STATE OF CONNECTICUT
State Innovation Model
Design Group 3 – Measuring & Reporting
Design Workshop #2
Meeting Summary
Thursday, August 20, 2015
12:00 – 1:30p.m.

Location: By Conference Call and Webinar

Members Present: Leigh Dubnicka; Dr. Shirley Girouard; Dr. John Harper; Kate McEvoy; Nydia Rios-Benitez; Joseph Wankerl

Absent Present: Dr. M. Alex Geertsma

Other Participants: Lisa Douglass; Katie Sklarsky; Virginia Sullivan; Carmela Valentino

Agenda Items:
1. **Meeting Objectives**
2. **Design Group Three Overview**
3. **Review of Technology & Reporting Needs and Associated HIT Solutions**
4. **Next Steps**

Meeting Summary:

The meeting started at 12:02 p.m.

Katie Sklarsky of The Chartis Group facilitated a group discussion. Participants articulated a number of perspectives including:

- Noted that Medicaid has a technology platform today to do the risk stratification for Medicaid patients that could be used to identify target populations. This should be presented as a potential solution for target population identification of complex patients.
- Be mindful of how HIT solutions can be resourced for CCIP given the timelines for rolling out MQISSP, which will include networks requesting TA for CCIP. The HIT solutions will have to be applied to the CCIP networks identified – think through process of how this will occur.
- Overall the group felt that the technological solutions put forth were going in the right direction as far as where networks should end up, but expressed concern that 1) the technology at the network level may not be where it needs to be to support the needs and 2) this work will require a substantial cultural and behavior change. There is currently no culture of collaboration between networks or between individual networks and out of network partners (e.g.; behavioral health providers, social services, etc.) and building it will require fundamental change.
    o In regards to the use of ADT to identify target patients or alert systems when a patient is in crisis, the group expressed that it may work for hospitals/EDs/Long-term care facilities and practices that are within the same network, but there may be difficulties working outside the network.

- A similar concern to ADT was expressed about seamless communication – within networks there may be feasible solutions, but if the goal is to improve communication between networks and with out of network partners, there will likely be behavior change/cultural challenges.
- Given the fundamental change required to be more collaborative, financial alignment around these changes will have to be established down to the physician level.
- While the guidelines put forth in the document are good aspirational goals, draft the guidelines so they are adaptable to the needs/starting points of the different networks. Given the importance of buy in and financial alignment to change behavior, the networks should be given the flexibility to identify the best starting point where they can achieve quick wins (e.g.; improving referral management).
- To achieve the three goals of measuring and reporting ((1) evaluate whether interventions are successful, (2) identify process and quality improvement opportunities, and (3) promote accountability across all CCIP stakeholders) the group suggested the following:
  - To evaluate whether interventions are successful the relative impact for the population receiving CCIP support should be measured before and after the intervention across three broad categories – cost/utilization, standard set of quality metrics, and patient satisfaction. Suggested that it would also be helpful to crosswalk the CCIP work with the quality council's work to see where there is alignment with quality measures.
  - To identify process and quality improvement opportunities the network should define (will be dependent on the processes they develop), collect and report on more detailed process metrics to identify when there are opportunities. This will help provide the networks with tactical information to drive change.
  - To promote accountability some form of a scorecard or dashboard should be developed as a vehicle to share performance across stakeholders/peers on a semi-regular basis.

The meeting adjourned at 12:59 pm.