

State Innovation Model

Healthcare Innovation Steering Committee

Meeting Summary

July 11, 2019

Meeting Date	Meeting Time	Location
July 11, 2019	3:00 - 5:00 p.m.	Legislative Office Building 300 Capitol Avenue, Hartford, 06106

Participant Name and Attendance

Healthcare Innovation Steering Committee Members					
Victoria Veltri	X	Louis Fiorillo		Robin Lamott-Sparks	
Catherine F. Abercrombie		Anne Foley	X	Elsa Stone	X
Patricia Baker	X	Suzanne Lagarde		Nicole Taylor	X
Jeffrey G. Beadle		Sharon D. Langer	X	Katherine Wade	
Kate McEvoy for Commissioner Deidre Gifford	X	Alta Lash via phone	X	Sandra Czunas for Thomas Woodruff	X
Patrick Charmel	X	Bruce Liang			
Mario Garcia for Commissioner Renee Coleman-Mitchell	X	Robert McLean	X		
Yvonne Addo for Commissioner Miriam Delphin-Rittmon	X	Rob Blundo for James Michel via phone	X		
Rose Ferraro	X	Joseph Quaranta via phone	X		
Others Present					
Stephanie Burnham, OHS		Janine Fonfara, HHC		Roxanne Rotondaro, HHC	
Nicole Cornell, HHC		Allan Hackney, OHS		Kelly Sanchez, OHS	
Mark Dickson, HHC		Carissa Marin, HHC		Mark Schaefer, OHS	
Jillian Dubrosky, HHC		Hilary Maynard, HHC		Andrian Texidor, OHS	
Sean Fogarty, OHS		Brent Miller, OHS			

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Healthcare-Innovation-Steering-Committee>

	Agenda	Responsible Person(s)
1.	Call to order and Introductions	Victoria Veltri
	<p>Call to Order The regularly scheduled meeting of the Healthcare Innovation Steering Committee (HISC) was held on Thursday, July 11, 2019 at the Legislative Office Building, Room 1D, 300 Capitol Avenue, Hartford. The meeting convened at 3:03 p.m. Victoria Veltri presiding. Members and other participants introduced themselves. New staff at the Office of Health Strategy introduced themselves as well. It was announced that Kelly Sanchez will be leaving. The Committee thanked Ms. Sanchez for all of her efforts.</p>	

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2.	Public Comment	Victoria Veltri
	There was no public comment.	
3.	Minutes	Victoria Veltri
	The motion was made by Pat Baker and seconded by Sharon Langer to approve the meeting summary of the Healthcare Innovation Steering Committee May 9, 2019 meeting. Motion carried.	
4.	Payment Reform Council Appointment	Mark Schaefer
	<ul style="list-style-type: none"> • Mark Schaefer presented Jenn Searls, Vice President of Operational Support & Chief Compliance Officer at Saint Francis Healthcare Partners for appointment to the Payment Reform Council. She will serve as a replacement for Jess Kupec. He said the Personnel Subcommittee provided unanimous support for the recommendation. A motion was made by Robert McLean and seconded by Patricia Baker to approve the recommendation of the Personnel Subcommittee to appoint Jenn Searls to the Payment Reform Council. Motion carried. 	
5.	SIM Progress Report	Mark Schaefer
	<ul style="list-style-type: none"> • Mark Schaefer provided an overview of the SIM Progress Report. The major work streams in SIM include Consumer Engagement, Health Information Technology, Value-Based Payment, and Care Delivery Reform. Dr. Schaefer spoke about the SIM implementation milestones, achievements, and challenges of the model. • The Committee discussed the SIM Progress Report. There was a question about whether there will be a comprehensive report and narrative that outlines where money is being invested and the return of investment. It was noted that a detailed progress report has been prepared. The slide deck being presented is drawn from the written narrative that was prepared in April. It was mentioned that money has been spent on federally qualified health centers (FQHCs) and advanced networks (ANs) participating in the model. An assessment will be done to determine the return of investment. Race/ethnic data is currently being implemented and may take a year before completion. It was noted that more granular information can be included in the report if necessary. • It was noted that the public scorecard will be launched within the next month. It is currently being worked on to produce and enhance electronic clinical quality measures. It will provide a view of how each of the entities are performing with respect to their peers. • It was mentioned that health outcomes is a huge piece of what we are measuring and how. It was noted that the different ways that it is presented can vary. There was a suggestion to look at it from as many perspectives as possible to figure out where the gaps are. There was also a suggestion to ask entities how they are measuring things and what they have as their own internal system data. It could be beneficial to compare the differences. • Ms. Burnham said that a goal was to hire fifty community health workers (CHWs) by the end of the SIM, both grant funded and non-grant funded, and we are on track to meet this goal. It was noted that CHW certification legislation, House Bill 7424, has passed the legislature. The legislation established a CHW committee permanently. Ms. Burnham said it has been 	

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	one of the major goals of SIM to elevate the role of the CHW and it will be sustained post SIM. Thanks was expressed to the Connecticut Health Foundation and our DPH partners.	
6.	CCIP PE Spotlight	Stephanie Burnham
	<ul style="list-style-type: none"> • Stephanie Burnham introduced the Community and Clinical Integration Program (CCIP) team from Hartford HealthCare. • The Hartford HealthCare (HHC) team presented on HHC and the CCIP grant. HHC Team members spoke about the HHCs vision, organizational structure, the operating model, and patient centric care evolution. The Committee discussed the HHC team’s presentation. It was noted that in the near future there will be an integration of Connections That Matter, a resource database powered by Aunt Bertha, to provide referrals to community based organizations (CBOs). The Connections That Matter / Aunt Bertha will be placed on the public HHC website. It was noted that there will be a wealth of information and benefits on this platform that can be used not only for members of community but for providers as well. • There was a question about the issue of collecting race ethnicity data and whether any staff had training about the approach. It was mentioned that when HHC did the pilot they engaged their Patient Experience Team to assist with the approach on how to collect race and ethnicity data. Staff was brought into training and discussed how they were going to ask these questions. It was mentioned that HHC anticipated issues during the pilot but the vast majority of patients answered the questions without hesitation. The voluntary race ethnicity questions were asked in a written questionnaire rather than verbally. • There was a question regarding why Aunt Bertha was chosen over something else that is publically available such as 211. It was mentioned that Aunt Bertha was chosen in partnership with 211. It was noted that 211 does not have the technology that Aunt Bertha has. CBOs that are in the platform will have the opportunity to make referrals to other entities to help the patient/individual. It was mentioned that it has the technology to close the referral loop. It was noted that Aunt Bertha is an approved app in Epic and is easy to use. Patients may log in, enter a zip code, and find help for their needs. • The Committee continued to discuss presentation. There was discussion around tracking and following up on referrals. There was a suggestion to follow up with patients by phone calls to make sure they received a notice from the referral source. <p>The Committee thanked the HHC team for coming.</p>	
7.	OHS Provider Survey	Mark Schaefer
	<ul style="list-style-type: none"> • The OHS Provider Survey was not discussed due to a lack of time. 	
8.	Other Updates	Mark Schaefer
	<ul style="list-style-type: none"> • Other updates were not discussed due to a lack of time. 	
9.	Adjournment	Meeting adjourned at 5:00
	The motion to adjourn was made by Sharon Langer and seconded by Pat Baker. Motion carried	