# STATE OF CONNECTICUT
# State Innovation Model
## *Presentation to MAPOC Care Management Committee*

**Webinar Summary**
**November 2, 2015**

**Meeting Participants**: Ellen Andrews; Evelyn Barnes; Laura Demaura; Faina Dookh; Erica Garcia; Lisa Hoingfeld; Carmen Kristina; Suzanne Lagarde; Jane McNichol; Rita Paradis; Debra Poulin; Phil Renda; Kara Rodriguez; Theresa Rugin; Robin Lamott-Sparks; Georgia Smith; Sheldon Toubman; Maggie Wolfe

**Purpose of Today's Meeting**
Faina Dookh reviewed the purpose of the webinar, which was to provide an update on the status of the Community & Clinical Integration Program (CCIP), including timeline update, review of the process for feedback, CCIP phases, program overview, and open issues.

**Presentation & Summary**
The meeting was opened with a review of the agenda and purpose of the meeting. The State Innovation Model's vision is to improve population health, engage consumers, reduce health inequities, improve quality, and reduce costs. CCIP is one component of driving towards that vision.

The CCIP high-level timeline was reviewed. Draft 2 of the CCIP report was posted online and a public comment period was open. A third draft will be released in November, with an accompanying comment period. In February, an RFP will be issued to procure the transformation vendor who will be providing technical assistance to entities and in October of 2016 CCIP will start.

The CCIP comment process from September to October was reviewed. Comments were solicited through committee meetings and an online solicitation.

Next, an overview of CCIP was provided. CCIP is part of the SIM targeted initiative strategy. The hypothesis behind the targeted initiatives is that having a high percentage of patients in value-based payment arrangements, and combining that with resources to develop advanced primary care and organization-wide capabilities will accelerate improvement on population health goals of better quality and affordability.

Sheldon Toubman mentioned not seeing anything in the slides about the programs that CHN and Value Options are doing that are serving all the goals of SIM. He asked how it fits in. Ms. Dookh responded that the slides are meant to highlight just the SIM funded initiatives. She said some of the supports, such as payer supports, are absolutely essential. She said supports exist and will continue to exist. She said commercial payers and Medicare provide support to the networks. Ms. Dookh noted SIM is adding additional resources to guide and change the culture of care. She mentioned the purpose is to build on the resources to meet the goals of healthy outcomes and affordability.

Mr. Toubman said under the current PCMH model there is a glide path. He said technical assistance is provided by CHN to get practices that don't have recognition. Mr. Toubman said practices or networks cannot participate in enhanced payments for quality unless they reach recognition. Mr. Toubman expressed concerns about how the shared savings is being imposed. Mr. Toubman asked whether the SIM initiative would be allowing any of the practices that are working towards recognition to participate in the shared savings or would it only be when they become recognized.

Ms. Dookh said in the current PCMH model she understands there are enhance rates for practices on the glide path and for when they are recognized. Primary care practices that enter the glide-path are eligible for enhanced payments but FQHCs are not. The enhanced payment becomes larger once they actually receive the recognition. Ms. Dookh said someone from CHN can chime in. Kara Rodriguez noted the difference between the incentives and the improvement payments. Laura Demaura said their program does not allow glide-path practices to participate in the performance and improvement payment.

Ms. Dookh explained what was included in the test grant narrative. Ellen Andrews said the answer to the issue of whether PCMH can participate in shared savings is much bigger than anyone on the call can answer. She mentioned that this was a question for the CMC of MAPOC and not a CCIP question. She said decision of how MQISSP is structured is up to DSS in consultation with CMC.

Ms. Dookh reviewed the state wide initiatives and CCIP standards. Debra Polun asked whether the care team was internally based in one practice or more like a community care team that is hospital led. Ms. Dookh said not all of the advanced networks will have a hospital within the network. She said they are aiming to strike a balance between giving the guidance that the practice would want as well as offering some flexibility. The care team standards build of the primary care team capabilities, and so will likely not be hospital based. Ms. Polun mentioned there were a lot of references to community health workers (CHW). She asked regarding the payment model for CHWs and whether they would be paid under Medicaid as providers. Ms. Dookh said that Medicaid reimbursement was not something she could comment on.

Ms. Dookh reviewed the public comments. On the topic of Community Health Collaboratives, Ms. Dookh said as the health systems are doing new and innovated things around linking to communities, there will be some structure and SIM will help to support so they can bring together stakeholders from the community to work collaboratively. Ms. Andrews said there are a lot of other community health things happening in the state with a different letter head. She asked would they be incorporated under SIM. Ms. Dookh said that the collaborative would absolutely leverage and build on existing structures, and would not replace them. Ms. Dookh went through the remaining public comment issues and next step slides before the close of the meeting.