

STATE OF CONNECTICUT
State Innovation Model
Equity and Access Council

Meeting Summary
May 28, 2015
6:00-8:00p.m.

Location: Connecticut State Medical Society, 127 Washington Avenue, East Building, 3rd Floor North Haven, CT

Members Present: Ellen Andrews; Linda Barry; Christopher Borgstrom; Arnold DoRosario; Alice Ferguson; Margaret Hynes; Gaye Hyre; Roy Lee; Kate McEvoy; Robert Russo; Donald Stangler; Victoria Veltri; Keith vom Eigen; Robert Willig; Katherine Yacavone

Members Absent: Johanna Bell; Maritza Bond; Peter Bowers; Kristen Hatcher

Other Participants: Mark Schaefer; Adam Stolz; Sheldon Toubman

The meeting was called to order at 6:03pm.

1. Introductions

Adam Stolz of The Chartis Group facilitated the Council meeting. Council members introduced themselves.

2. Public Comment

Supriyo Chatterjee gave [public comment](#). Kate McEvoy thanked Mr. Chatterjee for his comments.

Sheldon Toubman gave public comment regarding the narrative drafted to capture the prior meeting's discussions of recommendation 3.5, "Reinvestment of Non-Retained Savings." Mr. Toubman disputed point #5, noting that the recommendation intends for savings lost as a result of under-service to be allocated to an independent entity. Mr. Toubman also noted that points 6, 7, 8, and 9 are mutually inconsistent. Mr. Toubman agreed with the comments submitted by Bonita Grubbs. Additionally, Mr. Toubman suggested that the language referring to prior authorization be changed to "sometimes inappropriately" per Donald Stangler's comments that the language was inflammatory. Mr. Toubman suggested that the report describe which stakeholder groups objected to the recommendation given that the only opposition came from payers and one provider from a large provider network. Mr. Toubman said the recommendation was supported by consumers and almost all providers. Dr. Stangler remarked that he was opposed to the language of "sometimes inappropriately."

3. Minutes

Ellen Andrews motioned to adopt the May 7th meeting minutes. The motion was seconded by Gaye Hyre and the minutes were approved.

4. Review Process and Timeline for Issuing Phase I Report

Mr. Stolz reviewed the EAC milestones, timing, and next steps. The group agreed to move the next EAC meeting from June 25th to June 18th.

The group discussed having a public comment period for the EAC report. Public comment would open on June 22nd. Ms. Hyre asked if the recommendation would only be available on the website or if there were other viewing avenues. Mark Schaefer of the SIM PMO said there would be a public comment notice published in a law journal. Vicki Veltri said it would be distributed through the SIM listserv. Mr. Stolz asked the Council if they felt 30 days was a sufficient public comment period. The Council agreed that 30 days was sufficient. Mr. Stolz suggested the Council could recess for the summer and work remotely during the public comment period. Ms. Hyre wondered if the Council could expect a robust public comment response during a summer timeframe. Roy Lee asked how many opportunities the public would have for comment. Dr. Schaefer clarified that the public comment period would be a written solicitation rather than a public hearing.

Mr. Stolz suggested the Steering Committee receive the recommendations next week for a pre-read to prepare for its discussion at the June 11th meeting. Ms. Veltri and the Executive Team will present to the Steering Committee.

5. Discuss Proposed Edits to Report Draft v1.2

Mr. Stolz reviewed Council members' [comments](#) submitted in response to the EAC's Phase I v1.2 report. Dr. Stangler commented that the definition of consensus should note the lack of requirement that there be unanimous support. Ellen Andrews commented that many of the consensus items enjoyed unanimous support and suggested a distinction be made between unanimous items and those adopted by consensus that did not have unanimous support. Mr. Stolz remarked that the Council did not make that distinction during the course of the discussions; the record of Council proceedings does not allow for identification of members who may not have supported a recommendation but supported the group's adoption of that recommendation. Ms. McEvoy questioned whether the group affirmatively established a procedural process. Mr. Stolz recapped the group's earlier discussions of the definition of and process for reaching consensus. Mr. Stolz commented that he would draft a definition of the Council's consensus process to include in the report and redistribute for the Council's review.

The Council discussed language indicating that the recommendations are aspirational in nature, rather than mandatory. Ms. Andrews supported a more neutral statement, stating characterizing the recommendations as aspirational would undermine them at the outset. Kathy Yacavone commented that adoption of recommendations is voluntary but is a good starting point for a brand new initiative like SIM. Full payer participation is the long-term vision. Dr. Stangler asked what HISC adoption entails from a legislative perspective, and asked that the point be made clear in the report. Ms. McEvoy commented on a similar Quality Council discussion of the dynamic tension surrounding the nature and implementation method for the recommendations. Dr. Schaefer remarked on the importance of the next phase of work. The reports are a starting point for a plan of execution and it may be important to devote resources in structuring the process and identifying milestones for adoption. Ms. Andrews remarked that the recommendations work together and payers adopting only a selection of them would be counterproductive. Dr. Schaefer asked if she was saying the PMO should take steps to support the implementation of recommendations and that it shouldn't be done apart from the Council but as part of the work of the Council.

Mr. Stolz reviewed his comments concerning CMS's methods for monitoring for under-service and patient selection. He suggested the report be updated to indicate that the group

has received limited information but is still waiting for any additional information that may exist.

The Council continued its discussion of recommendation number 3.5, "Reinvestment of Non-Retained Savings." Keith vom Eigen said business incentives will be built into payer contracts. How will the Council use the tools and resources it has to penalize a business plan that compromises access? The solution is not to give the savings to an insurance company, but it is also not effective to take the money out of the system and give it to providers. Ms. Andrews said the Council never envisioned the ACO receiving the lost savings. Mr. Stolz reminded the Council that multiple members voiced support for reinvesting non-retained savings in ACO infrastructure to assist the provider in improving performance. Dr. vom Eigen remarked that the solution is not to reinvest funds in infrastructure that would make the practice more profitable. The funds must be used to address access issues. Ms. Andrews supported reinvestment management by a third party and suggested the reinvestment could be a loan against future savings.

Arnold DoRosario asked how the Council is differentiating between underutilization and underservice and noted that the ACO's goal is not to stint on care but to remove waste in care. How is the Council identifying if there were savings that were not well deserved? Robert Russo suggested providers across an ACO assist the underperforming practice. An underperforming practice will need education and assistance about how they are going to function in their new paradigm of care. Ms. McEvoy asked what the vehicle will be for enabling investment. Ms. Andrews said payers should have a vehicle that supports practices. Underservice should not have to occur before support is provided to guard against underservice. Dr. vom Eigen suggested the Council endorse tools for quality improvement and understanding the difference between access to care and access to quality care. Ms. Yacavone said the recommendation is not about an ACO deliberately stinting on care, but about helping practices that need assistance improving. The reinvestment would be aimed at achieving quality and providing a vehicle to achieve better performance achieved in a cost efficient way.

Mr. Stolz suggested the group review each point made for and against the recommendation and assess support for inclusion of each in the report's narrative of the discussion. Ms. Yacavone suggested more general language that may summarize the group's discussion. The group no reviewed point 6; no one expressed support for this point. The group discussed point 7. Chris Borgstrom supported point number 7, stating that the recommendation serves as a disincentive for self-funded and employer buy-in. The recommendation could be a distraction and detract from payer adoption of other recommendations. The Council discussed whether the recommendation itself might enjoy consensus support. Bob Willig said he would be open to restructuring the recommendation but could not speak to other payer perspectives, or to perspectives of others in his organization. He supported broadening the statement of intent of reinvestment and getting additional details that could be brought to the decision-makers in his organization. After some discussion, Dr. Willig indicated that he would abstain from expressing a position on the recommendation Dr. Schaefer asked whether a consensus can be reached if one or more members abstain; Mr. Stolz responded yes and clarified that, according to the process the EAC used to date, the group's disposition on a given topic would be recorded as consensus if it consisted entirely of proponents and an abstention.

The Council reviewed points 8 and 9. Regarding point 8, Ms. Andrews said that if the recommendation is changed to say funding is directed at solving and deterring the access issue, she supports using the term “unlikely.” In reference to point 9, Dr. vom Eigen said those who suffer the lack of access may not be those receiving the savings. While Dr. vom Eigen agreed with the point, he said it is an ineffective vehicle but may be reworded to include a better mechanism for addressing the needs of the patients. Ms. Andrews strongly disagreed, saying it is unrealistic that the funds would be returned to consumers in lower premiums. Additionally, she said the consumer would rather have appropriate access than the small amount saved in premiums. Dr. DoRosario said if a patient is harmed by underservice, the issue is more serious than simply financial.

Mr. Stolz suggested the Council review points 1 through 4, to which Ms. Yacavone remarked that if the recommendation is reworded those points may be moot. Mr. Stolz suggested he remove elements a and b from the recommendation and remove the language Dr. Stangler described as inflammatory. Ms. Andrews said the inflammatory language is accurate but could be taken out.

Mr. Stolz reviewed the recommendation tracker and asked that Council members review the edits made and identify any points that they feel are not consistent with the Council’s prior discussion. Mr. Stolz said he would make the appropriate edits to the report and redistribute for a last review before submission to the Steering Committee.

6. Begin Discussion About Implementation Methods for EAC Recommendations

Mr. Stolz discussed the EAC implementation survey. Ms. Yacavone noted that the survey is confusing in that the Council has always treated the recommendations under development as voluntary, not mandatory. Mr. Stolz clarified that the survey’s intent is not to describe the implementation vehicle that inherently exists for each recommendation at the present time, but rather to suggest what the EAC thinks will be an appropriate method for operationalizing each recommendation. Ms. Yacavone also noted that, without prior knowledge of applicable laws, respondents will have trouble distinguishing between the implementation option requiring legislation and the option calling for state action without legislation. The EAC implementation methods survey will be edited and reopened for Council participation. The results of the survey will be discussed at a later date.

7. Closing Comments

Ms. Hyre motioned to adjourn. The motion was seconded by Dr. vom Eigen and meeting adjourned at 8:00pm.