STATE OF CONNECTICUT
State Innovation Model
Consumer Advisory Board

Meeting Summary
March 7, 2017

Meeting Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Jeffrey Beadle; Patricia Checko; Alice Ferguson; Kevin Galvin; Linda Guzzo; Robert Krzys; Theanvy Kuoch; Nanfi Lubogo; Velandy Manohar; Arlene Murphy; Ann Smith; Christi Staples (for Alicia Woodsby)

Members Absent: Michaela Fissel; Bonita Grubbs; Stephen Karp

Other Participants: Lesley Bennett; SB Chatterjee; Alan Coker; Faina Dookh; Anne Elwell; Michele Kelvey-Albert; Ken Lalime; Jenna Lupi; Russell Munson; Mark Schaefer; Shiu-Yu Schiller; Denise Smith; Quyen Truong; Lauren Williams

1. Call to Order
Arlene Murphy called the meeting to order at 1:07 p.m.

2. Public Comment
There was no public comment.

3. Approve February 14th Meeting Minutes
Motion to approve the minutes of the February 14, 2017 Consumer Advisory Board meeting – Kevin Galvin; seconded by Velandy Manohar.
There was no discussion.
Vote: all in favor.

4. SIM Primary Care Payment Reform Presentation
Anne Elwell introduced the team from Qualidigm who are working on the Community and Clinical Integration and Advanced Medical Home programs. Jenna Lupi from the program management office presented on primary care payment reform.

Regarding the breakdown of where healthcare dollars are spent, Nanfi Lubogo asked whether the hospital funding included urgent care. Ken Lalime said it will vary based on the payer and would be broken into further parts but that, yes, it was part of the percentage. Denise Smith asked whether there was a requirement that no more than 15% of spending on primary care goes towards administrative costs. Mr. Lalime said that most practices have overhead and staffing that comprise about 50%. Russell Munson noted that of the 5% that goes towards primary care, 15% goes towards health plan overhead costs.

Velandy Manohar asked whether advanced payment models based on a fee for service structure would remove quality bonuses. Ms. Lupi said there are different models in place and some still take quality into account. Mr. Lalime said that all of the models are predicated on the fact that there is a budget reconciliation. Practices would still need to input codes. The potential models head towards capitation. The real key is whether processes were put into place that increased quality and/or

stabilized costs. Dr. Manohar noted that the explanation of benefits can be very confusing. Mr. Lalime said that everyone has a different set of responsibilities but he sees the consumer becoming more responsible, serving as watchdogs. Their comments back to the system help determine whether the processes are working or not. Jeffrey Beadle asked when the patient will receive a portion of the shared savings. Ms. Lupi said that will be discussed later in the presentation.

Denise Smith said that more people have been brought into the healthcare system over the last several years and that experience is that these new consumers are sicker and have lower health literacy levels. She asked whether, as the system moves towards some level of bundled payments, whether providers with 1,500 to 2,000 patient panels think they will need to turn people away. She also asked what supportive organizations do to support payments. Mr. Lalime said that, with regard to the number of patients, the model allows the physician to have different kind of touches with the patient and allows them to increase the patient panel. In this model, the primary care physician serves as a quarterback and expands the use of other team members. Mark Schaefer noted that 30 to 40% of people are not attributed to a primary care physician. The incentive for providers is to increase the patient panel because that adds additional revenue. The value for consumers is that there is a higher chance their out-of-pocket costs will go down in this arrangement. Lauren Williams said that, in these models, efficiency is at its peak because it allows team members to work to the top of their licenses. Kevin Galvin said the argument could be made that providers have done a poor job educating the public. Emergency departments continue to be full of people with lower levels of medical knowledge. More funding is needed to educate people on the importance of primary care.

Linda Guzzo asked whether accountability and quality measures will be addressed later. Ms. Lupi said they won't go into a lot of detail as every model has included them in different ways. Providers are becoming more accountable for their population. Mr. Lalime said Medicare Shared Savings Program providers have a standard panel of measures they must produce and they have to hit those quality measures before they can earn any savings. Dr. Manohar asked whether the existing models show sustainment. Mr. Lalime said the Kaiser model has been around a long time and has worked in terms of quality and performance.

Ms. Murphy asked Lesley Bennett to share the nature of the discussion at the Practice Transformation Task Force. Ms. Bennett said one of the big concerns was that they did not have the presentation in front of them. They did not approve anything at the meeting. Most agreed primary care needs more but they did not approve any one payment model. There was discussion about the Iora Health Plan and whether implementing a similar plan would increase consumer costs. There were also questions about how the proposal was different from capitation and would be included and excluded. Ms. Lupi and Mr. Lalime said they would not propose a model that would increase consumer costs. They are focusing only on primary care.

Ms. Lubogo asked how the model would affect the complex needs population. Ms. Lupi said that's one of the populations most interested in this model as they can connect with the provider more times throughout the year. A patient in the current system with numerous visits would get billed for each one. This comes down to overall outcome. Dr. Schaefer said the case was they would not pay the co-pay for non-billable costs. They are focusing on CCIP as driving reform. He noted that practices can achieve PCMH designation without having much in the way of in-house care coordination. It is possible to achieve recognition without achieving the spirit of care management. Practices would need to bring on substantial care management and care coordination to achieve the vision.

Denise Smith asked about technology for patients to receive information and whether there was a minimum set of requirements. Ms. Lupi said they are not thinking about being overly prescriptive. In CCIP there are defined standards but much of the program can be broad. Dr. Schaefer said that under SIM they have recommended standards in both the AMH and CCIP and they don't have a plan for anything specific for participants of primary care payment models. The purpose was how to understand how these payment models could move these two programs forward. If the state were to apply to participate in CPC+, there are specific practice expectations. He said the PMO can send a description of practice requirements for participation in the program. Patricia Checko asked Dr. Schaefer whether the state's desire was to bring in this initiative and how the state planned to get providers to participate. Dr. Schaefer said that CPC+ is a complement to Medicare ACO programs. There is an interest in advancing primary care services. Dr. Checko asked whether it would be separate from other SIM initiatives. Dr. Schaefer said it would complement and/or synergize with SIM programs. They would need to examine whether it was redundant with CCIP. It could constitute an investment of Medicare dollars between 30 and 130 million. Absent the presence of Medicare, he does not see a sustainability model. They have engaged six payers but none are prepared to go public with their position. Dr. Checko asked whether Medicaid would participate. Dr. Schaefer said that at that point in time they are not planning to participate.

Dr. Guzzo asked whether there were primary care providers who were willing to test the programs with real, hard issues to see where the problems are. Ms. Lupi asked for clarification of the question. Dr. Guzzo asked whether the patient alone is left to figure out whether the changes are working. Mr. Lalime said it is not intended to do that but that it needs to be addressed. If someone dropped the ball on caring for a patient, they would not get paid. The system is responsible for how they managed a global budget. What creates the issue is how to manage patients with complex needs. A financial model won't solve this on the front end.

Ms. Murphy suggested sending an email to the CAB after the meeting requesting further questions to bring back to the PMO. Dr. Checko noted that PTTF meetings are open to the public and encouraged people to attend. Ms. Lupi noted that the Community Health Worker Advisory Committee was also looking at this initiative and they planned to meet the same day, in the same location, as the PTTF.

Dr. Manohar asked whether behavioral health factored in; otherwise he would be in big opposition. Mr. Lalime said it was a critical piece.

Dr. Checko asked whether the PMO was seeking the CAB's endorsement. Dr. Schaefer said they are seeking input as they formulate a recommendation.

5. SIM Updates

Health Information Technology Advisory Council

Dr. Checko thanked everyone who participated in the focus group with Health Information Technology Officer Allan Hackney and CedarBridge. She talked about the eCQM Design Group which is looking at the creation of an eCQM system. The plan is to bring a plan on how to proceed to the Council as a whole. She also noted there are a number of bills related to health information technology that are moving forward in the legislature.

Community Health Worker Task Force

Dr. Checko said that the Public Health Committee agreed to send the CHW bill out of committee. She noted that it is not a certification bill but rather an implementer bill that will require the Commissioner of the Department of Public Health to come up with a solution by October of 2018.

Quality Council
Ms. Murphy noted they had a webinar scheduled for Wednesday that would include a demonstration of a public scorecard utility.

Other
None at this time.

6. Update on CAB Communications Plan, Consumer Engagement Activities
Mr. Galvin said they are seeking input on the survey used for outreach events. With Ms. Lubogo's event, they are recommended the survey be modified, in particular, shortened, so that more participants complete it. Ms. Lubogo said it needs to be made available in different formats. Mr. Galvin said the event will be very technology focused. The feedback they have received is that the survey has to be shorter. He requested feedback be submitted by March 10th.

Quyen Truong provided an update on consumer engagement. She has interviewed most CAB members and will share a summary of the discussions once she has finalized the interview process. She noted there are ideas in the application phase that have come from Dr. Guzzo and Mr. Beadle. More details will be shared with the group at a later date. They are planning a diabetes event with Steve Karp to be held on April 28. Ms. Lubogo's event in the operational phase. Ms. Lubogo said they are moving in a good direction. The event will be social media heavy and include a town hall type of forum. It has been scheduled for May 13th. She will send a Save the Date with a link to register. Ms. Truong said that at next month's CAB meeting she will facilitate an hour-long discussion to get CAB member input put and ideas for the draft communications plan.

7. Community Catalyst Session Planning
Dr. Checko said the planning committee had not yet put their heads together on the session with Community Catalyst. Community Catalyst provided an overall proposal which provides a framework for the session. The planning committee will work with Christine Nguyen-Matos at the PMO to move things forward. The Board decided to have the strategic planning session in lieu of the June 13th CAB meeting in the afternoon.

8. Next Steps and Adjournment
Members were asked for send specific questions and comments about the presentation to Deanna Chaparro by March 14th.

The meeting adjourned at 3:06 p.m.