STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
November 3, 2015

Meeting Location: Connecticut Behavioral Health Partnership, Suite 3D, 500 Enterprise Drive, Rocky Hill

Members Present: Susan Adams via conference line; Lesley Bennett; Mary Boudreau; Leigh Dubnicka via conference line; David Finn via conference line; Heather Gates; Dr. Shirley Girouard via conference line; Beth Greig; Abigail Kelly; Anne Klee; Alta Lash; Nydia Rios-Benitez; Rowena Rosenblum-Bergmans via conference line; Eileen Smith via conference line; Dr. Elsa Stone

Members Absent: Grace Damio; Dr. M. Alex Geertsma; Dr. John Harper; Bernadette Kelleher; Dr. Edmund Kim; Kate McEvoy; Rebecca Mizrachi; Dr. Douglas Olson; Dr. H. Andrew Selinger; Dr. Randy Trowbridge; Joseph Wankerl; Jesse White-Frese

Other Participants: Supriyo Chatterjee; Faina Dookh; Kevin Kappel; Dr. Mark Schaefer; Mark Thompson

The meeting was called to order at 6:10 p.m.

Introductions
Lesley Bennett served as meeting chair. Members and participants introduced themselves.

Public Comment
There was no public comment.

Minutes of September 29th Meeting
Motion: to accept the minutes of the September 29th Practice Transformation Taskforce (PTTF) meeting- Mary Boudreau; seconded by Nydia Rios-Benitez.
Discussion: There was no discussion.
Vote: All in favor.

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

Review of Comments to CCIP Report
Mark Schaefer gave an overview of the comments to the second draft of the Community and Clinical Integration Program (CCIP) report. All of the comments were circulated to PTTF members. Members reviewed and discussed the various comments.

Complex Patients
Kevin Kappel reviewed the definition of complex patients as revised at the last PTTF meeting. The group talked about the definition and whether it was too broad and whether it should be narrowed. Ms. Bennett read a definition from a Robert Woods Johnson study. It was noted that the needs of the patient are complex, but the patient himself or herself is not necessarily complex. Dr. Schaefer read a revised definition based on everything the group talked about. Members agreed. Ms. Adams asked whether he could send it out with email. Dr. Schaefer said he will send it out via email with possibly slight alterations.

PTTF Member Consensus around Report
Mr. Kappel said there were two conflicting points around the report's content. One point was the report accurately reflected the discussions and intent of PTTF and another point was the report was not necessarily

indicative of the conversations of PTTF. Mr. Kappel asked whether members were comfortable with the assertion that the report represents the recommendations of the PTTF. Ms. Lash said she thinks it represents the majority of the discussions of the PTTF. She said she would be interested in the specifics of the people who said it did not accurately reflect the intent of PTTF. She asked what the points of contention were. It was mentioned that it is in the comment section.

Ms. Bennett said she felt that the report was indicative of the conversations and intentions of the PTTF but there are some ongoing issues that she would like to see addressed. She does not think it is person centered enough. She noted the patient was left out in a lot of it. She said with the second intervention of complex patients they started to put the patient back in again. She suggested putting the patient in again with more focus on patient centeredness. She also mentioned that it should be readable to the public, which means simplifying the language. Ms. Bennett suggested going around the table to see how everyone feels about the report.

Dr. Stone said in general it reflects the conversations that they have had. She mentioned there is always room for improvement and room to make it more patient centered. She noted they are trying to define a very complicated process and that's why it tends to slip into a more sterile, academic process rather than incorporating the patient centeredness throughout. To the extent that they can make some of the changes, the core ideas of the PTTF are accurately represented in what they have been discussing.

Ms. Rios-Benitez said she agrees with both points and it does represent the conversations that they have been having. She said it was mentioned in almost every meeting that it needs to be more patient centered. She noted that there is a gap and she believes it is an issue, but she also noted that progress is being made.

Ms. Klee said overall it does represent what they have been working on. She said she agrees with putting individuals back into the language such as "individuals experiencing homelessness" as opposed to "homeless individuals".

Ms. Boudreau said the report does reflect what they have been talking about. She noted that the process of arriving at consensus can take a while. But they are coming to a consensus now and it is part of the process. She said she is close to being comfortable with having her name associated with the report, and she encouraged continued progress on emphasizing the person-centeredness of the CCIP.

Ms. Kelly said she agrees with the comments that the report does reflect the intent of the PTTF. She also noted that there are places in the report where it could be more patient centered. She said once there is a consensus they can tweak it a little more with the person being involved directly in their own care and that providers can be more person focused. She said they are definitely on the right track and it is more so than not the intent of what the discussions have been.

Ms. Greig said she agrees with all the comments. She noted that there is a lot more patient centered language in the second draft version and that progress is noticeable. She said they have spent a lot of time on the patient centeredness but there are more opportunities to put in the primary care practice. Ms. Greig suggested not calling them a PCP but rather a primary care practice. She said the patient centeredness and the primary care practices being in the center are both transforming elements. She would like those points emphasized more, but in general, the report does reflect the conversations of the PTTF.

Ms. Gates said she would ask the question a different way. Which is, was there ample enough time to comment about the document all along? She said her answer would be yes. It's a document describing a very complex system change. It is not a document describing personal experiences with the care system, so it is difficult to make it too person-centered. She said the document does a good job at describing a complex system change. Ms. Gates said she is more interested in the long haul about what's actually going to change within the health care system rather than the description of what's going to change. She said she concurs with everybody that the language being used is really critical and should be consistent throughout the document along with other documents that are referenced. Otherwise, it would be too easy for people to revert to their normal approach to delivery of care.

Ms. Rosenblum-Bergmans said her biggest concern is funding for a lot of the programs and efforts. She said resources outlined in the document are non reimbursable services. Ms. Rosenblum-Bergmans said she is concerned because there is still a perverse reimbursement system. She expressed concern that a "work of art" will be put together, and it won't have the ability to be operational in its current state. That being said, she mentioned they are on the right track and it's the way that care should be delivered.

Ms. Adams said the document displayed a lot of what they have already talked about. She said they are closer to the patient centeredness when they change things such as "the diabetic" to "the patient with diabetes". Ms. Adams said she agrees with the suggestion of not using initials and to start talking about primary care providers. She mentioned some of the humanity in CCIP may have been lost as they worked to sort out the technical recommendations of the program, but she suggested putting more of the individual and the humanity back into the document.

Ms. Dubnicka said her comments basically echo everyone else's. She noted they are on the right track and will ultimately achieve what they are attempting to do. Ms. Dubnicka said they are not quite there in reflecting the patient centeredness. She said she likes the idea of going back to using the term of primary care group versus the doctor or the PCP.

Ms. Smith said the attribution for so many reports goes by the PCP and under the PCP is the care team. She expressed concern that this is an untenable way of looking at it. She noted primary care groups have already defined chronic care management and guidelines from NCQA, and it seems like PTTF is rewriting it in a different format or almost a different language than what they are use to. Ms. Smith suggested remembering who is delivering the care when working on this. It should be something that they are comfortable working with and understanding as they deliver their care.

Dr. Girouard said she doesn't have anything more to add and thinks they are going in the right direction. She said clarity and simplicity are critical because things are spelled out in other documents in a slightly different way, so we need to be sure people understand the elements of CCIP.

Supriyo Chatterjee said he likes the concept of patient centeredness. He said if you are going to follow value based healthcare delivery, you need to put in place processes that embody person-centered enhanced primary care. He said it starts with health status triage, a process of recovery, and then post recovery. Mr. Chatterjee said it is centered around the patient and, from what he has read so far; the circle of process does not appear.

Dr. Schaefer said he finds it helpful to do the check with everyone. He said it is encouraging that there is strong support for where they are headed directionally and substantial support for the report with recognition that there is continued refinement required. Dr. Schaefer suggested making sure they were aligned on process because a combination of all the edits and comments will result in a third draft. He mentioned that Mr. Kappel has been working on some of the edits. Dr. Girouard said the report needs a huge amount of editing. She clarified that she supports the concepts involved in the PTTF discussions but does not support the report as presented. She said the report is not clear or concise. Dr. Girouard suggested removing some of the redundancy.

Members discussed whether there was a need to go through the report for redundancy, sentence structure, and clarity. Ms. Lash suggested taking another look at it for a simplicity point of view.
Ms. Gates said there has to be enough history and contexts so that people will know what they are reviewing and how it fits into the overall design and efforts. She suggested including descriptive information as an appendix rather than in the body of the document. Dr. Girouard suggested it might be helpful to use some of the reports of the IOM as framework. Dr. Stone suggested separating the high level program design from all of the details and other sections in the document.

Dr. Schaefer recapped that he is hearing calls to edit language on primary care, to ensure the right balance of person centeredness, to address issues of duplication and clarity, and to separate essential from non-essential

detail. He said they can do some editing, incorporate the discussions from tonight's meeting, and have it be the determinant of whether to go to the next phase of public comment. Members added that the report focus on person-centeredness requires some increased narrative rather than just inserting the phrase "person-centered" into the language.

Telehealth Focus
The group discussed electronic consults versus a broader telehealth standard. Dr. Stone expressed concern with going forward with telehealth. She said it has an important role to play in the future but the way it is being implemented could be detrimental to their objectives. Ms. Rosenblum-Bergmans said if telehealth is used in the right way it could be beneficial due to the shortage of providers and specialist. Members discussed telehealth being an elective standard. It was noted that telehealth is extremely important in rural areas and certain sections of the population. However, there was discussion of whether telehealth could be created into one standard that the transformation vendor could provide technical assistance for since there are so many technology systems and methods to address telehealth. The PMO agreed to consider the conversation and identify a way to incorporate telehealth and run it by the group for approval.

Burdens on Small Providers
Members talked about whether smaller practices would be able to undertake the capabilities. It was noted that the smaller independent practices may do better in terms of hospital admission rates and readmission rates primarily because they have a better continuous relationship with the patient. Practices need the analytics that a network can provide to them in order to better find their patient population. Dr. Stone noted financial support would be helpful for transformation of the network that the practices are associated with. Ms. Gates mentioned it's not so much about relaxing the standards but allowing smaller practices a longer window to prove their value with financial support.

Coordination with DSS/MQISSP Initiatives
Mr. Kappel said they released comments pertaining to activities of MQISSP and CCIP. He mentioned that highlights are noted and questions can be submitted offline in the interest of time.

Review of CCIP Timeline and Next Steps
Mr. Kappel said they will work on the release of the 3rd draft so that it can be opened up for public comment. Dr. Schaefer said they will circle back with the executive team about scheduled meetings.

Motion: to adjourn the meeting- Alta Lash.
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 8:04 p.m.