OHS CONNECTICUT Office of Health Strategy

State Innovation Model
Quality Council
Meeting Minutes
July 17, 2019

Meeting Date	Meeting Time	Location
July 17, 2019	6:00 – 8:00 p.m.	Webinar

Participant Name and Attendance

Quality Council Members					
Stacy Beck	X	Steve Frayne		Tiffany Pierce	
Rohit Bhalla	X	Amy Gagliardi		Andrew Selinger	X
NettieRose Cooley	X	Karin Haberlin	X	Steve Wolfson	X
Elizabeth Courtney	X	Susan Kelley		Robert Zavoski	
Sandra Czunas	X	Robert Nardino	X		
Mark DeFrancesco		Laura Quigley for Leigh Anne Neal	X		
Tiffany Donelson					
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, July 17, 2019 by webinar. The meeting was called to order at 6:00 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 yet 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 to later in the meeting.	
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 the Public Scorecard particularly with the next set measures and upcoming Quality Council activities.	
5.	**Public Scorecard**	**Dr. Rob Aseltine**
	• Dr. Rob Aseltine, of UConn Health, provided a brief recap of the readmissions risk adjustment approaches and presented the status update of the Public Scorecard. It was mentioned that the scorecard publication date is imminent. The results review for the first commercial score are finalized and validation for the second commercial scorecard is almost complete. There is	

no timeline for receiving Medicaid data. The task of collecting Medicare provider list with each organization has begun.

- The Council discussed the Public Scorecard presentation. There was a question regarding the difference between the first scorecard iteration and the second scorecard iteration. It was mentioned that the measures were split into two parts. The goal was to publish in May and as quickly as possible but currently we are waiting for the site to be launched.

- There was a question of whether to include obstetrics and gynecology (OB/GYN) on the organization provider list. The Council discussed whether to be consistent with the organizations' Medicare contracts and providers that are part of their contracts or maintain consistency with the decision the Quality Council made previously about including OB/GYNs as a primary care provider. This will be applied for Medicare only not commercial. It was mentioned that in the Medicare population there could be duplication among designated primary care physicians. It was stated that it is unlikely that a senior citizen would not have a primary care provider while continuing to see their OB/GYN. There was a question about how many people would be included because they have non-OB/GYN primary care providers, if OB/GYNs were eliminated. It was mentioned that it could be over 99 percent. It may result in the loss of the provider type, not patients. It was mentioned that it would not be an impact to quality scores. The Council agreed and decided to move forward with providers that participate in each organization's Medicare SSP contract irrespective of whether it fully aligns with primary care specialties that have been identified.

    There was a question about whether attribution documentation would have to be updated for the public. A suggestion was made to make a notation in the Medicare scores that the providers to which patients could be attributed would be primary care specialties that are included the contracts.

- The Council discussed the Readmissions Risk Adjustment measure approach. The goal is to create an expected rate of readmission to compare to the actual rate. It was noted that it is a complex measure and there would be quite a bit of analytic work to do the risk adjustment. There was a question about whether the solution being presented, captures how some hospitals take on the most challenging cases or cases from other places. It was mentioned that it somewhat captures it. Hospitals that have special expertise and have cases transferred to them because of the expertise are going to get patients that are more challenging. It was mentioned that some things can be adjusted a little for them such as co-occurring conditions.

- The Council reviewed the preliminary organizational ratings. An issue was raised about the Long Acting Reversible Contraceptive measure. There are a number of catholic facilities and the ones with a "Saint" in front of their names, the standard deviation is low. It was mentioned that certain patients may elect not to go there and it may not indicate the standard of quality.

- The Council continued to discuss the Long Acting Reversible Contraceptive measure issue and whether possible to show an asterisk with some explanation. There was a suggestion about the need to wordsmith and have something respectful and sensitive to the climate of the times around contraceptive quality measures and indicate that certain organizations may have a performance difference by virtue of their mission. It was suggested that the asterisk could indicate that the organization has elected to provide a comment on their results. It was

	noted that this is an important measure to show because it reflects contraceptive access and choice in many ways for women who want to regulate their fertility.
	
	• There was a question about if organization would be allowed to comment on the results or put anything on the public domain. It was stated that there is not a provision for that option built on the website. It was mentioned that OHS will have contact information on the website for feedback and will use the information for quality improvement. Organizations that have questions and would like to provide comments about the measures can be referred to the OHS office.
	
	Dr. Aseltine provided next steps.
	   o Finalize second set of commercial measures.
	   o Publish commercial measures.
	   o Begin Medicare measure analysis.	

6.	**Upcoming Activities**	**Stephanie Burnham**

	• Ms. Burnham reviewed the upcoming activities.
	   o Publishing of the scorecard
	   o Core measure set examination and update
	   o Planning for post - SIM	

	Approval of Minutes	**Steve Wolfson**
	The Council decided to vote on the minutes as it was determined that a quorum was now present. The motion was made by Stacy Beck and seconded by Andrew Selinger to approve the meeting summary of the Quality Council May 15, 2019 meeting. **Motion carried.**	
7.	**Adjournment**	**Steve Wolfson**
	The meeting adjourned at 7:00 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

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

MPS – Medical Professional Services

NCQA - National Committee for Quality Assurance

NPIs – National Provider Indicators

NQF - National Quality Forum

OB/GYN – Obstetrics and Gynecology

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