



# 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*

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

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

## **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

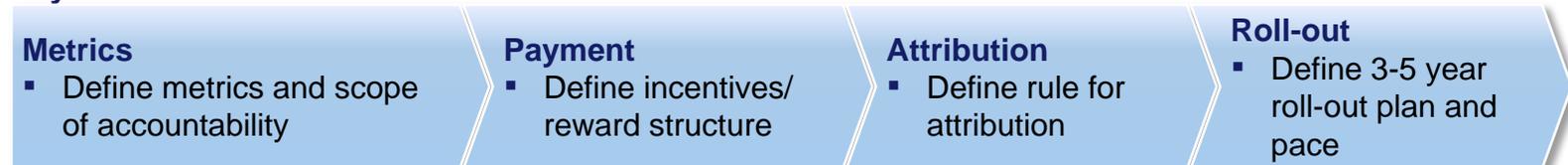


## Enablers

### 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

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- 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?

### 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?

### 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)

- |                                                                                                         |            |
|---------------------------------------------------------------------------------------------------------|------------|
| ▪ 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