

**STATE OF CONNECTICUT
HEALTHCARE INNOVATION STEERING COMMITTEE**

**Meeting Summary
Thursday, September 18, 2014**

Members Present: Lt. Gov. Nancy Wyman (Chair); Patricia Baker; Jeffrey G. Beadle; Mary Bradley; Kathleen Brennan (for Roderick L. Bremby); Anne Foley; Bernadette Kelleher; Suzanne Lagarde; Robin Lamott Sparks; Alta Lash; Courtland G. Lewis; Robert McLean; Jane McNichol; Jewel Mullen; Thomas Raskauskas; Patricia Rehmer; Jan VanTassel; Thomas Woodruff

Members Absent: Tamim Ahmed; Raegan M. Armata; Patrick Charmel; Anne Melissa Dowling; Frances Padilla; Frank Torti; Victoria Veltri; Michael Williams

Meeting was called to order at 3:02 p.m.

1. Call to order

2. Public Comment

There was no public comment.

3. Minutes

Motion: to approve the minutes of the July 10, 2014 meeting – Thomas Raskauskas; seconded by Patricia Baker

There was no discussion.

Vote: all in favor.

4. Response to CMMI Questions

Mark Schaefer gave an update on PMO activities ([see presentation here](#)). The Practice Transformation Taskforce is doing a standard by standard review of NCQA's 2014 PCMH standards. They are considering whether optional elements should be converted to either "must pass" or "critical." They are also considering whether the existing standards are sufficient or need to be more defined. The Quality Council met on September 3. The Equity and Access Council will meet later that day.

The PMO released a request for proposals for consultative services and more than a dozen proposals were received and reviewed. The goal is to have a contract in place by October. The selected vendor will provide support to both the PMO and the workgroups.

In regard to workforce, the PMO met with the Department of Public Health about online physician licensing to collect additional data. The PMO will enter into a Memorandum of Agreement with DPH to fund the change. The evaluation team from UConn and Yale plan to conduct a physician survey. The plan is to review that survey with the steering committee.

CMMI contacted the PMO regarding the state's Test Grant application on August 28. Nearly all of the states received questions similar to those Connecticut received about program design and budget. CMMI asked how the state planned to align with the Medicare Shared Savings Program and the Comprehensive Primary Care Initiative. The Quality Council took up this question at its September 3rd meeting. The Council recommended aligning with Medicare wherever possible while taking into account measures related to pediatrics, health equity, and behavioral health. With regard to Medicaid, DSS will lead a process to recommend supplemental measures that would be necessary to address the needs of Medicaid beneficiaries. DSS will work with the Council on Medical Assistance

Program Oversight (MAPOC) and Care Management Committee to identify these supplemental measures.

Dr. Schaefer was asked for clarification on the role of the Equity and Access Council. This Council's task goes beyond measures and includes determining methods to ensure consumers are protected. MAPOC designees and the Medicaid Director will be participating on the Equity and Access Council in an effort to promote integrated planning and solutions. The Equity and Access Council's recommendations will be shared with the Care Management Committee.

5. Health Information Technology Council

Minakshi Tikoo gave a presentation on the council ([see presentation here](#)). The Committee also reviewed the proposed composition ([see composition proposal here](#)). The plan is to reopen the provider solicitation to get a more robust pool. The Committee would vote on recommendations at its October meeting with the workgroup starting work in November. It was asked whether MAPOC would be included. The MAPOC will be recommending 1-2 representatives and the composition document will be updated to reflect the change. It was also asked why there was an ex-officio Consumer Advisory Board liaison and whether this member was non-voting. These questions will be brought back to the CAB.

There was discussion regarding behavioral health representation. There is the potential to convene a behavioral health (BH) design group with the Department of Mental Health and Addiction Services as the lead. It was asked whether the recommended representatives would have expertise in information technology. There will be an effort made to approach potential members who are known to have expertise in this area if there is a need for a BH design group. DMHAS proposed that a DMHAS representative be added to the state agency composition. The Committee also discussed consumer input on the HIT Council taking into account level of expertise, and privacy considerations. Those who had applied during the original solicitation period will continue to be considered for appointment.

LG. Wyman called for a vote to approve the composition of the Health Information Technology Council with the addition of a DMHAS representative.

Vote: all in favor.

6. Workforce Council Charter/Composition

Ron Preston presented on the Workforce Council charter and composition ([see presentation here](#)). It was asked how organizations with existing community health worker programs would be involved. Mr. Preston said that the program did not necessarily have a medical bent and that anyone who was interested could come to the table. Because of a lack of time, members were asked to provide feedback to Mr. Preston with the goal to follow up on this discussion at a future meeting.

7. Vanguard AMH Program

Dr. Schaefer provided a brief overview of the program with more details to follow. The proposed pilot will be discussed at greater length at the next Steering Committee meeting.

8. Adjourn

LG Wyman called for a vote to adjourn.

Vote: all in favor.

Meeting was adjourned at 5:12 p.m.