

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Design Group 3 – Rules, Communication, and Accountability/Enforcement***  
***Design Workshop #1***  
**Meeting Summary**  
**Thursday, February 19, 2015**  
**12:00 – 1:00p.m.**

**Location:** By Conference Call and WebEx

**Members Present:** Margaret Hynes; Robert Russo; Roy Lee

**Other Participants:** Olga Armah; Lisa Douglas; Demian Fontanella; Mark Schaefer; Nicole Schiller; Kathy Shaughnessy; Katie Sklarsky; Adam Stolz; Sheldon Toubman

**Agenda Items:**

1. **Introductions**
2. **Public Comment**
3. **Overview of Design Group Process**
4. **Discussion of Rules, Communication, and Accountability/Enforcement Safeguards**
5. **Synthesis of Initial Hypotheses**

**Meeting Summary:**

The meeting was called to order at 12:04p.m.

There was no public comment.

Adam Stolz facilitated a group discussion. Participants articulated a number of perspectives including:

**Rules**

- The group discussed whether any standards should be set concerning criteria for providers or provider organizations to participate in shared savings arrangements.
- The group's view was that existing provider licensing processes and criteria that an organization must meet to participate in a shared savings criteria are adequate. Additional screening is unlikely to be a useful way to preempt patient selection or under-service.
- ACO accreditation (NCQA/URAC) may be an appropriate criteria for all CT ACOs to have to meet.
- Promoting the use by all payers and providers of a standard definition for under-service and patient selection (i.e. as defined in the EAC charter) will help produce clarity and awareness about these concepts.

**Communication**

- Timing is an important element of communicating with consumers. Educating consumers before they get to the physician's office will equip them to make better decisions.
- Information needs to be delivered in a language and manner that will allow the intended audiences to comprehend and act on it.
- A concern is that consumers will not realize when something occurs which merits initiating a complaint. Consumers should be explicitly encouraged to report instances in which they think their doctor may be making decisions based on financial incentives.
- These concepts are not that easy for most patients to understand. If patients are going to be educated about their doctors' financial incentives it needs to be done in a way that does not

poison patient-provider relationships or turn providers off from participating in value-based programs.

- There were multiple ideas about how to organize communication with consumers on this topic. A view was expressed that there should be a communication with patients dedicated solely to under-service, since that is the concern described in the SIM grant narrative and that concern is specific to the introduction of shared savings programs. Another view was expressed that consumer communication will be most effective if it focuses more holistically on equipping consumers to participate in healthcare decisions and determine if they are receiving the right care, not just if they are receiving too little care.

#### Accountability/Enforcement

- Under-service, if it occurs, is likely to be unintentional on the part of providers. Providers will respond subconsciously by erring on the side of delivering less care. For this reason, the SIM grant narrative explicitly stated that intentionality is not required to disqualify a provider from receiving shared savings.
- The response to instances of under-service where there is no intentionality should not be punitive; it should be constructive / corrective.
- Any enforcement mechanism should have an appeal process and should be applied to the individual provider whose actions are in question, not to the entire ACO of which he is a part
- A question was posed about whether a provider found to have under-served patients should be permitted to reapply to participate in shared savings at some point in the future. The group's approach to enforcement seemed to suggest that this should be permitted once the provider has completed a set of corrective actions.
- Payers will have a role to play in enforcement
- There were multiple views on the role of provider organizations/ACOs in promoting adherence to rules about under-service and patient selection. On the one hand, ACOs are the entities that need to be held accountable, so an outside (non-provider) entity should be primarily responsible for enforcement. On the other hand, norms enforced through peer review of performance generally have a greater bearing on how care is delivered than does the payment model. In addition, the type of model used for promoting hospital quality could be applicable here – i.e. the provider organizations are required to have internal quality/safety programs that meet certain criteria and are subject to audit.

The meeting adjourned at 1:08pm.