

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
October 21, 2015

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

Members Present: Rohit Bhalla; Aileen Broderick; Mehul Dalal; Daniela Giordano; Karin Haberlin; Elizabeth Krause; Arlene Murphy; Robert Nardino; Marla Pantano; Jean Rexford; Andrew Selinger; Todd Varricchio; Steve Wolfson; Thomas Woodruff

Members Absent: Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Kathleen Harding; Kathy Lavorgna; Steve Levine; Donna O'Shea; Tiffany Pierce; Rebecca Santiago; Robert Zavoski

Other Participants: Kristen Casasanta; Supriyo Chatterjee; Sandra Czunas; Faina Dookh; Monica Farina; Kevin Kappel; Johnny Mei; Mark Schaefer; Vicki Veltri; Brad Weeks

Call to Order

The meeting was called to order at 6:10 p.m. Steve Wolfson served as the meeting chair. Participants introduced themselves.

Public Comment

There was no public comment.

Approval of Minutes

Approval of minutes was postponed until the next meeting.

Recap

Mark Schaefer reviewed the current provisional measure set and decisions about measures from previous meetings ([see presentation here](#)). Mr. Varricchio asked whether the CAHPS measure expands out into other measures. The Council discussed the use of the CAHPS measure. The PMO will work with Paul Cleary regarding the items included in the latest version of the CAHPS and the measure breakdowns.

Dr. Schaefer reviewed the latest major changes: Dr. Wolfson's cardiac measure review; the DSS recommendations; and emergency department use measures. The aim of the meeting is to review measures, rank them, and refining the core measure, supplemental and reporting sets.

Report out from Care Coordination Measure Design Group

Dr. Schaefer provided an overview of October 15 Care Coordination Measure Design Group. The group discussed health plan experiences and whether care coordination measures for patients with diabetes and asthma were viable. They also discussed base rates, denominator and numerator sufficiency

Dr. Schaefer said the October 15th meeting of the design group included a discussion of health plan experiences and whether patients with diabetes, asthma, and young adult admissions were viable. He said the design group also heard from health plans about base rates and denominator and

numerator sufficiency. The DM and asthma admission measures have been referred to the development set as they require additional data.

The group discussed whether ED use would be the best measure for child asthma admissions. The consensus was to include the measure in the development set. The Council discussed the use of condition specific measures versus composite measure. It was suggested that a pediatric composite measure (NQF #0728) be added to the development set. Council members agreed. It was asked how improvement could occur if every piece of the composite is a small number. That issue was referred to the development design group for further examination.

Results of rankings/proposed core measure set

Dr. Schaefer provided an overview of the survey measure rankings and proposed quality measure sets. Arlene Murphy suggested changing the language by using the term “additionally recommended measures” instead of “supplemental measures.”

Mr. Varricchio asked about reporting and timing. Dr. Schaefer said that is an implementation question and the PMO is not yet prepared to lay out that information. The PMO is prepared to report on the results of the health plan interviews but not on how alignment will look over the next few years. They are examining means to measure alignment. The Council deferred discussion of the alignment process to the October 28th meeting.

There was discussion regarding whether to refer to the supplemental set as “additionally recommended measures.” There was a suggestion that the Council discuss setting the core set at 26 measures and what to do with the remaining 14 measures.

The Council discussed NQF #0056 regarding diabetes foot examinations. Robert Nardino said the American College of Physicians (ACP) does not recommend the measure as it lacks evidence that outcomes are affected by regularly performing pulse exams in asymptomatic patients. Mehul Dalal offered to examine the evidence to see if there is a benefit to health equity. The Council agreed to remove the measure unless there is evidence in favor of keeping it. The measure will be discussed at the October 28th meeting.

The group discussed categorization of measures and whether there were particular measures they had issues with. Aileen Broderick said the colorectal cancer screening measure was difficult to program and requires a 10-year look back. The Council agreed via consensus to leave the measure on the list. Ms. Broderick also expressed concern with the prenatal and post partum care measures and suggested they both be included as Medicaid only. The Council discussed performance percentages for both measures by payer. It was suggested the two measures be added to the reporting set for commercial and the core set for Medicaid. The Council agreed.

Elizabeth Krause asked what is mandated across statewide for child and adolescent well visits. She noted that school requirements may cover well care visits at certain age points. According to the Quality Compass, the primary adolescent age group for well care visits is in the 95th to 100th percentile. More research is needed to determine whether there is an opportunity for improvement in Medicaid.

The Council discussed depression screening and follow up. Dr. Nardino said the US Preventive Service Task Force does not recommend screening unless the provider can apply a follow-up plan. Ms. Murphy noted that the screening follow up measure is commonly used nationwide. Daniela Giordano said that it should be used with both primary care and mental health providers to

strengthen services and create relationships. The state will press on the issue through technical assistance and transformation efforts. The Council agreed to retain clinical depression screening. Dr. Bhalla suggested they consider documentation of current medications in the medical record (NQF #0419). There was discussion that the measure could be time consuming and a clinical burden. The Council decided to remove the measure.

Members discussed the primary caries prevention measure. There was concern from payers that the data needed for the measure could not be captured because it does not generate a claim. NQF also withdrew its endorsement of the measure. It was suggested the measure be moved to the development set. Dr. Schaefer said he could circle back to oral heal proponents of the measure. The Council decided to move the measure to the development set pending further review.

Dr. Dalal proposed moving the medication management for people with asthma and asthma medication ratio measures to the core list. It was noted the ACP found the asthma medication ratio measure to be problematic. The two measures can provide different and complementary information. The Council agreed to move the measures to the core set.

Karin Haberlin asked whether they had decided on depression remission. The Council discussed follow-up care for children prescribed ADHD medication (NQF #0108); depression remission at 12 months (NQF #0710); and unhealthy alcohol use screening. Care coordination is a central element to these measures. There is an issue of a lack of information sharing between primary care and behavioral health. Dr. Wolfson noted that a goal of SIM to is better integrate behavioral health into primary care.

There was concern regarding the adult major depressive disorder with medical co-morbidity coordination measure. There may be issues of base rate sufficiency and it would require care coordination in commercial populations. It was suggested the measure be included in the reporting set. If the Council were to remove the supplemental category and use the list remains after reallocation, the list would include 30 measures. Of that, 12 are EHR based, 17 are claims based, and 1 is care experience based. The care experience measure will likely become more measures.

Ms. Murphy asked whether the supplemental/additionally recommended list would remain. Dr. Schaefer suggested having one list of recommended measures with a core set, reporting set, and development set. Dr. Bhalla suggested providing different views of the measures with age cohorts as it may be helpful for public comment. Dr. Schaefer said the report could include exhibits that present the measures in different ways.

Health Equity Measures

Ms. Krause said the Health Equity Design Group placed EHR-based measures in priority order. The Design Group recommends they target their top four recommended EHR measures. The Council agreed via consensus. Ms. Krause proposed the Design Group recommend three claims-based measures as those originally recommended have for the most part been recommended for development.

Health plan interviews

This was not discussed due to a lack of time.

Quality Measure Alignment Plan

This was not discussed due to a lack of time.

Next Steps

The next meeting will be on October 28th to discuss the alignment plan and review the draft report. The Council will likely meet less frequently following the November 12th Steering Committee meeting. The next tasks for the Council to tackle are review of public comments, creation of the scorecard, and collaboration with the HIT Council.

Motion: to adjourn the meeting – Dr. Robert Nardino; seconded by Dr. Thomas Woodruff.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 8:18 p.m.

DRAFT