

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

**Meeting Summary**  
**Tuesday, October 14, 2014**

**Members Present:** Lesley Bennett; Mary Boudreau; Claudia Coplein; Leigh Dubnicka; David Finn; Heather Gates; Shirley Girouard; Bernadette Kelleher; Edmund Kim; Alta Lash; Michael Michaud; Rebecca Mizrachi; Douglas Olson; Rowena Rosenblum-Bergmans; Elsa Stone; Randy Trowbridge; Joseph Wankerl

**Members Absent:** Peter Holowesko; Nanfi Lubogo; Jesse White-Frese; Tonya Wiley; Robert Zavoski

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

Meeting was called to order at 6:15 p.m.

### **1. Introductions**

Lesley Bennett chaired the meeting. The meeting's participants introduced themselves.

### **2. Public Comment**

Karen Gottlieb spoke on behalf of the AmeriCares Free Clinic Program and other free clinics around the state ([see public comment here](#)). Ms. Gottlieb gave an overview of the services they provide and noted they are not eligible for the same programs as other providers, such as the electronic medical records (EMRs) funding. She asked that free clinics be considered for inclusion in the practice transformation program. Shirley Girouard asked whether there were specific ways to support the free clinics. Ms. Gottlieb said they only had EMRs in one clinic and that training is difficult. It could cost \$50 thousand per clinic to implement EMRs. Mary Boudreau asked how they would undertake the training involved. Ms. Gottlieb said they have a mechanism in place with their Stamford clinic as it is a start up so they were able to train everyone. It will be challenge in the other clinics as doctors and nurses tend to volunteer every six weeks or so.

Ellen Andrews, Executive Director of the Connecticut Health Policy Project, spoke regarding NCQA and said there is more information available on the benefit of shifting to NCQA recognized PCMHs. She said costs are stable and/or declining in the HUSKY D population and that the capacity for PCMH has grown. She asked Taskforce members to remain strong on the program.

Sheldon Toubman, a staff attorney with the New Haven Legal Assistance Association, referenced the Medicaid précis ([found here](#)) which highlights improvements in the Medicaid program, particularly in PCMH. He said the PCMH program seems to be a substantial success. Elsa Stone noted that there was a financial incentive for practices to join the PCMH program and that helped with practice buy-in.

Shirley Girouard asked whether there was still a debate regarding the use of NCQA. Mark Schaefer said there was some concern expressed by PTTF members about the new standards but that the Taskforce deliberated and maintained their commitment to NCAQ standards and recognition, but to be mindful of the considerable effort required to meet these standards and any additional effort

that might resulting from an increase in required elements and factors. There were concerns regarding payer support for transformation. It was noted that payer representatives will speak about their ability and willingness to support transformation activities later in the meeting.

### **3. AMH Pilot Program Update and Approval**

Dr. Schaefer discussed the AMH Pilot ([see version 4 of Issue Brief #9 here](#)). A group of volunteers from the Taskforce discussed the pilot on Friday morning. The revised issue brief takes their feedback in to consideration. Dr. Schaefer asked for feedback on whether the PMO is targeting the right practices and asked whether NCQA 2011 practices should be allowed to participate.

Alta Lash asked what financial incentive Medicaid offered for achieving PCMH recognition. Dr. Stone said that when a practice entered the glide path, they received increased reimbursement for each office visit and once they achieved the recognition, the reimbursement increased further. She noted that there is a loss in time spent on patient care in order to achieve the standards. Accordingly, there is a financial impact on the practice beyond the fee paid to NCQA.

Ms. Bennett asked whether there was any evidence regarding decreased interest in PCMH and she saw an article that stated the opposite was occurring. Rowena Bergmans noted that the 2014 standards are tougher. Ms. Bennett recommended avoiding the use of anecdotal report and focusing instead on supportable statements.

Ms. Girouard said she thought the free clinics should be included in the pilot. Ms. Bergmans said they cannot accept federal funding but may be able to accept state funds. She noted they would need to confront the lack of electronic medical records. Dr. Schaefer said he felt an obligation to make sure the pilot works for the kinds of practices that are the target of the federal program. If outside funding support were available, the PMO and Steer Co could consider the option of extending the model to free clinics. Dr. Stone said that they should not exclude 2011 practices, however, the Task Force elected to retain the focus on non-advanced practices that will be the target of the AMH Glide Path. Ms. Boudreau asked whether anyone who would participate in the pilot would be self-selecting. Dr. Schaefer said he was concerned about level of practice interest and needed to understand the landscape better. He is trying to get a sense of how many practices would be interested in becoming medical homes.

### **4. Physician Survey**

The Taskforce reviewed the draft physician survey ([found here](#)). Rebecca Mizrachi asked whether the survey would be computerized. Dr. Schaefer said he will find out. Dr. Stone said that question 5 on page 5 regarding electronic health records could be considered loaded and suggested they use clearer language. She also asked what other staff were referenced in question 5 on page 7. Dr. Schaefer said the survey is directed to physicians. It was suggested that the survey go beyond physicians and looking at the entire clinical care team. Taskforce members expressed concern at the length of the survey.

### **5. Payer Panel**

Marie Smith introduced the panel participants: Claudia Coplein (ConnectiCare), Leigh Dubnicka (United), David Finn (Aetna), Bernadette Kelleher (Anthem), and Joseph Wankerl (Cigna). They will discuss what the innovations the payer community is supporting.

Mr. Finn said Aetna is looking at value-based payment methodologies and total cost and quality models. They are looking to achieve a certain percentage of value based contracts. He said providers have been generally happy with the arrangements. Ms. Kelleher said Anthem is looking at

pay for performance programs and penetration in medical homes. They are also looking at behavioral health integration. Mr. Wankerl said that revenue streams will change and Cigna is changing what they are paying for by moving from volume to value. They are also trying to determine how to deliver transformation for smaller practices but it is a challenge. Ms. Dubnicka said United uses a suite of reimbursement methodologies and they have a variety of quality incentives. Ms. Coplein said ConnectiCare has a spectrum of relationships based on the size and type of practice and that there are strategic alliances with entities motivated to take responsibility for quality and cost of care.

Mr. Finn said there is commonality among payers in a commitment to support transformation. There is a financial incentive through per member per month payments to attain medical home recognition. Mr. Wankerl said that January 1 of the next year, they project that 40-50% of their contracts will be under these types of arrangements. Ms. Lash said that there are a variety of payment methodologies in use. She asked whether they were considered for the SIM project or if they looked at a more one-size-fits-all solution. Dr. Schaefer said that total cost of care payment models typically requiring that a provider have 5,000 attributed lives with the payer. Ms. Kelleher said not everyone is at the necessary threshold. There may be a way to get to those groupings but it will depend on the aggregation method used.

Heather Gates asked how they are tackling behavioral health and asked whether employers have a choice in the payment methods used. Mr. Wankerl said it would be difficult to allow individual employers to dictate payment arrangements. He said they are not tackling behavioral health well. They have worked with Dartmouth since 2008 and studies have shown there are demonstrated benefits in the Medicare population but not yet studies in the Cigna population. He noted that if they do not address behavioral elements, the ability to truly improve quality is limited.

Dr. Stone asked whether they would institute similar payment structures to the one employed by DSS to increase participation in PCMHs. Mr. Wankerl said Cigna had done that. Mr. Finn said Aetna pays for achieving recognition and once it is achieved there is a change in payment. Dr. Stone asked whether they would help pay for the glide path process. Mr. Wankerl said they do pay upfront for activities such as care coordination which goes hand in glove with PCMH certification. Ms. Dubnicka said United looks beyond the certificate on the way to see if there is actual improvement in managing the quality of care. Mr. Wankerl there is not sufficient data to support the idea that accreditation leads to improved quality. Dr. Schaefer said that one question the Taskforce will need to consider is to whether they can achieve a multi-payer recognized glide path that would lead to substantially increased interest in participation.

## **6. Crosswalk of NCQA, TTA, and CPCI**

Brody McConnell reviewed the crosswalk ([found here](#)). The crosswalk will be the focus of the taskforce's next meeting. Dr. Smith asked Taskforce members to review the crosswalk before the next meeting so that they can actively participate in the discussion. Ms. Boudreau asked if they could integrate Planetree's crosswalk. Mr. McConnell said he would work to integrate the Planetree recommendations as well as the recommendations of Ignatius Bau related to health equity.

## **7. Next Steps**

The Taskforce is next scheduled to meet on November 4. Dr. Smith noted that is Election Day. She asked if that would be a problem for members. Members said it would not be.

The meeting adjourned at 8:09 p.m.