

State Innovation Model Quality Council Meeting Minutes November 14, 2018

Meeting Date	Meeting Time	Location
November 14, 2018	6:00 - 8:00 p.m.	CT State Medical Society, 127 Washington Avenue, East Building, 3 rd Floor, North Haven, CT

Participant Name and Attendance

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

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
	<p>Call to Order The regularly scheduled meeting of the Quality Council was held on Wednesday, November 14, 2018 at CT State Medical Society, 127 Washington Avenue, East Building, 3rd Floor, North Haven, CT.</p> <p>The meeting convened at 6:06 p.m. Mehul Dalal presiding.</p> <p>Member attendance was taken by roll call and other participants introduced themselves.</p>	
2.	Public Comment	Mehul Dalal
	There was no public comment.	
3.	Approval of Minutes	Mehul Dalal
	The motion was made by Stacy Beck and seconded by Arlene Murphy to approve the July 11, 2018, August 1, 2018, and October 10, 2018 Quality Council meeting summaries. Motion carried.	
4.	Purpose of Today's Meeting	Stephanie Burnham

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	<ul style="list-style-type: none"> • Ms. Burnham reviewed the purpose of today’s meeting. She said there will be an update on the consumer facing website and public scorecard. There will also be a status update on the endorsement and alignment for the core measure set and an initial orientation of opioid measures if time allows. • An update was provided regarding the consumer facing website. The legislative charge for the website was reviewed in the Health Care Cabinet. The website will be consumer friendly and will have information concerning the cost and quality of healthcare services in the state. It was mentioned that Quality Council’s work will be incorporated into the consumer website. It was noted that Quality Council’s work would not change but will continue and live on this consumer website along with some other pertinent consumer information. • There was a discussion about connecting with Allan Hackney to see if he would like to work with various consumer representatives and the User Interface Subgroup on the consumer cost transparency portion of the website. • Ms. Burnham said she would send a presentation regarding cost transparency content that was provided to the Health Care Cabinet. 	
5.	Public Scorecard	Rob Aseltine
	<ul style="list-style-type: none"> • Rob Aseltine, of UConn Health, presented on the Public Scorecard. <ul style="list-style-type: none"> ○ The Council discussed the Public Scorecard status update. There was a question regarding the barrier to the Medicaid data. It was mentioned that an agreement needed to allow the claims to flow to Access Health and OnPoint has been finalized. The data should be able move however there is a question of getting the data and integrating it with existing APCD data. It was mentioned that there are some challenges and it will take some time. Currently the delivery date for Medicaid data is unknown. ○ The most recent Medicare prescription data currently available is from 2015. It was mentioned that the next Medicare extract may include pharmacy claims through 2017. The Council decided to wait on the next extract update on Medicare data before moving forward with an alternative strategy. ○ The Council reviewed the various organization engagement charts. There was a discussion regarding the provider list. It was mentioned that if a provider does not participate in the entity’s value-based contract, they would not be considered eligible for this. There was a question about how we are reaching out to the various entities and whether only by email. It was mentioned that if the entity is not reached by email it would be by phone call. There are some entities that have not responded to anything. ○ There was a discussion regarding the required number of patients per entity in the denominator/minimum sample size. The Council decided to leave the final decision regarding sample size requirements until after they have the denominator sizes for each measure by organization. ○ Dr. Aseltine said for next steps they will continue communications with each of the advanced networks and work on the finalization of provider lists and report back to the Council. They will continue measure construction and the user interface development. 	

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	There will be some decision points regarding design, specifications, and other items that will be brought back to the Council.	
6.	Endorsement and Alignment Status	Stephanie Burnham
	<ul style="list-style-type: none"> • Ms. Burnham presented on the endorsement and alignment status. <ul style="list-style-type: none"> ○ The Council reviewed and discussed the status of the core measures alignment, reporting measures, and development measures with respect to NQF endorsement status and national programs such as the Quality Payment Program, Quality Measures Collaborative, and USPSTF. ○ The Council talked about having a refresher and an update regarding how some of the measures transpired. It was noted that the root of the Behavioral Health measures came from the Behavioral Health design group to the Quality Council when the measures were first being developed. It was suggested that the design group set of final recommendations be resurfaced for the group to review. It was mentioned that there have been a lot of changes since the original recommendations. ○ It was mentioned that the refresher process could revisit and reintroduce measures. It was suggested that there be an opportunity to not only look on a regular basis whether current measures are still valid and supported but to see if new measures have come onto the scene in wide spread use in quality measuring programs and new NQF endorsements that align with Quality Council’s priorities. ○ The Council discussed Annual Monitoring for Persistent Medications (#2371) and agreed to postpone a decision and wait for an explanation regarding why NCQA retired it. It was mentioned that a decision could be made on whether to remove the measure from the core measure set after receiving additional information. ○ There was a suggestion for the Council to revisit the ambulatory care measures. ○ For next steps, there will be a review of measures on the newly endorsed opioid measures and the possibility of moving ambulatory care measures to the reporting set. 	
7.	Looking Ahead	Stephanie Burnham
	<ul style="list-style-type: none"> • This topic was not discussed due to a lack of time. 	
8.	Review of Next Steps and Adjournment The motion to adjourn the meeting was made by Steve Wolfson and seconded by Arlene Murphy. Motion carried.	Meeting adjourned at 7:58 p.m.

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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