STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Taskforce

Meeting Summary
Tuesday, September 30, 2014

Members Present: Lesley Bennett; Mary Boudreau; Leigh Dubnicka; David Finn; Heather Gates; Edmund Kim; Alta Lash; Nanfi Lubogo; Michael Michaud; Rebecca Mizrachi; Rowena Rosenblum-Bergmans; Elsa Stone; Randy Trowbridge; Jesse White-Frese; Tonya Wiley; Robert Zavoski

Members Absent: Claudia Coplein; Shirley Girouard; Peter Holowesko; Bernadette Kelleher; Douglas Olson; Joseph Wankerl

Other Participants: Brody McConnell, Mark Schaefer; Marie Smith

Meeting was called to order at 6:00 p.m.

1. Introductions
The participants introduced themselves. Rebecca Mizrachi chaired the meeting.

2. Public Comment
There was no public comment.

3. Approval of Minutes
Motion: to approve the minutes of the June 24th and July 28th meetings – Alta Lash.
There was no discussion.
Vote: all in favor.

4. Roadmap Update
There was discussion of adding an additional meeting on December 2nd. The meeting would take place at 6 p.m. and allow extra time to discuss the NCQA standards.

5. AMH Pilot
Mark Schaefer provided a grant update. The state will be engaging in a video teleconference with CMMI on October 1st.

Dr. Schaefer provided an overview of the proposal for an Advanced Medical Home Pilot (begins on page 4 of the meeting presentation). The purpose of the pilot is to serve as a learning lab and allow for course corrections. The immediate goal is to work with the Taskforce on developing the program (working with an ad hoc design group) and soliciting input from the Healthcare Innovation Steering Committee and Consumer Advisory Board.

The pilot would be targeted to those practices that want to transform but do not know where to begin and do not have the resources to undergo the process without assistance. Ideally, the pilot would align with the Medicaid Shared Savings Program procurement. Federally qualified health centers (FQHCs) and advanced networks whose practices have already achieved PCMH recognition

would not be eligible. Practices already enrolled in the Medicaid glide path would also not be eligible, as it would be duplicative. Elsa Stone suggested paying practices to go through the process; however, this would substantially reduce resources available to pay for targeted technical assistance. There was discussion as to how to best approach the pilot so that the medical home recognition process is more rewarding for the practice while taking into account current fiscal realities.

Dr. Schaefer requested volunteers for the ad hoc design group. Rowena Bergmans, Rebecca Mizrachi, Alta Lash, Ed Kim, Robert Zavoski, Douglas Olson, and Dr. Stone volunteered.

5. Planetree – "Patient-Centered Care Planning"

Susan Frampton provided a presentation on Planetree, which is one of the nation's first patient centered advocacy programs. Planetree works with patient focus groups to develop a model for care based on patient-identified needs. The organization uses national data (such as CAHPS) and has developed some of its own. They validate their standards through patient focus groups and employee verification.

Mary Boudreau asked what the cost and time commitment to practices was. Ms. Frampton said there is a self-assessment. Planetree administered evaluation takes additional resources. In long term care and acute care settings, the process is transformative. Most say that it is cost neutral – there is less employee turnover, and more satisfaction. They have not yet worked with small practices. Most of the entities they have worked with have been institutions and larger integrated systems.

6. Discussion on Results of Standards 1 & 2

The Taskforce discussed the results of their work on NCQA 2014 Standards 1 and 2. Marie Smith said the goal was to ensure they provide a practical and realistic standard for where Connecticut should be. Dr. Stone expressed concern that the group lacked sufficient knowledge to make decisions, particularly at the office level. She said those not in the doctor's office would not know what burden they would be causing. Randy Trowbridge said individual practices should be allowed to decide how they operate. Heather Gates asked for the reasoning behind using NCQA. Dr. Schaefer said it was not the first time there were questions about using NCQA or making their standards more stringent. He said he thought they could emphasize certain capabilities as part of the transformation process and as an alternative to creating new "MUST-PASS" and "CRITICAL FACTOR" requirements. A vendor can implement transformation with this emphasis.

Dr. Kim said achieving the 2008 standards took 240 hours that could have been spent learning a targeted technical assistance skill. He asked whether vendors could just work with practices and move them forward using the technical assistance program. Alta Lash said there were concerns among the advocates that there needs to be reliable standards in place. Having reliable standards in place will enable them to know what is happening. Dr. Schaefer said there are ways to achieve the desired goals without adding more rules by working with the transformation vendor on certain areas of emphasis (e.g. health equity, behavioral health, etc.). Dr. Trowbridge said it was necessary to have standards and to pay attention to what exists to gather information and make decisions. The key, he said, was to find a way to proceed without becoming overly burdensome to providers. There was a concern that there is not enough time to develop something new and that the group could go through and make some items less restrictive and other items more so. Ms. Bergmans said that payers would require some rigor around demonstration of transformation and improvement. Regardless of NCQA's imperfections, she said doing away with the standards would not be in their

best interest. Dr. Schaefer said the Task Force could in the future consider ways to work with the standards (such as making level 2 the goal instead of level 3) to make them less burdensome.

Ms. Mizrachi asked the group where they should move forward with their discussions. It was suggested they go through and determine what the minimum requirements should be. Dr. Schaefer suggested that make sure the standards align with the state's vision and goals for the SIM initiative. Dr. Stone said they should consider what meeting the standards would take away from physicians. Dr. Zavoski said they should consider what the standards do for the patients' quality of care.

Ms. White-Frese asked for a discussion of the payment structure to help understand the financial incentives of transformation. Dr. Schaefer said he was open to doing a "pre-meeting" with the payers to provide a better understanding of the financial opportunities available to practices that pursue medical home recognition.

Dr. Smith said they will take the discussion under consideration and determine how to move forward. They may not need to go through each standard line by line. She said there may be away to determine whether something should be considered to be a requirement or if there are other means to get to transformation. Dr. Schaefer said they could identify and focus on areas that directly align to their vision. The consensus of the group was to continue to proceed along the agreed upon course (NCQA standards and recognition), with a focus on aligning the requirements with the SIM vision and goals.

7. NCQA Plus Activity – Standard 3
This item was not discussed.

Meeting adjourned at 8:18 p.m.