

# SIM Health IT Council Meeting

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June 17, 2016

# Agenda

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1. Welcome and Introductions
2. Public Comment
3. Approval of Minutes
4. HIT Operational Plan
5. Zato Demonstration Discussion
6. Legislative Update
7. SIM PMO Updates
8. Next Steps

# Public Comment

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# Approval of Minutes

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# HIT Operational Plan

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# Zato Demo Discussion

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# Zato Demonstration - Feedback

	N	Range	Minimum	Maximum	Mean	Std. Deviation
Opinion	8	3.00	2.00	5.00	3.5000	.92582
DeployedinHC	8	4.00	1.00	5.00	3.0000	1.30931
DataSource	8	3.00	2.00	5.00	3.6250	1.06066
DataRetrieval	8	4.00	1.00	5.00	3.6250	1.40789
Reporting	7	4.00	1.00	5.00	2.5714	1.51186
Quality	8	3.00	2.00	5.00	3.2500	1.28174
Security	6	4.00	1.00	5.00	3.0000	1.41421
operations	7	4.00	1.00	5.00	2.7143	1.25357
customization	8	3.00	2.00	5.00	3.1875	.92341
Valid N (listwise)	5					

(1) poor, (2) fair, (3) good, (4) very good and (5) excellent

# Legislative Updates

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# Review of Action Items

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#	Description	Assigned to	Follow-up Date
1	Stakeholders for inclusion in the development of the HIE requirements - handout	Health IT Advisory Council	6/16/16
2	Council member questions regarding the IAPD	Health IT Advisory Council	6/16/16

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# Legislative Update

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## Phase I – MAY 1, 2016 – August 1, 2016

- P.A. 16-77 review - handout
- Under the auspices of the Lt. Governor, secure the services of a search firm to develop HITO acquisition/selection process. Goal: HITO to onboard 8/1/2016

# Legislative Update (cont.)

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## Phase II – August 1, 2016 – September 30, 2017

Upon onboarding, the HITO will be responsible for the following key tasks:

- Chair the HIT Advisory Council
- Conduct pre/post meeting calls to ensure follow up and meeting preparation
- Identify vendor to perform combined stakeholder engagement process for both SIM HIT and State's HIT Advisory Councils.
- Assist in drafting any necessary revised SIM HIT Ops plan, project narrative, budget and budget narrative revisions
- Oversee the consolidated stakeholder engagement process
- Identify vendor to perform facilitation services for HIT Advisory Council.
- Either prepare an RFP or secure a vendor to develop an RFP for the HIE
- Establish HIT PMO
- Perform SIM reporting
- Produce Annual Report to the Legislature per HIT Council enabling legislation

# Appointment Update

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Public Act 16-77 adds three new members and changes the qualification for one member of the Health IT Advisory Council:

- Health Information Technology Officer designated by Lieutenant Governor
- A representative of the Connecticut State Medical Society (a third appointment for the Senate president pro tempore)
- A health care consumer or consumer advocate (a third appointment for the House speaker)
- *A technology expert who represents a hospital system (in lieu of the current requirement for an outpatient surgical facility)*

Vacancy In Appointment:

- Representative of a FQHC (appointment by the Senate president pro tempore)

# What considerations should be shared with the Health IT Advisory Council?

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## Select topics HIT Council covered, 2014 - 2016

- Presentations regarding edge-servers and Q&A documents and discussions
- Demonstration of ZATO capabilities
- Presentation on APCD platform
- Presentation on VBID pilot (Tom Woodruff)
- Discussions about SIM logic model, components of SIM primary and secondary drivers, including:
  - Community & Clinical Integration Standards
  - Gaps or capabilities identified of provider networks that would improve Triple Aim
  - Quality Measure Alignment and promotion of electronic clinical quality measures (eCQMs)

# SIM Relevant Updates

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# What will be covered

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## Quality Council Report Released for Public Comment

- Present a brief overview of:
  - Purpose
  - Quality Council membership
  - Process for selecting measures and timeline
  - Proposed core quality measure set
  - Implementation strategy

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Purpose

# Aligning Quality Measures & Promoting Meaningful Measures

## Problem:

1. Too many measures
2. Little alignment on measures
3. Focus is on process rather than outcomes

## SIM Quality Measure Alignment Initiative:

Work with payers to promote alignment across measures used in Alternative Payment Models in Connecticut, including promoting the use of electronic clinical Quality Measures

Burdensome and ineffective for quality improvement efforts and performance transparency



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# Participants

# SIM Quality Council

Rohit Bhalla <i>Stamford Hospital</i>	Karin Haberlin <i>Dept. of Mental Health &amp; Addiction Services</i>
Stacy Beck (replaced Aileen Broderick) <i>Anthem Blue Cross &amp; Blue Shield</i>	Kathleen Harding <i>Community Health Center, Inc.</i>
Mehul Dalal <i>Department of Public Health</i>	Gigi Hunt <i>Cigna</i>
Mark DeFrancesco <i>Westwood Women's Health</i>	Elizabeth Krause <i>Connecticut Health Foundation</i>
Leigh Anne Neal (rep. Deb Dauser Forrest) <i>ConnectiCare</i>	Kathy Lavorgna <i>General Surgeon</i>
Steve Frayne <i>Connecticut Hospital Association</i>	Steve Levine <i>ENT &amp; Allergy Associates, LLC</i>
Amy Gagliardi <i>Community Health Center, Inc.</i>	Arlene Murphy <i>Consumer Advisory Board</i>
Daniela Giordano <i>NAMI Connecticut</i>	Robert Nardino <i>American College of Physicians – CT Chapter</i>

# SIM Quality Council

Thomas Wilson (replaced Donna O'Shea) <i>United Healthcare</i>	
Robert Zavoski <i>Department of Social Services</i>	
Jean Rexford <i>CT Center for Patient Safety</i>	
Rebecca Santiago <i>Saint Francis Center for Health Equity</i>	
Andrew Selinger <i>ProHealth Physicians</i>	
Todd Varricchio <i>Aetna</i>	
Steve Wolfson <i>Cardiology Associates of New Haven PC</i>	
Thomas Woodruff <i>Office of the State Comptroller</i>	

# Break Out Groups

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- Created three sub-groups in order to:
  - Provide the opportunity for in depth review outside of the full council meetings
  - Consolidate perspectives from 20+ individual members to 3 sub-group perspectives

**Consumer  
Advocates**

**Physicians**

**Payers**

# Design Groups & Care Management Committee

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**Pediatric Design Group**

**Health Equity Design Group**

**Behavioral Health Design Group**

**Care Experience Design Group**

**Obstetrics Design Group**

**MAPOC  
Care Management  
Committee**

# Technical assistance

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- CMMI – National Opinion Research Center (NORC) at the University of Chicago, State Health Data Assistance Center (SHADAC) Center for Healthcare Strategies
  - CT comparison to other SIM states, readmission, care experience
- Yale – CORE (Center for Outcomes Research and Evaluation)
  - Readmission, hospital admission, avoidable ED, cardiac
- National Committee for Quality Assurance
  - Readmission, admission, ED use, base rates
- Leora Horwitz, MD, NYU
  - Readmission measures
- Other SIM states
  - Vermont, Delaware, Maine

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Process

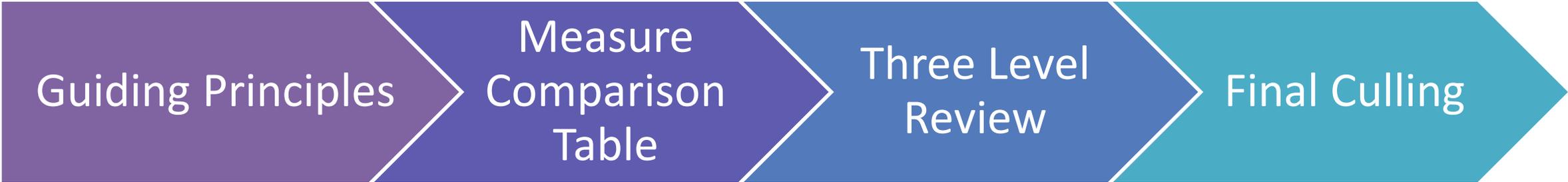
# Timeline

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# Key Activities

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# Considerations in choosing measures: Three Level Review

## Level 1

- Is the measure part of the Medicare ACO SSP set?
- Does the measure address a significant population health concern based on prevalence?
- Does the measure address a health disparity concern?
- Is there another compelling reason that the measure should be used for SSP, e.g., the measure represents a known patient safety, quality, or resource efficiency/cost concern?

## Level 2 (review all measures that pass level 1)

- Is the measure appropriate for VBP for Advanced network, FQHC, and/or ACO (e.g., eliminate measures recommended for individual clinicians, home health agencies, hospitals, etc.)
- Is the measure easily tied to QI efforts at the level of the Advanced Network/FQHC/ACO?
- If the measures within a performance domain or sub-domain (e.g., diabetes care) are in excess of what is necessary to demonstrate improved performance, retain those measures which serve as the best indicators of improvement.
- De-duplication
  - Is the measure the same or similar to another measure (e.g., “hospital admissions for asthma among older adults” is subsumed within “hospital admissions for COPD or asthma among older adults”)

# Considerations in choosing measures: Three Level Review

## Level 3 (for all measures that pass level 2)

- Culling
  - Is the measure a process measure for which an available outcome measure would better serve?
  - Is there an opportunity for improvement or does the measure represent an area where the state is already performing well (consider for significant sub-populations if known)
  - Is there likely to be sufficient variation among provider organizations?
  - Does measure meet feasibility, usability, accuracy and reliability standards (e.g., can the measure be reliably produced with available or SIM proposed technology?, is the data sufficiently complete and accurate to be tied to payment?, will the measure be useful for quality improvement?, are base rates likely to be sufficient?)
  - If the number of performance areas or measures (e.g., diabetes care, epilepsy care) is too high, such that organizational focus and improvement would be compromised, Council will rank and retain the highest ranked areas.
- Check for conflicts w guiding principles
- Reconsider previously rejected measures if necessary

*Action:* Accept those that remain.

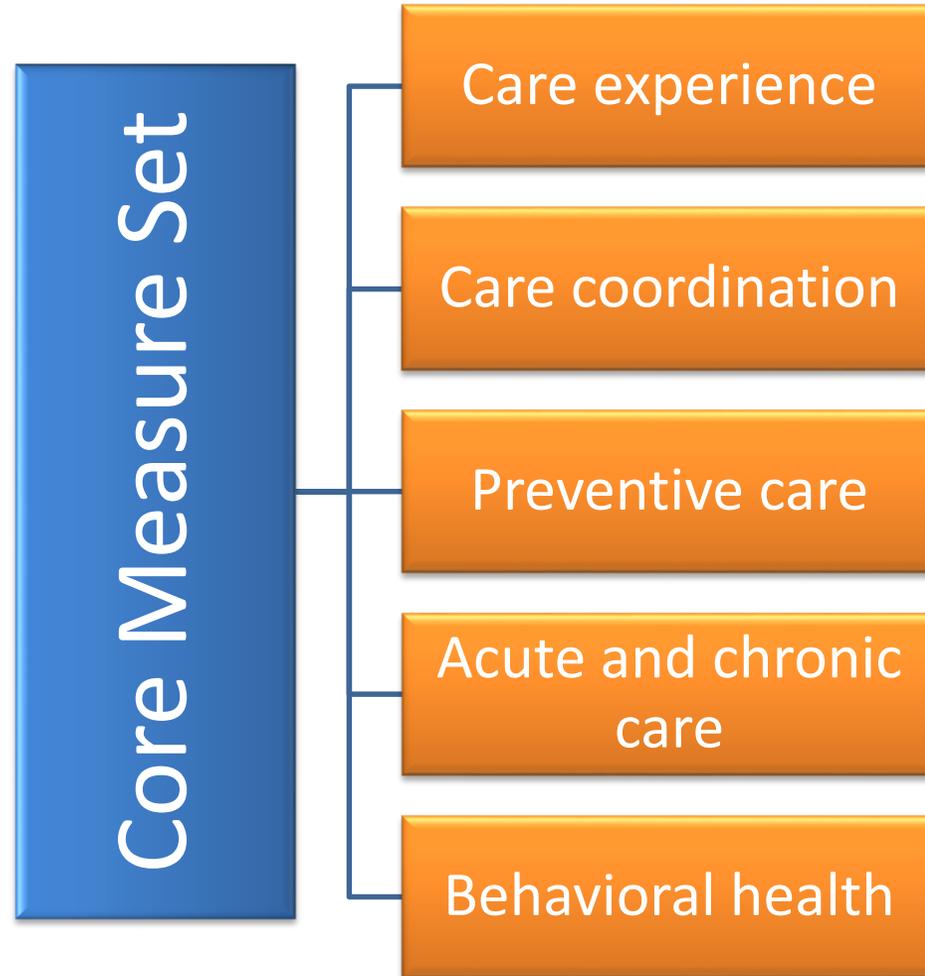
# Considerations in choosing measures

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Used Robert Wood Johnson Foundation “Buying Value Tool” to rank measures based on criteria:

- Base rate sufficiency
- NQF endorsement
- Availability of an appropriate benchmark
- Opportunity for improvement
- Outcome vs. process measure
- Health Equity value

# Quality Measure Alignment



# QC Provisional Core Measure Set

## Consumer Engagement

PCMH - CAHPS care experience measure

## Care Coordination

Plan all-cause readmission

Annual monitoring for persistent medications

## Prevention

Breast cancer screening

Cervical cancer screening

Chlamydia screening in women

Colorectal cancer screening

Adolescent female immunizations HPV

Weight assessment and counseling for nutrition and physical activity for children/adolescents

BMI screening and follow up

Developmental screening in first 3 years of life

Well-child visits in the first 15 months of life

Adolescent well-care visits

Tobacco use screening and cessation intervention

Prenatal Care & Postpartum care

Screening for clinical depression and follow-up plan

Behavioral health screening (Medicaid only)

## Acute & Chronic Care

Medication management for people w/ asthma

DM: Hemoglobin A1c Poor Control (>9%)

DM: HbA1c Testing

DM: Diabetes eye exam

DM: Diabetes: medical attention for nephropathy

HTN: Controlling high blood pressure

Use of imaging studies for low back pain

Avoidance of antibiotic treatment in adults with acute bronchitis

Appropriate treatment for children with upper respiratory infection

## Behavioral Health

Follow-up for children prescribed ADHD medication

Metabolic Monitoring for Children and Adolescents on Antipsychotics (Medicaid only)

Depression Remission at 12 Twelve Months

Progress towards depression remission

Child & Adolescent Major Depressive Disorder: Suicide Risk Assessment

Unhealthy Alcohol Use – Screening

# Provisional Core Measure Set

#	Provisional Core Measure Set	NQF	ACO	Steward	Source*	Equity	MQISSP
<b>Consumer Engagement</b>							
1	PCMH – CAHPS measure**	0005		NCQA		✓	✓
<b>Care Coordination</b>							
2	Plan all-cause readmission	1768		NCQA	Claims	✓	
3	Annual monitoring for persistent medications (roll-up)	2371		NCQA	Claims		
<b>Prevention</b>							
4	Breast cancer screening	2372	20	NCQA	Claims		
5	Cervical cancer screening	0032		NCQA	Claims		
6	Chlamydia screening in women	0033		NCQA	Claims		
7	Colorectal cancer screening	0034	19	NCQA	EHR	✓	
8	Adolescent female immunizations HPV	1959		NCQA	Claims		
9	Weight assessment and counseling for nutrition and physical activity for children/adolescents	0024		NCQA	EHR		
10	Preventative care and screening: BMI screening and follow up	0421	16	CMMC	EHR		
11	Developmental screening in the first three years of life	1448		OHSU	EHR		✓
12	Well-child visits in the first 15 months of life	1392		NCQA	Claims		✓
13	Adolescent well-care visits			NCQA	Claims		✓
14	Tobacco use screening and cessation intervention	0028	17	AMA/ PCPI	EHR		
15	Prenatal Care & Postpartum care***	1517		NCQA	EHR		✓
16	Screening for clinical depression and follow-up plan	418	18	CMS	EHR	✓	
17	Behavioral health screening (pediatric, Medicaid only, custom measure)			Custom	Claims		✓

# Provisional Core Measure Set

#	Provisional Core Measure Set	NQF	ACO	Steward	Source*	Equity	MQISSP
<b>Acute &amp; Chronic Care</b>							
18	Medication management for people w/ asthma	1799		NCQA	Claims	✓	✓
19	DM: Hemoglobin A1c Poor Control (>9%)	0059	27	NCQA	EHR	✓	
20	DM: HbA1c Screening****	0057		NCQA	Claims		✓
21	DM: Diabetes eye exam	0055	41	NCQA	EHR		
22	DM: Diabetes: medical attention for nephropathy	0062		NCQA	Claims		
23	HTN: Controlling high blood pressure	0018	28	NCQA	EHR	✓	
24	Use of imaging studies for low back pain	0052		NCQA	Claims		
25	Avoidance of antibiotic treatment in adults with acute bronchitis	0058		NCQA	Claims		✓
26	Appr. treatment for children with upper respiratory infection	0069		NCQA	Claims		
<b>Behavioral Health</b>							
27	Follow-up care for children prescribed ADHD medication	0108		NCQA	Claims		
28	Metabolic Monitoring for Children and Adolescents on Antipsychotics (pediatric, Medicaid only)	2800		NCQA	Claims		✓
29	Depression Remission at 12 Twelve Months	0710	40	MNCM	EHR		
30	Depression Remission at 12 months – Progress Towards Remission	1885		MNCM	EHR		
31	Child & Adlscnt MDD: Suicide Risk Assessment	1365		AMA/ PCPI	EHR		
32	Unhealthy Alcohol Use – Screening			AMA/ PCPI	EHR		

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Implementation

# Implementation phase

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- The State is encouraging public and private payers to consider adopting recommended measures in one of two ways:
  - as part of a standard measure set for all value-based payment contracts or
  - as part of a suite of measures that are included in value-based payment contracts when there is an opportunity for performance improvement. The State recognizes that there are measures in the core set that may not be applicable to all plans or all providers.
- Encourage payers to use measure set as a reference when negotiating or re-negotiating value-based payment contracts
- Care experience and Claims-based measures will be the initial focus of alignment. Measures that require collection of clinical data will require additional lead time
- Monitor the pace of quality measure alignment

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Questions?

# Wrap up and Next Steps

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- HIT Council work and considerations will be shared with the Health IT Advisory Council
- How to stay involved
  - Attend the public Health IT Advisory Council Meetings: next meeting is on 7/21/2016 in Room 1B of the LOB
  - Visit Health IT Advisory Website:  
[http://portal.ct.gov/ltgovernor/Health IT Advisory Council/](http://portal.ct.gov/ltgovernor/Health_IT_Advisory_Council/)
  - Sign up for the [SIM News](#)