

STATE OF CONNECTICUT
State Innovation Model
Steering Committee

Webinar Summary
October 21, 2015

Members Present: Patrice Sulik; Mehul Dalal; Jan VanTassel; Michael Michaud; Jane McNichol; Francis Padilla; Mary Bradley; Rob Zavoski; Anitha Nair; Robin Sparks

Other Participants: Faina Dookh; Leah Nash; Kevin Kappel

Purpose of Today's Meeting

Faina Dookh reviewed the purpose of the webinar, which was to provide an update on the status of the Community & Clinical Integration Program (CCIP), including timeline update, review of the process for feedback, CCIP phases, program overview, and open issues.

Presentation & Summary

The meeting was opened with a review of the agenda and purpose of the meeting. The State Innovation Model's vision is to improve population health, engage consumers, reduce health inequities, improve quality, and reduce costs. CCIP is one component of driving towards that vision.

The CCIP high-level timeline was reviewed. Draft 2 of the CCIP report was posted online and feedback from Steering Committee members is due October 23rd. A third draft will be released in late October or November, with an accompanying comment period. In February, an RFP will be issued to procure the transformation vendor who will be providing technical assistance to entities and in October of 2016 CCIP will start.

The CCIP comment process from September to October was reviewed. Comments were solicited through committee meetings and an online solicitation.

Next, an overview of CCIP was provided. CCIP is part of the SIM targeted initiative strategy. The hypothesis behind the targeted initiatives is that having a high percentage of patients in value-based payment arrangements, and combining that with resources to develop advanced primary care and organization-wide capabilities will accelerate improvement on population health goals of better quality and affordability.

Jan VanTassel asked how providers were being engaged in CCIP design. Faina responded that SIM committees are the primary vehicle for provider input, and all committees have members from varying healthcare provider groups.

Francis Padilla said that other parts of the country are testing these models. She said we should examine what we can learn from what they are doing. She also asked how many people will be affected by this part of the initial test. Faina responded that we are continuously looking at other

models as well as their results. For CCIP, we have goals for provider participation but will need to wait until the MQISSP procurement is complete to identify the exact number of beneficiaries that will be impacted. Francis Padilla noted that gaining insights from the lessons learned from other states will be valuable. Stated that agree that fee for service has significant limitations, and that practice transformation should be informed by lessons from other states. Jan VanTassel agreed. She said she is not sure how much we are offering to providers in the way of incentives. Francis Padilla said that SIM is relatively young.

Jan VanTassel said that ongoing support is necessary for many individuals with complex needs, as well as coordination among community resources. Faina mentioned that CCIP standards include Community Health Collaboratives, which aim to provide a framework for collaboration among the healthcare sector and community resources. Jan VanTassel said there are models on the ground already, such as for DHMAS clients, will the collaborative integrate these efforts? Faina said that goal of the collaborative is to make sure that it leverages the local context and work done there. Integration is critical and the purpose is to build on the collaboration work done already. There are initiatives in every part of the state and we will need to wait until the MQISSP entity is chosen to know which region is being targeted. At that point the transformation vendor will evaluate the local context and create a structure that leverages work done there. Jan VanTassel said that the collaborative may not be health driven. It may be, for example, driven by housing issues or education. Francis Padilla said that we would need to know which Advanced Networks respond to the MQISSP RFP to start identifying this.

Michael Michaud said that there in the State Health Improvement Plan, Mental Health and Substance Abuse Section there is a goal that aligns with CCIP: to increase the screening of substance abuse and trauma by 5%.

Faina went through the remaining public comment issues and next step slides before the close of the meeting.