

**STATE OF CONNECTICUT
HEALTHCARE INNOVATION STEERING COMMITTEE**

**Meeting Summary
Thursday, July 10, 2014**

Members Present: Lt. Gov. Nancy Wyman (Chair); Patricia Baker; Jeffrey G. Beadle; Mary Bradley; Roderick L. Bremby; Patrick Charmel; Mehul Dalal (for Jewel Mullen); Bernadette Kelleher; Suzanne Lagarde; Robin Lamott Sparks; Alta Lash; Robert McLean; Jane McNichol; Katherine McNulty (for Patricia Rehmer); Frances Padilla; Thomas Raskauskas; Kelly Sinko (for Anne Foley); Kristin Sullivan (for Jewel Mullen); Jan VanTassel; Victoria Veltri; Michael Williams; Thomas Woodruff

Members Absent: Tamim Ahmed; Raegan M. Armata; Anne Melissa Dowling; Anne Foley; Courtland G. Lewis; Jewel Mullen; Patricia Rehmer; Frank Torti

Meeting was called to order at 3:03 p.m.

1. Welcome and introductions

2. Minutes

Motion: *to approve the June 26, 2014 meeting summary – Victoria Veltri; seconded by Patricia Baker.*

There was no discussion.

Vote: *all in favor.*

3. Public comment

Sheldon Toubman, a staff attorney with Greater New Haven Legal Aid, spoke about his concerns about the Medicaid proposal for the SIM Test Grant application. He said that the Department of Social Services and the SIM Program Management Office had committed in December to demonstrate shared savings on the Medicare-Medicaid dually eligible population only and that commitment had now been backtracked. He said decisions are being made just to get a grant. Lt. Governor Wyman said that the administration had heard the advocates' concerns and would continue to listen to them. She said the administration was not going back on its word. She added that no member of the steering committee thought the grant was more important than the people being served. Thomas Raskauskas said that CMS has expanded its shared savings model and issued a well publicized RFI. He asked Mr. Toubman if the advocates had responded to it. Mr. Toubman said that he did not respond to it and did not know if others did. Roderick Bremby said that DSS was strongly in favor of the approach that has been settled on and that sometimes our approach must change based on new knowledge. He also suggested being mindful of the language being used as the phrase "forced march" has a negative connotation for many people. He urged everyone to be respectful in their language.

4. Correspondence

The committee discussed correspondence that had been received ([found here](#)). Jan VanTassel asked for clarification of the number of Medicaid enrollees that would be in shared savings. Mark Schaefer said it is estimated that the first wave (to begin January 2016) would contain between 200,000 and 215,000 Medicaid beneficiaries. If there is success in the first wave, there could be two subsequent waves in 2018 and 2020. CMMI is looking for states to completely transform their systems, which would mean 100% of the population would be affected. However, he said, if the early experience

shows that safeguards cannot address emerging issues, the state would not proceed with a second wave, even if it mean jeopardizing grant funds. He added that this is both a statewide and nationwide learning process. The state is looking to achieve upside gains while avoiding risks. Ms. VanTassel said she did not see language in the draft application that addressed the safeguards. Patricia Baker suggested adding specific language that shared savings would be implemented when quality metrics are established and outcomes are agreed upon. Commissioner Bremby said that language is on page 15. Ms. VanTassel said the draft contains the word systematic, which had been removed from the draft Equity and Access Council charter. Dr. Schaefer said the PMO would go back and make sure the language in the application matches the language to which the Steering Committee had previously agreed. Frances Padilla suggested including language that DSS would participate in the Equity and Access Council, and that none of the waves be implemented until necessary measures are in place. Dr. Schaefer said another draft will be circulated and that Steering Committee members should contact the PMO if they feel the draft has left out something critical.

5. Program narrative – review and discussion

Dr. Schaefer highlighted the latest changes in the application since it was last distributed. The biggest change is the specific plan for involvement of Medicaid beneficiaries. The inclusion of Medicaid beneficiaries led the PMO to rethink the strategy for core investments such as AMH and the Community and Clinical Integration Program (CCIP). The new proposal calls for Medicaid to lead the way in defining improvement. The AMH and CCIP resources are now directed to participants in the Medicaid shared savings program.

Commercial payers have agreed to tie shared savings to care experience surveys. The PMO would contract with a vendor to provide those surveys statewide and to have care experience performance factored into their shared savings payments.

Alta Lash said that she had a difficult time discerning what was DSS-population oriented and what was general population oriented. She was also concerned that the reference to the 1115 waiver could create a false impression that it is a guaranteed avenue. She suggested referencing other federal resources that could be brought to bear beyond Medicaid. Commissioner Bremby said they should be specific with the language regarding the 1115 waiver as they are exploring a targeted waiver and not a global cap waiver. Ms. Lash suggested moving the language regarding the waiver to the planning section as they are agreeing to consider it, rather than having it as a centerpiece of the proposal. Others agreed that the language should show it is one option among many.

Dr. Raskauskas asked how the state planned to get actionable real time data and interconnectivity between networks in light of the lack of a state health information exchange. Commissioner Bremby said that in discussions with Dr. Minakshi Tikoo, there will be an inclusive planning process to address those issues. The state will not have a health information exchange in the short term. There should be a vendor in place for the state's all payer claims database in the fall, but there is still a great deal of work required before it is operational. The state is pursuing a series of edge servers that would provide data for real time analysis.

Jeffrey Beadle said the Consumer Advisory Board is generally pleased with the spirit of the inclusive and the deliberative planning process. They are particularly pleased with the charge of the Equity and Access Council and with the consumer resources that would be available in the proposal. He asked where the Workforce Council was referenced in the application. Commissioner Bremby said that page 24 of the draft spoke about the councils and taskforces and workforce development.

The committee discussed the context of the proposal. Ms. VanTassel said that the goal went beyond changing medicine or the way medical services are paid for but rather to change the health of the state. She said that social service agencies don't have resources to create proper linkages. Robert McLean said he agreed with the comments about the role of socio-economic factors in health but that the grant is ultimately about healthcare delivery. There was only so much that could be done with the funding. Dr. Schaefer said the grant is supposed to have two phases. The first phase is focusing on better healthcare delivery. The second phase would include the departments of Public Health and Social Services working with other stakeholders to create healthier communities.

6. Budget – high level overview

Dr. Schaefer provided an overview of the budget. He recognized Kelly Sinko of the Office of Policy and Management for her exceptional work in preparing the budget. The PMO is considering the extent to which adjustments must be made to get to the right funding request level. If the request is too large, it could jeopardize the return on investment. Mr. Beadle and Victoria Veltri reviewed the budget for consumer engagement activities. Ms. Padilla asked if this was the same as the consumer empowerment section of the narrative. She said she thought that section of the narrative was underdeveloped and does not reflect all of what she just heard. Dr. Schaefer said the stakeholder engagement section needs to be clearly articulated. Ms. Baker suggested tying the budget to sections of the narrative.

Bernadette Kelleher asked if there was a need to outline how they plan to spend the funds over the years or if it was a general ask, particularly with regard to health information technology. Dr. Schaefer said that the operational plan details how each activity is undertaken over the next four years. Steps and milestones must be articulated. With regard to population health and health IT, there is a specific amount allocated for planning activities.

The committee discussed the population health. Ms. Lash said that in urban areas, substance abuse is a major issue. She said she did not see how that was addressed in the proposal and asked if the Departments of Mental Health and Addiction Services and Children and Families were at the table. Dr. Schaefer said the goals are not clearly articulated and could include other priorities. Kristin Sullivan said that there are specific priorities that must be addressed (diabetes, obesity, and tobacco usage) but that additional stakeholders could be brought in to prioritize needs. Ms. Baker expressed concern that neither DMHAS nor DCF were referenced in the application. Katherine McNulty said that DMHAS has been at the table and that their concerns are being addressed.

Dr. McLean had concerns about the amount of money and staff in the population health section. He also asked about the use of the phrase population health. Dr. Schaefer said that CMS has adopted population health to mean both community health improvement and practice level improvement.

Robin Lamott Sparks asked when the committee should expect another draft. Dr. Schaefer said the PMO planned to submit the application on July 16 and that a more final draft could be available on either July 14th or 15th. LG Wyman said that if there are quick questions on reviewing the draft, committee members should just call the PMO. If there are major issues that would require quickly bringing people together, we can try to do so, however it would be unlikely to convene the entire group.

7. Wrap-up/next steps

Dr. Schaefer said the next steps are to fine tune the budget and program narrative. He encouraged committee members to share their concerns. The SIM core team would meet Monday to align on a budget number, with Tuesday the most likely day for the release of the budget narrative. Mr. Beadle

asked about letters of support. Dr. Schaefer said the PMO would greatly appreciate receiving letters of support and asked that they be submitted by Monday. The PMO has a template available that can be shared. LG Wyman said that she, the governor, and the state agencies would be supplying letters of support and encouraged others to submit them as well.

Ms. VanTassel asked about the involvement of the Council on Medical Assistance Program Oversight (MAPOC). Dr. Schaefer said that a meeting was being organized to bring together representatives from the MAPOC, the steering committee, and the Consumer Advisory Board. The plan is to create an integrated group that would use a transparent process to develop the details of the Medicaid shared savings program.

Motion: to adjourn – Patricia Baker; seconded by Jan VanTassel.

There was no discussion.

All voted in favor.

Meeting was adjourned at 5 p.m.

DRAFT