STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
February 5, 2015

Meeting Location: Capitol Room 310, 210 Capitol Avenue, Hartford

Members Present: Nancy Wyman, Patricia Baker; Jeffrey G. Beadle; Roderick L. Bremby; Patrick Charmel; Anne Foley; Bernadette Kelleher; Suzanne Lagarde; Alta Lash; Courtland G. Lewis; Katharine Lewis (for Jewel Mullen); Bruce Liang; Mary Kate Mason (for Patricia Rehmer); Robert McLean; Jane McNichol; Frances Padilla; Robin Lamott Sparks; Victoria Veltri; Thomas Woodruff

Members Absent: Catherine F. Abercrombie; Tamim Ahmed; Raegan M. Armata; Mary Bradley; Anne Melissa Dowling; Terry Gerratana; Thomas Raskauskas; Jan VanTassel; Michael Williams

Other Participants: Sandra Czunas; Ron Preston; Mark Schaefer

The meeting was called to order at 3:05 p.m.

Call to Order and Introductions
It was determined that as there was not yet a quorum, no voting could take place.

Public Comment
There was no public comment.

Minutes
Approvals of minutes were postponed due to a lack of quorum.

Conflict of Interest Protocol
Mark Schaefer provided an overview of the protocol (see protocol here). The protocol was developed as a result of concerns raised by the Consumer Advisory Board and an interest in working in a uniform fashion across work groups with regards to Program Management Office procurements. The protocol was developed in accordance with the State Code of Ethics and the State procurement guidelines. Any work group member participating in PMO procurements is required to sign a conflict of interest and confidentiality agreement.

There were no comments from the committee.

Equity and Access Council Updates
Adam Stolz, of Chartis, provided an update on Equity and Access Council activities (see presentation here). Alta Lash asked how the various payers at the table would participate in the proposed activities and what would be expected from them. Mr Stolz said that there may be instances where the state could compel a particular outcome. The Council could propose legislative or regulatory changes. Robert McLean asked whether consumers would have a role in determining an insurer is under-serving and driving business away from that insurer accordingly. Mr. Stolz said there is the potential for that. He noted that insurers play a role in making sure providers do not underserve. Bernadette Kelleher noted that the carriers have tried to design their programs so that it does not

encourage underutilization using tools such as a 24-month attribution process and risk adjusted payments. She said they are mindful of the fact that the budget should be adjusted for patients with multiple chronic conditions. They have established quality thresholds. There is an interest in putting safeguards into place amongst the payers.

Victoria Veltri thanked Mr. Stolz and the Council executive team for their recent leadership of the Council. She noted they would be developing measures to ensure there are ways to deter under service.

Community and Clinical Integration Strategy
Dr. Schaefer provided an overview of the Community and Clinical Integration Strategy (begins page 3 of the presentation found here).

Proposed Advanced Medical Home Standards
Practice Transformation Task Force Members Lesley Bennett and Dr. Ed Kim provided an overview of the Task Force's proposed standards for participation in the Advanced Medical Home program and the process used to determine which of the NCQA standards to emphasize. Dr. Schaefer noted that the Task Force opted not to layer on new standards but to tune the existing standards. It would be possible for a practice to achieve Level 3 accreditation from NCQA without passing the AMH-specific must-pass and critical factors; however, they would not achieve the AMH designation.

Robert McLean asked what collaborating with patient/family to develop/implement a written care plan for transition to pediatric care to adult care meant (Standard 2, Element A, Factor 4). Dr. Kim said that it is common in pediatrics to see patients with no records. The factor focuses on generating some form of transitioning care document which is particularly critical for pediatric patients with complex conditions. He said that it does require work but that the Task Force felt it was appropriate and within the vision of SIM.

Patricia Baker asked what assessing the diversity of its population meant (Standard 2, Element C, Factor 1). Dr. Schaefer said it could be done in two ways. If a practice has complete demographic information in the electronic health records system and if they have the analytic capabilities to generate reports from the EHR, that is one way to meet the requirement. A practice could also meet the requirement by accessing other demographic information, such as knowing that five percent of the catchment area is Spanish-speaking. The factor allows some flexibility.

The provider representatives on the Steering Committee expressed concern about that the difficulty of meeting the proposed AMH threshold. Courtland Lewis noted that the 2014 NCQA standards are more challenging than the 2011 standards. Dr. McLean said that while he did not really know if the added must pass and critical factors would add that much burden, it could make the process seem more intimidating. Ms. Bennett said that the proposals where made with the assumption that all participating practices would have an EHR system. She noted that the culturally and linguistically appropriate services (CLAS) standard is an area that aligns with CMS' Meaningful Use requirements so practices will benefit from help in pursuing this. She said there is a need to address disparities and that these are common sense goals that practices should be willing to address. Dr. Kim said that a lot of the changes align with Meaningful Use and that it is appropriate to move in this direction as it aligns with the goals of the SIM. He noted that while it may appear to be a heavy lift overall, a lot of electronic medical records will provide the required information. He also noted that the accreditation process serves as a starting point on a longer expedition.

Patrick Charmel asked who becomes the certifying body for the additional must pass and critical elements. Dr. Schaefer said there have been ongoing discussions with NCQA about the effort to tune the 2014 standards. They will provide practice specific feedback on which factors have and have not been achieved which will enable the state to bestow AMH recognition, though the details on credentialing have not been determined. He noted that they have been mindful of aligning the measures under consideration by the Quality Council for the multi-payer scorecard with the recommended AMH standards.

Dr. Lewis asked whether the recommendations could force practices to exclude other important areas. Dr. Kim noted that a practice that achieved all of the critical elements would only achieve Level 1 or Level 2 recognition. They would still need to pass other elements to achieve higher level recognition.

Dr. McLean asked what Standard 4-Element C-Factor 5 meant at the practice level. He expressed concern that it would require a practice to hire someone to create a field in their EHR system to collect query-able data. Suzanne Lagarde noted that while practices may collect the data required to meet the factor, it may not be collected in a format that would generate a report. Dr. Schaefer said that is a commonly expressed concern. He further noted that part of the work ahead is to move away from focusing on structures, standards, and process and towards documenting outcomes.

Ms. Bennett was thanked for her leadership as Task Force chair. Ms. Baker commended the Task Force for completing the heavy lift of standard review in a collaborative fashion.

Dr. Schaefer noted that a transformation vendor had been selected and had reviewed the recommendations as part of the contract negotiations. There have been concerns expressed that the recommendations, particularly with regard to health equity and care management provisions, may require a heavy lift by the practice. He said that at the end of the pilot, if is determined it is too difficult a lift within the time frame, those goals could be moved from the recognition process and into the Community and Clinical Integration Program. Prior to today's meeting Thomas Raskauskas suggested a Steering Committee sub-group review the recommendations. There were concerns from Committee members that this would conflict with the work of the Task Force.

Dr. Schaefer said that that Task Force requested a discussion with the vendor about these questions. Interested Steering Committee members could participate in that discussion. Ms. Baker said that appeared to be a good solution. She said that it was important to recognize that transformation is a journey requiring openness about how the individual pieces fit together. She recommended moving forward in a mindful way and thinking about phases that can be implemented over the next five years. Ms. Veltri said the vendor could help operationalize the task force recommendations. She noted that the purpose of the pilot was to determine what could be done when the full glide path is launched.

Mr. Charmel said it is important to think about building care management capabilities in practices. This will require upfront investments that need to be articulated. Dr. McLean agreed and said that transformation will be a heavy lift and can be painful. He noted the need to take the right approach to get practices to sign on. He cautioned against becoming a meaningless hoop that providers have to jump through.

Dr. Schaefer said the PMO will work to schedule a special meeting with the Task Force and the vendor and that the date will be shared with Steering Committee so that members may participate.

Minutes
As there was now a quorum present, the Committee revisited approval of past meeting minutes. LG Wyman asked if there were any comments or corrections to the minutes. There were none.

Motion: to approve minutes of the November 10th, December 11th, and January 22nd meetings – Patrick Charmel; seconded by Patricia Baker.
Vote: all in favor.

Adjourn
Motion: to adjourn – Patricia Baker; seconded by Jane McNichol.
Vote: all in favor.

The meeting adjourned at 5:13 p.m.