

# THINC RHIO, Inc.

Taconic Health Information Network and Community

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## Quality & Clinical Committee

September 25, 2008

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A meeting of the Quality & Clinical Committee of the THINC RHIO, INC., a New York not-for-profit corporation (the “Corporation”), was held on September 25, 2008, beginning at 1:00 PM.

Participating were:

- Alan Silver
- Wendy Geringer
- Lawrence Faltz, MD
- Paul Kaye, MD
- David Hassoun
- Renee Golderman
- Karen Kvalovsky
- Francois De Brantes
- Sanford Cohen, MD
- Jeff Ross, MD
- Randy Solomon, MD
- Jim Walter
- Jessie Sullivan, MD
- Ravinder Mohini, MD
- Deb Chambers
- Jerry Salkowe, MD

  

- Randy Barrows, MD
- John Blair, III, MD
- Susan Stuard
- Asha Upadhyay

### **I. INTRODUCTION of NEW THINC EXECUTIVE DIRECTOR**

Dr. Spencer welcomed the committee members as he reconvened the committee. He introduced THINC’s Executive Director, Ms. Susan Stuard to the Committee. Susan Stuard made a power point presentation to the Committee which discussed the status of the project, the payment formulas, and the key issues for the Committee to consider in the coming months.

### **II. RECAP OF PROJECT DESIGN AND STATUS**

The project participants will be up to 500 primary care physicians in the Hudson Valley. Of these, 250 physicians will be in a subgroup that pursues medical home certification. Six health plans are participating in the project and will provide claims data for the quality metrics to ViPS, a data aggregator. The health plans will give incentives to physicians for performance on the quality report cards that will be created as well as achievement of medical home certification. THINC does plan on involving hospitals in the project with reporting of quality data to IPRO but the number of hospitals participating is not yet defined.

THINC is managing the grant and ensuring the deliverables are met as per the grant schedule. THINC will also be working with the health plans to determine the payment formulas and the process for issuing the incentive payments. The THINC Quality Committee's input will play a vital role in ensuring a collaborative process for the development of the metrics and meeting the goals of the project. THINC will also be working on recruiting physicians for this project.

THINC's technology partner MedAllies will work with ViPS for the development of the quality report from health plans claims data. MedAllies will also be doing intensive planning for the medical home transformation initiative. Lisa Kern, MD, MPH and Rainu Kaushal MD, MPH, from Weill Cornell Medical College, will be conducting the evaluation, data gathering and analysis of the project.

The original Pay for Performance (P4P) project grant award was for \$1.9M. Of this \$1.5M was allocated for the incentive payments to physicians. Recently, due to New York State budget cuts, THINC was notified of a 6% budget cut on this project, which is approximately \$112k. This reduction will reduce the incentives to approximately \$1.4M of the project grant. The remainder 400k will be utilized for project management, evaluation, and support for medical home transformation for physician practices.

The health plans will submit claims data to ViPS for ten HEDIS measures selected for this project. The measures are: 1) Breast cancer screening; 2) Colorectal screening; 3) Chlamydia screening rated; 4) HbA1C testing; 5) Lipid measurement in diabetics; 6) Eye exam in diabetics; 7) Urine protein screening; 8) Asthma: pharmacologic therapy; 9) Appropriate treatment for children with upper respiratory infection; 10) Appropriate testing for children with pharyngitis.

The EHRs will generate quality reports on six measures. The expected measures are 1) Controlling high blood pressure (CMS/NCQA); 2) HbA1C poorly controlled - (hybrid); 3) Blood pressure control /Management in diabetics (NCQA or AMA-PCPI) – (hybrid); 4) LDL cholesterol level in diabetics less than 130 (NCQA) – (hybrid); 5) Eye Exam in diabetics (NCQA) – (hybrid); 6) Urine protein screening (NCQA) – (hybrid).

Jessie Sullivan asked if we will be using the same attribution methodology for the HEDIS measures that New York Quality Alliance is planning to use. Dr. Blair said that this committee can help THINC determine what attribution methodology to utilize. Susan Stuard said that a few of the health plans have shared with THINC an attribution methodology that is seen as emerging national standard. Susan Stuard said the Committee will discuss attribution methodology in detail at a future meeting.

The project timeline for production of the quality report cards will be as follows. The first report card will be in Q1 2009, and will contain 10 HEDIS measures drawn from 2007 health plan claims data. The second report card will be in Q4 2009 and will contain 10 HEDIS measures drawn from 2008 health plan claims as well as clinically-based EHR measures, and a notation of achievement, as applicable, of Level II medical home recognition. Future reports will include HEDIS measures and many more EHR based-measures. Utilization metrics will be looked at in the control group and the medical home intervention group. This Committee will be instrumental in determining the metrics for reporting. Dr. Faltz asked if it will be possible to have the results by practice size. Larger group practices will have an easier time to do this than the smaller size practice. Dr. Blair said that results will be stratified by individual provider level and practice level. We can design the reporting as determined by the Committee.

Susan Stuard informed the Committee that there has been a delay in the negotiation of the contract with ViPS. Some of the health plans already have a working relationship with ViPS. Four health plans will likely give the data to ViPS this year and the remaining two health plans will give their data beginning

next year. We expect that the ViPS contract will be completed next week. We will issue the contracts with the health plans within the following two weeks. Jessie Sullivan asked if the data submission to NYQA is the same as what is required for the THINC project. Susan Stuard said that as long as the data submitted by the health plans included the Hudson Valley then it is the same submission.

### **III. DISCUSSION OF THE MEDICAL HOME COMPONENT**

The medical home certification and transformation process will be discussed in more detail in subsequent Committee meetings. Currently, intensive planning is underway for the support of the transformation services to be provided to 250 physicians so that they will have a reasonable chance of achieving medical home Level II recognition. Practice transformation will begin in January 2009 with the goal of 250 physicians reaching Level II medical home by end of 2009.

Kingston Hospital and Cornell's Institutional Review Boards (IRBs) have approved THINC P4P evaluation study and formal recruitment of physicians is underway with the IRB-approved participation agreement.

The second report card will be issued in Q4 2009 with incentive payments to follow in Q1 2010. We will determine the exact dates on the payment as we get closer to the quarter. There is an open issue of the payment formula and process which will be a key issue for the Committee to work on over the next few months.

Susan Stuard presented the highlights of the proposed evaluation model presented by Lisa Kern at the P4P meeting hosted at IBM in February 2008. The evaluation is designed to determine the incremental effects of P4P incentives and medical home implementation on quality. The design that Cornell is working on should allow isolation of the separate effects of EHRs, P4P quality metrics, and the medical home. The results should be rigorous enough to inform health plans' design for future incentive programs.

### **IV. DISCUSSION OF PAYMENT FORMULAS**

For the project's incentive payments, THINC's ideal goal is to define a payment equation that all participating health plans would use. Minimally, THINC would seek to establish a "floor" on the payment equation so that it will be less confusing for physicians. Health plans could have their own variations based on their own business purposes above this "floor".

Susan Stuard said that the process for how we achieve this coordinated payment approach is important. Susan Stuard is in the process of having one-on-one discussions with the health plans about the payment approach they would like to see. THINC will synthesize these discussions into a straw man proposal for discussion at an upcoming Committee meeting. Susan will solicit feedback at the meeting and will also conduct an additional series of one-on-one discussions with the health plans to solicit feedback. Jeff Ross asked if THINC is proposing a dollar amount for per member per month incentive. Susan Stuard said that she is talking about the process used for payment and not dictating the total dollars for health plans to contribute. THINC is trying to get conformity on the process that is used to trigger the incentive payment.

Susan Stuard gave a preview of some of the payment approach issues being discussed with the health plans. Incentive payment would be split 20% on quality metrics and 80% on the medical home. Several health plans are interested in having less frequent, larger incentive payments, both for impact and processing concerns. There would be incentives for Level II medical home but not for Level I. Susan

Stuard noted that she will need feedback from the Committee on the strawman model when presented at a subsequent meeting. .

Jeff Ross said it would be helpful to have a policy discussion about what might be considered a fair incentive for medical home implementation. Susan Stuard noted that certainly the Committee could have a discussion about the incentive dollars for medical home as long as it was done in a policy format noting recommendations from CMS, projects elsewhere in the country, etc. With regard to actual payments for the THINC project, Susan will have one-on-one sessions with the health plans to discuss their budgets for the project.

## **V. KEY ISSUES FOR THE THINC QUALITY COMMITTEE IN COMING MONTHS**

Susan Stuard reviewed the key issues for the remainder of 2008. They are: 1) plans for medical home transformation, 2) execution of quality reports and EHR based metrics, and 3) ongoing updates about Cornell's evaluation. A major portion of the work will be to establish the payment approach and formula with the health plans and establish incentive payment cash flows with NYSDOH.

Susan Stuard reviewed the future subjects for the committee. She said they are: 1) additional quality measures with the HEAL5 grant, and 2) automating the medical home evaluation criteria. She would also like to ask the committee to help identify high priority efforts to align incentives across the community. An example of this is inpatient/outpatient handoff.

## **VI. NEW BUSINESS**

The next committee meeting is on October 25, 2008. Proposed agenda items will include an update on the contracting process and status with ViPS. Additional agenda items for the next meeting and at subsequent meetings will include payment equation, attribution methodology, and medical home transformation. There being no further business for discussion, the meeting was adjourned at 2:00 PM.

Reviewed and Approved:

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Dr. Gregory Spencer, Committee Chair