

# State Innovation Model

## Healthcare Innovation Steering Committee

### Meeting Minutes

#### February 14, 2019

Meeting Date	Meeting Time	Location
February 14, 2019	3:00 - 5:00 p.m.	State Capitol, Room 310, 210 Capitol Avenue, Hartford, 06106

#### Participant Name and Attendance

Healthcare Innovation Steering Committee Members					
Victoria Veltri		Anne Foley		Mario Garcia for Raul Pino	X
Catherine F. Abercrombie		Terry Gerratana	X	Joseph L. Quaranta	X
Patricia Baker	X	Suzanne Lagarde	X	Robin Lamott-Sparks	
Jeffrey G. Beadle	X	Sharon D. Langer	X	Kristina Stevens	
Mary Bradley	X	Alta Lash via phone	X	Elsa Stone	X
Kate McEvoy for Roderick Bremby	X	Bruce Liang		Jan VanTassel	X
Patrick Charmel via phone	X	Robert McLean	X	Katharine Wade	
Carleen Zambetti for Miriam Delphin-Rittmon	X	James Michel		Thomas Woodruff via phone	X
Louis Fiorillo	X	Frances Padilla via phone	X		
Others Present					
Stephanie Burnham (OHS)		Andrew Selinger, MD (PTTF)		Kelly Sanchez (OHS)	
Sandy Carbonara, MD		Laura Morris (OHS)		Mark Schaefer (OHS)	
Linda Green (FHC)		Kevin Galvin via phone (CAB)		Vinayak Sinha (FHC)	
Arlene Murphy (CAB)		Lisa Honigfeld			

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

	Agenda	Responsible Person(s)
1.	<b>Call to order and Introductions</b>	<b>Patricia Baker</b>
	<p><b>Call to Order</b> The regularly scheduled meeting of the Healthcare Innovation Steering Committee (HISC) was held on Thursday, February 14, 2019 at the State Capitol, Room 310, 210 Capitol Avenue, Hartford.</p> <p>The meeting convened at 3:07 p.m. Patricia Baker presiding.</p> <p>Members and other participants introduced themselves.</p>	
2.	<b>Public Comment</b>	<b>Patricia Baker</b>
	<p>Arlene Murphy, Co-Chair of the Consumer Advisory Board (CAB), provided public comment. She spoke about a summary of consumer questions, concerns, and comments that have been raised regarding the primary care modernization (PCM) advisory process. She said the Consumer Advisory Board had a couple of meetings in January and at those meetings there were some concerns raised by consumers that have not been answered. The summary of questions and concerns were sent with a copy of the public comment to members with meeting materials. Ms. Murphy said they</p>	

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	<p>wanted to make sure the information was shared and believe the questions should be answered before approval of any major decisions with respect to the primary care modernization capabilities.</p> <p>Dr. Schaefer expressed thanks to Ms. Murphy and Mr. Galvin for their leadership in shepherding consumer participation in the primary care modernization process. He said they welcome the summary of comments and are working to have the questions resolved. It was noted that the goal of today’s meeting is not to approve the PCM capabilities but rather to make recommendations, have input, and adjustments or refinements.</p> <p>The following announcements were made:</p> <ul style="list-style-type: none"> <li>• Laura Morris is newly established in serving in the role as the Director of Consumer Engagement for the Office of Health Strategy (OHS) and within her purview are the consumer engagement related initiatives such as working with CAB around PCM and other ongoing activities. Ms. Morris said she is looking forward to the opportunity and excited about getting out into the communities to meet with consumers/consumer organizations to hear feedback about OHS projects and having a communication loop that is meaningful.</li> <li>• Former State Senator Terry Gerratana has joined the support of work at OHS. Ms. Gerratana said she is excited about the work that OHS has been doing and is looking forward to working with everyone in her new role.</li> <li>• Louis Fiorillo replaced a position previously held by Deremius Williams. Louis Fiorillo, Vice President of Vital Solutions at Anthem and a new member of HISC, introduced himself. He said he is looking forward to contributing to the ongoing work.</li> <li>• Mary Bradley, the employer representative, has served for many years and is stepping down from her role on HISC. The Committee expressed thanks to Ms. Bradley for her contributions including consultations around SIM strategies and assistance with engaging employers and employer groups.</li> <li>• Jenna Lupi will be leaving at the end of the month to take a job in New York. The Committee thanked Ms. Lupi for her work, creativity, and contributions to the operations and various programs at SIM.</li> </ul>		
<b>3.</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"><b>Minutes</b></td> <td style="width: 40%;"><b>Patricia Baker</b></td> </tr> </table>	<b>Minutes</b>	<b>Patricia Baker</b>
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	<p>The motion was made by Joseph Quaranta and seconded by Jan VanTassel to approve the minutes of the Healthcare Innovation Steering Committee January 10, 2019 meeting. <b>Motion carried.</b></p>		
<b>4.</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"><b>Population Health Council Appointment</b></td> <td style="width: 40%;"><b>Robert McLean</b></td> </tr> </table>	<b>Population Health Council Appointment</b>	<b>Robert McLean</b>
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	<p>Robert McLean presented the Personnel Subcommittee nominee recommendation for representation of the Thames Valley Council for Community Action on the Population Health Council.</p> <p>The motion was made by Jan VanTassel and seconded by Sharon Langer to approve the recommendation of the Personnel Subcommittee, Deborah Monahan, to serve on the Population Health Council. <b>Motion carried.</b></p>		

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#### February 14, 2019

<b>5.</b>	<b>Primary Care Modernization Proposed Capabilities</b>	<b>Linda Greene</b>
<p>Linda Green presented the Primary Care Modernization (PCM) proposed capabilities and the work to date (<a href="#">see presentation here</a>). She said they will be discussing the new primary care capabilities that federally qualified health centers (FQHC) and advanced networks (AN) will be able to provide. Ms. Green provided an overview on how they have engaged stakeholders over the past six months and the groups that have been consulted to obtain input and feedback.</p> <p>Jenna Lupi, Dr. Schaefer, and Dr. Selinger presented on Dr. Neil’s adult patients and her practice solutions.</p> <ul style="list-style-type: none"> <li>• Ms. Lupi spoke on a story about Kahn’s health issues and needs that include access to food, housing, and unemployment support.</li> <li>• Dr. Schaefer spoke on a story about Mr. Jones and his health issues and outcomes. It was mentioned that social isolation is a risk factor and a community health worker (CHW) could help with this. It was mentioned that finding a way for some engagement on a community level could promote his mental health and physical health over time. It was noted that it is important to have various types of supports and this is a challenge. CHWs are familiar with opportunities for social engagement in the broader community. It was mentioned that practices currently do not have funding for participation in social activities but identifying it as a risk factor and solving for it can be written in. The implementation of social supports has been discussed by the Practice Transformation Task Force (PTTF).</li> <li>• Dr. Selinger, of ProHealth, spoke on a story about Clara and her health needs that include chronic fatigue syndrome (CFS). It was mentioned that siloes of ambulatory healthcare are increasing and it is creating increased burnout while we try to incorporate data collection to manage cohorts and groups of people in similar populations. It was mentioned that population data and data collection is extremely important but at this point has not been well integrated into the primary care practice. It was noted that various modalities such as e-consults and telemedicine can support the patient and healthcare profession. There was concern expressed about cost in what can be achieved. It was noted that the Payment Reform Council (PRC) is reviewing cost for each of the capabilities proportionate to the population that is being supported. There was a discussion about cost. It was mentioned that overall the initiative is persuasive but could leave someone with no background to wonder where the money will come from. There was a suggestion that it would be beneficial to have something upfront that describes part of the initiative that deals with specific issues such as payment changes.</li> <li>• Ms. Lupi spoke about Chris’s story, his health issues, and Dr. Neil’s practice solutions. There was a discussion about adult primary capabilities of PCM. There was a suggestion that helping patients manage their conditions should be included. It was noted that the capabilities are geared specifically to each practice. There was a question regarding resources of community care partnerships and whether elective. It was mentioned that a whole range of partnerships can be encouraged and the idea is to provide flexibility for innovation without being more prescriptive than justifiable. There was a suggestion to take serious consideration</li> </ul>		

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	<p>on how to solve for partnership deliberations. It was mentioned that it should not be “out of step” with the Health Enhancement Communities (HEC) initiative’s work.</p> <p>There was a discussion about addressing social determinants of health (SDOH) needs such as lack of food and housing issues. It was mentioned that PCM is critically important for the delivering clinical practice. It could be touchstones for addressing social determinants and core from a medical provider delivery level. There was a question about addressing people with disabilities. It was mentioned that a PCM design group convened and specifically engaged people with various disabilities to work on this. There was not a determination of whether a disability related capability should be included as part of PCM. It was mentioned that the goal is to have PTF circle back on this topic.</p> <p>Lisa Honigfeld and Dr. Carbonara presented Dr. Bell’s pediatric patients and his practice solutions. The universal capabilities for adult/pediatric primary care practices were reviewed.</p> <ul style="list-style-type: none"> <li>• Ms. Honigfeld spoke about the Beck family story, their needs, and the outcome.</li> <li>• Dr. Carbonara spoke on a story about Jesse, her needs that included depression, and Dr. Bell’s practice solutions. It was mentioned that adolescents are not high utilizers on the high end of needs and it is difficult to measure wellness. The goal is to measure wellness and not the absence of disease.</li> </ul> <p>Due to a lack of time, it was suggested that additional comments and questions be sent by email.</p> <p>Dr. Schaefer reviewed the next steps. A one page lead-in description of PCM will be created for the adult and pediatric capabilities to provide a visual of how everything fits together. There will be continued feedback and input from various stakeholders. Additional meetings are scheduled in March to discuss key questions. The feedback will be incorporated into capability summaries. The goal is to have a draft report in the spring for public comment.</p>	
6.	<b>Adjourn</b>	The meeting adjourned at 5:03 p.m.
The motion to adjourn was made by Jan VanTassel and Mary Bradley seconded. <b>Motion carried.</b>		