STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
September 13, 2016

Meeting Location: Connecticut Behavioral Health Partnership, Hartford Room, Suite 3D, 500 Enterprise Drive, Rocky Hill

Members Present: Lesley Bennett; Mary Boudreau; Grace Damio; Garrett Fecteau; Heather Gates; Shirley Girouard via conference line; Beth Greig; Abigail Kelly via conference line; Edmund Kim via conference line; Anne Klee; Ken Lalime; Rebecca Mizrachi via conference line; Douglas Olson; Nydia Rios-Benitez; Elsa Stone; Randy Trowbridge; Jesse White-Frese

Members Absent: Susan Adams; Leigh Dubnicka; David Finn; M. Alex Geertsma; John Harper; Alta Lash; Kate McEvoy; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Eileen Smith; Anita Soutier

Other Participants: Elisabeth Cannata; Rob Cushman; Jessica DeFlumer-Trapp; Faina Dookh; Michaela Fissel; Daniela Giordano; Leighton Huey; Karin Haberlin via conference line; Deb Polun; Mark Schaefer; Julie Schirmer

Introductions
Dr. Elsa Stone chaired the meeting. The meeting was called to order at 6:10 p.m.
Members and participants introduced themselves.

Public Comment
There was no public comment.

Minutes
Motion: to accept the minutes of the March 22, 2016 and April 26, 2016 Practice Transformation Taskforce (PTTF) meeting– Nydia Rios-Benitez; seconded by Jesse White-Frese.
Discussion: There was no discussion.
Vote: All in favor.

Purpose of Today's Meeting
Dr. Stone said the main focus of the meeting will be a presentation and guided focus group by representatives from Maine Health on integration of behavioral health and primary care.

Force Field Analysis Focus Group
Julie Schirmer, director of Behavioral Health in Family Medicine Training, presented on the Force Field Analysis Focus Group and confirmed that everyone had received a copy of the focus group guide (see here). She said the focus group will be doing force field analysis on every state in New England and will be looking at what exists in terms of work force development related to integrated behavioral health and primary care (IBHPC). The force field analysis focuses on what is currently happening, the systemic drivers, restrainers, and the recommendations for integrated behavioral health workforce development.

Dr. Cushman said the key is to start by building on the draft document. He mentioned the draft document was built from conversations on the phone and a few folks in the room. The first task will be to assess how complete or incomplete it is and make sure they are clear about what the priorities are. Ms. Schirmer said Connecticut is their fourth state and they will be going to Massachusetts between now and November. She mentioned New England is a wonderful learning lab. In October, the focus group will be pulling out themes and meeting with SAMHSA and HRSA representatives who have integrated behavioral health focus. Ms. Schirmer thanked Dr. Schaefer and PTTF for opening the door to the process.

The group discussed the concept map of integrated behavioral health and primary care workforce. Ms. Fissel asked will there be the opportunity for additional feedback regarding other roles to be identified within the model. She suggested including peer specialists and recovery support specialists in the model because they provide a distinct service separate from community health workers. Ms. Giordano asked whether they are anticipating a number of roles would be connecting to community resources that would not necessarily stick within the primary care and behavioral health system. Ms. Schirmer said in regards to integrating them, the relationships within the community should be strengthened. She said the focus has to be somewhere but would be too focused if the whole community is brought in.

Dr. Schaefer asked whether the purpose of concept map is to illustrate the roles. Ms. Schirmer said it is to illustrate that within behavioral health all of the members of the IBHPC play a role. Ms. Schirmer noted she is in an integrated behavioral health and primary care system. She said there are seventeen practices with IBHPC providers. The behavioral health practice is managed at the ACO level at the main health office. The state of Maine has over fifty percent of primary care practices and half of behavioral health providers on site. Ms. Schirmer said if the ACO administration is not on board than it is hard to integrate throughout the various levels. Dr. Stone asked who is funding the behavioral health of people in the practices. Ms. Schirmer responded that it is insurance. She mentioned they are a Round 1 SIM grant state and have a value based care initiative.

Ms. Damio asked whether the conceptual map is based on one organization or conceptual roles. She said the specialized counselors within the community are replaced with community health workers and there could be other roles within there that are really community resources. She said they could be part of the team but may not be within the same office. Ms. Schirmer said there could be other circles included on the map. The group continued to discuss the concept map.

Ms. Schirmer spoke regarding the draft CT Integrated BHPC – Workforce (see document here). The Taskforce participated and worked on a post-it exercise to identify other drivers and restrainers for the actualization of Integrated Behavioral Health and Primary Care.

Among the items mentioned for drivers:

- Increased attention to adverse childhood events
- The opioid crisis
- Rising cost and poor outcomes
- State budget concerns

Among the items mentioned for restrainers:

- Lack of patient data and information sharing
- Lack of sufficient cross training and inadequate care coordination
- Lack of funding

- Access issues

The group provided some recommendations on how to dampen some of the restrainers. Ms. Fissel said it would be anticipated that healthcare outcomes may be improved by including the people that are receiving care in the decision-making process. She recommended strengthening the patients' advisory council throughout the provider networks. Dr. Trowbridge said the idea is implementation. He said it comes down to getting all of the right players on the same team to work together to do it. Dr. Stone said it would be helpful to bring all levels of stakeholders together. Dr. Huey said just because someone has a license or discipline does not mean the person knows how to work on a team. He recommended a focus on functionality, the dynamics of how a team is supposed to work, and how a team is supposed to be paid.

Ms. Schirmer said the recommendations are awesome. She said they are hoping to put the recommendations together, and send them to the Task Force so that they can continue the conversation. The Taskforce thanked Ms. Schirmer.

Draft Alignment Strategy for SIM Initiatives

Ms. Dookh presented on the alignment strategy for SIM Initiatives (see slides here). There is also an alignment grid document (see document here). Ms. Dookh said CMMI did a site visit here in CT and provided some targeted feedback on CT SIM's operational plan. One piece of feedback that is being acted on through this process is to simplify as much as possible to enhance the focus and coordinate across the SIM work streams. Ms. Dookh said the alignment document will be shared with all of SIM councils to promote a shared understanding around priority areas and to receive input around how aspects of the work of the council is impacted. She noted columns two and three listed under Care Delivery and Reform are most relevant to the Practice Transformation Taskforce.

Ms. Greig said if the effort was to focus and simplify what they have been through over the last couple of months in terms of the discussions, it does that. Dr. Schaefer said the conversations the Task Force has had around what the focus should be to improve clinical care under CCIP became the touch stone for what the PMO carried through all of the initiatives. He expressed thanks to the Taskforce for establishing the foundational capabilities for alignment. The PMO is receptive to any feedback on the alignment grid. The grid is included in the operational plan as a working document and may be amended over time.

Update on AMH and CCIP

Dr. Schaefer provided an update on the Advanced Medical Home and Community and Clinical Integration Program. He spoke of the new payment system under MACRA that will be tied to financial incentives. He said it matters in our AMH recruitment because practices that get transformed through AMH will receive the full credit for clinical practice improvement activity. There is a direct financial benefit except for pediatric practices.

Next Steps and Adjourn

Dr. Stone asked whether there will be a meeting in October. Dr. Schaefer said no meeting is planned for October but the Task Force will be convened when there is a need.

The meeting adjourned at 8:01 p.m.