

**STATE OF CONNECTICUT**  
***Healthcare Innovation Steering Committee***  
***Personnel Subcommittee***

**Special Meeting Summary**  
**Thursday, January 7, 2016**

**Members Present:** Robert McLean (Chair); Patricia Baker; Patrick Charmel; Mary Kate Mason (representing Michael Michaud)

**Members Absent:** Suzanne Lagarde

**Other Participants:** Mark Schaefer; Tom Woodruff; Sandra Czunas; Jenna Lupi

The meeting was called to order at 12:10 PM.

**Proposal to Add a Fifth Health Plan to the Consortium**

To accommodate all the major health plans that expressed interest, the SIM PMO proposed adding a fifth health plan representative to the Consortium. The subcommittee discussed the size of the Consortium and the balance of representation. To maintain balance, Pat Baker called for a vote to recommend one additional health plan, provider, and consumer to the Healthcare Innovation Steering Committee (HISC) for appointment on the VBID Consortium.

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

**Discussion of Employer Consortium Candidates**

The SIM PMO shared that although Mary Bradley had applied, she recommended that others be appointed to diversify representation on SIM initiatives. Robert McLean agreed with this notion and pointed out that the other applicants all represented large, well-established employers. Pat Baker expressed some disappointment that the applications did not include representatives from small employers.

Robert McLean called for a vote to recommend Catherine Olinski, Michael Dimenstein, Alvin Ayers, and Fiona Mohring to the HISC for appointment on the VBID Consortium.

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

**Discussion of Provider Consortium Candidates**

Pat Charmel stated that he completed an application for consideration on the Consortium and thus, due to the conflict of interest, recused himself from the remainder of the meeting.

The subcommittee considered the importance of representatives with extensive experience in behavioral health, primary care, and practice transformation.

Pat Baker called for a vote to recommend Steven Wolfson, Steven Moore, James Cardon, Cheryl Lescarbeau, and Patrick Charmel to the HISC for appointment on the VBID Consortium.

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

**Next steps**

The recommendations will go to the steering committee for approval at its January 14<sup>th</sup> meeting.

Robert McLean called for a vote to adjourn.

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

The meeting adjourned at 12:40 PM.

# **Value Based Insurance Design Consortium**

## ***Personnel Sub-committee Recommendations***

### ***for Composition and Membership***

#### **Composition Recommendation**

The Personnel Sub-Committee recommends that one additional health plan, provider, and consumer representative be added to the Consortium. This would bring the total number of committee members up to 24.

#### **Provider/ACO Recommendations**

**Name:** James Cardon

**Organization:** Hartford HealthCare

**Role within Organization:** Chief of integration for health system, aligning providers with the continuum of healthcare services in the transformation to a value based healthcare delivery system

**Why do you want to serve on this consortium:** The success of value based care will require all facets of our current care and payment model to change. Providers need to support to make different decisions, payers need to work with providers in alternative payment models and patients need to be better informed about which healthcare services add value and which services do not. This consortium is the meeting place where stakeholders can work together to develop and adopt a consistent and thoughtful approach to align all our efforts to high value care

**Describe your experience:** Practicing physician (non-invasive cardiologist) for 25 years.

In current role oversee the development of clinical integration with 2000 providers that includes care management program and value based contracting. Involves developing and implementing provider incentives based on quality and cost. Hartford Healthcare has a large self insured employee health plan that is moving towards value based care.

**Name:** Patrick Charmel

**Organization:** Griffin Hospital

**Role within Organization:** I am the Chief Executive Officer of Griffin Hospital and its parent Griffin Health Services Corporation. I also serve as Chairman of the Value Care Alliance.

**Why do you want to serve on this consortium:** I strongly believe that value based insurance design creates the incentives for payers, providers, employers that are health plan sponsors, and health care consumers necessary to motivate the delivery of more effective, efficient, and patient centered high quality care and greater consumer/patient engagement.

**Describe your experience:** I have three years of experience in the Medicare shared savings program including the formation and operation of an Associated provider ACO entity. I also co-led the Value Care Alliances efforts to establish a commercial ACO relationship with Aetna and a three party joint venture with Hartford Healthcare, the Value Care Alliance and Aetna to incorporate value based insurance design into a new tiered network health insurance product brought to market in the fall of 2015 with a January 1, 2016 effective date. My perspective on consumer/patient engagement is informed by experience in developing and operating successful hospital based chronic disease management and lifestyle change programs, sponsoring the only hospital based CDC funded prevention research center in the US, participating in both Medicare and commercial ACO relationships, and shepherding the expansion of Planetree Inc. and its patient centered model of care, the foundation of which is patient empowerment and engagement, into an organization with more than 500 hospital, long term care and medical practice affiliates in the US and 18 foreign countries.

**Name:** Cheryl Lescarbeau

**Organization:** ProHealth Physicians

**Role within Organization:** I am responsible for leading ProHealth's clinical performance program which includes oversight of ProHealth's Accountable Care Organization, the development of incentive programs, adherence to quality metrics, performance measurement. In this role, I am also responsible for leading our care coordination and care management activities, which are a critical part of our care model. I have also served as the Executive Sponsor of ProHealth's Patient-Centered Medical Home program, under which all of ProHealth's practice sites were recognized by NCQA as a Level 3 Patient-Centered Medical Home.

**Why do you want to serve on this consortium:** I think that I would have a lot to contribute based on my years of experience working with managed care organizations and providers. For the last 19 years, I was also accountable for all of ProHealth's managed care strategy and operations and have been the primary liaison and negotiator of agreements that were focused on creating and consistently delivering value to our patients, providers, health plan partners, employers, etc.

**Describe your experience:** In my capacity as the lead executive for both care coordination and case management, as well as in managed care strategy and operations, I have been intimately involved in creating programs, plans, and benefits that motivate each stakeholder to act as a team to deliver improved results. ProHealth has been on a continuous journey, under my leadership, toward value-based healthcare design. Starting with our earliest pay-for-performance initiatives, through our success at becoming and maintaining a level 3 medical home, to our current participation in shared savings agreements and preparing for global risk, I have led ProHealth's efforts to align incentives in the best interest of all parties. Value-based insurance design is going to be very powerful in motivating patients, providers, employers, and health plans to work together toward common goals. This is really what I've been doing at ProHealth for the last 20 years and the organization has been very successful throughout my tenure.

**Name:** Steven Moore Ph.D.

**Organization:** Village for Families and Children

**Role within Organization:** I am developing new programs for adult clients and assisting in the integration of feedback-informed therapy models across both new and existing clinical programs. We are building value-driven models of care for all of our clients, focusing on client outcomes, rather than just delivering services

**Why do you want to serve on this consortium:** This work is consistent with our efforts to redesign clinical services to focus on value/outcomes, rather than services. The Consortium will be identifying standards and measurements that will drive the transition, and I can contribute information about what has been and will be effective from the provider viewpoint.

**Describe your experience:** As a solution-focused clinician and the leader of several clinical programs that succeeded in reducing length of stay, while increasing successful outcomes and client satisfaction, I have experience with redesigning programs for efficiency and value. I can contribute information about the difficulties providers will have with the transition and ways to overcome barriers.

**Name:** Steven Wolfson

**Organization:** CSMS

**Role within Organization:** Chair, Council, Connecticut State Medical Society

**Why do you want to serve on this consortium:** It is an important extension of the work I am currently doing as Co-Chair of the Quality Council of the SIM

**Describe your experience:** 45 years in clinical practice; Medical Director of the CSMS ACO

## **Employer Recommendations**

**Name:** Alvin Ayers

**Title:** Director - Health, Wellnes and Disability Benefits

**Organization:** Electric Boat Corporation

**Role within organization:** HR Director with responsibilities to include benefits, medical, health and wellness, workers' compensation and salaried compensation.

**Why do you want to serve on this consortium:** Healthcare delivery and cost is of primary concern to Electric Boat both for our employees and the company. Serving on this consortium will provide Electric Boat access to other stakeholders to share best practices and advanced information into SIM and input into helping to improve health care and cost.

**Describe your experience:** Twenty years of health care finance / analytics to include premium development and 12 years of health care strategy, plan design development and benefit and health communications. Ten years building and managing a health and wellness program integrated and aligned with healthcare carrier to manage population engagement in health management.

**Name:** Michael Dimenstein

**Title:** Vice President, System Compensation & Benefits

**Organization:** Yale New Haven Health System

**Role within Organization:** Oversees the provision of all compensation and comprehensive benefit programs (including medical, dental, vision and prescription drug plans) to a workforce of approximately 21,500 and 34,000 covered lives, in addition to occupational and employee population health for the workforce as well as several corporate health client organizations.

**Why do you want to serve on this consortium:** I am personally and professionally committed to the development of improved models of health benefits. Representing Yale New Haven Health System, one of the largest healthcare providers in the state, as well as one of the largest Connecticut employers offering health benefits, we have a responsibility to learn more about best practices and to share our own experiences and successes in this area.

**Describe your experience:** I have more than 30 years' experience in benefit design and administration, as well as nearly ten years' experience in workforce wellness programs and incentive design. I believe that consumer engagement (patients as well as employees) is a critical factor in the achievement of a culture that recognizes the value of appropriate, high quality, high value care towards the goal of improving population health status at lower cost.

**Name:** Fiona Mohring

**Title:** Director, Health & Welfare Benefits

**Organization:** The Hartford

**Role within Organization:** I lead employee health & group benefits. As part of the Total Rewards team my team and I are responsible for Employee health and group benefits plan design alternatives, decisions, compliance, implementation and communication.

**Why do you want to serve on this consortium:** I believe it is critical for employers to have a voice in the change taking place in health care today. While ultimately we need every person to lobby for and encourage value based care delivery, employers will need to lend a voice and expertise to the conversation. I want my voice to speak for the thousands of Hartford employees, my family and friends in the conversation around change. Discussing this change, sharing opinions with other employers and the state to shape policy is a valuable use of my expertise

**Describe your experience:** I have 20+ years of experience in health insurance and corporate health benefit management. I would bring that corporate perspective. I am also parenting 4 children who utilize the system. I would bring that perspective as well. Additionally, I am currently in the UCONN Masters of Public Health program. My area of interest is statewide health policy. I will bring this perspective and all that I am learning and doing in the MPH program as well. My undergraduate degree is in Latin American Studies; I have a unique understanding of the Latino population and would bring that perspective to the conversation.

**Name:** Catherine Olinski

**Title:** Director US Health Benefits

**Organization:** Stanley Black & Decker

**Role within Organization:** Director of US Health Benefits - responsible for health care strategy, employee communications, and administration

**Why do you want to serve on this consortium:** I am interested in exploring ways to encourage utilization of Cigna Accountable Care providers (in those areas where we have strong access). As the pendulum moves from pay for volume to pay for value, I am open to being part of this Consortium to see how we can move the needle.

**Describe your experience:** I will bring the National Account Employer perspective to the table that includes challenges in engaging our population in health management/wellness programs; educating members about the value of ACA's and moving towards a more consumerism approach.