

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
May 11, 2017

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

Members Present: LG Nancy Wyman; Patricia Baker; Robert Blundo; Mary Bradley via conference line; Patrick Charmel; Patricia Checko (for Jeffrey Beadle); Anne Foley; Sharon Langer via conference line; Alta Lash; Kate McEvoy (for Roderick Bremby); Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Joseph Quaranta via conference line; Robin Lamott Sparks; Deremius Williams

Members Absent: Catherine Abercrombie; Terry Gerratana; Suzanne Lagarde; Bruce Liang; Frances Padilla; Raul Pino; Jan VanTassel; Katharine Wade; Michael Williams; Thomas Woodruff

Other Participants: Faina Dookh; Allan Hackney; Jenna Lupi; Mark Schaefer; Sarju Shah; Victoria Veltri

Call to Order and Introductions

Lieutenant Governor Nancy Wyman called the meeting to order at 3:03 p.m. ([see meeting presentation here](#)).

Public Comment

There was no public comment.

Minutes

Approval of minutes occurred after the HIT update.

Motion: *to approve the summary of the March 9, 2017 Steering Committee meeting – Vicki Veltri; seconded by Patricia Baker.*

Discussion: There was no discussion.

Vote: *All in favor.*

Motion: *to approve the summary of the March 23, 2017 Steering Committee webinar – Patricia Baker; seconded by Alta Lash.*

Discussion: There was no discussion.

Vote: *All in favor.*

Health Information Technology Update

Allan Hackney, the state Health Information Technology Officer (HITO), provided a summary of key findings from the robust Health Information Technology (HIT) stakeholder engagement and environmental scan that was conducted in the last three months. Through this process, information that was gathered through interviews, focus groups and surveys of over 280 individuals representing over 130 organizations were synthesized to develop key findings and recommendations. These key findings were further synthesized into nine Call to Actions that are intended to provide a foundation for the Health Information Exchange (HIE) strategy for the state. A full report on the Findings and Recommendations will be presented at the [statewide Health IT Advisory Council](#) on May 18th. After the presentation, Mr. Hackney welcomed questions from the

Steering Committee members, he also invited members to contact him with any comments or feedback.

Ms. Lash said that the progress made in the last several months was impressive; however there is still a gigantic job ahead. She noted mixed messages are being given to people regarding their healthcare. She said on one hand people are told to be responsible for their healthcare on the other there's portals on every order. Ms. Lash also mentioned that large institutions like Hartford Healthcare are not at a better advantage in utilizing HIT for patient care. Mr. Hackney said he believes throughout the system it is felt that there is a clear advantage to those who have capitol versus those who do not. He supports organizations who are able to invest in technology and would like to support all organizations to embrace technology by providing assistance so that they can provide improved care. Ms. Baker said she echoes Ms. Lash's comments. She said this represents significant work and she appreciates the leadership and the collaborative process that went into developing these recommendations.

Ms. Baker went on to state that she applauds the state in identifying and possibly pursuing the concept of a federated network of network option and appreciates Mr. Hackney's desire to build on assets where possible, defining the role of the state and developing appropriate value propositions for sustainability. Ms. Baker also mentioned that the state needs to think about how this data gets exchanged, recording race ethnicity, collected, and stratified. She said she thinks it is a tall task but Mr. Hackney has outlined some steps and principles that she wanted to applaud as well.

Mr. Charmel said he echoes Ms. Lash and Ms. Baker's comment. He pointed to slide 29 and wanted clarity on if there is currently an entity or organization in the state or if it needs to be created that is capable of providing stewardship. Mr. Hackney mentioned he did not have firm answer and is currently pursuing several viable options for the state. He also mentioned that through his discussions with 60% of states, several states who successfully solved for this had a common attribute – developing a strong governance structure as well as identifying and agreeing to value propositions that support the needs of all stakeholders.

Dr. McClean stated that it doesn't matter how much data one has, it is the ability to utilize it appropriately. He also mentioned that having too much data is difficult to process and there must be a way to filter it so that there are key triggers for a provider (PCP or specialist) to identify important data that will provide better patient care. Dr. McClean also mentioned another huge concern for providers is the flow of data – making sure the right data is going to the right person at the right time. Mr. Hackney agreed that inundating providers with information that they cannot act on is problem that needs to be solved for. Ms. Williams said besides data, workflow and resources to transform work flow is important. Mr. Hackney agreed and workflow is essential and to whom the data is flowing to including nurses as well as community health workers (CHWs). Mr. Hackney mentioned data flowing to CHWs is essential to the workflow and care coordination to improve health of the patient and needs to be included in the solution.

Ms. Veltri said she is thinking about how recommendation one and recommendation five interconnects. She said it around patient centeredness and some of the community organizations are actually addressing the things that are social determinants of health. Ms. Veltri suggested marrying recommendation one and five because it seems in order to keep patients as a primary focus in efforts to improve health including the social determinants of health you must support provider organizations and networks. Mr. Hackney said he didn't want there to be the notion that the recommendations are very separate or somehow discrete from each other.

Ms. McEvoy said they had their first provider collaborative meeting of Person Centered Medical Home Plus (PCMH+). She said it was suggested that they invite a speaker from United Way's 211. Ms. McEvoy said the 211 functionality is being embedded within certain systems. She suggested it

may be something that would be worth considering for a future Healthcare Innovation Steering Committee (HISC) meeting. She said there are actually a few practical applications that exist presently in terms of assisting social services and possibly HIT.

Dr. Schaefer said he had one trailing comment on the health information technology presentation. He expressed encouragement regarding the progress that has been made since Mr. Hackney's arrival in January. He said it is notable to focus on accountable organizations and other organizations that are taking accountability for quality and cost. Dr. Schaefer said as you can see from the presentation the health information technology planning is occurring with great speed and momentum but as for the specificity around investments, which is needed in order for us to request our second performance year award, we are not quite there yet. He said health information technology is one of the work streams that we are hoping matures over the summer to such an extent that a request for a financial award can be submitted by September.

Operational Plan Achievements and Risks

Jenna Lupi presented the Operation Plan Achievements and Risks. She provided the accomplishments for performance year one. She said care delivery reform includes the Advance Medical Home (AMH) program, the Community and Clinical Integration (CCIP) program, and the Community Health Worker (CHW) initiative. The AMH program is focused at the practice level and building up individual primary care practices and their capabilities. The CCIP program is focused on enhancing entire network capabilities and is less about individual practices. The AMH and CCIP programs have both been launched and Qualidigm is providing technical assistance. The CHW initiative's overall goal is to integrate community health workers fully into the health system.

Ms. Lupi said the CHW Advisory Committee developed some framework which includes a CHW definition, scope of service, and recommendations around certifications and sustainable funding. A White Paper is being developed and will be going before the CHW Advisory Committee at their next meeting. Ms. Lash asked whether legislation would need to be passed on the CHW's work. Ms. Lupi said for their particular work legislation would not necessarily need to be passed but it would help in terms of the recommendations around certification. Dr. Schaefer said it would add to the scope of work because it could probably have the SIM PMO and DPH articulate a substantial detailed plan of certification beyond the high level encompassed by the White Paper. Ms. Veltri suggested for the PMO to send out Senate Bill 126: An Act Concerning Community Health Workers. She mentioned the bill has not been amended yet. She said the amendment will replace the original bill. Ms. Lupi said the PMO will send Senate Bill 126 via email.

There was a discussion regarding PCMH+ and the decision to simultaneously work on the draft wave 2 RFP while evaluating wave 1. It was mentioned that some consumer advocates may have a different point of view but practically it is the right approach. Consumer Advocates opinions are divided on this issue.

Ms. Lupi provided a summary of risks to performance year one goals and funding. Dr. Schaefer suggested it is important to have a conversation about what it means when certain objectives are not being met such as do you push harder or create a new strategy. He mentioned having to end today's meeting on time but he did not want to rush through the discussion. Ms. Veltri suggested it might be worth thinking about having an HISC Ad Hoc Committee meeting to work through some the issues. She said the Ad Hoc Committee could focus on the details of the discussion in between the engagements of the HISC. Ms. Veltri said the content for future HISC meetings is another discussion that is needed but they don't have time for today. She said she thinks the Ad Hoc Committee would be the way to go for this. Members agreed to the Ad Hoc Committee meeting.

Content for Future HISC meetings

The content for future HISC meetings was not discussed due to a lack of time. The next Healthcare Innovation Steering Committee meeting is scheduled for June 8, 2017.

Adjourn

Motion: to adjourn the meeting – Alta Lash; seconded by Patrick Charmel.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 4:59 p.m.