



Connecticut SIM: SHIP steering committee meeting

Discussion Document
June 10, 2013

CT SIM Agenda: June 10, 2013

Review work group progress and early recommendations; solicit feedback *40 min*

Discuss parallel processes: Proposed approach to integrating state agencies into Connecticut design efforts and achievements to date *30 min*

Brainstorm stakeholder engagement opportunities *20 min*

June 10 SHIP Steering Committee Meeting: Where we are today

April - September

October - early 2014

Mid-2014 to 2017



April ▼	May ▼	June/ July ▼	August ▼	September ▼
Project set-up	» Options and hypotheses	» Design and planning	» Syndication	» Finalization
<ul style="list-style-type: none"> ▪ Understand current state ▪ Establish vision 	<ul style="list-style-type: none"> ▪ Identify target populations and sources of value ▪ Develop health care delivery system hypothesis ▪ Pressure-test health care delivery system hypothesis ▪ Develop payment model hypothesis ▪ Align key stakeholders 	<ul style="list-style-type: none"> ▪ Design framework for health care delivery system and payment model ▪ Develop implementation and roll-out plan ▪ Align on key quality metrics 	<ul style="list-style-type: none"> ▪ Draft testing proposal ▪ Syndicate with key stakeholders 	<ul style="list-style-type: none"> ▪ Refine and submit testing proposal

We aligned in the last SHIP steering committee on a vision for care delivery and payment innovation in Connecticut

Establish a whole-person-centered health care system that improves affordability, promotes value over volume, and eliminates health inequities for all of Connecticut

- Understanding and consideration of the needs of a whole-person that impact health
- Integration of primary care, behavioral health, population health, consumer engagement, oral health, and community support
- Shared accountability for the total cost and quality of healthcare
- Increased access to the right care in the right setting at the right time
- Migration to 21st-century healthcare workforce and health information technology that promotes usability at the point of care
- Supported by Medicaid, Medicare, and private health plans alike

Care delivery, payment, and HIT work groups are each defining components of an integrated solution that support this vision

Care delivery

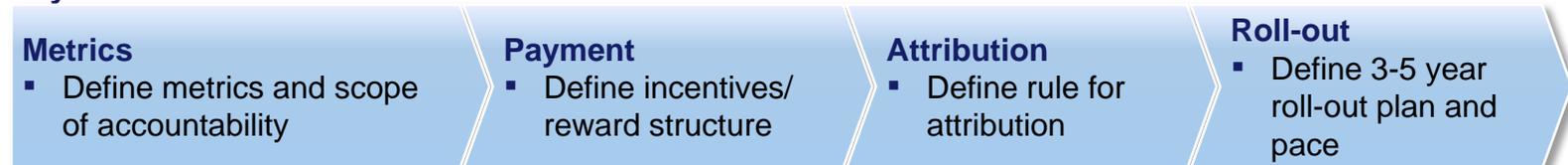


Enablers

Care delivery



Payment



HIT



STATE AGENCY PROGRAM PLANNERS are actively involved in a parallel process to identify opportunities to further develop work group recommendations in alignment with state agency objectives || UCHC and DPH workforce taskforce has been established

Work groups are making progress on this plan ...

Progress

Care delivery work group

- Reviewed consumer stories to identify **major barriers to health** in Connecticut to address through care delivery innovation
- Aligned on a recommendation that a **population-health model (e.g., advanced primary care, integrated delivery network)** will be the foundational care delivery model
- Expanded work group participation to include consumer, physician, and business group

Payment work group

- Aligned on a set of **guiding principles** to make strategic payment decisions
- Reviewed data illustrating **high-level of fragmentation** across providers in Connecticut
- Had first discussion on reward structure and whether Connecticut could offer a **two-track reward structure** that enables smaller providers to participate
- Expanded work group participation to include health systems and employer (Pitney Bowes)

HIT work group

- Drafted perspective on how **existing assets** could support care delivery and payment
- Developed a **draft plan for phasing in HIT capabilities** that enable the core components of a population-health model
- Continued to meet in 1-on-1 meetings to identify specific existing state/ private payer HIT assets to build into plan
- Expanded work group participation to include Department of Children and Families and UnitedHealthcare/ Optum, and physician

... as are program planners in a parallel process

Progress

- While each state agency has its own set of goals, state agencies have been able to **join together in a process** and **align efforts under three broad themes**
 - Integration
 - Making resources available and improving Access (including public health education for consumers and providers)
 - Alignment of existing and on-going state department strategies and health plans
 - Launched set of **weekly meetings across program planners and with the core team**
- Despite **early challenges**, program planners and the core team are actively working to improve week-by-week on better **integrating parallel state agency and work group activities**
- Leading **NGA technical assistance for population health** (DPH)
- Developing proposal for **NGA technical assistance for workforce** (UCHC)
- Shaping plan to host three **meetings with the greater educational community** (e.g., Yale, Quinnipiac, community colleges) (DPH/ UCHC)

Context: We must recognize different stakeholder perspectives

Example perspectives about health transformation



Patients/ consumers

- How will this change my experience?
- How will I really know if my care is better?



Clinicians

- How can I manage administrative burden?
- Will I be able to maintain my income level?



Hospitals/ facilities

- How will any changes affect my revenue and cost position relative to alternatives?



Community/ state agencies

- How will this effort affect my clients?
- How will this effort impact my agency's goals?
- How can I participate in this model?



Employers

- How will this affect my employees and my ability to afford health insurance for them?
- How can I support employee wellness?



Payers

- How can we manage medical expenditures and focus more on value?
- Will I want to shift to this new payment model?

We are taking a three-step approach to defining a stakeholder engagement strategy

Define goals of stakeholder engagement

- What is the **desired type of engagement** with stakeholders?
 - How will that **evolve** over the design, syndication, and testing phases of the CT SIM effort?
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Outline types of stakeholders who need to be involved

- Who are the individuals who will need to **understand and provide input** into the model design, syndication, and implementation phase?
 - How can we ensure a **diversity** of perspectives?
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Identify the most effective way to engage target stakeholders

- How can we engage with these target groups of individuals in a way that will enable **authentic, meaningful participation** and be most **accessible** to them?

Diverse group of stakeholders need to be meaningfully engaged in Connecticut SIM design, syndication, and testing, which is a longer journey

- Engagement needs to be authentic and meaningful, with an opportunity for two-way dialogue
- Need to engage consumers and providers in forums that are accessible to them from a timing, location, cultural, and linguistic perspective
- Must hear directly from individuals within the community as well as from organized entities (e.g., consumer advocacy groups, unions)
- Stakeholder engagement is a longer journey of deepening levels of stakeholder involvement – the next 8 weeks are just the start

We will be seeking input as we draft the framework for care delivery and payment innovation over the next 8 weeks (1 of 2)

Care delivery

- What barriers are preventing the delivery of high-quality, high-value care in Connecticut today? June, 2013
- How can we change today's health care delivery model to address these barriers? June, 2013
- Who will need to be involved in the new health care delivery model to drive optimal health outcomes? July, 2013
- What is the plan for refining and implementing the new care delivery model in the next 3-5 years? July, 2013

Payment

- How will providers be rewarded for providing quality, high-value care to consumers? June, 2013
- How will provider performance be measured? June, 2013
- How will providers be enabled to deliver quality, high-value care? July, 2013
- What is the plan for refining and implementing the new payment model in the next 3-5 years? July, 2013

We will be seeking input as we draft the framework for care delivery and payment innovation over the next 8 weeks (2 of 2)

Health Information Technology (HIT)

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|---|------------|
| ▪ What HIT support will consumers, providers and payers need to succeed in the new model? | June, 2013 |
| ▪ What existing HIT capabilities do we have today that we can use to support the new model? | July, 2013 |
| ▪ What new HIT capabilities do we need to develop and how will we develop them over the next 3-5 years? | July, 2013 |

How can we ensure that stakeholder engagement will deepen after the next 8 weeks and continue to improve over time?

We seek your guidance to identify and effectively engage with the community over the next 8 weeks and beyond

- How can we identify individuals who represent a diverse set of backgrounds and interests?
- What pre-existing forums would be helpful forums to engage with a diverse range of consumers/ clinicians?
- How can we ensure participation of diverse consumers/ clinicians in any new forums (e.g., regional town halls) that are held?
- How can we each serve as ambassadors of the CT SIM effort in the community?
 - What tools (e.g., talking points) do we need to be able to share about the broader SIM effort?

In our next SHIP meeting on July 8, we will review the next set of work group and program planners' recommendations and achievements

Care delivery work group

- Core components and interventions to be promoted in the new care delivery and payment model
 - Entities who will be involved in the new care delivery model
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Payment work group

- Methodology for attributing consumers to accountable entities
 - Metrics that providers will be held accountable for and how they will be held accountable
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HIT work group

- Updated draft plan for phasing in HIT capabilities
 - Standardization of the new HIT model
 - Options to develop required capabilities
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Program planners

- Updated perspectives on integration of state agency initiatives