STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
September 16, 2015

Location: CT State Medical Society, 127 Washington Avenue, North Haven

Members Present: Rohit Bhalla; Aileen Broderick; Mehul Dalal; Steve Frayne; Daniela Giordano; Elizabeth Krause; Arlene Murphy; Robert Nardino; Donna O'Shea; Marla Pantano; Tiffany Pierce; Todd Varricchio; Steve Wolfson; Thomas Woodruff

Members Absent: Mark DeFrancesco; Amy Gagliardi; Karin Haberlin; Kathleen Harding; Kathy Lavorgna; Steve Levin; Meryl Price; Jean Rexford; Rebecca Santiago; Andrew Selinger; Robert Zavoski

Call to Order
The meeting was called to order at 6:14 p.m. Steve Wolfson served as chairman.

Public Comment
There was no public comment.

Approval of Minutes
Minutes were not reviewed and approved.

HIT Charter
The Council reviewed the charter for the Health Information Technology Council. Mark Schaefer provided background on the drafting of the charter (see Charter here). The Executive Team suggest that the Council provide input on the charter prior to the Healthcare Innovation Steering Committee review on September 17th. Todd Varricchio asked for clarification regarding who is responsible for determining the source of a measure, so as to avoid duplicating work already conducted by the Quality Council. Arlene Murphy said there has not been clarity with regard to how the two work groups connect. Dr. Schaefer said there are design groups planned to look at both short term and long term solutions. He said after the September 18th HIT Council meeting there should be more clarity on the issue. Council members expressed concern that the performance measure design group had been disbanded without clear notification. Mr. Varricchio said he was concerned that the appropriate people were not at the table. Dr. Schaefer asked members to focus on items they felt were duplicative as this was the time to ensure there is no ambiguity regarding each council's responsibilities.

Dr. Schaefer said his aim was to identify those questions that should be revised before the charter is considered for approval. Dr. Wolfson said he was concerned by questions 2, 3, 4, and 5 under "Quality." Other council members said questions 3 and 5 appeared to be duplicative. Dr. Schaefer noted that the data source question (#5) is not necessarily the same as whether a measure is claims or clinically based (#3). Thomas Woodruff said he was concerned about the HIT Council setting the priority level for question 2. Other members agreed. They said question 4 also fell within the Quality Council's purview. Dr. Schaefer suggested that question 5 remain but with further clarification as to their responsibility. Ms. Murphy suggested that the question be updated to

include that it is based upon the Quality Council's recommendations. Mr. Varricchio said question 5 should be within the claim/EHR designation as it creates problems for the payers who have to code the measures. He said it appeared that they could too easily make changes on the fly without consulting others. Dr. Wolfson said that the Quality Council should recommend the data sources with the HIT Council commenting on the feasibility of those sources. Questions 2 and 3 would be eliminated, leaving question 4 on the table. There is a question as to what they mean by attribution in question 4. Dr. Schaefer said the HIT Council could be asked to clarify what their intent was.

Ms. Murphy said she was concerned about how this would be presented to the Steering Committee. Dr. Wolfson said he planned to follow up with a Steering Committee member following the Quality Council meeting. Dr. Schaefer said that the proposed edits would note that the HIT Council's quality measurement related work would be in accordance with Quality Council recommendations. Daniela Giordano said she was not sure what questions 7 through 9 meant and suggested there be further clarification so that they are better understood. Dr. Schaefer said that they could ask for additional clarification. Given the many questions, Dr. Wolfson suggested HIT Council representation attend the next Quality Council meeting to further educate the membership. Dr. Schaefer said he would relay that back. The HIT Council is aiming to demo the edge server technology before recommending it as a final solution. They will likely propose a test measure set for the demo. The Quality Council may have the opportunity to weigh in on that test set.

Dr. Wolfson suggested the Roles and Responsibilities be updated so that item 1 would include "with input from the Practice Transformation Task Force and Quality Council." Ms. Murphy suggested each item clearly articulate that responsibility. Dr. Schaefer said that including clear, unambiguous language under the Quality heading would honor the spirit of the change. He said he would work directly with the HIT Council chairs to articulate the Quality Council's concerns. Rohit Bhalla asked if there was a way to include privacy safeguards to protected health information in the charter.

Ms. Giordano noted that the HIT Council's purpose was to prop up the work of the other councils. She recommended that be clarified. Dr. Woodruff expressed concern that the HIT Council would "drive the bus," rather than working off the recommendations of the other councils. Dr. Schaefer said he would articulate that concern to the HIT Council chairs.

Coordination of Care Measures

Dr. Schaefer reviewed the issue brief on coordination of care measures (see issue brief here). He provided background on discussions with CMS regarding which measure Medicare would potentially adopt for care coordination. He noted there were issues nationally with standing up coordination of care measures. The Council may need to revisit the measures based on where Medicare lands. Dr. Bhalla asked about the payer issue for Medicaid versus commercial as there may be variability based on the patient pool for different accountable care organizations. Dr. Schaefer said the process would be individualized. Dr. Woodruff said the weighting could be different based on the contracts between the payers and the ACOs.

The Council reviewed potential options for the core measurement set. Mr. Varricchio noted that volume issues would potentially impact options 1 and 2. Ms. Murphy said that with pediatric asthma it made more sense to measure emergency department visits rather than admission visits. Marla Pantano agreed as they frequently not admitted. Steve Frayne noted that there is an assumption on all of these that the panel will have at least 5000 lives in it. He was concerned about the proposed 2500 lives for the MQISSP program as it may create volume issues as well. He noted there may not be enough information available to make a defendable recommendation. Dr. Woodruff said the health plans deal with volume issues by weighting the measures less. Mr.

Varricchio said Aetna looks for national measures that apply to broad swaths of providers. If a measure only applied to a small part of the population, Aetna would not use it. Ms. Pantano said ConnectiCare uses a hybrid of the methods described by Dr. Woodruff and Mr. Varricchio. Donna O'Shea said the measure had to be statistically significant; otherwise it would not be fair to the provider. She said United employed a measure system similar to Aetna's. She noted that there is a cost associated with standing up measures. For those reasons, United would not stand up a measure that was statistically insignificant.

Ms. Giordano asked about the use of payer agnostic measures where the ACO would be measured by all of their payers, rather than just each specific payer. Mr. Varricchio said that the health plans have to take self-funded plans into account, as they need to provide accurate data to the plan sponsors. Dr. Schaefer noted there are technical issues that will need to be solved but those issues may not be unsolvable. He said that option 2 would appear to be the least viable option as the health plans have said they will be tough to stand up. He suggested the Council ask the payers to examine how many of their ACO contracts would lend themselves to standing up pediatric and adult asthma and adult diabetes measures. That would enable the Council to look at the composite measure as a viable short term solution.

Elizabeth Krause said she leaned toward option 2 based on the speculation around that area but she understood the technical issues involved. She said the reality may be to look at option 1, adding in the ACO 8 as a friendly amendment. The consumer advocates expressed concerns that option 5 undermined alignment. Option 3 would allow the payers to structure the measure at their own discretion. Ms. Murphy and Ms. Krause said that ran contrary to the intent of the Council's work. Dr. Bhalla said he was concerned about using outcome measures that aren't risk standardized. He said the science is primitive and results may be more driven by turnover in the patient population. He said it would be important to use a standardized approach. Mr. Varricchio said the risk standardization was probably not occurring in the same manner across payers. Ms. Giordano said that it should not matter what plan a person has and that the onus should be on the provider. She said there should be alignment across health plans.

It was asked whether there may be other metrics that are better suited. Ms. Murphy said she would be in favor of pursuing option 1 while they pursue the composite measure. Dr. Schaefer noted there were fundamental concerns about the PQI Overall Composite as it is not risk standardized. He noted concerns that option 1 was not fully implementable based on base rate issues. The Council could provisionally accept option 1 supplemented with a path toward option 4. He said the Council could accept public comment and see where things land. Dr. O'Shea said it was worth trying and that option 1 seemed like a fair place to start. Mr. Frayne said he was supportive but suggested it seemed passive. He recommended the health plans actively examine at the feasibility of option 1 and report back. The Council supported this approach. Mr. Varricchio clarified that option 1 included SIM measure 6 and 13.

The meeting adjourned at 8:04 p.m.