

STATE OF CONNECTICUT
State Innovation Model
Design Group 2 – Community Integration
Design Workshop #2
Meeting Summary
Thursday, August 6, 2015
12:00 – 1:30p.m.

Location: By Conference Call and WebEx

Members Present: Susan Adams; Abigail Kelly; Elsa Stone; Jesse White-Frese

Absent Present: David Finn; Anne Klee; Rebecca Mizrahi; Rowena Rosenblum-Bergmans;
H. Andrew Selinger

Other Participants: Kevin Kappel; Ron Preston; Katie Sklarsky; Karen Wardell

Agenda Items:

- 1. Meeting Objectives**
- 2. Design Group Two Overview**
- 3. Community Linkage Approach**
- 4. Guidelines for Out of Network Relationships**
- 5. Next Steps**

Meeting Summary:

The meeting started at 12:04 p.m.

Katie Sklarsky of The Chartis Group facilitated a group discussion. Participants articulated a number of perspectives including:

- As we design the intervention, we need to relay that the 3 buckets (exclusive, non-exclusive, and in between) are not always that tight. Certain services will fluctuate depending on the service area and network that's been set up.
- The networks need the community services, and so it's incumbent upon them to make the process as easy as they can for the community services to participate.
- Suggestion that one approach would be to gather representatives from all of the stakeholders that would be calling on community services to jointly engage and identify what the common protocols should be.
- There were concerns about having 1 network be a convener for a shared service area. While asserting same goals, people are also in competition with one another, and this competition could be corrosive and detrimental to the social service organizations trying to participate.
- Suggestion that 1 social service organization or maybe a truly independent entity such as a local DPH or 211 should be the convener (if they have the bandwidth) to take this competitive aspect out of play.
- Question as to whether CCIP should proactively reach out to these potential organizations or whether CCIP should make guidelines and allow it to evolve naturally.

- There was discussion about whether some of these networks already existed within the state and had started to integrate services with one another. The Health Community Access Grants from the federal government are in place in certain communities that might provide clues.
- There was the desire to learn more about the informal linkages that already exist within the network and the suggestion that some additional research is done on this point (possibly through the network survey?)
- In developing the networks, we need to ensure that there is no preferential treatments between networks and certain providers, both for competitive purposes but also to potentially limit patient choice and preference of providers as often occurs in managed care networks.
- There was agreement that shared governance is the right approach, but there are still questions about how to make it work and for it all to come together. There was also the agreement that a network convener should not be the convener because it will produce unhealthy competition, so we need to consider other entities, and we need to drive towards standardized protocols.
- There was the suggestion that CCIP should do some more investigation into the protocols linking networks and issues of network selection. There was the suggestion that this be done by doing a thorough review of the landscape within CT to understand what already exists.
- For non-exclusive partnerships, we still need to have one minimum standard (e.g. you need to have a protocol in place for communication).
- We have to have some level of accountability, and we need to continue to look at this from a person-centered standpoint. We want everyone to have the best care possible, and so in addition to set protocols, there must be some outcomes-oriented accountability. This could be accomplished by setting some level of outcomes that everyone needs to be accountable for and that there is some standard. "No free ride". Could also consider promoting accountability through taking disciplinary action when standards are not adhered to.
- In doing this, it might be beneficial to look at what efforts are already in place at federal or state level (e.g. IMPACT Act) to determine how we can dovetail off of those initiatives.
- For consent and information sharing, there was suggestion that the consent registries would be ideal if they work, but at a minimum a BAA should be the standard.

The meeting adjourned at 1:03 p.m.