STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
November 4, 2015

Meeting Location: CT State Medical Society, 127 Washington Avenue, North Haven

Members Present: Rohit Bhalla; Aileen Broderick; Mary Cooper (for Steve Frayne); Mehul Dalal; Deb Dauser Forrest (for Marla Pantano); Amy Gagliardi; Daniela Giordano; Elizabeth Krause; Steve Levine; Arlene Murphy; Robert Nardino; Donna O'Shea; Jean Rexford; Todd Varricchio; Steve Wolfson; Thomas Woodruff; Robert Zavoski

Members Absent: Mark DeFrancesco; Karin Haberlin; Kathleen Harding; Kathy Lavorgna; Tiffany Pierce; Rebecca Santiago; Andrew Selinger

Call to order
The meeting was called to order at 6:05 p.m. Steve Wolfson served as chair.

Public comment
Mary Boudreau of the CT Oral Health Initiative provided public comment regarding the fluoride varnish measure (NQF #1419) (see public comment here). The Council discussed how the denominator for the measure impacts how the baseline is set. There was a concern regarding whether it would promote over application of varnish, given that the measure is intended for high risk children. Mark Schaefer suggested adding it to the development set for programming. Dr. Wolfson suggested setting a six-month deadline to move it to reporting. Robert Zavoski said that Medicaid has used the measure for years and suspected uptake would be quick. Donna O'Shea said this would be released as a health exchange measure. The Council agreed to add the measure to the development set.

Review of comments/concerns
The Council reviewed comments and concerns (see presentation here). Dr. Schaefer noted there are issues beyond the technical ones already noted. The Program Management Office has not been able to hire a quality measure lead and it will be difficult to meet the January 15 deadline. The Council discussed what a reasonable date might be. Deb Dauser Forrest mentioned using the All Payer Claims Database as an option. She said if the measures are payer agnostic they should have sufficient base rates. The Council decided not to change the deadline as it was noted that the payers appeared to be on board with supporting the process of working through the development set.

The Council discussed concerns with measures.

ED/1000	Arlene Murphy said she would not include it as a care coordination measure as other items are more important. Dr. Schaefer said that Medicaid uses it as an access measure. Dr Wolfson said the emergency department is not a good place for care coordination. There was a concern that providers with a sicker patient panel would have higher ED utilization rates and that may not be in the best interest of patients. The Council opted to keep the measure on the list as the best available but continue to seek out a measure that would not have the same patient selection issues.

Pre-natal and post-partum timeliness (NCQA 1517) and frequency of ongoing prenatal care (NQF 1391)	There was concern among members about moving forward without any prenatal measures. There were also concerns about how to measure for care if an ACO has no influence on who a woman chooses for her OB/GYN. In addition, not all ACOs have OB/GYNs. The measure attributes to a PCP first and an OB/GYN second if there is no PCP. Todd Varricchio noted that all payers would need to regard OB/GYNs as primary care in order to attribute to an ACO. He suggested looking at an alternative payment model that is specific to OB/GYN. The payer representatives expressed concern about including the measures in a contract. The Council decided to seek public comment and further consideration on the measure before adding it to the final core set.
Pediatric care	There were concerns that the NQF 1516 measure offered little opportunity for improvement. Aileen Broderick noted the measure is on all score cards. Faina Dookh noted that NQF 1516 was in 95% of commercial plans and performs at 90%. Adolescent Well Visits (NCQA) are in 95% of plans but only performs at 67%. The Council opted to include it.
Concern regarding lack of time for alignment plan; Health IT questions	The Council discussed how to best move forward. Dr. Wolfson proposed that the executive team work on answering the detailed questions that come up regarding Health IT solution. Mehul Dalal noted they needed to make sure the executive team has an open process. Victoria Veltri noted that there are already alignment comments that need to be addressed, including being responsive to comments from the Health Information Technology Team. Ms. Veltri provided an update on the edge server pilot and demonstration. Dr. Wolfson expressed concern that the Council sent the HIT Council test questions in February and there has been no action.
Additional questions and comments	The Council reviewed additional questions. Ms. Broderick suggested they evaluate the list on an annual basis.
Health Equity Design Group	Elizabeth Krause provided an update on the Design Group's work. Care experience was proposed to be targeted as a health equity measure with one option being to over sample by race/ethnicity to allow comparison. She noted they understood that race/ethnicity information is limited for claims-based measures and that electronic health record sourced measures require time to develop a technological solution. The design group recommends moving forward with health equity work.

Review of Steering Committee Presentation
Dr. Wolfson congratulated the Council members for their work on the measure set. Dr. Schaefer said the measure set does not need to go to the Healthcare Innovation Steering Committee's next meeting but he would like it to. He said they can release a draft to the Steering Committee and continue to make editorial adjustments. The important items are the measures they are proposing and the reasons why they are proposing them, as well as their plan to proceed.

The Council is scheduled to meet on November 18th to discuss residual clarifications, Steering Committee comments, and to begin to move to public comment.

Motion to adjourn – Steve Levine; seconded by Aileen Broderick
There was no discussion.
Vote: all in favor.

The meeting adjourned at 8:28 p.m.