

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
Wednesday, September 23, 2014

Members Present: Gregory Barbiero; Aileen Broderick; Mark DeFrancesco; Deb Dauser Forrest; Daniela Giordano; Karin Haberlin; Elizabeth Krause; Kathy Lavorgna; Robert Nardino; Donna O'Shea; Jean Rexford; Andrew Selinger; Todd Varricchio; Steve Wolfson; Thomas Woodruff

Members Absent: Rohit Bhalla; Mehul Dalal; Kathleen Harding; Gigi Hunt; Steve Levine; Arlene Murphy; Meryl Price; Rebecca Santiago

Other Participants: Sean Bradbury; Katrien Derycke-Chapman; Jane McNichol; Mark Schaefer; Robert Zavoski

The meeting was called to order at 6:11 p.m.

1. Introductions

Steven Wolfson chaired the meeting. Members and other attendees introduced themselves.

2. Public Comment

There was no public comment.

3. Guiding Principles

Dr. Wolfson worked on consolidating the list of principles that the group had reviewed prior to the meeting ([original here](#), [revised version begins on page 8 of the meeting presentation](#)). The group then reviewed and made edits to the principles. Issues that the Council wanted to address included transparency; health equity; pediatric, behavioral, and reproductive health; improved use of data – particularly in regard to race, ethnicity, language, disabilities, and cultural characteristics.

There was discussion as to how to best balance measure quality with lack of added burden. Physician representatives said added administrative burden could damage the physician and patient relationship. Daniela Giordano said that quality should not be sacrificed for ease and that there may be ways to prevent added burdens. Elizabeth Krause suggested looking for measures that provide rich data that could be examined in multiple ways. There was also concern that added administrative burden could translate into cost and complexity for stakeholders (e.g. too many patient surveys or provider forms).

The group discussed measuring at the level of the individual physician. There may not be enough statistical significance to measure at the individual provider level and to do so could be construed as punitive. Measuring at the organizational level will charge the organization with rooting out inefficiencies. Todd Varricchio said that in terms of measurement, data accuracy and statistical validity was required.

The Council will further discuss the principles at its next meeting.

4. Provider Focus

Mark Schaefer provided a presentation about entities that may be the focus of the Council's efforts at quality measure alignment. There are about 15 organizations today that are, or are pursuing accountability for quality and total cost of care, such as by participating in the Medicare SSP as an

accountable care organization (ACO). A focus on these larger groups and ACO type entities as well as FQHCs would be consistent with the payment reforms envisioned in the test grant. There were concerns raised about ignoring independent practitioners. Dr. Schaefer said that shared savings are a challenge for small practices unless they are pooled cross-payer. There was a proposal to create a geo-community (aggregating practices that are otherwise unaffiliated), which was considered by the Steering Committee, however, this was set aside when CSMS announced its plans to organize independent practices as an ACO for the purpose of participating in a shared savings program. Mr. Varricchio said that they may be able to roll out in stages. He said that small providers tend to be less open to taking on risk and the data tends not to be statistically valid.

There are other ways for small practices to take advantage of SIM initiatives, potentially through the AMH glide path, health IT investments, or value based insurance design programs. The PMO could be a resource to advise them as they chart their course. Dr. Schaefer suggested defining the Council's immediate task around advanced networks and FQHCs and leaving the question of future focus open. Ms. Giordano suggested having a "parking lot" type document to track and refer back to certain items such as quality measure alignment as it pertains to independent practitioners.

5. Selection of Core Measures

This discussion was tabled to the next meeting due to a lack of time.

6. Design Groups

The Council discussed convening design groups that would focus on a particular issue and bring recommendations back. This would allow for greater input from expert stakeholders. Karin Haberlin and Daniela Giordano agreed to create a behavioral health design group that will focus on reasonable behavioral health measures in primary care. Elizabeth Krause and Kathy Lavorgna agreed to oversee a health equity design group. Aileen Broderick also expressed interest in participating. All of the design groups will have open participation.

The Council discussed whether a pediatrics design group was needed. The group decided to review the existing pediatric measures first and then decide whether a design group was needed. Additionally, the Department of Social Services will lead and work with the Council on Medical Assistance Program Oversight to develop supplemental measures that address the needs of Medicaid patients.

7. Next Steps

The Council agreed that further discussion of the guiding principles draft was a good way to start. Dr. Schaefer discussed the process for developing a core measurement set. All five payers provided detail on the measures they used. They can be displayed on screen and the Council could work through each. There is also the possibility of going to the National Quality Forum (NQF) web site and searching by measure number. There does not need to be agreement on methods. The focus is what is in the best of interest of getting a fair and reliable measurement. Mr. Varricchio said that payers cannot sign off on domain without knowing the means. Methods could be discussed later on.

Jean Rexford said the email communication could be overwhelming. Dr. Schaefer said there was, unfortunately, a barrage before the meeting. He suggested visiting the Council's web site for the latest materials, particularly the night before the meeting.

The meeting adjourned at 8:11 p.m.