STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
November 9, 2017

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

Members Present: LG Nancy Wyman; Jeffrey G. Beadle; Robert Blundo; Patrick Charmel; Rosanna Ferraro (for Frances Padilla); Mario Garcia (for Raul Pino); Suzanne Lagarde; Sharon D. Langer via conference line; Alta Lash; Kate McEvoy (for Roderick L. Bremby); Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Joseph L. Quaranta; Jan VanTassel

Members Absent: Catherine F. Abercrombie; Patricia Baker; Mary Bradley; Anne Foley; Terry Gerratana; Bruce Liang; Robin Lamott Sparks; Kristina Stevens; Katharine Wade; Deremius Williams; Thomas Woodruff

Call to Order and Introductions
LG Nancy Wyman called the meeting to order at 3:01 p.m.

Public Comment
There was no public comment.

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

Updates: State Budget, OHS, Procurements, Medicare Guidance
Vicki Veltri presented on the updates on the state budget, Office of Health Strategy (OHS), procurements, and Medicare guidance. She said one of items in the budget bill was the passage of legislation implementing the OHS in the state. She said this piece of legislation has passed and will be taking effect in January 2018. OHS will essentially take on the responsibility to develop a comprehensive and cohesive vision on healthcare for CT. It will bring the initiatives of the Health Information Technology Office (HIT), the State Innovation Model Program Management Office (SIM PMO), and the Office of Healthcare Access (OHCA) into one office under OHS to align planning efforts, avoid duplication, and to do a better job driving health policy for the state.

Ms. Veltri said the budget bill also transfers the All-Payer Claims Database (APCD) to HIT within OHS. She said all of the technology pieces will be together. She said the consumer information website that was going to be stood up under Access Health CT, will be transferred under OHS because it is based off of data that comes from the APCD. Ms. Veltri mentioned there is an organization development process being undertaken to bring the three distinct but related pieces together. She said Leslie Gabel-Brett is helping in the process as an organizational development specialist.

Dr. Schaefer said there is a lot of work being done on getting procurements for new vendors to support the various work streams. Details cannot be released about the procurements. Dr. Schaefer said there are negotiations with Freedman Healthcare regarding employer technical assistance for the VBID initiative. He said there are several consumer engagement RFPs out. He said regarding Population Health, they are finalizing the procurement on the Prevention Service Initiative (PSI) vendor. Ms. Lash asked whether PSI was approved. Dr. Schaefer said there was an advisory process and based on the input felt they were clear on the nature of the program. They did not seek a formal vote of approval.

Dr. Lagarde said her take on the discussions was that there was a lot of skepticism. Dr. Schaefer said the take away from the meeting, the case as a whole with the combination of frequently asked questions, was for a clear recommendation strategy. He said they are aware that people may still have reservations about the strategy. Ms. VanTassel said she thought there was broad skepticism and input was provided several times. She said ultimately it was like enough was heard and things moved on. She said it does not make them feel heard. Dr. Schaefer acknowledged her point. He suggested that the process could be further discussed separately or in the Ad Hoc discussions.

The Story of SIM – Achievements to Date

Ms. Lupi presented on the story of SIM and achievements to date. She said there have been requests for the story of SIM to connect the various initiatives and to make it more real. She said this presentation was designed with those requests in mind. She said the SIM PMO is interested in the committee's feedback about this approach. Ms. Lupi spoke of a patient's story that highlights some of the challenges in the current healthcare system, how the system is evolving to address the challenges, and how SIM progress to date impacts them. There were no comments or questions.

Successes, Challenges, and Strategy

Ms. Dookh moderated the discussion of the successes, challenges, and strategy.

Value Based Insurance Design - Ms. Lupi reviewed some of the successes and challenges of the Value Based Insurance Design (VBID) initiative. Ms. Veltri said she attended the CT Health Council this morning and it seemed like VBID was something that people were interested in and wanted to pursue. She suggested circling back to the other healthcare groups such as the CT Health Council about promoting VBID. She said the Health Enhancement Program (HEP) came up in discussions as an example on how VBID could be incorporated into plan designs for employers.

Ms. Lupi said the biggest challenge will be recruiting employers to participate in the technical assistance opportunity and retaining them. She said they will continue with the employer engagement activities. She said they are looking for organizations like this and any suggestions on who they should be reaching out to. Ms. VanTassel asked for clarification on who is doing the one-on-one technical assistance with employers. Ms. Lupi said it is Freedman Healthcare. She said a contract was signed with them yesterday.

Mr. Charmel said they have talked about the importance of engaging the broker community that employers rely on. He asked about the success of engaging brokers. Ms. Lupi said one of the challenges they run into with brokers is a lot of the products they are promoting are for the fully insured market and this initiative is focused on the self-insured market. She said they are working to engage brokers but currently do not have any concrete plans about what they will be doing with them. Mr. Charmel noted some challenges in the fully insured market. He said if they want employers to do this, they need to figure out how to make the mechanics work to help enlighten brokers, advisors, and health plans.

Payment Reform Participation Targets – Ms. McEvoy reviewed some of the successes and challenges with getting participation rates to the Person Centered Medical Home Plus (PCMH+) program. Mr. Charmel said a change in the attributed population has been noticed. He said Griffin Hospital participates in PCMH+ through Value Care Alliance. Mr. Charmel said Griffin noticed a 36% drop in their attributed population during this performance year. He said they continue to include them in all of their efforts but it is hard to understand how this happened. He asked how this would be treated from a shared savings perspective.

Mr. Charmel said a lot of efforts are being put in and Advanced Networks not getting upfront money. They are hoping efforts improve quality, reduce cost, and will be rewarded. A glitch will have an impact on potentially anyone being treated in the shared savings element of the program.

Ms. McEvoy said during an inaugural year they have identified unintentional consequences of policy decisions that were made. She said they need to establish a mechanism for restoration and establish rules upfront around what period of the year will count. She said they expect to solicit comments that would give an opportunity to share perspective on it.

Ms. Lash said PCMH+ and the Community and Clinical Integration Program (CCIP) were combined in the funding request and people received $500,000 to start to implement CCIP. She asked for clarity on this. Ms. Lash asked why Husky C patients aren't in PCMH+. She said they are the ones that would probably need attention more than most. She expressed concerned that Husky C patients would not be receiving the advantages of services such as community health workers (CHWs). Ms. Lash said on the future plans, she thought there was agreement that they would do this for one year and re-up it for a second year. She asked whether this has changed.

Ms. McEvoy responded to why Husky C patients are not in PCMH+. She said many individuals of Husky C already have a source of care coordination. She said CMS was concerned about duplication of efforts. Ms. McEvoy said another factor was that CT was selected under Dr. Schaefer's leadership for participation in a financial alignment demonstration that sought to implement care delivery interventions for Medicare/Medicaid eligibles (Duals Demonstration). She said they could not reach terms with CMS on doing this demonstration. She said after all of the effort and investment they felt they would lead with individuals who did not have any source of identified regular care coordination and then they would be in a building process of incorporating people on Husky C.

Ms. McEvoy said regarding future plans, it is about what they are procuring based on the money available, how many attributed individuals they have, and what was appropriated by the legislature. She said they will have to analyze it to see what recommendation to bring forward. She said the figures that were appropriated only have so much wherewithal in supporting so many people. Dr. Schaefer said the aim is to continue CCIP support for the wave 1 participants into wave 2 and new participants that comes in will be given opportunities of transformation awards as well. Ms. Lash mentioned there was a debate on not doing wave 2 until there was an evaluation of wave 1. However, the consensus of HISC was it was not a good idea to wait but rather there should be performance evaluations while recruiting for wave 2.

Dr. McClean said there was pressure to show good results in wave 1 before going to wave 2 but there was agreement that data to show it would be too slow in coming. He asked whether the limitation was only budgetary. Ms. McEvoy said they just had finalization of the budget figures last week and it is premature to say. LG Wyman said there may be more information by the next meeting. She suggested bringing this topic back later and putting it on the agenda for the next meeting.

At this time, the Committee revisited approval of the minutes.

Minutes
Motion: to approve the October 12, 2017 Healthcare Innovation Steering Committee meeting summary – Jan VanTassel; seconded by Suzanne Lagarde.
Discussion: There was no discussion.
Vote: All in favor.

CCIP – CHWs and Health Equity
Ms. Lupi reviewed some of the successes and challenges of CCIP. She asked for input regarding how to measure the effectiveness of CHWs as members of the healthcare team and how to measure the return on investment that is yielded because of their integration. Ms. Lash said the CHF did a report on return on investment on CHWs. They reported on the methodology from UMass that had already defined some of this. She mentioned it covered the return of investment portion not the effectiveness. Ms. Lupi said the report has been shared with participating entities on how they may do something like this. It was mentioned that trying analyze the effects on total cost of care on

various populations is difficult to do because there are so many things that effect the total cost of care.

Dr. Quaranta pointed out that there are other benefits of CHWs such as sick patients with complex needs and attending to those needs is part of the mission of the care delivery system in a patient centered model. He said just as it is important to save money it is important for them to take care of the patient's needs. Ms. Lupi said they agree and are trying to assure that CHWs do not just go away. Mr. Beadle said the CAB has been focused on this. He said CAB has done a number of forums. He said there was a listening session in West Hartford targeting groups from Southeast Asia and the numbers are astounding with this population in CT. Mr. Beadle said there is a paper that CAB will be getting out for HISC to see. He said there are comments from people that were not able to get care because of language and cultural barriers. There is definitely a "disconnect" in the ability to provide care adequately and equitably care with good outcomes for this population.

Mr. Beadle spoke on CAB's behalf about linking CHWs. He said they are recommending that the PSI require CBO's to use CHWs to provide chronic illness and self-management services. He said they further recommend PSI have embedded within it a strategy to ensure that these services can be extended to smaller race/ethnic sub-populations not limited to but including Cambodians, Laotians, and Vietnamese. Mr. Beadle said the recommendations are based in part on what CAB learned from the listening forums and the work with Khmer Advocates which relies heavily on the work of CHWs to provide services of self-management that addresses various barriers. Committee members continued discussing the benefits of having CHWs and the idea of connecting participating entities to the PSI to contract for the services.

Health Enhancement Community Planning – Ms. Dookh provided the update on the Health Enhancement Community planning. She said the Health Enhancement Community planning is in the beginning stages of planning efforts. Dr. Garcia said they are starting to think about challenges in the early stages. He said one issue has to do with accountability. He said if they are going to bring in several organizations across sectors, a challenge will be defining how to hold groups accountable to results. Dr. Garcia said another issue includes the size of the community and how to think about HECs as a regional collaboration and whether this is something that the state has to define. He mentioned there is the question of the role of the state verses the role of the communities in defining the governing body of this collaborative, in defining boundaries, and in defining the type of metrics to be used to ascertain the impact of this collaboration.

Dr. Garcia said the biggest challenge is what kind of financial options exist that they can recommend for this cross sector collaboration. He said the financial solution seems to be a critical aspect. He mentioned there are opportunities that they would like to discuss with HISC. He said the plan is to invite the Ad Hoc Committee and have more informal meetings with members from the Population Health Council to steer the issues and be more specific on the type of solutions they are looking for.

Adjournment
Motion: to adjourn the meeting – Joseph Quaranta; seconded by Patrick Charmel.
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 4:55 p.m.