

CONNECTICUT
HEALTHCARE
INNOVATION PLAN

Equity and Access Council Meeting

May 7, 2015



Meeting Agenda

Item	Allotted Time
1. Introductions	5 min
2. Public Comments	10 min
3. Minutes	5 min
4. Review Process & Timeline for Issuing Phase I Report	10 min
5. Review & Act on Slate of Recommendations	60 min
6. Discuss Framework for Proposing Implementation Methods	15 min
7. Additional Comments on Narrative in Version 1.1 of Draft Report	10 min
8. Closing Comments	5 min

Appendix

Meeting Agenda

Item	Allotted Time
1. Introductions	5 min
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Appendix

EAC: Milestones and Timing

The agenda of upcoming EAC meetings is organized around review and revision of the EAC Phase I report.

WORKSTREAM/ACTIVITY		April				May				June			
		Week of:				Week of:				Week of:			
		6	13	20	27	4	11	18	25	1	8	15	22
1	Healthcare Innovation Steering Committee (HISC)	9					14				11		
2	Equity and Access Council Meetings	9		23		7			28				25
4	Group 1 - 1A-B: Attribution, risk adjustment, cost benchmarking												
5	Group 2 - 1C-D: Performance-based payment calculation & distribution												
6	Group 3 - 2A-B-C: Rules, communication, enforcement	R1/R2											
7	Group 4 - 2D-E: Retrospective & concurrent monitoring	R2											
8	EAC deliberate on draft report, adopt full slate of recommendations												
9	HISC review, feedback on EAC report												
10	MAPOC Care Management Committee (CMC) Meetings	8					13				10		

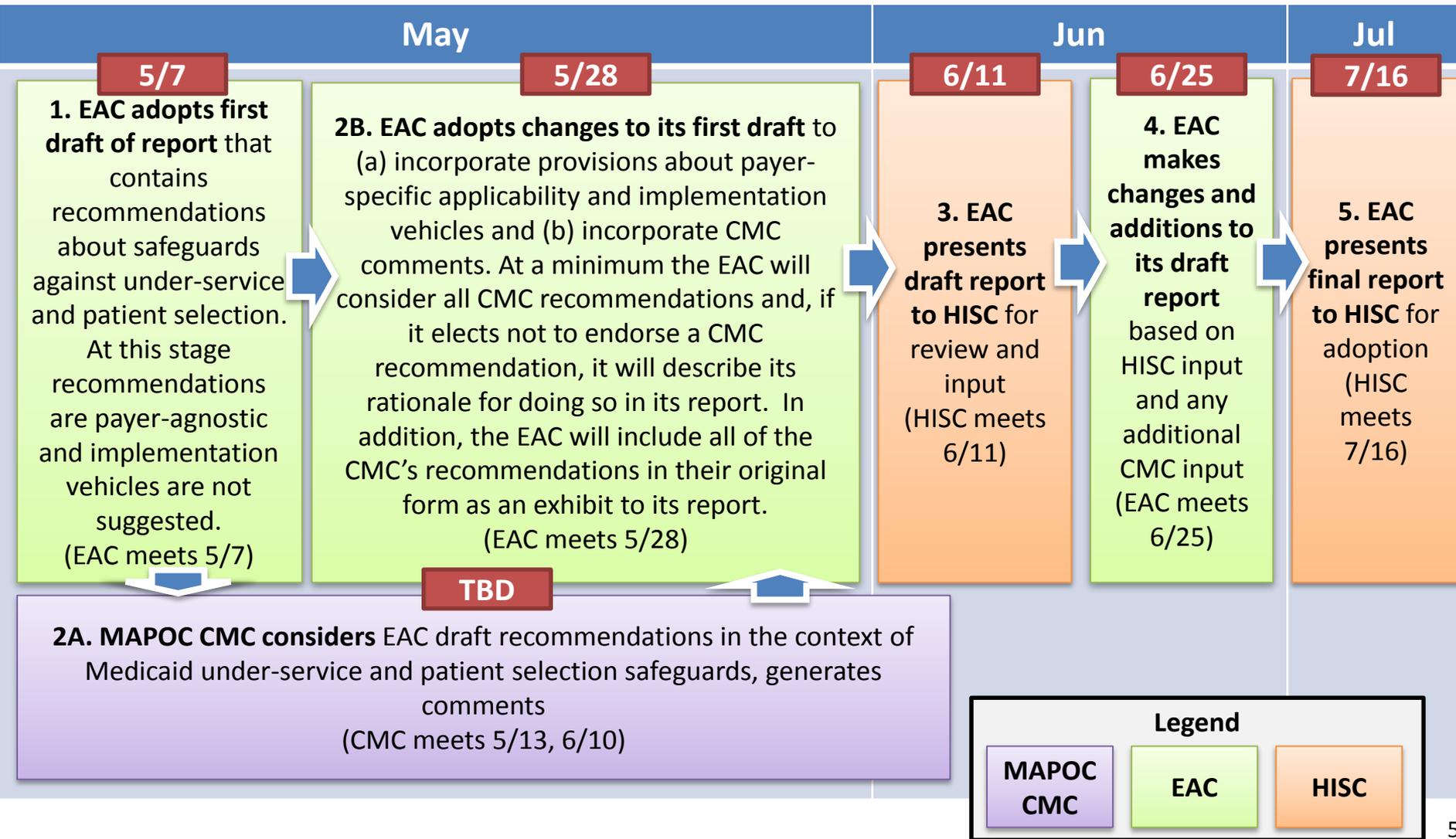
Today

- M1
Design milestone/workshop 1
R1
EAC initial review/input

Report review / editing
- M2
Design milestone/workshop 2
R2
EAC final review/input
- M2
Design milestone/workshop 3 (if needed)
R3
EAC final review/input – continuation (if needed)

EAC Completion of Phase I Report – Interaction with HISC & MAPOC

Proposed Steps and Timeline for EAC and MAPOC CMC to Conduct SIM-MQISSP Planning Alignment
 (in Accordance with DSS-SIM Joint Protocol Adopted 2/24/15) – 4/29/15 DRAFT FOR DISCUSSION



EAC Phase I Report: Outstanding Items (1 of 2)

Outstanding Items		Proposed Course of Action
1	Reach consensus on remaining slate of recommendations to be included in the next draft of the report for submission to the HISC	Make decisions at today's meeting, incorporate in revised report
2	Reach consensus on remaining edits or concerns related to portions of the report other than recommendations	Make decisions at today's meeting, incorporate in revised report

EAC Phase I Report: Outstanding Items (2 of 2)

Outstanding Items	Proposed Course of Action
<p>3 Incorporate additional information that CMS provides related to its experience to date with monitoring methods</p>	<p>Obtain information, share with EAC, and draft language in parallel with HISC review of draft report; incorporate in subsequent draft</p>
<p>4 Articulate elements of implementation for the recommendations the report contains. This might include:</p> <ul style="list-style-type: none">• Vehicle for adoption, e.g.:<ul style="list-style-type: none">• State action under existing authority• Legislation• Voluntary provision in payer-ACO contracts; binding on ACOs• Voluntary provision in ACO-provider contracts; binding on providers• Voluntary, non-binding adoption• Payer applicability, e.g.:<ul style="list-style-type: none">• All-payer• Specific payer(s)• Essentiality, e.g.:<ul style="list-style-type: none">• Essential safeguard• Optional safeguard	<ul style="list-style-type: none">• Conduct a survey to obtain baseline sense of the EAC about attributes of implementation• Discuss and reach consensus at 5/28 EAC• Incorporate in subsequent draft that goes back to the HISC for approval• Discuss in more detail today during agenda item #6 if time permits

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Proposing Implementation Methods

The EAC has expressed an intent to supplement the existing content of its Phase I report with comments about how the recommendations contained therein could or should be implemented.

For each recommendation, the Council could say something about its expectations with respect to:

	1. Adoption Vehicle	2. Payer Applicability	3. Essentiality
Questions	Through what vehicle should the recommendation be adopted or operationalized?	Is the recommendation applicable to all payers or to some payer(s) only?	How essential is the safeguard that the recommendation calls for?
Potential Choices	<ul style="list-style-type: none">• State action under existing authority• Legislation• Voluntary provision in payer-ACO contracts; binding on ACOs• Voluntary provision in ACO-provider contracts; binding on providers• Voluntary, non-binding adoption	<ul style="list-style-type: none">• All-payer• Specific payer(s)	<ul style="list-style-type: none">• Essential safeguard• Optional safeguard

The answers to these questions could be (a) used to annotate each recommendation in the body of the report and/or (b) placed in a separate appendix

Are these the right questions? Are there other values that the Council would like to see appear as possible answers that one can select in a member survey?

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EAC: Milestones and Timing

The agenda of EAC meetings in the first quarter of 2015 was organized around review of outputs for each of the four design groups.

WORKSTREAM/ACTIVITY		January		February				March				
		Week of:		Week of:				Week of:				
		19	26	2	9	16	23	2	9	16	23	30
1	Healthcare Innovation Steering Committee (HISC)			5					12			
2	Equity and Access Council Meetings	22		5			26		12		26	
4	Group 1 - 1A-B: Attribution, risk adjustment, cost benchmarking		M1	R1	M2		R2	M3	R3			
5	Group 2 - 1C-D: Performance-based payment calculation & distribution					M1				M2	R1/R2	
6	Group 3 - 2A-B-C: Rules, communication, enforcement					M1						M2
7	Group 4 - 2D-E: Retrospective & concurrent monitoring				M1			M2			R1	
8	EAC deliberate on draft report, adopt full slate of recommendations											
9	HISC review, feedback on EAC report											
10	MAPOC Care Management Committee (CMC) Meetings					20						

M1 Design milestone/workshop 1

R1

EAC initial review/input

Report review / editing

M2 Design milestone/workshop 2

R2

EAC final review/input

M2 Design milestone/workshop 3 (if needed)

R3

EAC final review/input – continuation (if needed)

Method of Adopting Recommendations

Method of Adopting Recommendations: EAC's Approach to Date

- To date the EAC has been making decisions primarily by consensus –we have sought to reach decisions that the entire group can support, even if some decisions may not represent the personal preferences of every member.
- In cases where members have expressed concerns about specific recommendations, the Council has generally sought to modify recommendations to address those concerns.
- In some cases where members' concerns persisted even after revisions to a given recommendation, members have effectively “stood aside” to allow the recommendation's adoption by consensus despite personal reservations.

Method of Adopting Recommendations: Options for Any Remaining Non-Consensus Items

- For any remaining recommendations on which the Council does NOT reach consensus (i.e. one or more members have sufficiently strong objections that they do not wish to stand aside), the Council could adopt any number of approaches including:
 - A. Strike discussion of the recommendation from the report, such that the report can be presented as containing only the consensus views of the Council
 - B. Include discussion about the recommendation in the report in a way that reflects multiple views, include the text of the recommendation, and indicate that the Council did not reach consensus on the recommendation
 - C. Include alternate versions and narratives – a majority and a minority report
 - D. Use a vote to establish a majority preference and act accordingly (i.e. include in the report and note that it was adopted by a majority; include in the report and note that it was rejected by a majority; strike from the report)