

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
March 9, 2017

Meeting Location: State Capitol, 210 Capitol Avenue, Room 310, Hartford

Members Present: LG Nancy Wyman; Tamim Ahmed; Mary Bradley; Patricia Checko (for Jeffrey Beadle); Anne Foley; Mario Garcia (for Raul Pino); Rosanna Garcia (for Frances Padilla); Suzanne Lagarde; Sharon Langer; Alta Lash; Kate McEvoy (for Roderick Bremby); Robert McLean; Nydia Rios-Benitez (for Miriam Delphin-Rittmon); Ron Preston (for Bruce Liang); Joseph Quaranta via conference line; Jan VanTassel; Victoria Veltri; Michael Williams; Thomas Woodruff

Members Absent: Catherine F. Abercrombie; Patricia Baker; Patrick Charmel; Terry Gerratana; Robin Lamott Sparks; Katharine Wade; Deremius Williams

Other Participants: Faina Dookh; Bruce Gould; Ken Lalime; Jenna Lupi; Mark Schaefer

1. Call to Order and Introductions

The meeting was called to order at 3:06 p.m. Members and participants introduced themselves. There was not yet a quorum.

2. Public Comment

There was no public comment.

3. Minutes

Approval of minutes was tabled due to lack of a quorum.

4. CAB & QC Member Appointments

Approval of member appointments was tabled due to lack of a quorum.

5. PCPM Updates and Discussion

Ken Lalime, from Qualidigm, presented on the Primary Care Payment Model (PCPM) initiative updates ([see meeting presentation here](#)). It was noted that bonus payments are for quality care and cost. Ms. VanTassel asked how quality would be measured. Mr. Lalime said the quality measures are fairly defined upfront. He said Medicare is the largest insurer in the country on a global basis. Medicare has a shared savings program for Accountable Care Organizations (ACOs) and defined quality measures that have to be met. Ms. VanTassel asked if there are not savings, then even if they meet quality measures, they don't generate anything. Mr. Lalime said that is correct, quality comes first then the cost of it. It is how it becomes reconciled. Dr. Lagarde said there is not a tremendous connect between the quality measures and cost savings and this is a challenge. She said quality metrics will bring attention to cost savings. The Committee continued to discuss the primary care payment reform models.

Dr. Garcia said the Department of Public Health (DPH) is working on a project to propose a model for prevention services in the community. He said the payment options for primary care create a series of opportunities for community based agencies to work in partnership with primary care providers to offer services. He mentioned there are a number of agencies that have people working within the community such as the Department of Aging. Dr. Garcia proposed that services could be

provided by community health workers hired by community based agencies rather than hired by clinicians. Mr. Lalime said he agrees there are organizations out there that are doing a good job of offering services. He said one of the first things that practices will do with dollars that become available through shared savings or through upfront payments is to find someone to help coordinate care. Mr. Lalime said there are people that know what is going on in the community because they make all those connections. He said it is already being done this way.

Ms. Langer asked whether children fit into the model. Mr. Lalime said yes they do. He said at each one of their interviews there is a discussion on whether there are specific programs for pediatrics. Mr. Lalime said they make sure to include where they are with pediatrics in the conversations with the various provider organizations. He said this model and those that are coming forward for Medicare can be applied to the commercial market places as well.

Dr. McClean asked regarding the CPC+ timeframe and how many people have signed up. Mr. Lalime said the timeframe is that applications from the carriers are due on April 3rd. He said that once regions gets awarded then the applications from the community practitioners would be solicited. Ms. Langer said a lot of what was mentioned regarding the impact on the consumer is positive. She said often the consumer walks away having to take medications in order to control a variety of chronic conditions. She asked where the pharmacy cost fits into this. Mr. Lalime said pharmacy cost is not part of the primary care bundle in any manner. He said having a clinical pharmacist available does not change the pharmacy component of the system.

Dr. Lagarde asked where Connecticut stands with the payers. Dr. Schaefer said none of the private payers are saying where they are at publicly. He said it looks pretty good in terms of the majority of private payers coming in but Medicaid is not coming in at this point. Ms. Bradley said she thinks that the real key is that they are paying health plans to do the care management now. She said it's not putting more dollars in but shifting who gets the dollars. She suggested paying the providers instead of the health plans would be more successful.

Dr. Schaefer said in the interest of the agenda, they are happy to take other questions offline. He mentioned a frequently asked question (FAQ) sheet is being put together between now and the proposed special HISC meeting on March 23rd.

3. Minutes

As there was now a quorum present, the Healthcare Innovation Steering Committee (HISC) revisited the January meeting minutes.

Motion: to approve the summary of the January 12, 2017 Steering Committee meeting – Mary Bradley; seconded by Robert McLean.

Discussion: There was no discussion.

Vote: All in favor.

4. CAB & QC Member Appointments

As there was a quorum present, HISC also revisited the Consumer Advisory Board (CAB) and Quality Council (QC) member appointments.

Dr. Patricia Checko reported on the Consumer Advisory Board's recommendations for consumer and advocate representative vacancies on CAB and QC. LG Wyman asked whether there were any questions regarding the CAB and QC nominees. There were none.

Motion: to accept the recommendations of the Consumer Advisory Board for consumer and advocate representatives on CAB and QC – Jan VanTassel; seconded by Alta Lash.

Discussion: There was no discussion.

Vote: All in favor.

6. PCMH+ Presentation

Ms. Kate McEvoy presented on the Person Centered Medical Home Plus (PCMH+) initiative. She expressed thanks to the LG Wyman for kind remarks on the process in launching PCMH+. Ms. McEvoy said in October invitations were extended to nine successful applicants in the procurement process. She said the contracting process can be quite a challenge among state entities. She said they have executed contracts with all the nine entities. Dr. McClean asked why was it such a challenge to put forward standard terms. He asked whether this was more of a challenge at the state level or another level. Ms. McEvoy said it is at the state level. She said there are a number of levels of review with important procedural protections. She mentioned there were negotiations particularly with two ACOs to review some of the language. Ms. McEvoy said there is a link available that will give a synopsis of details on the evaluation and underservice strategies. She said members could share comments or questions to her offline.

Dr. McClean said there are a number of Medicaid beneficiaries that are receiving care coordination services through Community Health Network (CHN). He asked would it continue for them. Ms. McEvoy said they were conscious of that in the model design and started with a centralized source of care management that is intended to migrate out into the community to practices and the people that do it. She said it involves a number of factors such as readiness and extent of practice transformation. Ms. McEvoy said participating entities (PEs) are the lead entities for intensive care management for their attributed members. She said data will be tracked and there is a goal for a lower incidence of people looking to be referred to specialists or for other assistance because they would like to see PEs managing these requests on their own.

Dr. McClean asked whether the data, either billing or payer, is being shared with providers for each attributed member in a systematic way so they can act on it. Ms. McEvoy said they are pushing the PCMH data to the involved practices and have been doing it for a number of years now. She said the real time, admission, discharge, and transfer (ADT) data is a newer piece and they have been working with the hospitals on it. She said they have received some feedback from the practices on how to make the information as usable as possible. They will be working through the provider collaborative to improve it. Dr. Zavoski said the ADT feeds are coming from a number of hospitals. He said the hospitals that are affiliated with the PCMH+ program are all up and running.

Ms. VanTassel asked regarding the monitoring and whether secret shopper is in place. Ms. McEvoy said they have a mystery shopper in place and will continue to do this and report on that data. She said CHN has been contracting for a mystery shopper and the data is regularly reported in context of the PCMH data reports. The reports go to the Care Management Committee (CMC). The data is detailed on the Medical Assistance Program Oversight Council (MAPOC) website. There will also be focus groups for feedback.

Ms. Langer asked how they are going to monitor the extent of people going off the Medicaid program. She asked whether there is a relationship between opt out and whether people are opting out because they are no longer eligible. Ms. McEvoy mentioned they carefully monitor on an incremental basis the experience and impact of people's eligibility and continuity. Dr. Zavoski said they will actively reach out to people who opt out and ask them why and look for patterns. He said if it is something DSS has done they will work to remedy it.

7. CHW Updates

Dr. Bruce Gould, from UConn, presented the update on the Community Health Worker (CHW) initiative. Dr. Checko asked regarding Senate Bill #126, an act concerning community health workers. She asked where this piece of legislation fit into looking for the ability to actually pay CHWs. Dr. Gould said the CHW committee did not initiate this bill. He said they have worked with

the folks needed to ensure that it will move forward and does not interfere in any way. Dr. Gould said they are collaborating with DPH and others to make sure whatever goes through works to move the process forward.

Dr. McClean said you are describing an excellent position that needs to become a certifiable position within the state. He asked whether it needs to be written into statute to have DPH do it. LG Wyman said there is the matter of how it affects the budget. She said it's good to hear that Dr. Gould is talking to the right people but wanted to add there is a bottom line. Mr. Williams asked whether the proposed CHW Advisory Committee could be expanded to allow explicit representation from the pediatric community, particularly infant and early childhood adolescent healthcare. He mentioned it is not represented on the slides. Dr. Gould said it may not be explicitly represented but they will have another meeting or two and could take it back to the committee. He said if it is statutorily mandated then it will be modified by DPH and others.

8. Adjourn

LG Wyman thanked everyone. Dr. Schaefer said they are looking to have a one hour meeting on primary care payment reform by webinar on March 23, 2017 at 1 p.m. and will be in touch to confirm. Dr. Schaefer thanked everyone for the terrific presentations.

Motion: to adjourn the meeting- Alta Lash; seconded by Jan VanTassel.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 4:58 p.m.