

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Healthcare Innovation Steering Committee***

**Meeting Summary**  
**July 14, 2016**

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

**Members Present:** LG Nancy Wyman; Tamim Ahmed; Patricia Baker; Jeffrey G. Beadle; Mary Bradley; Roderick Bremby; Patrick Charmel; Anne Foley; Suzanne Lagarde; Alta Lash; Courtland Lewis; Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Frances Padilla; Raul Pino; Ron Preston (for Bruce Liang); Joseph Quaranta; Jan VanTassel; Victoria Veltri; Deremius Williams; Thomas Woodruff

**Members Absent:** Catherine F. Abercrombie; Terry Gerratana; Sharon Langer; Robin Lamott Sparks; Katharine Wade; Michael Williams

**Other Participants:** Robert Aseltine; Stephen Cha; Supriyo Chatterjee; Patricia Checko; Chris Crider; Faina Dookh; Bruce Gould; Jenna Lupi; Arlene Murphy; Mark Schaefer; Sarju Shah

**Call to Order**

Lieutenant Governor Nancy Wyman called the meeting to order at 3:06 p.m. It was determined a quorum was present.

**Public Comment**

There was no public comment.

**Minutes**

**Motion:** *to approve the summary of the June 9, 2016 Steering Committee meeting – Patricia Baker; seconded by Anne Foley.*

**Discussion:** There was no discussion.

**Vote:** *All in favor.*

**Greetings from CMMI**

Dr. Schaefer introduced representatives from the federal Center for Medicare and Medicaid Innovation (CMMI). Stephen Cha, director for the State Innovation Group at the Innovation Center for Medicare and Medicaid Services (CMS), said he is thrilled to be here. He noted that healthcare innovation is an enormous priority for the administration. Dr. Cha said the Secretary has made it clear that we need a goal to transform healthcare systems for the entire nation and this includes putting forth a significant amount of money toward physicians who can get into a transformed system. Dr. Cha said the goal is to be paying for value and for care that makes people healthier, not just more care and care delivery. He said the nation and Medicare is transforming and private payers and other stakeholders should be joining in the effort.

Dr. Cha spoke regarding an important new payment system in Medicare, the Quality Payment Program (QPP). Congress passed the Medicare Access and Chip Reauthorization Act (MACRA), which eliminated the previous problematic payment systems for physicians. Starting in 2017, physicians are going to be measured based on their quality and will be at risk for about four percent of Medicare payments based on how they perform on quality metrics. The four percent will increase to about nine percent over time. Dr. Cha said for a lot of physicians that is a big chunk of

their business to be put at risk. For as many folks that are going to lose money, others will make money from the incentives. Dr. Cha said the exit pathway for this risk system is to enter into an advanced Alternate Payment Method. He said CMS wants to incentivize and support physicians that get into a new way of delivering and paying for care. Providers in an advanced Alternate Payment Method will have the opportunity to earn an additional 5% incentive based on the proportion of their panel that is part of an advanced Alternate Payment Method. In the future, this calculation will include patients that are in commercial and Medicaid advanced Alternate Payment Methods. Dr. Cha strongly encouraged the state to align with these new opportunities under Medicare as they continue to evolve their payment methods under commercial and Medicaid.

CMMI representatives met with CT SIM stakeholders and agency leads over the last day and a half. Dr. Cha provided an overview of what they have seen regarding healthcare innovation. In terms of where our future might be for state innovation, Dr. Cha said Connecticut is clearly a leader in so many aspects. He said the consumer engagement here is remarkable and they direct other states to learn from Connecticut.

Dr. McLean said it is news to him regarding the extra 5% for people involved in SIM as long as across all payers. He said it is intriguing, especially in looking for our SIM programs to include all payers and to bring different providers across the system into SIM. He asked whether it was above and beyond the 5% to be an Advanced Payment Model (APM) or an Advanced Alternative Payment Model (AAPM). Dr. Cha said it is not, it is an option to qualify. He said there is an advanced Alternative Payment Model and eligible providers for the bonus from Medicare. Dr. Cha said there are multiple pathways to becoming an eligible provider. He said this is early conversation but wanted to be clear in setting the course for SIM in Connecticut.

### **Value-Based Insurance Design Employer Manual**

Dr. Woodruff presented on the Value-Based Insurance Design (VBID) implementation guide and employer manual ([see meeting presentation here](#)). Handouts included a postcard that was sent out to state employees regarding requirements and a postcard on a smoking cessation initiative that began this year called Kick Ash. Dr. Woodruff said the postcards show one approach of how to get people onboard early. He noted that communication is the key for a successful program, as has been demonstrated through Connecticut's Health Enhancement Program for state employees.

Dr. McLean asked how the menu of incentives is envisioned. Dr. Woodruff said they had a multi-stakeholder consortium as part of the process. The next phase includes a learning collaborative and part of it will include sharing the successes, failures, and incentives verses penalties. Mr. Ahmed asked whether there was consideration of low value services and penalties for reference pricing. Dr. Woodruff responded that it has been discussed in the consortium and they are addressing the low value service issues to contrast with the high value services, such as copays.

Dr. Schaefer said there was a discussion regarding the option of putting the manual out for public comment and they would like to begin to raise the visibility for it as soon as possible. He said it would better situate them for a learning collaborative process. Dr. Schaefer asked whether the Steering Committee members would be supportive of a public comment period for the manual. Steering Committee members agreed. Ms. Lash said it is an excellent piece of work and commended VBID on their work. Ms. Baker urged the committee to think about communication strategies. She said it will take one-on-one kind of meetings to help businesses understand the impact and to get this to those most in need.

### **Rebasing SIM Evaluation Measures**

Dr. Aseltine presented on Rebasing SIM Evaluation Measures. Mr. Ahmed asked whether they are considering a BMI twenty five and above as obesity category. He asked whether it is a better goal to have different approaches of obesity and shift to levels. Dr. Aseltine said they are using the targets

identified for SIM but the same principles would apply. He said if they are talking about higher rates of obesity, the same logic would be used to calculate the trend for what they hope to achieve. Dr. McLean noted that there can be a broader range of measures. He said there are different ranges that people talk about and people should be aware of those.

## **Operational Plan Updates**

### ***Evaluation***

LG Wyman suggested for Dr. Aseltine to give the Operational Plan update while he had the floor. Dr. Aseltine provided an update on UConn Evaluation. He said the UConn Evaluation team is monitoring four different levels of outcome. These include population health, measuring health care quality, health care cost measures, and health disparities. Dr. Aseltine said they are taking a three prong approach. He said the bulk of the effort for this year has been focused on getting the dashboard where they can present on performance metrics that will allow various stakeholders to evaluate where they are and which measures they are using. He said they are also working to get the consumer experience survey launched.

### **HIT Update**

Ms. Veltri provided background and context of where things are with Health Information Technology (HIT). It was decided that the scope of the SIM HIT Council will be folded into the State Health IT Advisory Council. The SIM HIT Council had its last meeting in June. The PMO is in the process of drafting a report for the State Health IT Advisory Council summarizing the work of the SIM HIT Council. The SIM HIT Council report will be shared with the SIM HIT Council chairs, members, and the Department of Administrative Services for comment and review before it goes to the State Health IT Advisory Council. The State Health IT Advisory Council will be taking on some of the HIT work of SIM including work that is not HIE. The next meeting of the State Health IT Advisory Council is scheduled for Thursday, July 21, 2016.

Ms. Veltri said they are in process of revising the Operational Plan for HIT. The state will be using a search firm to hire a health information technology officer to oversee HIT initiatives. The search firm has been hired and they are in the process of assembling a search committee that will evaluate applications that are submitted. The job description is in the process of being finalized. Ms. Veltri expressed thanks for Patricia McTaggart, Terry Bequette, and Lisa Nicole-Sarnowski Office of National Coordinators (ONC) for their support of the CT SIM team. She said they will continue to be available to provide technical support as we move forward.

Ms. Shah provided an overview of the SIM HIT drivers and activities for year one. There were no questions.

## **Operational Plan Updates**

### ***Community Health Workers Initiative***

Dr. Gould presented the Operational Plan update for the Community Health Workers Initiative. Ms. Lash asked whether there will be legislative issues with regard to CHWs where legislation will have to take action. Dr. Gould responded that the charge of the CHW Advisory Committee and SIM CHW work group is to develop a policy infrastructure and some elements may require legislation. The recommendations will be brought to HISC and the Lieutenant Governor's office and they will look at how to implement the recommendations. Dr. McLean asked whether a license is needed to be a CHW. Dr. Gould said the CHW Advisory Committee and the SIM CHW work group are looking at the definition, scope of practice, and responsibilities. He said they are engaging others nationally to see what has been done in other states. The outcome goal of the CHW Advisory Committee is for the infrastructure to be implemented, including recommendations on certification or licensure.

### ***Consumer Engagement***

Dr. Checko and Arlene Murphy presented the Operational Plan update for Consumer Engagement. It was noted that the Consumer Engagement Contractor began work on July 1, 2016. The forums have led to insights regarding health services and disparities of various populations and communities. Ms. Lash said she attended the Rural Health Forum in Willimantic and was astounded by the level of participation from people. She said she was amazed at how much activity and collaboration people were doing with little to no resources. Ms. Veltri said she attended the Southeast Asian American Community Forum and the turnout was tremendous. She said hearing from the community and what they are facing is a clear reminder of why we have to work on health inequities in Connecticut. Ms. Veltri thanked the Consumer Advisory Board for organizing the forums. Mr. Beadle said there was tremendous support from the program management office (PMO).

### **Work Stream Updates**

Jenna Lupi, presented the Work Stream updates. The Final HIT Council meeting was held on June 17, 2016. Dr. McLean asked whether time is being lost on structure that is evolving to give information on some of the metrics in year one due to the SIM HIT Council being wrapped into the State Health IT Advisory Council. Ms. Veltri said she doesn't think they are losing time because some of the members from the SIM HIT Council may transition to the State Health IT Advisory Council and many of the State Health IT Advisory Council members are involved in SIM otherwise. She mentioned there is already work going on in the performance year one activities. Dr. Schaefer said the SIM HIT Council requested that the PMO, UConn Committee, and Ms. Veltri work on a summary of all that was done and learned in the first year so that something is available as a reference for the State Health IT Advisory Council.

Mr. Charmel asked regarding the CCIP transformation awards RFA timing process. Dr. Schaefer said the question cannot be answered at this time due to the procurement process being in progress. LG Wyman expressed thanks to CMMI for joining us, Dr. Schaefer for his leadership, PMO, and everyone else for their hard work. The next HISC meeting is scheduled for August 11, 2016.

### **Adjournment**

***Motion: to adjourn the meeting Jan VanTassel; seconded by Anne Foley.***

**Discussion:** There was no discussion.

***Vote: All in favor.***

The meeting adjourned at 4:51 p.m.