

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
April 11, 2018

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

Members Present: Rohit Bhalla via conference line; Amy Chepaitis; Mehul Dalal; Tiffany Donelson; Karin Haberlin via conference line; Susan Kelley via conference line; Arlene Murphy via conference line; Robert Nardino; Leigh Anne Neal via conference line; Andrew Selinger; Steve Wolfson; Sandra Czunas via conference line (for Thomas Woodruff); Janette Yetter via conference line

Members Absent: Stacy Beck; Elizabeth Courtney; Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Jaquel Patterson; Tiffany Pierce; Robert Zavoski

Other Participants: Rob Aseltine; Susannah Bernheim; Laurel Buchanan; Stephanie Burnham; SB Chatterjee via conference line; Faina Dookh; Annie Jacob; Mark Schaefer; Martha Staeheli

Call to Order

The meeting was called to order at 6:03 p.m. Mehul Dalal chaired the meeting. Attendance was taken by roll call 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 March 14, 2018 Quality Council meeting – Steve Wolfson; seconded by Andrew Selinger.

Discussion: Ms. Murphy stated that she asked about whether the attribution would be used for public scorecard and not for payment. She said it should be reflected that she asked. Ms. Murphy suggested adding to the meeting summary that Susan Kelley raised the question about adverse selection. Ms. Kelley agreed to the revision.

Motion: to approve the minutes of March 14, 2018 Quality Council meeting as amended – Andrew Selinger; seconded by Steve Wolfson.

Discussion: There was no further discussion.

Vote: All in favor.

Purpose of Today's Meeting

Ms. Burnham provided the purpose of today's meeting ([see presentation here](#)). She said the Council will do a revisit of the Yale Health Equity Measures and will also continue the work on the Public Scorecard.

Recap From 3/14/18

Ms. Burnham provided a brief recap from the March 14, 2018 Quality Council meeting. She said the committee reviewed the quality measure alignment progress on surveys that the Evaluation Team conducted with the various payers. She said there are four payers, three commercial and Medicaid

reporting and we are at 60% for 2017. Ms. Burnham said a User Group has been established to evaluate the interface for the public scorecard.

Yale Health Equity Measure

Ms. Dookh provided an update on the Health Equity Quality Measure. She noted the continuous work being done in order to advance health equity. She said the last update was a webinar and a lot of progress has been made. She said there was a CT Health Foundation grant to push Health Equity Quality Measures and Yale has been working in partnership with the Department of Social Services (DSS). Ms. Dookh mentioned the recommendation of the Quality Council to have Health Equity Quality Measures as part of the core measure set. The Yale Center for Outcomes Research and Evaluation (CORE) did a data analysis using Medicaid data to help propose a methodology. Ms. Dookh introduced Susannah Burnheim from the Yale Center for Outcomes Research & Evaluation.

Dr. Burnheim, a family physician at the Yale Center for Outcomes Research & Evaluation, provided background on some of the work she has been doing. Dr. Burnheim said recently data was received and they did an early analysis. She said they are providing an interim update to show what they are seeing and to get input. She said there are few quality measurement initiatives that directly illuminate disparities in healthcare and incentivize improvement in equity. She mentioned that their project goal, along with the CT Health Foundation, is to select a set of measures that might be appropriate for assessing disparities. She said they will develop a proposed methodology on how to score providers on those measures, and assess how a measure could be incorporated into various programs. Members discussed the preliminary data from CORE.

Dr. Dalal said that Dr. Zavoski had some feedback in writing that they will share with the Council. Ms. Burnham read the statement from Dr. Zavoski. Dr. Wolfson mentioned that in the early work of this Council, they were deliberately blinded to race ethnicity but are turning a corner to actually look at these factors. Ms. Burnham said they will have the team back in the future. Dr. Burnheim thanked everyone and said it was a privilege to work with everyone.

Public Scorecard Update

Dr. Aseltine, of UConn Evaluation Team presented the update on the Public Scorecard. He provided a status update, spoke on measure feasibility and recommendations, attribution, FQHC rating, benchmarks, and the next steps. The Council discussed attribution. Dr. Aseltine mentioned that they will rely on billing NPIs. He said they went into the national set of NPIs and have identified, preliminarily, billing NPIs for each of the FQHCs and ANs. He said the list will ultimately need to be finalized by the entity being rated. Dr. Aseltine said there will be a process with the entities where they will send them what they have and ask them to supplement or correct that list. He said they will then come back and compile their data according to the master NPIs. Dr. Wolfson said a number of emergency departments are staffed under contract with groups that do emergency care specifically. He asked how they are dealing with emergency departments. Dr. Aseltine said they felt that those encounters would never be billed under E&M codes.

Dr. Wolfson mentioned that some patients spend their entire life in the emergency room. Dr. Aseltine said they wouldn't want to make the mistake of attributing to this. He said there is a distinction between hospital and site of care codes so any exclusion of the hospital should take the emergency part right out. Dr. Bhalla asked whether they would be excluding inpatient E&M visits as well. Dr. Aseltine said yes and the primary care provider would take precedence in the attribution logic over that specialist.

Dr. Aseltine said the landscape is continually changing. At some point they will have to define what is going on during the year and how it impacts things. He mentioned that the SIM program management office and the Evaluation team met and discussed this. Ms. Burnham said they recognize that there cannot be too much dynamic when trying to do measures and there will need to be a cut off to capture a “snapshot in time”. She suggested being transparent and consistent with this process. Dr. Aseltine agreed. Dr. Dalal asked whether they would prefer the composition at the middle of the year as opposed to the end of the year. Dr. Aseltine said he would like to define it for December 31st, at the end of the year. He said it is a decision that the group can make together within the next few weeks.

The Council continued to discuss the scorecard. It was noted that scorecards in other states use national benchmarks but they tend to rate different types of entities than Connecticut rates. CT may be the first state to take on the ACO concept and include FQHCs as opposed to provider groups and hospitals separately. Dr. Aseltine presented next steps. He said they will bring the benchmark discussion back in May for some final decisions. He said they will continue the user interface development and by next week the sub-work group may be engaged in the process of reviewing the visuals. He said they are looking to present on risk adjustment and scoring decisions in the May meeting.

Next Steps and Adjournment

Ms. Murphy said she is thinking about continuing a way in the process to look at the potential to have adverse selection. It is not for payment. She said when it comes to scoring it is not unusual for large organizations to consider what the score cards might look like and is there a potential for adverse selection. She asked whether there was a way to include in the process a sub-group or something to look at this question. Dr. Dalal suggested adding this for a topic of discussion at a future meeting. Ms. Burnham said they could put a tickler for this. She said what are the factors that would be monitored and how they could monitor are questions. Dr. Aseltine said two essential things the subgroup would need to define is: first, if adverse selection is occurring, what it looks like, the second is, how they would measure it.

Members continued to discuss the adverse selection process. It was mentioned that additional research would be needed and to potentially look at what other states may be doing. Ms. Burnham said currently Quality Council does not have a meeting scheduled for May but they may schedule a webinar next month to tie up some of the loose ends. She thanked everyone for their engagement and participation in the meeting.

Motion: to adjourn the meeting – Steve Wolfson; seconded by Tiffany Donelson.

Discussion: There was no discussion.

Vote: *All in favor.*

The meeting adjourned at 8:02 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
CORE – Yale Center for Outcomes Research and Evaluation
DPH – Department of Public Health
DSS – Department of Social Services
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