

Draft SIM Workgroup Update
March 10, 2015

The following updates were drawn from information sent by CAB Liaisons and SIM Materials.

Quality Council Update

Arlene Murphy

Quality Council is preparing to present an update to Steering Committee that includes a list of those quality measures that have been provisionally approved to date. Additional measures have been recommended by the Behavioral Health Design Group and Pediatric Design Group. There are still a number of measures where questions have not been resolved. Recommendations are still under development from the Care Experience Design Group and the Equity Design Group.

The Consumer Advisory Board questions regarding quality measures relating to health care for individuals with HIV is reflected in quality measures was raised at the last Quality Council meeting, and is being considered.

Further information can be found in links below:

Quality Council Comparison Table listing all the measures under review:

<http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2765&q=335530>

Practice Transformation Taskforce

Nanfi Lubogo

Questions raised at the February 5th Steering Committee relating to the presentation of PTF Recommendations were discussed at the February 17th meeting of the PTF Task Force. A summary of how these questions were addressed can be found in separately attached document.

Equity Access Council

Alice Ferguson

February 12th Meeting was facilitated by Linda Barry as well as attended by fellow CAB Liaison Bonita Grubbs.

An overview was provided of the E&A Library listed at:

<http://healthreform.ct.gov/ohri/cwp/view.asp?a=2765&q=335326>. This site lists meeting agendas, schedules, and reference materials recommended for upcoming E&A meetings and conference call meetings.

A review of the Payment Design Features and Supplementary Safeguards were presented. Milestones were defined and reviewed to be made by E&A Design Group 1.

Patient Attribution definition was provided. Medicare utilized Retrospective as opposed to prospective patient attribution method of assignment was described. In this method the patient does not know beforehand to what physician they are assigned. Patient is notified of provider as part of reattribution

based on the provider seen in the previous year. Care management or free choice was questioned as a topic of this model. Retrospective type was likened to a “gatekeeper” type model.

Prospective Assignment locks provider to the patient rather than the patient to the provider; that is the doctor cannot release the patient without substantial cause.

A number of issues were discussed including providers cherry picking, physician group method of attribution, non-compliant patients and barriers that exist for both consumers and providers. Access New Haven provides a safety net program for non-compliant patients.

Agenda also included beginning discussion of Risk Adjustment and Participation Guidelines.

Equity & Access Design Work Group held Conference Call on February 12th to discuss Supplemental Safeguards and Retrospective Design-Detection of Underservice/Patient Selection.

Meeting Presentation can be found at link below.

http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/equity_access/design_groups/design_group_4_ws_1/eac_g4_m1_distributed.pdf

The majority of the meeting focused on the pros, cons and other recommendations for Claims, Clinical and Other data. Specifically, identifying utilization data, understanding the needs of at risk populations, patient experience. as well as audit data of providers.

It was noted only Providers have access to Peer Review and Site Visit Data. Question was raised, “Who does the monitoring?” Should participating ACO’s conduct self-monitoring? Healthy Neighborhoods has data on Standards of Care. Adam Stolz recommended a comparison be done between participating ACO’s and the larger population.

It was suggested that specific incentives should be applied to practices in order to promote certain populations that are typically avoided such as behavior health, and other specialized population in order to avoid the problems this issue is likely to create.

It was commented the Patient Experience does not allow for patients who are not aware they are being underserved and that Patient Navigators may be better receptors or monitoring. There was discussion whether over use of particular treatments outside necessary services might also need to be monitored.

Prescription drug access to the underserved also a concern and may be limited to less expensive drugs. How will particular drugs for particular conditions be identified and selected? Comparisons between prescription rates of ACOs to non-participating ACOs. Suggested review of drugs prescribed for patients by diagnosis.

Recommendation were made for Concurrent Methods including; Provider Access Provider Tiering; are said Clinics specific to a particular condition? Ex. Equipped to serve obese patients? Secret/Mystery Shoppers - It was noted DSS uses Secret Shoppers and this works. The critical input obtained by Secret Shopper needs to be defined and how will it be utilized? It was noted Voices for Children identified a gap via a study using this approach Concurrent review of Peer data and re-admission data and patterns

There was discussion turned to Nurse Consultant, Ombudsman positions and what would be optimal in turns of capturing/recognizing/reporting/identifying gaps to Underserved.

These positions should be setup in order to maximize information gained by this personnel as an opportunity and afford a mechanism to report this type of information independent from the ACO to insure they can be fully transparent. Establish an "Investigator" type position which would engage in this type of activity as a priority apart from other agency responsibilities.

Meeting concluded with recommendation for additional and more detailed E&A issues that need be included.

Health Information Technology Council

Pat Checko

The HIT Council has met twice, most recently on February 20, 2015. The Council is establishing Design Groups to concentrate on various aspects of the HIT charge. The Charter taskforce has developed a draft charter to be presented to the HIT at the next meeting. Once adopted it will be submitted to the Steering Committee for review. The Measures Performance and Reporting Design workgroup will be meeting in the next week to begin work on the 2016 Proof of Solution in conjunction with the Quality Council. Current plans are to utilize an Edge server solution to meet the 2016 requirements for quality data collection, metric calculation reporting.

At this time it is not clear if or whether the APCD will/can be utilized in this process. There is no representation from the APCD on the council.

Sadly, Theanvy Kouch has resigned as the CAB liaison for the HIT Council. Theanvy, Arlene and I are working together to find other ways for Theanvy to participate in the Workgroup process.