



CT SIM: SHIP steering committee meeting

Discussion document
October 22, 2013

Agenda

Legislative Office Building Room 2B

Tuesday, October 22

2:00-4:00p US ET

Objective	Timing
Review of Steering Committee comments	30 min
Consumer Advocates – what we learned, implications for the model design, next steps	30 min
Model design changes for discussion <ul style="list-style-type: none">• Community Health Improvement• Consumer Empowerment• Health Equity	45 min
Miscellaneous <ul style="list-style-type: none">• Vision statement• Medical home name• Stakeholder engagement strategy – high level review	15 min

Context for today's discussion

- Targeting draft State Healthcare Innovation Plan (SHIP) release to steering committee members by October 24.
- Next Steering Committee meeting on October 29, to discuss the draft plan and make adjustments prior to release on November 1.
- Throughout November, we are scheduling an array of stakeholder sessions to obtain feedback on the plan.

Response to Steering Committee Comments

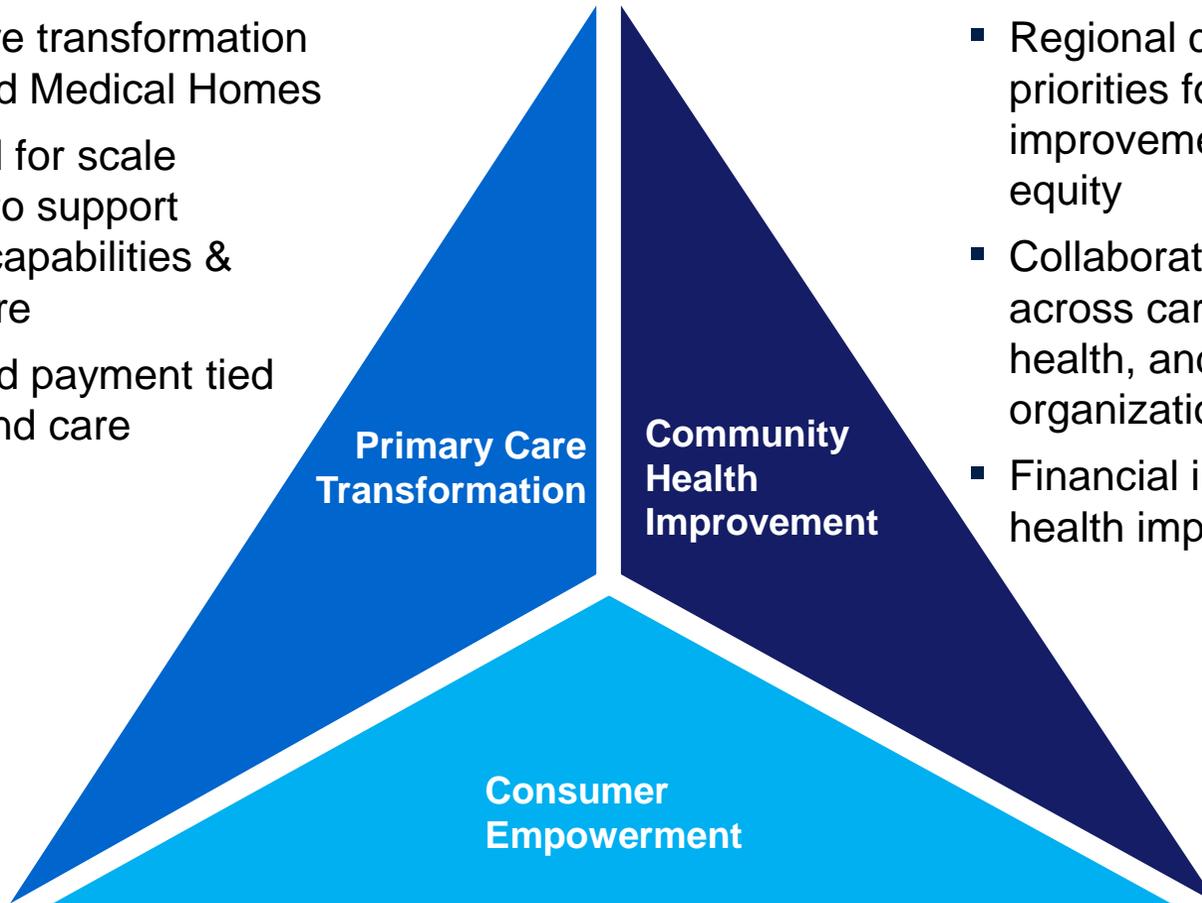
- Governance Structure and Operating Model
- Use of CT AMH standards
- Shared Savings Payment Reform
- Patient Safeguards
- Enticing Practices to Transform
- How to Encourage Graduates to Remain in CT

Consumer Advocate Forum

- Enhanced Access
- Reimbursement for other members of the primary care team
- Making care experience matter
- Why is the goal a Shared Savings Program? Why not expand PCMH pay for performance?
- Using Evidence to Inform Care

Connecticut's model brings together three complementary strategies to achieve the Triple Aim

- Primary care transformation to Advanced Medical Homes
- Aggregated for scale necessary to support enhanced capabilities & infrastructure
- Value-based payment tied to quality and care experience



- Regional communities set priorities for health improvement and health equity
- Collaborative solutions across care delivery, public health, and community organizations
- Financial incentives tied to health improvement

- Transparent quality, consumer experience, and cost
- Choosing Wisely and shared decision making programs
- Value-based insurance design and other consumer incentives

Community Health Improvement

- Geographic areas or regions for focused on health improvement, health equity, and prevention
- Focus on community needs and priorities
- Align metrics and financial incentives for all community participants
 - Care delivery networks/ACOs
 - Other community partners
- Financial incentives for grant based programs
- Pooled accountability to avoid risk selection (e.g., socio-economic, race, ethnicity related risk for target conditions)

Primary Drivers

Secondary Drivers

Interventions

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Consumer Empowerment

Provide information and tools to enable health, Wellness and illness self-management

Improve access to health services

Introduce incentives to encourage healthy lifestyle and effective illness self-management

Implement mechanisms for consumer input and advocacy

- Expand Consumer Portals; ensure multilingual capabilities
- Implement illness self-management tools
- Implement shared decision-making tools (e.g., Choosing Wisely)
- Provide transparency regarding provider quality, care experience and cost
- Education regarding taking charge of one's health

- Implement e-Consults, extended hours, same-day options
- Expand non-visit based options such as text messaging, email, and phone calls
- Establish safeguards for equity, access, and appropriateness
- Enhance access to preventative services through Certified Entities

- Increase use of progressive value based insurance design
- Pilot employer reward for nutritional purchasing
- Pilot SNAP reward for nutritional purchasing
- Increase incentives for wellness in the workplace

- Care experience survey linked to value-based payment
- Ensure mechanisms for consumers to report denials of care
- Facilitate consumer participation in SIM advisory councils

Recommendations for advancing health equity, improving quality, and eliminating health disparities

- Promote and incorporate the Office of Minority Health's enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in order to advance health equity, improve quality, and help eliminate health disparities.
- Many of the CLAS standards (covering the areas of data collection, communication and language access, quality improvement, workforce, governance and community engagement/reporting) are being considered for implementation, including:
 - Core standards/elements of the Advance Medical Home model
 - Performance transparency
 - Consumer Empowerment
 - Value-Based Payment
 - Workforce Development
- The SIM Planning Team assumes responsibility for determining and ensuring the feasibility, sustainability and comprehensiveness of SIM's integration with the CLAS standards during the pre-testing phase.

Miscellaneous

- Vision statement
- Settling on a name - AMH vs. PCMH
- Stakeholder engagement strategy