STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
August 10, 2017

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

Members Present: LG Nancy Wyman; Patricia Baker; Jeffrey G. Beadle; Robert Blundo; Mary Bradley via conference line; Patrick Charmel; Suzanne Lagarde; Sharon D. Langer; Alta Lash; Kate McEvoy (for Roderick L. Bremby); Michael Michaud (for Miriam Delphin-Rittmon); Frances Padilla; Raul Pino; Joseph L. Quaranta; Robin Lamott Sparks; Jan VanTassel

Members Absent: Catherine F. Abercrombie; Ann Foley; Terry Gerratana; Bruce Liang; Robert McLean; Katharine Wade; Deremius Williams; Michael Williams; Thomas Woodruff

Call to Order and Introductions
LG Nancy Wyman called the meeting to order at 3:02 p.m.

Public Comment
There was no public comment.

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

Test Grant Investment Strategy
Dr. Schaefer presented on the test grant investment strategy (see meeting presentation here).
Ms. VanTassel asked regarding clarification on PCMH+ numbers lagging. Dr. Schaefer said there are only two Advanced Networks and they forecasted two to four in the first wave. The number of Advanced Networks estimated to come in wave two is three possibly four. Dr. Schaefer said physician only groups with the exception of ProHealth are not oriented towards getting into the Medicare Shared Savings program. He said mostly the hospitals anchored systems are somewhat more interested in this business.

Dr. Quaranta said the barriers to entry to the Medicaid Shared Savings Program for smaller organizations without less administration infrastructure is too high. Dr. Quaranta said he thinks there would be significant interest in expanding the portfolio to cover the Medicaid population if they address issues such as the simplification of the process for applications, the potential for some funding to help support activities, investment incentives, and the ability to achieve bonus payments to cover upfront cost. Ms. Baker asked are they restricted from making changes to accommodate some of the issues. Dr. Schaefer said as long as they can tie any new proposed investment in the investment strategy to better deliver the driver and objectives, CMMI is likely to be receptive.

Dr. Schaefer said regarding the quality measure alignment, there was a discussion of whether the payers who are mostly aligning to a national approach around quality score cards and value based payment models would incur cost. He said there is consideration of whether it would make sense to put out grants to enable the payers to make the investments. The group discussed the fact that grants would allow some leverage to question what is being done in a demonstrated deliverable. Dr. Lagarde expressed concern with investing money into new efforts while there are concerns with the efforts they have already embarked on. She said they have already embarked on the PCMH+

program and it is a process that is going to take time. Dr. Quaranta suggested broadening the conversation by aligning the entire programs in a way that will be productive.

Dr. Lagarde suggested e-consults could be effective on access issues and cost. Dr. Quaranta said recently there has been significant progress in moving towards the e-consults process. It has not been developed extensively but there is activity currently to try to broaden the e-consult base providers and access. He said there is an infrastructure to provide them but not a payment model across all providers to support it. Dr. Lagarde mentioned she is addressing mainly where the state plays a key role with Medicaid. She said they have transitioned to a system whereby they are asking for a specialist to do an e-consult which may take less than 10-15 minutes, then bill for it and receive $13.26.

The Committee continued to discuss e-consults. It was mentioned that there is some payer support on the commercial side to support the e-consults payment system on a fairly wide scale. It could potentially be done across the entire state. There is a group run by Daren Anderson, Community eConsult Network, out of Middletown. Dr. Lagarde said there are many other initiatives that have been working hard to get commercial support for this but she is not hearing great success. She said CHC has stopped doing Medicaid e-consults as of July 1, 2016 when the change of reimbursement went into effect. Dr. Quaranta said from a funding standing point he does not see that reliable funding exists to support this. He said he thinks it would have to be funded under the traditional fee for service model at a rate that covers the cost to develop the infrastructure, increased billing that would be required to do it, and support for the physician that does it.

Ms. Baker asked how they can be most helpful as they think about where they are going with future investments. Dr. Schaefer said this kind of conversation about e-consults and the misalignment or insufficiency of multi-payer support is something that they can take on as a multi-payer strategy. He said despite the interest of some in migration to total cost of care type bundled approaches, the fee for service underpinnings are probably the most efficient way to create an open market for specialist to offer cognitive services to primary care to help them more efficiently do their job. Dr. Schaefer mentioned that he thinks the timing is off for direct funding e-consults because it's already been demonstrated as a high ROI investment. He suggested it may be time to ask the payers to give providers and members the tools to get to better outcomes that this would provide.

Dr. Schaefer said there is the e-consult technical assistance arm of the CCIP initiative. He said there is one Advanced Network that is pursuing it because of the funding problem. It is not cost effective to set up the system until there is a sustainable funding solution. Dr. Schaefer mentioned from the SIM grant perspective, they are funding the TA. He suggested looking at whether this will be among a short list of priority issues to take up directly with payers and possibly Medicare to raise the profile of the opportunity to ask them regarding a few things to help us achieve the objectives. Dr. Schaefer said he would relay the conversation and concerns to DSS and other payers to see if they could enlist and engage them in this conversation.

Ms. Veltri asked whether it was okay to go beyond provider investments. She said she would like to advocate, in terms of test grant investment strategy, for something outside the practice and more towards the community such as the Population Health Initiative around HEC. She suggested involving more of the grant fund into the community to help drive the HEC effort. She said some of the issues around addressing social determinants necessarily involves community investment. Ms. Veltri said community improvement is going to depend on knowing and engaging the community heavily. Dr. Schaefer said it is okay to go beyond the focus on provider investments and any areas are free game.

Dr. Schaefer said regarding investments in the community and our Population Health strategy, they are in the process of working with DPH on the Health Enhancement Community Planning strategy

for the coming year. They are also planning to release an RFP that will bring in a consultant. One of the investments they are proposing to make is around HEC consulting which is not currently in the test grant. There is an opportunity to dedicate this year to planning and making some investments in our final award year that would begin implementation.

Dr. Garcia said they would like to provide options for financial sustainability and it is where the consultants will be helpful. He said they are looking at sustainability that could include other sectors such as community development funds, philanthropy sector, and other types of financial supports that communities could implement. Organizations within the communities will need to commit and invest in the priorities to align goals. The commitment has to be forged around a written agreement by law with defined policies.

Ms. Lamott-Sparks said there is a lot of community organizations that are not in the healthcare system. They can't partner with them because the granters do not want them to use the money for clinical activities. Ms. Lamott-Sparks said she doesn't know what the solution is but maybe it is this sort of seeding to help with partnerships. Ms. Lash said a collaboration that will help involves municipal agencies. She said municipal agencies have to do their job and she does not like the idea of spending grant money to cover for them. She said there are issues such as transportation, housing, drug enforcement, park maintenance, and violence. Ms. Lash said she thinks the citizens have to be organized to hold accountable public institutions first.

Ms. VanTassel asked whether they will try to create new entities or support those that exist and fill in gaps to ensure the community is engaged. She asked how the priorities are going to be set. She said they frequently talk about addressing SDOH. She said the social determinants are all underfunded and linking them is not going to improve the underfunding. Dr. Schaefer said they are at the beginning of the process. He said they are working on a provisional definition. They will refine the definition with the consultant and in consultation with the Population Health Council, and HISC. Dr. Schaefer suggested another volunteer from HISC to provide input on the RFP process for the consultation.

Population Health – Prevention Service Initiative

Mario Garcia, of the Department of Public Health (DPH) and the lead for Population Health Planning presented on the Population Health Prevention Service Initiative (PSI).

Dr. Dalal, the Client Disease Director at DPH, said DPH has been involved in the oversight of the asthma visiting home program and diabetes self-management program for a number of years. He said the programs are grant dependent and subject to the fluctuations of grant cycles. He said they are actively exploring whether CHWs could be used in the implementation model for these. There is a study from Seattle, King's County that has embedded CHWs in their asthma home visiting program. Implementers are aware that this might be coming around. The diabetes self-management program is a protocol driven and community based program. Dr. Dalal said there is some difficulty with commitment to the program, however, they see a lot of synergy if they are able to have a CHW in a reimbursed position providing these services.

Ms. VanTassel expressed concern with putting finances into providing technical assistance to the CBOs. She said she would like to see more of the money go to the kind of initiatives being talked about. Ms. Lamott-Sparks said organizations are downsizing and shutting doors right now. She said she agrees with the money going directly to the organizations and CHWs and forgetting the technical assistance because they know how to work together. She said it could be helpful to have assistance with coordinating systems. She said most organizations would like the money to keep what they are doing in the community.

Ms. Baker said part of what they have to think about in this initiative is not only proof of concept but rather proof of how financing can work to support this in a more value based model or shared

savings model so that there is a return on investment. She said it is going to take service organizations and resources. She said it doesn't help them to do one more grant program that dies as soon as it is over. Ms. Baker said how they accommodate an investment so they can be a full-fledged participant, have the mechanism to test, and keep the viability is critically important.

Dr. Schaefer said they are trying to achieve an outcome to have health systems pay for things that they are not paying for today, which means purchasing capacity in the community. He said they could pay for capacity by giving CBOs money for staff but in two years it will be gone. He said the thinking was to solve for the full cycle and to put operations in place that make it possible. He said when the test period ends it would be obvious whether or not to continue the funding. Dr. Schaefer they have talked to the SCAN Foundation about various linkage models and were told not to take for granted that CBOs know how to negotiate a contract like this. He said the thinking is that even in the current environment, paying for a way to "tap the Hoover Dam", to start to pay for capacity is probably a reasonable strategy.

Dr. Quaranta pointed out that there is a tremendous amount of competition going on for the resources that are in value based programs. He said he thinks it would be very helpful for the organizations like the CBOs they are talking about to be brought on par with other large groups and organizations that are competing for the same dollars and resources. He said if the organization does not have a good business plan and a serious proposal that matches others for things that are being competed for, it will be hard to be successful. Things such as contract preparation could be extremely expensive and difficult to do. Dr. Quaranta said what he is hearing from the presentation is that most of these organizations may not have that capability in place and if they could support them it could be valuable. He said there also may be an opportunity to fund some of these activities for the large employer groups and payers.

There was a discussion about integrating and supporting PSI through PCMH+. Dr. Schaefer mentioned that an operational method was pursued through PCMH+ but CMMI said it couldn't be done and it would have to be done through discreet awards. Ms. McEvoy said from a standpoint of overall alignment DSS is highly supportive of amplifying the set of entities to which the PCMH+ participating entities are connected but resources are a challenge for them.

Minutes
Motion: to approve the July 13, 2017 Healthcare Innovation Steering Committee meeting summary – Patrick Charmel; seconded by Sharon Langer
Discussion: There was no discussion.
Vote: All in favor.

VBID Updated Templates
Jenna Lupi presented briefly on the VBID updated templates. It was noted that the updated templates were sent out ahead of time to HISC for review. There were no questions.

Motion: to approve the VBID updated templates for release for public comment – Joseph Quaranta; seconded by Alta Lash.
Discussion: There was no discussion.
Vote: All in favor.

Adjournment
Motion: to adjourn the meeting – Jan VanTassel; seconded by Jeffrey Beadle.
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 4:58 p.m.