

## **Health Care Cabinet | Delivery System Innovation**

Work Group Meeting Minutes | Wednesday, January 11, 2012

**Attendees:** Co-Chairs: Patricia Baker and Commissioner Patricia Rehmer, Bill Halsey, Bob Tessier, Mark Borton, Ellen Andrews **Via phone:** Margaret Grey and Vicki Veltri

**Office of the Healthcare Advocate:** Africka Hinds-Ayala

The meeting was called to order by co-chairs, Commissioner Patricia Rehmer and Patricia Baker. Minutes from the last meeting were not available, but will be distributed for approval at the next meeting.

### **Health Home | What it means for Connecticut:**

Commissioner Rehmer gave a brief overview of the work being done through the Behavior Health Partnership (DSS, DMAS & DCF). The Commissioner stated that in light of the scope of this task, to align Connecticut with the Affordable Health Care Act and other initiatives that CMS is circulating, DSS has requested that DMAS take the lead on the implementation of Health Home.

**At the federal level:** CMS is interested in potentially having the states develop Health Homes, and has requested that states provide models of what a health home would look like. DMAS is at the very preliminary stages of doing this. Commissioner Rehmer noted that for the first eight quarters there is a 90% match for Health Homes which is the good news but conversely after the eight quarters there is a decrease to the 50% match. The Commissioner explained the approach being considered to the health home provides the opportunity to continue or increase care, especially for individuals with serious mental illness and/or substance abuse and medical co-morbidity. This discussion around care management as an integrated model, based on definition, funding and implementation, is still in the very early stages, but we will engage partners for feedback regarding viability. Commissioner Rehmer added that medical homes will probably meet the needs of individuals with less serious behavioral health disorders and medical co-morbidity. Bill Halsey (DSS) mentioned that there is also discussion around the proper fit with dual initiatives and when to start the clock to get those eight quarters of a good federal match.

Bill Halsey also noted that in terms of outside participation in some of the model design, the opportunity will be provided to the subcommittee of Behavioral Health Oversight Council in the first week in February, and then filter up to the Oversight Council and disseminate subsequently to other councils and multiple provider groups.

Commissioner Rehmer wanted it on the record that patient choice is important.

### **Discussion: Scope of Work of this work group**

- Mark Borton noted that the information exchange is necessary but not sufficient and that critical mass at the point of care is a very important issue that requires delivery system changes through public and private coordination because no one has the mass otherwise, except possibly FQHC's where there is a concentration of Medicaid patients but otherwise, it is very difficult to achieve and so everything we can do to foster the kind of collaboration on projects implemented, that will actually change the delivery system, will require payment changes, HIT, legal and legislative changes, all these come together at the point of care. Co-Chair Rehmer also added that hospitals, based on the clinics and the work that they do may fit into the category with FQHC's as well.

**Discussion: Scope of Work of this work group (continued)**

- Bob Tessier agreed with the comments made by Mark Borton, and questioned how the State, in terms of policy, can best move the private sector, since neither providers nor health insurers in Connecticut have been aggressive at payment reform and quality measurement and outcomes. Mr. Tessier's suggestion is to invite the Medical Society, the Hospital Association and Health Insurers in for an informational discussion around this work. Mr. Tessier also recommended Dr. Gene Lindsey, CEO of Atrius Health, an affiliate of Harvard Vanguard Health Plans, one of the largest accountable care organizations in the country, as good resource for this cabinet.

**Work Group Homework**

Co-Chair Patricia Baker outlined the homework of the work group:

- To identify the three priorities the work group would want to advance
- Questions for thought:
- How do we set an environment and foster collaboration between public and private sectors
  - What are the policies?

Co-Chair Baker requested members go to the website to view slides from Mark Schaefer and the Comptroller and review other materials available there. Co-Chair Baker reiterated to the group, that the charge is to take the knowledge and innovation discussed and map it to the affordable health care opportunities and think about what can be implemented to foster integration of the service delivery system, that promotes quality, improves outcomes and control costs. The Operating principles around Racial and Ethnic Health Disparities and leveraging opportunities are also on the website for review.

- Mr. Tessier added, if we could come up with three measures that could be said to reflect the efficacy of our delivery system in CT and benchmark it across how we compare to other states; then specify dates and time frames for achievement, that kind of frame work may be useful.
- Margaret Grey and Vicki Veltri also agreed that work force and design of the system is an issue, noting that CT does not have the workforce to deliver outcomes.
- Ellen Andrews, agreeing with the statements on workforce, suggested inviting Alice Pritchard and her group to come in and share their work around what the needs and trends in population for Connecticut.

**Homework:**

- Review Material
- Come prepared to present 1-3 policy
- Recommendations that can drive integration of care to improve health outcomes through reform of the service delivery system.

Meeting adjourned.