



STATE OF CONNECTICUT
LIEUTENANT GOVERNOR NANCY WYMAN

Health Care Cabinet:
Delivery System Innovation Work Group

Tuesday, November 22, 2011
Meeting Minutes

Cabinet Attendees: *Co-Chairs: Patricia Baker and Barbara Bugella (for Commissioner Rehmer); Ellen Andrews; Mark Borton; Sarah Kolb; Kate McEvoy; Nneka Mobisson-Etuk; Marie Smith; Robert Tessier; Alfreda Turner; Vicki Veltri; Joanne Walsh; Fredericka Wolman*

Office of Health Reform & Innovation: *Jennifer Castillo; Nicholas DeVito; Alexis Fedorjaczenko; Mark O'Brien*

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

Chairwoman Patricia Baker opened with welcomes and introductions. The minutes of the last meetings were unanimously approved by the working group with only minor editing flaws requested for correction.

The singular agenda item for today's meeting was to receive a presentation from Kate McEvoy of the Comptroller's Office. She would be presenting on the experience of the Office of the Comptroller in piloting and negotiating innovative healthcare models. Please click for the presentation: [State of Connecticut Preventative Care Initiatives: HEP and PCMH Pilot.](#)

The main points of the presentation detailed the Health Enhancement Program (HEP) that was built into the State Employee health benefits plan as well as the ongoing Patient Centered Medical Home (PCMH) pilot. The HEP incentivizes good health through payouts for preventative care and care management for chronic disease. The PCMH pilot was based off of a number of key areas such as the use of common metrics and payment reform mechanisms. Further elaboration can be found in the presentation included above.

A number of questions arose throughout the presentation. Questions from the HEP portion of the presentation focused on:

1. Communication to providers, patients, carriers and payers: Patients will be notified when pertinent screening should occur and follow-up will occur to try and minimize loss to follow-up. Most effective methods for doing so are being tested. The State's partner, Anthem, is also contacting physicians about this HEP. The lack of primary care is also recognized as an issue.
2. Monitoring and evaluation criteria: There are no specific markers that need to be reached for incentive payment, only that program is complied with. This could be extended in the future with the rise of common metrics.
3. Health disparities: Particularly difficult to reach African-American and Latino males.

From the PCMH portion to the presentation, questions focused on:

1. PCMH sustainability and future timeline: The project has no foreseeable end and hopes to grow and get stronger
2. The State's partners in this venture: ProHealth is expanding and the Office of the Comptroller is working with them to incorporate this growth
3. Common metrics: Chairwoman Baker requested the common metrics being considered and implemented by the plan. Working with DSS and other payers to develop this further.

Patricia Baker then reminded everyone that the next meeting would be held on Dec. 5th and requested that the group think about where there is uniformity and how things like common metrics can inform the work of the group moving forward.

The floor was then opened for public comment. There were not comments from the public.

Meeting concluded.