

Connecticut Medicaid Medical Assistance Program Oversight Council **Quality Improvement(QI) Committee.**

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Current Mission Statement:

The purpose of the Quality Improvement (QI) is to provide recommendations to the Council to ensure consistent quality health care for Medicaid population. The Committee serves as a forum for concerns regarding quality of service delivery in the program, advises the Department of Social Services (DSS) on subjects and methods of investigations in the problems that arise, and suggests solutions. The Committee will work with all Medicaid Administrative Service Organizations (ASO's) and DSS to develop recommendations utilizing CQI process.

Co-Chairs: Debbie Poerio and Rep. Toni Walker

Meeting: Thursday, February 12, 2012 9:30 AM

Meeting begins at 9:30 AM

Attendance: Roberta Geller, Logan Clark, Chric Savold, Regina, Roudtree, Debbie Poerio, Dr. Robert Zavoski, Eilleen Boulay, Mike Corjulo, Steve Collangelo

QI Mission Statement

Final discussion resulted in the recommended changes that were accepted by all, and are reflected above. To achieve this, the Committee decided to create goals and objectives to provide a systematic measurement of outcomes on which they can use to make recommendations to MAPOC.

Goals and Objectives for QI Committee

After much discussion, members agreed upon the following bullet points. The QI Committee will

- Review a collection of statewide data concerning health issue and outcomes for Medicaid clients in CT
- Identify trends that need to be addressed
- Prioritize which items the committee will focus on over the next year(s)
- Create action plans to improve prioritized item(s)
- Report to Council
- Monitor outcomes and evaluate the process

QI Committee Structure and Tasks

Agreeing that the areas of concern for children and adolescents may vary widely from the adult population, the committee agreed to create two Taskforces: Adult and Child/Adolescent. Each taskforce would be comprised of physicians, providers, and advocates who are interested and committed to researching and developing recommendations on the issues identified by the QI

Committee. Each Task Force would have a chair who would work to ensure the appropriate representation of their subcommittee group to identify areas of strength and improvements regarding the issue, working within their own scheduled timeframe to accomplish their task and report progress monthly to the QI Committee.

Recommendations for new members to join the taskforces should be sent to DP to ensure they are included in future e-mails, and will be directly contacted by the current QI member. The goals of the taskforce will be created within the taskforce and report back to the committee. Discussion about creating two taskforces for Adults and Child/ Adolescents

- a. Focuses on the taskforce
- b. Recommended chairs
- c. Defining goals and objectives
- d. Scheduling Meetings

The importance of current data in presenting issues was stressed, and it was felt that HEDIIS indicators would provide the best foundation from which to identify areas of focus, noting that the QI Committee not limit themselves only to that one source. . The Committee discusses the different populations in Medicaid to address issues with- ABD, People over 65, LIA, People under the age of 65 years with disabilities.

Committee members agreed that the collaborative impact of including multiple state agencies on the implementation of programmatic and systemic changes would not only be cost effective and time efficient, but ensure the quality of services. An example was provided regarding a study done in the past by OPM regarding supportive housing and improving health outcomes. The program saved the state millions of dollars in Medicaid. However, all members agreed that to create sustainable program changes, we must have legislative support, which is why it was imperative to have a legislative advocate such as Rep. Walker co-chair the committee.

Next Meeting (February 9, 2012) Agenda Items as defined by the QI Committee:

- 1- Deb and Steve suggest using HEDIIS data and creating a different study to work on primary issues.
- 2- Committee will report back on engagement and membership for the two taskforces.
- 3- Decisions regarding the focus of each of the task forces/ issues/ will be made by utilizing current HEDIIS measurements brought by DPH.
- 4- Data will be brought about top priority issues displayed by data so they can be divided up into task forces.