# STATE OF CONNECTICUT
# State Innovation Model
## *Practice Transformation Task Force*

### Meeting Summary
### February 2, 2016

**Meeting Location:** Connecticut State Medical Society, 127 Washington Avenue, East Building, 3rd Floor, North Haven

**Members Present**: Susan Adams; Lesley Bennett; Mary Boudreau; Grace Damio; Leigh Dubnicka via conference line; Heather Gates; Shirley Girouard via conference line; Beth Greig via conference line; Abigail Kelly; Anne Klee; Ken Lalime; Alta Lash; Kate McEvoy via conference line; Rebecca Mizrachi; Douglas Olson; Nydia Rios-Benitez; Eileen Smith via conference line; Elsa Stone; Randy Trowbridge via conference line

**Members Absent**: Garrett Fecteau; David Finn; M. Alex Geertsma; John Harper; Edmund Kim; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Anita Soutier; Jesse White-Frese

**Other Participants**: Supriyo Chatterjee; Michael Corjulo; Faina Dookh; Rich Eighme; Mario Garcia; Lisa Honigfeld; Shiu-Yu Kettering; Jenna Lupi; Geralynn McGee; Jane McNichol; Mark Schaefer; Robert Zavoski

The meeting was called to order at 6:09 p.m.

**Introductions**
Lesley Bennett and Dr. Elsa Stone served as meeting co-chairs. Members and participants introduced themselves.

**Public Comment**
There was no public comment.

**Minutes**
***Motion: to accept the minutes of the December 15, 2015 Practice Transformation Taskforce (PTTF) meeting– Alta Lash; seconded by Abigail Kelly.***
**Discussion:** There was no discussion.
***Vote: All in favor.***

**Purpose of Today's Meeting**
Ms. Bennett reviewed the purpose of the meeting. She said they will review changes to the CCIP draft three report and discuss the strategy for coordinating and harmonizing CCIP, MQISSP, and PTN. Ms. Dookh presented on the purpose of today's meeting (see presentation here). She expressed thanks to the Care Management Committee for joining today's PTTF meeting.

Ms. Lash asked whether CCIP would apply to all patients and not just Medicaid patients. Ms. Dookh said although CCIP is paired with MQISSP to solicit the networks to which there will be technical assistance provided, they want to build the capability of the network as a whole to work with the entire population panel regardless of insurer. Dr. Olson asked are there definitions to what makes

up a network. Dr. Schaefer said there is a short definition in the original test grant. An Advanced Network is defined as an IPA, a large medical group, clinical integrated system, or an organization that has entered into at least one accountable care type arrangement with one payer whether commercial or MQISSP.

**Medicaid Integration and Care Coordination Infographic**
Ms. McEvoy presented the overview of the Medicaid Integration and Care Coordination Infographic (see infographic here). The group discussed the infographic. Ms. McEvoy said it is a work in process and comments can be emailed to her.

Michael Corjulo asked whether the Advanced Medical Home and person centered medical home (PCMH) NCQA entities will function differently or produce outcomes different from each other. Dr. Schaefer explained the primary difference between the Advanced Medical Home program and the standard NCQA PCMH. He said the taskforce reviewed all of the factors and recommended more must pass and required elements that align with the SIM vision. He said the program has other built in curricula requirements as well.

Mr. Corjulo asked why existing PCMHs were excluded from the Advanced Medical Home Program. Dr. Schaefer said that the AMH program targets those practices that have never been PCMHs. Dr. Schaefer said that the PMO and the taskforce have talked about making best uses of available resources. He mentioned there are practices that are already advanced and other practices that haven't had the opportunity. The focus should be on bringing in the practices that haven't had the opportunity. Dr. Schaefer said certain things are called out as must pass other things may not be. He said it remains to be seen whether they will function differently from the SIM objective.

**CCIP and MQISSP**
Dr. Schaefer provided an overview of CCIP and MQISSP (see document here). He said they have spent almost a year focusing on the standards related to CCIP and there is another set of standards that is part of MQISSP. Dr. Zavoski spoke regarding the MQISSP required elements. He said their general approach was in recognition of the population that Medicaid serves and the special needs that people face in their day to day lives. Dr. Zavoski noted elements that are similar to CCIP such as integration of behavioral and physical health, emphasizing care coordination training and experience, use of screening tools, and use of psychiatric advance directives. He said they also emphasized culturally competent services, care availability, children with special health care needs, and services to people with a disability. Dr. Zavoski said they recognized that Medicaid has a diverse membership.

Ms. McEvoy said these standards build on the premise that all of the practices within the entities that participate in MQISSP will be recognized as person centered medical homes. The group talked about the CCIP and MQISSP required elements. Dr. Schaefer noted the areas that are not harmonized. He said they can leave the differences and consider them minor or harmonize them. Dr. Schaefer said if there are particular MQISSP required elements that should be considered for adding, then this would be the time to raise them.

Ms. Boudreau suggested adding the MQISSP care coordination requirements #18, 19, and 21 into CCIP. The group discussed and agreed to adopt the suggested requirements. Dr. Schaefer said the report could be revised to reflect this change. Mr. Corjulo suggested aligning the terminology. He proposed "interdisciplinary care team" verses "comprehensive". He mentioned that when he thinks about interdisciplinary, he thinks about community, and comprehensive doesn't sound as inclusive. He said the term "individual care plan" works. Mr. Corjulo said he would prefer "care coordinator"

over the term "care manager". He said it is more harmonious with other efforts that are being done in the community. The group discussed the terminology. Dr. Schaefer suggested a survey monkey process with the taskforce and CMC for voting. The group agreed.

**CCIP and PTN**
Dr. Schaefer provided an overview of the CCIP and Practice Transformation Network (PTN). He said in the interest of not duplicating technical assistance there was a request to reserve all of the CCIP support to non PTN participants. Through PTN, FQHC's (CHCACT) are recipients of seventeen million dollars and transformation support. Dr. Schaefer said PTN is in the formative stage of working with CMMI regarding their curriculum. He said PTN would like to use SIM as a touchtone and harmonize with what SIM is doing. Dr. Schaefer asked whether the taskforce was comfortable with the process and working with PTN. Members agreed.

Mr. Lalime said there are going to be some ACO's that will be ineligible. He said more and more practices around the state are aligning themselves as ACO's that have potential Medicare money coming to them. Mr. Lalime asked regarding the universe of practices that would be eligible. Dr. Schaefer said the seventeen million will be on FQHC clinicians. For UConn Health, they are going to have to recruit clinicians and they haven't decided on who the clinicians are. They may go to an Advance Network who has clinicians that is not in MQISSP and target them for recruitment. Dr. Schaefer said if they did, then the same rules for FQHCs would apply to them. He said key principles are written in such a way that it precludes the duplication of funding. It was noted that Medicare ACO's can't participate in PTN.

**CCIP Report – Draft 3 – Review and Discussion**
Dr. Schaefer provided an overview of the changes in the CCIP Draft 3 report. Ms. Bennett suggested including the functional assessment to the person centered assessment. She said some people will be coming in with physical or slight mental incapabilities because of drugs. Ms. Bennett said it is key during an assessment and should be included. Dr. Schaefer said that functional is an important thing that isn't often included in a medical exam and they can call it out. Members agreed to add the functional assessment.

Ms. Klee said she views not being able to get to an appointment as a barrier to care. She suggested including "barriers to care". It was noted that the barrier causes the gap in care. Dr. Stone suggested that on motivational interviewing, it should be recommended that all the PCP's receive it as well. It shouldn't be required but should be recommended. Dr. Schaefer asked whether there were other things about the rewrite of the standards that members feel that were left out. Ms. Bennett asked whether other concerns can be sent. Dr. Schaefer said concerns can be sent to PMO.

It was noted that there may not be a formal public comment period but there will be an open period for comments. Dr. Schaefer asked whether everyone was okay with moving forward to the Steering Committee with the CCIP standards and report. Members agreed.

**Next Steps and Adjourn**
The CCIP standards will be presented at the Steering Committee on February 11, 2016.

***Motion: to adjourn the meeting – Abigail Kelly; seconded by Alta Lash.***
**Discussion:** There was no discussion.
***Vote: All in favor.***

The meeting adjourned at 8:10 p.m.