

STATE OF CONNECTICUT
State Innovation Model
Healthcare Innovation Steering Committee

Meeting Summary
June 9, 2016

Meeting Location: Legislative Office Building, Room 1D, 300 Capitol Avenue, Hartford

Members Present: Nancy Wyman (Chairwoman); Tamim Ahmed; Patricia Baker; Jeffrey G. Beadle; Roderick L. Bremby; Patrick Charmel; Mario Garcia (for Raul Pino); Suzanne Lagarde; Sharon D. Langer; Alta Lash; Robert McLean; Michael Michaud (for Miriam Delphin-Rittmon); Frances Padilla; Ron Preston (for Bruce Liang); Jan VanTassel; Victoria Veltri; Deremius Williams; Michael Williams; Thomas Woodruff

Members Absent: Catherine F. Abercrombie; Mary Bradley; Anne Foley; Terry Gerratana; Courtland G. Lewis; Joseph L. Quaranta; Robin Lamott Sparks; Katharine Wade

Call to order and introductions

Lieutenant Governor Nancy Wyman called the meeting to order at 3:00 p.m. It was determined a quorum was present. LG Wyman welcomed new member Sharon Langer to the Steering Committee.

Public Comment

There was no public comment.

Minutes

Motion: to accept the minutes of the May 12, 2016 Healthcare Innovation Steering Committee meeting – Victoria Veltri; seconded by Jan VanTassel.

There was no discussion.

Vote: all in favor.

HIT Update

Victoria Veltri presented an update on Health Information Technology. The state will be using a search firm to hire a health information technology officer to oversee HIT initiatives. It was decided that the SIM HIT Council will be folded into the Statewide HIT Advisory Council. The SIM HIT Council participated in a demonstration of Zato's technology in May. That demonstration will be discussed at the final Council meeting on June 17, 2016. The Program Management Office is working with Commissioner Roderick Bremby and the UCONN HIT team on the HIT operational plan and budget.

Value Based Insurance Design Template Presentation

Thomas Woodruff presented on the Value Based Insurance Design templates (see the [basic](#) and [expanded](#) templates). Ms. Langer asked who the templates were targeted towards. Dr. Woodruff said the leadership has been large employers with self-funded insurance plans

but they are also targeting fully insured employers and individual markets as well. He noted that fully insured plans can be a challenge as there tends to be a lot of turnover historically. In order to effectively measure compliance, a fairly stable employee group is needed. In addition, they are beginning discussions with Access Health CT regarding what VBID elements can be included in exchange plans.

Robert McLean asked how they make the Choosing Wisely Campaign actionable at the physician level. Dr. Woodruff noted that it can be a challenge. He said that at the Office of the State Comptroller, they are working with consultants who are starting by looking at claims data and limited electronic health record data (such as blood pressure and body mass index). The intent is to use that data as an opening dialogue if they see a very high cost for a member with certain conditions.

Patricia Baker noted that the templates appear to be more member focused rather than provider or network focused. She said that to get to outcomes, the three need to work in sync with one another. Dr. Woodruff said that VBID is intended to work as a companion with value based purchasing. One issue is dealing with patients who demand services. Education is a large piece. Both the provider and the patient should discuss a number of questions including whether the service is necessary and how much it costs. Patients and providers often have a better understanding of what the services will cost to both the patient and the system. Dr. Woodruff noted that in the SIM Design Phase, provider representatives admitted they had no idea what the costs were prior to joining an ACO.

The Committee discussed return on investment. Employers may not save money the first year. Dr. Woodruff said that studies done by the Office of the State Comptroller show that VBID appears to be pushing people in the right direction but he noted that the state has not had a VBID for many years. They have applied to the Robert Wood Johnson Foundation for a grant to perform an additional year of analysis.

Frances Padilla asked whether there was discussion about the data challenge and how the health information exchange could help. Dr. Woodruff said there may be an opportunity for a statewide solution. Dr. Schaefer said they are working with both the CT and Northeast Business Groups on Health as well as the CBIA about steps to encourage adoption. The opportunities appear to vary based on the group.

Population Health Council Nominations

Michael Michaud reported that the Personnel Subcommittee recommended Elizabeth Torres of Bridgeport to fill the housing representative vacancy on the Population Health Council. Ms. VanTassel said that Ms. Torres is actively engaged and very consumer and tenant oriented.

Jeffrey Beadle reported on the Consumer Advisory Board recommendations for vacancies on the Population Health Council. He noted that they achieved more diversity on the second go-around.

Motion: to accept the recommendations of the Personnel Subcommittee and the Consumer Advisory Board – Jan VanTassel; seconded by Sharon Langer.

Discussion: none.

Vote: all in favor.

Quality Council Report Presentation

Dr. Schaefer presented the Quality Council Report ([see report here](#)). Robert McLean expressed surprise that lipid screening was not included in the measure set. Dr. Schaefer noted that it was on the Medicare scorecard but had been removed because of new guidance that called the appropriateness of the guidelines into question. The plan is to review annually to see what is new.

There were discussions about capturing health equity gaps and tying those gaps to opportunities for improvement. Dr. Schaefer noted that once the APCD is in place they can run measures through the data set and look at information that isn't readily available. He said that most commercial payers do not have racial or ethnic data. He added that the Council made pretty modest health equity recommendations, mostly because it is a new area. It was noted by members that capturing data in electronic medical records system can be a challenge. Ms. Baker said that collection of racial and ethnic data will get better. She asked how SIM would help in the execution. Dr. Schaefer said that Connecticut is the only state to include health equity and there were no experts to go to. He recommended trying to solve the issue in provider systems and looking at whether Medicaid data would support the review of that data.

Dr. Schaefer asked whether the Committee wanted to revisit the report or if the PMO should go forward with public comment. Ms. Padilla said the report should be put forward for public comment but that the PMO should seek to make the document more user friendly. She suggested the PMO host webinars to allow stakeholders the opportunity to do a deeper dive.

LG Wyman requested a motion to approve the report for public comment.

Motion: to approve the Quality Council Report for public comment – Frances Padilla; seconded by Victoria Veltri.

Discussion: none.

Vote: all in favor.

Victoria Veltri took over as chairwoman.

Medicaid Quality Improvement and Shared Savings Program

Kate McEvoy, Department of Social Services, presented on the Medicaid Quality Improvement and Shared Savings Program (MQISSP). There were questions about whether the Department was committed to implementing a second wave as the presentation indicated they would consider implementing a second wave. Roderick Bremby said they were committed to the process but would make modifications as needed. It was requested that documentation be explicit in terms of the intent for the second wave. Ms. Langer noted

that, as a member of the MAPOC Care Management Committee, there was not complete consensus of uniformity of opinion. She noted that it will be important to know exactly what DSS is intending and what they are evaluating.

It was asked how the second wave will be implemented. There will be a second request for proposals. There were concerns about having enough time to cull data between the two waves. Ms. McEvoy said she felt confident about the data analytic effort. They will use all claims measures and work through electronic health record data culling. She noted that they have a charge to protect Medicaid clients and that was the intent of the language. She said that DSS serves many people in value-based payment arrangements beyond shared savings.

Adjourn

Ms. Veltri introduced Sarju Shah who will be working with the Health Information Technology Officer. Ms. Veltri asked for a motion to adjourn.

Motion: to adjourn – Roderick Bremby; seconded by Patricia Baker.

The meeting adjourned at 5:08 p.m.