

STATE OF CONNECTICUT
State Innovation Model
Design Group 3 – Measuring and Reporting
Design Workshop #1
Meeting Summary
Monday, June 1, 2015
5:00 – 6:30p.m.

Location: By Conference Call and WebEx

Members Present: Leigh Dubnicka; Shirley Girouard; Kate McEvoy; Joseph Wankerl

Absent Present: M. Alex Geertsma; John Harper

Other Participants: Supriyo Chatterjee; Anthony Dias; 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. **Overview of Population Definition & Identification, Monitoring, and Reporting Needs**
5. **Next Steps**

Meeting Summary:

The meeting was called to order at 5:06 p.m.

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

- Clarify that we are designing a patient-centered program that will bring together clinical and community resources to serve the patient's needs – this is different than community based health.
- Group discussed how CCIP would play a role with MQISSP – Advanced Networks and FQHCs participating in MQISSP would also have the opportunity to receive technical assistance to implement a CCIP initiative.
- Clarification that measuring and reporting will be used for the following:
 - o Defining the target population and in turn a process to identify that population.
 - o Track process (e.g.; # of referrals made to housing support agency) and outcome (e.g.; improved medication adherence) metrics – which metrics will be tracked will be determined by Design Groups one and two which will focus on designing clinical capabilities and community linkages respectively.
- Pointed out that it is most important to determine what measurements are needed/what is ideal and then consider practicality of requiring Advanced Networks/FQHCs to track.

- Concerns expressed about whether or not Advanced Networks/FQHCs will have robust enough data capabilities to be able to define a target population in a standardized way.
 - o Kate McEvoy spoke about the DSS Medicaid Administrative Support Organization (ASO) services that could support Advanced Networks and FQHCs in doing this.
 - o Group acknowledged that there may be some Advanced Networks/FQHCs that may need support – group will need to discuss further if this should be made available.
 - o Consensus that the Advanced Networks/FQHCs should have the autonomy to define their own target populations and design an intervention tailored to that population based on the guidelines put forth by the PTTF on CCIP design elements.
- Clarified that while Advanced Networks/FQHCs have to be participating in MQISSP CCIP initiatives will not be limited to Medicaid populations, but rather will apply to any patient who is a member of the defined target population.
 - o Concerns expressed around incentives for Advanced Networks/FQHCs to participate in CCIP if there is no alignment across payers (i.e.; shared savings with a common quality scorecard).
 - o Dr. Schaefer pointed out that this is a multi-year process and that alignment should be achieved over time – group commented that this is an important point to highlight with the broader taskforce.
- Group requested more information on whether or not there would be additional grant funding beyond the technical assistance – group felt this would be important for Advanced Networks/FQHCs to understand when considering participation.
- An overview was provided on decision points for recommendations around the process/guidelines for defining the target population, identifying that population in practice, and measuring and reporting on performance through the use of a dashboard.
 - o Topics will be re-visited as the group ran out of time.

The meeting adjourned at 6:34 p.m.