STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
April 12, 2018

Meeting Location: State Capitol, 210 Capitol Avenue, Old Judiciary Room, Hartford

Members Present: LG Nancy Wyman; Mary Bradley; Roderick Bremby; Andrea Duarte (for Cmr Miriam Delphin-Rittmon); Mario Garcia (for Raul Pino); Shan Jeffreys; Suzanne Lagarde; Sharon Langer; Alta Lash; Robert McLean; Arlene Murphy (for Jeffrey Beadle); Joseph Quaranta; Mark Root (for Kristina Stevens); Jan VanTassel; Deremius Williams; Thomas Woodruff

Members Absent: Catherine Abercrombie; Patricia Baker; Patrick Charmel; Terry Gerratana; Bruce Liang; Frances Padilla; Robin Lamott Sparks; Katharine Wade

Other Participants: Stephanie Burnham; Mehul Dalal; Faina Dookh; Allan Hackney; Jenna Lupi; Kate McEvoy; Mark Schaefer; Victoria Veltri; Steve Wolfson

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

Public Comment
There was no public comment.

Minutes
Motion: to approve the March 8, 2018 Healthcare Innovation Steering Committee meeting summary – Joseph Quaranta; seconded by Sharon Langer.
Discussion: There was no discussion.
Vote: All in favor.

HIT IAPD-U Submission
Allan Hackney, the Health Information Technology Officer (HITO), presented on Health Information Technology and the submission of the funding request to the Centers for Medicare and Medicaid Services (CMS) (see meeting presentation here). Dr. Quaranta asked for clarification on the delay in the plan that the HIT Advisory Council has for the submission of funding for the Health Information Exchange (HIE) activities. He asked if they could provide details on why the funding request has not been submitted or whether there is a funding approval from CMS. He said it seems that they are ready to move forward from the HIE standpoint and the only thing that is needed is the approval of funding.

Commissioner Bremby provided an update on the status of the funding. He said the IAPD-U was received by the Department of Social Services (DSS) after approval by the HIT Advisory Council. He said the document will need to go through review to identify issues before submittal. He said one issue is CDAS that is funded through the SIM initiative was contained within the document. He said this needed to be pulled out in order to submit the document for funding because it would be a double request for funding. Commissioner Bremby said a portion of the IAPD-U pertaining to the immunization registry was submitted last week so they could move ahead with the process. In their timeframe, they are tracking about four weeks behind based upon the issues that need to be resolved.

There is an issue registry, and a workgroup will be meeting to work through the issues as quickly as possible. The document will then become the request of the State of Connecticut. Commissioner Bremby mentioned that some of the request items conflict with the request of the Medicaid program for other programs and they need to tease them out and harmonize to make sure the request can go forward and it is fully funded. He apologized for the delay. He said he thinks they are on track to submit on 6/10. He said there are steps that the department has to go through before the funding request can be submitted.

Dr. Quaranta asked whether there are things that might push the 6/10 date back further. Commissioner Bremby said there are seventeen items that they need to work through and if the items can't be resolved then the date might be pushed but he doesn't think it will. He said he thinks they can work through the issues quickly.

Quality Measure Alignment

Ms. Burnham, Dr. Wolfson, Dr. Mehul, and Ms. Murphy, members of the Quality Council, presented on Quality Measure Alignment. The Committee discussed quality measure alignment. Dr. Quaranta asked whether Medicare was included in the alignment survey. Dr. Schaefer said it was not. He said there are a lot of Medicare measures for which the base rate is only high enough in the Medicare populations. For ambulatory admissions and chronic health conditions such as diabetes, each of the commercial payers did not have sufficient base rate prevalence to make for a valid measure. This is an example where there are conditions that occur in multiple populations. There are other conditions such as fall prevention that are mostly relevant to Medicare. Dr. Schaefer said for this reason the alignment is focused mostly on commercial and under 65 level.

Dr. McLean said this is one of the most critical things to get right. The metric differences between payers and accountable care organizations (ACOs) are huge. He said while a goal of 75% sounds good, the goal for alignment should be 100% because everything is never going to be aligned anyway. He suggested having all of the metrics on the table to make sure they measure what is already being captured. Dr. Schaefer asked about the leadership to ACO's extent of negotiating the shared savings contract to have the state SIM recommended set in hand. He asked whether it has come up in discussions and whether it is a critical point of negotiation.

Dr. Quaranta said it is always on his mind when speaking to different folks in this arena. He said there is very limited opportunity to drive change in the program development side and almost zero desire to do this. He said they are working in an environment of Medicare Advantage, fee for service (FFS), and commercial where they are dealing with predetermined quality measures that are not really up for discussion. There might be some exceptions. Dr. McLean said the discussions are probably the same for them as well. Dr. Schaefer said in addition to engaging the ACOs and the degree of alignment, he thinks the balance of the conversation is going to be what else can we do if there is a pre-established set that they come into the negotiations with, that is not really up for negotiation.

Dr. Wolfson said we feel Connecticut is very important but the insurers deal with fifty states. He said we can push them but there are limits beyond which national organizations can't go. He said on a number of occasions total agreement was received from the insurance plan representatives but they would need to take it to the national level and that is where things fail. Committee members continued to discuss aligning quality measures. It was noted that work is being done to improve alignment. There is also work being done around health equity measures to address disparities. The Quality Council is working on building a public scorecard to create a transparent view on the performance of the health systems.

Community and Clinical Integration Program

Ms. Lupi facilitated the discussion about proposed changes to the Community and Clinical Integration Program (CCIP). She said the Practice Transformation Taskforce (PTTF) looked at the

United States Prevention Services Task Force (USPSTF) and their recommendations around prevention and primary care. They evaluate services in the primary care setting. The Committee discussed the USPSTF recommendations and not having the anxiety and trauma screening requirement. Ms. Langer asked to what extent primary care providers are currently screening for domestic violence. Ms. Lupi said generally in working with the participating entities (PE's) trauma screening is not something that is done across the board. One reason is because the full spectrum of what to do when trauma is identified has not been worked out. Dr. Schaefer said they did not feel that they had enough behind them to go beyond the USPSTF to do this. He said in terms of staging the expectations, they ended up with the critical core requirements. Ms. Veltri said it is rated a B under USPSTF for women of child bearing age who do not have symptoms of abuse and it is zero co-pay services.

Dr. McLean applauded the group for picking USPSTF to look at. He mentioned it will get to the point where they can say there are some seismic things they want to do with data on universal populations but they can't do it all. He said the question would be on the domestic abuse violence screening how to implement it as a metric is another issue. It is a B grade so it is a reasonable thing to do. Ms. VanTassel said there is prominence of trauma in our society and there is an impact on children. She said sexual abuse is under reported. She said the agencies are working with trauma and trauma informs services. She said she is not comfortable with excluding this completely.

Ms. Duarte said she is from the prevention division and oversees suicide prevention. She asked what tools were identified as the standard for screening tools for depression and substance abuse. She asked whether the depression tool leads to a suicide assessment at the provider level or behavioral health level. Ms. Lupi said for depression in the standards they recommended the PH2Q and the PHQ9. She said the suicide screening would be more in the behavioral health setting. She said she can provide the substance abuse screening information. LG Wyman asked how PTSD would be picked up for our veterans. She asked how to pick up teenagers that are having problems as they see more suicides going on. She said there has to be a way to look a different way, it may go back to assuming there is a problem.

Ms. Duarte said the PH2Q assesses very basic depression and the PHQ9 is expansion of that. She said as part of suicide prevention statewide they are promoting the Columbia Suicide Severity Rating Scale and Assessment. She said regarding depression if they are only doing the PH2Q not the 9, they will be missing a lot of the risk factors. She said a number of individuals who die by suicide in CT are seen by primary care within a short period of time before their death. She said maybe this is something we should be thinking about. Ms. Veltri said they have talked about the PCM before and the planning process is a very important discussion for that. She said they need to have the flexibility to provide services.

Ms. Veltri said the screenings are covered under the ACA as zero cost services. She suggested looking at how many of the screenings within the state are actually happening to find where the gaps are. Dr. McLean said just because a screen is covered does not mean it's not being tracked. Some screenings are done as part of a checkup if the provider has time. He said care is not thought of as global, it is itemized. FFS is not sustainable in primary care. The premise is to figure out and push for primary care providers to spend the time to care for people and not have to worry about items that need to be checked off on the bill. LG Wyman said this is a good conversation that she would like to see continue. She suggested putting this topic on another agenda. The Committee agreed.

Dr. Schaefer said they need to move forward with the implementation of CCIP. He said there are a lot of complexities around requiring trauma and anxiety screenings. He said it sounds like there are members who could be part of a Taskforce Design group that could look at where this might be could be built into PCM in a way that makes sense. He said behavioral health integration is one of

the things that they need to solve for in the process. He said they will be meeting over the summer if anyone is interested in being a part of this process.

Recommendations re: composition of the Population Health Council
Ms. Dookh presented the recommendations regarding the composition of the Population Health Council. The Population Health Council is recommending to add a Population Health Council member representing Connecticut Health and Educational Facilities Authority (CHEFA).

Motion: to approve the composition to the Population Health Council recommendation and add Jeannette Welden as a member representing Connecticut Health and Educational Facilities Authority – Jan VanTassel; seconded by Sharon Langer.
Discussion: There was no discussion.
Vote: All in favor.

Recommendations for consumer representation on the Quality Council and Consumer Advisory Board
Ms. Murphy presented the recommendations of the Consumer Advisory Board for consumer representation on the Quality Council and Consumer Advisory Board. The Consumer Advisory Board is recommending that Susan Kelley be appointed to Quality Council, Maria Guerrero and Polly Silva be appointed as alternates to Quality Council. They are also recommending that Kelly Ray and Jason Prignoli be appointed as young adult consumer representatives to the Consumer Advisory Board.

Motion: to approve the Consumer Advisory Board recommendations – Jan VanTassel; seconded by Joseph Quaranta.
Discussion: There was no discussion.
Vote: All in favor.

Adjournment
The next Healthcare Innovation Steering committee meeting is scheduled for May 10, 2018.
Dr. Schaefer suggested replacing the physician position on HISC with a pediatric primary care provider. Members agreed.
Dr. Schaefer also mentioned there is a compendium of the public comments received regarding PCPR.

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

The meeting adjourned at 5:03 p.m.