



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Health Care Council—Delivery System Innovation Work Group

Minutes of meeting:

February 29, 2012 @ 10:00 AM,
Connecticut Heath Foundation, 100 Pearl Street, Hartford, CT.

Attending: Pat Baker (Co-Chair), Pat Rehmer (Co-Chair), Mark Borton, Margaret Smith, Evelyn Barnum for Alfreda Turner, Bob Tessier, Judy Stein (via phone), Joanne Walsh (via phone), Vicki Veltri (via phone), Fredericka Wolman (via phone).

Pat Baker called the meeting to order at 10:03.

Minutes of the Work Group meeting on 2/6/12 were amended to note the receipt of suggested recommendations by the parties that made the suggestions. Minutes were approved as amended.

Mark Borton gave a brief presentation (available on the HCC-DSI website) of recent presentations to the HCC on Atrius Health, an Accountable Care Organization (ACO) from Massachusetts, and the HIT and Business Plan work groups' progress and preliminary Recommendations to the HCC. Ellen Andrews is also a member of the Business Plan Work Group, and she elaborated on Mark's summary, noting that they were focusing their efforts on the coverage "gaps"—the sub-populations that won't be covered by the exchange, most notably illegal aliens, and the overall issue of "affordability" of healthcare insurance.

Relative to the Atrius presentation, it was noted that >60% of Providers are participating in the BCMS-MA "Alternative Quality Contract" (AQC) which focuses pay-for-quality and partial capitation. Ellen noted that the MA Medical Society is against it, and that the consolidation of the market in MA has a great deal to do with the high level of Provider participation, and that due to the fragmentation of the Provider market in CT, it would not be expected to get similarly high participation if such as contracting structure were offered in CT, also because the Providers in CT generally lack the expertise to manage risk (whereas MA Providers have a long history doing so). It was also noted that Atrius was pleased that their patient satisfaction scores did NOT go down after implementing the AQC—which some had feared because of the negative reaction to previous "managed care" initiatives.

Relative to the HIT Work Group's Recommendations—all those who saw the presentation were impressed by the detail and extent—but also felt that our Group's Recommendations should be both kept to our Charge of at most 4 Recommendations, and be more succinct. That said, there was a consensus that we needed to group the concepts to give them more context and weight.

We then proceeded to discuss the Preliminary Recommendations we had developed as per the suggestions received from Members and the subsequent voting. As it proved unnecessary to present preliminary recommendations to the HCC on 3/13, the Work Group has the opportunity to continue our discussion of the suggestions and attempt to refine our work. With that in mind, Mark prepared a revised set of Draft Recommendations (available on the website) that organized the suggestions that were received 4 or more points in the voting into the themes noted in our Charge—Quality, Efficiency, and Patient-Centeredness.

There then ensued a robust discussion of the suggestions and how to expand and refine them. Considerable discussion also focused on the question of at what level of specificity the recommendations should take. It was decided that, as there can only be four recommendations, they needed to be pretty high level—but that we might “back them up” with more detailed recommendations, both to provide better context, as well to add to the list of more specific recommendations. The themes that emerged centered on four ideas, or as we later termed them, “Guiding Principles:”

- Continuous Quality Improvement
- Team-Based Care
- Patient Centeredness
- Payment Reform

The Group then charged Mark and the Co-Chairs to attempt to capture all the ideas and nuances discussed and to boil them down into a succinct set of Recommendations to present at the next HCC meeting on 3/14. That task laid out for the Mark and the Co-Chairs, the meeting adjourned at 12:00 PM, after noting that we should attempt to schedule our next 4-6 monthly meetings as soon as possible so people can get them on their calendars.

Respectfully submitted;
Mark Borton