STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
September 1, 2015

Meeting Location: Connecticut State Medical Society, 127 Washington Avenue, East Building, 3rd Floor, North Haven

Members Present: Susan Adams; Lesley Bennett; Aileen Broderick (for Bernadette Kelleher) via conference line; Grace Damio; Heather Gates; Dr. Shirley Girouard; Beth Greig; Abigail Kelly; Anne Klee; Alta Lash; Kate McEvoy; Rebecca Mizrachi; Dr. Douglas Olson; Nydia Rios-Benitez; Rowena Rosenblum-Bergmans; Dr. Elsa Stone; Jesse White-Frese

Members Absent: Mary Boudreau; Leigh Dubnicka; David Finn; Dr. M. Alex Geertsma; Dr. John Harper; Dr. Edmund Kim; H. Andrew Selinger; Dr. Eileen Smith; Dr. Randy Trowbridge; Joseph Wankerl

Other Participants: Supriyo Chatterjee; Faina Dookh; Kathy Henchey; Dr. Mark Schaefer; Katie Sklarsky; Victoria Veltri

The meeting was called to order at 6:08 p.m.

Introductions
Lesley Bennett served as meeting chair. Members and participants introduced themselves.

Public Comment
There was no public comment.

Minutes of August 26th Meeting
Motion: to accept the minutes of the August 26th Practice Transformation Taskforce (PTTF) meeting – Jesse White Frese; seconded by Rebecca Mizrachi.
There was no discussion.
Vote: All in favor.

Purpose of Today's Meeting
Ms. Bennett reviewed the purpose of the meeting (see presentation here). Mark Schaefer noted that the schedule for the next two months will impact the approach for the evening's meeting. He requested the Task Force move the strategy for the PTTF Community and Clinical Integration Program (CCIP) report to the beginning of the meeting.

Shirley Girouard asked whether they were going to complete the work that they started at the last meeting. Katie Sklarsky said they will review the PTTF timeline, start on the behavioral health integration guidelines and incorporate some of the comments from the last meeting. She noted there will be another meeting and an additional round for commentary and they are hoping it will provide sufficient time for review, feedback, and discussion.

Strategy for PTTF CCIP Report Completion
Dr. Schaefer provided an overview of the calendar. October 8, 2015 is the target date for completing the CCIP guidelines and standards. Dr. Schaefer suggested changing the target date to October 1st. He said Task Force will need to determine the best strategy to get to the best standards by that date. The Task Force may need to deliberate on additional adjustments to the CCIP Guidelines based on the Healthcare Innovation Steering Committee's feedback.

The Task Force discussed a potential meeting date. It was suggested they meet on September 22nd; however, it was noted that is the start of Yom Kippur. Ms. Bennett asked whether the Task Force would meet in October. Dr. Schaefer said that following completion of the CCIP guidelines, there may be a need to plan for financial support for the CCIP initiative. After some discussion, the Task Force agreed to meet on September 24th (*Note: meeting scheduled for September 29th*). Ms. Sklarsky said there was some flexibility with the deadline for feedback on the CCIP report. Dr. Schaefer noted that following completion of the program guidelines, the Task Force could meet on a more relaxed schedule.

Program Design: Community Linkages
Ms. Sklarsky provided an overview of the community linkages and feedback from Design Group 2. Members discussed that feedback. Ms. Sklarsky asked who should convene the development of the shared resources governance. It was noted that shared resources should not require a unique relationship with organizations. Ms. Rosenblum-Bergmans asked how local health departments and the Department of Public Health (DPH) interacted with this. Ms. Sklarsky said that is part of the guidelines to be decided on. If DPH is a key regional participant, then it will be part of the vendor's task to bring those representatives into the governance structure.

The group discussed the possibility of United Way's 211 serving as a potential convener. They have the ability to provide analytics. Dr. Schaefer asked Task Force members whether every federally qualified health center (FQHC) or advanced network should resolve the coordination process independently. Anne Klee said that most agencies have their own protocols and standards and that she didn't think the Task Force could impose things on each type of agency. She suggested inviting them to the table to build community partnerships.

Heather Gates said it can be difficult to change individual agency practices in light of state funding requirements. She said it was essential to have a standard way to organize the relationships. She said it takes a skilled entity to navigate relationships and pull the appropriate people together around a common mission. Dr. Schaefer said that the transformation and technical assistance vendor may be able to harmonize the processes.

Alta Lash asked whether the Department of Social Services was in charge of the selection for both Medicaid and non-Medicaid clients. Dr. Schaefer said that DSS is overseeing the procurement of participants in the Medicaid Quality Improvement and Shared Savings Program (MQISSP). They will also select participants for the CCIP. The CCIP is applicable to all populations. The Program Management Office will administer the CCIP and contracts with the ongoing guidance of the Task Force. Transformation assistance will last between 12 to 18 months. The cost associated with meeting the standards and the degree to which grant funds will be needed will depend on what the final standards look like. The Task Force will discuss funding later in the development process.

Kate McEvoy noted the importance of clarity in describing the MQISSP procurement with the CCIP requirements. The PMO will administer the CCIP requirements and DSS will not secure the CCIP transformation vendor. Ms. White-Frese said the purpose is to try to access existing community

linkages that may be somewhat integrated already. She said there are natural partnerships that develop over the years and the purpose is to consolidate through CCIP the necessary community resources that will optimize integration with the FQHCs and advanced networks.

Rebecca Mizrachi asked if there had been feedback from community resources about being underutilized or, in general, underserved. Ms. Sklarsky spoke with 211, a large social services provider, and they feel that many aren't aware of all the resources available. They receive calls and track analytics on who needs what and where. Members discussed resources and funding sustainability in the longer term. Dr. Schaefer said there is funding support for a transformation vendor and it will fall into the vendor's strategy. There is validation of the need for a community-wide conversation about the areas where the standardization of protocols makes sense.

Program Design: Monitoring & Reporting
Ms. Sklarsky reviewed the objectives for monitoring and reporting. Douglas Olson asked when, in the context of discussing utilization, it covers cost. Ms. Sklarsky said the utilization metrics under review focus more around readmissions and indirect cost. Dr. Olson said the triple aim is transforming to a quadruple aim – focusing on provider and consumer satisfaction. He suggested it be a secondary indicator as opposed to it being a primary indicator for the sustainability in the long term. Dr. Schaefer agreed and said for the Advance Medical Home pilot they developed instruments for pre and post primary care team satisfaction. He said they could devise a similar approach to be mindful of primary care communities and others as well.

Program Design: Behavioral Health Integration Guidelines
Ms. Sklarsky provided an overview of the Behavioral Health integration guidelines. The group talked about requiring all of the networks to have staff with master's degrees in behavioral health. It was noted that the person treating or referring within a practice should have a master's degree or a license. The initial screening may not be done by a behavioral healthcare specialist. Members offered suggestions and changes to some of the language on the various guidelines.

Nydia Rios-Benitez noted there is a distinction between initial screening and assessment. She said the initial screening is not a diagnostic tool. She suggested removing the term "diagnosis" from the first paragraph. Ms. Gates suggested changing the next sentence of "trained behavioral health specialist on staff" to "trained behavioral health specialist on site." Ms. Mizrachi suggested changing the term of "primary care physician" to "provider." The group continued to review and discuss the guidelines.

Ms. Sklarsky said in areas where there were comments, they will make the edits and redistribute. She noted the guidelines and standards will be distributed for review and feedback. Feedback on the oral health guidelines is needed by the close of business on September 2nd.

Next Steps
Motion to adjourn the meeting – Grace Damio; seconded by Rebecca Mizrachi.
There was no discussion.
Vote: all in favor

The meeting adjourned at 7:26 p.m.