

**STATE OF CONNECTICUT
HEALTHCARE INNOVATION STEERING COMMITTEE**

**Special Meeting Summary
Monday, November 10, 2014**

Members Present: Lt. Gov. Nancy Wyman (Chair); Jeffrey G. Beadle; Mary Bradley; Roderick L. Bremby; Patrick Charmel; Anne Melissa Dowling; Anne Foley; Suzanne Lagarde; Alta Lash; Katharine Lewis (for Jewel Mullen); Jane McNichol; Michael Michaud (for Patricia Rehmer); Ron Preston (for Frank Torti); Robin Lamott Sparks; Jan VanTassel; Victoria Veltri; Thomas Woodruff

Members Absent: Catherine F. Abercrombie; Tamim Ahmed; Raegan M. Armata; Patricia Baker; Terry Gerratana; Bernadette Kelleher; Courtland G. Lewis; Robert McLean; Frances Padilla; Thomas Raskauskas; Michael Williams

Other Participants: Kathleen Brennan; Mehul Dalal; Kate McEvoy; Mark Schaefer; Kristen Sullivan

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

1. Call to order

Lt. Governor Wyman called the roll to determine if there was a quorum.

2. SIM Test Grant Budget Reductions

Mark Schaefer provided context for CMMI's request for a budget reduction. The request to reduce the test grant application budget to \$45 million is in the neighborhood of what states received in Round 1. CMMI provided limited time to submit the revised budget. Dr. Schaefer highlighted the proposed cuts for each part of the budget.

Population Health

Dr. Schaefer and Katharine Lewis provided context for the proposed reductions on population health. Alta Lash asked why additional funds would be needed for the Behavioral Risk Factor Surveillance System Survey when it was done every year. Deputy Commissioner Lewis said the funds would be used to enhance their survey efforts to get smaller scale information. Mehul Dalal said they can only achieve granularity at the county level. They are aiming to obtain population level data of about 100,000 people. Deputy Commissioner Lewis said this data was important to building health enhancement communities.

Medicaid Quality Improvement Shared Savings Program

Savings would be achieved by cutting back on Mercer's actuarial activities and reducing staff positions. There was one position intended to support the population health planning process that was inadvertently left off when the Section 1115 waiver was removed from the grant proposal. The revised budget adds that position back in. In year 4, it is proposed that the state would assume responsibility for the added funding for Mercer, starting the sustainability plan early. Suzanne Lagarde asked if the PMO and DSS were comfortable with the cuts not detracting from the payment reform mission. Dr. Schaefer said they were. He also noted that year 3 was cut by 10 percent. That could be an area where funding could be restored while maintaining a net reduction.

Care Delivery Reform

The proposed cuts include reducing the Advanced Medical Home glide path to 360 practices, reduces clinical and community integration to \$4.5 million and eliminates the innovation awards in their entirety. The innovation awards were not detailed out in the application.

Quality Alignment

There are no proposed reductions in this area.

Health Information Technology

The proposal is to delay hiring of personnel for the first year and reducing investments slightly. One proposal is to eliminate personal health records funding entirely saving \$2.4 million. There was discussion as to what was included in the \$6 million listed in "Other" under Health Information Technology on the Contracts tab. Dr. Schaefer said that was a roll up of information and that more detail was available by looking at the Health IT personnel and budget tabs. Dr. Lagarde asked what the purpose was for the care analyzer. Roderick Bremby said that it was a Johns Hopkins tool that allowed for risk stratification currently in use for Medicaid. The additional funds would allow for expanded use beyond the Medicaid population. There was discussion about the Health IT personnel tab as it did not appear to line up with the budget. Dr. Schaefer said that was an error. There was discussion about phasing in hiring of staff to save funds.

Workforce Development

The proposal is to fund only one of the three initiatives: Community Health Workers, the Connecticut Service Track, and Teaching Health Centers.

Value Based Insurance Design

There are no proposed reductions in this area.

Consumer Engagement

The Consumer Advisory Board has proposed eliminating funds for travel to conferences and to reduce the number of community organizations contracted for engagement activities.

Program Evaluation

The evaluation team has proposed to reduce the total budget by 45%. There may be a need to seek supplemental sources of funding for the reduced or eliminated activities.

PMO Administration

The proposal is to eliminate the research analyst overseeing evaluation and the health program associate overseeing the innovation awards. Jan VanTassel asked who would oversee evaluation. Dr. Schaefer said it could be handled by another health program associate. Ms. VanTassel asked who would review data regarding under service. That would be done by Community Health Network of CT for Medicaid. Dr. Schaefer said that it remains to be seen what can be done with \$2.7 million. Some of the evaluation work done will be in service to federal requirements.

Dr. Schaefer said the belief is that, even with the cuts, the application is still very competitive. He noted that while value based insurance design and population health may be considered second tier activities, these areas have been specifically called out in the funding opportunity announcement. The same is true for Health IT. Workforce was mentioned only once and CMMI immediately questioned the validity of funding programs related to training.

Ron Preston spoke in favor of both the Teaching Health Centers and Connecticut Service Track programs. He said they were both truly innovative and do not exist in other states. Robin Lamott Sparks asked if the programs would shut down if they didn't get the funding. Mr. Preston said they could not be expanded without the funding. Dr. Lagarde said the funding for Teaching Health Centers provided by HRSA is not enough to jumpstart the initiative, which exists at just one federally qualified health center. Mr. Preston noted that the Department of Labor has committed funds to the Community Health Worker program at community colleges.

Jane McNichol said she understood that cuts are needed but is concerned about cutting population health funding. She was also concerned about cuts to the MQISSP and would not cut funding for community health workers. She was unsure where she would cut. LG Wyman said that in light of the time frame involved, the state had no other option.

Jeffrey Beadle asked which initiative remained funded under Workforce. Dr. Schaefer said that will be one of the Committee's most important decisions. Ms. Lamott Sparks suggested cutting all three and putting the funding towards population health. Dr. Schaefer said there are good reasons for keeping all three but that the Core Team was divided on which was most important.

Dr. Lagarde said she was struggling most with Health IT. She noted it was the largest single line item and it was unclear how it will contribute and be critical to the success of the program. Ms. Lash said she was concerned that SIM would be paying for things that are already budgeted for in other places. She was also concerned about the lack of detail with regard to Health IT. Dr. Schaefer noted that CMMI dedicated an appendix in the funding opportunity announcement to Health IT in order to ensure there is the opportunity for additional planning. He further noted that this is an area where Connecticut and other states have made less than successful investments. The plan for the next Steering Committee meeting is to discuss the statewide governance structure for Health Information Technology, as well as the new strategy. There were proposals to reduce the expenses for the first year. Dr. Lagarde suggested moving \$700,000 from Health IT to Workforce. LG Wyman asked what level of flexibility would exist with the funding to move costs around. Dr. Schaefer said they could request approval from CMMI to move funding around.

With regard to the Workforce Initiatives, Dr. Schaefer said the state was not in a position to restore two without making cuts in other areas. Dr. Lagarde noted that Teaching Health Centers was the cheapest of the three initiatives. Ms. Lamott Sparks said she wished the state's colleges would contribute funds. Dr. Lagarde said that, as it is a medical residency program, participants could come from anywhere in the country. Ms. Lamott Sparks asked whether those physicians were staying in state once they completed their residency. Dr. Lagarde said that significant numbers have stayed and that people often choose their residency based on where they want to live.

The committee conducted three votes on the Workforce funding.

Vote 1

Eliminate all three initiatives: 2 in favor; 10 against.

Vote 2

Eliminate all but one initiative as recommended: 13 in favor, 2 against.

The Committee further discussed which initiative to leave in. Dr. Schaefer noted that the Teaching Health Centers Initiative creates a primary care residency program in community health centers and franchising it out to create a consortium. The CT Service Track expands UConn Health Center's

existing Urban Service Track. The Community Health Worker initiative will see Southwest AHEC lead a process to develop a core curriculum for community health workers.

Vote 3

Determine the Workforce Initiative to fund: 3 for CT Service Track, 4 for Teaching Health Centers, 9 for Community Health Workers.

Dr. Schaefer proposed using the balance of funds to restore Medicaid funding in full for year 3 and bringing the AMH glide path up to 400 to the extent funds allow. The group agreed.

The SIM PMO proposes cancelling the regular Committee meeting scheduled for Thursday, November 13. The two proposed agenda items were Health IT governance and the Workforce Council composition and charter. Based on feedback, more work is needed to make the Workforce discussion worthwhile. Ms. McNichol said she thought it would be worthwhile to meet to discuss Health IT.

Vote 4

Hold the Healthcare Innovation Steering Committee meeting as scheduled for Thursday, November 13: 5 in favor, 10 against.

LG Wyman said that they will keep the agenda for the December 11th meeting light to leave time for discussion on Health IT.

3. Adjourn

Motion: to adjourn – Jane McNichol; seconded by Patricia Baker.

Discussion: none.

Vote: all in favor.

Meeting was adjourned at 5:01 p.m.

Health Information Technology Council – Approved Membership

State Agency Representatives

Roderick Bremby – Department of Social Services
Vanessa Kapral – Department of Public Health
Michael Michaud – Department of Mental Health and Addiction Services
Mark Raymond – Bureau of Enterprise and Systems Technology
Josh Wojcik – Office of the State Comptroller

Provider Representatives

FQHC: Anne Camp – Fair Haven Community Health Center
Physician: Thomas Agresta – UConn Health Center
Alan Kaye – Advanced Radiology Consultants
Hospital/ACO: Ed Fisher – Yale New Haven Health System
Michael Hunt – St. Vincent’s Health Partners
Stephen O’Mahony – Norwalk Hospital
Craig Summers – Community Medical Group IPA
Moh Zaman – Hartford Healthcare
Other: Anthony Dias – CT Hospital Association
Matthew Katz – CT State Medical Society
Philip Renda – Community Health Center Association of CT

Health Plan Representatives

Mike Miller – Optum (United)

Consumer/Advocate Representatives

Crystal Emery
Jenn Whinnem
Patricia Checko
Ex-Officio – Theanvy Kuoch