

State Innovation Model

Healthcare Innovation Steering Committee

Meeting Summary

January 9, 2020

Meeting Date	Meeting Time	Location
January 9, 2020	3:00 - 5:00 p.m.	Legislative Office Building, Room 1D, 300 Capitol Avenue, Hartford, 06106

Member Name and Attendance

Healthcare Innovation Steering Committee Members					
Victoria Veltri	X	Anne Foley		Joseph Quaranta	X
Catherine F. Abercrombie		Kate McEvoy for Commissioner Deidre Gifford	X	Robin Lamott-Sparks	X
Patricia Baker	X	Suzanne Lagarde	X	Elsa Stone	X
Jeffrey G. Beadle	X	Sharon D. Langer	X	Nicole Taylor	X
Patrick Charmel		Alta Lash		Thomas Woodruff	
DC Susan Roman for Commissioner Renee Coleman-Mitchell	X	Bruce Liang			
Yvonne Addo for Commissioner Miriam Delphin-Rittmon	X	Robert McLean			
Rosana Ferraro	X	James Michel			
Others Participants Present					
Stephanie Burnham, OHS		Charles Lassiter, Mercer		Mark Schaefer, OHS	
Bradley Horman, Mercer		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
	Call to Order The regularly scheduled meeting of the Healthcare Innovation Steering Committee (HISC) was held on Thursday, January 9, 2020 at the Legislative Office Building, Room 1D, 300 Capitol Avenue, Hartford. The meeting convened at 3:02 p.m. Victoria Veltri presiding. Members and other participants introduced themselves.	
2.	Public Comment	Victoria Veltri
	There was no public comment.	
3.	Minutes	Victoria Veltri
	The motion was made by Sharon Langer and seconded by Patricia Baker to approve the meeting summary of the Healthcare Innovation Steering Committee November 14, 2019 meeting. Motion carried.	

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5.	Community Health Worker Certification	Stephanie Burnham
	<ul style="list-style-type: none"> • It was determined that agenda items 4 and 5 would be reversed. The PCMH+ presentation was moved to later in the meeting. • Stephanie Burnham presented on the Community Health Worker (CHW) Certification. The CHW Advisory Body and certification was established in legislation and became effective January 2020. The Office of Health Strategy started a solicitation for Community Health Worker Advisory Body (CHWAB) members in October 2019. It was noted that the Department of Public Health created an online certification application. Ms. Burnham noted some of the following priorities for CHWAB: <ul style="list-style-type: none"> ○ Training Vendor Requirements ○ Training Vendor Certification ○ Marketing and Outreach <p>Ms. Burnham asked if there were any questions or comments on the CHW Advisory Certification. There were none.</p>	
4.	PCMH +	Kate McEvoy
	<ul style="list-style-type: none"> • Kate McEvoy presented on the Person-Centered Medical Home Plus Initiative (PCMH+). Bradley Horman, from Mercer, spoke about the quality measures results, key messages and customer feedback. It was noted that the PCMH+ information has been posted on the Department of Social Services (DSS) website to provide timely, transparent evaluation of the initiative. The Committee discussed PCMH+. • The Committee reviewed the 2017 and 2018 Quality Measure results. There was a question about whether relative percent changes were consistently used. There was also a question regarding the population shift change from year to year for the enrolled members and the change of the absolute risk of the population. It was mentioned that percent changes were used consistently. It was noted that the population did change. There was some turnover from year 2017 to year 2018 with a different group of members. There were some changes to the provider profiles. • There was a question about whether the changes from year to year were traced by the expected verses unexpected and quality scores to the shift in the population. It was noted that the results are initial findings and they are looking to track the members in a more detailed way. There was a question about the performance of the PCMH+ quality scores compared to the entire state Medicaid population. It was noted that there is data on directional changes in the standard PCMH program which is broader than PCMH+ but not for the entire state population. • It was suggested that it would be helpful for a deeper dive, for future analysis, to include what excellence look like. There was a suggestion to add the standard being reached for. • Ms. McEvoy said they appreciate the feedback. She provided a summary of the feedback being heard and said they will continue to be refined in their analysis. CMS created a national scorecard of adult and childhood quality measures two years ago. She said CT have excellently performed compared on this scorecard. CT is reporting on many more measures than most states and is consistently in the top percentile for the measures. Ms. McEvoy said 	

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	<p>they reported to the Medical Assistance Program Oversight Committee (MAPOC) on the performance of the scorecard and she can circulate and share this data. It was mentioned that having this information would be good.</p> <ul style="list-style-type: none"> • There was a suggestion to bring the information more context and provide what the expectation would be if we were inspiring to be the very best. • Ms. Burnham added that benchmarking was explored on Quality Council as they developed the Quality Score Card. She mentioned that there is not a nationally accepted benchmark for a lot of the measures. For the scorecard, they rated participating entities against the state average with what was already in the claims data. The next step would be to explore the expectation of what is good. • There was a suggestion to have an explanation/narrative on the website to provide an understanding of the variability in the percentages. It was mentioned that having takeaway messages would be helpful for someone looking quickly at this. There was also a suggestion to have a story about the goals and next steps to explain to people that are not directly involved. It was mentioned that this is a call to action to for us to look at what are the contributing factors. It was noted that it should not be taken as a conclusive report. It is basically a report to call to action. • The Committee continued to discuss PCMH+. There was a discussion about standard deviation. Concern was expressed that there was not a statistical analysis. It was mentioned that rank ordering is a flawed system to measure. It was noted that it is not a sophisticated approach but it is blunt and does drive competition and encourage improvement. It was stated that rationale behind it and the goal is for FQHCs and ANs to strive for to as high value as possible. • It was mentioned that with a slight improvement in the challenge measure, the entity could get the reward. It was noted that the program was not intended to be a reward system for the high performing verses low performing groups. It was noted that many different strategies have been reviewed. The results being reviewed today are initial results. • Ms. Veltri announced that Mark Schaefer is leaving on tomorrow after 19 years of state service. She expressed thanks for all his work with SIM, Medicaid, and work across the state of Connecticut. The Committee applauded Dr. Schaefer. Dr. Schaefer said it has been an honor and a privilege to work with everyone in the room and the broader Connecticut community. He spoke about the goal and challenge to put into action the data that will enable them to address the fundamental limitations in the healthcare system in Connecticut. He mentioned the need to look at how programs and initiatives are closing the disparity gaps. Dr. Schaefer thanked everyone for their participation. 	
6.	Adjournment	Vicki Veltri
	<ul style="list-style-type: none"> • The next Healthcare Innovation Steering Committee is scheduled for February 13, 2020. • The motion to adjourn was made by Patricia Baker and seconded by Sharon Langer. <p>Motion carried.</p> <p>The meeting adjourned at 4:59 p.m.</p>	