

THINC, Inc.

Taconic Health Information Network and Community

Quality & Clinical Committee April 23, 2009

A meeting of the Quality & Clinical Committee of THINC RHIO, INC., a New York not-for-profit corporation (the "Corporation"), was held on April 23, 2009, beginning at 1:00 PM.

COMMITTEE MEMBERS: *Greg Spencer, MD, Committee Chair*; Walter Bielefeld; Gloria Bouvier; Mary Donnelly; Keith Festa, MD; Renee Golderman; David Hassoun; Rainu Kaushal, MD; Lisa Kern, MD; Imtiaz Mallick, MD; Tom Murray; Cliff Omstrom, MD; Paul Kaye, MD; Phil Renner; Jerry Salkowe, MD; Jesse Singer, DO; Alan Silver, MD; Philip Thomas; Cliff Waldman, MD.

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

I. APPROVAL OF MARCH 2009 MEETING MINUTES

A motion was made to approve the minutes of the March 2009 meeting. The motion was seconded and the minutes were unanimously approved.

II. IN-PERSON COMMITTEE MEETING

Susan Stuard informed the committee that the date of June 22, 2009 from 10:00am–2:30pm at IBM's Somers, New York location has been confirmed for an in-person committee meeting. A formal invite will be distributed requesting an rsvp as IBM has a strict security policy. In addition, Susan Stuard informed the committee that the meeting room in which the committee will meet does not accommodate conference calls, making this meeting an in-person meeting only. THINC will be happy to forward the meeting materials along to any of the committee members who are unable to attend. The draft agenda items include, review of the project design, policy implications of the PCMH pilot, experiences on the ground, evaluation design and progress to date, opportunities for the Hudson-Valley in 2009 and beyond, and discussion of goals for the future of the PCMH pilot.

III. P4P-MEDICAL HOME PROJECT UPDATE

Susan Stuard informed the committee that currently THINC has received two financial commitment letters. In addition, two more organizations have provided THINC with a detailed plan on dollar amounts and should have the letters prepared soon. Two organizations have informed THINC that the work is in progress but unable to say when the letters would be provided to THINC. Susan Stuard reminded the committee members that the letters of commitment are a key project dependency and requests that they keep THINC informed and updated as to the status of the financial commitment letters.

The draft physician letters have been revised based on feedback from committee members. Currently, we are awaiting feedback from one of the health plans legal departments, as well as the financial commitment letters in order to fill in the range of incentive amounts. THINC will distribute the final letter to the committee prior to sending out to the physicians.

John Blair has been working diligently gathering input from national and local experts on their recommendations for EHR-based clinical, quality measures. This topic will be brought back to the committee for another discussion.

The ViPS scope of work has been completed. In order to move the data aggregation work along ViPS will join the committee meeting and we will address the status of this work as a standing item. The committee will be asked to approve the master database contents and provide input on conflicting definitions across health plan data files.

The medical council is meeting monthly and medical home transformation consultants are actively working with 13 practices. NCQA applications are scheduled to be submitted by November 1, 2009 and the NCQA has agreed to review by the end of the year. Some concern was raised by the committee that practices should not be waiting to start the application process. The practices, especially the larger groups, should be encouraged to start the process sooner rather than later due to the amount of work that is required in order to complete the application.

Lisa Kern updated the committee on the evaluation being conducted by Cornell. The detailed data specifications that the evaluation team covered with ViPS in the Fall of 2008 are coming along well. A finalized patient survey instrument has been developed and evaluators are in the process of developing the provider survey instrument. The protocol for the administration of both surveys should be finalized within the next two months. Evaluators have been meeting monthly with the medical council. Cornell will be given the opportunity to brief the committee on the progress of the work to date at each committee meeting.

IV. HEAL 10 OVERVIEW

Recently, the NYSDOH has issued the HEAL 10 request for grant applications (RGA). The HEAL 10 project has a focus on IT infrastructure to support the medical home. Sixty million dollars in funding will be made available across the state with up to two awards in each region. The maximum award is \$7 million per applicant with matching funds required from the applicant organization. HEAL 10 requires applicants to identify a distinct care coordination zone, identify a target population with a chronic disease or a high risk/high cost diagnosis. The grant includes three components to support the medical home 1) improve the coordination of care across the full continuum of care for a target patient population. 2) support implementation of EHR's and ensure effective adoption and use to support the PCMH. 3) work with the local RHIO to provide connectivity for PCMH and connection to and governance for the state network (SHIN-NY). The application does not require health plan involvement; however, an applicant would score better with health plan involvement. This is an opportunity for THINC to strengthen our existing medical home project. By pushing for a level three PCMH with existing physicians and possibly adding more physicians and involve hospitals and other providers in care coordination through the health information exchange. THINC will keep the committee posted on the HEAL 10 project.

There being no further business the meeting was adjourned at 1:55pm.

Reviewed and Approved:

Dr. Gregory Spencer, Committee Chair