

STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
April 26, 2016

Meeting Location: Connecticut Behavioral Health Partnership, Hartford Room, Suite 3D, 500 Enterprise Drive, Rocky Hill

Members Present: Susan Adams; Lesley Bennett; Mary Boudreau; Garrett Fecteau; Shirley Girouard; John Harper; Anne Klee; Ken Lalime; Alta Lash; Douglas Olson; Nydia Rios-Benitez via conference line; Elsa Stone

Members Absent: Grace Damio; Leigh Dubnicka; David Finn; Heather Gates; M. Alex Geertsma; Beth Greig; Abigail Kelly; Edmund Kim; Kate McEvoy; Rebecca Mizrachi; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Eileen Smith; Anita Soutier; Randy Trowbridge; Jesse White-Frese

Other Participants: Supriyo Chatterjee; Abby Dancause; Faina Dookh; Anne Elwell; Sara Guastello; Michele Kelvey-Albert; Tamar McFarlane; Mark Schaefer

The meeting was called to order at 6:12 p.m.

Introductions

Lesley Bennett chaired the meeting. Members and participants introduced themselves.

Public Comment

There was no public comment.

Minutes

Acceptance of minutes was postponed due to lack of a quorum.

Purpose of Today's Meeting

Dr. Schaefer reviewed the purpose of today's meeting. He noted that the transformation teams from Qualidigm and Planetree have been leading the efforts to apply the Advance Medical Home (AMH) transformation process to several cohorts and their respective practices. Dr. Schaefer said Qualidigm and Planetree representatives will discuss transformation activities that were conducted in the first few months of the AMH Pilot Program. Anne Elwell, a Principal and Vice President of Qualidigm, said she oversees transformation interventions which encompasses a lot of work around physician practices in particular with SIM. She said they are excited to be here and eager to talk about the challenges encountered and the progress that has been made. Ms. Elwell introduced the SIM Qualidigm and Planetree team members.

Advance Medical Home Pilot Update

Michele Kelvey-Albert, Qualidigm initiative lead, provided an update on the Advance Medical Home Pilot ([see presentation here](#)). Sara Guastello of Planetree, provided a brief overview of the background and requirements of Planetree. She said Planetree is a non-profit, patient centered care, advocacy, coaching, and education organization based in Connecticut. They have been around

for over 35 years. They work in nineteen different countries. Ms. Guastello said the main premise is to continue improvement efforts for the health care system by ensuring that the patient's voice is included in the health care delivery process. She mentioned that Planetree has a designation program for patient centered excellence.

Dr. Girouard mentioned that PTTF had established required areas of emphasis, must pass, and critical factors. She asked how the Planetree model became a part of the AMH Pilot Program. Dr. Schaefer said it was not made part of the Advanced Medical Home program (AMH). He said a request for proposal (RFP) was sent out. The RFP selection team chose the combination of National Committee for Quality Assurance (NCQA) with Planetree as an innovation to be tested because it appears to align with the SIM's person centered goals and efforts to improve the patient experience with the primary care team.

The group discussed the evaluation tools. Ms. Guastello said the staff satisfaction surveys are designed and geared towards the experience and needs of staff in the office. Ms. Lash asked about perceived cultures of safety. Ms. Guastello said if staff have a concern about safety or quality, it could be aired and there wouldn't be any negative ramifications. Ms. Kelvey-Albert said some of what Qualidigm is doing is to help the offices understand that they need to continue to move forward in meeting patient needs as healthcare continues to move in the direction of patient centered care. She said this is not about checking the boxes but about improving the workflow and having better patient outcomes. Financial rewards at the end tend to be a big driver and incentive.

Ms. Elwell spoke about the customer satisfaction surveys. Ms. Lash asked whether the customer satisfaction surveys ask about the paperwork burden and time burden. Ms. Elwell said they do ask about this time burden. She said the practices are informed ahead of time regarding expectations. Ms. Elwell mentioned the more the practices realized that they were there to help them with the process, it helped to soothe a lot of things.

Ms. Guastello said the interview visits and baseline observations were started right at the beginning of the pilot. The customer satisfaction surveys are a low risk way of starting the transformation process and then the transformation team could start to work with the offices to begin thinking of other ways of engaging patients and family members as partners in this work. Ms. Guastello noted that most of the offices had never received qualitative feedback from patients so that they could begin to respond to and develop improvements around patient needs.

Ms. Kelvey-Albert noted that their contact information is located on the last slide of the presentation. Dr. Schaefer expressed thanks to Qualidigm and Planetree representatives for all of the work they have done. He said the design of AMH and CCIP have been completed and the RFP for a transformation vendor is being prepared. Dr. Schaefer asked whether there are other things that have occurred over the last year that may have been left out and should be looked at in the coming year.

Ms. Adams suggested including anything with the exception of an end of life care plan. Ms. Lash said in terms of racial and ethnic disparities, the end of life discussion is tremendously effected by culture. She said it's a great topic to address. Ms. Elwell said Qualidigm received a small grant from a speaker from a local health foundation at their Better Health Conference and they now have funding for end of life discussions. Ms. Elwell noted she has been working on care transitions for six years with hospitals, nursing homes, home care agencies, and physician groups and there have been improvements in the discussions.

Ms. Lash suggested coming up with a plan and figuring out how to blow out a report as a follow up to the Advanced Medical Home pilot presentation such as how it began, it's successes, and first steps. Dr. Schaefer said the work for the NQCA recognition and Planetree initiative is not complete. He said perhaps the SIM PMO could independently engage some of the practices to gauge the effectiveness of the transformation process. It was noted that there are cost limitations to initiative specific controlled evaluations.

Practice Transformations and other Federal Initiatives

Dr. Schaefer provided an overview of the Next Generation ACO Model (NGACO Model) and Comprehensive Primary Care Plus (CPC+) initiatives ([see fact sheets here](#)). It was noted that it is critically important to have payment reforms that support the kind of changes in practices that the taskforce have been talking about. Currently, most of the payers are doing the shared savings program with the promise of a reward in 18 months. The CPC Plus program points to some approaches that can be made. They provide substantially more dollars up front.

Dr. Schaefer said there are two tracks in the CPC Plus program. In track one, there is a fifteen dollar, per member, per month fee on average risk adjusted based on the health of the patient population. Performance payments are received in advanced instead of at the end. The performance payments have to be given back, if targets are not achieved. In track two, they substantially reduce the primary care fees and replace it with an upfront comprehensive payment. The goal is to wean people off of the office visits and make it possible for telemedicine visits, email, and phone communications to use electronic applications to engage patients. Different means and modes can be used to substantially reduce dependence on the office encounter for patients that are not billable. Ms. Lash asked whether there was going to be a discussion on this. Dr. Schaefer mentioned they could talk about this more at the next meeting due to the lack of time.

Next Steps and Adjourn

Motion: *to adjourn the meeting – Alta Lash; seconded by Susan Adams.*

Discussion: There was no discussion.

Vote: *All in favor.*

The meeting adjourned at 8:05 p.m.