

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
Thursday, October 8, 2015

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

Members Present: Patricia Baker; Mary Bradley; Patrick Charmel; Patricia Checko (for Jeffrey Beadle); Anne Foley; Bernadette Kelleher; Suzanne Lagarde; Alta Lash; Courtland Lewis; Kate McEvoy (for Roderick Bremby); Robert McLean; Jane McNichol; Michael Michaud (for Miriam Delphin-Rittmon); Jewel Mullen; Jan VanTassel; Victoria Veltri; Thomas Woodruff

Members Absent: Nancy Wyman; Catherine Abercrombie; Tamim Ahmed; Raegan Armata; Terry Gerratana; Bruce Liang; Francis Padilla; Thomas Raskauskas; Robin Lamott Sparks; Katharine Wade; Michael Williams

Call to Order and Introductions

Acting Chair Victoria Veltri called the meeting to order at 3:04 p.m.

Public Comment

Sheldon Toubman, a staff attorney with Greater New Haven Legal Assistance, discussed alignment amongst payers. He said the law is clear that the Department of Social Services must be the decider on Medicaid issues and that all Medicaid decisions must be made in the best interest of enrollees. He said that responsibility was more important than alignment. He noted the delay in the roll out of the Medicaid Quality Improvement and Shared Savings Program (MQISSP) and said that decision was a good thing as the decision process was rushed and that there are a number of concerns regarding the Community and Clinical Integration Program (CCIP) at the Care Management Committee of the Council on Medical Assistance Program Oversight (MAPOC). He said everything does not need to be done the same for all payers and that Medicaid has really good care coordination. He said that CCIP imposes a number of redundancies and that the private payers do not have a best interest protection and do not have to participate in SIM programs. He asked why something should be mandated for Medicaid that isn't for private pay.

Minutes

Motion to approve the revised summary of the September 17, 2015 Healthcare Innovation Steering Committee meeting – Anne Foley; seconded by Patricia Baker.

There was no discussion.

Vote: all in favor.

SIM Program Overview

Mark Schaefer provided an overview of the State Innovation Model program ([see presentation here](#)). It was asked where the baseline data will come from. The data would come from multiple sources including the BRFSS, CHIME, the insurers and the All Payer Claims Database. The evaluation will depend on the ability to get the APCD up and running and providing retrospective statistics to establish a baseline.

It was noted that the UConn evaluation team will unveil their dashboard soon which will allow people to follow the state's progress on SIM. The dashboard serves as a start towards being more metrics driven. There was a question raised regarding access to specialist care. The expectation is that by rewarding advanced networks, they will get closer to ensuring specialists are used they way they should be. There are plans to include access to medical and behavioral health specialists as part of the care experience survey.

Overview of the Medicaid Quality Improvement and Shared Savings Program

Kate McEvoy presented an overview of the MQISSP ([see presentation here](#)). It was asked whether Connecticut's average spend was higher and whether the state has a higher disabled population than the rest of the county. Ms. McEvoy said that Connecticut did not have a higher disabled population than other states. She noted that their long term services and supports program had shifted the nursing home population and that long term care is a big driver in terms of cost.

There was discussion regarding which practitioners could participate in the MQISSP. The Department's proposal is for those already certified as person centered medical homes. In the second wave, the department would include any one with the advanced medical home designation. It was noted that not all practices in the Medicare Shared Savings ACO have PCMH certification. There was one Medicare ACO in the state that had produced positive results but not all of their practices were PCMH certified. Patrick Charmel suggested that approach be rethought and noted that many hospital based ACOs have better specialty care access regardless if they are PCMH certified. Patricia Baker agreed. She said that those on the glide path should be eligible and to not include them flies in the face of change theory. It would also expand access to more beneficiaries. Pat Checko expressed concern that the rural parts of the state would be shut out from participation due to a lack of ACOs in those areas. Ms. McEvoy noted that there are federally qualified health centers (FQHCs) that serve the rural parts of the state.

It was asked if the delay in implementation of the MQISSP could jeopardize grant funding. Dr. Schaefer said that if the case can be made that the entirety of the investment will be well spent, the state should be able to preserve the full \$45 million.

Alta Lash asked how care coordination under MQISSP fits in with the Community and Clinical Integration Program (CCIP). If only PCMH providers participate, that would impact Medicaid but not necessarily everyone else. She proposed that a committee take up the issue to look at how to include the other payers.

Motion: to establish a subcommittee to examine coordination of elements between the Department of Social Services and private payers – Alta Lash; Jan VanTassel seconded.

Jan VanTassel said there were many silos and that information comes through piecemeal. She said the group could take a deeper dive into how the elements fit together. Courtland Lewis said implementation was the key word. The group could look at how everything comes together. Jane McNichol said she was not in favor of another permanent group and suggested using an ad hoc representative group.

Vote: all in favor.

Ms. Veltri requested those interested in participating contact Dr. Schaefer.

Mr. Charmel asked about the kind of work being done by Community Health Network of Connecticut and what the relationship was between the ASO and the advanced networks. Ms.

McEvoy said they anticipate that over time they would move from a federated approach to a local approach. The MQISSP and the Duals program are part of a bridging strategy.

Ms. Baker asked about the responsibility for real time health equity data. Ms. McEvoy said that CHNCT has the ability to push data to PCMHs. Within the RFP, if that function continues to be of value, CHNCT will continue to provide that information, however the applicants will have the latitude to determine where that data will come from.

Ms. Baker asked that the Department take the Steering Committee's comments into account. They should look at what will drive change, how they can be flexible, and how they can include those not part of the process. The opportunity exists to accelerate change. Ms. VanTassel noted that alignment does not need to be identical. Rather, it should be consistency in approach. She asked what happened to the hybrid savings pool. Charles Lassiter, of Mercer, said there is one pool for individual providers. If they achieve targets, they get the full shared savings. There are two pools: one for quality improvement and a challenge pool.

Community and Clinical Integration Program

This was not discussed due to a lack of time. Faina Dookh pointed to the CCIP calendar. She suggested offering a webinar that will get into the context. The PMO is seeking feedback on the second draft of the CCIP report by October 23.

Adjourn

Motion to adjourn – Anne Foley; seconded by Jan VanTassel

There was no discussion.

Vote: all in favor.

The meeting adjourned at 5:05 p.m.