

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

**Meeting Summary**  
**May 19, 2015**

**Meeting Location:** CT State Medical Society, 127 Washington Avenue, North Haven

**Members Present:** Susan Adams via conference call; Lesley Bennett; Grace Damio; Heather Gates; Bernadette Kelleher; Abigail Kelly; Edmund Kim; Anne Klee; Alta Lash via conference line; Kate McEvoy via conference line; Rebecca Mizrachi; Rowena Rosenblum-Bergmans via conference line; H. Andrew Selinger via conference line; Eileen Smith; Elsa Stone; Joseph Wankerl

**Members Absent:** Mary Boudreau; Leigh Dubnicka; David Finn; M. Alex Geertsma; Shirley Girouard; John Harper; Nanfi Lubogo; Douglas Olson; Randy Trowbridge; Jesse White-Frese

**Other Participants:** Supriyo Chatterjee; Faina Dookh; Michelle Moratti; Mark Schaefer; Katie Sklarsky

**Introductions**

The meeting was called to order at 6:08 p.m. Lesley Bennett served as chair. Members and participants introduced themselves.

**Public Comment**

Supriyo Chatterjee provided public comment ([see public comment here](#)). His comments referenced improving cultural competencies in healthcare. He noted the participation of CT Multicultural Health Partnership (CHMP) has been minimal and raises the issue of addressing SIM's goals of eliminating disparities.

Dr. Schaefer said he met with Dr. Katherine Wagner who is the cofounder of CT Multicultural Health Partnership. He mentioned she has an interest in supporting health equity and care delivery reforms. Dr. Schaefer said she expressed interest in contributing and participating in the design groups.

**Minutes of April 28<sup>th</sup> Meeting**

***Motion: to accept the minutes of the April 28, 2015 meeting - Elsa Stone; seconded by Edmund Kim.***

There was no discussion.

***Vote: all in favor***

**Purpose of Today's Meeting**

Ms. Bennett reviewed the purpose of today's meeting ([see presentation here](#)).

Dr. Schaefer said he had conversations with the PTTF executive team after the last meeting about allowing more time to lay ground work and share research with a goal of September rather than ending in July for the recommendations. He said they are checking to see if it works with DSS schedule for MQISSP because CCIP program requirements will be part of the process. This will also allow time to solicit the input of the Care Management Committee. They are discussing this with MAPOC also to see if this will work for them. Dr. Schaefer said they will be finalizing the time frame in the near future.

**Orientation to redesigned PTTF website**

Ms. Sklarsky provided an overview on the orientation of the redesigned PTTF website. She said some things were added to the website to make it more user friendly. Ms. Sklarsky said there is a list of things including the design group meetings and council meetings. They will send out meeting materials and also post them on the website. Resources, reference library, and the charter are also listed on the webpage. She noted the reference library will be based on things that are relevant and they will add things as necessary.

Ms. Bennett asked whether everyone knows which design group they are on. Ms. Sklarsky said everyone should have received calendar invites for the design groups if not, they can let her know.

### **Public Health Needs of Connecticut**

Ms. Dookh presented on public health needs of Connecticut. She said there are high level opportunities for quality improvement in the state. By identifying the opportunities, they will be able to use the data to help them achieve the goal of SIM. Ms. Dookh said CCIP can be influenced by the statewide data. There are opportunities to improve quality, improve health, and reduce cost within the state. Ms. Dookh noted Connecticut has one of the highest in ED utilization and readmission rates in the country and they can improve on these statistics.

Ms. McEvoy said she didn't see any references to Medicaid beneficiaries and it would be useful to include in this presentation. She asked whether CCIP initiative will be affiliated with MQISSP initiative to address the needs of beneficiaries. Ms. Dookh said CCIP will be coupled with the payment reform. SIM is funding Medicaid and developing a Medicaid Shared Savings Program which is a value based payment arrangement. Dr. Schaefer asked whether Ms. McEvoy could provide any data on the Medicaid angle or a possible Webinar. Ms. McEvoy said she didn't really want to go away from the agenda but will be willing to discuss outside of the PTF meeting. Dr. Schaefer noted they could update the statistics that they have about state wide performance in terms of health disparities and ambulatory care sensitive conditions.

Ms. Rosenblum-Bergmans said some of the data in the presentation is old and outdated. She would like to see updated data and compare if there is any changes. Ms. Dookh noted a lot of the information is from the Department of Public Health. She said could look for more recent data but this may be the latest that they are able to obtain. Ms. Smith noted in recent years there have been a lot of initiatives and collaborations to reduce the ED admissions. She said it would be significant to find out information on the trend if data could be updated. Ms. Dookh noted some of the rankings are from the year of 2014 and she could look to see whether an improvement on rankings from last year to this year.

Ms. Gates questioned how CCIP fits into all of this. Dr. Schaefer noted they will be doing a webinar on that topic tomorrow at 11:00 for all of the new members and others are welcome to join. Ms. Kelleher suggested being clear on which data they want broad based and making the data more focused. Dr. Schaefer mentioned some of what they are doing pertains to fulfilling the federal government expectations of being able to monitor statewide improvement because it may affect a broader array of provider and individuals. They will need to compare and contrast the different systems as it relates to payment reforms. Ms Bennett asked if any other questions.

### **Overview of Existing Community and Clinical Integration Models**

Ms. Sklarsky gave an overview of existing CCIP models. There are three basic guiding principles to successful community and clinical integration. She outlined the capabilities of the CCIP model including how to be successful. CHW were placed in the middle because they serve as a bridge between the clinical and the community partnership. Dr. Schaefer asked about the place of operations for CHWs. Ms. Sklarsky said it is mixed within the community and they are contracted with the clinical services. She mentioned all of this is designed around the patient. Ms. Rosenblum-Bergmans asked how the community health workers are paid. Ms. Sklarsky said usually through grants, there is not consistent funding for them. Ms. Gates mentioned it does not appear to be significant behavioral health input. Ms. Sklarsky noted they will have input from behavioral health interviews and will be discussing on a conference call tomorrow at 4:00. They will post the list of the people they interview. Ms. Stone suggested including data on the cost of behavioral health services. Ms. Sklarsky noted when looking at the inventories of all the capabilities, the CCIP proposed model has more features than the existing model. She mentioned the four pieces that were missing: exchange of health information, care transition, risk and needs assessment, and provision of care in the home. Ms. Sklarsky suggested adding them to the design groups to discuss. She said possibly exchange of health information could go to Design Group 3, care transitions would fit in the Design Group 1, risk and needs assessment to Design Group 2, and provision of care would probably go to Design Group 1.

Ms. Rosenblum-Bergmans asked whether the two models are separate and distinct or will they overlap. Ms. Sklarsky noted it wouldn't be an overlap but an addition. Dr. Schaefer said they found that some of the standards identified are more of a reach. Some things are purely CCIP and other things can sit on both sides. Members discussed the inventory of capabilities and possibly adding the categories to the design groups. Ms. Kelleher suggested being realistic about what the design groups could accomplish. Ms. Damio mentioned

there are going to be elements that pertain to each of the design groups. Ms. Moratti noted the design groups will do the initial work but they will come back as a group and link the work of the three design groups together. Ms. McCarthy said there is an opportunity to see whether there is an overlap during the meetings. Ms. Damio recommended for the CHW to be included in the community and clinical part of it.

***Motion: to allow the design groups to decide on the 4 categories of inventory of capabilities- Grace Damio; seconded Elsa Stone.***

There was no discussion.

***Vote: all in favor***

#### **Discussion Questions and Key Takeaways**

Ms. McEvoy mentioned that she had a presentation with the Steering Committee last week. Dr. Schaefer said they will send the information and circulate it around.

Ms. Sklarsky said she wants to make sure everyone agrees on the CCIP model and make sure the pieces align.

Ms. Moratti said she is not sure they are at the point of agreeing on this.

#### **Next Steps**

Ms. Sklarsky said the design groups will be meeting next week. She noted they will have a second round of design group meetings. She mentioned they may go back and get more consumer feedback based on the work that has been done. Dr. Schaefer noted he sent the bio on Dr. Wagner. He asked if it would be okay for her to participate in the design groups. Everyone agreed it would be okay.

The meeting adjourned at 8:00 p.m.