

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

Monday, May 20, 2013
Meeting Minutes

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

Members Present: Lt. Governor Nancy Wyman; Raegan Armata; Pat Baker; Deputy Commissioner Kathleen Brennan (for Commissioner Roderick Bremby); Kevin Counihan; Deputy Commissioner Lisa Davis (for Commissioner Jewel Mullen); Deputy Commissioner Ann Melissa Dowling; Anne Foley; Bernadette Kelleher; Commissioner Pat Rehmer; Dr. Thomas Raskauskas; Kristi Gafford (for Dean Frank Torti); Victoria Veltri; Fredericka Wolman; Dr. Thomas Woodruff

Meeting convened at 1:00 p.m.

Share key takeaways from the NGA summit

After introductions were made, the team discussed the May 14-15 National Governor's Association State Innovation Model meeting. The largest takeaway from the meeting was from CMMI Director Dr. Richard Gilfillan's presentation, where he stated that the SIM design must favorably impact individuals, the total cost of care, and population health. One of the goals also had to be to align the state's academic health centers with the new model. Other key points of emphasis from the meeting included the importance of workforce development, population health, and stakeholder engagement. Going forward, the Core team will look at enhancing the stakeholder engagement piece.

Review Care Delivery, Payment, and HIT work groups' early discussions and next steps

The Care Delivery and HIT groups had their first meetings, with the Payment group set to meet later that day. The team reviewed the schedule moving ahead and reviewed discussions from the previous team meeting including the State's vision for the initiative.

Discuss potential vision for CT SIM design efforts

The team discussed target populations and how to incorporate special populations into the overall model, such as those with serious and persistent mental illness or intellectual disabilities. Additionally, the team discussed the intricacies of the pregnant population and whether to include them in the initial phase. There are behavioral health issues that are specific to the pregnant population, as well as variable outcomes dependent on socio-economic factors, race and ethnicity. The team also discussed the results of the HIT group's first meeting regarding data collection building on existing systems.

The team discussed the overall vision: Establish a person-centered healthcare system that preserves affordability and reduces health inequities for all of Connecticut. There was discussion around the need to change the language to improve affordability, as the current system is not affordable. The team discussed the need for the model to increase access for consumers in terms of time, geography, and affordability. It was also noted that oral health is missing. The ultimate vision should not be to reduce health inequities but to eliminate them.

There was discussion of cost goals. One of the grant deliverables is to provide projections for Medicare, Medicaid, and commercial costs. There was a suggestion of using the state budget as a lens, using either a percent reduction or per member per month as a metric. Cost savings cannot come at the cost of denying care. Some states tie the metric to the economy; another option would be to tie it to either the Consumer Price Index or the Gross Domestic Product. Another method would be to examine trends. The team discussed measures of health inequities, such as access to care, outcomes on certain illnesses (diabetes, asthma)

The meeting concluded with an overview of initial meetings of each of the work groups. Care Delivery discussed population health versus episodes of care with the consensus forming around population health as the best way to hit the 80% target and make an impact on health disparities within the time frame, with episodes of care as an overlay. Payment had not yet met, but discussions will focus on attribution methods, terminology. The team discussed other grant funding opportunities available as a parallel process to the SIM work. The HIT group meet earlier in the day. The workgroup discussed integrating existing data systems, changing behaviors regarding data capture, and establishing portals.

The SHIP team will next meet on June 10, 2013.

Meeting adjourned at 2:30 p.m.