

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

**Meeting Summary**  
**December 10, 2015**

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

**Members Present:** Nancy Wyman; Patricia Baker; Jeffrey G. Beadle; Mary Bradley; Patrick Charmel; Anne Foley; Shan Jeffries (for Tamim Ahmed); Bernadette Kelleher; Suzanne Lagarde; Alta Lash; Courtland G. Lewis; Robert McLean; Jane McNichol; Michael Michaud (for Miriam Delphin-Rittmon); Raul Pino (for Jewel Mullen); Ron Preston (for Bruce Liang); Jan VanTassel; Victoria Veltri; Michael Williams; Thomas Woodruff

**Members Absent:** Catherine F. Abercrombie; Roderick L. Bremby; Terry Gerratana; Frances Padilla; Robin Lamott Sparks; Katharine Wade

**Call to Order and Introductions**

Lt. Governor Nancy Wyman called the meeting to order at 3 p.m. Participants introduced themselves and it was determined a quorum was present.

**Public Comment**

There was no public comment.

**Review and Approval of Meeting Summary**

***Motion to approve the minutes of the [October 8, 2015 Healthcare Innovation Steering Committee](#) – Victoria Veltri; seconded by Courtland Lewis.***

There was no discussion

***Vote: all in favor.***

**CAB and Work Group Appointees**

The Consumer Advisory Board is recommending that Jacqueline Ortiz Miller fill a vacancy on the Consumer Advisory Board and that Mary Winar fill a vacancy on the Equity and Access Council.

***Motion: to approve the recommendations of the Consumer Advisory Board to fill vacancies on the Consumer Advisory Board and Equity and Access Council – Patricia Baker; seconded by Alta Lash***

**Discussion:** Jane McNichol asked what the Connecticut Office of Rural Health was. Jeffrey Beadle said it was an office that provides information regarding the challenges and concerns of rural communities.

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

**PTTF Composition**

Mark Schaefer presented on the proposed changes to the composition of the Practice Transformation Task Force ([see presentation here](#)). The proposal is to add a representative from HealthyCT.

***Motion: to approve the changes in composition of the Practice Transformation Task Force – Victoria Veltri; seconded by Patricia Baker.***

There was discussion about employer representation on the Task Force, with Mary Bradley noting the business community was not equally represented. Dr. Schaefer said the Value Based Insurance Design Consortium was one place they could engage employers immediately but that the Committee can consider the best ways to include employer input. LG Wyman offered that Ms. Bradley could serve on the Task Force. Ms. McNichol said the Committee had spent considerable effort balancing the membership numbers and would want more time for review before they agreed to more changes.

***Vote: all in favor.***

### **Ad Hoc Subcommittee on Design and Implementation**

Victoria Veltri provided a review of the Ad Hoc Subcommittee's first meeting ([see meeting summary here](#)). Patricia Baker said the context was where the program is now and how it is going to get to where it needs to be, and whether we have the right pieces in place to get there.

### **HIT Charter**

Discussion of the Health Information Technology Council Charter was tabled until the January 2016 meeting.

### **VBID Charter Presentation**

Thomas Woodruff presented on the Value Based Insurance Design charter.

***Motion: to approve the charter of the Value Based Insurance Design Consortium – Patrick Charmel; seconded by Jan VanTassel.***

Discussion: It was suggested that prescription drug coverage should be addressed. It was asked whether they were missing a hospital-based system. The Committee discussed the purpose of the Consortium which is to educate and understand the importance of equipment employers with the information they need to engage their employees.

***Vote: all in favor.***

### **Population Health**

Mario Garcia, the new population health director at the Department of Public Health, presented on the Department's population health planning ([see presentation here](#)).

LG Wyman asked where they go from here. Dr. Garcia said he hasn't had the opportunity to answer that question but that he looked forward to working with the Program Management Office and the Department of Public Health and to come back to the Committee for additional discussion.

### **Equity and Access Council Final Report**

Ms. Veltri presented on the [Equity and Access Council final report](#). There was discussion as to what it meant to accept the report versus approving it. Ms. Veltri said they are not approving the individual recommendations and that those recommendations are not binding. LG Wyman said that accepting the report meant that the Council had finished that part of their work. Robert McLean asked whether not accepting the report meant they were telling the Council they needed to do more work. LG Wyman said yes.

***Motion: to accept the report of the Equity and Access Council as final with the understanding the report has recommendations that are clearly voluntary – Victoria Veltri; seconded by Robert McLean.***

Discussion: It was asked whether the recommendations were voluntary for everyone. Dr. Schaefer said the recommendations in the report serve as a point of reference for the payers as they develop their contracts going forward. Kate McEvoy said the Council and the Care Management Committee of the Council on Medical Assistance Program Oversight developed a protocol for implementing protections for Medicaid. Ms. Veltri noted that they could not bind anyone to the recommendations.

Dr. Woodruff suggested the term “acceptance” meant simply that the Committee is acknowledging receipt of the final report. This was offered as a friendly amendment.

**Revised motion: to acknowledge receipt of the report of the Equity and Access Council as final with the understanding that the report has recommendations that are clearly voluntary – Victoria Veltri; seconded by Robert McLean.**

**Vote: all in favor.**

There was discussion about the recommendations being voluntary. Alta Lash said she was concerned that if people could pick and choose from the recommendations that those hardest to implement will just get left out. Ms. Veltri said that the Equity and Access Council’s work was the most unique and challenging in terms of newness and that it was not similar to other initiatives in the SIM. The payers are already on the road to implementing some of the initiatives and that there is a good faith effort to move the ball. Dr. Schaefer noted that there was a foundational assumption that the recommendations were voluntary and that a balance is required. There may not be 100% consistency. LG Wyman said that as they go along there will be some things they will be able to implement while others they will need to fight to make sure are done. Ms. Lash noted that everything should not be placed solely on the Department of Social Services. She further noted that the HIT Council Charter does not reference under-service. LG Wyman said that if it wasn’t there it needed to be. Ms. Veltri noted that the Care Management Committee had done considerable work on under service and that there is a potential for that work to serve as a model.

### **AMH Vanguard Presentation**

Faina Dookh presented on the Advanced Medical Home Vanguard. It was noted that of the 50 practices in the pilot, only one was independent. Ms. Dookh said that the initial solicitation sought out practices in networks that were already in or ready for payment changes. The PMO opened the solicitation to independent practices later. There will be ongoing evaluations throughout the program that will inform their work as they move forward. Dr. Schaefer noted that there may be enough practices to launch a new cohort. Courtland Lewis suggested the PMO consider taking the most difficult case scenario as that would serve as a better measure. Patrick Charmel said they have been trying to get adoption but it was difficult. Independent practices are may be reluctant and they need to come up with a way to entice them.

There was discussion about the Department of Social Services only including PCMH practices in the Medicaid Quality Improvement and Shared Savings Program. Ms. McEvoy said that the DSS PCMH initiative currently has 101 practices enrolled. She said the crux of the AMH program is to amplify PCMH. She said there is interest in accelerating progress in the system. Ron Preston noted that there are two Connecticut participants in the federal Transforming Primary Care Initiative with a focus on non-advanced system and it will be complementary to existing programs.

### **Adjournment**

Dr. Schaefer introduced Jenna Lupi, a new member of the PMO team who will be key in coordinating the work streams and Shui-Yu Kettering, who will focus on AMH and consumer engagement.

**Motion: to adjourn – Victoria Veltri; seconded by Patricia Baker.**

**Vote: all in favor.**

The meeting adjourned at 5 p.m.