OHS CONNECTICUT Office of Health Strategy

State Innovation Model
Quality Council
Meeting Minutes
January 16, 2019

Meeting Date	Meeting Time	Location
January 16, 2019	6:00 - 8:00 p.m.	CT Behavioral Health Partnership, 500 Enterprise Drive, Suite 3D, Litchfield Room, Rocky Hill

Participant Name and Attendance

Quality Council Members					
Stacy Beck		Mark DeFrancesco		Robert Nardino	X
Rohit Bhalla via phone	X	Tiffany Donelson		Laura Quigley for Leigh Anne Neal via phone	X
Amy Chepaitis		Steve Frayne		Jaquel Patterson	
NettieRose Cooley via phone	X	Amy Gagliardi		Tiffany Pierce via phone	X
Elizabeth Courtney		Karin Haberlin via phone	X	Andrew Selinger	
Sandra Czunas		Susan Kelley via phone	X	Steve Wolfson	
Mehul Dalal	X	Arlene Murphy via phone	X	Robert Zavoski	
Others Present					
Rob Aseltine, UConn Health		Kathy Madden, NEMG, via phone		Mark Schaefer, OHS	
Laurel Buchanan, UConn Health		Kelly Sanchez, OHS, via phone			
Stephanie Burnham, OHS		Martha Staeheli, UConn Health			

Meeting Information is located at: https://portal.ct.gov/OHS/SIM-Work-Groups/Quality-Council/Meeting-Materials

	Agenda	Responsible Person(s)
1.	**Call to Order**	**Mehul Dalal**
	Call to Order The regularly scheduled meeting of the Quality Council was held on Wednesday, January 16, 2019 at the CT Behavioral Health Partnership, 500 Enterprise Drive, Suite 3D, Litchfield Room, Rocky Hill. The meeting convened at 6:06 p.m. Mehul Dalal presiding. Members and other participants introduced themselves.	
2.	**Public Comment**	**Mehul Dalal**
	There was no public comment.	
3.	**Approval of Minutes**	**Mehul Dalal**
	The approval of the minutes was postponed to the next meeting.	
4.	**Purpose of Today's Meeting**	**Stephanie Burnham**
	• Ms. Burnham provided the purpose of today's meeting (see meeting presentation here). She said there will be a discussion on the Public Scorecard, attribution, benchmarks, and next steps. There will also be a discussion on quality measures and the possibility of including some ambulatory care sensitive admissions measures to the reporting set.	

5.	**Public Scorecard**	**Rob Aseltine**

- Laurel Buchanan, of UConn Health provided a status update on the public scorecard. The goal is to publish the public scorecard this winter 2019. The work on website development is continuing. There is also continuous work with the APCD commercial claims data on the analysis side.

  The Council discussed the work regarding APCD commercial claims data. There was a question about the process around the Medicaid claims delivery and the date it could be expected. It was mentioned that the delivery date is unknown. It was mentioned that fiscal year 2017 Commercial data was delivered. There was a question of whether a resolution regarding the issue with the dates of service impacting the measures. It was mentioned that this is being investigated. It was noted that the commercial scorecard data is all set if the data is correct.

  The Council reviewed the status update grid regarding the measures. There was a question about what coding mean. It was mentioned that it represents the measures results are being written and they are not done completing the code.

  Dr. Aseltine, of UConn Health provided an update on the engagement efforts with the FQHCs. A preliminary list was received from CHC Inc. that accounts for approximately half of the FQHC population in the state. Dr. Aseltine announced that they are also working with CHCACT, the umbrella organization around the rest of the FQHCs in the state. The goal is to work directly with them as a central point of contact.

  The Council discussed the attribution process. It was noted that there is a two-step process for attribution. Step one is to attribute patients to the provider. Step two is to attribute providers to a healthcare organization. The information in the attribution flow chart and entity attribution results are preliminary results and could change.

  There was a discussion regarding provider overlap. It was noted that 93% of providers work for only one advanced network (AN). It was mentioned that not every AN is listed on the grid. The ANs that were not listed had very little provider overlap. The resolution to the provider overlap is in progress.

  The Council discussed benchmarks. It was noted that buying and analyzing data from NCQA would result in the Public Scorecard not being published anytime soon. It was mentioned that it would be a major complication to meet our current time lines and don't have the capacity to do what would be required. The other issue is there may not be much value as a comparator because the composition of the data set is unknown. There was a suggestion to draw up a plus and minuses chart for each of the benchmark options for informational purposes and for a historical reference. It was mentioned that there is a document on other states interviewed that can be recirculated.

	Dr. Aseltine provided next steps of the scorecard and upcoming Council decision points.	
6.	**Quality Measures**	**Stephanie Burnham**
	Ms. Burnham presented on Quality Measures. a. Annual Monitoring of Persistent Medications o The Council discussed Annual Monitoring for Persistent Medications (#2371). A previous conversation was made to postpone a decision to wait for an explanation regarding why NCQA retired it. It was mentioned that NCQA withdrew and voluntarily retired Annual Monitoring for Patients on Persistent Medications from NQF endorsement due to the consistently high performance seen across plans reporting the measure for HEDIS. o There was a question of whether to move this measure from the core set to the reporting set. There was also a suggestion to evaluate whether the consistently high performance that NCQA picked up is also the case for Connecticut's specific performance. o There was a suggestion to revisit this measure after looking at the prevention quality indicators (PQI) and delay the decision until after information is received on whether CT is following a similar pattern that NCQA is seeing nationally. Members agreed that it would be interesting to see whether Connecticut's data is like NCQA's results. o It was noted that this measure is no longer stewarded and is topped out. There was a question of whether there are other measures in the core set that addresses care coordination. It was mentioned that the Annual Monitoring for Persistent Medications measure is not a medication coordination measure but rather a clinical practice guideline performance measure around certain conditions to ensure lab tests are done. o It was suggested that there should be an examination of another care coordination measure that would reflect the important aspect of high-quality care before removing the Annual Monitoring for Persistent Medications from the core set. o There was a suggestion to put a pin on this topic and to revisit it after discussing some of the more robust measures to inform the Council's decision. b. Ambulatory Care Sensitive Admissions o Ms. Burnham provided an introduction and overview of the Ambulatory Care Sensitive Condition Type Indicator (ACSC) care coordination measures. The measures are being proposed for consideration to the reporting set. The Council discussed the care coordination measures. It was mentioned that this is an orientation to the Ambulatory Care Sensitive measures and a decision would not be needed today. There is an opportunity to review it with various teams and come back to the Council with thoughts.	
7.	**Review of Next Steps and Adjournment** There was a request to compile information from previous years of conversations with final dispositions of the Council's decisions regarding quality measures. It was mentioned that this information is forthcoming.	

	Additional materials will be sent to members for feedback and further discussion.	
	• The next Quality Council meeting is scheduled for February 20, 2019.	
	• The motion to adjourn the meeting was made by Robert Nardino; Tiffany Pierce seconded. **Motion carried.**	Meeting adjourned at 7:59 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
CAHPS- Consumer Assessment of Health Plans Survey
CQMC – Core Quality Measures Collaborative
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
MPS – Medical Professional Services
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
PCM – Primary Care Modernization
PCP – Primary Care Provider
PQI – Prevention Quality Indicator
PTTF – Practice Transformation Taskforce
QC – Quality Council
UCONN – University of Connecticut
USPSTF – The United States Prevention Services Task Force