

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
September 2, 2015

Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Aileen Broderick; Mehul Dalal; Steve Frayne; Daniela Giordano; Karin Haberlin; Elizabeth Krause; Arlene Murphy; Robert Nardino; Marla Pantano; Tiffany Pierce; Andrew Selinger; Steve Wolfson; Thomas Woodruff; Robert Zavoski

Members Absent: Rohit Bhalla; Mark DeFrancesco; Amy Gagliardi; Kathleen Harding; Kathy Lavorgna; Steve Levine; Donna O'Shea; Meryl Price; Jean Rexford; Rebecca Santiago; Todd Varricchio

Other Participants: Debbie Amato; Rita Berkstrom; Sean Bradbury; Steve Colangelo; Sandra Czunas; Faina Dookh; Kathy Henchey; Kevin Kappel; Jane McNichol; Mark Schaefer

Call to Order

The meeting was called to order at 6 p.m. Mehul Dalal served as meeting chair.

Public Comment

There was no public comment.

Approval of Minutes

Motion to approve the minutes from the meeting of August 12, 2015 – Steve Wolfson; seconded by Elizabeth Krause.

There was no discussion.

Vote: all in favor.

Care Coordination Measures

Mark Schaefer said the PMO would convene a special Quality Council meeting to talk through issues involving care coordination and to review any additional information received. He reviewed the schedule for the next month. He also reviewed the PMO's discussion with Delaware regarding their common scorecard. There will be follow up to understand how they measure their progress (27% alignment amongst payers).

The Care Experience Design Group met with Dr. Paul Cleary of Yale regarding the redesign of the CAHPS survey (Consumer Assessment of Healthcare Providers and Systems). Dr. Cleary is proposing including items from the ECHO behavioral health survey tool. It was noted that what they

are pursuing is aligned with work nationally. The design group emphasized the importance of overcoming barriers to completing the surveys, particularly with more vulnerable populations.

Consideration of Supplemental Medicaid Measures

Robert Zavoski and Steve Colangelo presented on behalf of the Department of Social Services. Dr. Zavoski described the Medicaid measure review process and the protocol that DSS must follow in implementing the Medicaid Quality Improvement and Shared Savings Program (MQISSP) ([see Protocol for Work in Support of the State Innovation Model Medicaid Quality Improvement and Shared Savings Program here](#); [DSS Overarching Goals and MQISSP Measure Selection Criteria here](#) and [MQISSP Proposed Measures here](#)). He said that as time goes on they will move towards EHR based measures. The Council discussed the MQISSP proposed measures.

Level 3 Culling – Acute and Chronic Care measures, other measures as time permits

The Council reviewed the results from the Survey Monkey poll ([see results here](#)). The Council decided to include the top 7 measures in the survey and begin reviewing at the 8th ranked measure: Diabetes Foot Exam.

Measure	Discussion	Consensus Decision
<i>Diabetes Foot Exam</i>	The measure is important in terms of health equity disparities but it is an EMR based measure, proving difficult to stand up.	The Council opted to keep this measure.
<i>CAD: Persistence of Beta blocker therapy after a heart attack</i>	There were concerns about base rate issues and opportunity for improvement.	The Council opted to move this to specialty care.
<i>Avoidance of antibiotics for acute bronchitis</i>	It was noted this measure is part of Choosing Wisely and is important from a public health standpoint..	The Council opted to keep this measure.
<i>Ischemic vascular disease: use of aspirin or another anti thrombotic</i>	It was noted that this was a self-reported measure involving a nonprescription medication, leading to doubt in the reporting accuracy.	The Council opted not to retain the measure.
<i>Heart Failure: Beta-blocker therapy for left ventricular systolic dysfunction</i>	It was noted that the base rates were too low for primary care.	The Council opted not to retain the measure.
<i>Use of spirometry testing in the assessment and diagnosis of COPD</i>	It was noted the base rates were too low and it was difficult to get good claims capture due to difficulty distinguishing the initial diagnosis.	The Council opted not to retain the measure.
<i>Disease modifying anti-rheumatoid arthritis</i>	It was noted that base rates are insufficient and better as specialty specific.	The Council opted not to retain the measure, referred to specialty specific.

<i>Cardiac stress imaging: testing in asymptomatic low risk patients; and preoperative evaluation in low risk surgery patients</i>	There was discussion as to whether stress testing or EKGs had a higher cost associated. It was noted these are measurable at the ACO level.	The Council decided to revisit the measures and determine whether to stand them up as reporting only. OSC will report back re: their data regarding utilization.
<i>Coronary Artery Disease: Medication adherence</i>	The measure lost its NQF endorsement and is a challenge to program. It also lacks performance data.	The Council opted not to retain the measure.

Next Steps

Next steps were discussed at the beginning of the meeting.

The meeting adjourned at 8:05 p.m.