

STATE OF CONNECTICUT
State Innovation Model
Design Group 1 – Clinical Integration
Design Workshop #1
Meeting Summary
Tuesday, May 26, 2015
12:00 – 1:30p.m.

Location: By Conference Call and WebEx

Members Present: Mary Boudreau; Grace Damio; Heather Gates; Bernadette Kelleher; Alta Lash; Nanfi Lubogo; Douglas Olson; Eileen Smith

Absent Present: Lesley Bennett; Edmund Kim; Randy Trowbridge

Other Participants: Supriyo Chatterjee; Faina Dookh; Lisa Douglas; Kathy McCarthy; Michelle Moratti; Mark Schaefer; Katie Sklarsky

Agenda Items:

1. **Meeting Objectives**
2. **Key Success Factors for CCIP Participants**
3. **CT SIM Goals and CCIP**
4. **Prioritization of Clinical Capabilities**
5. **Next Steps**

Meeting Summary:

The meeting was called to order at 12:07 p.m.

Katie Sklarsky of The Chartis Group facilitated a group discussion. Participants articulated a number of perspectives including:

- Group acknowledged importance of Advanced Networks having measuring and reporting capabilities and community linkages, but also recognizes the challenges with developing such capabilities. The group expressed desire to emphasize the importance but not in a way that deters Advanced Networks from participating in CCIP by creating an initial hurdle that is overly ambitious.
- Concern expressed that if all Advanced Networks are determining their own target populations and selecting their own set of capabilities to develop it will be difficult to demonstrate results. Dr. Schaefer pointed out that all participants will be using the same quality scorecard and in the near-term only be held accountable for reporting and longer-term will start to report on measures, so while Advanced Networks may implement different capabilities ultimately they will all be measured in the same manner.
- Members expressed concerns about some logistics of implementing capabilities – behavioral health specialist shortages and insurance coverage concerns with oral health.

- Many members pointed out that there is a lot of work being done with behavioral health – we will identify Advanced Networks working on this already to gain a better understanding of the current state of behavioral health integration in CT.
- Reinforced that within Oral Health integration there is an emphasis on education of primary care providers/training on how to provide certain services in the primary care office and better communication between oral health and primary care providers regardless of level of integration (i.e.; coordinated, co-located, integrated).
- Dr. Schaefer pointed out the role CHWs can play in improving the care experience of vulnerable populations.
- Conversation about whether a CHW is part of the primary care team or in the community and the primary care team contracts with the CHW – ultimately the role of the CHW is the same and either arrangement could work.

The meeting adjourned at 1:33 p.m.