

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Design Group 3 – Rules, Communication, and Accountability/Enforcement***  
***Design Workshop #2***  
**Meeting Summary**  
**Tuesday, March 31, 2015**  
**12:00 – 1:00p.m.**

**Location:** By Conference Call and WebEx

**Members Present:** Arnold DoRosario; Kristen Hatcher; Margaret Hynes; Robert Russo

**Other Participants:** Mary Ellen Breault; Lisa Douglas; Demian Fontanella; 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 Ideas to Inform Recommendations**

**Meeting Summary:**

The meeting was called to order at 12:03p.m.

There was no public comment.

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

**Rules & Accountability**

- Approach to recommendations: The EAC should recommend a standard approach to be employed by payers and ACOs. Adoption will be voluntary.
- The group reviewed a draft of a layered framework in which provider groups, ACOs, payers, and the state each play a role in setting rules, conducting monitoring, and generating accountability for results.
- Should rules for ACO governance and internal monitoring be prescriptive? Not necessary. If the EAC adopts the recommendation that individual providers should not be paid based on their own panel's shared savings, then monitoring at the individual provider level is less of a concern.
- Participants discussed the nature of the risk that ACOs are assuming.
  - On the one hand, it's important to note the highly limited nature of financial risk being assumed by providers and ACOs in a shared savings arrangement. It does not include insurance risk.
  - On the other hand, especially in the context of Medicaid, providers that begin to participate with the expectation of earning shared savings payments may perceive a failure to earn those payments as "downside" risk.

**Communication**

- To patients
  - Some participants expressed concerns about explicitly warning patients that providers have a financial incentive to withhold care.

- One concern was that this would exacerbate the existing phenomenon wherein some patients insist on treatments or services that are not medically indicated.
    - In addition, it is not necessarily possible to prospectively describe what the financial incentives of a given provider actually are – shared savings creates multiple incentive types, as opposed to capitation in which providers got paid not to see patients. And different ACOs and medical groups will choose to reward providers in different ways.
    - Another concern is that a communication so narrowly focused on financial incentives, to the exclusion of other aspects of value-based payment, would have a negative effect on building strong, trust-based provider-patient relationships, which are critical to achieving the desired outcomes.
    - It was noted that shared savings contracts are already widely in use in Connecticut, and anecdotally, direct communication to consumers about provider financial incentives have not been utilized. Instead, patients are informed about their rights and about ways in which they can issue a complaint. This makes more sense than informing them about financial incentives.
    - Lastly, it was noted that this type of communication might dissuade providers from participating in a shared savings program.
  - Other participants stressed the importance of informing patients about the way in which shared savings contracts reward providers for managing the total cost of care
    - There was particular concern that patients understand that withholding an indicated referral, prescription, or treatment could yield financial benefit for the primary care provider to which the patient is attributed
  - Most participants expressed a desire for a balanced communication that provides useful information to the patient without stigmatizing the provider. Packaging information about financial incentives within a broader context might be one way to accomplish this.
  - Participants felt that crafting a statement of this sort needs to be done by a separate group, with input from an array of actual consumers, in order to determine what type of effect a given communication is likely to have.
  - Who should be crafting and issuing communications of this type – individual payers or a central source?
    - Participants felt that having a single source of information for all patients would yield valuable continuity and consistency, with the caveat that Medicaid will make its own decisions with oversight from MAPOC and the CMC.
    - If from a central source – what entity? Perhaps OHA or another state agency could serve as a hub for crafting the message with stakeholder input, but the message should be distributed by payers or others closer to patients e.g. AccessHealth CT.
  - We will attempt to craft a balanced recommendation that refers development of specific content to a separate work group. He acknowledged it may be challenging even to draft the recommendation, and the EAC will need to weigh in on the content of the recommendation.
- To providers
  - Are communications to providers about shared savings incentives needed, above and beyond what is already taking place? Yes. The more communication that takes place, the better. More explanation of these concepts will be needed to increase provider buy-in to the ACO model, especially for Medicaid.

#### Other Equity and Access issues

- The group discussed implications of other recent and ongoing events related to healthcare financing in CT, in particular DSS's announcement about rate cuts for OB services. How does SIM plan to address the access issues that decisions like this may create?
- It was acknowledged that this topic falls squarely within the EAC's scope, but it will not necessarily be addressed in the context of the EAC's phase I report on under-service or patient selection that might result specifically from the introduction of shared savings contracts.

The meeting adjourned at 1:07pm.