# STATE OF CONNECTICUT State Innovation Model Quality Council

## Meeting Summary August 1, 2018

#### Meeting Location: Webinar

**Members Present:** Stacy Beck; Rohit Bhalla; Amy Chepaitis; Elizabeth Courtney; Sandra Czunas (for Thomas Woodruff); Mehul Dalal; Tiffany Donelson; Karin Haberlin; Susan Kelley; Arlene Murphy; Robert Nardino; Steve Wolfson

**Members Absent:** NettieRose Cooley; Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Leigh Anne Neal; Jaquel Patterson; Tiffany Pierce; Andrew Selinger; Robert Zavoski

**Other Participants:** Tyler Anderson; Rob Aseltine; Laurel Buchanan; Susannah Bernheim; Stephanie Burnham; Riddhi Doshi; Sylvia Kelly; Cory Lundington; Mark Schaefer; Martha Staeheli

#### **Call to Order**

The meeting was called to order at 6:00 p.m. Dr. Dalal chaired the meeting. Attendance was taken by roll call and other participants introduced themselves. It was determined that a quorum was not yet present.

The approval of the meeting summaries was postponed until later in the meeting.

#### **Public Comment**

There was no public comment.

#### **Purpose of Today's Meeting**

Ms. Burnham reviewed the purpose of today's meeting (<u>see presentation here</u>). She said there will be an update of Yale Health Equity Measure and a review of the public comments received on the Public Scorecard.

#### **Yale Health Equity Measure**

Susannah Bernheim of the Yale Center for Outcomes Research and Evaluation (CORE) presented on the Yale Health Equity Measure. She said the goal is to propose a disparity measure methodology that can be incorporated into alternative payment models in order to enhance racial and ethnic disparities. The Council discussed the Yale Health Equity Measure. There was a question about how groups will be compared and how the various practices will be measuring and capturing information. It was mentioned that they basically take a measure and look at the various disparities in the practices that have ample patients to measure. There are many places where there will be more granular levels. It was noted that it is important to have this captured in some way for measurement.

There was a discussion around the usage of a percentile ranking. A concern was expressed that publicizing the percentile ranking for providers may cause public perception that the disparities are mediated solely by provider performance. It was mentioned that there could be a possibility of misperception. It was stated that the readmission rates for minorities is different from the

readmission rates of non-minority groups. It was noted that the measures are reported now without adjustments, so that a provider with predominantly white patients is compared equally as a provider with predominantly African-American patients.

#### **Public Comments on Scorecard**

Rob Aseltine of the UConn Evaluation Team presented on the public comments received on the Scorecard. The Council reviewed the public comments. Comments were received from four organizations and the goal is to propose a set of responses. There was a discussion on the comment regarding data sources about all measures definitions and formulas should be made publicly available. Ms. Burnham said some of the measures incorporated would be hybrid measures and because they don't have electronic data but only claims based, they had to adjust the measures a little. The Council would need to weigh in on whether to make them public.

It was stated that a certain level of specificity could be made public but publishing actual value and code sets could be problematic because we cannot release publically what was purchased from NCQA. It was noted that measure definition will be provided on how the measures are calculated. It was mentioned that publishing the measure definitions would probably suffice the public. It was stated that if the measures are defined very well and proprietary information is not released it would work. The Council agreed to see what comes in and to readdress at a later date. It was mentioned that definitions and methods would be provided, not just the definitions.

There was a discussion regarding the comment, "measuring all-cause readmissions assumes all organizations have access to hospitalization data, when they often don't, making measurement and amelioration of this metric difficult." There was a suggestion to engage with the commenters and mention that we agree that it is important and say here are the initiatives that would provide this access. The Council continued to review comments and provide edits to the responses to comments. Dr. Aseltine and the UConn Evaluation team will update the responses and it will be sent to the Council for review before being finalized. Ms. Burnham noted that they did not receive a lot of responses but there were meaningful responses.

It was determined a quorum was present. The Committee revisited approval of the minutes.

# Motion: to approve the Quality Council meeting summaries of the April 11, 2018 and May 16, 2018 meetings - Steve Wolfson; seconded by Stacy Beck. Discussion: There was no discussion. Vote: All in favor.

#### **Review of Next Steps and Adjournment**

The next Quality Council meeting is September 26, 2018. The meeting adjourned at 7:54 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