

# THINC, Inc.

Taconic Health Information Network and Community

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## *Quality & Clinical Committee Meeting September 24, 2009 11:00AM-12:00Noon*

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A meeting of the Quality & Clinical Committee of THINC, INC., a New York not-for-profit corporation (the "Corporation"), was held on September 24, 2009 beginning at 1:00 PM.

**COMMITTEE MEMBERS:** *Greg Spencer, MD, Committee Chair*; Walter Bielefeld; J. Keith Festa, MD; Paul Kaye, MD; Lisa Sasko; Jerry Salkowe, MD; Kathy Schwab; Jesse Singer, DO; Alan Silver, MD; Eric Sullivan; Philip Thomas; Cliff Waldman, MD.

**Non-Committee Members:** John Blair, III MD, Allison Laquidara, Diana Quaynor, Susan Stuard, Gary Sullo.

### **I. APPROVAL OF JULY 30, 2009 MEETING MINUTES**

A motion was made to approve the minutes of the July 30 2009 meeting. The motion was seconded and the minutes were unanimously approved.

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

Gary Sullo from ViPS reviewed the timeline for claims data submission by the health plans. Currently all health plans are actively engaged in the data mapping or submission process. Submitted data goes through a validation process before it is included in the reports and that validation process can take two to three months to resolve any issues and correct the data if necessary. Once the data have been validated, each health plan will be asked to sign off. Late starts have pushed the timeline into the first quarter of 2010, and data that is not validated in the allotted timeframe may have to be excluded from the reports. Each health plan's timeline was reviewed as stated below.

- **Hudson Health Plan-** initial data submission has been completed. Hudson Health Plan will receive the validation report on 10/12/09 and the plan will sign off on the report by 10/19/09.
- **MVP-** initial data submission has been completed, the submission date for the corrected data has not yet been determined. MVP will receive the validation report on 10/19/09 and the plan will sign off on the report by 10/26/09.
- **Aetna-** the initial data submission is scheduled for 09/25/09, the corrected data submission due date is yet to be determined. Aetna will be scheduled to receive the validation report on 10/26/09 and the plan will sign off on the report by 11/02/09.
- **CDPHP-** the initial data submission is scheduled for 10/16/09, the corrected data submission due date is yet to be determined. CDPHP will receive the validation report on 11/09/09 and the plan will sign off on the report by 11/16/09.
- **United-** the initial data submission is scheduled for 10/16/09, the corrected data submission due date is 11/13/09. United will receive the validation report on 12/04/09, and the plan will sign off on the report by 12/11/09.
- **Wellpoint-** the initial data submission is scheduled for 10/23/09, the corrected data submission due date is 11/20/09. Wellpoint will receive the validation report on 12/14/09, and the plan will sign off on the report by 12/21/09.

Data processing can only begin once all data is submitted and then validated; currently it is anticipated to begin processing data in early January. Once data have been received, validated and signed-off by the health plans, production of the measures can begin. There is a three step process to go through in order to process the information for the quality profiles. 1) Provider Matching- the process of consolidating provider information within each plan and across plans, 2) Quality Measures- run through HEDIS statistics and 3) Provider Attribution- the process of attributing patients to physicians. Aggregated results would then be available in raw form in late January and utilization would be available in mid to late February. The quality profile would then follow in mid to late March.

### **III. MEDICAL HOME UPDATE**

John Blair gave the committee an update regarding the medical home project. Initially the project started with 14 groups, early on one solo practioner dropped out due to the aggressive timeframe. Two additional medical home practices, both solo practitioners, elected to delay submission to NCQA until 2010. This brings the project to eleven groups, approximately 70 sites and roughly 220 providers. To date three groups have submitted to NCQA, one of the groups received the highest level recognition, Level 3; the two other practices are still waiting to hear from NCQA. The rest of the groups are on track to submit by the end of October and NCQA has committed to having the determinations back by the end of the year.

### **IV. REVIEW OF QUALITY PROFILE**

John Blair reviewed the first draft of the physician quality profile. The group discussed overall style and presentation of the profile and agreed to include the threshold, the mean for the Hudson Valley as well as the physician score. It was noted, if the group was not able to come to a consensus with regard to the threshold, the profile can be customized for each plans report. In addition, the group discussed measures and agreed to include the number of patients for each measure which gives validity to providers and assist health plans in validating the measures for their internal purposes. With regard to the NQF Endorsed Clinical EHR Measures, the intent is to pull the measures directly out of the EHR. Those measures have not yet been determined, however it is anticipated to see steady growth and we will continually see more measures being pulled directly from EHR's. The provider NCQA recognition level will be posted on the provider's quality profile as well. The new sample with the suggestions made will be brought back to the committee for review at the next meeting.

### **V. ATTRIBUTION REVIEW**

The committee has previously discussed parameters regarding an approach for physician review of attribution and the group continues to refine those parameters at each committee meeting. The health plans will be asked to provide a summary of the lines of business carved out of the project. The carve outs provided by the health plans will be distributed to the physicians with the initial distribution of quality profiles. Additionally, with the committee's approval the issue of attribution will be taken to the Medical Council with the intent to discuss the concept of attribution and keep the focus on the major issues as well as to point out the carve outs from the health plans, as this is an anticipated source for questions. There being no further business the meeting was adjourned at 1:04pm.

Reviewed and Approved:

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Dr. Gregory Spencer, Committee Chair