

State of Connecticut
State Innovation Model Design
State Healthcare Innovation Planning Team

Monday, June 10, 2013
Meeting Minutes

Location:210 Capitol Avenue, Room 410, Hartford, CT

Members Present: Lt. Governor Nancy Wyman; Patricia Baker; Kate McEvoy (for Commissioner Roderick Bremby); Deputy Commissioner Katharine Lewis (for Commissioner Jewel Mullen); Deputy Commissioner Ann Melissa Dowling; Anne Foley; Bernadette Kelleher; Dr. Thomas Raskauskas; Commissioner Pat Rehmer; Dean Frank Torti; Victoria Veltri; Fredericka Wolman; Dr. Thomas Woodruff

Meeting convened at 1:00 p.m.

Review work group progress and early recommendations; solicit feedback:

Discussion was held regarding the vision for care delivery and payment innovation in Connecticut and the statement of affordability. It was requested that the vision statement also include reducing and controlling costs and that the workforce bullet be further elaborated.

Past workgroup meetings were discussed:

Care delivery

- The care delivery workgroup has added a consumer representative to their membership.
- The care delivery workgroup prioritized sources of value and identified barriers. It is important to organize and identify the barriers around the patient journey.
- All members of the care delivery work group brought in examples/stories to help identify barriers. Later they will be used to test our solution
- There was a suggestion to build in a consumer advisory board to evaluate the process, quality and utilization upon implementation of the new care delivery model

HIT

- The health information technology workgroup has added four new members
- The HIT work group is emphasizing taking a pragmatic approach to developing a supporting HIT structure
- The need to collect data from a variety of sources and the utilization of existing assets was emphasized

Payment

- The payment reform workgroup has extended their workgroup members by adding additional members from Yale and Pitney Bowes.
- The group had a discussion on the reward structure and whether Connecticut could offer a two-track reward structure that enables smaller providers to participate on a glide path system that would gradually prepare them to participate in care delivery and payment reforms
- This group is also looking at metrics in upcoming meetings

Discuss parallel processes: Proposed approach to integrating state agencies into Connecticut design efforts and achievements to date:

The program planners discussed their progress:

- They have been meeting weekly on integrating parallel state agency and work group activities
- The Governor's letter to the National Governors Association Center for Best Practices, supporting Connecticut's application for the NGA Retreat for Technical Assistance on Connecting the Finance and Delivery of Population Health Services with Health Systems Redesign was distributed. The proposed dated is June 27, 2013. A similar letter requesting assistance for NGA workforce technical assistance was also distributed. Connecticut has been selected to participate in the NGA workforce technical assistance opportunity.

Stakeholder Engagement:

The group discussed the need to recognize different stakeholder perspectives and encourage their engagement. To engage consumers, it is imperative to engage with them meaningfully in an authentic way and to gain their trust. Consumers and providers need accessibility, transparency and feedback. A suggestion was made to facilitate a Q&A website that offers the ability to make suggestions and feedback would be utilized. Stakeholder engagement would be a feature topic of tomorrow's Health Care Cabinet meeting.

The SHIP team will next meet on July 8, 2013.

Meeting adjourned at 2:30 p.m.