

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Healthcare Innovation Steering Committee***

**Meeting Summary**  
**January 11, 2018**

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

**Members Present:** Victoria Veltri (for LG Nancy Wyman); Patricia Baker; Mary Bradley; Patrick Charmel; Ann Foley; Mario Garcia (for Raul Pino); Suzanne Lagarde; Alta Lash; Kate McEvoy (for Roderick L. Bremby); Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Joseph L. Quaranta; Robin Lamott Sparks; Kristina Stevens; Jan VanTassel; Thomas Woodruff

**Members Absent:** Catherine F. Abercrombie; Jeffrey Beadle; Robert Blundo; Terry Gerratana; Sharon Langer; Bruce Liang; Frances Padilla; Katharine Wade; Deremius Williams

**Other Participants:** Lesley Bennett; Faina Dookh; Jenna Lupi; Mark Schaefer; Andrew Selinger; Elsa Stone

**Call to Order and Introductions**

The meeting was called to order at 3:03 p.m. Victoria Veltri chaired the meeting.

**Public Comment**

There was no public comment.

**Minutes**

***Motion: to approve the November 9, 2017 Healthcare Innovation Steering Committee meeting summary – Joseph Quaranta; seconded by Alta Lash.***

**Discussion:** There was no discussion.

***Vote: All in favor.***

**Payment Reform/HEC Planning Strategy**

Dr. Schaefer provided an overview of the Primary Care Payment Reform and Health Enhancement Community Planning strategy ([see meeting presentation here](#)). Dr. Quaranta asked what percentage of the commercial market will participate across the threshold for the federal government's requirement. Dr. Schaefer said the federal government would need to be persuaded that there is enough payer participation to achieve the goals. He said the federal government emphasized there has to be broad support from stakeholders. Ms. Veltri conveyed LG Wyman's strong interest in moving forward on the planning process for this.

**PCPM Report**

Dr. Schaefer introduced the presenters for the Primary Care Payment Model (PCPM) report. Lesley Bennett, Dr. Elsa Stone, and Dr. Andrew Selinger, members of the Practice Transformation Task Force, presented on the PCPM report from their unique perspectives as a consumer, pediatrician, and family physician. The Committee discussed the PCPM report. Dr. Lagarde noted that e-consults provide cost savings and decrease issues of access to care. She said for her it is a no brainer and that with e-consults they should be running at 70 miles an hour towards it instead of tip toeing through the process. Ms. McEvoy said it is not an unfair characterization to say it is elementary calculus to describe this as cost effective but there is remaining concern among budget analysts on the duplication of visits through e-consults. She said they have the challenge of demonstrating return on investment within a certain period.

Ms. McEvoy said there are significant strengths in Connecticut, for example fall prevention services and 211 now has capabilities to merge with EHRs. She said it is really hard to understand how to migrate these strengths into day to day processes. She said we do a better job of moving the needle rather than having silos of opportunities that are not benefiting the practitioners. Dr. Selinger said he can think of one word, communication. He said how do you get the word out and share the information. He said disseminating information is hard. Ms. Veltri said the effectiveness of e-consults and these kinds of programs is the argument for this paper. She said perhaps the best way to allow various services to take place is by flexing the primary care payment so providers are not relying on fee for services.

Ms. VanTassel said she thinks they are on the same wave length. She said they want to look beyond just e-consults for specialist and really be looking at e-consults for a lot of routine medical issues combined with the community health workers (CHWs). She said CHWs are out in the community assisting people on issues they might not be able to do themselves. It can reduce cost with the number of people that have to go to the ER. It is being done with private payers in other states and is something they should look at. Ms. VanTassel said as they look at the ROI and the cost to do some of these things, if they look only at strict medical costs, they won't free up enough resources to address other things such as the cost of the CHWs, housing, and transportation for those who need it. She said she thinks this is a place where they can get ROI.

Dr. Lagarde said they are so close for just the specialty referrals. She said just with the ability to do e-consults for specialty referrals and the savings there, you would have the finances to do some of the other things. She said there are numerous financial models. Ms. VanTassel said her experience with the private payers is a substantial percent of incoming calls are for fairly routine issues such as sinus infection and UTIs and could be addressed without having to go through a lot of turmoil. Ms. Baker said the presentations were compelling and speaks to the urgency to move this agenda. She expressed thanks to PTTF for this body of work and applauded the Department of Social Services (DSS) on the PCMH+ program. She asked what is needed from HISC to advance this work and how to get things moving. She asked where the commercial payers are and what might Medicare be willing to consider.

Dr. Schaefer said Medicare has laid out a pathway for a multi-payer demonstration which could roll in a lot of what they are proposing to do under Health Enhancement Communities (HEC) and Primary Care Payment Reform (PCPR). It doesn't preclude taking action on things like e-consults. There will need to be a planning process that begins with a concept paper, terms and conditions, and then an agreement with the feds. Dr. Schaefer proposed engaging the Ad Hoc Committee to talk about the process over the next six months. He said the state's payers are being individually engaged to discuss aligning around this demonstration.

Ms. Baker suggested for them to be mindful about what are the short term wins and think about what the clear deliverables are along the two year period, not just planning. She said they do not have to know them now but two years should present a sense of urgency around deliverables. Mr. Charmel said that some of the sponsors for Advanced Networks have other incentives in place. He said they are at critical point. He said talking about PCPR and building the infrastructure that is needed for primary care physicians to do the kind of work that value based care is built on is vital. Mr. Charmel said the current model is not sustainable, which increases the urgency for pursuing this type of reform. He said two years could be too long.

Dr. Schaefer suggested for the timetable issue be referred to the Ad Hoc Committee for discussion. He said they could talk about what would interfere with a more rapid implementation and design process. He said they could start to articulate a vision of what 2020 would look like. It would make a difference, for those who are in the field, to know that there is a strategy. Dr. Schaefer said it will take persistence from the people that are closest to the process to get this initiative launched.

***Motion: to approve the PCPM report for public comment – Robert McLean; seconded by Joseph Quaranta.***

**Discussion:** There was no discussion.

***Vote: All in favor.***

Dr. Schaefer acknowledged Ken Lalime, Michele Kelvey-Albert, of Qualidigm, Jenna Lupi and the PTTF for all of their contributions, guidance, and work put into the report.

Ms. McEvoy announced issuance of procurements for wave 2 of PCMH Plus. She said it was issued this week. They are under procurement rules and there is a specific point of entry for any questions. She said members could avail themselves of the procurement document and forward questions and concerns as they arise so they can broadcast them to all interested parties. Members applauded Ms. McEvoy for advocating for wave 2.

### **Population Health Council Charter - Revised**

Ms. Dookh presented on the revised Population Health Council charter and requested an addition to the Council composition. Ms. VanTassel asked regarding the charter, whether stakeholders included consumers and if it could be specified that this is the intention. She said it's the first sentence of the third paragraph where it says "diverse set of stakeholders". Ms. VanTassel suggested for consumers to be specified because too often consumers get short tripped and forgotten. Ms. Dookh said she could make the edits. Dr. Schaefer mentioned that DPH asked whether the Consumer Advisory Board could be part of the front end for consumer engagement.

***Motion: to approve the revised Population Health Council Charter and composition– Jan VanTassel; seconded by Patricia Baker.***

**Discussion:** There was no discussion.

***Vote: All in favor.***

### **Adjournment**

***Motion: to adjourn the meeting – Patricia Baker; seconded by Robin Lamott Sparks.***

**Discussion:** There was no discussion.

***Vote: All in favor.***

The meeting adjourned at 4:55 p.m.