

Review of Comments to 2nd Draft CCIP Report

As of October 29, 2015

Num.	Summary of Comments
1	<p>(1) Commenter is concerned that it will be very difficult for networks composed of independent practices to meet the standards outlined in this document. The responsibility for effecting most of the objectives as currently written in the CCIP lies with the network. This is easier to achieve when the AMHs are all employed by the network, e.g. NEMG, than when they are independent practices.</p> <p>(2) Commenter requests that the text indicate that the networks needed to collaborate with their AMHs to develop standards, processes, etc. Ultimate success and transformation might be better assured if the personnel on the ground, i.e. within the AMH, are fully committed and engaged in all of these processes. The health equity standards in particular are written “the network will” with very little mention of the role of the AMH.</p> <p>(3) Commenter requests that the PTF address connecting the specialists with the comprehensive care team and the AMH as the situation is not uncommon that the specialist is not I the same network as the patient’s AMH. Many complex patients identify primarily with the specialists caring for them, and may only rarely contact their PCP.</p> <p>(4) Commenter requests clarification on where funding will originate for the networks to achieve the necessary objectives.</p>
2	<p>(1) Commenter appreciates the introduction and background material and believes it provides a valuable context for readers who were not part of the process.</p> <p>(2) Commenter believes the concepts of whole person and person centered throughout the document reflect the PTF’s wishes.</p> <p>(3) Commenter would like additional clarification on how Local Community Health Collaboratives will be stood up. From the document it alludes to the fact that the community overall will come together but there is not a way to see how this can happen without facilitation to bring the community together, create a common stated purpose and agenda and continuously evaluate/adjust to group to sustain effectiveness. Commenter believes that this must be a TA-driven or PMO-driven process as it is unlikely it can arise organically.</p>
3	<p>(1) Commenter would like additional clarification around the definition of complex patient and goals.</p> <p>(2) Commenter would like to additional clarification around the role of the PTF in providing input into the program.</p> <p>(3) Commenter would like additional clarity around the focus population of CCIP. Commenter would like to define and differentiate among the populations of interest (acute vs chronic for example; short term vs long-term; self-management). Commenter suggests coordinating with Medicaid as the populations are likely to overlap.</p>

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	<p>(4) Commenter would like to reinforce the role of person/patient at the center of the care team more throughout the document.</p> <p>(5) Commenter requests that we acknowledge that cost savings may not necessarily result in providing better care for vulnerable populations. So, while we state it as a goal, we need to acknowledge that it is not primary.</p> <p>(6) Commenter requests reorganization of the document to reduce its length, include an executive summary, and reduce redundancies.</p> <p>(7) Commenter requests to clarify the relationship of CCIP to SIM.</p> <p>(8) Commenter makes additional edits to the body of the document that can be found in the compendium.</p>
4	<p>(1) Commenter believes that the report appropriately reflects the conversations and discussions of the PTF.</p>
5	<p>(1) Commenter requests additional clarification around the definition / focus population for the complex patient intervention and the goals. Commenter believes there needs to be additional coordination with DSS and Medicaid as there is potentially significant overlap, which would conflict with the Medicaid care management programs. Commenter further notes that the Medicaid programs' eligibility often leads patients without the continuity in long-term comprehensive care management services as their needs change, which is what CCIP should focus on.</p> <p>(2) Commenter made additional suggested edits to the complex patient definition as well as recommended changes to the interventions and program design that can be found in the compendium.</p>
6	<p>(1) Commenter believes that Persons with more experience with Community Health Workers need to be identified and personally asked for input to clarify the CHW training and role. Commenter believes this because it seems that CHW are being "dropped" in the plan without a look at what the entire role would entail.</p> <p>(2) Commenter advocates for references for practitioners around what constitutes best practices for encouraging better health literacy.</p> <p>(3) Commenter is concerned that valuable resources for practices to get assistance in quality patient care (the goal of all this) is lost in the footnotes. Commenter notes that footnotes are often read only to see where a quote came from.</p> <p>(4) Commenter requests that the elective standards be listed in the same order throughout the document as they are in the Appendix.</p> <p>(5) Commenter requests consistency with the use of "The Network" and "The Advanced Network or FQHC" throughout the different standards.</p>

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	<p>(6) Commenter believes that e-consults is too limiting and that the standard should really be around telehealth with e-consults being one portion of it.</p> <p>(7) Commenter makes additional word edits to the document which can be found in the compendium.</p>
7	<p>(1) Commenter notes that e-consults are just one example of telehealth services that can be utilized to connect physicians with one another and physicians with patients. Commenter suggests revising the e-consult elective standards with a broader introduction to telehealth.</p> <p>(2) Commenter offers to create more policy & procedures for different telehealth services to be incorporated into the CCIP program.</p> <p>(3) Commenter’s suggested edits to the e-consult standards and the suggested introduction language around telehealth can be found in the compendium.</p>
8	<p>(1) Commenter makes several language edits to the CMM elective standards to emphasize credentialing, education and training, and processes that are in line with the JCPP Pharmacists’ Patient Care Processes.</p> <p>(2) The tracked changes can be found in the attached compendium.</p>
9	<p>(1) Commenter made a number of edits to the language in the report that can be found in the compendium.</p> <p>(2) Commenter requests clarification around what will happen if participating providers cannot reasonably meet CCIP standards and whether they can be removed from the program.</p> <p>(3) Commenter requests clarification around who will be primarily responsible for addressing the care plan and needs assessment. In some instances it appears the primary care provider is responsible and in others the CHW. Commenter worries whether or not the primary care provider will really have adequate time and whether time will be built in for comprehensive interviews.</p> <p>(4) Commenter wonders whether PTF should create more criteria around “warning signs” that would lead practices to select patients for the Complex Care intervention.</p>
10	<p>(1) Commenter recommends that the Plan acknowledge the time and support that will be required for patients, caregivers, and their providers to engage in the necessary education and training that will be needed as they become active and engaged partners in their care and decision-making.</p>