

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
August 13, 2015

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

Members Present: Nancy Wyman; Tamim Ahmed; Patricia Baker; Jeffrey Beadle; Mary Bradley; Roderick Bremby; Patrick Charmel; David Guttchen (for Anne Foley); Bernadette Kelleher; Suzanne Lagarde; Alta Lash; Courtland Lewis; Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Raul Pino (for Jewel Mullen); Thomas Raskauskas; Robin Lamott Sparks; Jan VanTassel; Victoria Veltri; Thomas Woodruff

Members Absent: Catherine Abercrombie; Raegan Armata; Terry Gerratana; Bruce Liang; Jane McNichol; Frances Padilla; Katharine Wade; Michael Williams

Call to order

Lieutenant Governor Nancy Wyman called the meeting to order at 3:03 p.m.

Public comment

SB Chatterjee presented public comment on the Department of Public Health's Health Equity Report, asking about alignment with the State Innovation Model and asking whether the SIM Program Management Office would be submitting public comment ([see public comment here](#)). DPH Deputy Commissioner Raul Pino said he reviewed Mr. Chatterjee's comments prior to the Steering Committee meeting and met with the Office of Health equity. As the document is a draft, they will work to include the SIM in final version. He said they will also work to make the office's minutes available. Mr. Chatterjee asked that the materials be made available as soon as possible. DC Pino said he would research the issue.

Review and approval of meeting summary

Motion to approve the minutes of the July 16, 2015 Healthcare Innovation Steering Committee meeting – Victoria Veltri; seconded by Patricia Baker.

There was no discussion.

Vote: all in favor.

PMO Director Mark Schaefer asked members to submit their signed Conflict of Interest statements no later than the September 17th Steering Committee meeting. The forms can be submitted electronically to Deanna Chaparro at the PMO. He noted that the Health Information Technology Council will be meeting on August 21st to revise and review its charter. A more final product should be brought back to the Steering Committee at its September meeting.

Community and Clinical Integration Program

Michelle Moratti and Katie Sklarsky of Chartis provided an updated on the Practice Transformation Task Force's work on the Community and Clinical Integration Program ([see presentation here](#)). Lesley Bennett, Bernadette Kelleher, and Alta Lash were introduced as PTTF members involved in designing the CCIP.

Robert McLean asked about the use of the CAHPS survey (Consumer Assessment of Healthcare Providers and Systems). Ms. Sklarsky said it was meant to show alignment. Dr. Schaefer said the Quality Council has recommended the PCMH CAHPS be modified to assess behavioral health access problems and would be a scorecard measure. They are working with Dr. Paul Cleary on new questions.

Patricia Baker asked about the networks focusing on one area. She noted there are specific SIM goals around health equity and diabetes. She asked whether it was counterproductive to tell networks they could pick one area. Ms. Sklarsky said the group had discussed how prescriptive they should be. Ms. Baker advised that they focus on alignment and not leave networks to guessing. Ms. Bennett noted that the core elements are in flux and that there will be changes.

The Committee discussed the importance of care transitions. Victoria Veltri said that during the SIM Design phase, care transition was one of the top issues that came up during outreach. Dr. McLean said that care transition is really a means of bringing various care elements together. Jan VanTassel said that it is important that the core elements are owned by the entire care team as one single position cannot be responsible for the work. Ms. Bennett said that care transitions are essential throughout the process and that the Task Force will discuss them.

Dr. McLean said that some of the patient identification discussions may be “pie in the sky,” as there may not be enough data and the systems may not be robust enough to capture the information. But, he said, those technological concerns should not be a reason not to try to capture the data. Ms. Baker said that it is about racial and ethnic stratification of data. She said that should be made explicit and important in terms of quality improvement opportunities.

There was discussion as to where community care teams resided. Ms. Sklarsky said there had been a number of conversations regarding community care teams. They are suggesting the teams have similar structure rather than similar placement within the organization or community. Their goal is to make sure the standards are well communicated. Dr. McLean said it was better to prescribe standards rather than structure. Ms. Bennett said they were developing a flexible framework. Ms. Veltri said that for behavioral health, peer supports are important. She asked where they fit in. Ms. Sklarsky said that community health workers can play that role. Michael Michaud noted that the Department of Mental Health and Addiction Services has a peer certification process for recovery support specialists. Ms. Baker said that they need to have robust conversations for the Health Information Technology and Quality councils. Ms. VanTassel expressed concern about how nutrition and housing fit in. Ms. Sklarsky said they are discussion that in design groups.

Consumer Advisory Board Objectives and Goals for Consumer Engagement and Communication

Michaela Fissel presented on the CAB’s objectives ([see objectives here](#)). The Board formed a writing group to develop the objectives during a two month process. Mary Bradley asked where and how employees fall in. Ms. Fissel said they were considered to be consumers. She said she can bring the concern back to the group to make sure they are clearly identified. Dr. McLean said he agreed with making more information public but noted that meeting minutes are publically accessible. Ms. Fissel said the information in the minutes may not be linguistically and culturally relevant to the public. The goal is make sure people understand how the SIM is rolling out in Connecticut and how healthcare will be delivered. She noted that her first thought would not be to go online and look for meeting minutes. She said they needed to define a process for taking the most relevant information and pushing it out to consumers. Ms. VanTassel said it would be good to let people know something is coming. She noted that there is a need for plain language documents. Ms. Fissel said the goal is to

create documents that break down the information in easy to read formats with images. She said they would include employment representatives in the process.

Dr. Schaefer noted that the goals and objectives were a product of the Consumer Advisory Board and not produced by the PMO. He noted that their goal is to create a conversation with the public. Ms. VanTassel suggested the Board think about how consumers are informed, finding ways to explain shared savings or educating about under-service. Ms. Veltri said that this is touched upon in the Equity and Access Council's report. She suggested the Board review that report. Kate McEvoy said that it is important that information is not passively accessed. She noted that for Medicaid there is a process through the Complex Care Committee of the Council on Medical Assistance Program Oversight. They will build in specific requirements for the Medicaid Quality Improvement and Shared Savings Program.

Jeffrey Beadle noted that there will be a SIM PMO funded individual who will provide professional support for these activities. He said they are planning their first consumer outreach activities, starting with healthcare in the rural community. They are aiming to bring between 50 and 75 consumers to the table at Generations Family Health Center on October 15. He said that they are issuing invites through the healthcare system and employers. Ms. Bradley encouraged the Board to make sure all consumers are brought to the table.

Rapid Response Team

Paul Cleary and Robert Aseltine presented on the Rapid Response Team concept ([see presentation here](#)). Dr. Cleary and Dr. Aseltine are leading the SIM evaluation team. Courtland Lewis asked how the proposed team differs from the Steering Committee. Dr. Cleary said that the team was conceptualized as more of a working group with a problem focus. Dr. Aseltine said the Steering Committee was viewed as more governance focused. He said the teams were more function than structure. Dr. Lewis said there was value in having a group that is focused on issues that may need to be brought to the Steering Committee. He said their work could be adjacent to that of the Steering Committee. Ms. Baker said she saw it as more of a SWAT team rather than governance. Dr. McLean said they should not recreate the Steering Committee. He said they should bring in four or five individuals who focus on problem solving. Dr. Cleary said the idea was to arrange conference calls to deal with issues as they come up. Suzanne Lagarde suggested having a team of at least three people with different skill sets that come together as needed.

Bernadette Kelleher suggested that one way to monitor issues would be to ensure the work groups have a clear delineation of goals that are laid out in detail. LG Wyman noted that there is a need for a smaller group than the Steering Committee to make sure issues are handled. They can call for Steering Committee meetings as needed. She said the team does not have to be a permanent one. The appropriate people can be brought together whenever there is a problem. Steering Committee members agreed. Dr. Cleary noted the importance of figuring out which initiatives are working.

Adjournment

Motion to adjourn – Victoria Veltri; seconded by Jan VanTassel.

There was no discussion.

Vote: all in favor.

The meeting adjourned at 5:01 p.m.