

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
May 11, 2016

Meeting Location: CT Behavioral Health Partnership, Suite 3D, 500 Enterprise Drive, Rocky Hill

Members Present: Rohit Bhalla via conference line; Aileen Broderick; Stacy Beck; Mehul Dalal; Daniela Giordano; Karin Haberlin; Elizabeth Krause; Arlene Murphy; Robert Nardino; Leigh Anne Neal via conference line; Jean Rexford; Andrew Selinger; Thomas Wilson via conference line; Steve Wolfson; Thomas Woodruff via conference line; Robert Zavoski

Members Absent: Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Kathleen Harding; Kathy Lavorgna; Steve Levine; Tiffany Pierce; Rebecca Santiago; Todd Varricchio

Other Participants: Supriyo Chatterjee; Faina Dookh; Jenna Lupi; Cheryl Robertson via conference line; Mark Schaefer; Sharon Weeks via conference line

Call to Order

The meeting to order at 6:08 p.m. Dr. Mehul Dalal served as the meeting chair. Members and participants introduced themselves. It was determined a quorum was present. Dr. Dalal said Aileen Broderick is being replaced on the council by Stacey Beck. Members expressed thanks to Aileen Broderick for her dedicated work on the council. Stacey Beck, of Anthem Blue Cross and Blue Shield, was welcomed to the Quality Council as a new member.

Public Comment

There was no public comment.

Review and Approval of Meeting Summary

Motion: *to approve the summary of the March 9, 2016 Quality Council meeting – Jean Rexford; seconded by Arlene Murphy.*

Discussion: There was no discussion.

Vote: *All in favor.*

Core Quality Measure Collaborative Recap

Faina Dookh presented on the Core Quality Measure Collaborative Recap ([see presentation here](#)). She said tonight's meeting is a follow up from the conversation regarding the Core Quality Measure Collaborative (CQMC) core measure set. CQMC is a national group led by America's Health Insurance Plans (AHIP), members of Centers for Medicare and Medicaid Services (CMS), National Quality Forum (NQF), medical groups, and consumer groups. The Core Quality Measure Collaborative released a national measure set around which all payers are being encouraged to align.

Summary of Meetings with CMS and AHIP

Ms. Dookh provided a summary of the meetings with CMS and AHIP. Dr. Zavoski noted that CMS received feedback from Medicaid directors across the country that Medicaid programs were underrepresented, and Medicaid programs across the state does not welcome this measure set

warmly as a result. Dr. Zavoski explained that to say Medicaid programs had input into the process is not true. Dr. Schaefer said they spoke two CMS and AHIP representatives that were involved in the process and they noted that the target population in the formulation of the measures was commercial and Medicare fee for service. Dr. Schaefer said consequently there is a consensus set that will inform the development of new commercial and Medicare measures. CMS will proposed to adopt aligned measures through their usual rule making process.

It was noted that both AHIP and CMS said they were strongly committed to adopting the measures on the CQMC measure set. Ms. Dookh mentioned that pediatric measures are under review by CQMC and will be released within a few months. Ms. Murphy asked who was involved and whether there is opportunity for input in the process. Ms. Broderick said she had a conversation with individuals in Anthem. She said there is an exercise underway where they are looking at all of the measures. Ms. Broderick said with SIM measures for CT, and other states as well, they are looking for a process to figure out how they are going to do all of this. She said there are things that are technically complicated. There are measures that are similar to the SIM score card for which they do not have a means to collect the measure information. Ms. Broderick mentioned that their discussion about our measure set is similar to the new measures that are on the CMS measure set.

Dr. Schaefer said that it should not be assumed that there will be 100 percent adoption of all of the measures recommended by the CQMC. Dr. Schaefer expressed concern regarding where the health plans land and whether there will be any recognition by payers of the fact that there are circumstances that would dictate not using some measures on a regional or state basis because they are topped out or because there are other measures that better align with opportunities for improvement and population health priorities. Dr. Schaefer proposed moving forward with the SIM quality measure alignment process as planned, with an expectation that there will be an allowance by payers of regional or state base tweaking of the set to fit local circumstances.

Discussion of whether to add CQMC measures to the SIM Quality Council list

The group discussed the CQMC measures that are not on the SIM Quality Council's list.

Documentation of Current Medications in the Medical Record - #0419 (replaced #0097)

Dr. Selinger said the medication reconciliation is a checkbox measure based on varying levels of medical staff when they bring people into the office. It can get at the data but it is often inaccurate. It's not a thorough attempt to reconcile medications. It was noted that to get at this measure adequately, additional data capabilities would be necessary in order to focus on the outcome, not just the checkbox. Ms. Dookh said they previously reviewed a different measure, #0419 documentation of current medications in the medical record. She said they never reviewed the CQMC measure because Medicare had replaced it. It was noted that the measure ranked low in the Survey Monkey results from the Quality Council. The Council discussed the both measures. Ms. Giordano suggested adding them to another list or a parking lot for re-evaluation next year.
Final decision: to add #0097 and #0419 to the parking lot to be reviewed again in a year.

Non-Recommended Cervical Cancer Screening in Adolescent Female

Ms. Murphy suggested putting this measure on the list for public comment and monitoring it for a year. There was a concern raised about the potential of discouraging young women to see a gynecologist. There was mention that a vast number of these will lead women to have procedures they do not need. There was also a question raised regarding the separation of screening tests from diagnostic tests, the latter seeming more appropriate.
Final decision: to add to reporting set and also to list to revisit in a year.

Persistent Beta Blocker Treatment after a Heart Attack - #0071

Ms. Dookh said this measure was previously reviewed and it was not recommended. She mentioned that the quality compass data shows Connecticut's performance is in the 50th percentile and there is room for improvement. Dr. Wolfson said he didn't think it was a good measure after looking at the base rates. He said it did not allow for patient side effects to beta blockers. It was noted that many payers in Connecticut are using this measure and that adopting it would bring us into alignment. There are concerns with base rates, which is why some payers suppress this measure when numerator/denominator is insufficient. Historically, the Council has not recommended measures that require suppression on a case by case basis. Dr. Dalal said it sounds like there is a consensus to stick with our original view point.

Final decision: to stay with the Council's original view and not include on the Quality Council list.

Ischemic Vascular Disease - #0068

This measure was previously reviewed and it was not recommended. Ms. Dookh said according to "Aspirin Use and Discussion" data, New England ranks in the 50th percentile for this measure. She mentioned there is no Connecticut specific data available but there are indicators that there is room for improvement regarding aspirin use. It was noted that there are serious concerns with the degree in which to reliably measure someone taking aspirin. The group discussed and decided not to add this measure for inclusion.

Final decision: to not include on the Quality Council list.

Comprehensive Diabetes Care: Foot Exam - #0056

It was noted that the Council previously went through a thorough discussion regarding this measure and after thoughtful consideration, elected to put it aside for reevaluation in a future date. Dr. Schaefer asked whether anyone wanted to recommend that the Comprehensive Diabetes Care: foot exam to be put back on the list. Hearing none, the group declined to add at this time and to reconsider next year. Dr. Schaefer proposed that this be in lieu of leaving it on the development set as there is no development work to be done with this measure.

Final decision: to leaving it off the Quality Council list to revisit in a year.

Depression Remission at 12 months: Progress towards Remission - #1885

Ms. Dookh said Depression Remission at 12 months #0710 is already on the Quality Council's set. The CQMC recommended both measures, #0710 Depression Remission and #1885 Progress towards remission. The inclusion of both measures would focus on outcomes. The Council discussed and felt that it was important to measure progress in this area as full remission is not always achieved, but progress is still important. They noted that payers should consider whether progress will be double counted.

Final decision: to add this measure.

PCMH CAHPS

Dr. Schaefer provided an update on the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. There was a suggestion to remain with the recommendation of PCMH CAHPS but reassess depending on what occurs on the national landscape, and to invite public comment for PCMH CAHPS and ACO CAHPS as a way to move forward with the report. Members agreed.

Discussion whether to remove non-CQMC recommended measures from the SIM Quality Council list

In the interest of time, the Council decided to prioritize by the measures that members wanted to discuss.

Asthma Medication Ratio - #1800

Ms. Murphy suggested discussing Asthma Medication Ratio #1800 first. It was noted that the National Committee for Quality Assurance (NCQA) has had problems with this measure. It was removed from the MQISSP list because of concerns. Dr. Dalal asked whether anyone wanted to advocate for the asthma medication measure to remain on the Quality Council list and none came forward.

Final decision: to remove this measure.

Unhealthy Alcohol Use Screening

Dr. Wolfson suggested discussing Unhealthy Alcohol Use. Dr. Schaefer said it may not be on the CMQC list because they did not do substance abuse measures yet. Dr. Dalal said evidence shows that there is effectiveness with this measure.

Final decision: to keep it on the list.

Emergency Department Usage per 1000

Dr. Selinger suggested discussing Emergency Department (ED) Usage per 1000 measure. It was noted that the data source could be challenging and there needs to be further development before it is implemented. Members discussed the problems with the measure such the risk of discouraging patients from going to the ED to get significant benefits. There was a suggestion to leave it on the list for now and review it after public comment. There was another suggestion for public comment but for reporting only. Ms. Krause said if they put it out for public comment, it may only reflect the conversation of the Council. The Council agreed to remove the measure and to focus on the risk-adjusted ED measures that are the focus of the development set.

Final decision: to remove this measure.

Pediatric Measures

These were not discussed due to a lack of time.

Next Steps and Adjournment

Dr. Schaefer said they will summarize and recap tonight's meeting. The program management office (PMO) will also modify the report and send it to everyone by the end of next week. Dr. Schaefer said they will send a Doodle Poll for a late May meeting to finalize the report that will be presented to Healthcare Innovation Steering Committee (HISC). There will be a public comment period for a month.

The meeting adjourned at 8:04 p.m.