STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Meeting Summary
July 24, 2018

Meeting Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Litchfield Room, Rocky Hill

Members Present: Lesley Bennett; Heather Gates; Anita Soutier; Grace Damio; Maria Dwyer; Shirley Girouard; Rebecca Kaplan; Anne Klee; Kate McEvoy; Douglas Olson; Rowena Rosenblum-Bergmans; H. Andrew Selinger; Eileen Smith; Jesse White-Frese; Susan Adams; Mary Boudreaux

Members Absent: M.Alex Geertsma; Edmund Kim; Alta Lash; Garrett Fecteau; Leigh Dubnicka; Elsa Stone; Randy Trowbridge; Mark Vanacore

Other Participants: Mary Jo Condon; John Freedman; Linda Green; Alyssa Harrington; Pano Yeracaris; Gail Sillman; Jeff Lasker; Judy Levy; Daniel Sands; Lisa Honigfeld; Ken Lalime; Mark Schaefer; Vinayak Sinha; Sandra Czunas; Marie Smith

1. Call to Order
The meeting was called to order at 6:05 p.m. Lesley Bennett chaired the meeting. Members and other participants introduced themselves.

2. Public Comment
There was no public comment.

3. Review and Approval of Meeting Summary
Motion: to approve the meeting summary of May 29, 2018 of the Practice Transformation Taskforce – seconded
Discussion: Mark Schaefer was in attendance in person.
Vote: All in favor.

4. House Rules Refresh

5. Purpose of Today's Meeting
Linda Green, of Freedman HealthCare, reviewed the purpose of the meeting.

6. Recap of Primary Care Modernization Activities to Date
Linda Green, of Freedman HealthCare, presented on the past month's Primary Care Modernization (PCM) work. The topics covered were collaboration with the Consumer Advisory Board (CAB) and payment reform models.

The CAB collaboration discussion highlighted:

- Development of a consumer feedback table based on prior CAB listening sessions as a reference guide on consumer perspectives to help populate consumer needs sections of skeleton capabilities.
  - This will be updated with additional consumer advocate and consumer perspectives
- Engagement with consumer advocate agencies including those who commented on the PTTF report and additions from the CAB to discuss the PCM model.
  - A request for PTTF input on additional agencies to engage and focus of advocate agency and consumer listening sessions was made.

The payment reform models discussion highlighted:
- A reverse site visit was conducted with the Center for Medicare and Medicaid Innovation (CMMI) where Patient Centered Medical Homes, Value-Based Insurance Design, and community and clinical integration programs were discussed. In addition, there was an update on health information technology.
  - Key takeaways from CMMI included:
    - Support for PCM to augment Accountable Care Organization models and for Health Enhancement Communities to reward health promotion
    - CMMI stressed the need for a model to create a return on investment, focus on prevention, and increase life expectancy
  - It was mentioned that a time frame for return on investment would depend on the investment required and easily bundled services for care continuity.

7. Review of Capabilities Skeletons
Alyssa Harrington, of Freedman HealthCare, mentioned that capabilities surveys would be open until the end of the week and that additional questions for capabilities will be compiled based on these surveys. She highlighted the addition of two new design groups: Older Adults with Complex Conditions and People with Disabilities.

Linda Green, of Freedman HealthCare, then reviewed the capabilities for discussion: Phone, text, e-mail; e-consults; home visits; shared medical appointments; remote patient monitoring; infectious disease – Project ECHO model and subspecialists as primary care providers. Below are highlights of these discussions.

Phone, text, e-mail
- Most PTTF survey respondents ranked this capability as high on impact metrics of health promotion/prevention; improved quality and outcomes, patient experience, and provider satisfaction. The capability was not ranked highly in the lower cost section based on current evidence.
- Most PTTF survey respondents believe the capability should be a core capability
- A clarification was made that the capability was under review for inclusion at all practice sites or at the advanced network level and that it would apply to all Federally Qualified Health Centers (FQHC)
- Members supported the capability as a core capability of the model

E-Consult
- PTTF survey respondents highlighted concerns about access to technology and specialists
- There was a discussion on how capabilities can impact primary, secondary, and tertiary prevention
- Members supported the capability as a core capability of the model

Home Visits
- PTTF survey respondents ranked this capability as medium to high on impact
- Members supported the capability as elective for specific populations

Shared Medical Appointments
- PTTF survey respondents ranked this capability as medium on impact and suggested it as elective
- Members supported the capability as elective

Remote Patient Monitoring
- PTTF survey respondents ranked this capability as medium on impact and there was a split on whether it should be core or elective
- Members supported the capability as core for particular conditions where there is demonstrable evidence of efficacy and cost savings

Specialization - Infectious Disease: Project ECHO Model
- PTTF survey respondents ranked this capability as medium on impact and the majority indicated it should be elective
- Members found the Project ECHO model to be useful, but that infectious disease specialization was not needed and that the model could be used for other specializations

Specialization – Infectious Disease: Sub-specialists as Primary Care Providers
- PTTF members ranked evidence on this capability as medium on impact and that if included, it should be elective
- Members indicated that infectious disease sub-specialist as primary care providers should not be core and discussion on payment model inclusion would be had at a future PTTF meeting

8. Next Steps
It was mentioned that the next meeting will review further capabilities on Tuesday, September 4th. Members were reminded to fill out surveys if they had not already and to inform Freedman HealthCare of interest in particular design groups.

9. **Adjourn**
Motion: to adjourn the meeting –seconded
Discussion: There was no discussion.
Vote: All in favor.

The meeting adjourned at 8:03 p.m.