

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
Wednesday, January 7, 2015

Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Deb Amato (for Gregory Barbiero); Rohit Bhalla; Aileen Broderick; Mehul Dalal; Deb Dauser Forrest; Daniela Giordano; Elizabeth Krause; Steve Levine; Arlene Murphy; Robert Nardino; Donna O'Shea; Meryl Price; Jean Rexford; Cheryl Robertson (for Todd Varricchio); Andrew Selinger; Steve Wolfson; Thomas Woodruff

Members Absent: Mark DeFrancesco; Karin Haberlin; Kathleen Harding; Gigi Hunt; Kathy Lavorgna; Rebecca Santiago

Other Participants: Sandra Czunas; Waldemar Rosario; Robert Zavoski

The meeting was called to order at 6:03 p.m.

1. Call to order

Mehul Dalal chaired the meeting. Participants introduced themselves.

2. Public comment

There was no public comment.

3. Quality Measure Comparison Table Review

Dr. Dalal set the context for the Council's review and discussion of the quality measures. He also reviewed the process used to complete the work to date. Mark Schaefer compiled all of the recommendations from the providers, payers, and consumers into one table. Any errors will be corrected as the group works through the table.

The Council discussed how to handle cases where there is a lack of consensus. In cases where more technical information is needed, the Council decided to defer voting on the measures until they have the information. They also decided postpone de-duplicating measures until they completed the first whole-council review. The payer representatives expressed concern that their votes on any of the measures represented acceptance of the measure by their organization. Because the plan is to have a public comment period on the recommended measure set before it is officially approved, the group decided that their votes represented an individual – rather than an organizational – recommendation.

There were concerns about whether the group could make recommendations via consensus. The group decided to vote via consensus for the first iteration of the measure set before using a more formal voting process for the final recommendation.

Children and Adolescents access to primary care practitioners

All three review groups recommended the measure not be included. It was found to be an inappropriate measure of ACO performance.

Consensus: do not include.

Adults access to preventative/ambulatory health services

All three review groups recommended the measure not be included. Daniela Giordano asked whether the measure included health maintenance visits and noted that Behavioral Health Design Group is recommending universal screenings. She was concerned they would drop a measure that the design group may recommend.

Dr. Schaefer said that measuring and rewarding patient outreach, requires a different (geographical) denominator which might be considered by the Population Health Group.

Consensus: do not include.

Risk standardized all condition readmission

All three review groups recommended the measure be included. Dr. Dalal noted the physician group reached out to the measure developer and determined the measure was suitable for the age 18 and up population while eliminating obstetrics. It also leaves out behavioral health that would require additional development. Meryl Price asked whether there was a commitment to gather health disparity data. Elizabeth Krause suggested that be deferred to the Health Equity Design Group. Dr. Schaefer noted that there is a moral hazard in this measure in that it has led to an uptick in observation stays for Medicare clients. He noted that Medicare cannot define what constitutes an observation stay while the commercial payers could. He suggested counting observation stays as admissions if possible.

Consensus: include with understanding that technical questions regarding obstetrics and observation stays require follow up.

Donna O'Shea noted that technical issues could include any recommendations that would require payers to change their payment arrangements. Dr. Schaefer said there may be other ways to work around these issues, such as working through the All Payer Claims Database or using SIM funding.

30 day readmission

There was division among the reviewer groups with consumers recommending it be included, the physicians recommending it be excluded, and the payers needing additional information. Robert Zavoski noted that Medicaid uses the measure as a monitor based on their client population. It does not call out specific conditions. There was discussion about including the measure for reporting purposes only.

Consensus: include as a potential reporting measure acknowledging it may not be suitable to payment purposes.

Skilled Nursing Facility 30-day all-cause readmission measure

Consumers recommended it not be included; physicians said it was a "maybe"; the payers gave it a preliminary "no." As the measure is still in development with no specifications and little data available, the Council was unable to make a decision.

Motion: to request the payer representatives perform a base rate analysis based on hospital discharges – Steve Wolfson; seconded by Steve Levine.

Aileen Broderick and Dr. O'Shea said they would look into it.

Vote: all in favor.

Consensus: to table pending availability of information regarding the specification and base rate.

All-cause unplanned admissions for patients with DM

The consumers and physicians recommended it be included; the payers preliminarily recommended it be excluded. This measure is currently under development by CMS. There are questions about whether the base rate is sufficient for inclusion. It was noted that this may be a challenging measure but that it could lead to improvements. Dr Dalal suggested that the base rate include both planned and unplanned admissions.

Consensus: have the health plans look at inpatient admissions for the base rate, further define and revisit when more information is available.

All-cause unplanned admissions for patients with heart failure; All-cause unplanned admission for multiple chronic conditions

The consensus decision for the previous measure would be applicable to both of these measures. Dr. Schaefer said it may be difficult to test the multiple chronic conditions measure from a base rate perspective. He suggested trying to obtain a draft specification from the measure developer to confirm which conditions are not included.

Consensus: request additional information from the measure developer to support the base rate analysis.

Ambulatory Sensitive conditions admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults

Arlene Murphy noted the consumer reviewers did recommend including the measure. The physicians felt further research was needed while the payers had questions about the base rate. Dr. Wolfson noted that COPD is a spectrum disease with quite a bit of complexity. It was suggested the measure include adults aged 18 and up rather than using two separate adult measures. AHRQ stratifies the measure by age and gender. There were concerns that changing the denominator by age eliminates comparability with Medicare.
Consensus: follow up with the measure steward to ensure they have the right measure of accountability.

Ambulatory sensitive conditions admissions: heart failure (HF)

There were concerns about what this measure would contribute as opposed to ACO-37 (All-cause unplanned admissions for patients with heart failure). Ms. Murphy said the group had decided to deal with duplicate measures at a later time. She suggested revisiting the issue later on. Dr. O'Shea said it may be easier for the payers to adopt this measure (as opposed to ACO-37). Dr. Schaefer noted that the providers would prefer ACO-37 as it would seem to be fairer.

Consensus: to follow up with Medicare and determine for additional information.

Ambulatory Sensitive Admissions; Pediatric Ambulatory Care Sensitive Admissions

Anthem will provide information on risk standardization and the base rate for these measures.

Consensus: the group will revisit once more data is available.

Percent of primary care physicians who successfully meet meaningful use requirements

Ms. Murphy noted that the consumers said it should be included but would consider a better measure if one exists. Elizabeth Krause said they weren't quite sure if the measure gets to what they want. Dr. Dalal said he did not see another measure that looks at meaningful use. Dr. Schaefer noted that the physicians spoke with Minakshi Tikoo, the state Health Information Technology Coordinator for more information on this measure. Her recommendation was that the measure would be difficult to perform reliably and the amount of work required would outweigh any value. There was a great deal of discussion as to whether the measure was worth including. Ms. Murphy said it was the only measure that dealt with infrastructure, while Dr. Levine said it did not impact clinical outcomes. Dr. Wolfson said that the few remaining providers who do not qualify for meaningful use will fade out, making it a meaningless measure. Ms. Giordano suggested more information on meaningful use be made available so that the consumers can better understand what it entails.

Consensus: no decision was made pending more education on meaningful use.

Percentage of prescribers that use e-prescribing

All three review groups recommended the measure be excluded during their review.

Consensus: do not include.

Documentation of current medications in the medical record

The consumer group recommended excluding the measure while the physicians said it should be included; the health plans were undecided. Dr. Wolfson said the physicians recommended it with the understanding that it is an imperfect measure but added it was critical. Ms. Krause said the consumers voted against it only because they were working with a "less is more" mindset and felt this measure was covered in other areas such as in the PCMH standards.. Dr Schaefer said the measure set should align with the PCMH standards.

Consensus: include.

Falls: screening for future fall risk

The consumers recommended it be included while the physicians and health plans recommended it be excluded. Ms. Krause said the consumers recommended it because it aligned with SIM goals. The group discussed whether they should include measures that only apply to the Medicare population. Dr. O'Shea said the age was key to the measure and it was payer agnostic. Much would depend on the base rate, she said.

Consensus: the Council will revisit at its next meeting.

Adverse event rate – outpatient procedures

All three review groups recommended it be excluded.

Consensus: do not include.

4. Next Steps

The Council will continue with the measure review at its next meeting on January 21st.

The meeting adjourned at 8:32 p.m.