

Quality Council

September 23, 2014

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Agenda

Introductions/Public Comments

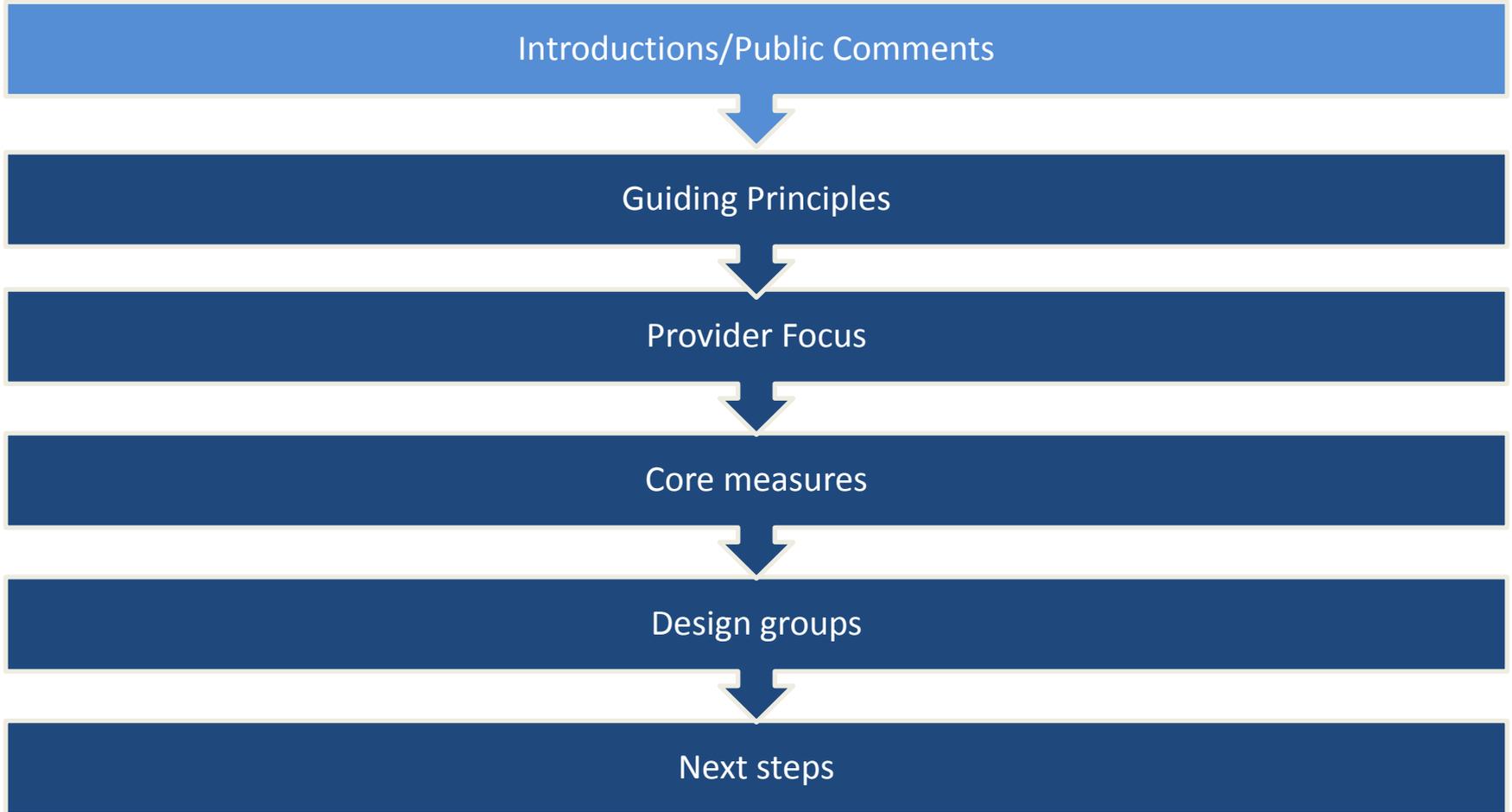
Guiding Principles

Provider Focus

Core measures

Design groups

Next steps



Welcome to the Quality Council

Gregory Barbiero
CHNCT/DSS

Kathleen Harding
Community Health Center, Inc.

Rohit Bhalla
Stamford Hospital

Gigi Hunt
Cigna

Aileen Broderick
Anthem Blue Cross Blue Shield

Elizabeth Krause
Connecticut Health Foundation

Mehul Dalal
Department of Public Health

Kathy Lavorgna
General Surgeon

Mark DeFrancesco
Westwood Women's Health

Steve Levine
ENT and Allergy Associates, LLC

Deb Dauser Forrest
ConnectiCare

Robert Nardino
American College of Physicians – CT Chapter

Daniela Giordano
NAMI Connecticut

Donna Laliberte O'Shea
United Healthcare

Karin Haberlin
Dept. of Mental Health & Addition Services

Arlene Murphy
Consumer Advisory Board

Welcome to the Quality Council

Meryl Price
Health Policy Matters

Todd Varricchio
Aetna

Jean Rexford
CT Center for Patient Safety

Steve Wolfson
Cardiology Associates of New Haven PC

Rebecca Santiago
Saint Francis Center for Health Equity

Andrew Selinger
ProHealth Physicians

Red = Executive Team

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Public Comments

2 minutes
per
comment

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Guiding Principles

Guiding Principles-aim for a small set of Principles that will illuminate choice of measures.

In support of the task of establishing a multi-payer quality measurement set for use in the administration of Shared Savings Programs, the Quality Council shall seek to:

Guiding Principles

1. Maximize alignment with the Medicare Shared Savings Program ACO measure set.
2. Recommend additional measure elements that apply to non Medicare populations in Connecticut (eg pediatrics, behavioral health) and concerns such as health equity.
3. Wherever possible, draw from established measures such as those already established by the National Quality Forum and those that comprise the Medicaid Adult and Child Health Care Quality Measures, the Physician Quality Reporting System, CMS Meaningful Use Clinical Quality Measures, NCQA measures, and the CMMI Core Measure Set .

Guiding Principles

4. Balance comprehensiveness and breadth with the need to prioritize and focus for the purpose of enabling effective and continuous quality improvement.
5. Recommend measures that reflect the health issues facing the population of the State of Connecticut, as well as patient safety, and experience.
6. Recommend measures that promote maximal stakeholder and provider engagement while fostering credibility and transparency for patients.
7. Recommend measures that adjust for the impact of race, ethnicity, language, economic status and other important demographic characteristics important to health equity.

Guiding Principles

8. The measures should be accessible with minimal burden to the clinical mission, should draw upon established data acquisition and analysis systems, and should recognize the status of health care data technology as it evolves over time.
9. Maximize the use of outcome measures over process measures, and measure quality at the level of the organization, not the individual clinician.
10. Use measurement to promote the concept of the rapidly learning health system. (Berenson, et al)

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Provider Focus

- Advanced networks (large medical groups, IPAs, and physician-hospital organizations) that have entered into a SSP arrangement with one or more payers
- Nearly all pursuing participation in the Medicare SSP, which requires production of the 33 ACO measures

Medicare SSP

Advanced payment model

- PRIMED
- MPS ACO Physicians

Traditional

- Accountable Care Clinical Services (ACCS)
 - a. Middlesex Hospital
 - b. Griffin Hospital
 - c. St. Vincent's Health Partners

Medicare SSP

Traditional

- Accountable Care Organization of New England
- Hartford HealthCare
- Pioneer Valley Accountable Care
- ProHealth Physicians
- St. Francis
- WESTMD Medical Group
- Family Health ACO, LLC
- Accountable Care Organization of Mount Kisco

Medicare SSP

Traditional (proposed 2015)

- New Haven Community Medical Group
- Danbury/Norwalk
- Connecticut State Medical Society

Federally Qualified Health Centers

- All but three FQHCs are medical homes
- All FQHCs have EHRs
- No FQHCs are participating in shared savings programs
- A select group of FQHCs are expected to participate in Medicaid Quality Improvement and Shared Savings Program (QISSP) in 2016
- Participation in Medicare SSP is some years off, potentially 2018, if they are able to develop the analytics and quality improvement capabilities

Federally Qualified Health Centers

- FQHCs are developing new reporting capabilities, however, they are less advanced than the Advanced Networks
- FQHCs could implement a subset of measures consistent with their capabilities as of 2016
- This is consistent with the principle that payers should be able to select from core measurement set based on provider capabilities and population priorities

Independent Practice

- Not participating in SSPs
- May participate in P4P with one or more payers
- All measures are claims based
- Limited ability to produce self-reported measures
- Proposed Medicare ACO measure set is beyond their capabilities, and base rates are insufficient to justify reporting on many measures
- Value of multi-payer alignment?

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Pediatric

- Access to PCPs
- Prenatal and well visits
- Developmental screening
- Dental screening
- Lead screening
- Immunizations including HPV
- Asthma ED visits and medication adherence
- ADHD – follow-up
- Pharyngitis
- Upper Respiratory Infections

Behavioral Health

- Depression
 - Screening
 - Follow-up
 - Medication management
 - Readmissions
- Other Behavioral Health
 - Follow-up

Health Equity

- No measures

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Quality Council Meeting Schedule



Guide to Acronyms

FQHC – Federally Qualified Health Center

IPA – Independent practice association

SSP – Shared savings program

URI – Upper Respiratory Infection