

STATE OF CONNECTICUT
State Innovation Model
Consumer Advisory Board

Meeting Summary
October 11, 2016

Meeting Location: Legislative Office Building Room 1B, 300 Capitol Avenue, Hartford

Members Present: Alice Ferguson; Kevin Galvin; Bonita Grubbs; Stephen Karp; Robert Krzys; Theanvy Kuoch; Arlene Murphy; Fernando Morales; Christi Staples (for Alicia Woodsby)

Members Absent: Jeffrey G. Beadle; Patricia Checko; Michaela I. Fissel; Nanfi Lubogo; Ann R. Smith

1. Call to Order

Arlene Murphy called the meeting to order at 1:08 p.m.

2. Public Comment

There was no public comment.

3. Acceptance of Meeting Minutes

Motion: to accept the minutes of the September 13, 2016 Consumer Advisory Board meeting – Alice Ferguson; seconded by Theanvy Kuoch.

There was no discussion.

Vote: all in favor.

4. Consumer Engagement Update

This was tabled until Kevin Galvin arrived.

5. Review Consumer Advisory Board Member Application and Announcement

Ms. Murphy noted that there are three vacancies available on the CAB and they have been charged with developing a more consumer friendly application. She asked Fernando Morales, Alice Ferguson, and Theanvy Kuoch to review the work completed to date. Mr. Morales said they looked at how to make the application more user friendly, less wordy, and easier for all to understand. The plan is to have a web page where individuals can learn about the CAB and access the application. Ms. Kuoch said the goal was to help applicants understand the importance of the work of the CAB in terms of advocacy, changing policy, and being the voice of the consumer.

The Board reviewed and revised the application and introductory paragraph. Robert Krzys asked why applicants were asked to disclose health conditions that affect them. Ms. Ferguson said that most people do share that information and that there is a statement advising applicants to share only that information they are comfortable making public. After some discussion, the Board decided to add the phrase “if you wish” to the question.

Ms. Murphy noted the use of graphics and said that it should be a better process for both those applying and for the CAB members reviewing them. Resume and bio submissions are not limited to one page. She said the changes make for a much more approachable process.

Motion: to approve the application and announcement – Kevin Galvin; seconded by Alice Ferguson.

Discussion: none.

Vote: all in favor.

Ms. Ferguson said they spent a lot of time looking at how they scored applications in the past. One of the biggest revisions the Planning Committee recommends is that each scoring session would have a guide to lead members to work towards a common goal and to level the playing field in their approach to the scoring process. Previously, members received the applications and reviewed them individually. The recommendation is to review applications as a group before submitting scores. This would allow members the opportunity to change their scores. Ms. Murphy noted this was going back to the review process of their initial appointment recommendations. She said this would require more time but it would give members a better opportunity to have an in depth discussion.

Motion: to approve the change in the consumer representative scoring and selection process – Kevin Galvin; seconded by Fernando Morales.

Discussion: none.

Vote: all in favor.

Ms. Murphy said they will implement the process for the three CAB vacancies. She proposed that when they review applications, they can hold on to those applications for a year to be considered for future openings. She also proposed they recommend three applicants to fill the vacancies and three alternates. She also noted that they will need to implement this process for Quality Council which has four consumer vacancies. This will be addressed at the December meeting. She thanked the Planning Committee for their work on the application and announcement.

6. Consumer Engagement Update

Ms. Murphy asked Mr. Galvin to take the lead on the discussion. Mr. Galvin provided background on the SIM PMO contract with the North Central Regional Mental Health Board (NCRMHB) to do consumer engagement. He provided an overview of the Young Adult Forum scheduled for October 14th at Manchester Community College which will be videotaped and photographed. NCRMHB will provide a draft newsletter and send thank you notes to all participants in the hopes of looping them in early. Participants will be asked to complete a pre and post event questionnaire. He said that they are developing an event tool box that will make planning events easier. They have also charged NCRMHB with having an active contact with the public in some form at least once a month. Ms. Murphy said that this was the kind of consumer engagement that the Board talks about as important. They are supposed to communicate with the public and bring that information back to the CAB.

Mr. Galvin noted that Ms. Ferguson, Mr. Morales, Ms. Kuoch, and Michaela Fissel will serve on the panel at the Young Adult Forum.

Christi Staples asked if they can forward ideas to him. Mr. Galvin said that, as they are out in the field, opportunities may present themselves and they can move pretty quickly. The Young Adult Forum was planned in three meetings and four phone calls. Members said they would like to hear about lessons learned at the next CAB meeting. Mark Schaefer said the way things were coming together was terrific and he said he was excited to hear the feedback. Mr. Galvin said the feedback will help the vendor to understand what the CAB wants them to do. He noted the need for active participation from CAB members.

7. Practice Transformation Standards and Quality Measure Comparison

Ms. Murphy invited Jesse White-Frese, Grace Damio, and Mary Boudreau to join the table as Practice Transformation Taskforce representatives. Ms. Murphy noted that she serves on the Quality Council. PTTF consumer representatives had asked how the work of the PTTF and Quality Council connect. Faina Dookh presented on the connection between the work groups ([see presentation here](#)).

Ms. White-Frese asked how many measures on the core set the payers already use. Dr. Schaefer said the PMO has a calculation that depends on whether Medicaid is included (51% with Medicaid and 42% without). He noted that was before some tweaks were made and that they did not do a very deep calculation. There is a question regarding the definition of alignment.

Ms. Kuoch said that race, ethnicity and language are needed to hit health equity targets. Ms. Dookh said they are focusing on all three. Ms. White-Frese asked what support providers may receive in order to start collecting that data. Ms. Dookh said that the provider community is across the spectrum in terms of what they are able to achieve, which is the premise of providing technical assistance as they need support, guidance, and funding to reconfigure their electronic health record (EHR) systems. As the PMO works with the Community and Clinical Integration Program (CCIP) vendor, they want to understand where the provider community is and how the selected vendor can bring them to an improved state.

Mr. Krzys asked how small providers interested in these reforms could receive support to achieve them. Ms. Dookh said they aligned the CCIP standards with their payment reform initiatives. They are targeting those systems that agree to be held accountable for quality measures and have part of their reimbursement based on their performance. These practices will have to put forth their own capital to change but the PMO is looking at how to help them do that more effectively. CCIP Transformation Awards may help them make some of those investments, such as the hiring of community health workers.

Ms. Kuoch said she always thinks about health equity and issues with language access, which prevents providers from connecting with their patients. She said she would like to see true innovation in that area so that people of color receive equitable care. Ms. Dookh said that providers are going to find that language services are key.

Ms. Boudreau said that the quality measures seem limited and she understands why, but she wondered what the next step is. Ms. Dookh acknowledged the limitations of focusing on process rather than outcomes. The goal is to move away from process and towards outcomes. The main gap for moving to outcome-based measures is access to clinical quality data, which is difficult from a health information technology standpoint. The Health Information Technology Advisory Council is working to solve this and it is a core health IT task. A clinical health system may have that data and may be able to aggregate it within their system. There is a potential for flexibility. Ms. Murphy said there is a need to go further. Ms. White-Frese said it was about technology solutions and entering information in such a way that it can be extracted.

Ms. White-Frese asked how the alignment process was working with the payers. Ms. Dookh said the PMO is just beginning this work. The Quality Council Report has been released and the state's major payers have been at the table during the decision-making process. The next step is to promote putting the measures into practice. This is a challenge for payers with a national focus.

Dr. Schaefer noted that they focused on claims-based measures because they decided not to ask payers to adopt EHR-based measures until a utility was in place. He said that Anthem and ConnectiCare have signed on and they are still in discussions with United. He did not expect that everyone would get on board. If they can get better than half the state's population aligned, that would be great. There are plans to publish the level of alignment annually. Most payers were receptive to the idea of alignment but there are costs involved. Providers are likely to negotiate really hard on things like rates. One of the reasons measure alignment is important is that it should be more efficient and make care delivery more effective. Providers could potentially drive payers to adopt a common set. The PMO intends to do more assertive promotion of the scorecard going forward.

Ms. Murphy said there are a number of challenges and problems are amplified when they talk about health equity. There is a need for infrastructure to be put into place to collect and analyze race, ethnicity, and language. It is a great challenge but it is important to address health disparities. She noted that they can pursue information on health IT.

8. Next Steps and Adjournment

Ms. Murphy said she had received feedback about not meeting on November 8th. A Doodle poll will be issued to find an alternative date.

Meeting adjourned at 2:37 p.m.