

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

**Meeting Summary**  
**May 16, 2018**

**Meeting Location:** Webinar

**Members Present:** Stacy Beck; Rohit Bhalla; Amy Chepaitis; Mehul Dalal; Tiffany Donelson; Susan Kelley; Leigh Anne Neal; Andrew Selinger; Steve Wolfson

**Members Absent:** Elizabeth Courtney; Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Karin Haberlin; Arlene Murphy; Robert Nardino; Jaquel Patterson; Tiffany Pierce; Thomas Woodruff; Janette Yetter; Robert Zavoski

**Other Participants:** Rob Aseltine; Laurel Buchanan; Stephanie Burnham; Eric Horan; Annie Jacob; Mark Schaefer; Martha Staeheli

**Call to Order**

The meeting was called to order at 6:03 p.m. Dr. Wolfson chaired the meeting. Attendance was taken by roll call and other participants introduced themselves. It was determined that a quorum was not present.

**Public Comment**

There was no public comment.

**Review and Approval of Meeting Summary**

The approval of the April 11<sup>th</sup> meeting summary was postponed.

**Purpose of Today's Meeting**

Ms. Burnham provided the purpose of today's meeting ([see presentation here](#)).

**Recap From 4/11/18**

Ms. Burnham provided a brief recap from the April 11, 2018 Quality Council meeting. She said there was an update on the Yale Health Equity project. The Yale Center for Outcomes Research and Evaluation (CORE) solicited feedback with regards to their project and decisions moving forward. The Council talked about risk adjustments and benchmarking with regards to the Public Scorecard. The User Interface Review group was established.

**Steering Committee Update**

Ms. Burnham provided the Steering Committee update. She said the Quality Council Executive team was invited to the Healthcare Innovation Steering Committee (HISC) to give an update on the Quality Council's work. Ms. Burnham said there was a great discussion and Quality Council's work was promoted well. An update on the Public Scorecard and quality measure alignment was provided.

## **Public Scorecard Update**

Laurel Buchanan, of the UConn Evaluation Team, provided a brief status update. The work on the scorecard development and the user interface is continuing. The User Interface sub-group will be convening after they receive everyone's availability. There is continued work with the all payer claims data (APCD) commercial claims data. There are three documents that detail the scorecard project and methods that will be put out for public comment. Public comment will provide transparency and to solicit feedback. The three documents were sent to Quality Council members for review and to send comments. It was mentioned that everything in the documents were discussed in the council meetings. An overview of the public comment process was provided.

Dr. Aseltine, of UConn Evaluation Team, presented the update on the Public Scorecard. The group discussed having firm entity definition and billing national provider indicators (NPIs) that will be used to link federally qualified health centers (FQHCs) and advanced networks (ANs). It was mentioned that the vast part of outpatient care is organized in Hartford Health Care (HHC). The Council discussed the boundary that should be drawn under Hartford Health Care. One option would be to use the concept how they present themselves to the public in terms of who is HHC, very restrictive and the focus would be on Hartford Medical Group (HMG). Another option would be to expand to anyone who operates under the accountable care organization (ACO) contract through Integrated Care Partners (ICP) and assume information will be given accurately. It was mentioned that there will be a lot of HHC attributed patients if they extend to the broader ICP umbrella. There will be more of HHC branding associated with things that are identified with them.

It was mentioned that organizations vary on how they bill. There was a suggestion to outreach to each of the various groups to ask for a roster of physicians or others who serve as primary care providers that are affiliated with them to obtain a comparable view of accountable care organizations contracting for at least one payer. Members agreed to this proposal. The Council continued discussing how to work through the claims data to be able to tie patients to providers to organizations. There was a question about the feasibility of incorporating geography into this. It was noted that data on geography is not available to do this on a geographic site level.

There was a discussion around Trinity and whether to continue with two entities. The Council decided to continue with them as two entities until next year when possible the two entities will be replaced with Trinity. There was a discussion about Yale New Haven Health System being separate from Yale Medicine. The Council decided to rate both entities as ANs. The Council also discussed having Prospect split as two entities. There was a suggestion to revisit this after looking at how the entities are contracted.

There was a discussion around entity benchmarks. There was consensus to have a state focused level benchmark. The Council also talked about ratings. There are several options being proposed for the quality care rating. The options will be presented to the User Interface Workgroup to review and then the full council. It was mentioned that star ratings give an indirect connotation of sub-optimum care and that stars involve some degree of translation and judgement being made in terms of quality of care. The three categories of average, below average, and above average represents a statement of a mathematical fact as opposed to the star rating.

Dr. Aseltine said there are updates on the risk adjustment topic since the previous discussion and there will be a document sent out to the Council for review. He mentioned there is not a decision to be made here. The Council talked about risk adjustment for the all-cause 30-day readmission measure. There was a question of whether there has been consideration of economic status as a

risk factor. It was noted that there are two options for considering economic status as a risk factor. One option is to use the patient's residential zip code and take census data that allows them to use average income by zip code to use this as an adjustment. It was mentioned that we cannot get 5-digit zip code data from the CT APCD because they are not allowed to release this level of detail at this time. The other option is to use payer, Medicaid versus commercial, as a proxy for social economic status. It was noted that there are enormous differences in health outcomes and healthcare utilization across both.

### **Next Steps and Adjournment**

Dr. Aseltine reviewed the next steps. He said they will continue with the measure construction activities. They are awaiting the delivery of the Medicare data and the last abstract of commercial claims. Medicaid reporting issues with reporting into the APCD is in its final steps and the data is not expected until the end of December.

The meeting adjourned at 7:52 p.m.

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

ACO – Accountable Care Organization  
APCD – All-Payers Claims Database  
AN – Advanced Networks  
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  
ICP – Integrated Care Partners  
IMA – Immunization for Adolescents  
NCQA - National Committee for Quality Assurance  
NPIs – National Provider Indicators  
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