woodruff agreed that this would be the best process for a pilot. He said they will provide the results from the pilot soon.

Public Scorecard Update
Rob Aseltine, of UConn Evaluation Team, presented the public scorecard update (see update here). Ms. Donelson asked about when the initial Medicaid data release would occur. Dr. Aseltine said they are hoping for the fall. Dr. Schaefer said a timetable was presented to the Healthcare Innovation Steering Committee (HISC) for HIT and APCD. He said they will track closely the ability to hit the milestone. If anyone is interested, they can look at the HISC webpage and click the presentation to see the timetable.

Members talked about the definition of prolonged use of corticosteroids as it applies to the Low Imaging for back pain measure (#0052). It was mentioned that additional information and literature on bone density could be helpful for the Council to consider. Dr. Dalal said there needs to be clinical judgment on this issue. He suggested a physician subgroup of QC to convene and come up with what the process should be and make a recommendation to the Council.

The Council discussed contraceptive care for measure feasibility. It was determined that there should be a comprehensive list of long acting reversible contraception methods. The PMO will reach out to ob/gyn providers for a more comprehensive list. Dr. Pierce asked about attribution for physician assistants and specialist. It was noted that additional research would be needed on how physician assistants (PAs) and nurse practitioners (APRNs) bill with regards to attribution. Dr. Selinger volunteered to research specific billing steps for PAs and APRNs in an ambulatory setting. The Council talked about subspecialties that play the role of primary care providers (PCP). Dr. Schaefer suggested reaching out to a pediatric leadership group such as the CT Chapter American Academy of Pediatrics to identify and list pediatric subspecialties that occasionally play the role of PCPs.

Members reviewed the Patient Attribution Flow Chart (see chart here) as the tentative attribution procedure. Dr. Bhalla asked whether they are considering the site of care, such as hospital verses outpatient, as they look at E&M services for attribution. Dr. Aseltine said it would be very difficult

because they do not know whether there is enough precision in the data to do it. Dr. Bhalla noted the issue of E&M codes being generated by inpatient providers who will not be responsible for various outpatient type interventions. Dr. Aseltine said they have not contemplated attributing to hospitalists but only specialty providers. Dr. Wolfson raised the question of whether they could identify the biller as a hospitalists. Ms. Doshi suggested identifying the place of services as inpatient verses outpatient to distinguish inpatient claims verses outpatient claims. Dr. Aseltine said it would be an important filter and they could include this as a step in the proposed attribution.

The Council talked about the implications, adverse selection, and the possibility of future issues regarding attribution. Ms. Murphy asked whether the attribution method is being used for recording public scorecard purposes not for payment and is organization wide not provider. Ms. Kelley asked about the possibilities for using this attribution method for adverse selection. Dr. Bhalla said one issue that comes up for adverse selection with regard to quality measures is whether looking at process verses outcomes. He said for outcomes measures, there is a potential for adverse selection. For process measures, the sicker patients will tend to do better because they have more exposure to the healthcare system. When looking at preventative interventions and frequencies, they may see their PCP several times a year because of being sick and have a higher likelihood to get it done than someone who is very healthy and visits their PCP once a year.

Dr. Schaefer said in discussions about underservice monitoring an analysis was done to see if risk was migrating systematically from one entity to another. Dr. Schaefer said the PMO could check with DSS to see whether they are looking at the analytics. He said another option would be to look at the Equity and Access Council's report because it could have been discussed in this context. Dr. Schaefer said regarding accountability outcomes a risk is there. He raised the question of whether they need to have an analytic strategy that reveals when it is happening on a systematic basis. He mentioned there may not be a way to construct the scorecard to make the risk zero.

Ms. Murphy said the attribution method for the scorecard is based on a claims based measures. She asked whether the methods being chosen would open for re-evaluation and revision as they move into more outcome based measures. Members agreed that it would be.

Next Steps and Adjournment

Dr. Aseltine mentioned the need for two more QC members to participate on the subcommittee. The subcommittee will work on what presentation is preferable, how understandable are the alternatives, and whether there are directions they should be moving into to provide greater detail. Currently, Karin Haberlin, Amy Chepaitis, Elizabeth Courtney, and Stephanie Burnham are on the group. Ms. Burnham said the meetings are fun and not burdensome. They would like to have a couple of more people to volunteer to join. Stacy Beck and Steve Wolfson volunteered to be on the subcommittee.

The next Quality Council meeting is scheduled for April 11, 2018. There will be an update from Yale on the Health Equity Measures project. Regarding the public scorecard, the goal is to finalize the plan for scoring, benchmarks, and risk adjustment decisions. There will be information on User Interface appraisal and recommendations.

Motion: to adjourn the meeting –Andrew Selinger.
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 8:05 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
eCQM – Electronic Clinical Quality Measure
EHR – Electronic Health Record
E&M – Evaluation and Management
FQHC – Federally Qualified Health Center
HCC – Health Care Cabinet
HISC – Healthcare Innovation Steering Committee
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
PA – Physician Assistant
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