

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Equity and Access Council***  
***Design Group 4 – Retrospective and Concurrent Monitoring***  
***Design Workshop #2***  
**Meeting Summary**  
**Thursday, March 5, 2015**  
**12:00 – 1:00p.m.**

**Location:** By Conference Call and WebEx

**Members Present:** Ellen Andrews; Maritza Bond; Arnold DoRosario; Gaye Hyre

**Other Participants:** Mary Anne Cyr; Lisa Douglas; Demian Fontanella; Sylvia Kelly; Katie Sklarsky; Adam Stolz; Sheldon Toubman

**Agenda Items:**

1. **Introductions**
2. **Public Comment**
3. **Overview of Design Group Process**
4. **Discussion of Retrospective and Concurrent Monitoring & Detection**
5. **Synthesis of Initial Hypotheses**

**Meeting Summary:**

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

There was no public comment.

Katie Sklarsky facilitated a group discussion. Participants articulated a number of perspectives including:

**Standard Monitoring Methods**

- Shared savings payments are still in a nascent stage. Monitoring and detection methods for under-service and patient selection have not yet been fully developed.
- Conducting utilization comparisons over time and between groups (i.e. between different ACOs and between ACO and FFS populations) should be adopted as a standard method for monitoring for under-service. Examination of utilization can be twofold:
  1. Assess variation in total cost of care for populations or sub-populations (adjusted for payer mix to provide for a par comparison).
  2. Assess variation in utilization (i.e. of different interventions) by diagnosis where there is a specific under-service concern and well-understood intervention guidelines.
- The twofold monitoring, by cost and utilization, allows for a more robust understanding of care patterns than either method alone can provide. Cost is particularly useful for identifying cases where less expensive interventions are being utilized in place of more expensive interventions – so that the effects (beneficial or unwanted) can be examined.
- Prescribing more specific under-service measures for universal adoption may not be a good idea. Monitoring may be a more effective deterrent if specific measures are not known in advance by providers. In addition, what is monitored for may also differ by payer according to under-service concerns that are unique to different payer populations.
- Utilization monitoring will serve as an initial filter for under-service, but will always require additional investigation to assess the root cause of the variation and make a determination if it is truly related to under-service.

- Patient selection should be monitored by comparing the change in risk of a population assigned to an ACO over time [was not discussed, but could be similar first cut/flag for patient selection concern]

#### Other Methods and Mechanisms for Monitoring

##### *OHA Nurse Consultant (Ombudsman) Job Description*

- The individual in this role should be dedicated to addressing under-service and patient selection.
- Proactively monitors utilization data produced from standard monitoring activities and patient grievances to identify trends that point to equity and access concerns and merit further investigation.
- Should play a role as a patient educator, in particular as it relates to under-service, and to promote role as a trusted patient resource. This includes education to help patients understand why a concern that they have may not actually represent inappropriate care.
- Can also play a role as an educator to community health workers who frequently interact with vulnerable populations, providing them with tools to promote under-service education in their day to day interactions.
- Responsible for communicating back to providers when patients voice grievances, even when there is no evidence of provider mistreatment. This can provide useful information for a provider about potential communication gaps at the practice level.
- Identify process to respond and further investigate under-service and patient selection concerns as they are flagged.
- Trained to identify/flag under-service and patient selection from patient grievances.
- Trained to analyze patterns of grievances in relation to utilization monitoring to identify/flag under-service and patient selection

##### *Other OHA Nurse Consultant (Ombudsman) Recommendations*

- Inform consumers that monitoring for under-service is occurring and the role the nurse consultant will be as a resource to report under-service. How this communication occurs should be established through the work of Group 3.
- Continuation of mystery shopper program run by DSS for Medicaid
- During workshop 1 there was consensus that this role can be helpful in identifying unwanted behavior, in particular patient selection.
  - *Should this be a centralized function run by the state across payer populations?*
    - *Could there be an expansion of the role within DSS?*
    - *Could the role be housed within OHA and paired with the Nurse Consultant?*
  - *Should all payers that engage in shared savings contracts conduct mystery shopping and publicly report the results?*

#### Who Conducts Monitoring?

- Possibility to include new statistics (i.e. utilization-based) related to impact of value-based contracts, including under-service indicators, in annual Consumer Report Card on Health Insurance Carriers in Connecticut developed by the CID. This would require that payers analyze claims data for under-service.
- Possibility to use all payer claim database to do monitoring.

The meeting adjourned at 1:08pm.