

**STATE OF CONNECTICUT**  
**State Innovation Model**  
***Healthcare Innovation Steering Committee***

**Webinar Summary**  
**March 30, 2016**

**Members Present:** Tamim Ahmed; Patricia Baker; Patricia Checko (for Jeffrey Beadle); Patrick Charmel; Anne Foley; Mario Garcia (for Raul Pino); Alta Lash; Kate McEvoy (for Roderick Bremby); Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Frances Padilla; Ron Preston (for Bruce Liang); Robin Lamott Sparks; Jan VanTassel; Victoria Veltri; Thomas Woodruff

**Members Absent:** Nancy Wyman; Catherine Abercrombie; Mary Bradley; Terry Gerratana; Suzanne Lagarde; Courtland Lewis; Katharine Wade; Deremius Williams; Michael Williams

**Call to order and Introductions**

Victoria Veltri called the meeting to order at 10:01 a.m. Roll call was taken. There was not yet a quorum.

**Minutes**

The approval of minutes from the March 10<sup>th</sup> meeting was postponed due to the lack of quorum.

**CCIP Final Report**

Mark Schaefer provided an overview of the purpose of the meeting ([see presentation](#)). Kate McEvoy provided an overview of the request for proposals for the Medicaid Quality Improvement and Shared Savings Program. Frances Padilla asked what would happen in CMMI did not approve the award strategy. Dr. Schaefer said they would need to reconsider the second track if they don't get approval for the grant program. Ms. Padilla suggested that technical assistance would not require achievement of the standards. Dr. Schaefer said that was one option if there was no award. The Program Management Office would engage the Department of Social Services in discussions as to whether there are other ways to incentivize achievement of the standards. Ms. McEvoy said they would be open to that discussion, but they currently have no ability to commit to underwriting those costs. The PMO anticipates learning if the approach is supported by CMMI by the end of the week.

Faina Dookh reviewed the public comments received and the accommodations made as a result, in addition to the core standards. Robert McLean asked how "functional assessments" were defined. Dr. Schaefer said that a functional assessment might include limitations in activities of daily living or negotiating the home environment. Dr. McLean noted that Medicare has an annual wellness visit that requires that. He wanted to make sure they were not adding on another layer of activities that are currently being covered in other ways. Dr. Schaefer said that when the CCIP transformation vendor is hired, they will be asked to develop the curriculum and the system for documentation at a more granular level. The goal is to define the technical assistance in a flexible way as "one size fits all" may not be efficient and can create a burden.

Dr. Schaefer noted that, with regard to health equity, they need to be mindful of moving beyond the Office of Management and Budget's demographic categories to a more granular set of categories. They propose to align expectations with the ability of electronic health records (EHRs) to capture

more granular information consistent with the ONC's most recent regulatory change regarding the certification of EHRs.

Ms. Veltri noted a recent CT Health Investigative Team story about the significant disparities that exist for the LGBT (Lesbian Gay Bisexual Transgender) population. She asked whether they would coordinate around that. Dr. Schaefer said that it would be of interest to hear from Steering Committee members regarding this gap in the CCIP demographic collection standards. Jan VanTassel said they should encourage the collection of the data but not mandate it. Patricia Baker and Alta Lash agreed. Ms. Lash said that they can always strengthen the recommendation in the future. There was broad support for this approach and Dr. Schaefer said this would be reflected in the final.

Tamim Ahmed asked whether the conditions they are focusing on should be specific to the populations involved. He noted that the Medicare population does not have an asthma problem relative to congestive heart failure. He asked if it should be care specific. Dr. Schaefer said they focused on those conditions covered in the scorecard, which focuses primarily on conditions common among those under 65, although not exclusively so—HTN and diabetes are prevalent among older adults. However, this should not prevent providers from taking on other conditions. He said they could restore the provision that was proposed for elimination that allows for flexibility. Ms. Baker noted that they will be judged on their performance in certain areas and she would rather stay focused on those areas. Dr. Schaefer proposed restoring the provision.

There was a quorum present, however, approval of minutes was postponed to the next Committee meeting due to a lack of time.

Dr. Schaefer asked if there were objections to how the PMO has responded to comments. He noted that the final draft will incorporate all that has been discussed. There were no concerns raised.

***Motion: to approve the report with edits – Jan VanTassel; seconded by Alta Lash.***

Discussion: None.

***Vote: All in favor.***

Dr. Schaefer thanked everyone for following the work through to its conclusion.

**Adjourn**

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

***Vote: All in favor.***

The call adjourned at 11:00 a.m.