STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
June 9, 2015

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

Members Present: Susan Adams; Lesley Bennett; Mary Boudreau via conference line; Grace Damio; Leigh Dubnicka via conference line; Heather Gates; Shirley Girouard via conference line; John Harper; Abigail Kelly; Anne Klee; Alta Lash; Joseph Wankerl via conference line; Jesse White-Frese

Members Absent: David Finn; M. Alex Geertsma; Bernadette Kelleher; Edmund Kim; Nanfi Lubogo; Kate McEvoy; Rebecca Mizrachi; Douglas Olson; Nydia Rios-Benitez; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Eileen Smith; Elsa Stone; Randy Trowbridge

Other Participants: Supriyo Chatterjee; Faina Dookh; Kathleen McCarthy; Michelle Moratti; Mark Schaefer; Katie Sklarsky

Introductions
The meeting was called to order at 6:15 p.m. Lesley Bennett served as chair. Members and participants introduced themselves.

Public Comment
Supriyo Chatterjee provided public comment (see public comment here). He referenced his public comment on May 19th regarding Cultural Competency and the role of Connecticut Multicultural Health Partnership in the SIM project. He noted he is looking forward to Ms. Catherine Wagner, co-founder of CTMHP, contributions in the SIM project and her ongoing efforts in improving health equity in CT. Mr. Chatterjee noted that he requested copies of "Culturally and Linguistically Appropriate Services" (CLAS) reports and Declaration Statements of Conflict of Interest by CTMHP principals of work.

Minutes of May 19th Meeting
Motion: to accept the summary of the May 19, 2015 Practice Transformation Taskforce meeting – Alta Lash; seconded by Anne Klee
Discussion: There was no discussion.
Vote: all in favor

Ms. Lash expressed concern about receiving the meeting materials last night. She emphasized it is not acceptable and she is not happy about receiving materials with a short time to review them. Ms. Bennett asked what they could do to make sure PTTF members receive materials earlier. Ms. Boudreau suggested looking at the meeting schedule to see if they can schedule meetings farther apart so that members can have the materials a week ahead. Ms. Moratti said that they understand the concerns. She mentioned they would have to take into consideration the design group planning process. She said they will look at the timeframe and will endeavor to do better. Ms. Girouard requested to be notified as far in advance as possible of changes in the meeting dates.

Purpose of Today's Meeting
Ms. Bennett said the purpose of the meeting was to take a look at the CCIP working assumptions and gain agreement on them. She said they will work to agree how the CCIP design will support meeting CT SIM goals and key CCIP success factors based on feedback from design groups. She mentioned they will also take a look at the design groups.

CCIP Working Assumptions
Ms. Sklarsky provided an overview of the CCIP Working Assumptions (see presentation here). She said it is intended to improve overall access to high quality clinical care and care experience through improving clinical and community integration. Ms. White-Frese said she is trying to understand whether creating this robust network of community and clinical partners is dependent upon the Advanced Networks (AN) and Federally Qualified Health Centers (FQHC) to build the network in the area where they are located. She asked how do the community and clinical partners reach out and who outreaches to them to make the connection. Ms. McCarthy mentioned they would become aware through work with this group and they would help them identify their community resources. Ms. Sklarsky said they have to look at the community resources to see what the needs are in that community and how they would be supported. Members discussed some of the things that are in the community settings.

Ms. Sklarsky said they summarized the discussions from each design group and the overall requirements and approach tested for CCIP. She mentioned there were some concerns about the lack of standardization. One challenge is if Advanced Networks and Federally Qualified Health Centers are given too much flexibility to define their own population, it may be harder to manage and monitor success. A second challenge is standardizing aspects around communication. Ms. Sklarsky noted another concern of having overly burdensome requirements on governance around monitoring and reporting without clear financial incentives, which may deter participation. Ms. White-Frese mentioned there needs to be some flexibility. She said there are some core measures that can be chosen to measure or work on improving in a target population. Ms. Sklarsky noted that there has been a lot of concern expressed about this and it will likely require more discussion.

Ms. Sklarsky noted they have an objective for CCIP. She asked how they can tie the objectives and guiding principles with everyone's concerns. Ms. Lash expressed concern with having all the extra health information being available to the community organizations. She said she would feel more comfortable with a care plan being shared between the entities instead of health information. Ms. Moratti noted they will modify the language to make it more specific.

Ms. Gates asked whether ANs and FQHCs would pick their own population or pick from one of the three target populations. Ms. Sklarsky said they would be picking from one of the three. Ms. Girouard suggested having some guidelines or parameters to help when making the selections rather than selecting at random. Ms. Sklarsky mentioned this will be one of the things that design group 3 will be working on. There will be standardization of parameters around selecting target populations. Ms. Gates mentioned concerns of efforts being duplicated and overlapped among the groups because of all the work being done on different levels.

Ms. Lash said her concern is regarding Populations Experiencing Equity Gaps. She mentioned it was very vague and could get lost in the shuffle. Complex patients and Behavioral Health will be looked at by providers but Population Experiencing Equity Gaps could fall through the crack. She suggested for more attention and focus to be on this. Members discussed it being outside the realm

of what is convenient. There was some discussion about it being an area where the community health worker would be very valuable.

CCIP Approach and Advanced Network and FQHC Participation
Ms. Sklarsky reviewed the CCIP approach and AN/FQHC participation. Ms. White-Frese asked will there be a support team through SIM to help practices understand the health equity gaps and to help make the transformation to achieve the goals of CCIP and SIM. Ms. Sklarsky noted there is technical staff that will be available to support the practices. Dr. Schaefer mentioned there will be a transformation vendor available to assist in supporting the practices.

Ms. Lash said she is still struggling with equity gaps. She said if they do a RFP and ask practices to apply and address one of these areas, she can't see them picking this one. She mentioned practices may say they treat everyone the same. Ms. Sklarsky asked about making it a requirement to implement interventions for each target population in order for them to get assistance. Ms. Gates said if money is flowing through ANs and FQHCs, there has to be a way to incentivize participation from other providers. Ms. Moratti said the incentives for providers or FQHCs would be to get access to technical assistance for the grants and it will make them an effective participant in the Medicaid Quality Improvement & Shared Savings Program (MQISSP). They may have to think about whether the incentives incent providers to pick one group over the other. She noted providers may run away from the equity gap issue unless they design the incentives in a certain way to create a fair playing field across the three groups. She said it will be a challenge but there are solutions to the issues they need to address.

Dr. Schaefer said with CCIP the state wants as much leverage as possible to have ANs and FQHCs to make commitments and stretch to make new capabilities. He mentioned the CCIP dollars and opportunity to the Medicaid Quality Improvement & Shared Savings Program (MQISSP) are being linked together. This provides a competitive environment and providers are more likely to go forward with this type of commitment. Dr. Schaefer said they are leveraging the power of the procurement.

Dr. Schaefer said with the health equity gap, the data in Connecticut suggest a marked gap in effectiveness in serving different ethnic groups with chronic health conditions such as hypertension, asthma, or diabetes control. The health equity gap is the difference between provider performances with the highest performing group compared to the lowest performing group. He mentioned providers gain points by closing the gaps. Ms. Moratti asked about leveraging the equity gap and providers being less inclined. Dr. Schaefer suggested for it to be a minimum requirement for them to have all three. He said he agrees that health equity gap would not be at the top of any ones list, so it should be something that they support and teach to do a better job in those populations.

First Wave Design Group Review
Ms. Sklarsky gave an overview of the first wave of design groups. Members discussed the work of Design Group 1: Clinical Integration. The design group worked on pairing and prioritizing clinical capabilities. It was noted that Oral health was not paired. Ms. White-Frese mentioned a lot of other health conditions are preventable if the oral health is taken care of.
Members discussed the work of Design Group 2: Community Integration. The design group worked on and discussed incorporating community services with clinical services. It was pointed out that incentives may be needed for the community partners and that some organizations may not be interested in linkages unless they put a dollar amount on it. Members discussed whether or not a contract would be needed to create linkages. Ms. Adams mentioned that there could be

opportunities for handshake agreements with expectations on both sides and the linkage doesn't have to be contractual if there is sharing of opportunity. Members decided this will need further discussion.
Information on Design Group 3: Measuring and Reporting was not discussed due to a lack of time.

Next Steps
Ms. Sklarsky said they scheduled an additional Design Group 1 session because there is a lot of information that they need to talk about. They will discuss how to develop straw-man standards and implementation approaches for design groups to react to prior to the second set of design sessions. There will be a DSS webinar for PTTF to learn more about existing programs. Ms. Sklarsky said they wanted to give a lot of warning and it will be held in the next few weeks.

Motion: to adjourn the meeting – Grace Damio
Discussion: There was no discussion.
Vote: all in favor.

The meeting adjourned at 8:02 p.m.