

**STATE OF CONNECTICUT  
HEALTHCARE INNOVATION STEERING COMMITTEE**

**Meeting Summary  
Thursday, June 12, 2014**

**Members Present:** Lt. Gov. Nancy Wyman (Chair); Tamim Ahmed; Raegan M. Armata; Patricia Baker; Jeffrey G. Beadle; Mary Bradley; Roderick L. Bremby; Patrick Charmel; Anne Melissa Dowling; Anne Foley; Bernadette Kelleher; Robin Lamott Sparks; Alta Lash; Courtland G. Lewis; Robert McLean; Jane McNichol; Frances Padilla; Patricia Rehmer; Jan VanTassel; Victoria Veltri; Thomas Woodruff

**Members Absent:** Suzanne Lagarde; Jewel Mullen; Thomas Raskauskas; Frank Torti; Michael Williams

Meeting was called to order at 3:05 p.m.

**Welcome and Introductions**

Steering committee members introduced themselves.

**Minutes**

***Motion to approve the minutes of the April 22, 2014 Healthcare Innovation Steering Committee special meeting – Patricia Baker; seconded by Victoria Veltri.***

There was no discussion.

***Vote: all in favor.***

***Motion to approve the minutes of the April 24, 2014 Healthcare Innovation Steering Committee meeting – Courtland Lewis; seconded by Victoria Veltri.***

There was no discussion.

***Vote: all in favor.***

**Public Comment**

Ellen Andrews, Executive Director of the CT Health Policy Project, spoke about the decision not to use NCQA as the standard for the medical home model. She said national standards matter and that Medicaid's person centered medical home program had demonstrated success in Connecticut. She said national standards are important and that there is evidence that the use of NCQA standards had reduced the total cost of care and reduced emergency room visits. She said that while there is a cost associated with undertaking the accreditation, it was outweighed by the benefits. She expressed concern as to why the state would seek to duplicate what already exists and a concern that a state standard would be subject to political whims.

Marilyn Denny, a staff attorney with Greater Hartford Legal Aid, also spoke about the use of NCQA standards. She said that two years ago, she spent time working on a Medicaid-Medicare dual eligible project tied to the use of NCQA. At the time, she said she was concerned that the standards would dissuade people from participating. She said that while she was not averse to reversing a bad decision, she was not convinced that was the case and that she had seen no evidence that indicated the standards were problematic. She also said that there could be political ramifications to creating a state specific standard.

Daniela Giordano, Public Policy Director for the National Alliance on Mental Illness, followed up on the previous two comments. She said that from what she has read, NCQA is responsive to concerns that are raised. She asked the steering committee to reconsider the decision as the Medicaid PCMH program has been successful. By using national standards, she said, Connecticut could more easily compare itself with other states.

### **Correspondence**

The steering committee discussed the public comments, as well as a letter sent by Dr. Andrews on behalf of a group of advocates ([letter can be found here](#)). Robert McLean explained the process behind the decision made last summer not to use NCQA. He said it was not the case that they proposed doing away with the PCMH program. Some of the issues that were raised were the administrative burden, cost, and that there was not enough follow through to ensure that standards are being maintained. The idea, he said, was to go beyond the standards to ensure that transformation was occurring.

Alta Lash said that whenever any kind of payment reform idea is discussed, patients get nervous. She asked what kind of protections would be put into place with regards to quality. She said there is concern that the standards not be prey to whichever political party is in office. She also said reinventing something that already exists did not seem like a wise use of funds. It was important that there be quality standards in place that practices must meet and that there is recourse if those standards are not met.

Mark Schaefer suggested that this issue be taken up by the Practice Transformation Taskforce for further discussion at its June 24<sup>th</sup> meeting. If the taskforce comes up with a recommendation, that recommendation could be taken up by the steering committee. Mary Bradley also suggested contacting NCQA to see what their future plans are. Dr. Schaefer said there have been conference calls with NCQA and there have been discussions regarding the additional use of state specific metrics. There may be opportunity for alignment but that may not come to resolution before the test grant application is due.

### **Work Group Appointments**

The steering committee voted to add to consumer/advocate representatives to the Quality Council and one employer representative to the Practice Transformation Taskforce. The Consumer Advisory Board has put forth two Quality Council candidates and Ms. Bradley put forth a candidate for the Practice Transformation Taskforce.

#### ***Motion to appoint Peter Holowesko, United Technologies Corporation, to the Practice Transformation Taskforce – Victoria Veltri, seconded by Patricia Baker.***

There was no discussion.

***All voted in favor.***

#### ***Motion to appoint Arlene Murphy and Meryl Price to the Quality Council – Victoria Veltri; seconded by Jan VanTassel.***

There was no discussion.

***All voted in favor.***

### **Physician Survey**

Robert Aseltine, of the UConn Health Center, presented on the physician survey ([begins on page 2 of the presentation found here](#)). The survey will be posted on the internet and the questions will be shared with the steering committee for comment.

Dr. McLean asked which specialty areas would be included. Dr. Aseltine said that has not yet been decided but it is likely that pediatrics and obstetrics/gynecology would be included. Courtland Lewis suggested that physician attitudes be captured in the survey, particularly with respect to physician satisfaction. Frances Padilla suggested oversampling on primary care. Dr. Aseltine said that was the plan. Tamim Ahmed recommended random sampling to prevent particular provider groups from being over represented in the sample.

### **Introduction to the Funding Opportunity Announcement Process**

Dr. Schaefer gave an overview on the funding opportunity announcement ([presentation found here](#)). The program management office plans to work with the Consumer Advisory Board, steering committee and state agencies to draft the application.

Dr. McLean asked how Connecticut fared in terms of physician engagement. Dr. Schaefer said that with other states they can tell who is not at the table by how each group is referenced but that he was not sure he had a sense as to whether Connecticut was ahead or behind. Faina Dookh, of the program management office, said that the state was pretty much aligned with others. Moving forward, she said, there is a need to further flesh out a provider engagement strategy.

Jane McNichol said there was an emphasis on Medicaid in the test grant announcement and that it was important to identify what the plan is for Medicaid. Kate McEvoy, Medicaid Director, said it represented a shift. She said there are areas with natural points of alignment such as PCMH.

Ms. Padilla suggested that having steering committee, Consumer Advisory Board, and the Health Care Cabinet officially adopt the plan could strengthen the proposal. Dr. Schaefer said that there was not a proposal to change existing roles. The program management office would seek letters of support from the Consumer Advisory Board and its constituent members. The goal is to put forth a process were those at the table felt they were able to discuss the issues and come to a level of consensus. Victoria Veltri said that the application time frame made it a challenge to get sign off from various groups but that there was the intent to take various amounts of input into account. Patricia Baker suggested making explicit how the state planned to adapt, revise, and take in new data as they progress with the implementation. That, she said, would strengthen the proposal.

Thomas Woodruff asked how value based insurance design (VBID) would be accounted for in the proposal. VBID and the state employee health plan was a part of the SIM Design test grant application. Dr. Schaefer said that he could be included in discussions with the evaluation team to further flesh that out. There is still more work that needs to be done to further flesh out the model.

### **Population Health**

Kristin Sullivan, of the Department of Public Health, gave an overview of the population health strategy which is to utilize what is in the State Health Improvement Plan and Chronic Disease plan as a starting place. The Department of Public Health currently does not have insurance data or hospital discharge data. Those are areas that could be expanded upon.

Steering committee members recommended focusing on specific areas such as the three or four most prevalent health issues in the state that can demonstrate a return on investment. It was asked whether there was a role for community based prevention centers in the plan. Ms. Sullivan said there was.

### **Care Delivery and Payment**

Dr. Marie Smith, professor at the UConn School of Pharmacy, will be providing support to the Practice Transformation Taskforce along with Brody McConnell, a PharmD student. Dr. Smith has experience working with CMMI on a primary care initiative. Dr. Smith presented on care delivery ([begins on page 5 of the presentation found here](#)).

There was discussion of the use of Per Member Per Month (PMPM) payments. Dr. McLean expressed concern that the decreased use of these payments could lead to under service. Dr. Ahmed said that despite the expectation that PMPM payments will drop, in actuality they will continue. The committee spoke about the increased practice consolidation taking place in the state and how it should be addressed in the grant narrative, particularly with regard to transformation. Dr. Smith said the goal was to meet practices where they are, do learning collaborative, and support and model targets. There are features that larger networks could participate in. Ms. Baker said that all networks may need assistance and that there are specific goals that may not be automatic.

### **Stakeholder Engagement**

Jeffrey Beadle presented on consumer engagement ([begins on page 18 of the presentation found here](#)). One page of the test grant application will be devoted to consumer engagement. The goal is to build on the work the Consumer Advisory Board has been engaged in, with the goal of providing advice, counsel, and representation to the Steering Committee.

Mary Bradley presented on employer engagement ([begins on page 21 of the presentation found here](#)). Employers are already engaged in plan design and value based insurance design (VBID). The employer engagement piece of the test grant application will lay out a strategy to further engage employers.

Dr. McLean noted that VBID carried the risk of over-utilization. He suggested involving physicians in the design so that proper guidelines are used. Dr. Woodruff said the state employee VBID uses age appropriate screenings and that adjustments are made based on local and national recommendations. Ms. Lash asked how these discussions related to the Practice Transformation Taskforce discussions. Dr. Woodruff said they are simultaneous.

There was discussion regarding the Choosing Wisely Campaign, which a coalition in CT is working to launch in the state. There was concern that very few items in Choosing Wisely relate to preventative care. There were also concerns raised about high deductible insurance plans and the need to involve consumers in their implementation as these types of plans can discourage consumers from receiving care. Other concerns were raised about price transparency and the use of analytics, as well as the potential need for regulatory reform. Steering committee members were encouraged to share regulatory ideas with the rest of the steering committee or with the Insurance Department.

### **Health Information Technology**

Dr. Minakshi Tikoo presented on Health Information Technology. [Dr. Tikoo's presentation can be found here](#).

Ms. Baker asked if the state did not have a technology plan and who was responsible for operationalizing it. Dr. Tikoo said there is a technology plan. Commissioner Bremby said that the components need to be solidified and that the components can be shaped and fitted to support the test grant application. Ms. Veltri said that the approved implementer legislation gave the

Department of Social Services responsibility for the state's health information exchange. Ms. Baker said her take away from the presentation was that more work was needed and to stay tuned.

Ms. Baker also asked if the state's previous failed attempts to build a health information exchange would negatively impact the state's application. Dr. Tikoo said that there is an opportunity for course correction and that new efforts should reflect provider interest. Ms. Veltri said that in meeting with the grant technical assistance team, there is an understanding of where the state was and where the state intends to go.

### **Workforce**

Ron Preston presented on teaching health centers ([presentation found here](#)). Dr. Ramin Ahmadi, of the Western Connecticut Health Network, has real world experience in this arena with eight health centers expressing an interest and UConn Health Center agreeing to provide technical assistance. Ms. Lash noted that there were no Hartford-based federally qualified health centers on the list. Mr. Preston said more may wish to sign on. He said the project would require a great deal of work, funded mostly with HRSA funding and supplemented with some SIM funding. Teaching Health Centers is covered under Issue Brief #7 ([found here](#)).

Dr. Bruce Gould, of the Connecticut Area Health Education Center, presented on the CT Service Track (CST) and Community Health Workers (CHW) [[CST presentation begins on page 26 and CHW presentation begins on page 36 of the presentation found here](#)]. The CST is an expansion of the existing Urban Service Track, which is a workforce development and jobs program. The CST is covered by Issue Brief #6 ([found here](#)). CHWs are covered by Issue Brief #8 ([found here](#)). A future question will be whether to include these items in the budget for the test grant application or to fund them through other means.

### **Wrap-up/Next Steps**

The program management office will share the project narrative with the steering committee for June 26<sup>th</sup>.

***Motion: to adjourn – Alta Lash; seconded by Jan VanTassel.***

There was no discussion.

***All voted in favor.***

Meeting was adjourned at 6:03 p.m.