# State of Connecticut

**State Innovation Model**

**Population Health Council**

Meeting Summary

May 25, 2017

**Meeting Location**: Connecticut Hospital Association, 110 Barnes Road, Wallingford

**Members Present**: Steve Huleatt (Co-Chair), Susan Walkama (Co-Chair), Elizabeth Beaudin, Frederick Browne, Tekisha Dwan Everette, Lisa Honigfeld, Martha Page, Lynn Salsgiver, Hayley Skinner,

**Members Participated via Teleconference/Webinar:** Kate McEvoy, Hugh Penney, Hyacinth Yennie, Kristin Mikolowsky/Heather Nelson (HRiA).

**Members Absent**: Tamim Ahmed, Pat Baker, Nancy Cowser, Craig Glover, Garth Graham, Penny Ross, Elizabeth Torres, Vincent Tufo, Tom Woodrufff

**Other Attendees**: DPH: Mario Garcia, Sandy Gill, Anitha Nair, Kristin Sullivan; SIM PMO: Mark Schaefer, HRiA: Rose Swensen (facilitator); Public attendee: Supriyo Chatterjee

**Call to Order:** Co-Chair Steve Huleatt called the meeting to order at 3:05 p.m.; a quorum was present.

**Review and Approval of Meeting Summary:** Lynn Salsgiver made a motion to approve the Population Health Council April 27, 2017 meeting summary, second by Tekisha Dwan Everette; the meeting summary was approved.

**Public Comment:** There were no public comments at this time.

**Purpose of the Meeting/Objectives****:** Rose Swensen shared the meeting objectives to: 1) Focus discussion on review of Straw Model B: ACO/CBO Linkage Model; (2) Decision making around key operational components of the model including technical assistance and CBO Selection.

**Straw Model B: CBO/ACO Linkage Model**

Feedback from the last Population Health Council meeting has been considered and incorporated in a Straw Model B – CBO/ACO Linkage Model. The feedback from the Council included that the previous model placed too much administrative burden on CBOs, and that objectives of the initiative should establish and/or strengthen linkages between entities, enhance capacity of CBOs to serve patients and meet increased demand, and be sellable to participating entities with a clear return on investment.

Mario Garcia presented an overview of Straw Model B: CBO/ACO Linkage model including gaps that the model aims to address (e.g., unmet prevention needs related to asthma, hypertension and diabetes; underutilization of community based prevention services, and limited capacity of CBOs to deliver and market these services to ACOs). He identified 8 community based prevention services that the model promotes related to asthma, diabetes, hypertension, and early childhood behavioral health, and discussed the program goals to 1)increase the number and quality of formal referral linkages and contractual relationships between the health care sector and community sector; 2) increase the number of individuals with unmet needs receiving these prevention services; 3) improve ACOs on quality measures in these areas; 4) enable ACOs to succeed in shared savings programs and other alternative payment models; and 5) open avenues for community integration to address clinical and social determinants of health.

The two straw models: Model A – Network Lead Entity and Model B – CBO/ACO Linkage model were compared for the Council and the differences and adjustments based on their feedback, were identified (see meeting slides on comparative strategies). Council members provided overall feedback that the model was simpler but to ensure the simplified message is kept, and continue to clarify what we are addressing and what we are trying to achieve. Some of the specific comments from meeting participants included:

* This model builds on community capacity of PCMH+
* What is the definition of unmet prevention needs? Large cases of individuals with diabetes for example that could benefit from prevention services but do not.
* Consider expanding group to include more CBOs and including behavioral health programs, specifically the diagnosis of anxiety and depression, should be considered as it may have synergy with outcomes. Instead of suggesting programs, may need to ensure awareness among the providers to note issues such as patient lack of will amongst their patient panel. Behavioral ROI will be difficult to fit into the objective for this initiative.
* Model B is simpler, keep a focus on goals of the initiative
* Consider the language used in this model and be conscious that the problem places focus on CBOs. The health care sector needs TA as well.
* A benefit of ACOs working with CBOs includes de-medicalizing problems. We need to understand and value how they do this
* What is the benefit to CBOs? More people in programs, potential for sustainable funding, and follow up/referral after screenings.
* Other SIM Councils address issues that should be integrated here including payment reform
* Recognize that many CBOs are currently trying to address this gap and the health care sector must participate in building community capacity.

**Key Operational Components**

Mario Garcia presented key operational components of the proposed model including selection of a technical assistance vendor and CBO selection to receive technical assistance. Of note, a technical assistance provider will be selected to provide subject matter expertise, resources and guidance to both CBOs and ACOs to enter into and succeed in contractual arrangements.

**Questions and Feedback**

* Several Council members asked to consider the use of the terminology “technical assistance”, and suggested a liaison approach or definition is more fitting, or to rename it operational assistance.
* Facilitate communication and coordination between navigators, ACOs and CBOs
* Include in the TA, infrastructure support building including data indicators, analytics, and unique identifiers.
* Need two way dialogue with ACOs and CBOs including collaborative resource sharing and get “hotspot” data from community to ACOs.
* Consider whether one or more contractors is needed for CBO/ACO technical assistance or other arrangements such as a contractor/subcontractor relationship, given the specific needs and TA requirements of each entity.

**Proposed Next Steps and Timeline:**

* June 2017: Design group to recommend TA scope of work
* June 8, 2017: Healthcare Innovation Steering Committee review of PSC model
* June 22, 2017: Next Population Health Council meeting to finalize key PSC operational components and TA scope of work. Complete Advanced Network/FQHC interviews.
* July 2017: Solicit PSC technical assistance provider. Finalize Additional PSC components
* October 2017: Solicit applications from CBOs to receive PSC technical assistance
* December 2017: CBOs selected
* January 1, 2018: PSC Technical Assistance kick-off

**Next Meeting Date:** June 22, 2017 from 3:00 pm – 5:00 pm at the Connecticut Hospital Association.

Meeting adjourned at 5:00 pm.