

Quality & Clinical Committee January 22, 2009 1:00pm to 2:00pm

A meeting of the Quality & Clinical Committee of the THINC RHIO, INC., a New York not-for-profit corporation (the "Corporation"), was held on January 22, 2009, beginning at 1:00 PM.

Committee Members: Chyna Wilcoxson; Mary Donnelly; Gregory Spencer MD; Tom Murray; Lawrence Faltz MD; Paul Kaye MD; David Hassoun; Renee Golderman; Lisa Kern MD; Ravinder Mohini MD; Cliff Waldman MD; Jerry Salkowe MD Rainu Kaushal MD; Walter Bielfeld; Gloria Bouvier; Alan Silver MD; Jeff Ross MD; Jesse Singer; Jesse Sullivan MD.

Non-Committee Members : John Blair, III, MD; Susan Stuard; Asha Upadhyay; Allison Laquidara

I. APPROVAL OF November 2008 MEETING MINUTES

A motion was made to approve the minutes of the November 2008 meeting. The motion was seconded and the minutes were unanimously approved.

II. P4P – MEDICAL HOME GRANT STATUS

The committee was made aware that the incentive match dollars from the P4P grant were in jeopardy. NYS DOH is unlikely to grant THINC an extension if the February 15th deadline for data submission is not met. THINC was informed by ViPS on January 19th that they were not going to be able to submit the data for our participating health plans by February 15th. The result of this means that THINC would not be able to draw down the incentive payment matching funds from NYS DOH. Nevertheless, the project is moving forward, with continued participation from the health plans. The physicians are willing to continue with the project despite the fact that the incentive payment may be reduced by as much as half. It was noted that this group of physicians are aware of the costs involved and still have a strong interest in Medical Home. A request was made to the health plans to provide THINC with a letter of commitment regarding incentive payments for year 1 of the project. This information is necessary in order for THINC to communicate with participating physicians, and make them aware of the dollar amount that will be brought to the table in the Hudson Valley. It was requested that THINC provide the committee with a model letter. Cornell will stay on board to complete the evaluation component of the project.

III. PROJECT UPDATES

All Medical Home slots have been taken, and we are waiting for the last few signed participation agreements. There are fifteen practices participating in the project, all of whom are on a 2008 certified electronic health record. MassPro and TransforMED are engaged and have started working with the practices. MassPro's focus is on workflow redesign and process improvement, they will be working with the nine modules of the NCQA recognition tool. TransforMed will be working with one practice on an in-depth TransforMED process that will last over two years. We will take the information learned from that process and circulate that among the other practices. Initially, this will start in an educational format, at the completion of two years, this will move towards the sharing of information amongst practices. Denise Levis will begin her engagement with the project in February. She will be focusing on the area of high cost chronic diseases in the commercial population and will be working with Dr. Paul Kaye. The committee agreed that it would like an in-person meeting later this spring or early summer to discuss project progress.

IV. REPORT CARD and LETTER

ViPS now forecasts that the first report is expected to be out in the middle of April (Q2). Health Plans will get to see the report cards and a file with all data. Susan Stuard proposed development of a formal letter to the project's participating physicians. This letter would be the first communication since the physician participants signed the project agreement. Susan Stuard will draft the letter and circulate to the committee by February 17th for comment and will prepare a final draft for review at the March meeting. This will include the aggregate numbers for the incentive payment for the project.

V. BENCHMARKING POLICY RECOMMENDATIONS for MEDICAL HOME CARE MANAGEMENT

In response to requests for incentive payments amounts used elsewhere in the country, the committee was presented with examples of care coordination payments from: AAFP recommendation to CMS for care management fee of \$15pmpm; Oklahoma (Tier 2 \$4.65-\$6.53 pmpm); North Carolina (\$2.50 pmpm & \$3.00 regional PCP network to offer coordination of care), and New Hampshire (\$4 pmpm) and Rhode Island (\$3 pmpm). It was noted that it was not appropriate nor the intent to set incentive payments as a group. This exercise was strictly to provide information on what has been done in other parts of the country. An area of concern was that in other parts of the country the pmpm's were significantly higher. The committee recognizes that we are asking the providers to change and payers need to provide enhancing reimbursement to incent that change. It was also noted that the pmpm numbers will have to be consistent with what the market can bear as well as what will bring the providers to the table. THINC's project is estimated to involve 53% of the covered lives in the region. Based on a Deloitte & Touche study, the average cost of a medical home is \$100,000 per year. The ACP/Urban Institute are currently doing a study of costs with a grant from Commonwealth fund.

Walter Bliefeld from Anthem said that the payers are asking providers to make a change so they want to make sure providers get paid. They want providers to get to Level 2 and Level 3 Medical Home. Cliff Waldman asked if we are using care coordination and quality incentive payments. Susan Stuard said it is mixed. The Health Plans had agreed in Fall 2008 that 80% of incentive payments would be for medical home and 20% for quality metrics. The care coordination fees line up with the 80% put up for the medical home. Cliff Waldman asked if the dollar amounts from other states were for care coordination or for medical home? Susan Stuard said these were care coordination fees (pmpm).

Paul Kaye said that this is not just about costs but to get primary care doctors to do primary care otherwise less and less effort will be going into primary care. Farzad Mostashari asked if the reimbursement for Medical Home is in line with the increase in primary care capacity? It is important to get proper time to manage patients and to get increased reimbursement to get more primary care physicians in the workforce. Jessie Sullivan commented that we cannot have more doctors seeing fewer patients. The incentives going to doctors should be to create teams. We should figure out how to do this at all size practices. Jerry Salkowe said that this will affect 50% of covered lives panel.

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VI. NEW BUSINESS

The next committee meeting is on Thursday March 26, 2009. The meeting was adjourned at 2:00pm.

Reviewed and Approved:

Dr. Gregory Spencer, Committee Chair