

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
February 8, 2018

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

Members Present: LG Nancy Wyman; Patricia Baker; Jeffrey G. Beadle; Patrick Charmel; Anne Foley; Mario Garcia (for Raul Pino); Sharon D. Langer; Alta Lash; Kate McEvoy (for Roderick L. Bremby); Robert McLean; Frances Padilla; Robin Lamott-Sparks; Deremius Williams; Thomas Woodruff via conference line

Members Absent: Catherine F. Abercrombie; Robert Blundo; Mary Bradley; Miriam Delphin-Rittmon; Terry Gerratana; Suzanne Lagarde; Bruce Liang; Joseph Quaranta; Kristina Stevens; Jan VanTassel; Katharine Wade

Other Participants: Stephanie Burnham; Faina Dookh; Allan Hackney; Jenna Lupi; Mark Schaefer; Vicki Veltri

1. Call to Order and Introductions

LG Nancy Wyman called the meeting to order at 3:07 p.m.

2. Public Comment

There was no public comment.

3. Minutes

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

It was determined a quorum was not present. The Committee proceeded to item 6, SIM Update: Risks and Strategies for Award Year 3, on the agenda ([see meeting presentation here](#)).

6. SIM Update: Risks and Strategies for Award Year 3

Faina Dookh and Jenna Lupi presented the update on the risks and strategies for award year 3. They spoke on the achievements to date, the grant timeline, scope of work, overall budget, goals, and some of the major risks to achieving the goals. There are two significant risks to publishing the public scorecard. The first is the release of the All-Payer Claims Database (APCD) data which will inform what goes into the public scorecard. The second is the fact that Medicaid data has not been submitted to the APCD. Currently, the only data that will be going in is the commercial data and Medicare.

Dr. McLean asked why Medicaid data has not yet been submitted to the All-Payer Claims Database. Mr. Hackney said that the issue with the Department of Social Services (DSS) was largely a technicality in the statutes, regarding the definition of the data that was supposed to be delivered. He said in the last bill that was published last year, the language was corrected and there was a kickoff meeting last week regarding the Medicaid data process.

It was determined a quorum was present. The Committee revisited approval of the minutes.

3. Minutes

Motion: *to approve the January 11, 2018 Healthcare Innovation Steering Committee meeting summary – Anne Foley; seconded by Patricia Baker.*

Discussion: There was no discussion.

Vote: *All in favor.*

Abstains: Jeffrey Beadle, Frances Padilla

4. Report of the CHW Advisory Committee

Ms. Lupi presented the report of the Community Health Worker (CHW) Advisory Committee. There was a suggestion to discuss the substance of the CHW Advisory Committee report in more detail at the next HISC meeting.

Motion: to approve the report of the CHW Advisory Committee – Patricia Baker; seconded by Sharon Langer.

Discussion: There was no discussion.

Vote: *All in favor.*

5. Population Health Council Member Selection

Dr. McLean presented the Personnel Subcommittee's recommendation for the Subject Matter Expert in community health improvement strategies appointment to the Population Health Council.

Motion: to approve the recommendation of the Personnel Subcommittee for Rick Brush to be appointed to the Population Health Council – Patricia Baker; seconded by Sharon Langer.

Discussion: There was no discussion.

Vote: *All in favor.*

6. SIM Update: Risks and Strategies for Award Year 3

The Committee discussed the SIM update, risks, and strategies for award year 3. Ms. Veltri mentioned that while they are talking about the risks and strategies, it is not just free money out there for the state to use. She said the feds are restrictive about the funds. When spending money, there has to be a detailed release of funds to articulate exactly what the money will be spent on and why. Ms. Veltri said there are certain specific things that they need to do with the money.

The Committee discussed whether there is the ability to reallocate funds and redefine the tactics to advance the goals. It was noted that there is flexibility to reallocate funds in the service of our overall aims. Dr. Schaefer said currently we are in the process of developing a much defined projection for every work stream and all the elements so there is an early understanding of where we are likely to underspend. Reallocation can be made to the priorities as they emerge over time.

There was a discussion about why there is not yet an IAPD submission. LG Wyman said they could have a meeting with Commissioner Bremby in the near future to help figure out how to get the IAPD submission completed as soon as possible. It was mentioned that there are outside sources that could help advance this and support the Department of Social Services (DSS) in this work and SIM. Ms. Baker said if the issue is resources for consulting staff to make something happen, the Connecticut Health Foundation could step up to the plate to help secure consulting resources.

Dr. Schaefer proposed to dedicate half of the March HISC meeting to a deep dive on the Health Information Technology (HIT), Health Information Exchange (HIE) strategy, the analytic strategy, and how the APCD will support the scorecard. There was a suggestion to include benchmarks, how it advances us to the goals, what are the new expectations that will need to be worked on, and the threat to achieving the objectives.

Ms. McEvoy said that a memorandum of agreement (MOA) is in the process of being signed and Medicaid data will be transmitted to the APCD in the near future. She said there is closure on this. It was mentioned that when the Medicaid data is in the APCD it would include complete claims. The statutory issue was around the eligibility portion of it that had to be paired with the claims data, so it was more meaningful than just dropping the claim in. The claim will need to be tied to some kind of eligibility portion and provider registry. Dr. Schaefer said that the enabling legislation does not allow it to push out identifiable information, so it can't be used as a single source of claims data for provider support purposes.

Dr. Aseltine, of UConn Health Evaluation Team, said his team is working to facilitate the transfer of data from the APCD. They expect the first release to be next Wednesday. It will contain commercial claims only. Dr. Aseltine said they are still waiting for the harmonization of the Medicaid data to be completed and once it is done, it will be sent over to them. He said everything is in place around the things that need to be done for the evaluation effort of the quality score card. The only thing that they need is data.

7. Primary Care Payment Model Planning Process

Dr. Schaefer presented on the Primary Care Payment Model (PCPM) planning process. Dr. Schaefer said he would like to have the Steering Committee's input regarding an effective way of engaging stakeholders. Ms. Williams said she likes the idea of the different advisory panels to solicit input. She asked how all of information would be synthesized together. She asked whether there is consideration for an executive board so that as feedback is being solicited from the different entities it could be synthesized together to make a recommendation. She suggested a specialized board, smaller board, with subject matter experts. There was a suggestion to bring solid recommendations to HISC for members to react to.

Ms. Lash said there are potential issues with bundled payments that could be avoided down the line if the consumer perspective was also involved in the high level discussion. She said having experts together doesn't necessarily solve all the problems. Ms. Williams said the roles could be defined on the board to have a healthy balance. The representation of roles does not have to be exclusively to subject matter experts. Ms. Baker said she agrees the executive group should exist so there are not four silos that are talking in different ways. She said the need to have the consumers' perspective and transparency is critically important. The Steering Committee already has an AD Hoc Subcommittee. The Committee discussed whether there could be an intermediate board between the PTTF and HISC. It was mentioned that there is the issue for strategic input.

8. Adjournment

Motion: to adjourn the meeting – Deremius Williams; seconded by Patricia Baker.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 4:59 p.m.