

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

**Meeting Summary**  
**Tuesday, November 4, 2014**

**Members Present:** Lesley Bennett; Mary Boudreau; Claudia Coplein; Leigh Dubnicka; David Finn; Heather Gates; M. Alex Geertsma; Shirley Girouard; Bernadette Kelleher; Edmund Kim; Alta Lash; Nanfi Lubogo; Michael Michaud; Douglas Olson; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Elsa Stone; Randy Trowbridge

**Members Absent:** Peter Holowesko; Rebecca Mizrachi; Joseph Wankerl Jesse White-Frese; Tonya Wiley; Robert Zavoski

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

Meeting was called to order at 6:08 p.m.

**1. Introductions**

Lesley Bennett served as chair. She gave a brief overview of the purpose of the meeting.

**2. Public Comment**

There was no public comment.

**3. Ground Rules**

Ms. Bennett laid out ground rules for participating in the meeting ([see page 3 of the meeting presentation](#)). Michael Michaud suggested the group set a hard stop at 8 p.m. Members agreed.

**4. Roadmap**

This was not discussed but is referenced on page 33 of the meeting presentation.

**5. Consensus Decisions**

Mark Schaefer gave an overview of the process for hiring a transformation vendor. The AMH Pilot was approved by the Healthcare Innovation Steering Committee at its last meeting and the PMO has begun to proceed with the procurement phase. There is a small advisory group that will help shepherd the project forward but the members of that team and the details of the procurement process are largely confidential.

Marie Smith reviewed the existing ad hoc design groups and the Clinical and Community Integration Program. Bernadette Kelleher said she spoke with someone at Anthem who was interested in joining the Behavioral Health Design Group. Heather Gates, who is leading that group, asked her to have that person contact her immediately. The Behavioral Health group will have one more meeting to discuss standard recommendations before the Taskforce's next meeting on November 18. This group will provide recommendations to both the Taskforce and the Quality Council.

## 6. Consensus Discussion

Brody McConnell provided an overview of the scoring as NCQA applies it today to their standards, elements and factors. He then overview of the development of the crosswalk (begins on slide 10 of the meeting presentation). The crosswalk incorporates various recommendations (e.g. Planetree, health equity consultant Ignatius Bau, best practices, CPCI). Ed Kim asked how adding factors that are not “CRITICAL” would impact the scoring. Mr. McConnell said that NCQA would not alter their scoring and that it would be up to the transformation vendor to validate achievement of the new factor as a condition for the AMH designation. Dr. Schaefer clarified that the state’s proposed changes would not impact NCQA’s recognition process and that some practices could conceivably achieve NCQA recognition without receiving the state’s AMH designation. Alta Lash expressed concern about a lack of reward for achieving certification. Dr. Schaefer said the hope is that payers will see value in the AMH and reward accordingly but that will be up to each payer. The Taskforce’s authority lies with defining the standards and working collaboratively to develop a sell of the program that will resonate with payers and providers. However, the PMO will work directly with the payers to ensure that the AMH glide path pitch includes as a clear a statement as possible about the financial opportunity.

Ms. Lash asked how the recommendations were integrated. Dr. Smith and Mr. McConnell took all of the recommendations and aligned them with the NCQA standards to ease in the review process. Dr. Kim noted that if all of the recommendations were implemented, it would significantly increase the number of “CRITICAL” and “MUST-PASS” factors and that any time a factor is changed to “CRITICAL” it increases the magnitude of the effort to achieve designation. Elsa Stone asked if there had been a decision on the NCQA certification level for the AMH. That decision has not yet been made. Dr. Schaefer suggested that once the Taskforce finalized its recommendations, it could begin a public comment period. Rowena Bergmans noted that the existing feedback regarding the 2014 standards is that they are difficult to achieve. She suggested the group keep that in mind as they reviewed the recommendations. Dr. Randy Trowbridge and Dr. Stone said the biggest concern amongst physicians was the time commitment required to complete the certification process. They said the most meaningful part of practicing medicine is patient interaction and that is becoming increasingly squeezed. Mr. Michaud said the group would need to find a way to balance achieving the aims set out by the Steering Committee around health equity and behavioral health integration while limiting any additional burden. Mary Boudreau asked how much burden is worth adding and asked for input from the providers in the room as to what would be achievable.

### *Standard 1: Patient Centered Access*

*No changes are recommended at this time.*

### *Standard 2: Team Based Care*

- Element C: CLAS – recommend making the element “MUST-PASS” and making Factor 1 “CRITICAL”

Ms. Lash said she was increasingly less inclined towards tinkering with the standards and asked if there was a way to get to the priority areas without causing unintended consequences. The providers said the recommendation was not increasingly burdensome. Dr. Alex Geertsma said that at its core, the standard is asking providers if they have the data available and if they can share it. Dr. Douglas Olson said that the standard does not delve into what is done with the data but would require having an electronic medical records system in place. *The group agreed to accept the recommendation.*

### *Standard 3: Population Health Management*

- Element A: Patient Information – make Factors 3, 4, and 5 “CRITICAL”

- Element C: Comprehensive Health Assessment – make Factors 2 and 10 “CRITICAL” and add Factor 11 (Oral Health Screening/Assessment)

Ms. Boudreau said the oral health screening could be as simple as asking patients who their dentist is and providing a referral if needed. Ms. Gates said there will likely be a behavioral health recommendation in this area. Dr. Geertsma asked if there was a reliable tool to measure health literacy as he was not aware of one. Shirley Girouard said it would be difficult to measure Factors 2 and 10 and that some of the information they are looking for would be captured through CAHPS. Dr. Kim agreed and said they should not be made critical. Dr. Schaefer said that they could call these out as areas of emphasis and charge the transformation vendor with developing methods for training. He asked whether Ms. Boudreau would be willing to more precisely define a proposed oral health factor and bring it back to the group and she agreed.

*Standard 4: Care Management and Support*

- Element A: Identify Patients for Care Management – make Factor 4 “CRITICAL”
- Element B: Care Planning and Self-Care Support – make Factors 1 and 6 “CRITICAL”  
There were concerns that the recommended changes for Elements A and B could not be measured. *The group agreed not to accept the recommended changes and to achieve the aims as an area of emphasis through training.*
- Element C: Support Self-Care and Shared Decision Making – make Factors 2, 4, 6 “CRITICAL”  
Dr. Kim noted that changing these three factors to “CRITICAL” would make the element “MUST-PASS.” With regard to Factor 4, Dr. Stone asked which shared decision making tools exist. She said that any existing tools were still new and not likely in a position to be implemented. *The group agreed to make Factors 2 and 6 “CRITICAL” but to leave Factor 4 as is.*

Ms. Gates expressed concern about the limited time to effectively delve in to the behavioral health recommendations the Ad Hoc group would be making at the next meeting. Dr. Schaefer said that with two standards remaining, he was confident they would be able to work carefully through the behavioral health recommendations. He also proposed discussing the target audience for enrollment.

The Taskforce will next meet on November 18 at 6 p.m. at the Connecticut State Medical Society.

The meeting adjourned at 8:00 p.m.