

STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
January 10, 2017

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

Members Present: Susan Adams via conference line; Lesley Bennett; Grace Damio; Leigh Dubnicka via conference call; Garrett Fecteau via conference line; Shirley Girouard; Colleen Harrington; Abigail Kelly; Anne Klee; Ken Lalime; Alta Lash; Rowena Rosenblum-Bergmans via conference line; Elsa Stone; Randy Trowbridge via conference line; Jesse White-Frese via conference line

Members Absent: Mary Boudreau; Heather Gates; M. Alex Geertsma; Beth Greig; Edmund Kim; Kate McEvoy; Rebecca Mizrachi; Douglas Olson; H. Andrew Selinger; Eileen Smith; Anita Soutier

Other Participants: Faina Dookh; Anne Elwell; Michele Kelvey-Albert; Jenna Lupi; Russell Munson; Juliette Grabowski; Mark Schaefer; Lauren Williams

1. Call to Order

Lesley Bennett chaired the meeting. The meeting was called to order at 6:12 p.m. Members and participants introduced themselves.

2. Public Comment

There was no public comment.

3. Review and Approval of Meeting Summary

Motion: to accept the minutes of the September 13, 2016 Practice Transformation Taskforce (PTTF) meeting- Grace Damio; seconded by Elsa Stone.

Discussion: There was no discussion.

Vote: All in favor.

4. Purpose of Today's Meeting

Ms. Dookh reviewed the purpose of the meeting ([see meeting presentation here](#)). She said there will be updates on the Person Centered Medical Home Plus (PCMH+), Advanced Medical Home (AMH), and the Community and Clinical Integration Program (CCIP) initiatives. Ms. Dookh said there will be a full introduction on some of the members from the Qualidigm team. She said Qualidigm is the chosen CCIP vendor and there will be a discussion regarding upcoming work for PTTF and the accountable care organizations (ACO) that they will be working with. There will also be an introduction to Payment Care Payment Reform.

Ms. Girouard mentioned the need to be cognizant of the issue of political will to accomplish the things they want. She said she thinks political will, intent, and how healthcare is paid and organized are related. Ms. Girouard asked what role PTTF will play in attempting to respond to the inevitable changes and continue some of the positive things that have happened when other structures around us are changing. Ms. Dookh said we are in a time of change and things are a little

unpredictable. She said it is important to think about how to influence the changes as we move forward. Dr. Schaefer said there are threats within the state that could lead to changes of funding and directly affect what we are trying to do. He said there are also threats at the federal level that could undermine efforts such as Medicaid block grants. There are ways for individuals to get involved and advocate nationally. Dr. Schaefer said that the SIM PMO is focused on not allowing the threat of change to interfere with our focus on implementing the program that we designed and thinking about tweaking to adjust the payment method so that the things that we aspire to happen, actually do happen.

5. Update on PCMH+, AMH, and CCIP

Ms. Lupi presented on the PCMH+, AMH, and CCIP initiatives.

PCMH+ - Ms. Lupi said an RFP was released and contract negotiations started with nine selected entities beginning in October of last year. The contracts have been finalized and the program launched on January 1, 2017. Ms. Lupi said approximately 160,000 (correction: 130,000) Medicaid beneficiaries are represented by the nine entities. Ms. Klee asked what percentage of the state does it represent for Medicaid recipients. Dr. Schaefer said it represents about twenty percent of the state's Medicaid beneficiaries.

AMH - Ms. Lupi said we are currently recruiting for the federally funded AMH program. Qualidigm, the CCIP vendor, will also serve as the AMH pilot technical assistance vendor. Ms. Kelvey-Albert, from Qualidigm, provided an update on cohorts and the enrollment status for NCQA PCMH designation. Dr. Schaefer mentioned that PTTF advised on the development of the AMH standards based on the 2014 NCQA standards. NCQA is about to release the PCMH 2017 standards and PTTF will be engaged on how to integrate them into the federally funded AMH program. Ms. Bennett asked whether there is a big difference between year 2017 and 2014 standards. Ms. Kelvey-Albert said programmatically there has been some significant changes but there are a lot of similarities from 2014 to 2017. Dr. Schaefer said there has been a change in using must pass elements and critical factors. Ms. Kelvey-Albert said she thinks there are a lot of things that can be applied from the work that the Taskforce has done. A review will be done on the differences between the 2014 and 2017 standards.

CCIP- It was noted that there are three participating entities that are eligible to receive technical assistance through Qualidigm and apply for and receive transformation awards. Dr. Girouard asked about the likelihood of sustainability. Ms. Lupi said they were all required to include a sustainability plan in the proposal. Ms. Lash said in previous discussions of CCIP that there were three areas the Task Force felt were mandatory and three areas that were optional. She suggested keeping track of those areas especially the mandatory ones, complex patients, racial/ethnic disparities, and behavioral health. Ms. Lash expressed concerned with keeping track of the health equity improvement because it slips under the radar. She said related to that is the IT capacity to monitor in reasonable amount of time whether there is underservice related to racial and ethnic disparities. Ms. Kelvey-Albert said as Qualidigm enters the transformation process, they can comment on this more.

6. CCIP - The Path to Transformation

Ms. Elwell spoke about the Qualidigm team and the proposed developed approach to obtain transformation. She said they have a basic knowledge of most of the core and elective standards however wanted to partner with other people with expertise. Ms. Elwell said they looked throughout the state and looked for people they have worked with and came up with a variety of experts. They have experts in health information technology, behavioral health, oral health, medication management, e-consults and health equity. The all Connecticut based team was pulled

together with not only providers that have a good relationship with them but with other providers within the state. Ms. Elwell said they felt they could be stewards in trying to help people understand how the pieces of the puzzle fit together. Qualidigm has a lot of experience in quality improvement and working with entities to help them become PCMH recognized by NCQA.

Dr. Girouard expressed concern about not having patients and consumers as well as clinicians at the table as learners. She said whether it is for research, practice, or payment that patients and consumers should be at the table as partners to bring about a meaningful change. Ms. Elwell mentioned it is a big push at CMS. She said there is going to be a lot of team care. Team care is about teaching the patients how to manage their disease with them and hopefully continue to educate until there is a move from a person just receiving healthcare to a person who is participatory. It was noted that this would be not to them but with them. Ms. Elwell said a goal of Qualidigm and CT Partners for Health is to have consumers as active participants in their own healthcare.

7. Primary Care Payment Reform

Ms. Dookh provided an overview of the primary care payment reform. She said they are exploring how emerging payment models might enable a care delivery model that will do all of the things that is envisioned under CCIP. She said as we are looking to operationalize CCIP they will explore how payment models may be aligned with how providers and consumers may want for their care models. Ms. Dookh introduced members of the team that will be working on this question: Ken Lalime, Lauren, Williams, and Russ Munson.

The Taskforce reviewed and discussed the various payment delivery models. Dr. Girouard asked will the payment drive how they organize services. Mr. Lalime said the payment model should be able to afford us to create and sustain the delivery model. It was noted that the delivery model came first, which is CCIP. Dr. Schaefer said the Taskforce set forward standards and capabilities to encourage health systems to adopt. He said the question is how the current payment models may or may not actually enable the systems to sustain. The payment model needs to enable the ability to achieve the integration. Ms. Rosenblum-Bergmans noted that there are many models that exist already in the state that demonstrate, regardless of what came first, the outcomes and standards.

Ms. Lash said if they are talking about new payment models, she would like to be very clear that they are not just talking about Medicaid or state funded insurance. She said they are talking about the commercial market as well. Dr. Schaefer said it gets back to the question of whether the shared savings are going to be enough to get to wide spread community integration. He said whether it is the private payers shared savings program or the Medicaid shared savings program, it is an important piece but it may not be enough.

Dr. Trowbridge said the patient physician relationship that they are all talking about has to be maintained. Dr. Trowbridge said he has pushed for health literacy and getting people educated about their problems and preventative medicine. This will help to cut things off at the needs. He suggested considering functional medicine to save dollars on a long term basis.

8. Next Steps and Adjournment

Next steps were not reviewed due to a lack of time. The next PTTF meeting is scheduled for Tuesday, February 7, 2017.

Motion: to adjourn the meeting – Grace Damio; seconded by Alta Lash.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 8:04 p.m.