OHS CONNECTICUT
Office of Health Strategy

State Innovation Model
Quality Council
Meeting Minutes
May 15, 2019

Meeting Date	Meeting Time	Location
May 15, 2019	6:00 – 8:00 p.m.	Webinar

Participant Name and Attendance

Quality Council Members					
Stacy Beck		Steve Frayne		Tiffany Pierce	
Rohit Bhalla		Amy Gagliardi		Andrew Selinger	X
NettieRose Cooley	X	Karin Haberlin	X	Steve Wolfson	X
Elizabeth Courtney	X	Susan Kelley		Robert Zavoski	
Sandra Czunas		Robert Nardino	X		
Mark DeFrancesco		Leigh Anne Neal			
Tiffany Donelson		Jaquel Patterson			
Others Present					
Rob Aseltine, UConn Health		Stephanie Burnham, OHS		Mark Schaefer, OHS	
Laurel Buchanan, UConn Health		Kathy Madden, NEMG			

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**
	The regularly scheduled meeting of the Quality Council was held on Wednesday, May 15, 2019 by webinar. The meeting was called to order at 6:02 p.m. Dr. Wolfson chaired the meeting. Attendance was taken by roll call and other participants introduced themselves. It was determined that a quorum was not present.	
2.	**Public Comment**	**Steve Wolfson**
	There was no public comment.	
3.	**Approval of Minutes**	**Steve Wolfson**
	The approval of the meeting summary was postponed.	
4.	**Purpose of Today's Meeting**	**Stephanie Burnham**
	Ms. Burnham provided the purpose of today's meeting (see presentation here). The purpose of the meeting is to discuss final details of publishing the Public Scorecard, rated entities, and new issues that have come up with some of the measures.	
	Public Scorecard	**Dr. Rob Aseltine**
	• Dr. Rob Aseltine, of UConn Health, presented on the Public Scorecard. He reported that the website and results are ready for upload and publication. The organizations' results review process is complete for the first set of commercial measures and the analysis of the second set of commercial measures is underway.	

- The Council discussed the input from Methods and Measure Subgroup on Immunization for Adolescents measure and the proposed modification. There was a proposal to use the calendar year rather than fiscal year and extend the look back period by one year. There were no objections to the proposed modification. The Council decided to move forward with coding the measure with modifications.

- The Council discussed the Adult Major Depressive Disorder: coordination of care of patients with specific co-morbid conditions measure issue. It was mentioned that the numerator uses three G-codes (G8959, G9232, G8960) which code for communication between providers about patients with major depressive disorder (MDD). The frequency of these G-codes for people 18 years or older in FY2017 had only 42 instances of using G8959, G9232, or G8960. It was noted that this has been discussed with the APCD and has been verified that it reflects actual frequencies.
  It was stated that G-codes are sometimes restricted and cannot be used by management. It was mentioned that it may be found that the G-code is not an operational code that would be good to use. There was a suggestion to call other practices to see if they are using the G-codes. It was mentioned that there are other Behavioral Health measures in the commercial score card. After some discussion, the Council agreed to drop the measure for the first commercial scorecard as numbers are insufficient and to explore with clinicians what the barriers are to use the G-codes and coming up with plan B.

- The Council reviewed and discussed the pros and cons of three options presented regard Medicare pharmacy data. The first option is to Publish Medicare 2016 scores, the second option is to publish only measures that don't need prescription data, and the third option is use publicly available MSSP reported results. It was suggested that option one would be allow consistency in the scorecard between the three payer types and would also be more consistent with the goals that the Quality Council set out for with the measure set. It was mentioned that 2016 data seems very old and is certainly a drawback. It was noted that it is important to have integrity of the data. It was mentioned that there will be groups that have gone through changes, organizational or instructional, but it should not be a significant deterrent to incenting groups to look at their performance and behaviors. It was mentioned that it is better to have data integrity than disparity between the data sources. The Council agreed to use option one, publish Medicare 2016 data.

- The Council looked at the review process of the organizations being rated. It was noted that there was a lot of engagement from the Advanced Networks (AN) and surprisingly there was overwhelmingly positive interactions. There was a question about what it means by support when saying we received active interest and support from several Advanced Network contacts. It was mentioned that ANs see they can make use of the report, can make improvements, and look for ways to improve. It was mentioned that several Advanced Networks asked for more refined results for quality improvement and feedback to providers.

- There was a question about whether it is possible to correct our data after input. It was mentioned that because we cannot share patient level data and cannot align their data, it would be impossible. There was a question about how to prepare for the people that feel like they are unfairly dinged in the first publication. It was mentioned that due diligence is being

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done to cover the different scenarios to avoid major surprises. It was mentioned that talking points can be set up to defend what was done. Everything will be public about the process. It was mentioned that transparency is important. The responses from organizations were good. The positive responses speak to the due diligence from this council.

- There was a recommendation to refine the provider list to reflect just the Medicare SSP providers for the organizations that can and will provide feedback. There were no objections to the recommendation. The Council agreed to the refined provider list being provided to various organizations.

- There was a question about when, where, and how the Public Scorecard will be released. It was mentioned that they are expecting to go live in two weeks. There is an upcoming meeting with the Communications Director. It was stated that there will be a press release that the scorecard is underway. There was question about if they are going to let the provider groups know ahead of time about the release. It was mentioned that it would be good if they have a heads up to let them know ahead of time.

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6.	**Review of Next Steps and Adjournment**	**Steve Wolfson**
	• Dr. Aseltine reviewed the next steps. The next steps include publishing the first commercial measures, to continue analysis and validation on the second set of measures, and begin Medicare measure analysis. • The motion to adjourn was made by Steve Wolfson and seconded by Andy Selinger. **Motion carried**	The meeting adjourned at 7:05 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

AWC – Adolescent Well Care

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

MDD – Major Depressive Disorder

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