

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
July 11, 2018

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

Members Present: Stacy Beck; Amy Chepaitis via conference line; Elizabeth Courtney via conference line; Sandra Czunas (for Thomas Woodruff); Karen Haberlin via conference line; Susan Kelley; Leigh Anne Neal via conference line; Andrew Selinger via conference line; Steve Wolfson

Members Absent: Rohit Bhalla; Mehul Dalal; Mark DeFrancesco; Tiffany Donelson; Steve Frayne; Amy Gagliardi; Arlene Murphy; Robert Nardino; Jaquel Patterson; Tiffany Pierce; Thomas Wilson; Robert Zavoski

Other Participants: Rob Aseltine via conference call; Laurel Buchanan; Stephanie Burnham; SB Chatterjee via conference call; Eric Horan via conference call; Kathy Madden via conference call; Mark Schaefer; Martha Staeheli via conference call; Vicki Veltri via conference call; Sara Wakai

Call to Order

The meeting was called to order at 6:06 p.m. Steve Wolfson chaired the meeting. Members and other participants introduced themselves. It was determined that a quorum was not present.

Public Comment

There was no public comment.

Purpose of Today's Meeting

Ms. Burnham provided the purpose of today's meeting ([see presentation here](#)). She said there will be there will be a high level summary of the Primary Care Modernization (PCM) effort and how it ties to the work that is already being done on the Quality Council. There will also be a deep dive into the Public Scorecard efforts.

Primary Care Modernization

This topic was postponed to later in the meeting.

Public Scorecard Update

Dr. Aseltine, of UConn Evaluation Team, presented the update on the Public Scorecard. The Council reviewed the engagement strategy for Advanced Networks. There was a discussion on public comment process. It was noted that there was a delay in getting out the notification about the Quality Council's Scorecard report being up for public comment. The comment period is being extended to July 21st. There will be a meeting scheduled in August to review and finalize responses to the public comments.

The Council discussed the provider overlap issue. There was a suggestion to solve this issue by restricting attribution to the classic primary care areas of family medicine, internal medicine,

pediatrics, general practice including APRNs and PAs, with OB/GYN being retained for second tier attribution. It was mentioned that it would make the process easier and if the focus is on the network rather than the physicians, it would work. However, it would not be helpful if one wanted to drill down and evaluate the care delivery by individual physicians. The Council decided to consider feedback from public comment and incorporate edits as needed.

There was a suggestion to include a 24 month look back for a primary care visit for attribution methodology. It was mentioned this would be relatively easy to do and data could be provided to show how individuals are impacted and what percentage of what networks would be impacted. Members agreed that it would be a reasonable approach.

The Council reviewed the logic around Evaluation and Management (E &M) Coding for attribution of patients to providers. There was a question regarding the difference between emergency medicine, emergency care, and emergency medical services on the E&M list. It was noted that there are different taxonomies that will be associated with the provider specialty coding. It was mentioned that some of the categories are similar in what is being described. The group discussed and agreed to restrict coding to three: 99201-99215 Office or Other Outpatient; 99381-99421 Preventative Medicine; and 992241-99255 Consultation.

There was an update regarding the Methods and Measures subgroup. It was mentioned that volunteers are needed to discuss and approve method details for measures such as specification and attribution. There was a suggestion to allow the Quality Council Executive Team to weigh in as a participant on the subgroup. Kathy Madden and Dr. Selinger volunteered to participate on the subgroup. It was mentioned that the subgroup would inform Quality Council of any outcomes. Ms. Wakai provided an update on the design subcommittee report. There were no questions. Ms. Buchanan presented the public scorecard (commercial) workflow. It was noted that the Scorecard publication is scheduled for fall of 2018. Ms. Burnham expressed thanks to the subcommittee for their work.

Primary Care Modernization Update

Ms. Burnham said they wanted to give a Primary Care Modernization update so that everyone will know what is going on and how Quality Council's work supports it.

Dr. Schaefer presented the update on PCM. There was a question about whether there is money to support the process. There was also a question as to how it would be done, being that it mandates infrastructure being generated for primary care practices and it is significant to build across hundreds of practices. It was mentioned that PCM is in the early stages and it is too soon to say. It was noted that part of the work is to look at how to make this a practical and feasible endeavor. A consultant was hired to help with the process. Certain things will be universal for practices, but other things will not. Things will be fleshed out about what should be part and what should not.

Review of Next Steps and Adjournment

Ms. Burnham reviewed the next steps. She said the Council will continue to work on the Public Scorecard including the provider overlap, public comment, the adjustments made in response to public comment, attribution, and website design. There will be measure examination and refresh. Yale Health Equity will be coming back in the fall. Velatura, the vendor selected for HIE Services, will present to Quality Council in the fall as well. There will be a special webinar meeting to review public comment on August 1st. The next regular Quality Council meeting will be September 26th.

Motion: to adjourn the meeting - Steve Wolfson; seconded by Stephanie Burnham.

Discussion: There was no discussion.

Vote: All in favor.

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
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
PTTF – Practice Transformation Taskforce
QC – Quality Council
UCONN – University of Connecticut
USPSTF – The United States Prevention Services Task Force