

**State of Connecticut
State Innovation Model Design
Care Delivery Work Group**

**Monday, June 10, 2013
Meeting Minutes**

Location: 500 Enterprise Drive Hartford Room (Suite 3D) Rocky Hill, CT

Members Present: Dr. Robert McLean (Co-Chair); Dr. Mark Schaefer (Co-Chair); Dr. Daren Anderson; Dr. Peter Bowers; Dr. Mehul Dalal; Ms. Meredith Ferraro; Dr. Alice Forrester; Dr. Jeffrey Howe; Ms. Gaye Hyre; Ms. Dawn Johnson; Dr. Edmund Kim; Mr. Sal Luciano; Dr. Adam Mayerson; Ms. Laurel Pickering; Ms. Lynn Rapsilber; Dr. Elsa Stone; Ms. Rosemary Sullivan; Dr. Thomas Woodruff; Mr. William Young; Dr. Robert Zavoski

Meeting convened at 6:00 p.m.

The new members of the work group were announced and introductions were made.

Reviewed outcomes from last week's work group meeting and set context for population health model exercise

The work group reviewed the synthesis of barriers across stages of health that were identified during the last week's breakout sessions.

It was noted that in some cases, families face issues which take priority over health concerns and limited consumer engagement may also be due to the fear of unpredictable healthcare expenses rather than a lack of incentives.

There was general agreement that while this may be true, there is still an opportunity to provide consumers incentives to take charge of their own care (e.g., employer wellness plans). Emphasis was placed on solving the problem of access, so that consumers can access the right care at the right time, with a provider they trust and confide in. Problem of Medicaid and Medicare patients finding a provider due to their insurance was discussed.

The core components of the population health model were described to broadly address the barriers identified in last week's meeting. The Choosing Wisely Campaign was raised as an example of physicians empowering other physicians to reduce unnecessary, potentially harmful utilization by citing well respected guidelines. The point was raised that these guidelines should be shared with consumers as well as among physicians to change patterns of care.

Discuss advanced care delivery ongoing in Connecticut

Ongoing population-health models in state were discussed. Advanced delivery networks were described to have improved quality and lower costs of care. They were described as assigning providers accountability for quality and for the total cost of care and moving away from fee for service.

Variability in quality and cost is addressed by giving providers transparent, actionable data at the point of care (e.g., ED utilization).

Advanced care practices were described as each being unique - "if you've seen one, you've seen one".

Examples of using vendors and financial support to help provider practices become advanced primary care centers were given. Idea was raised of specifically targeting ED utilization as an opportunity.

The significance of NCQA certification was described as an indicator of cultural commitment to change rather than an indicator of how advanced a practice is.

The issue of changing demographics (e.g., aging population, expansion of Medicaid) and whether there are enough primary care physicians in Connecticut was raised.

Discussed in large and small groups population health model elements and interventions

The work group broke out into three smaller groups. Each group was tasked with prioritizing interventions which overcome barriers to high quality, high value care against elements of the model, two per group.

The outcome of these discussions and the changes that the team would like to make was described as establishing the basis for Connecticut's population health delivery system and having implications for the payment work group's discussion on metrics.

Meeting adjourned at 8:30 p.m.