

# THINC, Inc.

Taconic Health Information Network and Community

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## *Quality & Clinical Committee*

*July 30, 2009*

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A meeting of the Quality & Clinical Committee of THINC RHIO, INC., a New York not-for-profit corporation (the "Corporation"), was held on July 30, 2009, beginning at 1:00 PM.

**COMMITTEE MEMBERS:** *Greg Spencer, MD, Committee Chair*; Walter Bielefeld; Gloria Bouvier; Mary Donnelly; Michael Farina; Renee Golderman; Imtiaz Mallick, MD; Tom Murray; Cliff Omstrom, MD; Paul Kaye, MD; Phil Renner; Lisa Sasko; Jerry Salkowe, MD; Jesse Singer, DO; Alan Silver, MD; Philip Thomas; Cliff Waldman, MD; Chyna Wilcoxson.

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

### **I. APPROVAL OF APRIL 2009 MEETING MINUTES**

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

### **II. REVIEW OF PROJECT TIMELINE**

Susan Stuard introduced Gary Sullo, Senior Project Manager from ViPS, to the committee. Gary Sullo then reviewed the data timeline and project dependencies on acquiring health plan data. The data transfer will begin for Hudson Health Plan, MVP, Aetna and CDPHP in July and run to mid August. United and WellPoint's data transfer will follow in mid August. Gary Sullo noted that this aggressive timeline allows only two and a half months to acquire, scrub and validate the data for all six health plans. Gary Sullo also informed the committee that if there are any problems acquiring the health plan data and ViPS is unable to keep with the timeline, it will push the attribution and quality measures back which will require the committee to formulate a contingency plan.

Susan Stuard asked the health plans for their continued support to keep with the time line and discussed with the committee the key dates for the first year.

- September 30, ViPS to complete health plan data acquisition, including data scrub.
- October 31, ViPS to complete validation of data set.
- October 31, deadline for medical home practices to submit to NCQA.
- November 20, ViPS to complete the run of quality measures and then pass the data set to MedAllies.
- November 23, ViPS will run the attribution logic on the data set, to be shared with the health plans for review.
- December 18, ViPS to complete utilization measures and pass the data set onto MedAllies.
- December 18, MedAllies to complete generation of quality profile and prepare data set for the health plans, MedAllies will then distribute the quality profile and data set to the health plans.
- December 30, all NCQA determinations received and incorporated into quality profile.

Some concern was raised regarding the NCQA determinations and whether the December 30 date was firm. The committee was assured that the NCQA has been involved with this project and have committed

to the December 30 timeline. The committee was also informed that most of the practices will have submitted their paperwork to NCQA prior to the October 31 deadline. In January THINC should be able to distribute the quality profile and letter to each participating physician. From January on health plans will review profiles and data sets and begin to distribute incentive payments.

### **III. ATTRIBUTION LOGIC**

Susan Stuard reviewed the attribution logic that was developed by the committee during the fall and winter of 2008. As ViPS will need to start deploying the attribution logic this fall, this is an important document for the committee to review and make any final change. The attribution would be re-run once a year and all members would undergo attribution at the same time. There would be no rolling attribution. Members would be attributed to one primary care physician (PCP), if the member did not get attributed to any PCP by the methodology, the member would be excluded from the analysis. Susan Stuard reminded the committee members that a final version of the attribution logic will need to be sent to ViPS soon.

The committee felt it was important for the group to agree on the attribution logic and to have one standard across all the participating health plans. In addition, the committee felt it was important to allow physicians to review the list of patients attributed to them. The committee agreed this would give credibility and confidence to those physicians participating in the project. Susan Stuard discussed with the committee that THINC would not be in a position to provide assistance to health plans in making determinations regarding attribution of PCP's and patients as this determination relies on the underlying health plan claims data. THINC would only be able to connect the physician with the health plans in a facilitative role. Any discrepancies would need to be resolved between the physicians and the health plan individually.

As the majority of the group was comfortable with the attribution logic, the committee agreed to move ahead with it. Susan Stuard invited any health plan with specific concerns not addressed by the committee to approach her off-line for discussion. Any issues raised would be brought back to the group at the next meeting. The committee agreed that it would like to consider a process for voluntary physician review of the attribution lists. The committee felt that they would like to reach out to practices with the data and work out any discrepancies prior to issuing payment. Susan Stuard would present the committee with a proposal for this process at the next meeting.

The meeting was adjourned at 1:08pm.

Reviewed and Approved:

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Dr. Gregory Spencer, Committee Chair