STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
June 8, 2017

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

Members Present: Jeffrey G. Beadle; Robert Blundo; Mary Bradley; Sandra Czunas (for Thomas Woodruff); Mario Garcia (for Raul Pino); Suzanne Lagarde; Sharon D. Langer; Alta Lash; Kate McEvoy (for Roderick L. Bremby); Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Frances Padilla; Robin Lamott Sparks; Jan VanTassel; Victoria Veltri (for LG Nancy Wyman)

Members Absent: Catherine F. Abercrombie; Patricia Baker; Patrick Charmel; Anne Foley; Terry Gerratana; Bruce Liang; Joseph L. Quaranta; Katharine Wade; Deremius Williams; Michael Williams

Call to Order and Introductions
Victoria Veltri, sitting in for LG Nancy Wyman, called the meeting to order at 3:04 p.m.

Public Comment
There was no public comment.

Minutes
Approval of the minutes was tabled to the July meeting.

Population Health – Prevention Service Initiative
Heather Nelson from Health Resources in Action, the consultant assisting the Department of Public Health (DPH) in its population health efforts, gave the presentation on the Prevention Service Initiative. (See presentation here)

Frances Padilla asked whether rural communities were considered and why they were using prevention service centers as a model. Dr. Nelson said the idea was less creating something brand new but more looking at an invisible network to link community service providers to health care. Existing entities could potentially be prevention service centers. Sharon Langer noted that community organizations operate with limited resources and asking more of them is a heavy list. Dr. Nelson said the Population Health Council agreed. Mario Garcia said they are opting for the name "Prevention Service Initiative" rather than the previous "Prevention Service Centers." The initiative is not about creating new organizations but instead creating organizational arrangements.

Jan VanTassel asked for a description of the type of community services. Mark Schaefer said the Council recognized the need to address transportation, nutritional stability, and the oft-neglected network of community health worker provider services around asthma, diabetes, and hypertension management. Ms. VanTassel noted that it doesn't address how social determinants are incorporated beyond the health and medical field. Dr. Schaefer said the Community and Clinical Integration Program (CCIP) requires linkages to community services. Kate McEvoy said that CCIP is a technical assistance opportunity for some of the advanced networks/Federally Qualified Health Centers (ANs/FQHCs) participating in the PCMH+ program. Other ANs/FQHCs are participating in the Practice Transformation Network. Under PCMH+, the ANs/FQHCs are required to demonstrate contractual agreements with community organizations focused on areas including food stability and housing). She also noted that two entities in Connecticut were awarded under the Accountable

Health Communities Grant and will use the funding to implement data systems to further these types of connections. She said the ultimate yield is to build value based payment systems that will allow them to invest in these areas.

Ms. VanTassel asked if there will be data that documents both success in the referral system and existing gaps. Ms. McEvoy said that the Medicaid medical accountable care organization is documenting referrals and outcomes and this is what CMS has in mind for the Accountable Health Communities Grant. Alta Lash said she saw a very clinically oriented model and did not see involvement from housing or food security. She said they talk about social determinants of health but asked what they are going to do about them. Dr. Schaefer noted the model doesn't go to the resource issue. Ms. Lash said that housing enforcement officers and a blight strategy might not cost very much. Dr. Schaefer said that in each of the demonstration areas there are cross sector collaboratives that have to come together to solve those kinds of gaps. They are in the beginning stages of the process and they will talk about how to bring the work from the field in to present to the Committee.

Robert McLean asked about Strategy 5 which is promoting ACOs to adopt services and measure their impact on their attributed populations. He noted that a lot of tracking and measurement has already been determined and that CMS is the primary driver of change. Dr. Schaefer said the challenge is to look at the measures that an Advanced Network needs to improve and see if there are community organizations that could help improve those results, as well as determine how much they would pay for that service. The theory is that value based payment will create a market that will create value for services that did not exist before.

Suzanne Lagarde asked if these models had been piloted in other communities. She noted that Fair Haven Community Health Center had a number of community linkages but those organizations had limited abilities and they had not yet seen a benefit. Dr. Nelson said that from what they have heard, they need to be able to communicate data and have dashboards that will allow them to measure improvement. The technical assistance piece is taking what exists in some capacity to the next level. Dr. Lagarde said the issue is being able to address the really big problems and the system does not have the capacity to address those problems, particularly for low income patients. Dr. Garcia said that FQHCs are community based organizations and have more connectivity to deal with the problems in the community but not all advanced networks are the same. He noted that they are not making a dent in uncontrolled asthma readmissions. More accountability is needed. Ms. McEvoy said that in her view, she has observed that funding for public housing and public health has either remained stagnant or decreased. She said it has become apparent that people are increasingly looking to Medicaid to help with the gaps including disease-specific educator efforts. If they are able to free up savings through value-based payments, they can capitalize on that. She noted that she was speaking for herself, rather than for the Department of Social Services.

Dr. Lagarde said that what she was hearing was that another system was being created. She said that instead of throwing money at an additional system, they buy air conditioners for their patients. Frances Padilla said the proposal felt theoretical. She said the community based organizations that she is familiar with are struggling to provide services. She said they should exercise caution when contracting as she could see CBOs chasing money without having the capacity to successfully do the work. Dr. Nelson said from her vantage point, they are not creating a new system but rather looking at how existing systems operate and what the state can do to support CBOs work with advanced networks. The idea is to help them benefit from value based payment structures. Dr. Schaefer said PMO would take additional time deliberate on the concept, factoring in feedback from the TA design group and Advanced Network/FQHC interviews, and he encouraged members to provide feedback.

HIT – Clinical Quality Measure Production

Allan Hackney discussed clinical quality measures production and reviewed the recommendations of the Health IT Advisory Council. There are four work streams the Advisory Committee plans to

stand up, one of which is eCQM. There will be a request for proposals at some point in August. There will be a design group that will help with the processes (known as use cases) someone would use in health information exchange. They will help decide the architectural footprint which will inform a second request for proposals. The third design group is a collaboration with the Department of Public Health on building a new immunization registry and making process improvements. The fourth group will look at developing an entity that will house everything.

Integrating Race/Ethnicity Reporting in the APCD
Robert Aseltine reviewed the task of using the All Payer Claims Database (APCD) to monitor health disparities. Ms. Langer noted that 40% of births in Connecticut are paid for with Medicaid. She expressed concern about the Medicaid participation not participating in the APCD. Dr. Aseltine said that once Medicaid begins reporting data to the APCD, they will have access to that data. Ms. McEvoy noted that DSS is negotiating a memorandum of understanding with the APCD but there was no estimate of when that data would begin to be shared.

Ms. Lash asked why they couldn't ask the insurance companies to provide the data. Ms. Veltri noted that from what they have learned, not every insurer is collecting that information and it tends to be more accurately collected by providers. Robert Blundo said that traditionally, insurers don't ask enrollees for their racial/ethnic data. Mr. Hackney said that when they get to the health information exchange, the objective is to capture that data. All of the relationships will be mapped and part of that map could be that data, which a lot of insurers don't have. Dr. Schaefer noted that race/ethnic info can be sensitive for some people, and providers are in a better position to ask and can demonstrate the importance of gathering the data to support person-centered care. The Community and Clinical Integration Program participants are working to collect this data. Once the state is able to solve this collection problem, it could put Connecticut at the forefront of APCDs nationally.

Public Scorecard and Quality Council Charter
The Program Management Office and the Evaluation Team want to continue to use the Quality Council to advise on the Public Scorecard. The Council's charter references a common scorecard and they would like to change the language to reference a public scorecard instead. Dr. McLean asked if they thought the public scorecard was a good idea. He said he fully endorsed its use at a network level. Dr. Schaefer said the recommendation was to use it at the organizational level. The Committee will revisit this topic at a later meeting due to a lack of time.

Adjourn
Sharon Langer moved to adjourn the meeting; Jeffrey Beadle seconded the motion. The meeting adjourned at 5:06 p.m.