

State Innovation Model

Healthcare Innovation Steering Committee

Meeting Summary

April 11, 2019

Meeting Date	Meeting Time	Location
April 11, 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	X	Louis Fiorillo		Robin Lamott-Sparks	
Catherine F. Abercrombie		Anne Foley	X	Elsa Stone	X
Patricia Baker	X	Suzanne Lagarde		Nicole Taylor	X
Arlene Murphy for Jeffrey G. Beadle	X	Sharon D. Langer	X	Jan VanTassel	X
Kate McEvoy for Roderick Bremby	X	Alta Lash via phone	X	Katherine Wade	
Patrick Charmel		Bruce Liang		Thomas Woodruff via phone	X
Mario Garcia for Renee Coleman-Mitchell	X	Robert McLean			
Miriam Delphin-Rittmon		James Michel			
Rose Ferraro	X	Joseph Quaranta	X		
Others Present					
Rob Aseltine, UConn		Kevin Galvin, CAB		Mark Schaefer, OHS	
Laurel Buchanan, UConn		Laura Morris, OHS		Steve Wolfson, QC	
Stephanie Burnham, OHS		Kelly Sanchez, 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	Victoria Veltri
	<p>Call to Order The regularly scheduled meeting of the Healthcare Innovation Steering Committee (HISC) was held on Thursday, April 11, 2019 at the State Capitol, Room 310, 210 Capitol Avenue, Hartford.</p> <p>The meeting convened at 3:00 p.m. Victoria Veltri presiding. Members and other participants introduced themselves.</p>	
2.	Public Comment	Victoria Veltri
	There was no public comment.	
3.	Minutes	Victoria Veltri
	<p>The motion was made by Sharon Langer and seconded by Jan VanTassel to approve the minutes of the Healthcare Innovation Steering Committee February 14, 2019 meeting. Abstentions: Anne Foley. Motion carried.</p>	

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4.	Quality Council Membership Expansion	Stephanie Burnham
<p>Stephanie Burnham presented on the Quality Council (QC) membership expansion. The QC proposed adding one primary care provider and one accountable care organization (ACO)/population health executive with specific specialties in Pulmonology and Endocrinology.</p> <p>The motion was made by Joseph Quaranta and seconded by Elsa Stone to approve the Quality Council member expansion. Motion carried.</p>		
5.	Public Scorecard	Rob Aseltine
<ul style="list-style-type: none"> • Rob Aseltine, of UConn Health presented on the Public Scorecard. UConn Health, OHS, and Quality Council have been working to publish the first online healthcare quality scorecard looking at Connecticut’s advanced networks (ANs) and federally qualified health centers (FQHCs). The purpose of the Public Scorecard is to display healthcare quality indicators on a publicly accessible web based platform. The Measures & Methods and Website Functionality & User Interface Design Subgroups were formed to obtain feedback, facilitate QC member involvement, help resolve issues, and move the process forward. The Committee discussed the Public Scorecard. • There was a question regarding data sources for the scorecard. It was mentioned that a large part of patient populations for the state’s ANs and FQHCs are proportionately Medicaid beneficiaries. It was stated that access to the Medicaid data is currently unavailable in the state of CT. An agreement has been put in place between OHS and DSS for the ability of the Connecticut All Payer Claims Database (APCD) to disseminate Medicaid data and this process has not yet unfolded. It was stated that the entirety of Medicaid claims data including real time pharmacy data has been transferred and is fully loaded in the APCD as of April. It was noted that a formal request has been submitted to the APCD for the Medicaid data but the request is pending authorization and next steps. A data source for the scorecard is the APCD. • The Committee discussed how organizations will be rated and reviewed the website preview. There was a question regarding the two rows of star ratings. It was mentioned that each row represents different rated measures. The categories will be clarified going forward. The Committee reviewed the result preview and continued to discuss the scorecard. HISC members commended Quality Council and the UConn team for all of their work and efforts. 		
6.	Primary Care Modernization and HEC	Mark Schaefer and Kelly Sanchez
<ul style="list-style-type: none"> • Dr. Schaefer provided an update on the status of primary care modernization planning. The stakeholder engagement process is underway. The goal is to have a draft report for public comment and have a final report over the summer. • Laura Morris provided an update on the status of consumer engagement for OHS. The goal is to have the consumer and consumer advocates’ questions answered in May. For consumer engagement for PCM, materials will need to be made into consumer facing materials in “plain language”. There will be two phases of consumer engagement. Phase 1 will be to go back to the four communities that were originally in the first round of stakeholder engagement. Phase 2 will be to take this to other organizations within state 		

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	<p>that may not have yet been engaged. It was mentioned that stakeholder engagement is important.</p> <ul style="list-style-type: none"> • There was a question regarding the timeline and whether there will be enough time allowed to obtain information from the various organizations and integrate it into the PCM plan that will be complete in August. It was mentioned that once the PCM draft report is out for public comment, there will be a period of four to six weeks for input. It was noted that it would be possible to coordinate multiple engagements each week. • There was a discussion about the summary of consumer questions, concerns, and comments on the PCM proposal. There was a question about whether the Payment Reform Council (PCM) or the Practice Transformation Task Force (PTTF) have considered the summary of comments and concerns as part of their deliberations. There was a question about how the consumer and consumer advocate questions and concerns will be addressed. It was noted that feedback received over the last few months has been shared and will be reviewed in May by the PRC and PTTF. In addition, everything that emerges from the last round of stakeholder engagement will be considered for adjustments to the model. • It was stated that it feels like consumers are not being heard because of the amount of time that it has taken to receive feedback. It was suggested that it would be helpful to let consumers know on an interim basis that their comments have been heard. It was noted that the issue with the response is not due to a lack of interest or consideration but the shift of leadership for consumers regarding the work. It was also noted that the comments from today’s meeting will be taken into consideration and there will be further discussions in terms of circling back. • The presentation on the Primary Care Modernization and Health Enhancement Communities was postponed due to a lack of time. • There was a suggestion to put together strategic questions and comments for a conversation on the synergy between Primary Care Modernization and HEC. A webinar on Primary Care Modernization and Health Enhancement Communities was proposed to take place before the next Steering Committee meeting to obtain additional feedback. 	
7.	Adjourn	Meeting adjourned at 4:58 p.m.
	<ul style="list-style-type: none"> • The next Healthcare Innovation Steering Committee meeting is scheduled for May 9, 2019. • The motion to adjourn was made by Elsa Stone and Arlene Murphy seconded. Motion carried. 	