STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
October 13, 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; Patrick Charmel via conference line; Anne Foley; Mario Garcia (for Raul Pino); Rose Garcia (for Francis Padilla); Suzanne Lagarde; Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Joseph Quaranta; Robin Lamott Sparks; Jan VanTassel; Victoria Veltri; Deremius Williams; Thomas Woodruff

Members Absent: Catherine F. Abercrombie; Roderick Bremby; Terry Gerratana; Sharon Langer; Alta Lash; Bruce Liang; Katharine Wade; Michael Williams

Other Participants: Faina Dookh; Jenna Lupi; Kate McEvoy; Mark Schaefer; Sarju Shah

Call to Order and Introductions
Lieutenant Governor Nancy Wyman called the meeting to order at 3:03 p.m. It was determined a quorum was present. Members and other participants introduced themselves.

Public Comment
There was no public comment.

Minutes
Motion: to approve the summary of the July 14, 2016 Steering Committee meeting – Patricia Baker; seconded by Jan VanTassel.
Discussion: There was no discussion.
Vote: All in favor.

Value-Based Insurance Design Fully Insured Employer Manual &Pending Federal Legislation
Dr. Woodruff presented on the Value Based Insurance Design (VBID) fully insured employer manual and pending federal legislation which may allow plans to better cover clinical services for chronic conditions before the deductible (see meeting presentation here). Dr. McLean asked whether the incentives are the same for each of the benefits. He said the benefits are a great list of appropriate things. He said there is one area of controversy which is the breast screening. The appendix indicates that at age 35-39, there is a benefit. There is no problem if the woman and physician think it is appropriate depending on the individual. Dr. McLean expressed concern with the bonus payment as the incentive for all these and that would potentially push people to get services that may not be appropriate. He said he would like to make sure that the incentive does not necessarily make it a pick and choose. Dr. Woodruff said communication is a big deal and is one of the things they had to work on in the state plan.

Dr. McLean asked whether the employers will be able to pick a different incentive for the benefit or bonus. Dr. Woodruff said all VBID programs are different. He mentioned the incentives and penalties depend on where you are starting from for the benefits package. Dr. Schaefer said Dr. McLean is referring to an excerpt from the example postcard of the CT HEP program. He said the Consortium did not recommend the level of specificity around this age bracket, it was only in the

manual as an example. The VBID template itself is much more general. Dr. Schaefer suggested for this to be clearly labeled as an example only. Ultimately, it will be up to the insurer and the employer to more precisely define how the benefit would get operationalized in accordance with evidence based practice.

Dr. Schaefer said another important point is the idea of latitude and the degree of picking from a menu-this is a recommendation for fully insured VBID products which are not in Connecticut's current market place. So if you are a small employer and you would like to see the list of options, you are not going to see the VBID option from payers currently. Dr. Schaefer said for this to get actualized, we have to sit with insurers to see if they are willing to design fully insured products for small group markets that follow the recommendations. He said so far nobody has volunteered to do this.

It was mentioned that the self-employed manual recommendations are advice to employers about what to ask for and because they have a big enough population they might be able to customize. The fully insured is generally limited to what is on the menu. Dr. Schaefer said our next job with the Office of the State Comptroller is to influence what insurers offer on that menu. Dr. McLean said to clarify the point he is trying to make, all of those preventative services should clearly be covered adequately. He said the tricky part is where there is controversy on the guidelines. Dr. McLean said we need to be broad and make sure it's covered. He said we don't want to give bonuses and incentivize people who are 35 years old to go get mammograms when the guidelines do not clearly say it.

Dr. McLean mentioned the need to avoid over utilization and unnecessary utilization. He said people should have the ability to have the discussion with their doctor as to whether they want something or not. Dr. McLean said he doesn't want the incentive to push people to do something that otherwise would be inappropriate. Dr. Woodruff said he wanted to follow up on Dr. Schaefer's point. He said without the insurance carrier offering fully insured VBID designs we are left with employers doing things outside the plan. He said at the learning collaborative they will have a video from Stew Leonard's showing examples of the things employers do to incentivize people to utilize high value services in various areas of grocery stores.

Ms. Veltri asked regarding the time frame for engaging Access Health CT. Dr. Woodruff said they would need the collaboration of the insurers. Dr. Schaefer said they met with Access Health CT and a team of their benefits experts. There was a discussion on the regulatory obstacles within the Affordable Care Act (ACA) design and structure to implement VBID. He said they agreed there would be merit to continuing the discussion. Dr. Schaefer said Dr. Woodruff and others decided to do more direct work with fully insured employers to directly engage in the conversation regarding what could be applied to the small group market. Dr. Schaefer mentioned he is not convinced that, for the Access Health CT market, they will meet the March timeframe.

SIM Alignment Grid Presentation

Ms. Dookh presented on the alignment strategy for SIM initiatives (see alignment grid here). Mr. Quaranta asked whether the requirements under the PCMH skill sets are the same for each of the categories. Ms. Dookh said for the Advanced Medical Home (AMH) program the criteria that was selected as required were recommended by the Practice Transformation Taskforce (PTTF). Dr. Schaefer said it is just a category that is a point of reference as they develop each of the component programs. He said the AMH program has already been developed and aligns with the various categories, particularly depression screening because that is otherwise an optional element for the NCQA PCMH standards. Dr. McLean said one of the larger goals they set out for is to improve behavioral health. He said behavioral health is a larger category and a higher must do.

Ms. Baker suggested making the collection of race/ethnicity data stratification available through all of the categories. She said it is an underbelly that often may make or break on health equity and many other things and can easily be over looked. Ms. Dookh said in the Community and Clinical Integration Program (CCIP) they emphasize the collection of race/ethnicity data. Dr. Schaefer said there was a discussion of whether health equity constituted a condition or a target population. He said they decided that health equity is a thread that runs through each of these. Dr. Schaefer suggested making it explicit on the grid because the question was raised.

Operational Plan Update

Ms. Lupi provided an update on the Operational Plan. Ms. Baker asked what elements are in the Health Information Technology (HIT) budget. Ms. Shah said the HIT budget includes the technology solution for leveraging the alert notification engine, master patient index and provider directory.

PCMH + Update

Ms. McEvoy presented the Person Centered Medical Home Plus (PCMH+) update. Dr. McLean asked whether the supplemental payments will go to Advanced Networks participating in PCMH+. Ms. McEvoy said the supplemental payments will go to participating entities that are Federally Qualified Health Centers (FQHCs) in support of enhanced care coordination activities, not the Advanced Networks. The shared savings payments will go to all eligible entities, both FQHCs and Advanced Networks, which achieve requisite levels of performance on a core set of measures of quality and care experience.

Mr. Quaranta asked regarding access issues and capabilities among participating providers for the start up. Ms. McEvoy said it is a great question. She said CMS entered a new federal rule that requires managed fee for service states such as Connecticut to undertake a formal evaluation of access to services. The first statewide monitoring access plan was submitted to CMS a couple of weeks ago. Ms. McEvoy said they did a very detailed analysis along with provider surveys, mystery shopper, and CAHPS data. The monitoring access plan is posted on the Medical Assistance Program Oversight Council (MAPOC) website.

There was a discussion regarding member and provider engagement. Ms. McEvoy said the member communication was finalized and will be sent out starting November 1st. A supported process has also been developed for member opt-out. Dr. Lagarde expressed concern regarding the latest draft of the proposed letter. She said patients need to know their options but there will be many opt outs. Dr. Lagarde said the letter emphasizes very much the potential for under service and she is concerned about the impact. Ms. McEvoy mentioned the development of the letter was an intensive effort. They had a three month process with numerous work group sessions. The entire membership of the Care Management Committee and many other stakeholders contributed to the ultimate drafting of the letter. Ms. McEvoy said every view point among stakeholders was fully vetted. She said it was a very difficult drafting exercise and appreciates the opinion.

LG Wyman asked what happens if everyone opts out. Ms. McEvoy said they would have to reassess. She mentioned Massachusetts launched a shared savings initiative for an older population and had a high experience with people declining to participate in the program. They had to revisit their model design and assess the features that were not preferred by consumers. Members continued to discuss the PCMH+ program. Dr. Schaefer expressed concern about the possibility of a grassroots campaign to facilitate disenrollment on a large scale. He said the comments on the table suggest the benefits may be articulated a little thin regarding what could go right for you in terms of your care. Dr. Schaefer expressed concern that revisiting the model as a result of large scale opt out could mean that the important cost accountable arrangement would be eliminated.

Dr. Schaefer asked whether there is willingness to consider, based on comments from the Steering Committee, to relook at the thoroughness of the explanation of potential benefits against the

potential disadvantages. Ms. McEvoy said she appreciates the question. She said they did everything possible to move this forward affirmatively. She said often the most vocal critics in the department have been immediately involved in the discussion. It is one way to prove the credibility that they won't have the phenomenon being referred to, the grassroots supports for non-participation. Ms. McEvoy said she doesn't want to foreclose any further discussion. They are already in production with the letter with a January 1st launch date. It would be very hard to revisit it from a stand point of content. She mentioned there was a very involved inclusive and transparent process over the summer. Ms. McEvoy said she feels they did achieve the best result possible.

Ms. McEvoy noted that this is a new adventure for Connecticut. She said it is the first ever shared savings initiative and there is a certain amount of uncertainty. Ms. McEvoy urged members who have the capacity to do so, help promote the program positively and join efforts. She said a challenge is that they do not have an outreach budget associated with projects of this kind. LG Wyman and Dr. Schaefer thanked Ms. McEvoy for the presentation.

Work Stream Updates
Dr. Mario Garcia provided a brief update on Population Health. There were no questions.

Ms. Shah provided an update on Health Information Technology. Dr. McLean said there are a couple of large systems and networks in the state that are already sending and receiving alerts. He asked how do we fill in the gaps and make sure we don't recreate the wheel. Ms. Shah said HIT is working on this. There are currently two options at the table: Option A is to utilize the Medicaid alert notification infrastructure to see if this can be expanded to support the provider and hospital community. Once the Health Information Technology Officer (HITO) is designated, the state plans to focus on an engagement process to identify current technology being used, gaps in the technology, and how best to support current investments to expand the alert infrastructure. Dr. McLean asked whether the right people are at the table to tell you what is going on. Ms. Shah said not yet, but it is something they are planning to do as part of the stakeholder engagement. She said once the HITO is on board they will have those discussions. An HIT consultant has been engaged to support the SIM PMO as well as to support the facilitation of the State Health IT Advisory Council. Everyone is welcome to attend the Health IT Advisory Council meeting - the focus of this council is to support the exchange of health information and further discuss and advise on the state's HIT progress.

Dr. McLean asked regarding the jurisdiction of the Council. Dr. Schaefer said the State Health IT Advisory Council continues to operate under the authority of which it was established. He noted that the SIM HIT Council had completed their work and provided recommendations. Dr. Schaefer mentioned that ONC has been providing support, advice, and technical assistance. LG Wyman said the jurisdiction is handled by her office for now until the HITO is hired.

Adjourn
The next Healthcare Innovation Steering Committee (HISC) is scheduled for Thursday, November 10, 2016.
Motion: to adjourn the meeting Pat Baker; seconded by Jan VanTassel.
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 5:09 p.m.