STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
May 10, 2018

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

Members Present: LG Nancy Wyman; Patricia Baker; Mary Bradley; Patrick Charmel; Andrea Duarte (for Cmr Miriam Delphin-Rittmon); Mario Garcia (for Raul Pino); Suzanne Lagarde; Sharon Langer; Kate McEvoy (for Cmr Roderick Bremby); Robert McLean; Frances Padilla; Joseph Quaranta; Robin Lamott Sparks; Kristina Stevens; Jan VanTassel

Members Absent: Catherine Abercrombie; Jeffrey Beadle; Anne Foley; Terry Gerratana; Shan Jeffreys; Alta Lash; Bruce Liang; Katherine Wade; Deremius Williams; Thomas Woodruff

Other Participants: Stephanie Burnham; Faina Dookh; Allan Hackney; Charles Lassiter; Jenna Lupi; Victoria Veltri

Call to Order and Introductions
The meeting was called to order at 3:03 p.m. LG Wyman chaired the meeting.

Public Comment
There was no public comment.

Minutes
The approval of the minutes was deferred to later in the meeting.

Steering Committee Pediatrician Appointment
The Steering Committee pediatrician appointment was postponed to later in the meeting.

PCMH+ Update
Kate McEvoy, of the Department of Social Services (DSS), presented the status update on Person-Centered Medical Home Plus (PCMH+) (see meeting presentation here). The Committee discussed the PCMH+ update. There was a discussion about why eligibility was lost for almost 38,000 individuals, how many were told they were ineligible, and whether eligibility was reinstated for a good portion of those people. It was noted that there were a host of reasons for loss of eligibility such as the timing of the redeterminations and issues around the processing of redeterminations. It was mentioned that DSS launched a new eligibility management system over the course of last year and there were many aspects of it that were challenging in terms of tracking. It was stated that the majority of eligible members were restored.

There was a question about whether the goal is to help increase/broaden relationships with community resource organizations or track the extent that individual members in the participating entities (PEs) actually receive the community resource. It was mentioned that the process goal is to solidify the relationships, report on it, and develop capabilities. It was noted that there are constraints on the social services side and there is a difficult landscape right now. There is a challenge of how to optimize the use of the present resources given the constraints.
The Committee talked about the difficulty of getting outcomes, the impact on social determinants, and the constraints on social services providers throughout the state. It was suggested that there may be benefits to having documentation of outcomes. There was concerned expressed about

there being too many referrals. It was mentioned that a challenge is to really look at not just referrals but outcomes in addressing social determinants.

It was noted that the Community and Clinical Integration Program (CCIP) emphasizes full cycle solutions and looks at a complete assessment that includes social determinants and risk. There are electronic health record (EHR) software tools that are intended to be able to track cycles and connections to care. However, there is the question of whether this can translate to the community side. It was suggested that looking at partnering with Partnership for Strong Communities may help with a more focused effort in dealing with this issue. It was mentioned that we are getting to a point where it's more than just making a referral. It was noted that the Population Health Council is working on creating a market for investing in preventions for the risk of populations. There will be a report on this at the next month's Steering Committee meeting.

The Committee continued to talk about the PCMH+ status update. There was a discussion about ways to engage other advanced networks so that more populations can be reached and possible reasons why some of the networks not affiliated with the hospital systems have chosen not to apply. Ms. McEvoy said they are interested in comments on this and encourage anyone that is representing anyone of those networks to provide comments to the department.
The Committee revisited the HISC appointment recommendation and approval of the minutes as there was a quorum now present.

Steering Committee Pediatrician Appointment
Dr. Lagarde presented the recommendation for the Steering Committee Pediatrician appointment. The Personnel Subcommittee recommended Elsa Stone for the Steering Committee.
Motion: to approve the recommendation for the Steering Committee Pediatrician appointment – Suzanne Lagarde; seconded by Jan VanTassel.
Discussion: There was no discussion.
Vote: All in favor.

Minutes
Motion: to approve the April 12, 2018 Healthcare Innovation Steering Committee meeting summary – Patricia Baker; seconded by Jan VanTassel.
Discussion: There was no discussion.
Vote: All in favor.

Community and Clinical Integration Program Wave 2 Strategy
Ms. Lupi presented on the Community and Clinical Integration Program (CCIP) Wave 2 Strategy. The Committee discussed the CCIP Wave 2 Strategy. There was also a discussion about funding and supplemental awards. It was mentioned that in Wave 1 there were two Advanced Networks in CCIP and one FQHC that can receive supplemental funding. It was noted that there will be a health improvement technical assistance vendor and all PTN recipients will have access to this vendor. Recipients will also be validated against health equity improvement standards by another separate external vendor. It was mentioned that the PTN recipients will not be receiving transformation awards mainly because they are receiving other supports. There was a question and discussion about Wave 1 to assess progress and look at where more investments may be needed.

Adjournment
The next Healthcare Innovation Steering committee meeting is scheduled for June 14, 2018.

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

The meeting adjourned at 4:52 p.m.