

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Quality Council***

**Meeting Summary**  
**May 27, 2015**

**Meeting Location:** CT State Medical Society, 127 Washington Avenue, North Haven

**Members Present:** Rohit Bhalla; Mehul Dalal; Deb Dauser Forrest; Daniela Giordano; Karin Haberlin; Robert Hockmuth; Elizabeth Krause; Steve Levine; Arlene Murphy; Robert Nardino; Jean Rexford; Andrew Selinger; Todd Varricchio; Thomas Woodruff; Robert Zavoski

**Members Absent:** Aileen Broderick; Mark DeFrancesco; Steve Frayne; Amy Gagliardi; Kathleen Harding; Kathy Lavorgna; Donna Laliberte O'Shea; Meryl Price; Rebecca Santiago; Steve Wolfson

**Other Participants:** Rita Berkson; Faina Dookh; Joanna Douglass; Mark Schaefer

**Call to Order**

The meeting was called to order at 6:08 p.m. Mehul Dalal served as the meeting chair. Participants introduced themselves.

**Public Comment**

There was no public comment.

**Review and Approval of Minutes**

This was postponed to the next meeting.

Jean Rexford said there was a need to focus on certain decisions at meetings so that the business moves along. Dr. Dalal noted there will be a discussion on the timetable in relation to the Care Management Committee of the Council on Medical Assistance Program Oversight (MAPOC) to present to the Steering Committee. Ms. Rexford asked about status of the NCQA agreement. Dr. Schaefer mentioned there are two things they are trying to do. One is regarding base rate information for Anthem and Medicaid. The other is obtaining information on whether there is an opportunity for growth in Connecticut. He spoke with Robert Saunders at NCQA regarding a contract to provide information on Connecticut percentile performance relative to national performance. Dr. Schaefer noted the delay in getting to level 3 final culling is due to trying to complete the base rate analysis and negotiating the agreement with NCQA. Dr. Schaefer said he is hopeful to have additional information for the June 17<sup>th</sup> meeting.

**Timetable for Recommended Measure Set/Council Coordination with MAPOC CMC**

Dr. Schaefer presented the timetable for recommended measure set and council coordination with the MAPOC Care Management Committee ([see presentation here](#)). He said they are proposing to have the common performance scorecard and common quality measure set for use by commercial payers and Medicaid by the July Healthcare Innovation Steering Committee meeting. This would mean completing the level 3 culling process during the June meeting with the need for a possible additional meeting. Beginning in July, payers will negotiate contracts to include common quality

measures. Medicaid is on a different timetable and will have more time to adopt measures because they are not implementing the MQISSP program until July 1, 2016.

Dr. Schaefer noted the aggressive timetable is due to the goal of implementing some of the measures in January 2016. He said there may be limitations in obtaining the approval at a higher level with the health plans in terms of how adopting new measures will impact new and old contracts. In addition, some contracts operate on different cycles, starting in January versus July.

Most states are taking a significant period of time to complete this process and Connecticut is at a faster pace compared to some. Dr. Schaefer said there may be a need for flexibility with the timeline. Dr. Dalal asked whether the payers' value based contracts are on a uniform three year cycle or whether they stagger. Dr. Hockmuth said Cigna's varies throughout the year and noted there is enough overlap to incorporate changes with what is already in use. There is an issue of reconfiguring the needed software. He was not sure Cigna could commit to the changes. Mr. Varricchio said there may be health plan resource issues, as a deviation from the existing measure requires a software build. He noted that Aetna renews contracts throughout the year and that they have to wait for the negotiation period to open before revising their existing value based programs. Dr. Dalal asked for an estimated lead time in the negotiation process. Mr. Varricchio said it could depend on the provider and how actively engaged the provider is. Contract negotiation is not "one size fits all."

Ms. Giordano stressed the importance of a public comment period. Dr. Schaefer said the PMO intends to conduct a public comment period and that period would inform the final decision process. He suggested having a Council representative present the provisional list to present to the Steering Committee and propose public comment as the next step.

Members discussed the various measures and whether they could be stood up within the proposed time frame. Mr. Varricchio asked about EHR measures. Dr. Schaefer noted it may be difficult to stand up EHR based measures by January. He said his preference was to finalize the measure set process based on existing input. Mr. Varricchio said Aetna would need to obtain a formal response regarding approval of the proposed measure set before moving forward, including how the measures are sourced. Dr. Schaefer noted the set contains between 40 and 50 measures, with more to be considered. He proposed working through the list through July to have a list ready for public comment to keep the process moving. Dr. Dauser Forrest asked for clarification on the timeline for payer leadership engagement. Dr. Schaefer proposed the payer representatives go to their leadership by July 16. He suggested scheduling an additional meeting and a conference call before the Steering Committee's July meeting.

### **Provisional Measure Set**

Dr. Schaefer noted the Quality Council submitted the same draft provisional measure set to the Care Management Committee that went to the Steering Committee in March. Ms. Murphy expressed concern that there are measures being presented that they have not voted on yet for inclusion in the provisional measure set. Dr. Schaefer said that if there is a concern that there are measures for consideration that aren't included on the measure set, they can discuss whether to include those measures before undertaking the level 3 review process. Ms. Murphy said the set presented to the Steering Committee should have been discussed by the Council first. Dr. Schaefer noted the Steering Committee presentation focused on a draft provisional measure set.

Dr. Schaefer asked for feedback on the review process. He noted the Steering Committee had a preview in March. Ms. Murphy suggested getting Steering Committee feedback before moving

forward. She also noted the time frame should be reviewed as some of the listed dates have already passed. Members called for clarification of the time frame and the process moving forward.

### **June/July Meeting Schedule**

Dr. Schaefer noted the revised time line will have two meeting dates of June 17<sup>th</sup> and July 8<sup>th</sup>. He asked whether the Council should schedule an additional meeting prior to July 8<sup>th</sup>. Ms. Krause asked whether missing the Steering Committee meeting deadline meant they would not make January 2016 implementation timeline. Dr. Schaefer said it may not be feasible, especially if they opened a public comment period. Mr. Varricchio said January 1<sup>st</sup> would be a challenge and noted Delaware is six months ahead of Connecticut with their measure set with a target goal of January 1<sup>st</sup> and they have a smaller list. Dr. Dalal asked whether everyone could attend the July 8<sup>th</sup> meeting. Members decided to conduct a poll to schedule an additional meeting before the July Steering Committee.

Dr. Schaefer said they are seeking additional Care Management Committee input on Medicaid quality measures. Dr. Zavoski said planning a webinar for the third week of June to make sure everyone is on the same page. Council members are able to participate. Members decided that a revised and reformatted timeline is needed. Dr. Dalal said a small group timetable discussion is needed which will include short term, medium term, and an extended timetable around the payers. Members discussed the need to complete the level 3 culling.

### **Oral health measures**

Joanna Douglass, associate professor at UCONN School of Dental Medicine and Oral Health and health consultant at CT Health Foundation, gave a brief overview of her background and the work she is doing evaluating access to care and quality measures related to children's oral health and how it interacts with medical health. Dr. Schaefer presented an overview of measures related to the percentage of individuals aged 1-20 that are enrolled in the Medicaid or CHIP Medicaid Expansion program for at least 90 days. Mr. Varricchio asked whether it applies to Medicaid only. Dr. Schaefer said that the annual visit measures were recommended only for Medicaid, but the fluoride varnish measures are for commercial and Medicaid.

Dr. Douglass recommended measure number 2517 for child exam/medical home and measure number 1419. Members discussed the various oral health measures. Dr. Schaefer asked whether everyone agreed with the recommendation or if they needed more information. Dr. Levine said more information was needed. Dr. Zavoski said he is not convinced that this is something that Medicaid can do and more information from NCQA is needed about why 1388 was dropped from NQF and also cost to build the measure. Ms. Douglas recommended the group utilize measure 1419 because it includes fluoride varnish, has national recognition, and is moving into the medical setting.

Dr. Levine asked if the medical setting would have fluoride trays in the offices. Dr. Douglass said it is no longer handled that way. Dr. Zavoski said swabs are used instead. Dr. Dalal asked whether there were client co-pays for this service. Dr. Douglass said that, based on conversations, the payers would cover all of it. Dr. Douglass said measure 1419 is the only oral health measure that makes sense in the primary care setting. She noted that the measure number is different in the dentist office. Dr. Schaefer suggested they take a look at the risks and benefits of the measure and noted there are concerns about duplication. Members agreed to keep and to table it for now and take it up during level 3 review. Dr. Schaefer noted measure 2528 is no longer recommended by COHI. He said they are almost done with dental and will discuss annual dental visits at the next meeting.

### **Meaningful use measure**

Dr. Schaefer summarized the pros and cons of their discussions, including the discussion with Minakshi Tikoo ([see Summary of Meaningful Use Measure Pros and Cons here](#)). Members discussed whether to include the measure in the provisional measure set. Dr. Dalal suggested including the measure on the provisional measure set. Dr. Selinger said to disregard it would be irrational and they should include it. Dr. Zavoski said he is very much against it. He noted there are a great number of questions about the measure. He said there are no clinical outcomes and he doesn't see the value. It is talking about a process rather than better care outcomes. Members discussed it being a process. Ms. Murphy noted there is a lot research that shows a connection between the meaningful use measure and quality of care. She suggested reaching a compromise and proposed including it as a reporting measure. Members agreed to have ACO-11 serve as a reporting measure.

The meeting adjourned at 8:07 p.m.