

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Practice Transformation Taskforce***

**Meeting Summary**  
**Monday, July 28, 2014**

**Members Present:** Lesley Bennett; Mary Boudreau; Claudia Coplein; Heather Gates; Shirley Girouard; Bernadette Kelleher; Edmund Kim; Alta Lash; Michael Michaud; Douglas Olson; Elsa Stone; Randy Trowbridge; Jesse White-Frese; Robert Zavoski

**Members Absent:** Leigh Dubnicka; David Finn; Peter Holowesko; Rebecca Mizrachi; Rowena Rosenblum-Bergmans; Joseph Wankerl; Tonya Wiley

**Other Participants:** Brody McConnell, Mark Schaefer; Marie Smith

Meeting was called to order at 6:07 p.m.

**1. Introductions**

Robert Zavoski served as chair for the meeting. Taskforce members and other attendees introduced themselves.

**2. Public Comment**

There was no public comment.

**3. SIM Grant Update**

Mark Schaefer provided an update on the SIM Model Test Grant Application and summarized the parts of the application that align with the taskforce's work – in particular, the Medicaid shared savings program. Other activities, such as clinical and community integration services, targeted technical assistance, and innovation awards, would be tied to the Medicaid shared savings program. Shirley Girouard asked how concerns raised about the Medicaid shared savings program were addressed in the final application. Dr. Schaefer said that the concern that shared savings could lead providers to skimp on care went beyond Medicaid and was the reason for the creation of the Equity and Access Council. That council will work to ensure there is monitoring for under service. The Department of Social Services has committed to implementing shared savings only when monitoring procedures are in place. Additionally, there will be increased collaboration between the SIM workgroups and the Council on Medical Assistance Program Oversight. Bernadette Kelleher asked if there were enough Medicaid providers for the next step. Dr. Zavoski said there appeared to be sufficient access to primary care but he would like to see more choices available. There are greater access challenges on the specialty provider side, he said.

**4. NCQA PCMH Recognition & Working with Governments to Improve Care**

Phyllis Torda, Vice President for the Quality Solutions Group, and Will Robinson, Assistant Director for State Affairs, presented on ways NCQA could work with the state ([see presentation here](#)). Dr. Schaefer asked about their latest work. Ms. Torda explained that NCQA uses an online data collection system that is available with the purchase of their standards. Practices use the online system to score themselves and attach required documentation for the credentialing process. NCQA

reviews then examine that information and can communicate back on any areas needing improvement. They typically do not offer ongoing monitoring but that is something that could be added. There are continuing quality improvement requirements. Oral and behavioral health modules are integrated in the 2014 standards but NCQA can review them with the state to determine if they go far enough, Ms. Torda said.

The group discussed developing modules. It typically takes one year to develop a module. It was asked whether there were custom modules developed by other states that Connecticut could use. Ms. Torda said that until recently, states did not have the resources to create custom modules. Also discussed were onsite validations. NCQA does not perform onsite validations and generally finds them to be unnecessary, Ms. Torda said. However, they do perform onsite audits in five percent of cases. One of the concerns raised by the Care Delivery Work Group in 2013 was NCQA's lack of an onsite validation to verify that transformation activities had occurred. Dr. Schaefer suggested convening a separate discussion with those who had raised that concern. In their validation process, NCQA looks at policies and procedures and examples of records. With regard to clinical quality, Ms. Torda said it was difficult to measure at present, particularly with regard to small practices. However, NCQA could work with the state to design quality measures.

#### **5. CMMI Comprehensive Primary Care Initiative**

Daniel Duffy, MD, former Dean of the Oklahoma University School of Medicine, joined the meeting via Skype to present key lessons learned from the multi-payer comprehensive primary care program in Tulsa ([see presentation here](#)). Jesse White-Frese asked if patient experience surveys were done electronically, and whether the results were aggregated at the provider and practice level. Dr. Duffy said the surveys were done via mail. For small practices, the results could draw down to the physician level but that it could pose a challenge for larger practices. Heather Gates asked where behavioral health fit into the program. Dr. Duffy replied that behavioral health integration into primary care as considered a high yield care coordination activity. There has been demonstrated success in adding clinical social workers to the primary care team.

Douglas Olson asked what level of investment was needed to scale this type of program that had potential savings of \$230 million. Dr. Duffy said that for 68 practices, the estimated investment over three years is \$100 million. There have been demonstrated savings with regard to the three chronic conditions (asthma, congestive heart failure, and chronic obstructive pulmonary disease) that the Oklahoma practices focused on, with additional savings in other areas. Dr. Zavoski said that typically whenever someone generates savings they impact someone else's pocket. Dr. Duffy said that it did not appear to be cost shifting among payers; rather, there was a decrease in emergency department and imaging utilization. So far, there were no complaints related to this decreased utilization.

#### **6. Discussion and Next Steps**

Marie Smith asked the group for their thoughts on the two presentations. Dr. Girouard asked for clarity on the taskforce's anticipated outcomes. Dr. Smith said that the group had viewed the charter at its first meeting and that future meetings would serve to answer the questions the charter poses. There may also be a need to update the charter based on the development of the test grant. Dr. Zavoski said it may be helpful to decide which questions the group should focus on. Ms. Kelleher said it may be ambitious to try to answer the first set of questions in one meeting. There may be a need for cross workgroup collaboration to handle issues that overlap. Alta Lash said the group should take some time to consider their work from the patient's point of view. Dr. Smith said an email would be circulated after the meeting to capture additional feedback from the group.

Meeting adjourned at 8:15 p.m.

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