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H e a l t h c a r e Q u a l i t y & P r o v i d e r
A d v i s o r y C o m m i t t e e

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SustiNet Healthcare Quality and Provider Advisory Committee Regular Meeting
March 26, 2010
Meeting Minutes

Committee Attendees: *Margaret Flinter, Co-chair; Todd Staub, Co-chair; Teresa Dotson; Steve Karp; Jeff Walter; Lynne Garner; Linda Ross; Jody Rowell; Bill Kohlhepp; Matt Pagano; Paul Grady; Clarice Begemann; Bill Handelman; Francoise de Brantes; Tom Meehan; Mike Herron; Jane Deane Clark; Tina Brown-Stevenson; Pieter Joost van Wattum; Robert McLean; Nelson Shub; Leslie Connery (1 inaudible name)*

Office of the Healthcare Advocate: *Vicki Veltri*

Absent: *Willard Kasoff; Rodney Hornbake; Mike Hudson; Alison Hong; Jerry Hardison; Sarah Long; Claudia Gruss; Tom McLarney; Kathy Grimaud; Kevin Galvin; Christine Shea Bianchi; Robert Scalettar; Lisa Reynolds; Bryte Johnson; Joseph Treadwell; Richard Torres; Mark Thompson; Rick Liva; Jean Rexford; Marcia Petrillo; Sara Parker McKernan; Mark Belsky; Arthur Tedesco*

Margaret Flinter and Todd Staub, the co-chairs of the Committee, welcomed all members and attendees. Minutes from the February 18, 2010 meeting were approved.

Paul Grady said that the recently passed federal healthcare reform bill requires the SustiNet Board of Directors to respond within 60 days with preliminary recommendations to the Legislature regarding CT's healthcare reform efforts. Paul also said that the Board of Directors will hold a planning retreat at their next meeting, April 14, 2010. This will give co-chairs of various Committees and Task Forces an opportunity to learn about each others' efforts.

This list contains the names of individuals who offered to recommend possible monitoring and reporting measures on the topics noted.

Outpatient and Preventive Measures Rodney Hornbake	**Inpatient** Allison Hong
Long term care and Home care Marcia Petrillo Tom Meehan	**Pediatric/Family Planning** Clarice Begemann
Mental Health Vicki Veltri Jeff Walters	**Special Populations** Margaret Flinter Sarah Long

Pediatric/Family Planning - Clarice Begemann said that the US Preventive Services Task Force has conducted lots of valuable research. The Task Force website contains evaluation screening and counseling measures that are being done in addition to measures to prevent hospitalizations. Clarice found no information on Family Planning. Margaret asked if there was a quality indicator set for children's mental health. Pieter Joost van Wattum said that there isn't one yet but that there will be. Clarice said that the US Preventive Services Task Force recommends screening for major depression disorder for children between 12 and 18 years of age. Task Force data shows that these screenings have proven to be beneficial as long as mental health services are readily available. An unidentified speaker suggested that this Committee use only one source for obtaining measures. He recommended National Quality Forum, a national organization that various organizations can use for choosing measures. NQF acts as a clearinghouse for information and regularly updates their website. Francois de Brantes said that most NQF measures focus on the over 65 population.

Vicki Veltri said that this Committee doesn't need to include access as it relates to outcomes. Margaret said that access and patient satisfaction will be measured along with other areas. She said that she is hoping to obtain a VA tool that contains access, satisfaction, prevention, and chronic disease measures. Bill Handelman said that certain measures can be obtained from claims data, but other measures require a system of mandated reporting from practitioners. Only a fraction of practitioners complete these reporting standards, because the process is time consuming and difficult without EMRs. The focus needs to be on measurements that can be obtained readily and at low cost. Some measures that are important may have to be sacrificed because they are too costly. Nelson Shub said that standards of care provide the basis for quality control and measuring abuse and fraud. Jeff Walter said that quality indicators are indicators of adherence to standards.

In-patient - Jane Deane Clark reported that there are three principles that have already been discussed, and they are 1. No new measures; 2. Use already vetted measures and nationally accepted standards; 3. Place no undue burden on providers. She said that these issues are of paramount importance. Robert McLean commented that frequently there are contraindications that prevent specific medical measures from being followed, and asked if there was a way to account for this. Jane said that is taken into consideration, and an unidentified speaker said that each hospital conducts chart reviews that would address this. Jane said that hospitals spend a great deal of time on quality improvement. This data differs from patient data, in that it's all about how the team is doing with a focus on continuous improvement. Francoise said that weight should be given to measures that have variation. Tom Meehan said that this quality improvement information should be put into a simple and understandable format for patients to understand. Margaret said that this could be another principle: that quality reporting should be done in a way that can be ultimately communicated to the public about composite measures, because that is what is important to patients.

Tina Brown-Stevenson said that this Committee needs to look at how to create a master patient index. She said that institutions need to look at episodes of care and what occurred before and after the episodes that could have impacted patient decision making. Robert agreed that there needs to be a composite index that's patient-centric but that providers also need to (inaudible) two sets of outcome data to understand two different populations. Knowing that that these efforts are occurring across the country, he asked if anyone knew of any organizations working on creating composite indices, and Committee members mentioned a few organizations that have already established indices. Jeff said that this needs to begin with standardized data, starting with gathering information from providers such as access (how long is the wait to be seen) and quality (number of admissions and readmissions). Nelson said there will need to be a standardized reporting form. An unidentified speaker said that a well managed care plan has the type of data that this Committee is seeking. Margaret said that the two most important measures for this subgroup would be access to care and obtaining an appointment within seven days of discharge. Jeff said that asking patients for feedback on care received would be a key ingredient. He also said that it's important to screen for major depression and substance use in the primary care setting. An unidentified speaker said that it's important to measure the prevention end rather than the readmission end.

Mental Health - Vicki spoke on data collection, saying that this Committee can duplicate what MCO's now collect and this would be helpful in measuring quality. She said that an issue peculiar to mental health is that the criteria used by different managed care organizations to determine the appropriate level of care varies greatly, so it is difficult to tell whether a patient should be inpatient or in partial hospitalization. There needs to be a big focus on this, although Vicki said that the Mental Parity Act, a federal law, may change things shortly, and that must be kept in mind. Pieter said that another problem with access to care is the availability of practitioners. Todd said that what's needed is a partnership with primary care physicians. He said that if there was a sharing agreement, once a patient was stabilized the follow up could be provided by a primary care physician.

Long term care and home care - Todd said that a cost driver in long term care is the cycle of readmissions, and asked if there are measures that address this. He also asked if home care is a way to prevent people from being hospitalized, and whether there are measures for this. Tom said that readmission to a hospital is an outcome that has many preceding steps. Preventable readmissions should be a focus for this Committee. There is already a long list of preventable conditions and there are corresponding measures. Margaret said that this may be a high level recommendation for SustiNet, because preventing admissions across the board would amount to huge savings. Robert said that in looking at home care measures, there are many questions that patients are asked, and he wanted to know if this has shown to be beneficial to patients. Bill said that the impact would be on utilization, and that end result outcomes have very little to do with why patients get readmitted to hospitals.

Special populations – Margaret shared outcome measure data collected for special populations among CHC clients. The data encompasses .25 million people who will most likely be SustiNet enrollees. This data helps CHC in obtaining funding. She said that data collection is burdensome, but it's less so with EHRs. Margaret said that collection of data is considered to be a condition of doing business. Practices that don't use EMRs use claims data.

Linda Ross spoke on religious nonmedical quality assurance standards, which are protected by law. The law accommodates these facilities from compliance with medical supervision

and oversight and eligibility requirements because patients have made that choice. Some state insurance laws and managed care programs have the flexibility to cover spiritual care by providers. Linda said there need to be effective safeguards for patients who choose spiritual care who rely on religious, nonmedical methods of healing. A similar provision in SustiNet should be consistent with the standards already in practice. Leslie Connery emphasized that spiritual care provisions are concerned about patient quality and quality standards, but because of the nature of the care, there is a need to follow a patient's choice. Linda offered handouts showing that insurance can be provided and care can be effectively reimbursed. Bill asked if spiritual care had different regulations than other alternative medicine methods or if they should all be treated the same way. Leslie said that this type of care should be measured in order to learn if patients are having healthy outcomes, but using different standards. Bill asked Leslie if she was seeking a mandate for this. He said that a mandate would create a problem, because alternative care costs much more than traditional medical care. Leslie replied that she isn't asking for a mandate but would like some flexibility so that services would be covered. Leslie said that she'd gather more information on measures and provide it to the Committee. Tom said that if a patient is in the hospital and the quality of care is being judged, if a decision is made to follow another pathway, there needs to be a mechanism for (inaudible). Todd said that end of life care hasn't been discussed here, but it is something SustiNet needs to consider.

In summary, Todd said that measures are used for informing the public so that good choices can be made. This Committee also wants providers to use data to drive continuous improvements and look for solutions. Data shouldn't be used just to justify the existence of facilities or to continue to get revenue. Todd said that it's essential to look at recidivism and prevention. Measures should be used to improve coordination of care. SustiNet needs to require people to measure, because a lot of outpatient medicine isn't measured. One quality measure would be – Are you measuring? The RFP process in SustiNet is very important to ensure that the health plan is forthcoming with data and that data is used in a meaningful way and is available to SustiNet. Paul said that it's obvious that CT is behind other states, and said that it would help greatly if there were an all-payor claims database. EHRs have to be a priority, and he said he'd like to see EHRs as a SustiNet requirement. This poses a burden, but CT will need to figure out how to make it work. SustiNet needs to set short, mid and long term priorities in order to make this effort practical. Margaret said that Stan Dorn from the Urban Institute has offered to find experts to assist SustiNet Committees.

Meeting was adjourned.

Next meeting is April 15, 2010.