

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
Thursday, July 16, 2015

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

Members Present: Lieutenant Governor Nancy Wyman; Rep. Catherine Abercrombie; Tamim Ahmed; Patricia Baker; Jeffrey Beadle; Mary Bradley; DSS Commissioner Roderick Bremby; Patrick Charmel; Anne Foley; Roseanna Garcia (for Frances Padilla); Bernadette Kelleher; Dr. Suzanne Lagarde; Alta Lash; Dr. Robert McLean; Jane McNichol; Michael Michaud (for DMHAS Commissioner Miriam Delphin-Rittmon); DPH Commissioner Jewel Mullen; Ron Preston (for Bruce Liang); Dr. Thomas Raskauskas; Robin Lamott Sparks; Victoria Veltri; Commissioner Katharine Wade

Members Absent: Raegan Armata; Rep. Terry Gerratana; Dr. Courtland Lewis; Jan VanTassel; DC. Michael Williams; Dr. Thomas Woodruff

Call to Order and Introductions

LG Nancy Wyman called the meeting to order at 3:02 p.m. Participants introduced themselves.

Public Comment

Sheldon Toubman, a staff attorney with Greater New Haven Legal Assistance, provided comment related to the Equity and Access Council (EAC) recommendations and the Conflict of Interest (COI) Safeguards. He noted that there was consensus on all EAC recommendations except one. He said the insurers opposed a recommendation regarding reinvestment of non-retained savings ([see letter from the Connecticut Association of Health Plans here](#)). He said it was important that the recommendations are adopted. With regard to the COI Safeguards, he said they do not represent the entire State of Connecticut Code of Ethics and are watered down. He urged the Committee to adopt the entire State Code of Ethics rather than just the COI Safeguards.

Review and Approval of Meeting Summary

Motion to accept the minutes from the June 11, 2015 Healthcare Innovation Steering Committee meeting – Victoria Veltri; seconded by Jane McNichol.

There was no discussion.

Vote: all in favor.

Jane McNichol noted that while the minutes were an accurate reflection of the previous meeting, there were a number of unresolved issues, particularly with regard to charter and decision metrics for the Health Information Technology Council. LG Wyman noted Ms. McNichol's statement and said that Ms. McNichol's concerns would be addressed later during the meeting.

Equity and Access Council Recommendations

Victoria Veltri, Dr. Ellen Andrews, and Dr. Linda Barry provided an overview of the Equity and Access Council's recommendations ([see presentation here](#), [full report here](#), and [list of recommendations here](#)). Ms. Veltri, Dr. Andrews, and Dr. Barry comprised part of the council's executive team with Dr. Peter Bowers and Kate McEvoy.

LG Wyman thanked the council for the work they did to complete the recommendations and report. Ms. McEvoy said the work was substantial and that there was a great deal of weight on the recommendation related to attribution. She noted the different payers will consider how to best apply the recommendations to their business processes. The Care Management Committee of the Council on Medical Assistance Program Oversight has received the recommendations and is in the process of reviewing them.

Dr. McLean asked about the payers or insurers' response and how they suggest they be penalized if they don't follow the rules with regards to contentious point 3.5. Dr. Bowers mentioned there are a lot of conversations about this and the need to discuss self funded clients. He noted it is often not the payer's money. It is the self funded employer's money and that is the fundamental problem. There were many recommendations that did get to consensus but self funded clients told them that recommendation 3.5 is a deal breaker.

Ms. Bradley said she agrees with Dr. Bowers, but is surprised that this recommendation is the only concern. She mentioned the recommendations to the payers are not requirements. She asked whether the investments associated with some of the recommendations will yield a return, and noted this as a fundamental problem. Dr. Andrews mentioned that cultural differences are reflected in the EAC's recommendation 3.5. She said as consumers, it is our money and we pay for it with premiums, lost wages, and compensation. She mentioned money doesn't go to those who are denied care but it goes towards solving the problem.

Dr. Raskauskas said recommendation 3.5 mixes metaphors. He said if an ACO demonstrates savings by stinting on care, he sees that as fraud and abuse. He said this is not simply a quality issue. Dr. Raskauskas indicated that providers should be penalized for fraud and abuse. He supports the insurers' viewpoint and does not feel ACOs should receive funding for committing fraud. Mr. Charmel said he is not looking to criticize any of the recommendations. He said on behalf of the self insured employer, they talked about stinting on care and it is not the same as reducing the cost of care. It is fraudulent behavior. He further noted that over-utilization is at 40-50%. He said it is necessary to change the payment incentives and that such incentives need to be aligned. If the incentives are not changed, waste will continue. We need to safeguard against stinting on care but also preventing waste.

Mr. Charmel noted the recommendation to pay up front for infrastructure, but was concerned that the report did not recognize the importance of ongoing accountable care payments to providers for every attributed patient in their care. In addition to standard payments, there is a need to adjust those payments based on patient risk profile. He was surprised at this omission. Mr. Charmel said that it creates a disincentive if you reward quality for providers that did not also create efficiency. If everyone shares in the wealth it takes away the incentive to reduce waste—the majority of savings should go toward those who produce the results.

Ms. Veltri said all comments are valuable and similar points were made in the Equity and Access Council's discussions. She said it was important to remember they had a specific charge, so they did not cover all aspects of shared savings. Mr. Charmel asked how to reconcile the various points of view. Ms. Baker said this issue is important because the report extends into value based payments and how to structure payments. She mentioned the Equity and Access Council's recommendations speak to under service, but also to payment. Ms. Baker asked what under-service represents and

how do you address that. She suggested treating the report as a draft. Ms. Veltri mentioned the plan to have a public comment process and will be able to get additional feedback.

LG Wyman noted the PMO is not finalizing anything at this time. She said the recommendations that came through are something to look at, but it is necessary to hear public's feedback. Dr. McLean asked if the medical community is having a hard time defining quality, how they can define under service. He added that what the Quality Council comes up with for quality metrics is probably what is needed to determine under-service. Dr. Barry said a lot of under-service will be determined retrospectively and that feedback is important. Dr. Raskauskas offered a word of caution regarding how these recommendations affect contractual obligations of each of the individual practices.

Dr. Andrews noted they did talk about a lot of these issues. She said savings are often from support staff or other providers in the health neighborhood. She mentioned they can end up with a lot of variability and can miss other members of the team that are important. With regard to the question of quality metrics, Dr. Andrews said the Quality Council is doing important work, but that it is different than under-service monitoring. Under service is more about a safety net. The Quality Council can't think of every way that under service will happen. Ms. Bradley said that truncating high cost claimants can be dangerous. She mentioned payers are trying to make sure chronic condition patients have their care managed and under control.

HIT Council Nominations

Dr. Schaefer presented the HIT Council representative nomination. The Personnel Subcommittee recommended Amanda Skinner of Yale New Haven Health System to replace the vacancy created by the departure of Ed Fisher.

Motion: to accept the recommendation of the Personnel Subcommittee to appoint Amanda Skinner to the Health Information Technology Council – Thomas Raskauskas; seconded by Alta Lash.

There was no discussion.

Vote: all in favor.

SIM related provisions in final budget

Anne Foley and Kate McEvoy presented on the state budget as related to SIM activities ([see State Funding for MQISSP here](#)). Ms. Foley noted the need to fund the upfront costs of the Medicaid Quality Improvement and Shared Savings Program (MQISSP) for the federally qualified health centers (FQHCs). In consultation with the Department of Social Services (DSS), the state is seeking permission from CMMI to delay implementation of the MQISSP, which would eliminate the need for a 2016 appropriation for the program. This funding has been carried forward into 2017. DSS will determine the per member per month (PMPM rate).

Ms. McEvoy said that a request for proposals will be issued in 2016 with a July 1, 2016 implementation date and the state will seek approval from CMS for a six month extension. The selection of providers for the MQISSP will be a competitive process and the Department is working with Mercer and the Care Management Committee of the Council on Medical Assistance Program Oversight (MAPOC) to determine care management characteristics. She said the Department was thankful for the investment in the Person Centered Medical Home initiative which serves more than a third of the state's Medicaid population and involves advanced Fee for Service payments and additional incremental payments to those that are PCMH certified or are on the PCMH glide path.

DSS gives 60 cents additional and 68 cents PMPM for performance improvements.

Dr. McLean said he is glad FQHCs are getting additional funding. He asked whether there funding for hospital based clinics in the MQISSP. Ms. McEvoy said FQHCs will be eligible for PMPM and shared savings. She noted Advanced Networks are only eligible for shared savings. There has been a shift at federal level with regard to PMPM payments. Dr. Lagarde asked about amount of money from state and federal sources and whether providers can use the table that Ms. Foley handed out to tell what providers would get. Ms. McEvoy said DSS will give a general benchmark and will competitively select entities to participate. She mentioned they cannot predict now what that general benchmark will be.

Ms. McNichol said the HISC discussed HIT charter last month, but that HISC has not approved it. She said she would hope the Charter would be produced for August. LG Wyman said they will check to make sure there is progress.

Conflict of Interest Safeguards

Dr. Schaefer provided an overview of Conflict of Interest safeguards. Dr. Schaefer referenced a letter from CMMI regarding the safeguards. LG Wyman noted everyone will get a copy and will be asked to sign it. She said the members of the HISC will be approving it by signing the paper.

Adjournment

Motion: to adjourn – Patrick Charmel; seconded by Mary Bradley

Discussion: There was no discussion

Vote: All in favor

The meeting adjourned at 4:38 p.m.