

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Practice Transformation Task Force***

**Meeting Summary**  
**November 24, 2015**

**Meeting Location:** Conference Call

**Members Present:** Susan Adams; Lesley Bennett; Mary Boudreau; Grace Damio; Dr. Shirley Girouard; Abigail Kelly; Anne Klee; Kate McEvoy; Rebecca Mizrachi; Douglas Olson; Rowena Rosenblum-Bergmans; Dr. Elsa Stone; Jesse White-Frese

**Members Absent:** Leigh Dubnicka; David Finn; Heather Gates; Dr. M. Alex Geertsma; Beth Greig; Dr. John Harper; Bernadette Kelleher; Dr. Edmund Kim; Alta Lash; Nydia Rios-Benitez; Dr. H. Andrew Selinger; Eileen Smith; Dr. Randy Trowbridge; Joseph Wankerl

**Other Participants:** Faina Dookh; Jenna Lupi; Dr. Mark Schaefer

The meeting was called to order at 6:04 p.m.

**Introductions**

Elsa Stone served as meeting chair. Members and participants introduced themselves.

**Public Comment**

There was no public comment.

**Minutes of November 3<sup>rd</sup> Meeting**

***Motion: to accept the minutes of the November 3<sup>rd</sup> Practice Transformation Taskforce (PTTF) meeting- Lesley Bennett; seconded by Shirley Girouard.***

**Discussion:** There was no discussion.

***Vote: All in favor.***

**Purpose of Today's Meeting**

The purpose of the meeting was reviewed. Ms. Dookh said they will go through the integration documents to understand the context of the grant initiatives that are happening in Connecticut. She said the documents will help to lay out how the Community and Clinical Integration Program (CCIP) will fit in with the other initiatives and programs. Dr. Girouard asked whether the purpose of the meeting was to obtain an endorsement from Practice Transformation Taskforce (PTTF) members of the documents. Ms. Dookh said her portion is for information sharing purposes.

**Follow up on Draft Report Editing**

Dr. Schaefer provided a follow up on the third draft report editing. He said Kevin Kappel has left, as per the contract, and no longer working on the PTTF report. Dr. Schaefer said he enlisted another member of the Chartis Group for assistance and the report is being edited. He said there is not an estimated time for the release of the report. Dr. Schaefer mentioned he is not sure it would be wise to release the third draft report before the Practice Transformation Network (PTN) conversation is

finished. He said the report may be released for the workgroup but not for public comment before the adjustments are made for PTN.

### **Overview of the CMMI Transforming Clinical Practice Initiative**

Faina Dookh presented on the transforming clinical practices initiative ([see presentation here](#)). Ms. Dookh said the transforming clinical practice initiative (TCPI) model is a service delivery model that tests whether providing technical assistance in a specific complex adaptive manner will enable clinicians and their practices to rapidly transform the way they deliver care to patients. This can result in improved health outcomes and reduced costs.

Dr. Girouard asked who will be providing the oversight for the integration of all the various initiatives. She asked how it differs from what they are doing within the SIM project. Dr. Schaefer said it might be better to discuss the implications for SIM later in the meeting. He said the federal government has a role in the oversight of these initiatives. He said regarding the relationship between CCIP and the PTN grant recipients, they are working in collaboration with the Department of Social Services (DSS) to review the standards and figure out how to meet the feds objectives along with maximizing harmonization. The PTN grant recipients are also trying to figure out how best to meet the federal requirement and not duplicate SIM but harmonize with SIM.

Ms. Dookh noted that the two types of awardees for the TCPI grant are Support and Alignment Network (SAN) and Practice Transformation Network. She reviewed the three PTNs that are in Connecticut. Members discussed the TCPI grant. Ms. Bennett asked where the patient is in all of this and the patient centeredness. She expressed concern that the patient is being left out of the discussions. Ms. Dookh said the TCPI criteria that they want clinicians to excel in is more patient-centered and involves the patient. The National Committee for Quality Assurance (NCQA) types of standards are focused on individual type of practices and PTNs are charged with transforming the care for the entire group of practices that they are covering. Ms. White-Frese said perhaps it will efficiently prepare practices to be more patient centered than they have been in the past. She mentioned it looks like SIM is more focused on the technical assistant aspect. Dr. Girouard said it is clear from what is being said and what is included in the document that it is not about patient centered care but rather about the infrastructure. She said in trying to make it more patient focused, it makes the task much more critical.

Dr. Schaefer said they will try to keep members apprised of what is learned about PTN and engage members in the process of figuring out how they can harmonize the programs, avoid duplication, and maximize the combined investments to support practice transformation across the state. He mentioned more information is needed about what they are proposing.

### **TCPI: Implications for CCIP**

Kate McEvoy provided an overview of the TCPI relationship to Medicaid programs and implications for CCIP ([see infographic here](#)). She said the motivation for creating the document was to enable people to have complete literacy about how the work that PTTF is doing under SIM, relates to the existing and proposed Medicaid transformation initiative. Dr. Schaefer mentioned that he has a meeting set up with them on December 11<sup>th</sup> to begin the conversation and give some insight into some of the detail that is missing in the documents that have been shared so far. He mentioned that this could take us into January. Dr. Schaefer suggested not finalizing the third draft report until there is more understanding of the program and consideration of whether there is any aspect of the program that should be adopted to harmonize with them.

Ms. McEvoy noted the Medical Assistance Program Oversight Council (MAPOC) proposed a multi-pronged strategy to prevent and intercept for underserved and denial of care. Part of the under-service utilization monitoring proposed strategy includes using the CAHPS care experience survey, the Medicaid mystery shopper program, and population studies. Ms. McEvoy said the main focus for the Care Management Committee (CMC) over the next several months will be several studies around under-service and denial of care. She said materials can be tracked on the front page of the MAPOC website as presented.

### **Definition of Individuals with Complex Needs**

Dr. Schaefer said the redrafted definitions of individuals with complex needs, received additional scrutiny and concerns from members.

Dr. Schaefer suggested a SurveyMonkey to gauge which definition is most strongly supported by PTTF members. He said the comments submitted around the definition can be formulated into the survey. The decision would not be made by the survey but the survey results could be shared at the next PTTF meeting.

Members discussed and agreed to utilize the SurveyMonkey.

### **Next Steps and Adjourn**

There is a new meeting schedule with a PTTF meeting on every other month and additional meetings will be scheduled as needed. The next meeting is scheduled for December 15<sup>th</sup>.

Dr. Schaefer noted they are working with DSS not only on harmonization with PTN but also harmonization of MQISSP required elements. There will be more information and materials forthcoming regarding the harmonization process to understand how the programs are similar and different.

The meeting adjourned at 7:28 p.m.