STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
April 9, 2015

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

Members Present: LG Nancy Wyman (Chair); Robert Krzys (for Jeffrey Beadle); Roderick L. Bremby; Patrick Charmel; Anne Foley; Bernadette Kelleher; Suzanne Lagarde; Alta Lash; Robert McLean; Jane McNichol; Jewel Mullen; Ron Preston (for Bruce Liang); Robin Lamott Sparks; Jan VanTassel; Victoria Veltri; Thomas Woodruff

Members Absent: Catherine F. Abercrombie; Tamim Ahmed; Raegan M. Armata; Patricia Baker; Mary Bradley; Terry Gerratana; Courtland G. Lewis; Frances Padilla; Thomas Raskauskas; Michael Williams

Other Participants: Robert Aseltine; Faina Dookh; Kate McEvoy; Mark Schaefer

Call to order and introductions
Lt. Governor Nancy Wyman called the meeting to order at 3:02 p.m. It was determined that a quorum was not present at the start of the meeting.

Public Comment
Supriyo Chatterjee provided public comment regarding the conflict of interest protocol (see public comment here).

Minutes
Acceptance of the minutes of the March 12, 2015 meeting was postponed due to a lack of quorum.

Conceptual framework for reporting
Faina Dookh provided an overview of the conceptual framework for reporting (see presentation here). Ms. Dookh referenced the project management tool under development by Chartis to aid in tracking progress on the test grant. This tool will be shared state agency partners to track the progress of all test grant initiatives. Jane McNichol asked when reporting would begin. Ms. Dookh said the tool was just beginning to be launched and that staff will soon begin training on how to use the tool most effectively.

Ms. McNichol expressed concern regarding the pace of the work of the Medical Assistance Program Oversight Council's Care Management Committee and stated that Steering Committee members should not anticipate that everything would be in place for the expected launch of the Medicaid Quality Improvement and Shared Savings Program (MQISSP). She said that transparency has been important to the consumer advocates and she worried that the program would be developed in a rushed manner. LG Wyman said there had been meetings about delaying the implementation of the MQISSP due to the same concerns. Kate McEvoy said there were important steps required to engage Mercer in actuarial activities required to support the development of the MQISSP. Now that a memorandum of agreement is in place with the SIM Program Management Office, they have been able to engage with Mercer Delaying the January 2016 MQISSP implementation date is currently

being considered. Alta Lash said that if a waiver program is being considered, that discussion should happen openly. Ms. McEvoy said that they are seeking authority from the Centers for Medicare and Medicaid to provide care management payments through a state plan amendment, rather than a waiver. The process to would be conducted through the Care Management Committee of the Council on Medical Assistance Program Oversight. The current plan is that those advanced payments would go towards federally qualified health centers rather than advanced networks.

Ms. McNichol said she was concerned about the interactions between the various work groups and asked how interconnections happen. Mark Schaefer said that information has been shared between groups when asked. For example, the Equity and Access Council's work on value based payment has been shared with the Quality Council. The PMO has not been able to bring on staff as expected, which has impacted the ability to better integrate the work of the councils but it is anticipated that will change within the next couple of months

Physician Survey
Dr. Schaefer introduced Robert Aseltine of the University of Connecticut Center for Public Health and Health Policy to discuss the Physician Survey. Dr. Aseltine undertook the physician survey with Paul Cleary of the Yale School of Public Health. Dr. Aseltine presented the results of the survey (see presentation here and survey report here).

Jewel Mullen asked whether they could assume the results are reflective of the entire physician population. Dr. Aseltine said the sample allowed them to weight the results and includes primary care and specialists with responsibility for chronic care management. Bernadette Kelleher asked whether they knew who actually completed the surveys. Dr. Aseltine said they did not have an option for proxy reporting and they were addressed to the physician; however, there is no control over who completed the surveys and they were completed anonymously.

Robert McLean asked how many of those providers using an electronic health records system had used it long enough to use it in a more sophisticated way. Dr. Aseltine said there was a majority who has had an EHR system for some time but there could be a significant number of new adopters. They may not use all of the capabilities. Dr. Schaefer said the transformation vendor is aware of the issue and there is a need to determine how to best implement EHR use and address the perception of it as a barrier.

Approximately 50% of physicians practice in groups that have five members or fewer and they were able to break down the responses by practice size. Dr. Aseltine noted that larger physician groups tend to have an easier time with technology and tend to have younger physicians. Commissioner Mullen said there is a need to define doctor-patient communication to get more clearly interpretable data. Thomas Woodruff asked whether they felt comfortable distinguishing between small and large practice groups. Dr. Aseltine said they spend more time on practice size and affiliation than anything else. That is complex but can be teased out.

Commissioner Mullen asked about the average number of years physicians had been in practice. The survey found 30 percent of physicians in practice for 30 years or more with 60 percent of respondents saying they would maintain their practices. There was not an explicit retirement question. Dr. Schaefer said the assumption was that the older community would feel more deluged but they reported less burn out. Dr. McLean noted that may be because they plan to retire and are less likely to take on electronic health records. Dr. Schaefer said there are plans to expand the questions asked of physicians during license renewal so that there is more data available.

Ms. Kelleher asked about the question regarding use of state funded support for PCMH development, which found that 42 percent were somewhat or very likely to use the support. She said it would be good to know what barriers exist. Dr. Schaefer said he viewed that result differently. He noted that physicians planning to retire were unlikely to take on major transformation. Others may not be familiar with the service or how it will benefit their practices. There are plans to do entrance and exit surveys of practices involved in the Advanced Medical Home pilot.

The Committee discussed patient experience. Ms. McNichol noted that doctors cannot answer what the quality of the patient experience was. Dr. Aseltine said they looked a the use of patient experience surveys and the variation across provider types. He noted that providers tend not be be good at reporting their patient mix. He also noted that in some areas, numbers never match up with reality. For electronic health records, 12 percent say they will implement within a year but the actual number tends to be six percent. He anticipated that by the end of five years, the number would be 90 percent.

Ms. Lash asked whether there were questions about racial and ethnic disparities. Dr. Aseltine said that the CT State Medical Society recently conducted two surveys that were highly informative and can be shared with the group. Dr. Schaefer said the single most important thing that can be done is to stratify data by race and ethnicity so that it is financially significant. Commissioner Mullen said pushing culturally and linguistically appropriate services standards from a state policy level may be helpful.

Practice Transformation Task Force composition
Dr. Schaefer said there was a suggestion to tune the composition of the Task Force to match the needs of the development of the Community and Clinical Integration Program (see presentation here). The Task Force weighed in on what that might look like on April 7. They are proposing the Consumer Advisory Board recommend the housing and cultural health organization representatives. The Personnel Subcommittee would recommend hospital, home health, and practice administrator representatives. They would seek Steering Committee approval of the appointments by April 28th. As a quorum had been achieved, voting could take place.

Motion: to approve the recommendations for changes in composition to the Practice Transformation Task Force – Jane McNichol; seconded by Patrick Charmel.
There was no discussion.
Vote: All in favor.

Minutes
Ms. McNichol asked about whether the Community and Clinical Integration Program would be implemented by the end of June. Dr. Schaefer said that they are looking to complete the planning process by July. The minutes will be corrected to reflect the accurate timeframe.

Motion: to approve the March 12, 2015 meeting summary with noted corrections – Robert McLean; seconded by Victoria Veltri
There was no additional discussion.
Vote: All in favor.

Quality Council
Dr. Schaefer continued the presentation from the March 12th meeting, which left off with the provisional measure set (see presentation here).

Dr. Mullen asked whether the quality measures match quality of care. She noted that one measure could not capture the complexity of good care. Dr. McLean said that NQF measures do not always reflect what is currently in practice, as it takes three years to update their measures. Dr. Schaefer said that the Quality Council has deliberated on a large number of metrics. He said that most measurement has been relegated to processes and when measuring processes, there is concern about improving processes that are outdated. The committee would like to push towards measuring outcomes. LG Wyman asked about measuring depression outcomes. She asked how treatment is measured for depression when a patient is on medication for long periods of time. Dr. Mullen said there are scales that can be followed. There is an issue of how much data can be gleaned from the clinical record and how much can be gleaned from claims. Ms. Veltri said it may be impossible to tell how a condition is being well controlled. Dr. Schaefer said that mental health treatment is a complex endeavor with co-morbidities at play. He said it is difficult for clinicians and patients to know what will happen if one goes off medication. They tend to look at whether the patient reports he or she feels better.

Adjourn
Motion: to adjourn – Jan VanTassel; seconded by Thomas Woodruff.
There was no discussion.
Vote: All in favor.

The meeting adjourned at 4:57 p.m.