

STATE OF CONNECTICUT
State Innovation Model
Quality Council

Meeting Summary
July 15, 2015

Meeting Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Rohit Bhalla; Mehul Dalal; Steve Frayne; Daniela Giordano; Karin Haberlin; Elizabeth Krause; Arlene Murphy; Robert Nardino; Jean Rexford; Andrew Selinger; Todd Varricchio; Steve Wolfson; Thomas Woodruff

Members Absent: Aileen Broderick; Mark DeFrancesco; Deb Dauser Forrest; Amy Gagliardi; Kathleen Harding; Robert Hockmuth; Kathy Lavorgna; Steve Levine; Donna O'Shea; Meryl Price; Rebecca Santiago; Robert Zavoski

Other Participants: Deb Amato; Faina Dookh; Monica Farina; Susan Halpin; Kathy Henchey; Kevin Kappel; Jane McNichol; Johnny Mei; Mark Schaefer; Victoria Veltri; Brad Weeks

Call to order

The meeting was called to order at 6:07 p.m. Mehul Dalal served as chair until Steve Wolfson arrived.

Public Comment

There was no public comment.

Review and approval of minutes

Approval of the minutes was postponed until a quorum was present. Daniela Giordano asked for the Guiding Principles discussion to be moved up on the agenda. Council members agreed.

Guiding Principles

The Council reviewed the Guiding Principles ([begins on page 18 of the meeting presentation found here](#)) and proposed updates. Mark Schaefer noted that only principle 7 requires revision. There was discussion as to whether refining the language changed the intent of the principles. Steve Frayne noted that the first principle causes a negative reaction at the Care Management Committee of the Council on Medical Assistance Program Oversight, as the sentiment is that Medicaid should make decisions that are best for Medicaid. Ms. Giordano agreed. Dr. Schaefer offered that the set is intended for both Medicaid and commercial populations and that there are limits to what the state can require of Medicare. The PMO requested from DSS supplemental measures that meet the specific needs of the Medicaid population. The final set is not binding on any payer. The state is asking the payers to maximize alignment with the proposed set but cannot require any payer to adopt the complete set. Any Medicaid decisions will go through their legislative oversight bodies. Dr. Wolfson said that there were more measures for Medicare than for any other group and that the principle was intended to align with those measures when possible.

Arlene Murphy expressed concern about changing the language at this point. Todd Varricchio said he did not think they were proposing changes but rather clarifying the language. Dr. Schaefer noted that they have established criteria that are not reflected in the principles. He said that the process is

not static and that perhaps the principles should evolve. He further noted that the language for principle 7 was never resolved. He proposed circling back to the Health Equity Design Group for review as the current principle may not relate well to measure development. There was not sufficient support for revising the principles to move forward, so the proposed changes were tabled, principle 7 notwithstanding.

Dr. Wolfson assumed the role of meeting chair.

Minutes

As there was now a quorum, the Council reviewed the minutes of June 29, June 17, May 27, May 6 and April 15. Dr. Wolfson asked if there were any corrections. There were no corrections.

Motion: to accept the minutes of the June 29, June 17, May 27, May 6, and April 15 meeting – Andrew Selinger; seconded by Robert Nardino.

There was no discussion.

Vote: All in favor.

RWJF Buying Value Tool

Faina Dookh presented on the Buying Value Tool ([see tool here](#)). Dr. Wolfson said that he found the tool to be flexible and potentially quite valuable for bringing information together. He noted that the score the tool develops should not be the only determinant in selecting a measure but that it could contribute to the conversation. The group discussed potential limitations of the tool. As far as information from other states, it includes just Oregon, Vermont, Washington, and Maine and may not be Medicaid only. Elizabeth Krause asked how they would take NQF endorsement into account. Ms. Dookh said that the Level 3 phase should weigh the NQF endorsement fairly highly. Mr. Varricchio said it will be important to understand if it is endorsed, who owns it, and if it is consistent. Dr. Dalal said that if they included a measure that was not NQF endorsed, there was likely a good reason. Ms. Krause expressed concern that the group does not throw out the long discussions that they have had in determining the measure set. It was noted that the tool would be one factor to consider and served as more of a reference rather than binding. Dr. Schaefer noted that, while other organizations may develop or steward measures, NQF is the only organization that vets and endorses measures. NQF endorsement is one of the highest considerations in selecting measures. The group asked that the tool be updated to include whether a proposed measure aligns both within the state and nationwide.

Mr. Frayne asked whether there had been discussion as to what data providers will be able to access so they better understand where they stand. Dr. Wolfson noted that they had not discussed operationalizing the measure set. Dr. Schaefer said the Council can make recommendations around data sharing and transparency. That will need to be revisited with state-based EHR measures. Karin Haberlin said that it is important to share what data is being collected and why. If providers don't have that information, they are less motivated to comply. She said that information should also be shared with consumers.

Using the BVT to Apply Level 3 Criteria

The Council discussed having the state track payer agnostic measures. Dr. Schaefer noted that the University of Connecticut is proposing using the CHIME database for low base rate measures. Ms. Murphy proposed updates to the Level 3 culling criteria: moving "check for conflicts with guiding principles" higher up and using more positive language. Others agreed with the recommendation. Dr. Nardino said that the check should be at the top and at the bottom, as they need to make sure the measures fit in with the whole and that they don't eliminate measures that will leave them in

conflict with their guiding principles. Ms. Murphy noted her concern with the Patient Safety Care Coordination domain as many of those measures have been eliminated from the set due to base rate issues. Dr. Schaefer suggested the Executive Team discuss that and make a recommendation. The Council agreed.

Cardiac Measures revisited

The group discussed the six cardiac measures that were recommended (begins on page 29 of the meeting presentation). Dr. Wolfson recommended other measures. It was noted that some of the measures may have base rate issues. NQF #0543 (CAD: Medication Adherence) lost its endorsement. The PMO is working to understand why. NQF's cardiac measure group has released a new set of 15 measures that will be endorsed. Dr. Wolfson reviewed that set with an understanding of the base rate issues. He has recommended measures #1524, 1525, 0670, 0672 for consideration by the Council.

Dr. Dalal asked whether there were base rate issues for atrial fibrillation and atrial flutter (#1525) and whether there was enough prevalence in the lower age groups. Dr. Wolfson said he thought there would be. Rohit Bhalla noted that heart failure was one of the most prevalent conditions and asked what standards they are looking at. Dr. Schaefer said that it is 150 per 5000 adults. Dr. Schaefer noted the importance of working with the payers to assess base rates. The PMO has re-engaged the payers to review a small set of measures. Ms. Murphy asked whether ACO 30 (ischemic vascular disease: use of aspirin or another antithrombotic) would have sufficient prevalence. There are concerns about the measure as it is self-reported and cannot be verified. Dr. Wolfson said that its use is almost universal and that there is little to no room for improvement. Dr. Dalal asked whether measures the Council reviewed and liked could be put into a parking lot for future consideration. Dr. Schaefer noted that some measures might be reconsidered as specialty measures.

Meeting schedule/next steps

Dr. Schaefer reviewed the proposed meeting dates. The group agreed to meet for longer on August 12th. They may cancel the meeting set for September 16th as it immediately precedes the Steering Committee meeting on September 17th.

Motion: to adjourn – Steve Frayne; Mehul Dalal seconded.

There was no discussion.

Vote: all in favor.

The meeting adjourned at 8 p.m.