

Quality Council

November 19, 2014

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Welcome to the Quality Council

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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

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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

Jean Rexford
CT Center for Patient Safety

Rebecca Santiago
Saint Francis Center for Health Equity

Andrew Selinger
ProHealth Physicians

Todd Varricchio
Aetna

Steve Wolfson
Cardiology Associates of New Haven PC

Thomas Woodruff
Office of the State Comptroller

Agenda

Introductions/Public Comments



Approval of Minutes



Recap



ACO Presentations



Council Process and Outputs



Summary and next steps

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graph LR; A((Public Comments)) --- B((2 minutes per comment))
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Public Comments

2 minutes
per
comment

Re-Cap

- Presentations by DPH and Health Plans re:
 - statewide population health and health equity priorities
 - payer quality and cost priorities, and
- Three-level scoring system – provisionally approved
- Design groups – BH, health equity, care experience and pediatrics
- Medicaid supplemental measure planning underway

Work Group Update

- Equity and Access Council
 - Arranging for consultation support
 - Anticipate intensive series of meetings culminating in report and recommendations, March 2015
- Practice Transformation Task Force
 - Concluded NCQA standards review – added limited number of must-pass elements and critical factors in alignment with vision
- HIT Council launch anticipated in December

Council Process and Outputs

Defining Council Outputs

- All payer score card vs. commercial/Medicaid scorecard?
- If all-payer, we would retain all Medicare measures
- If commercial/Medicaid, we would retain only those measures relevant to commercial/Medicaid
 - Example: If base rate of falls is very low in commercial and Medicaid populations, we would eliminate “Falls: screening for future fall risk”

Pre-decisional – for discussion only

Defining Council Outputs

- Core Measure Set - draft assumptions
 - Include all measures that are a high priority for any payer/population
 - Include even those measures that may not be appropriate for some providers or populations
 - Example: Contract with “adult only” advanced network may not include pediatric measures; commercial contract with provider with low base rate of COPD might not include COPD measures

Pre-decisional – for discussion only

Defining Council Outputs

- Core measure set – draft assumptions
 - Assuming the above, core measure set is actually a menu of measures
 - No payer-provider contract would include all measures
 - However, when payer focuses on a condition that is included in the core measure set, they must use the measure and specifications as defined in the core measure set

Pre-decisional – for discussion only

Defining Council Outputs

- If core measure set is a menu, how we would we ensure achievement of SIM objectives?
 - Certain domains and measures would be mandatory measures
 - Mandatory status would be recommended by Council
 - Other measures would be optional

Pre-decisional – for discussion only

Defining Council Outputs

- Even if a domain or measure is mandatory, how do we ensure it has sufficient weight in scoring?
 - Council could establish minimum domain weights for mandatory domains
- Each payer may otherwise set its own benchmarks and establish its own weights and scoring
- Possible exception for multi-payer measures such as care experience where benchmarks could be established by the state/SIM/Council

Pre-decisional – for discussion only

Defining Council Outputs

- Some recommended measures may be too new to establish baseline performance and benchmarks
- Council could propose that certain measures be established as “reporting only” until baseline and benchmarks can be established

Defining Council Outputs

- Some measures may not be ready for implementation in 2016, even for reporting purposes
- Such measures could be included in the core measure set, or as a supplemental set, and projected for implementation at a later time
- Accordingly, we could consider staging our efforts, with 2016 measures proposed as Stage 1 measures and other measures as Stage 2 measures

Pre-decisional – for discussion only

Roadmap and Timetable

- See attachment

Pre-decisional – for discussion only

Pre-work for Review of Proposed Measures

- See e-mail dated 11/16/14

Pre-decisional – for discussion only

Summary and Next Steps

Quality Council Meeting Schedule

