

**Subject:** RE: question about under-service monitoring  
**Date:** Tuesday, January 28, 2014 at 10:00:09 AM Eastern Standard Time  
**From:** Will Robinson  
**To:** Ellen Andrews

Hi Ellen - There are 7 Accredited ACOs and they are listed on our website here: <http://www.ncqa.org/ReportCards/AccountableCareOrganizationsReportCard.aspx>. Unfortunately, none are in Connecticut.

We don't share information submitted as part of ACO Accreditation surveys and we don't have a model response for PO:3 – A. Our expectation is that organizations have a documented process for identifying potential areas of under service and mechanisms – e.g. pulling and analyzing clinical data from an EHR – for monitoring.

We review examples of patient decision aids being used, along with the organization's documented process for making them available to patients. We do not perform a detailed review of all of the decision aids' quality and effectiveness. Accredited orgs are required to identify their process for periodically updating their decision aids, and our expectation is that these updates would account for changes in the clinical evidence base and new communication strategies.

I think we agree with your position re: consumer satisfaction information being only part of mechanism to assess under use. That's one reason why we've built patient protections into the standards. Happy to discuss further.

Will

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**From:** Ellen Andrews <andrews@cthealthpolicy.org>  
**Sent:** Sunday, January 26, 2014 12:33 PM  
**To:** Will Robinson  
**Subject:** Re: question about under-service monitoring

Will,

Thanks so much for sending the materials. I am very happy to see PO 3: Payment Arrangements — #3 under Element A — “Has a process to monitor utilization patterns for inappropriate restrictions on care that may unintentionally arise from payment arrangements.”

I am very interested in hearing more about this measure. Are any or all CT ACOs accredited? Can we get a copy of their response to this standard question? Can we see a model response?

I'm also interested in your standard under Element B: Patient Decision Aids. Do you audit these to be sure 1) that they include all treatment options regardless of cost, or at least based on objective quality/effectiveness standards and 2) that patients are actually getting the aids, that they aren't just on a brochure rack or worse, not even available to patients?

Some of the other measures you mentioned could potentially get at some pieces of under-service (avoidable hospitalizations, readmissions, etc) but are not on point. Patient surveys are a very inexact measure of under-service. If providers edit the treatment options or scope of care they tell people about, patients would never know to complain. Also patients sometimes complain about not getting things that might constitute over-treatment. Patient experience of care is critical, but not sufficient, to ensure that

people are getting the care they need, and only the care they need.

Thanks so much  
Ellen

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**From:** William Robinson <[wrobinson@ncqa.org](mailto:wrobinson@ncqa.org)>  
**Date:** Thursday, January 23, 2014 at 12:55 PM  
**To:** Ellen Andrews <[andrews@cthealthpolicy.org](mailto:andrews@cthealthpolicy.org)>  
**Cc:** Sarah Thomas <[thomas@ncqa.org](mailto:thomas@ncqa.org)>, Mina Harkins <[harkins@ncqa.org](mailto:harkins@ncqa.org)>, Kristine Toppe <[toppe@ncqa.org](mailto:toppe@ncqa.org)>  
**Subject:** RE: question about under-service monitoring

Hi Ellen - NCQA assesses under use in our accreditation programs and through performance measurement. Standards in our ACO accreditation program - see attached - ask entities to design ways to monitor practice patterns to protect against under use. There are also standards in our medical home and specialty practice recognition programs that promote access and evidence-based care but don't speak specifically to under use and incentives. We're currently not aware of any study of medical home initiatives that has found providers stinting on care, but this may be a result of the focus of studies rather than the actual impact of reforms.

We also collect data on utilization via health plan performance measurement. This includes inpatient acute, outpatient preventive, and inpatient and outpatient mental health among other data. These provide a broad picture of service use but wouldn't be helpful for identifying individual bad actors. In addition, one would hope that as a result of the state's reforms, use of certain services like ER, inpatient admissions and high cost imaging goes down. In our conversation with Medicaid we also talked about using results of consumer satisfaction surveys (i.e. CAHPS).

I attached two summary slides that show where our standards and measures address under use. Happy to discuss further and sorry for delay in getting back to you.

Will

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**From:** Ellen Andrews [<mailto:andrews@cthealthpolicy.org>]  
**Sent:** Tuesday, January 07, 2014 12:25 PM  
**To:** Sarah Thomas; Kristine Thurston Toppe; Will Robinson; Mina Harkins  
**Subject:** question about under-service monitoring

CT is working on a SIM plan for payment and care delivery reform that includes a provision to monitor for under-service as well as over-treatment. The plan also makes a commitment to deny incentive payments to providers who have demonstrated systemic under service.

Payers have resisted the concept saying that NCQA accreditation already monitors for under-service. (Providers are generally supportive of the idea.) One payer stated that NCQA has moved away from measuring under-treatment to other metrics.

I haven't been able to find an answer online. Can anyone point me in the right direction?

Thanks so much

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