Draft SIM Workgroup Update
May 8, 2015

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Quality Council Update
Arlene Murphy

Discussion of HIV Measures and Care Experience Design Group continued at the April 15th meeting. There was also considerable discussion of the Health Information Technology Council deliberations on Proof of Solution

The May 6th meeting included a presentation and extensive discussion of measure ACO 11 – Meaningful Use of Electronic Health Records. There is significant debate about Connecticut adopting this as a quality measure because it can difficult to achieve and there are considerable implementation challenges. However, Medicare has committed to this measure as a high priority. It is the only quality measure that assesses the health information technology infrastructure that is foundational to health reform. Discussion of this measures continue as well. The rest of the meeting was spent on a review of the Health Information Technology Council and the Performance Measurement and Reporting Design Group. A Quality Council Member has been invited to join this Design Group.

Practice Transformation Taskforce
Nanfi Lubogo

The April 28th Practice Transformation Task Force welcomed new Consumer Representatives and began to outline work on the development of the Community Clinical Integration Program (CCIP). The overall objective of the CCIP is to design of the programs and capabilities for which Advanced Networks can receive technical assistance and grant funding. Three CCIP Design Groups was described including;

1) Clinical Integration - Integration and support across the continuum
2) Community Integration – Integration with other services
3) Technology Enablers – Measuring and reporting functions

The timelines for the Design Groups have recently been changed and it was decided that these would not start until after the next full PTTF Meeting on May 19th.
For more information see link below.

http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/2015-04-28/presentation_pttf_04282015_post.pdf

A letter from Supriyo B. Chatterjee on importance of cultural competency and eliminating health disparities was posted in public comment (see link below)

http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/practice_transformation/2015-04-28/publiccomment_pttf_chatterjee_04282015.pdf

Equity Access Council
Alice Ferguson

Adam outlined a To Do List for the E&A Design Work Group.

There was discussion regarding setting protocols for submitting recommendations from the E&A Design Work Group to the Steering Committee. It was decided an initial version would be submitted with a second more complete version inclusive of all recommendations still under review.

Attendees followed Meeting Agenda/Presentation. (see link below)

http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/equity_access/2015_04_23/eac_20150423_distributed.pdf

A series of edits previously made were emailed by Adam Stolz. All were incorporated into the initial Recommendations Draft going to the Steering Committee.

The question arose is the Shared Savings portion of the SIM project budgeted for. Followed by discussion.

The question arose, "What was the scope of E&A recommendations regarding Patient Selection and what can be done to maximize/promote benefits to at risk populations. It was noted the E&A report to date speaks to the Underservice population specifically rather than larger equity and access healthcare issues.

The question was asked if there was data substantiating the information on Pg. 9. Mark responded there are funds budgeted to setup interim strategies. The technology is slated to be organized by DSS and UCONN.

It was suggested recommendations made not address Payers and ACO's at financial risk. A question arose should there be incentive/rewards given to all Providers or just those demonstrating performance adherence.

Recommendation 5 was tabled. Further discussion was had addressing recommendations on Pg. 7, and Pg. 12.

Arlene Murphy suggested incorporating recommendation standards that ensure patients know have the choice to change their provider as described in Medicare rules. It was suggested language be incorporated to empower Patient Choice in regard to selection of or choice to change Physician. It was noted Quality Performance warrants rewards.

It was noted there need be attention given to the amount of resources made available for Providers and ACO's.

Recommendation. 3.6 – Advanced Payments

It was noted these payments are generally negotiated up front as a means to promote the best service. There may be variance between small and large Practice Groups. It was noted this recommendation is meant to be one tool to promote modifications.

The reinvestment issue garnered much discussion as to whether or this body can dictate what is done with Shared Savings.

Health Information Technology Council
Pat Checko

The HIT Council met on April 17. Atty. Phyllis Hyman from DSS shared the federal regulations related to safeguarding information on Medicaid Applicants and Beneficiaries. Dr. Checko made reference to the agreement between DSS, DPH and Voices of Children to share data and asked how that was allowed. Atty. Hyman noted that DSS believes that that work directly contributes to the administration of the Medicaid program. She added that the SIM initiative may be able to use Medicaid data if SIM complies with the state requirements and DSS concludes that the initiative contributes to program administration. Currently the APCD does not meet the criteria. There was further discussion regarding whether the Medicaid data ultimately belongs to the patient.

The Council also approved the HIT Charter that will be forwarded to the Steering Committee. There was further discussion of the Quality and HIT Councils Inter-Council Memorandum. Members strongly stated the need for the two groups to get together to work on this issue.

The remainder of the meeting was a presentation by ZATO regarding their technology as a potential HIT solution. The presentation stimulated a number of questions from the members, as well as answers to the questions that were originally posed by the Design Group.

The Measures and Reporting Design group met twice in April. First, to develop questions for the Zato presentation at the April 17th HIT Council meeting, and again on April 23rd to review the two vendor options to date, ZATO and the APCD, and discuss their strengths and shortcomings. They developed additional questions regarding both the ZATO and APCD options as well as questions related to other Local ACO solutions. Since the HIT design group will be working closely with the Quality Council regarding measurement and reporting, they also posed additional questions that will need to be addressed as we begin to work on short term (year 1) and long term solutions.

The meeting date for the next HIT Council meeting has been changed to May 22nd, place to be determined.

Medicaid Program Oversight Council – Care Management Committee
Sharon Langer

It was announced at the April 15th Care Management Committee meeting that Connecticut is seeking permission from CMS to delay implementation of Medicaid initiatives until July 1, 2016. This has to do to the fact that Federally Qualified Health Centers are currently paid on an "encounter" or "bundled" payment.
To participate in the Medicaid shared savings program DSS is proposing to add funding and therefore has to obtain approval from the federal government (Centers for Medicare & Medicaid Services). As a result, DSS will update its timeline and operating plan.

DSS provided a chart entitled "MQISSP MAPOC Management Stakeholdering [sic] Timeline", and Mercer (its contractor) staff reviewed the timeline.

DSS (Kate McEvoy) distributed "A Brief Primer on the Medicaid Quality Improvement and Shared Savings Program (MQISSP). DSS was open to receiving feedback on this document and there was much discussion. A listing of pediatric and adult quality measures was also distributed.

The group is considering creating specific work groups to zero in on different aspects of the program.