STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
February 17, 2015

Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Lesley Bennett; Mary Boudreau; David Finn; Heather Gates; Bernadette Kelleher; Edmund Kim; Alta Lash; Nanfi Lubogo; Rebecca Mizrachi; Douglas Olson; Elsa Stone; Randy Trowbridge; Joseph Wankerl; Jesse White-Frese

Members Absent: Leigh Dubnicka; M. Alex Geertsma; Shirley Girouard; John Harper; Peter Holowesko; Michael Michaud; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Tonya Wiley

Other Participants: Patricia Baker; Anne Elwell; Tim Elwell; Lynne Ide; Michelle Kelvey-Albert; Suzanne Lagarde; Brody McConnell; Kristen McClain; Robert McLean; Jane McNichol; Thomas Meehan; Arlene Murphy; Ronald Preston; Thomas Raskauskas; Mark Schaefer; Marie Smith; Robin Lamott Sparks; Jan VanTassel

The meeting was called to order at 6:05 p.m.

1. Introductions
Lesley Bennett served as meeting chair. Participants introduced themselves and included the team from Qualidigm and members of the Healthcare Innovation Steering Committee. It was determined a quorum was present. Ms. Bennett reviewed the purpose of the meeting.

2. Public Comment
There was no public comment.

3. Qualidigm's comments of provisional standards
Mark Schaefer presented the provisional recommendations and provided background on Qualidigm, the vendor chosen for the AMH transformation process (see presentation here). The Qualidigm team reviewed the recommended areas of emphasis and provided feedback. Members of the Healthcare Innovation Steering Committee requested to participate in the discussion.

Timothy Elwell presented on behalf of Qualidigm. He said there were no issues with the direction; however there are areas that are a heavier lift in the proposed time frame. Their feedback centers on concerns they thought clinicians would have. He said that when the read the request for proposals, they thought they needed to add on patient-centeredness and decided to partner with Planetree. He noted that there is a 74% overlap between Planetree's work and NCQA.

The group reviewed the areas Qualidigm raised concerns about (see vendor recommendations here). Michelle Kelvey-Albert said that ***Standard 3 Element C*** represented a change from the 2011 standards. She said that if a practice is not documenting behaviors affecting health, they will need to start implementing a documentation process four to six months prior. She noted that the intervention period is 12 months and there may not be adequate documentation available. Randy Trowbridge said this received the highest ranking in terms of what the Task Force wanted to include. Ms. Kelvey-Albert said they perform a needs assessment for each office and if the office is

not doing these things, they need to look at how to bring it to the forefront. She suggested making it an area of emphasis. Elsa Stone said that practices learn from the things they are asked to do and that they will see change going forward. Robert McLean asked whether an electronic health record system would be able to capture this information. Ms. Kelvey-Albert said there were multiple EHR systems in Connecticut and they all operate differently. There could be costs associated with changing the system. Thomas Raskauskas noted that St. Vincent Health Partners has 13 different systems and 10 of them did not capture depression screening. There is a cost to change the system to capture that information.

Patricia Baker noted they are recommending a two phase process. She asked for clarification of that process. Ms. Kelvey-Albert said that Phase 1 focuses on assessment and Phase 2 focuses on implementation. Ms. Baker said the expectation will be that, at the end of the assessment period, practices will have learned processes and that in Phase 2; the capacity will exist to make these items critical.

Ms. Bennett noted that dropping two critical factors would mean the element would no longer need to be must pass. Alta Lash said that behaviors affecting health and health literacy were important areas for members of the Task Force. She said she would like some evaluation of what worked and what didn't. Dr. Raskauskas noted practices do not receive a point by point score breakdown but that information could make for a good teaching discussion. Ms. Kelvey-Albert said she thought NCQA would be open to that.

Ms. Bennett asked if there were concerns with the areas of emphasis. Ms. Kelvey-Albert noted there were concerns about Standard 4, Element A and whether the numbers were reasonable. She said more information was needed. Marie Smith noted that they cross walked the standards against the standards CMMI has set for the Comprehensive Primary Care Initiative. Dr. Schaefer noted there could be some variability and perhaps it made sense to have it as elective. Dr. Raskauskas said they did not have the ability to do risk stratification at the practice level. He cautioned against high risk stratification. This is done at the network level.

Ms. Lash asked for Qualidigm's thoughts on patient-centeredness. Mr. Elwell said that was the reason they brought in Planetree. Planetree could help in areas such as patient advisory councils. Planetree would be part of the baseline needs assessment, interviewing staff and patients and how to redesign workflow. They have done work with the Veterans Affairs Administration in an outpatient setting. Dr. Schaefer noted that the VA is a different animal in terms of primary care. Ms. Bennett asked for provider thoughts on Planetree. Dr. Raskauskas said there is a difference as physicians have not put customer service at the forefront but there is a huge wave of physicians who want to serve patients better. Robert McLean said this would be a pilot and that is exciting. Dr. Trowbridge praised the involvement of Planetree as they could help with a framework for patient-centeredness.

The Task Force discussed Standard 4 Element A (identifying patients for care management). Dr. Schaefer asked whether the Task Force was comfortable leaving Factor 1 (behavioral health conditions) in as critical. Heather Gates said it is an area of huge challenge and needed to remain critical.

Mary Boudreau asked Qualidigm for the recommendation on Standard 6, Element A, Factor 4 (performance data stratified for vulnerable populations). Ms. Kelvey-Albert said it was feasible but may require education and will depend on the EHR system. NCQA allows practices to choose the

vulnerable population but does not provide much guidance. Ms. Baker said that the factor is critical for her as it connects to SIM goals.

Elsa Stone asked how difficult a lift Qualidigm thought it would be for practices. Ms. Kelvey-Albert said it would require a lift and that the recruitment process will be crucial to the initiative's success. None of the proposed changes would impact NCQA's scoring process and that just meting NCQA's targets would be a lift. She said success is about structuring and layering the transformation process and focusing on the most critical items first. Dr. Schafer noted that their hope and expectation is that the health plans will support both progress along the path and achievement of recognition. The SIM PMO does not have the authority to establish direct financial investment requirements and nor propose a penalty. He noted that NCQA will provide the PMO with more detailed scoring so that they can assess the practice's ability to meet the AMH requirements.

Details on the recruitment process are still being worked out and may include a procurement process to decide which practices will participate. Dr. Schaefer said the first priority would be practices with no credential or the 2008 credential. 2011 recognized practices would be second priority. Ms. Lash asked about the financial reward at the end of the process. Joseph Wankerl said the goals are valued by both the health plans and employers. While he is not prepared to say what they will do exactly, they do envision supporting their position to do better.

4. Final recommendations – AMH standards and areas of emphasis

Ms. Bennett asked the Task Force to vote on the three areas that Qualidigm referenced. Those items would no longer be made critical. The Task Force voted by consensus.

Keep Standard 3, Element C (comprehensive health assessment) a critical factor.	Vote: 1 in favor, the rest opposed.
Make Standard 3, Element C an area of emphasis. Ms. Boudreau suggested implementing this in Stage 2. Dr. Schaefer noted that they had not yet defined phases. He suggested voting on making it an area of emphasis and then revisiting when the stages are defined.	Vote: unanimously in favor.
Keep Standard 3, Element C, Factor 10 (assessment of health literacy) a critical factor. Qualidigm recommends performing an assessment and, based on the outcome, recommending additional support and training in Phase 2.	Vote: unanimously opposed.
Keep Standard 3 Element C as a must pass.	Vote: 2 in favor, the rest opposed.
Make Standard 4, Element E (support self-care and shared decision making) a core area of emphasis for oral health. Ms. Boudreau requested that identifying patients for dental conditions be made a core area of emphasis. Dr. Meehan said that in Qualidigm's discussions, they planned to include discussion of recommended screening tests and that dental could be included.	Vote: unanimously in favor.

Make Standard 5, Element C, Factor 6 (obtaining consent for release of information) a core area of emphasis. The Task Force discussed the areas of emphasis and whether it should be part of the core areas of emphasis.	Vote: unanimously in favor.
Adopt the 11 items identified core areas of emphasis with other areas made optional.	Vote: unanimously in favor.

5. Minimum NCQA Level Requirement for AMH

Dr. Schaefer noted there are two key recognition levels (level 2 and level 3). He asked: if a practice achieved level 2 while hitting all critical factors and must pass elements, should the practice receive the AMH designation, or should that designation only be conferred on those who achieve level 3. Dr. Stone said either should be eligible. Dr. Kim said that the transformation process is a journey. If a practice can start from nothing and achieve level 2, then they have started on that journey.

Dr. Stone moved that the AMH designation be conferred to any practice achieving level 2 or level 3 NCQA recognition.

There was no additional discussion.

Vote: all in favor.

6. Learning Collaborative Strategy

Dr. Schaefer briefly reviewed the proposed milestones and approach for the learning collaborative and invited additional comments. Task Force members had none.

7. Adjourn

Dr. Schaefer told the Task Force they had completed an amazing amount of work and thanked the Steering Committee members for participating in the meeting. The recommendations will be brought to the Steering Committee for formal approval. Ms. Lash thanked Ms. Bennett and Dr. Kim for their presentation to the Steering Committee. Dr. Raskauskas thanked the Task Force for allowing the Steering Committee to participate in their discussion.

The meeting adjourned at 8:11 p.m.