

CONNECTICUT
HEALTHCARE
INNOVATION PLAN

Equity and Access Council Meeting

May 28, 2015



Meeting Agenda

Item	Allotted Time
1. Introductions	5 min
2. Public Comments	10 min
3. Minutes	5 min
4. Review Process & Timeline for Issuing Phase I Report	10 min
5. Discuss Proposed Edits to Report Draft v1.2	60 min
6. Begin Discussion About Implementation Methods for EAC Recommendations	25 min
7. Closing Comments	5 min

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EAC: Milestones and Timing

The EAC's proposed schedule of upcoming activity is organized around review and revision of the EAC Phase I report.

EAC Schedule of Activities for June-July 2015 – **DRAFT FOR DISCUSSION**

WORKSTREAM/ACTIVITY		May				June					July			
		Week of:				Week of:					Week of:			
		4	11	18	25	1	8	15	22	29	6	13	20	27
1	Healthcare Innovation Steering Committee (HISC)		14				11					16		
2	Equity and Access Council Meetings	7			28			18	25				30	
3	EAC deliberate on draft report, adopt full slate of recommendations													
4	EAC finish editing first draft of report													
5	HISC review, feedback on EAC report (proposed)													
6	Public comment on EAC report (proposed - pending HISC approval)													
7	MAPOC Care Management Committee (CMC) interactions on report (TBD)*													
8	MAPOC Care Management Committee (CMC) Meetings		13				10				8			

* Schedule for MAPOC CMC interactions is pending confirmation by that body

Key

-  Meeting – Scheduled
-  Meeting – Proposed Date
-  Meeting – Propose to Reschedule
-  Report review / editing

↑
Today

↑
Consider rescheduling June EAC from 6/25 to 6/18

↑
Proposed July EAC date

EAC Phase I Report: Outstanding Items

Outstanding Items		Proposed Course of Action
1	Reach consensus on remaining edits to body of the report	Review comments submitted at today's meeting (3 submissions unrelated to recommendation 3.5)
2	Confirm slate of recommendations to be included in the draft of the report for submission to the HISC	Review wording changes to recommendations made pursuant to the EAC's discussion 5/7 at today's meeting (8 recommendations)
3	Reach consensus on narrative to describe the EAC's deliberation on recommendation 3.5	Make decisions at today's meeting, incorporate in revised report
4	Incorporate additional information that CMS provides related to its experience to date with monitoring methods	Obtain information, share with EAC, and draft language in parallel with HISC review of draft report; incorporate in subsequent draft
5	Articulate elements of implementation for the recommendations the report contains. This might include adoption vehicle and payer applicability.	<ul style="list-style-type: none">• Begin discussion at today's meeting if time permits• Allow additional time for members to complete survey (7 responses received)• Incorporate in subsequent draft that goes back to the HISC for approval

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Proposing Implementation Methods

The EAC has expressed an intent to supplement the existing content of its Phase I report with comments about how the recommendations contained therein could or should be implemented.

For each recommendation, the Council could say something about its expectations with respect to:

	1. Adoption Vehicle	2. Payer Applicability
Questions	Through what vehicle should the recommendation be adopted or operationalized?	Is the recommendation applicable to all payers or to some payer(s) only?
Potential Choices	<ul style="list-style-type: none">• State action under existing authority• Legislation• Voluntary provision in payer-ACO contracts; binding on ACOs• Voluntary provision in ACO-provider contracts; binding on providers• Voluntary, non-binding adoption• Other	<ul style="list-style-type: none">• All-payer• Medicaid only• Commercial only• Other

The answers to these questions would be used to annotate each recommendation in the body of the report and could serve as the basis for an implementation roadmap.