OHS CONNECTICUT
Office of Health Strategy

State Innovation Model
Quality Council
Meeting Minutes
October 10, 2018

Meeting Date	Meeting Time	Location
October 10, 2018	6:00 - 8:00 p.m.	CT Behavioral Health Partnership, 500 Enterprise Drive, Suite 3D, Hartford Room, Rocky Hill

Participant Name and Attendance

Quality Council Members					
Stacy Beck	X	Tiffany Donelson		Jaquel Patterson	
Rohit Bhalla		Steve Frayne		Tiffany Pierce	
Amy Chepaitis (via phone)	X	Amy Gagliardi (via phone)	X	Laura Quigley for Leigh Anne Neal (via phone)	X
NettieRose Cooley		Karin Haberlin		Andrew Selinger	X
Elizabeth Courtney		Susan Kelley (via phone)	X	Steve Wolfson	X
Mehal Dalal	X	Arlene Murphy (via phone)	X	Sandra Czunas for Thomas Woodruff	X
Mark DeFrancesco		Robert Nardino (via phone)	X	Robert Zavoski	

Others Present	
Olga Armah, OHS (via phone)	Riddi Dashi, UConn Health
Rob Aseltine, UConn Health	Mark Schaefer, OHS
Laurel Buchanan, UConn Health	Martha Staehli, UConn Health
Stephanie Burnham, OHS	Sara Wakai, 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**	**Steve Wolfson**
	Call to Order The regularly scheduled meeting of the Quality Council was held on Wednesday, October 10, 2018 at CT Behavioral Health Partnership, 500 Enterprise Drive, Suite 3D, Hartford Room, Rocky Hill, CT. The meeting convened at 6:08 p.m. Steve Wolfson chaired the meeting. Member attendance was taken by roll call and other participants introduced themselves.	
2.	**Public Comment**	**Steve Wolfson**
	There was no public comment.	
3.	**Purpose of Today's Meeting**	**Stephanie Burnham**
	Ms. Burnham provided the purpose of today's meeting (see presentation here).	
4.	**Public Scorecard**	**Rob Aseltine**
	• Dr. Aseltine, of UConn Evaluation Team, presented an update on the Public Scorecard. ○ Ms. Burnham spoke about what the design subgroup has been doing regarding content and design issues. Stacy Beck, Steve Wolfson, and Amy Chepaitis are part of the design subgroup. She said they wanted to make sure the displays were clear with each click. It was noted that they scrutinized to make sure that the colors were user friendly and to make sure things were meaningful for all populations looking at it.	

- There was a question to what extent did they consider it being viewed on a mobile device and not a desk top.
  The subgroup did not consider mobile device usage. It was mentioned that the majority of web searches are happening on mobile devices. Dr. Aseltine said they are working with this in the development process to ensure that it is platform independent in terms of who can view using different technologies. They are dealing with various issues but the hope is that it can be optimized for small screens. There may be decisions that have to be made based on the platform for which it is being viewed.

- The Council discussed the provider attribution results. There was a question about how the process compares with how the scorecard process of attribution is done across the country and whether this process is similar to what other states are doing. It was mentioned that every state has a unique item that they are rating as well as different data. The data varies. Some organizations let medical groups self-attribute. It was noted that there are a variety of methods. It was mentioned that none of the scorecard states had a scorecard at the level of the ACO, they attributed to hospitals, practice groups, and/or practitioners.

- A question was raised about whether it would be possible for there to be a place on the website in somewhat plain language regarding the method used for attribution of cases to providers for transparency purposes. Dr. Aseltine said there are three methodology documents and there is one specifically on attribution that were put out during the public comment phase. He said they can work on having a plain language explanation.

- The Council discussed whether to show a confidence interval as opposed to providing the real full population value with a footnote that says this is the performance on a fully insured market. It was mentioned that confidence intervals can be difficult to interpret. There was a question before the Council of whether to provide the view that creates a certain level of uncertainty as opposed to providing certainty for the subset of patients that are fully insured. Members discussed the issue. Dr. Aseltine said he is not hearing enthusiasm with the confidence bands. It was decided that further discussion would be needed on this topic.

- The Council discussed initial measure calculations and Medicare data and measures. It was mentioned that the follow up steps could include seeing if there is public access to some performance data with regards to our existing advanced networks. Ms. Burnham said they could ask their partners about access to this. There was a suggestion to look at other states to see what they are doing as well. An overview of the risk adjustment and response to public comment was provided. It was mentioned that due to a lack of time, the Council could have a supplemental webinar or postpone further discussion until the next regular meeting.

5.	**Looking Ahead**	**Rob Aseltine**
	• This topic was not discussed due to a lack of time.	
6.	**Review of Next Steps**	**Stephanie Burnham**
	• The next steps are to continue measure construction, integrate attribution with measure results, finalize the provider lists, and continue user interface development with input from the presentation subgroup. • The next Quality Council meeting is scheduled for November 14, 2018.	
7.	**Adjourn**	Meeting adjourned at 8:10 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