

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
March 8, 2018

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

Members Present: Victoria Veltri (for LG Nancy Wyman); Patrick Charmel; Andrea Duarte (for Cmr Miriam Delphin-Rittmon); Anne Foley; Kevin Galvin (for Jeffrey Beadle); Mario Garcia (for Raul Pino); Shan Jeffreys; Suzanne Lagarde; Alta Lash; Robert McLean; Joseph Quaranta via conference line; Robin Lamott Sparks; Joe Stanford (for Cmr Roderick Bremby); Jan VanTassel; Thomas Woodruff

Members Absent: Catherine Abercrombie; Patricia Baker; Mary Bradley; Terry Gerratana; Sharon Langer; Bruce Liang; Frances Padilla; Kristina Stevens; Katharine Wade; Deremius Williams

Other Participants: Stephanie Burnham; Faina Dookh; Allan Hackney; Cathy Homey; Jenna Lupi; Mark Schaefer; Deb Zahn

Call to Order and Introductions

The meeting was called to order at 3:10 p.m. Victoria Veltri chaired the meeting. Members and other participants introduced themselves.

Public Comment

There was no public comment.

Minutes

It was determined a quorum was not present. Approval of the minutes was deferred to later in the meeting.

Health Information Technology Update

Allan Hackney, the Health Information Technology Officer (HITO), presented the Health Information Technology project plan and timetable ([see meeting presentation here](#)). Dr. McLean mentioned electronic Clinical Quality Measures (eCQM) refers to what Centers for Medicare and Medicaid Services (CMS) is now putting out. They are extremely difficult and hard to use because of issues around complexity, definition, and time course. They no longer follow the clinical logic. He said he thinks a challenge that might happen is accountable care organizations (ACOs) do not need to measure and report using the Merit-based Incentive Payment System (MIPS), they can measure and report through their own methodology.

Dr. McLean said looking at several large networks and potentially ACOs across the state, they may not actually be using an eCQM type measure when they are doing their reporting so it may be difficult for them to follow a certain methodology. Mr. Hackney said he has heard discussions a number of times around the complexity issue and the harmonization of these measures. He said his view is not to try to solve all these at once. He said let's just start with taking a look at the raw data and figure out how we want to use it and which direction we want to go. Dr. McLean said the various provider systems will be submitting data and within the entity will be the entity's eCQM, so it will not be the provider's responsibility to be doing it. Mr. Hackney agreed.

Mr. Hackney reviewed the timeline. He said they are working to have the implementation advanced planning document (IAPD-U) funding approved. The IAPD-U will be submitted to CMS. Mr. Hackney

said the requirements are defined and DSS is engaged in the process. Ms. VanTassel asked whether this has to be done before submitting the draft application. She also asked whether the target date is March 23, 2018 for submitting the application. She expressed concern about whether the presented dates were realistic. She said the items highlighted in red are highly unlikely to be done in March. Mr. Hackney said they are working through some issues to get everything done. He confirmed the targeted dates may be unlikely to be met. Ms. Veltri said there was a conversation this afternoon regarding the challenges from the feds about having the plan in place. She said the Commissioner reached out to CMS about allowing us to go forward. She said there may be additional conversations on this. Mr. Hackney mentioned he thinks the conversation will happen quickly.

Ms. VanTassel asked whether they will receive the Medicare Fee-For-Service (FFS) data. Dr. Schaefer said the Medicare FFS data went to OnPoint, the All-Payer Claims Database (APCD) vendor, and was received in the latter part of last year. Dr. Aseltine said he met with Rob Blundo today about the data being delivered to us with a target date by the end of March. They will know more next week. Mr. Charnel asked about the frequency of the data. He asked whether it will be in real time, monthly or quarterly. Mr. Hackney said he does not know what the agreement is. Dr. Schaefer said he thinks it will be quarterly.

The Committee continued to discuss the data release process and interface. It was noted that there is a partially built consumer interface that is being worked on. It will be on the website to offer some basic queries. Mr. Hackney said they are close to the consumer side of things and are looking at midyear for the timeline.

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

Minutes

Motion: to approve the February 8, 2018 Healthcare Innovation Steering Committee meeting summary – Anne Foley; seconded by Robin Lamott-Sparks.

Discussion: There was no discussion.

Vote: All in favor.

Abstains: Jan VanTassel; Kevin Galvin; Joe Stanford.

Health Enhancement Community Planning Kick-Off

Cathy Homey, Principal Project Director of Health Management Associates (HMA), provided an overview of the HMA and their subject matter experts. Deb Zahn, facilitator and engagement lead at HMA, provided an overview of the Health Enhancement Community (HEC) planning process. HEC is a partnership among state agencies and is co-led by SIM and Department of Public Health (DPH). The HEC Initiative focuses on creating the conditions that promote and sustain cross sector community led strategies focused on prevention. Ms. Zahn reviewed the framework for engaging reference communities ([see here](#)). Ms. Lash said it seems to her that seven months to accomplish this is unrealistic. She said the materials are very comprehensive but seven months seem like a stretch. Ms. Zahn noted it is not a checklist to have it all figured out at the end of seven months.

Ms. Lash asked whether a seven month contract to work with the entities to get this accomplished. Ms. Zahn said it is a seven month contract to work with the entities as well as with the state, so at the end it is not to implement health enhancement communities and have a complete plan for every community. It is to have a plan for the state that is the best thinking from their communities. The state will have something to provide the feds and say we know what this is going to look like. Ms. Lash asked who is implied when saying the state. Ms. Zahn said it is the two leads of HEC, the folks from Population Health and SIM.

Dr. Schaefer said the Population Health Council is advising on the statewide strategy and the reference community approach is intended to ensure that the statewide conversation has a trickle

down component. He said we are listening to and working with the reference communities and nothing we do is a vacuum. The conversations on the community level will inform the Population Health Council.

Dr. Lagarde said in the timeline the reference communities kick off is April 9th. She asked what the reference communities are and will there be a kickoff in 3-4 weeks. Ms. Zahn said the request for proposal (RFP) has gone out and there are folks who have indicated interest. She said there is going to be a process to select them. The kickoff is the coming together so they will know what the process is. The kick off will be in April. Ms. Dookh said the applications are due on April 13th and they will have to go through a review process to award them. It will move quickly.

Ms. Lash asked whether the reference communities will receive any funding during the planning process. Ms. Dookh said yes, they are each receiving between forty to fifty thousand dollars to support the planning effort. Ms. Zahn said they are trying to figure out in the plan what can realistically be done and what could be done to support it. Mr. Charmel asked whether it is being assessed in the selection process how enlightened and committed the partners are in the reference community applications who might be asked to do some funding of activities prior to finding the big funding solution. Ms. Dookh said the reference community process is not an implementation process. She said we are not asking them at this time or within the seven months to put any money up front. It is for them to help us create an HEC strategy.

The Committee discussed the sort of communities that are applying for the opportunities. Ms. Zahn said at minimum they need groups with some collaboration, with some type of a governance structure, and can point to something that they can do together. She said it could take up a lot of time, effort, and energy if they are trying to figure out who they are as a group. Dr. Schaefer said the HEC Initiative will ultimately not be limited to the reference communities. He said this is to ensure that we are actively engaged at the community level while solving for the overall architecture of rural reform. He said they cannot risk having something that does not fit with the rural health community situation and it is best to have them as partners.

Mr. Charmel asked how much technical assistance these communities will need if and when it's available to operationalize. Ms. Zahn said it tends to vary. She said usually they will need quite a bit during the implementation phase because they will also be developing the infrastructure to actually run it. She said a lot of the technical assistance is usually provided at the beginning and should taper off. She said the goal should not be for the any collaborative to be depended on consultants.

Adjournment

The next Healthcare Innovation Steering committee meeting is scheduled for April 12, 2018.

Motion: to adjourn the meeting – Alta Lash; seconded by Jan VanTassel.

Discussion: There was no discussion.

Vote: All in favor.

The meeting adjourned at 5:01 p.m.