

Draft SIM Workgroup Update
June 4, 2015

Quality Council Update

Arlene Murphy

The May 27th meeting spent considerable time discussing the timetable for measure development and the status of measurement review. Members expressed concern about the feasibility of the timetable as a number of measures are still being reviewed and there are significant issues that need to be resolved. Oral health measures were discussed. Additional information is still needed to address HIV measures. The meeting ended with extensive discussion of the pros and cons of the Medicare ACO measure for meaningful use of electronic health records. Although consumer representatives feel this measure is very important, in consideration of the significant compliance challenges and the ongoing development of these requirements, they recommended that this measure be utilized for reporting and not for value based payment at this time.

The next meeting is scheduled for June 9th.

Practice Transformation Taskforce

Nanfi Lubogo

UPDATE MAY 26, PTTF MEETING (Clinical Integration design workshop #1)

Background: PTTF established three design groups to research evaluate and design standards for the identified programs and program enablers. Design groups: Community Integration, Clinical Integration, and monitoring and reporting.

- Meeting was facilitated by Kate Skarlasky of The Chartis Group
- CT SIM Goals and CCIP objectives reviewed
- Group acknowledged importance of Advanced Networks having measuring and reporting capabilities and community linkages, but also recognizes the challenges with developing such capabilities.
- The group expressed desire to emphasize the importance but not in a way that deters Advanced Networks from participating in CCIP by creating an initial hurdle that is overly ambitious.
- Concern expressed that if all Advanced Networks are determining their own target populations and selecting their own set of capabilities to develop it will be difficult to demonstrate results.

Mark Schaefer pointed out that all participants will be using the same quality scorecard and in the short term only be held accountable for reporting and longer term will start to report on measures, so while Advanced Networks may implement different capabilities ultimately they will all be measured in the same manner.

- Members expressed concerns about some logistics of implementing capabilities, behavioral health specialist shortages and insurance coverage concerns with oral health.

- Many members pointed out that there is a lot of work being done with behavioral health. Design group/PTTF will identify Advanced Networks working on this already to gain a better understanding of the current state of behavioral health integration in CT.
- There were also discussions about whether community health workers (CHW) should be considered as part of the primary care team or in the community or both.

Design group 2 met on May 27, Design group 3 met on June 1.

Equity Access Council

Alice Ferguson

May 28th Equity and Access Meeting - Conference Call Update

Meeting presentation link:

http://www.healthreform.ct.gov/ohri/lib/ohri/work_groups/equity_access/2015_05_28/eac_20150528.pdf

During Public Comment, Supriyo Chatterjee remarked on the importance of establishing a Code of Ethics for the SIM project. He referred to a historical tendency of African Americans distrust of Physicians and the Healthcare system overall and encouraged the E&A Work Group to take this history into account as they give input on the project.

Sheldon Toubman raised concerns about Recommendation 3.5 as it was presented. He stated shared savings dollars were never intended to be retained and should be returned to the consumer as opposed to the ASO or provider.

The comments submitted by Ellen Andrews regarding Recommendation 3.5 were brought up and discussed at length later in the meeting.

Page 4 of E&A Document was reviewed in regard to Milestones and the Timeline of To Do's for the E&A Design Work Group.

The June 25th E&A meeting was rescheduled to June 18th.

The Timeline for the issuance of the E&A Phase I Report to the Steering Committee was discussed. It will be finalized in July/August and submitted by September.

It was noted the MAPOC meeting is tentatively scheduled for June 17th. There will be a Webinar on the subject of shared savings within that week. It was suggested the recommendations of the E&A Design Work Group be added to that agenda.

Page 5 reviewed Outstanding Items. Adam asked for a final consensus of that as well as to include the comments made thus far on pending E&A issues

There were 7 responses received to the survey distributed to "Articulate Elements of Implementation" of the recommendations.

It was also stated some recommendations are “aspirations” and should be referred to as a “starting point” and be shared with the understanding not all recommendations will be accepted.

Adam noted he is in receipt of Medicare document outlining Patient Attribution as well as other services. He will update the Workgroup once additional information is received.

was reviewed and briefly discussed.

Discussion went back to arguments relating to Recommendation 3.5 and comments submitted in writing by Ellen Andrews. Adam proposed adding a narrative to the Phase I report to address her concerns.

The issue of whether or not input from the E&A must be by consensus and should issues not widely agreed upon be reported. It was suggested counter language be included in a separate document.

Adam suggested Recommendation 3.5 was included an attempt to advise ASO’s where shared savings should go and that the content of the report was voiced in a previous meeting. The language used in this document was commented on at length. The entire matter of Recommendation 3.5 will be further discussed and edits that came out of this evening’s meeting will be compiled and revisited before the final Phase I Report is released.

The matter of cherry picking by Providers was raised in addition to “How the E&A Workgroup will mitigate those instances when that occurs.

The question was raised, “Is there a definition of “Underservice?” as well as “How will shared savings be determined?” Further what will be done if and when each has been identified? This will be addressed in a future meeting.

Health Information Technology Council

Pat Checko

HIT met on May 22, 2015. All consumer members were in attendance. An Executive Team will be created with a member from consumers, providers and payers. There was an extensive discussion of the Council’s goals, scope and charge as well as progress to date. Draft minutes can be found on the Health Innovation website.

Four members of the Quality Council will join the HIT Measurement Performance and Reporting Design Group to facilitate intercouncil collaboration on measurement and reporting as part of our joint responsibilities. The next meeting is scheduled for June 8th.

HIT members acknowledged the need for a short term plan to meet the first limited measure reporting requirements (2016) and a long term plan to implement the full-measure solution. For the short-term solution, Quality and HIT Councils will focus on three measures:

- Control of Hypertension ($\leq 140/90$)
- Poor Control of Diabetes ($HbA1c \geq 9.0$)

- Hospital readmission within 30 days of discharge

The Council discussed whether or not these measurements could be evaluated without the use of the individual's EHR. Dr. Checko noted that we had not resolved the issue as to whether Medicaid insurance status in the patient's EHR falls under the DSS Medicaid data sharing restrictions. Commissioner Bremby stated that EHR Medicaid data are not bound or covered by DSS restrictions. Dr. Villagra noted that law requires payers to provide the data to the APCD and asked what drivers were in place to incentivize providers to provide the data.

Dr. Schaffer noted that the legislature was considering a bill (SB 811) that dealt with a statewide health information exchange. This bill was passed by the legislature and awaiting signature by the Governor.

Mr. Raymond reviewed the Council's two proposed avenues of progression. Option one involves continuing evaluation of Zato and/or APCD to meet all the criteria. If not, the Design Group will continue to explore remaining issues related to pursuing these options, and exploring alternatives, such as those used by other SIM states.