

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
November 10, 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; Anne Foley; Rosanna Garcia (for Frances Padilla); Sharon Langer; Alta Lash; Kate McEvoy (for Roderick Bremby); Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Ronald Preston (for Bruce Liang); Joseph Quaranta; Robin Lamott Sparks; Jan VanTassel; Victoria Veltri; Thomas Woodruff via conference line

Members Absent: Catherine F. Abercrombie; Terry Gerratana; Suzanne Lagarde; Raul Pino; Katharine Wade; Deremius Williams; Michael Williams

Other Participants: Faina Dookh; Mark Schaefer; Sarju Shah

Call to Order and Introductions

Lieutenant Governor Nancy Wyman called the meeting to order at 3:02 p.m. It was determined a quorum was present.

Public Comment

There was no public comment.

Minutes

Motion: *to approve the summary of the October 13, 2016 Steering Committee meeting – Patricia Baker; seconded by Jan VanTassel.*

Discussion: There was no discussion.

Vote: *All in favor.*

Value-Based Insurance Design Self-Insured Manual

Dr. Schaefer reviewed the Value Based Insurance Design (VBID) self-insured manual ([see meeting presentation here](#)). There were no questions.

Motion: *to approve the Value Based Insurance Design Self-Insured Manual – Jan VanTassel; seconded by Alta Lash.*

Discussion: There was no discussion.

Vote: *All in favor.*

Quality Council Report

Dr. Schaefer reviewed the Quality Council report ([see report here](#)). He noted the oral health: primary caries prevention measure had a lot of debate and remained on the Development Set. Dr. Schaefer said they approached a foundation to gauge interest in stewarding the measure, since it has lost its steward, however it could be expensive and an ongoing proposition. Dr. Schaefer said they remain open to finding a steward and will circle back with Minnesota, who initially did this work, to see if they would reconsider it. He noted that it is a primary care based oral activity for the most prevalent chronic illnesses affecting young children and is worth pursuing.

Ms. Langer asked whether there has been a comparison for oral health of the Medicaid population with the commercially insured child population. She asked whether this kind of evidence is needed to move forward on not making it payer specific. Dr. Schaefer said for a lot of the commercial child population the data is not available because dental insurance for this population is inconsistent. He said as they stand up measures for the Public Scorecard, they would have the ability to look at dental visits and procedures that might suggest early childhood caries. Ms. Baker suggested having conversations with DentaQuest Foundation. She said DentaQuest Foundation might be interested in this measure. Dr. Schaefer said he would be happy to connect with them and follow up.

Dr. Quaranta asked what sources were used to collect from the payers to use the baseline to compare alignment. Dr. Schaefer said the payers were asked to send the quality metrics they were using last year in their shared savings programs and these were used for the baseline calculation. Mr. Ahmed asked whether the alignment score accounts for payer market penetration, and whether payers are given a different weight based on this, since the quantity of lives payers cover in Connecticut vary. He said that it appears that the alignment formula does not take this into account, but aggregates the alignment score, regardless of a payer's reach. He mentioned if the payer is large and has more membership and the compliance is low, it can drag down all the others. Dr. Schaefer said it is a feasible approach and they will consider whether to factor in market share.

Ms. Lash said she wants to be confident that the same quality measures being looked at for Medicaid are the ones being looked at for the commercial carriers. She raised the question of whether there is more that SIM could do to promote alignment such as holding a high-level meeting between the administration and the insurance carriers. Dr. McLean said he agrees. He mentioned the need for some leverage. Dr. Schaefer said there has been meetings but not at the level of the Lieutenant Governor. He said he will consider engaging the payers directly at the executive level.

Dr. Schaefer mentioned the Unhealthy Alcohol Use slide was not included in this presentation. He said it was moved to the development set and will be looked at next year.

LG Wyman said she has to leave and Vicki Veltri will chair the remainder of the meeting.

Motion: to approve the Quality Council report- Anne Foley; seconded by Sharon Langer.

Discussion: There was no discussion.

Vote: All in favor.

HIT Update

Ms. Shah provided an update on Health Information Technology (HIT). Dr. McLean asked about the Admission Discharge Transfer (ADT) alert notification infrastructure. He said he can understand creating a platform to consolidate data in a uniform way but asked how do we account for efforts that are already happening? He mentioned that most of the hospitals already have some form of mechanism in place to do this. Dr. McLean said he did not want to reinvent the wheel. He expressed concern as to whether it is worth investing our resources to create a duplicative system. Ms. Shah said the planning work for this work stream is in its infancy, and other efforts in this space will be explored through a formal stakeholder engagement process. She said the Health IT Advisory Council is reviewing how to proceed.

Ms. Shah said a goal for SIM is to look at what is happening today and how to enable progress. She said the initial use case for DSS was to start out with ADT alerts for the Medicaid population, then introduce it to the state employee population, and then to the commercial population. Ms. Shah said they have to look at how to connect and to whom they would connect. She said there are two efforts currently being pursued, one is a Medicaid alert system and the other is an alert system built by the Connecticut Hospital Association (CHA). Ms. Veltri said they are working with the partners at CHA to explore what CHA is doing to ensure a solution is being pursued by the State that makes

sense for everybody. She said the Health Information Technology Officer (HITO) will undertake stakeholder engagement in the community including the hospitals. Ms. Shah said once the State better understand what the needs are it can look at what can be leveraged.

Dr. Quaranta said there is still no statewide solution to share clinical information of patients to providers across the continuum. He said as we look at specific capabilities for ADT fees there needs to be a discussion about how to turn it into a much larger Health Information Exchange (HIE) enterprise. He said stakeholder engagement is critical to understand what technology exists. Ms. Shah said it is all about building the foundation and considering the return on investment. Ms. Shah said they are looking to submit an Implementation Advanced Planning Document (IAPD) in December to the Centers for Medicare and Medicaid Services (CMS) in order to access funding to conduct HIT planning under the direction of the HITO. The next Health IT Advisory Council meeting is scheduled for Thursday, November 17, 2016.

Care Delivery Reform Updates

Ms. Dookh presented Care Delivery Reform updates, including the status of the Community and Clinical Integration Program (CCIP). Mr. Charmel asked whether a CCIP technical assistance vendor is in place. Dr. Schaefer said a technical assistance vendor has been selected and a contract is being negotiated.

Ms. Dookh said efforts to transform care delivery often have to be enabled by transformations in payment reform, and the extent to which care can be enhanced are often limited by restrictions in the design of payment mechanisms. Ms. Dookh said the Comprehensive Primary Care Plus (CPC+) was recently launched by CMS and includes three financial components that may show promise in being able to support the transformations in care delivery we have been working towards. One of these components is a comprehensive primary care payment bundle. CPC+ aims to try to align the financial system with the care delivery vision that doctors and patients want.

The group discussed this financial model for Connecticut. Dr. McLean said the CPC+ is exciting because it could kick additional money into primary care practices and make a lot of things feasible that were not before. He suggested a focus on getting the state payers around this and getting them to embrace it. He said it is one of the most important things that could be done to help obtain eligibility. Ms. Baker said this is the pathway that offers the greatest promise.

Mr. Quaranta said it is imperative for this group to think of the next step beyond the initial ACO shared savings programs and how to start to implement programs like this to be successful. He said they are starting to see from the commercial payers' environment the concern about whether the ACO model is sustainable in its current format. It was noted that an alternative plan will need to be provided that supports the goal of improving care and helping to create a sustainable financial model to change the way physicians practice. Dr. Schaefer said conversations regarding this have started and any real life models or examples that members can point to, we will take a look at.

Ms. McEvoy provided a brief update regarding Person Centered Medical Home Plus (PCMH+). She said they have posted a state plan amendment for PCMH+. She said they have been fully transparent through the process about the intent of the model design. She noted they are in a formal comment period and are soliciting comments. Feedback will be considered for incorporation. Ms. McEvoy said they have until March 31st to gain final approval by CMS but there is a probability that approval will be sooner.

Members expressed thanks to Ms. McEvoy for her contributions to the completion of the letter process and the state plan amendment and overall PCMH+ program.

Mr. Charmel said there is typically a ninety-day review and approval. He asked whether they would be able to move forward with contracting pending the approval. Ms. McEvoy said they are actively

negotiating contracts and will not delay pending the approval. There are plans for a January 1st implementation date. Dr. Schaefer said there were lengthy deliberations with CMS to get support for the amendment as published and this is a big achievement and called for the Committee to acknowledge the efforts of Ms. McEvoy and Dr. Zavoski.

Adjourn

Motion: to adjourn the meeting- Robin Lamott Sparks; seconded by Jan VanTassel.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 4:55 p.m.