STATE OF CONNETICUT
State Innovation Model
Community Health Worker Advisory Committee
Meeting Summary
Thursday, June 1, 2017
2:30 pm – 4:30 pm

Location: Crandall Room, CT Behavioral Health Partnership, Suite 3D, 500 Enterprise Drive, Rocky Hill, CT 06067

Members Present: Migdalia Belliveau, Michael Corjulo (Chair), Grace Damio, Loretta Ebron, Liza Estevez, Milagrosa Seguinot

Members on the Phone: Thomas Buckley, Juan Carmona, Tiffany Donelson, Lauren Rosato, Mayce Torres, Robert Zavoski

Members Absent: Yolanda Bowes, Ashika Brinkley, Darcey Cobbs-Lomax, Peter Ellis, Linda Guzzo, Terry Nowakowski, Chioma Ogazi, Nicholas Peralta

Other Participants: Supriyo Chatterjee, Meredith Ferraro, Bruce Gould, Kim Haugabook, Maggie Litwin, Katharine London, Jenna Lupi, Faaiza Manzoor, Mark Schaefer, William Tootle, Stanley Zazula

1. Call to Order and Introductions
Michael Corjulo served as Chair and called the meeting to order at 2:38 pm.

2. Public Comments
Meredith Ferraro gave a brief update on the status of SB 126, An Act Concerning Community Health Workers.

3. Approval of Minutes
Motion: to approve minutes from 3/21/17– Grace Damio; seconded by Milagrosa Seguinot. Vote: all in favor.

4. C3 Roles and Skills Endorsement—Discussion and Approval
The committee endorsed the C3 Project roles and skills as amended by the committee on 7/21/16 and agreed to submit a letter of endorsement to C3.

5. Sustainable Funding for CHWs through APMs/Global Budgets
Jenna Lupi reminded the committee that part of its charge is to recommend a mechanism for sustainable financing as part of its overall policy framework proposal. The previous discussion of sustainable financing options was somewhat rushed due to the imminent deadline for Connecticut's CPC+ application, which wound up not being successful because it did not include a large enough share of the state's market. Ms. Lupi gave a brief overview of care delivery reform before reviewing the basics of four funding models and how they could be used to finance CHWs. The models were:

- Pay for Performance (P4P)
- Shared Savings

- Primary Care Payment Bundles
- Global Payment

If P4P represents one end of a continuum and global payment the other, both provider flexibility and financial risk increase with a move from the former toward the latter. That same progression also represents a move away from paying for volume toward paying for value. Mark Schaefer explained that global payment differs from capitation in that it is tied to quality measures.

Katharine London likened the shift toward value as paying for downsizing—that is, incentivizing wellness and therefore unfilled hospital beds. Bruce Gould added that while hospitals are revenue centers under fee-for-service, they become a cost under global payment. Dr. Schaefer observed that the US healthcare system has rewarded sickness for the last 60 years. Dr. Gould pointed out how global payment can help the US move toward the better integration of social and health systems that other developed countries have achieved. Global payment would counteract the siloed nature and downstream focus of US healthcare.

Acknowledging that the committee had already recommended primary care payment models on 3/21/17, Ms. Lupi asked members if they thought global budgets also offered opportunities for sustainably financing CHWs.

Michael Corjulo suggested the need for an intermediate step between fee-for-service and global budgets. Grace Damio agreed, adding that there needs to be a transition period and that the path from fee-for-service to global budgets might not be linear. Mr. Corjulo felt that a global budget would not work for his medical group because it would undermine the financial independence that has been such an incentive to its member practices. Because the financially independent practices are clinically integrated across the whole network, it represents something of a hybrid advanced network. In direct response to Ms. Lupi's question, he said he thinks global budgets offer opportunities for the sustainable financing of CHWs, but that primary care bundles do as well.

Dr. Schaefer explained that while he has been a big proponent of primary care bundles, he believes the opportunity for pursuing them has essentially passed, which raises the question of whether the state should be developing pathways to global budgets to enable investments in CHW services and community supports. He observed that there is no recommendation without some risk and pointed to Massachusetts as an example of a state with multiple pathways toward global budgets: a Kaiser Permanente-like arrangement in which a network takes on the risk and employs everyone, a hybrid arrangement in which a medical group partners with a managed care organization, and a shared savings arrangement with both up- and downside risk. He stressed the need for the pathways in Connecticut to be geared toward the various capabilities and level of development of providers. Ms. Lupi joined him in explaining that the Connecticut Health Care Cabinet had recently recommended moving toward more global-budget-like arrangements.

Ms. London described how Oregon is using coordinated care organizations (CCOs) to create the kind of flexibility necessary to incorporate CHWs into care delivery. Ms. Lupi noted that what the Health Care Cabinet recommended is very similar to Oregon's CCOs.

Dr. Schaefer reported that the Medicare upside-only shared-savings arrangements in Connecticut have so far not generated any savings for anyone. He thinks transformation through shared shavings has

plateaued and requires a bold new approach. Without an upturn in investments, CHWs are not going to be hired and integrated into the fabric of care delivery.

Liza Estevez expressed support for global budgets, but noted that whenever extra money becomes available, it is typically used to provide opportunities for health professionals other than CHWs. Ms. Lupi suggested therefore that the committee's recommendation, whatever model(s) it turns out to include, require utilization of CHWs just as the CPC+ recommendation did. Grace Damio advocated doing the best thing for getting the necessary resources.

6. Next Steps and Adjourn

SIM staff will draft recommendation language for the committee to consider that reflects the afternoon's discussion, and the committee will resume discussion of financing on 6/28. The meeting adjourned at 4:42 pm.