STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
April 28, 2015

Meeting Location: CT State Medical Society, 127 Washington Avenue, North Haven

Members Present: Susan Adams; Lesley Bennett; Mary Boudreau; Grace Damio; Leigh Dubnicka; Shirley Girouard; John Harper; Bernadette Kelleher; Abigail Kelly; Alta Lash; Nanfi Lubogo; Kate McEvoy; Rebecca Mizrachi; Douglas Olson; Rowena Rosenblum-Bergmans; Eileen Smith; Elsa Stone; Randy Trowbridge; Joseph Wankerl; Jesse White-Frese

Members Absent: David Finn; Heather Gates; M. Alex Geertsma; Laurie Harkness; Edmund Kim; Michael Michaud; H. Andrew Selinger

Other Participants: Jeanette Bogdan; Karen Buckley-Bates; Supriyo Chatterjee; Faina Dookh; Kathy McCarthy; Michelle Moratti; Mark Schaefer; Katie Sklarsky; Brad Weeks

Introductions
The meeting was called to order at 6:05 p.m. Lesley Bennett served as meeting chair. Participants introduced themselves.

Public Comment
Supriyo Chatterjee provided public comment (see public comment here). His comments referenced the use of CLAS and encouraged the supplementation of additional culturally and linguistically appropriate standards.

Minutes of April 7th Meeting
Motion: to accept the minutes of the April 7, 2015 meeting – Alta Lash; seconded by Elsa Stone.
There was no discussion.
Vote: all in favor

Welcome to New PTTF Members
Susan Adams (Home Health), Grace Damio (Cultural Health), Laurie Harkness (Housing), Abigail Kelly (Consumer/Advocate), Kate McEvoy (Department of Social Services), and Eileen Smith (Practice Administrator) were welcomed to the Task Force as new members.

Purpose of Today's Meeting
Ms. Bennett reviewed the purpose of the meeting (see presentation here).

Update on PTTF Executive Committee
Currently, Ms. Bennett, Rebecca Mizrachi, and Joseph Wankerl serve as executive team members. The Task Force discussed potential changes to the executive team. Ms. Mizrachi stated her intent to step down from the executive committee. Mr. Wankerl said he was happy to continue with a potential back-up. Elsa Stone volunteered to represent providers on the executive team. Bernadette Kelleher volunteered to serve as the back-up payer representative.

CT SIM and CCIP Vision
Michelle Moratti of The Chartis Group provided an overview of the vision for the CT State Innovation Model and the Community and Clinical Integration Program (CCIP). She laid out the four

areas of focus in the test grant: transform, build, reform, and evaluate and provided detail on how the CCIP relates to the overall SIM vision.

Alta Lash asked how vulnerable populations were being defined. Mark Schaefer noted that it is called out as relates to patient experience and stems from focus groups with Medicaid beneficiaries during the SIM Design Phase. "Vulnerable" does not need to be just Medicaid but could be cross-payer or non-payer. The Task Force could further define what constitutes vulnerable populations.

Ms. Lash said she was surprised to see the term "technology enablers." She asked what the Task Force's responsibility was with regard to technology. Dr. Schaefer said that the Task Force could decide that there is a particular issue that requires a technological solution and could request that the Health Information Technology Council develop a solution. Bernadette Kelleher said that it was important to develop narrow definitions and focus so that it is clear that they are proposing an approach that is appropriate and achievable.

Kate McEvoy asked about the intent to create 10 programs. She asked whether practices would have a menu to choose from. Dr. Schaefer said he did not envision it as a package but the group will decide what the program looks like. Ms. Moratti said this will be discussed in greater detail.

CCIP Sample Final Deliverable
Ms. Moratti provided a sample deliverable for the CCIP for the Task Force to consider. Doug Olson recommended the group address sustainability to ensure the programs are able to continue.

Plan for Design Groups
Ms. Moratti provided an overview of the proposed process and structure for design groups. There are three design groups proposed: Clinical Integration; Community Integration; and Measuring and Reporting. The Task Force discussed who would serve on each design group and reviewed potential meeting dates and meeting agendas. The design groups would comprise both Task Force members and others interested in participating in the process. Task Force members could participate in more than one group. Dr. Schaefer requested the group try to maintain a balance in representation.

Shirley Girouard asked for additional information about the charge to each group. Ms. Damio asked where health equity fit in. Ms. Moratti said that health equity fit within the Measuring and Reporting design group. She said that each group will meet twice for an hour and a half with the goal of creating a two page overview of the program design. Those overviews would be compiled into a final report that is reviewed by the Healthcare Innovation Steering Committee. Chartis would facilitate the design group work.

Meetings would take place from either noon to 1:30 or 5 to 6:30 p.m. The members will receive a poll to help determine meeting times. The meetings would take place via phone and WebEx and members would receive briefing packets ahead of time. The first set of meetings would take place between May 4th and 15th. The full Task Force would review the preliminary decisions at its May 19th meeting. A second round of meetings would take place after May 19th with final recommendations compiled on May 30th. Dr. Girouard suggested including weekend times. Ms. Moratti said they would be included in the poll.

Chartis is currently engaged in subject matter expert interviews to help inform the design group process. Ms. Moratti noted that those interviews may not be completed before the first set of design group meetings is scheduled. Task Force members asked that materials be shared at least 48 hours prior to the design group meetings. Dr. Stone suggested Chartis share information compiled to date, even if it is not finalized.

Mary Boudreau asked whether others could be invited to participate. Dr. Schaefer said the meetings are open to the public and anyone can participate. He noted that the intent was for the groups to be

comprised largely of Task Force members. If the groups decided subject matter expertise was needed, they could convene more focused meetings with those stakeholders. Ms. McEvoy stressed the importance of inclusivity in the process.

Ms. Lash asked if the design groups were where they would discuss vulnerable populations. She was concerned that the term just be applied to Medicaid. She said that Medicaid clients should not be segregated from the rest of the population and that they should be working towards a one-tier system. Ms. Moratti said that defining the term could be a subject for the design group meetings and could be defined to include any vulnerable patients within their category, regardless of the payer category. Dr. Schaefer suggested using the phrase "target population" instead of "vulnerable" except as called out in reference to care experience. Rowena Rosenblum-Bergmans reiterated Dr. Olson's suggestion that they discuss sustainability as it will be important to understand which payers will support which activities.

Next Steps

Ms. Moratti recapped the discussion. The PMO and Chartis will work with Task Force members to determine the design group meeting schedule. The PMO will aim to share materials 48 hours in advance of the meetings. Ms. Moratti reviewed the list of subject matter expert interviews that have been conducted and will continue to be conducted. They could potentially interview others, if needed

Ms. Smith asked whether any primary care providers would be interviewed. Ms. Moratti said they had engaged with the Primary Care Coalition of Connecticut on April 27th. Dr. Schaefer said they have conducted a series of meetings over the past year, deliberating on connectivity across the continuum. He said they may be in a good place to test some of the CCIP proposals but they are discussing how to best coordinate testing efforts.

Dr. Schaefer suggested that resources could be posted on the web for Task Force members to access. Ms. Moratti said a reading list could be shared with the group.

Ms. Bennett reviewed the design group member list to ensure proper representation. The final membership is as follows**:**

Design Group 1 **Clinical Integration**	**Design Group 2** **Community Integration**	**Design Group 3** **Measuring and Reporting**
Lesley Bennett	Susan Adams	Leigh Dubnicka
Mary Boudreau	Grace Damio	M. Alex Geertsma
Heather Gates	David Finn	Shirley Girouard
Bernadette Kelleher	Laurie Harkness	John Harper
Edmund Kim	Abigail Kelly	Kate McEvoy
Nanfi Lubogo	Rebecca Mizrachi	Michael Michaud
Alta Lash	Rowena Rosenblum-Bergmans	Joseph Wankerl
Douglas Olson	H. Andrew Selinger	
Eileen Smith	Elsa Stone	
Randy Trowbridge	Jesse White-Frese	

Ms. Kelleher asked whether members could designate someone to attend in their place. Dr. Schaefer said that there is a process for proxy representation. Proxies can participate in the discussion but typically do not vote.

Ms. McEvoy asked what funding was available for technical assistance. Dr. Schaefer said that $8 million is available for the Advanced Medical Home program and $4.5 million is available for community integration, to be spent in two waves. He noted that it is likely not enough funding and

there may be a need to revisit the allocations. He also noted there is $10 million available for Health Information Technology and that money could go towards funding potential IT solutions for the CCIP. He said that details have not been worked out about how the money would be disbursed (either through standard or matching grants). The funding would likely serve as seed money to support innovation.

Motion: to adjourn – Mary Boudreau; seconded by Alta Lash
There was no discussion.
Vote: all in favor.

The meeting adjourned at 7:22 p.m.