

THINC, Inc.

Taconic Health Information Network and Community

Quality & Clinical Committee Meeting November 24, 2009 10:00am-11:00am

A meeting of the Quality & Clinical Committee of THINC, INC., a New York not-for-profit corporation (the "Corporation"), was held on November 18, 2009 beginning at 1:00 PM.

COMMITTEE MEMBERS: *Greg Spencer, MD, Committee Chair; Walter Bielefeld; Gloria Bouvier; Mary Donnelly; Renee Golderman; Paul Kaye, MD; Nancy Murphy; 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, Holly Miller, MD, Diana Quaynor, Susan Stuard, Gary Sullo.

I. APPROVAL OF SEPTEMBER 24, 2009 MEETING MINUTES

A motion was made to approve the minutes of the September 24, 2009 meeting. The motion was seconded and the minutes were unanimously approved.

II. ViPS PROGRESS UPDATE

Gary Sullo updated committee members on data submission progress to date. Hudson Health Plan, MVP, Aetna, and CDPHP have all submitted data and are in various stages of processing. Hudson Health Plan has elected to submit some additional claims data that also has been received and is currently in the validation process. MVP data has been submitted, validated and confirmed by MVP. Aetna data has been submitted and is now being validated and anticipate a validation report to go out to Aetna within the day. CDPHP data has been received recently and ViPS is in communication with their technical staff and have scheduled the validation work to be completed by mid December. United and Wellpoint have both held mapping information sessions to provide as much information in advance as possible, data is still pending, a meeting will be held within the next two days to determine a schedule for submission.

It is currently anticipated to have all the MVP, Hudson Health Plan, Aetna and CDPHP data prepared and ready to be loaded by December 31. Validation and loading for United is estimated to take nine weeks after receipt. Validation and loading for Wellpoint is estimated to take ten weeks after receipt, additionally it takes another four weeks to run quality measures and attribution. Another eight weeks are needed to assemble and publish provider profiles; utilization measures will be computed and sent to Cornell simultaneously. Raw form of the quality measure results will be available at the end of February and utilization measure results will be sent to Cornell in late March. Formal provider profile results are anticipated to be available in late April. The committee members discussed the possibility of paying medical home incentives prior to the release of the quality profile in light of the significant resources those practices have contributed.

As the evaluation partner, Cornell is conducting the formal evaluation for the project. The primary focus of the evaluation is to examine the impact Medical Home had on quality, cost and utilization. Utilization for each provider will be rolled up into the entire Hudson Valley and then separated into three separate control groups, 1) Paper only 2) EHR only 3) EHR with Medical Home and incentives. The study will evaluate how the three groups performed and then compare each control groups' performance to the other groups. It was noted that the study is not being used for reimbursement or to look at individual provider utilization.

III. REVIEW OF QUALITY PROFILE

John Blair and Diana Quaynor presented an updated version of the Quality Profile to the committee. The quality profile has three components 1) HEDIS aggregated measures- which is aggregated across all health plans to build a denominator, 2) EHR Quality Measures- will develop over the years in terms of number and validity, and 3) Medical Home- NCQA recognition level. As requested by the committee the ten measures are broken down into three sections and all previous comments have been incorporated into the profile. Currently, the profile summaries were provided which is an acceptable approach with NCQA. It was noted, that if the committee would like to have the full definitions, those definitions would need to be licensed by NCQA and an addendum would need to be added to the profile. Posting of the providers NCQA recognition level is acceptable (e.g. level 1, level 2, or level 3), however, any additional information would require written release from the provider and that release would need to be attached to the profile, in addition to, an agreement with NCQA. The committee agreed to use only the mean in the profile and suggested to provide a description for level 1, level 2 and level 3. The profile will be updated to incorporate the comments made by committee members including the link as well as the summary for each level of NCQA recognition.

IV. MEDICAL HOME UPDATE

An update regarding Medical Home was given by John Blair. At the start of the year there were thirteen groups, early on two solo practitioners elected to delay applications until 2010. The remaining eleven groups have all submitted their applications to NCQA. One large specialty practice and one Federally Qualified Health Center (FQHC) have already received Level 3 recognition and the nine remaining applications are pending with NCQA, decisions are expected by the end of 2009. In 2010, under the guidance of the Medical Council the groups will begin working on areas related to diabetes, congestive heart failure and care coordination.

Susan Stuard updated committee members regarding NYS Medicaid reimbursement. NYS Medicaid has announced that it will reimburse its managed care plans and providers for medical home. The reimbursement is slated to start on December 1 and NCQA recognition is set as the recognition bar. Level 1 will reimburse at \$2 pmpm, Level 2 will reimburse at \$4 pmpm, and Level 3 will reimburse at \$6 pmpm. NYS Medicaid will get a monthly file from NCQA with provider recognition status for all providers in New York State.

V. HEALTH PLAN CARVE-OUTS

All health plans responded to THINC's request for the carve outs related to lines of business. However, there appears to be some reluctance to provide details related to ASO lines of business that is carved out from project. To assist in facilitating physician expectations regarding incentives it would be helpful to specify ASO business carve outs. Susan Stuard requested the health plans speak with her off line regarding this topic and whether or not this is an option to present to the Medical Council.

Reviewed and Approved:

Dr. Gregory Spencer, Committee Chair