

STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Webinar Summary
December 15, 2015

Members Present: Susan Adams; Lesley Bennett; Grace Damio; Leigh Dubnicka; Garrett Fecteau; Heather Gates; Shirley Girouard; Abigail Kelly; Anne Klee; Alta Lash; Nydia Rios-Benitez; Elsa Stone; Randy Trowbridge; Jesse White-Frese

Members Absent: Mary Boudreau; David Finn; M. Alex Geertsma; Beth Greig; John Harper; Edmund Kim; Kate McEvoy; Rebecca Mizrachi; Douglas Olson; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Eileen Smith; Joseph Wankerl

Other Participants: Faina Dookh; Mark Schaefer

The meeting was called to order at 6:04 p.m.

Introductions

Elsa Stone served as meeting chair. Members introduced themselves.

Public Comment

There was no public comment.

Minutes of November 24th Meeting

Motion: to accept the minutes of the November 24th Practice Transformation Taskforce (PTTF) meeting – Susan Adams; seconded by Nydia Rios-Benitez.

Discussion: There was no discussion.

Vote: All in favor.

Update

Mark Schaefer provided an update on the [draft report on Community Clinical Integration Program \(CCIP\) standards for Advanced Networks and Federally Qualified Health Centers \(FQHC\)](#). The PMO is working to finalize the draft report. One of the outstanding items is defining “individuals with complex health needs.” Dr. Schaefer said that the PMO will release the draft report once other big design issues can be addressed. These issues include working with the Department of Social Services (DSS) to better clarify the relationship between the requirements of the CCIP and the Medicaid Quality Improvement and Shared Savings Program (MQISSP). The PMO and DSS are also in the process of evaluating the requirements of the Practice Transformation Network (PTN) grants to determine how to align the CCIP with the PTN grants.

Dr. Schaefer gave a brief refresher regarding the Center for Medicare and Medicaid Innovation (CMMI) Transforming Clinical Practices Initiative (TCPI). The PTN grants are part of this initiative and have been issued nationwide to providers that are not currently in a Medicare shared savings program and are seeking to transform their delivery systems. There are three grant recipients in Connecticut: Community Health Center Association of CT; UConn Health Center as a sub-recipient of

the University of Massachusetts Medical School, and VHA/UHC Alliance. The focus of the PTN grants is on care delivery and reform. There are efforts underway to determine how closely the PTN requirements relate to SIM's. CMMI requires SIM to work with PTN grant recipients. As such, the PMO is scheduling a series of meetings with the PTN project officers and with DSS representatives to determine how the programs interrelate. The PMO will circle back to the Task Force to share what they have learned and discuss options. They will also be able to finalize the CCIP report by articulating to what extent CCIP would apply to federally qualified health centers and other PTN grant recipients.

Discussion of Definition for Individuals with Complex Needs and Result of Survey

Dr. Schaefer provided an overview of the SurveyMonkey results on the definition for individuals with complex needs ([see survey rankings here](#)). Definition number two was the top rated. Shirley Girouard asked whether there was enough patient centered information in the definition. Dr. Schaefer said the new definition eliminated some of the negative impacting tones and the attention to utilization. The edits made the definition more patient-friendly. Members discussed the definition.

Motion: to accept definition #2 (highlighted in green) as the definition for Individuals with Complex Needs – Jesse White-Frese; seconded by Randy Trowbridge.

Discussion: There was no discussion.

Vote: All in favor.

Overview of draft SIM Logic Model and Discussion

Faina Dookh presented on the SIM logic model ([see presentation here](#)). She said the logic model will help to explore identified factors of the SIM grant that need to be addressed to achieve the grant's triple aim goals and outcomes. The logic model connects different SIM factors and activities to particular outputs. It can serve as a communication tool to explain the change strategy and provide a basis for measuring impact. Members discussed the draft logic model.

Dr. Girouard suggested that the value-based payment information be included at the end of the document. She expressed concern that there was no information regarding the monetary input from those participating in the initiative. Ms. Dookh said that the SIM grant is the main source of financial resources. Ms. Bennett said that some of the numbers in the payment models were confusing and that information had been changed from what the Task Force had discussed, such as bullet a.3 under the CCIP section regarding community health workers (CHWs) performing care coordination and linking individuals with social services. Ms. Bennett said the Task Force had never clearly defined CHWs and they were included as part of the comprehensive care team. She suggested the logic model be more straight forward and organized. Ms. Dookh said that some of the information came from the CCIP standards.

Dr. Schaefer said that there are driver diagrams that roll everything up on one page. The logic model is more granular as a result of the HIT team request for something that provides more specificity on the impact CCIP would have on certain outcomes. Dr. Schaefer noted that the detailed version shares information on initiatives that may not have been discussed in Task Force meetings, such as the parallel work being done on Value Based Insurance Design. There are several different initiatives represented on the logic model.

Grace Damio suggested that outputs be included in the outcome column. Normally the activity is the set up of something with the output showing that it is in place and the result showing what people are able to do. Ms. Dookh said that ideally they would have separate columns for outputs and

outcomes and the resulting document is based on space constraints. She said they could remove outputs and replace them with outcomes and impacts columns.

Ms. Dookh said she hoped to incorporate their feedback to make the document more consumable. Dr. Stone asked whether members can email additional comments. Ms. Dookh said that they will be reworking the document and that members can email feedback.

Next Steps

Ms. Dookh said the PMO is seeking feedback on the recommended changes for the logic model. There was discussion about the release date for the next draft of the CCIP report. Dr. Schaefer said there is not an estimated timeframe because of the need to schedule meetings. The PTTF meeting schedule for 2016 will be released to the Task Force by the end of the week.

The meeting adjourned at 7:35 p.m.

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