STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
July 13, 2017

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

Members Present: LG Nancy Wyman; Jeffrey G. Beadle; Robert Blundo; Mary Bradley; Patrick Charmel; 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); Joseph L. Quaranta; Robin Lamott Sparks; Jan VanTassel; Michael Williams

Members Absent: Catherine F. Abercrombie; Patricia Baker; Anne Foley; Terry Gerratana; Bruce Liang; Frances Padilla; Katharine Wade; Deremius Williams

Call to Order and Introductions
LG Nancy Wyman called the meeting to order at 3:00 p.m.

Public Comment
There was no public comment.

Minutes
Approval of the minutes was deferred to later in the meeting.

Steering Committee meeting process
Dr. Schaefer provided a brief update of the Steering Committee meeting process. He said a survey was done about the meeting process and a few key points of focus were identified. Some of the specific areas identified are synergy between different programs, deep dive presentations on a particular initiative, strategy to reallocate funding, and measuring impact. Dr. Schaefer said regarding discussions various members requested less time allowed on the agenda for each initiative's presentation and more time to focus on questions and answers.

Population Health – Prevention Service Initiative
Mark Schaefer introduced Mario Garcia, of the Department of Public Health (DPH), the lead for Population Health Planning. Dr. Garcia provided a brief introduction of the Population Health Council co-chairs, Susan Walkama and Steve Huleatt. The representatives of the Population Health Council gave the presentation on the Prevention Service Initiative (see presentation here). Mr. Huleatt invited questions and comments to take back to the next council meeting. The Healthcare Innovation Steering Committee (HISC) discussed the recommendations of the Population Health Council.

Mr. Charmel said he is part of an existing advanced network participating in Person Centered Medical Home Plus (PCMH+) and through the accountable health communities grant process they will be linking community organizations together with an information infrastructure. He said they will be doing screenings and referrals but the capacity building piece is missing because the federal grant does not allow accountable health communities grant dollars to be used for service building. Mr. Charmel said there are two advanced networks participating in PCMH+ in New Haven and Value Care Alliance that are also recipients of the federal grants. He asked should they be connecting the dots or doing something separate and apart from them. He said it seems like they

should be connected. Mr. Huleatt said at this point the Council has not addressed the concern of how various other programs interact with them but it is a valid point and is duly noted.

Dr. Garcia said the accountable health communities' grant is focused on building linkages. Accountable Communities for Health is a concept across the country to build networks of agencies as a group accountable for outcomes in the community. The CMMI grant emphasizes the linkage but not the capability at large of the agencies. Dr. Garcia said the Prevention Service Initiative (PSI) is a building block towards constructing the Accountable Community for Health (ACH) model in Connecticut. He said he thinks all of the efforts are in good alignment.

Dr. Schaefer said it would make sense for the advanced networks that are recipients of the AHC grants to build on the systems they establish for SDOH service linkages to include referral linkages for Prevention Service Providers.

Dr. Schaefer said the capacity issue is "who is going to pay for the services?" He said the federally qualified health centers (FQHC) and advanced networks (AN) should be the funders but the return on investment opportunity may not be enough to persuade them to make the initial investment. Dr. Schaefer said they are proposing to use SIM grant funds to provide some financial support (i.e., grants) to the FQHCs and ANs. The FQHCs and ANs can then use these funds to pay for services through a written financial agreement with the community based organization (CBO). He said the agreements could provide accountability on both sides for program completion/outcomes. The impact of these agreements can be studied in focused way. He said after 18 months, the ANs and FQHCs may see these agreements as an investment worth continuing.

Mr. Charmel said we are in a shared savings model where you have to actually generate savings which is 18 months to 2 years after the fact with no accountable care payments upfront. He suggested prefunding it to prove that it works. Mr. Charmel noted that there are limited dollars available. He said they may have to reallocate the resources rather than do this in a new setting. Dr. Garcia said he is hearing the question of where is this going to be implemented. He said they are looking at various areas in the state that would make sense to have the demonstration projects. He said they are looking at areas with greater disparities, the efforts of CCIP, and PCMH+ so there will be alignment in the projects. Dr. Garcia mentioned some projects have been developed and have experience in the programs but lack the ability to expand.

Ms. Lash asked how it relates to the community health worker (CHW). She expressed concern that it may be unrealistic to expect the CHW initiative and the PSI to be paid for with shared shavings given the slimness of shared savings and the time delay in receiving payments. Ms. Lash said her question is more on the business side regarding who is going to pay for referrals to the community groups. Dr. Garcia said it is part of what they have been exploring with the ACOs and CBOs and whether it makes sense financially for them. He said the question cannot always be answered because the data does not exist readily available. He said they are proposing a demonstration exercise over an 18 month period to shape resources from healthcare to the community sector. The mechanism would be through payment reform.

Dr. Lagarde said she wanted to follow up on Alta's concern and share the concern about taking scarce resources and putting them into another initiative. She noted the difficulty in doing it maximally because there are other initiatives in the same boat. Dr. Lagarde said she is looking at it from the perspective of the underserved population. She said it is very hard to refer them out. Over the years the systems have been provided in house. She expressed concern that it is another bureaucratic layer of scarce resources. She said the demand is twofold, it's not just who is going to pay for it but will they go to another entity.

Ms. Veltri said it sounds like there is a little bit of a disconnect in terms of capacity building and having people ready to deliver a service and getting people who need the service to engage in the service. Ms. Lamott Sparks said part of her work is how to make things better in the community and leverage the money that is there. She said it sounds like this is very programmatic. She suggested looking at the hospital community benefits fund because it can be used in the community for capacity building. Ms. Lamott Sparks suggested looking at various systems to make what they have work and not build something new. Mr. Beadle asked whether there will be bidding for particular organizations that have experience in this and have already piloted programs. He asked whether they will be seeking specific qualified organizations with linkages to CBOs. He also asked whether the State will undertake an RFP or RFQ type process. He asked whether SIM dollars will be involved with this. He said he is missing how the money will be funneled into this.

Dr. Garcia said the prevention service initiative is a building block within the goal of population health. He said they are working with various coalitions to build the proposed system to address social determinants of health from a policy perspective rather than integration. He said to implement accountable communities they need payment reforms that are on the global budget model with real opportunities for providers upfront to invest in social determinants of health. Dr. Garcia said regarding the procurement, they are looking for a technical assistance vendor to support the CBOs that will participate in the initiative. He said there is not a lot of risk involved as far as the contract. For CBOs, a request for application be put out and there will be interviews.

Mr. Huleatt said there is a need for flexibility. He said as they look at the model sites and contracts, flexibility is going to be crucial to do all the things being asked about which is leveraging funding. Mr. Williams said there is the opportunity for a genuine and authentic relationship/partnership around health recognizing the assets that exist in natural communities that can be leveraged and incentivized financially for the benefit of the system. Mr. Williams said they are talking about prevention aspect. He suggested investing upfront prevention dollars from without the system or within system with the assumption that it will work and free up the dollars being invested. Dr. Lagarde asked for clarification regarding the money they are talking about.

Dr. Schaefer said for the procurement they are looking at perhaps 150-300 thousand for technical assistance and perhaps 10s of thousands for each CBOs participation in technical assistance. Dr. Lagarde said she wanted to reiterate her point about limited resources. She said the idea of sustainability comes from shared savings and they haven't demonstrated the ability to generate shared savings. She said it would be like adding another program when they don't know if wave 2 of PCMH+ is going to go forward and with what sort of funding.

Dr. Schaefer suggested deferring this the question of funding to the investment strategy conversation regarding where to invest. LG Wyman clarified that the discussion will continue later.

Report of the CHW Advisory Committee
Meredith Ferraro, Executive Director of Southwestern Area Health Education Center, was available to present on the report of the CHW Advisory Committee. It was noted that the report of the CHW Advisory Committee was sent out ahead of time to HISC for review. Members decided to proceed with a vote on the report of the CHW Advisory Committee.

Motion: to approve the report of the CHW Advisory Committee for release to the public – Jan VanTassel; seconded by Suzanne Lagarde.
Discussion: There was no discussion.
Vote: All in favor.

Minutes
At this time, the approval of the minutes was revisited.

Motion: to approve the May 11, 2017 and June 8, 2017 Healthcare Innovation Steering Committee meeting summaries – Joseph Quaranta; seconded by Alta Lash.
Discussion: There was no discussion.
Vote: All in favor.

Public Scorecard
Robert Aseltine presented on the Public Scorecard. Ms. Lash asked whether the information would be broken down by site because some of the ANs are really huge such as Hartford Healthcare. Dr. Aseltine said in terms of breaking down to smaller sub-units there are generally some constraints and some of it has to do with the way claims are processed and reported. He said there are some restrictions to breaking down by sub-entities but the goal would be to be as granular as possible.

Ms. Bradley expressed concern of whether it would truly be a tool for consumers. She said health plan directories are usually searchable by provider name not by a group of physicians. She said it would be difficult to try to have employees access the website that they are talking about building and put it together with the health plan website because they need to know who participates. Dr. Aseltine said they discussed this at the beginning of the process and interviewed entities that support scorecards across the country. He said they all had a mandate to present the scorecards in part to inform consumer choice. He said they were uniform in feeling that it promoted transparency and driving improvements through the fact that quality scores are now available widely.

Mr. Quaranta asked how advanced networks are being defined for these purposes. He said an added level of complexity is there is an intermediary between the primary data source, the payers, and the claims data base. He asked who will be doing particular parts of the project and what has been their prior experience with being successful in doing this type of reporting with a large claims base and quality analysis. Dr. Aseltine said the advance network is being defined for purposes of SIM as the entities in Connecticut that are taking on risks through shared savings contracts.

Dr. Aseltine said the group that is contracted to do the analysis is UConn Health and they have experience in working with this same type of activity and utilizing/analyzing claims data. He said the vendor for the APCD is OnPoint and they will handle the cleaning of the data distribution. There will be other levels of data cleaning standardization to do the measurements that need to be done. Dr. Aseltine said with data like this there are uncertainties but they will develop a protocol and work closely with the APCD to make the data as high quality as possible.

Dr. McClean asked who the APCD is not getting data from. Mr. Blundo said currently the APCD in Connecticut is unable to collect data from ERISA self-insured plans and any corporation that is covered by ERISA. He said they are very close to getting Medicare data. He said in addition to that they are working closely with DSS to obtain Medicaid data. He noted it was a work in progress and they are working though some administrative issues and logistics. Mr. Blundo said hopefully by the end of the summer they will have Medicare data in house.

Ms. McEvoy said the status of the negotiations with the Medicaid data is not primarily an administrative matter but really it's carefully negotiating adherence to federal statutory standards that is permissible in terms of sharing the Medicaid data. She said the charge is making sure it is in the interest of the Medicaid members. Ms. McEvoy said in contrast to some other states Connecticut is in a superior position of having integrated set of claims data. She said a challenge is they do not have an institutional definition of advanced networks. They are limited in the way that they enroll providers and the way they can pay.

Members continued to discuss the scorecard. Mr. Charmel noted that alignment is important. Dr. Schaefer recommended consideration to support the scorecard. He noted it as a reasonable

investment. He said if the group has additional questions and wanted to defer a decision to August it would be okay. It was mentioned that the public scorecard did not require a formal vote and if everyone agreed they could move forward with it. Members agreed with moving forward on the public scorecard.

Test Grant Investment Strategy
The Test Grant Investment Strategy is being deferred to the August HISC meeting due to a lack of time. There was a question regarding the July deadline. Dr. Schaefer said he could seek from CMMI a one month or three month extension but will look at what is most administratively efficient for the Program Management Office.

Adjournment
Motion: to adjourn the meeting – Suzanne Lagarde; seconded by Alta Lash.
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 5:08 p.m.