

State Innovation Model

Healthcare Innovation Steering Committee

Meeting Minutes

November 15, 2018

Meeting Date	Meeting Time	Location
November 15, 2018	3:00 - 5:00 p.m.	Webinar and Conference Call

Participant Name and Attendance

Healthcare Innovation Steering Committee Members					
LG Nancy Wyman	X	Anne Foley	X	Mario Garcia for Raul Pino	X
Catherine F. Abercrombie		Terry Gerratana		Joseph L. Quaranta	X
Patricia Baker		Suzanne Lagarde		Robin Lamott Sparks	X
Arlene Murphy for Jeffrey G. Beadle	X	Sharon D. Langer	X	Kristina Stevens	
Mary Bradley	X	Alta Lash	X	Elsa Stone	X
Kathy Brennan and Kate McEvoy for Roderick Bremby	X	Ron Preston for Bruce Liang	X	Jan VanTassel	X
Patrick Charmel	X	Robert McLean	X	Katharine Wade	
Alyse Chin for Miriam Delphin-Rittmon	X	James Michel	X	Thomas Woodruff	X
Louis Fiorillo	X	Frances Padilla			
Others Present					
Stephanie Burnham - OHS		Victoria Veltri - OHS			
Jenna Lupi - OHS		Deb Zahn - HMA			
Mark Schaefer -OHS					

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Healthcare-Innovation-Steering-Committee>

	Agenda	Responsible Person(s)
1.	Call to order and Introductions	LG Nancy Wyman
	<p>Call to Order The regularly scheduled meeting of the Healthcare Innovation Steering Committee was held on Thursday, November 15, 2018 via webinar and conference call. The meeting convened at 3:04 p.m. LG Nancy Wyman presiding. Member attendance was taken by roll call and other participants introduced themselves.</p>	
2.	Public Comment	LG Nancy Wyman
	There was no public comment.	
3.	Minutes	LG Nancy Wyman
	<p>The motion was made by Jan VanTassel and seconded by Robert McLean to approve the minutes of the Healthcare Innovation Steering Committee meetings of September 13, 2018 and October 11, 2018 meetings. Motion carried.</p>	

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4.	Health Enhancement Communities Report	Deb Zahn
	<ul style="list-style-type: none"> • Deb Zahn, of Health Management Associates (HMA), presented on the Health Enhancement Communities (HEC) report. She provided an update on the design of the HEC framework. She said the objective is to obtain recommendations from the Healthcare Innovation Steering Committee to report back to the Population Health Council. <ul style="list-style-type: none"> ○ The Committee discussed the HEC proposed framework. Members reviewed and talked about the potential structure and community member involvement. It was mentioned that it is important for residents to own the entire process and interventions because without it, they may not be successful. There was concern expressed about not having community organizing groups with the governance structure formally. It was mentioned that the accountability bridge might not be as clear in the decision making process. ○ The Committee talked about having community partners at the table with the governance structure. It was mentioned that community residents want a seat at the governance table. The governance should be representative of community organizations, community members, and who is being served in the community. The Executive Director and staff with funds are there to make sure the flow of things happen and to provide resources. There was a suggestion for there to be communication from all of the organizing groups and they should also be talking to each other so that if there is something on the table for them to pursue, they could pursue it together. ○ There was a question regarding how the governance structure would be staffed. It was mentioned that there would need to be formal agreements and bylaws. The state is not saying who has to be at the table, however some guidance would be provided such as there should be healthcare providers, housing, social service members, and organizations that are able to impact social determinants of health and other root causes of poor health in the community. HEC would need to decide how to structure itself, who would be at the table, and how it would be set up. ○ The Committee discussed the report language. It was mentioned that social determinants of health is a fundamental part of the discussion. There was a suggestion for the document to make clear that it is about improving community health and well-being. It was mentioned that community residents need to have an equal voice. ○ There was a discussion regarding funding. It was mentioned that there would need to be a way to ensure the funds are matching the HEC priority and mission of the groups. It was noted that this duty is at the level of the Executive Director and staff. It was mentioned that people will fight for credit and forget about the work and community. It was suggested for HEC to figure out the balancing act so that everyone gets the credit, not just who is holding the money or who wrote the grant. 	

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	<ul style="list-style-type: none"> ○ It was mentioned that within the proposed framework are indications of the issues and why they matter. It was noted that there are a number of details that will need to be sorted out and different communities might do different versions of solutions for them. The expectation is that the community organizing groups, Executive Director and staff, and governance will have input from the HEC structure. ○ The Committee agreed to use CT Behavioral Health Partnership as a model. The State Partnership for Health Enhancement would administer and oversee the overall HEC initiative. It will be a multi-agency partnership to support HEC in multiple ways. 	
5.	Adjourn	Meeting adjourned at 4:27 p.m.
	Elsa Stone motioned to adjourn and Jan VanTassel seconded. Motion carried.	