

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Quality Council***

**Meeting Summary**  
**December 16, 2015**

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

**Members Present:** Dr. Rohit Bhalla; Aileen Broderick; Dr. Mehul Dalal; Steve Frayne; Daniela Giordano; Karin Haberlin; Elizabeth Krause; Dr. Steve Levine; Arlene Murphy; Dr. Robert Nardino; Dr. Donna Laliberte O'Shea; Marla Pantano; Jean Rexford; Todd Varricchio; Dr. Steve Wolfson; Dr. Thomas Woodruff; Dr. Robert Zavoski

**Members Absent:** Dr. Mark DeFrancesco; Amy Gagliardi; Kathleen Harding; Dr. Kathy Lavorgna; Dr. Tiffany Pierce; Rebecca Santiago; Dr. Andrew Selinger

**Other Participants:** Faina Dookh; Monica Farina; Dr. Mario Garcia; Susan Halpin; Johnny Mei; Dr. Mark Schaefer; Vicki Veltri

**Call to Order**

The meeting was called to order at 6:12 p.m. Dr. Steve Wolfson served as the meeting chair. Members and participants introduced themselves.

**Public Comment**

There was no public comment.

**Review and Approval of Meeting Summaries**

Ms. Murphy asked how they were going to approach the review and approval of the eleven meeting summaries. Dr. Schaefer explained how it has been done in the past with similar circumstances. He said edits can be submitted offline for the summaries where there are particular issues, in the interest of efficiency or they can discuss the edits in today's meeting. Ms. Murphy said she has comments regarding the summary of October 28<sup>th</sup> and is willing to submit edits offline. Members agreed to extract the October 28<sup>th</sup> summary and accept the other presented meeting summaries.

***Motion: to accept the meeting summaries for January 21; February 2, 4, 18; March 4; April 1; September 2, 30; October 15, 21, 2015 – Elizabeth Krause; seconded by Jean Rexford.***

**Discussion:** There was no discussion.

***Vote: All in favor.***

**Updates**

***A. Status of the Quality Council Report***

Dr. Schaefer provided an update on the Quality Council report. He said a number of edits on the report were received and they are holding distribution of the second draft report pending some additional work on alignment narrative. He said they are not setting a date for moving forward with a presentation to the Healthcare Innovation Steering Committee (HISC) until the work concludes.

***B. Care Experience Survey***

Dr. Schaefer gave an update on the Care Experience Survey. He said they verified it was okay with Dr. Cleary to proceed with the specialist to do the cognitive testing. Dr. Schaefer explained the

cognitive testing process. He noted part of the testing includes making sure individual items and questions are understood the way they are intended. He said the program management office (PMO) has reviewed and shared the survey results with the executive team. Dr. Schaefer mentioned they are proposing to circle back with the Care Experience Design Group (CEDG) to share the results of the cognitive testing and talk about options to move forward. He said right now the people who do the cognitive testing are reviewing some of the PMO's comments about how to approach the issues more directly and clearly.

Members discussed the final list of questions from the survey. Ms. Haberlin mentioned she had suggested some rearranging of questions during the care experience process and Paul Cleary did not agree with her. She expressed concerns about question clarity and asked whether it could be revisited because of some of the results received. Dr. Schaefer mentioned this provides an opportunity to look at the issue of placement of the questions before an additional round of testing is undertaken. The group discussed whether it would be possible to explore fielding two separate surveys to alleviate framing and context problems. Dr. Schaefer mentioned a few of options proposed by Dr. Cleary. One option was to break the questions around medical specialty access, another option is to look for a sample that is specifically for people that have access to behavioral health services, and a third option is to redesign the questions that are not taken directly from the ECHO but may be derived from what's in the ECHO. Dr. Schaefer said for the first go round, they may want to see whether base rates are sufficient to provide a valid estimate and if not they may need to rethink the strategy.

There was a discussion about oversampling within HCO to collect more people who may need access to behavioral health services and adjust the rates. It was noted that it will be easier than undertaking a separate survey. It will include random samples from the group of people that have no claims history of behavioral health before the study period to ensure base rate sufficiency. It would also be incumbent of the payer to do a special poll of the data. Dr. Schaefer suggested for this to be put forward for consideration by the Care Experience Design group. There was a discussion of whether the randomly sampling done with select providers under a certain need would skew the answers for some of the questions. It was noted that an adjustment can be made for the oversampling. Dr. Schaefer mentioned that there will need to be a comfort level that doesn't affect the ability to benchmark against the general population. He said they could ask Dr. Cleary to speak to this issue if they go in that direction.

### ***C. Quality Council – HIT Team Update:***

Dr. Schaefer presented on the meeting between Quality Council and representatives from the HIT Team. He said the chairs of the HIT Council met with the Quality Council's executive team. In the meeting, there was a question about the best means to advance a dialogue between the Quality Council and the HIT Council as the HIT council attempts to solve for the program need identified, which is the collection of reliable measures that require electronic health record (EHR) data. It was noted that it makes sense to have meetings on an as needed basis between the two council's executive teams to shepherd the process in a way that meets everyone expectations. The group is looking to schedule a meeting later in January after the HIT Council meeting and the scheduled demonstration of technology.

Dr. Wolfson noted the genesis of the meeting was the delay in processing the request originally set in February. He said the reply was informative that Quality Council delayed in developing a full set of core measures. Dr. Wolfson said it was pointed out in the meeting that out that of the SIM states, our state is only one that does not have an all payers claims data base. He said they can't look at an already established data base but would need to find a way to independently access claims or find a

way to go from electronic health records to their analysis. Dr. Wolfson said it is a heavier task than what the other states have. He said it is important to have more contact with them to assure that the solutions pursued have clinical relevance and relevance to the concerns of the consumer advocates. He said the need for meetings between the two executive teams became obvious.

Dr. Woodruff said he was appointed on the committee. He noted there was one conference call and they raised a number of questions to them about the technology they were promoting. He said they asked for a demonstration of the technology at Bay State and haven't heard anything. Dr. Woodruff asked whether the design group was abandoned because it hasn't convened since. He expressed concern that a new group was put in the design groups place. Dr. Schaefer mentioned that the demonstration of technology is scheduled for January. Ms. Veltri mentioned there was a decision not to abandon the design group but to reconfigure it to include more people because of the delay in the demonstration.

Dr. Schaefer said there is a clear recognition of the importance to pursue HIT as soon as possible in Connecticut. He said the HIT Council went through a process of having two design groups and decided to have one design group. The design group will focus on the pilot and support the Community and Clinical Integration Program (CCIP). Ms. Murphy said there were Quality Council representatives on the HIT Council's design group that would be focusing on the pilot. She said there were questions presented for follow up and they haven't heard anything. Ms. Murphy asked about the next steps and whether the group would be reconvening. Ms. Veltri said she can make an inquiry to the HIT Council about where this stands. Dr. Woodruff asked whether the design group that was a liaison from Quality Council to HIT Council still existed. Dr. Schaefer said it is a new design group and the composition is not final. He said the group is soliciting for a Quality Council liaison ex officio member. Dr. Woodruff volunteered for the design group position.

***Motion: to have Tom Woodruff represent the Quality Council on the new design group – Robert Zavoski; seconded by Donna Laliberte O'Shea.***

**Discussion:** There was no discussion.

**Vote:** All in favor.

Ms. Murphy suggested monthly updates and interim reporting so that Quality Council and HIT Council can be apprised of things as they go along. Members agreed to have back and forth reporting especially after HIT Council meetings. Dr. Wolfson said this will be passed along to the HIT Council.

### **Logic Model**

Faina Dookh presented on the draft logic model ([see here](#)). She said there is also a slide presentation ([see presentation here](#)). She said the logic model is lengthy and the font is small because SIM is complex and involves variety of activities and interventions. The logic model connects different SIM factors and activities to particular outputs. It can serve as a communication tool to explain the change strategy and provide a basis for measuring impact. Ms. Murphy asked whether the logic model was for the Health Information Technology team and not for the Healthcare Innovation Steering Committee. Ms. Dookh said the goal is to have a logic model for all of the councils and it will go to HISC for review and approval. Ms. Veltri noted it started out as request from the HIT council but there are others that requested it. Members discussed the draft logic model.

Mr. Frayne asked are they viewing the logic model with a specific lens. Dr. Schaefer said to see ones work in context. Ms. Dookh said they would love to have feedback and a fresh eye on activities

that members relate to and other activities that members don't normally work with. Ms. Murphy mentioned that there were questions regarding the draft logic model raised in the Practice Transformation Taskforce meeting on yesterday. She asked whether there will be any revisions to the document. Ms. Dookh said all revisions have not been made yet. She noted they are revising the document actively and that members can provide feedback by email. Ms. Giordano said rather than having it done by workgroups, the logic model is a good way to show what they are aiming for and how all of the groups are involved. She expressed thanks and said the approach is great for the working document.

The meeting adjourned at 8:16 p.m.