

STATE OF CONNECTICUT
State Innovation Model
Equity and Access Council

Meeting Summary
Thursday, November 13, 2014

Members Present: Ellen Andrews; Linda Barry; Maritza Bond; Peter Bowers; Kristen Hatcher; Margaret Hynes; Gaye Hyre; Arlene Murphy; Victoria Veltri, Keith vom Eigen; Robert Willig; Katherine Yacavone;

Members Absent: Darcey Cobbs-Lomax; Barbara Headley; Deborah Hutton; Roy Lee; Kate McEvoy; Donna O'Shea; Robert Russo, Jr.; Erica Spatz;

Other Participants: Sylvia Kelly; Mark Schaefer; Robert Zavoski

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

1. Introductions

Linda Barry chaired the meeting. Participants introduced themselves. Mark Schaefer provided context for the evening's discussion. The planned presentation from an accountable care organization will be postponed to a future meeting.

2. Public comment

There was no public comment

3. Minutes

Due to a lack of quorum, approval of the September 18th minutes was postponed.

4. PMO update

Dr. Schaefer provided an update on the test grant and the latest budget revision ([see presentation here](#)). Katherine Yacavone asked if a side by side comparison of the reductions was available. Dr. Schaefer said there is a chart that can be shared. Keith vom Eigen asked whether the reduction request was a surprise. Dr. Schaefer said it was not a total surprise. The budget reduction followed three rounds of questions and is based on both population and the level of ambition of the proposed reforms. It was noted that two of the workforce initiatives were eliminated but they remain referenced in the application as there is a plan to seek other means of funding for them.

The PMO is in the process of hiring a consultant team. That team will support the Equity and Access Council and the Health Information Technology Council. The contract has not yet been signed. The plan is to have the contract in place in time for the December 11th Healthcare Innovation Steering Committee meeting, which will be devoted to health information technology.

Dr. Schaefer noted that, while the Council is scheduled to meet on December 4th, that meeting will not take place unless the consultant is available to prepare.

5. Under-service monitoring in Medicaid

Dr. Schaefer reviewed a diagram that demonstrates consumer safe guard opportunities ([view diagram here](#)). He introduced Sylvia Kelly, President and CEO of Community Health Network of CT.

She will discuss one of the tools CHNCT uses that could be applied to under-service detection ([view presentation here](#)).

There was discussion regarding the work of the Care Management Committee of the Council on Medical Assistance Program Oversight (MAPOC). One of the committee's tasks is to set standards for the Medicaid program. Ellen Andrews said she had concerns and noted that Medicaid is different than other payers. Access is a huge issue for the Medicaid population and she did not believe it was appropriate for other payers to decide what Medicaid's standards should be. Victoria Veltri and Dr. Schaefer noted the charge of the SIM is multi-payer alignment. There is a need to solve for issues across payers taking special populations such as Medicaid into account. To that end there are MAPOC representatives and the Medicaid Director appointed to the Equity and Access Council.

Dr. vom Eigen noted that the LexisNexis tool appeared to be very capable but he was concerned it was based on diagnosis codes and missed subtleties that exist. There are a range of symptoms that should be examined before ordering a test and that is not captured in the tool. Robert Zavoski said that it is a tool based on claims data and as such, can be fraught with errors. It could be used to look for patterns and verified with chart reviews. It is one of a number of tools that are used in concert with one another. He noted that the challenge is those patients without a claim.

Dr. Barry asked how they track misdiagnoses as that could not be caught in the tool. Both she and Gaye Hyre noted that is a retroactive tool. Dr. Zavoski said they could look at all the patients diagnosed with rectal cancer and then see if there were also diagnosed with something else. It can be used to look at trends. He acknowledged that it is retroactive. Peter Bowers suggested caution in using claims data as there can be a number of reasons for why things have not happened. There can also be false positives. Ms. Kelly said this is a new process as it is the first time there has been one data warehouse for Medicaid. While it is not perfect, it will allow them to begin to better examine things. Dr. Zavoski said that no data set is perfect but that there is a lot of support with this tool and that it will improve the ability to examine data.

Dr. vom Eigen noted that the SIM process had broad goals and asked how they would move to the next level. He asked whether separate tools were needed for Medicaid. Dr. Schaefer said the aim is to establish activities that would prevent repeated under service. The idea of a tool like the LexisNexis one is to look at patterns and compare one accountable care organization to another. If there are differences, they can be used as a starting point for further questions regarding potential under or over service. It can identify organizational behaviors. There is currently no means to determine whether there are systematic differences between Medicaid and commercial populations, which is a possible area of focus.

Ms. Yacavone said that in order to define under service, they need to define service. She said comparison between similar providers was needed. She noted that patterns will vary based on the type of specialist involved. Dr. Bowers said that if a practice had a low percentage of diabetics that may be indicative of something within the practice. There is no money to be made by performing poorly in diabetes. Dr. Zavoski said that with enough data over a long enough period of time, they can examine trends and identify whether certain providers are not doing as well others.

Dr. Schaefer noted that one of the principles of CT's Innovation Plan is that if providers are found to systemically under serve, they should be denied access to shared savings. Dr. Bowers said that Medicaid has an access issue. Part of the charge is to make sure the new payment models don't make things worse. He said Anthem uses risk adjustment, makes sure there is no cherry picking,

and to look at both cost and quality at the same time. Dr. Andrews said she wasn't sure they could figure out whether under service is caused by shared savings or some other issue. Dr. Bowers said it was not purely contractual. On the commercial side, over utilization is a problem. Systematic abuses will stick out.

There was discussion about appropriate services. Dr. Barry said there was a difference between under served and inappropriate. She expressed concern that they could not capture inappropriate or bare minimum service. Dr. Andrews said they examined bare minimum service in the MAPOC's under service workgroup. She said the data does not show that every provider does the same for every patient. Dr. Schaefer noted that there are levels of complexity that go beyond patient interaction. Arlene Murphy asked if they have identified areas where access is a problem, what the state's responsibility to fix it is? Dr. Zavoski said DSS has become more efficient in the past. They eliminate behaviors that drive up costs and do not add value. There is more work to do but the agency is endeavoring to do it. Medicaid meets with specialists frequently, they pay claims every two weeks, and they try to keep primary care in primary care offices.

Ms. Hyre noted that even on Medicare there are still access issues. There are providers who don't want to take Medicare clients. She said patients don't blow off appointments for no reasons. She said she once had a 14 month wait to see a gynecologist and she was a cancer survivor She noted that patients may not have reliable transportation or they may not be able to wait to see a doctor.

6. ACO Presentation – monitoring variations in care

This was postponed to a future meeting.

7. Future sessions/developing our roadmap

The Council is next scheduled to meet on December 4 and December 18.

Meeting adjourned at 8:04 p.m.