

Connecticut **State Innovation Model** **Outline**

Steering Committee
Presentation 12-12-13
V1.1

Agenda

- + Purpose of Today's Meeting
- + Financial analysis with projected return on investment
- + Syndication - SHIP Version 1.1
 - + Summary of Stakeholder Engagement Process
 - + Key issues for steering committee consideration
- + Plan Revisions
- + Discussion/Feedback
- + Next Steps

SIM Stakeholder Engagement and Syndication

- + Engagement Strategy Phases:

 - Input Phase** (June to mid-September 2013) — listening sessions and electronic surveys

 - Model Feedback Phase** (Mid-September to October 2013) — workgroup recommendations and emerging model was shared for feedback

 - Plan Syndication Phase** (November 2014) — focused on soliciting feedback regarding the draft plan

- + Focus on Transparency — Public Meetings, SIM Model Design Website, dedicated e-mail address

- + Stakeholder Engagement — Consumers, healthcare providers, state agencies, oversight councils and professional associations, employers and community organizations

- + Facilitated by dedicated CT SIM Coordinators and Planners

SIM Stakeholder Engagement and Syndication

Stakeholder categories

- + Consumers
- + Providers
- + Hospitals
- + Community Organizations/Agencies
- + Employers
- + Payers
- + Others

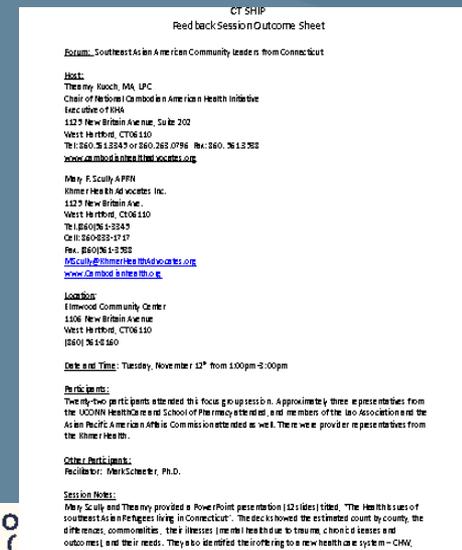
SIM Stakeholder Engagement and Syndication

- + Stakeholder Engagement –
- + Online calendar used to facilitate communication within the Core team of SIM Coordinators and Planners.
- + Most events were private (organization sponsored, conference) or follow-up to previous session.

Date	Start Time	End Time	Location
10/21/2013	04:00 PM	06:30 PM	Aquaturf
10/26/2013	09:00 AM	12:00 PM	St. Francis Hospital, Center for Integrative Medicine, Hartford, CT
10/30/2013	08:30 AM	12:00 PM	Covering Connecticut's Kids & Families Hawthorne Inn, Berlin, CT
11/12/2013	09:00 AM	12:00 PM	Mohegan Tribe Government Building, 13 Crow Hill Road, Uncasville CT
11/12/2013	01:00 PM	03:00 PM	Community Leaders from SoutheastAsian American Community Leaders from Connecticut have confirmed the Elmwood Community Center
11/13/2013	04:00 PM	05:15 PM	CT Academy of Pediatrics Annual Meeting, Netter Medical School, North Haven Campus, 370 Bassett Road
11/13/2013	06:00 PM	08:00 PM	Primary Care Provider focus group, CT State Medical Society, 160 Saint Ronan St 203-865-0587
11/14/2013	12:00 PM	01:30 PM	City of New Haven Employee follow-up focus group, City Hall, Mtg Rm TBD
11/15/2013	07:00 AM	04:00 PM	CT American College of Physicians Scientific Meeting, SIM will have a table Aqua Turf Club, Southington, CT
11/15/2013	08:30 AM	10:00 AM	HealthQuest Northeast District Department of Health
11/15/2013	10:00 AM	11:30 AM	AARP Shelton, Shelton Senior Center 81 Wheeler Street
11/16/2013	11:30 AM	01:00 PM	Regional Advisory Council Family Advisor Board for DCF Region 3, Abundant Life Church, 85 Skinner Rd., Colchester
11/18/2013	08:30 AM	10:00 AM	Ann Elwell, Qualidigm, 1290 Silas Deane Highway, Suite 4A, Wethersfield, CT 06109, CT Partners for Health
11/18/2013	11:30 AM	01:00 PM	St. Francis CHE/CDRMHI, Integrative Health Coach and Patient Navigation program participants, Location pending, Contact: Christie Holmes

SIM Syndication Material Supporting Transparency

- Material prepared for each audience and attendee educational and professional background.
 - SIM Overview* Feedback Session Introduction with links to SHIP and session expectation
 - SHIP Provider Version (X pages)*
 - SHIP Consumer Version (X pages)*
 - Feedback Session Comment Forms
 - Feedback Session Prep Forms
 - Feedback Session Outcome Reports *
- * posted on Website



INICIATIVA DE MODELO DE INNOVACIÓN (SIM)

El Centro Para la Innovación del Medicare y Medicaid (El Centro de Innovación) fue establecido por la Ley de Asistencia Asequible (The Affordable Care Act) con el propósito de probar modelos "innovadores" de reembolso y de prestación de cuidados que reduzcan los costos y mejoren la calidad del cuidado de salud.

El Centro de Innovación tiene un número cada vez mayor de oportunidades de subvención disponibles para una amplia gama de consumidores, proveedores y empleados. El Centro de Innovación creó la Iniciativa de Modelos de Innovación Estatal (SIM) por sus siglas en Inglés, para ayudar a los Estados a planificar, diseñar, probar y evaluar nuevos modelos de pago y prestación de cuidados. La Iniciativa SIM está proporcionando hasta \$300 millones a nivel nacional para apoyar el desarrollo y prueba de los modelos establecidos a nivel estatal y pagos a escala múltiple y los cambios en el sistema de prestación de servicios para el cuidado de la salud con el ánimo de mejorar el rendimiento del sistema de salud para los residentes de los estados participantes. Los proyectos estatales individuales serán de base amplia y enfocados en el 80% de la población, incluyendo las personas inscritas en Medicaid, Medicaid y el Programa del Seguro de Salud para Niños (CHIP) por sus siglas en Inglés. El Centro de Innovación ha concedido tres tipos de subvenciones:

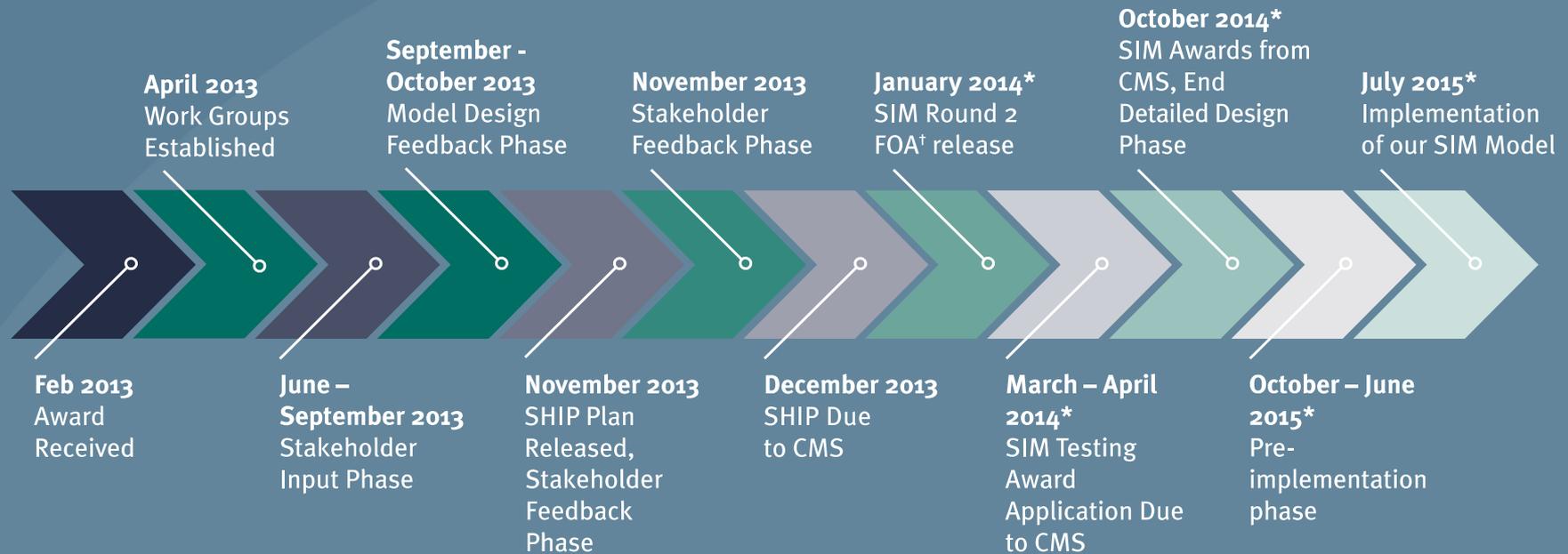
Fondos para Modelo de Prueba - SEIS ESTADOS han recibido más de \$250 millones en fondos para Prueba Modelo para ayudar a implementar sus planes estatales de innovación del Cuidado de la Salud. Un Plan Estatal de Innovación en el Cuidado de la Salud es una propuesta que describe una estrategia de Estado para cambiar la forma en que se prestan los servicios del cuidado de la salud.

Fondos Modelo Pre-Prueba - TRES ESTADOS recibieron fondos pre-prueba para continuar desarrollando un Plan de Innovación Estatal Comprehensive Integral para la prestación de servicios de Cuidado de la Salud. Los Estados receptores de los fondos pre-prueba bajo la iniciativa de Modelos de Innovación, tienen que presentar sus Planes Estatales de Innovación para la Prestación de Servicios para el Cuidado de la Salud al CMS para su aprobación.

Fondos Modelo Diseño-CONNECTICUT Y OTROS 15 ESTADOS recibieron fondos Diseño Modelo para producir un Plan de innovación para la Prestación de los Servicios de Salud del Estado. Los estados que reciben estos fondos deben enviar sus planes Estatales de innovación en la Prestación de Servicios de Cuidado de la Salud al CMS para postularse para una segunda ronda de Fondos Modelo Prueba.

SIM GRANT AWARDEES

Initiative Timeline (anticipated)



* Estimated date

† Funding Opportunity Announcement

Formal Comment Review

- 90+ Comments received at SIM@ct.gov prior to November 30, 2013.
- Additional comments received after the 30th are being analyzed and included for incorporation.
- Transparency
 - Comments have been posted on the website, private emails containing PHI have been redacted.
 - Feedback Outcome Reports from the syndication sessions are also being posted on the website.
 - Memo will be posted to acknowledge the comments and identify strategy for next steps.

Areas of Alignment Amongst Payers

1. Advanced Medical Home

- Standards
- Practice transformation support

2. Value-based payment

- Standardized metrics
- Common scorecard
- Health disparities
- Care Experience
- P4P and SSP

Key Issues for Consideration

- 1 Organization and governance
- 2 Risk of under-service in shared savings programs
- 3 Advance payments/care coordination payments
- 4 Medicaid participation
- 5 Health Information Technology - Portals
- 6 Tort reform
- 7 Workforce – loan forgiveness

Issue # 1

Organization and Governance

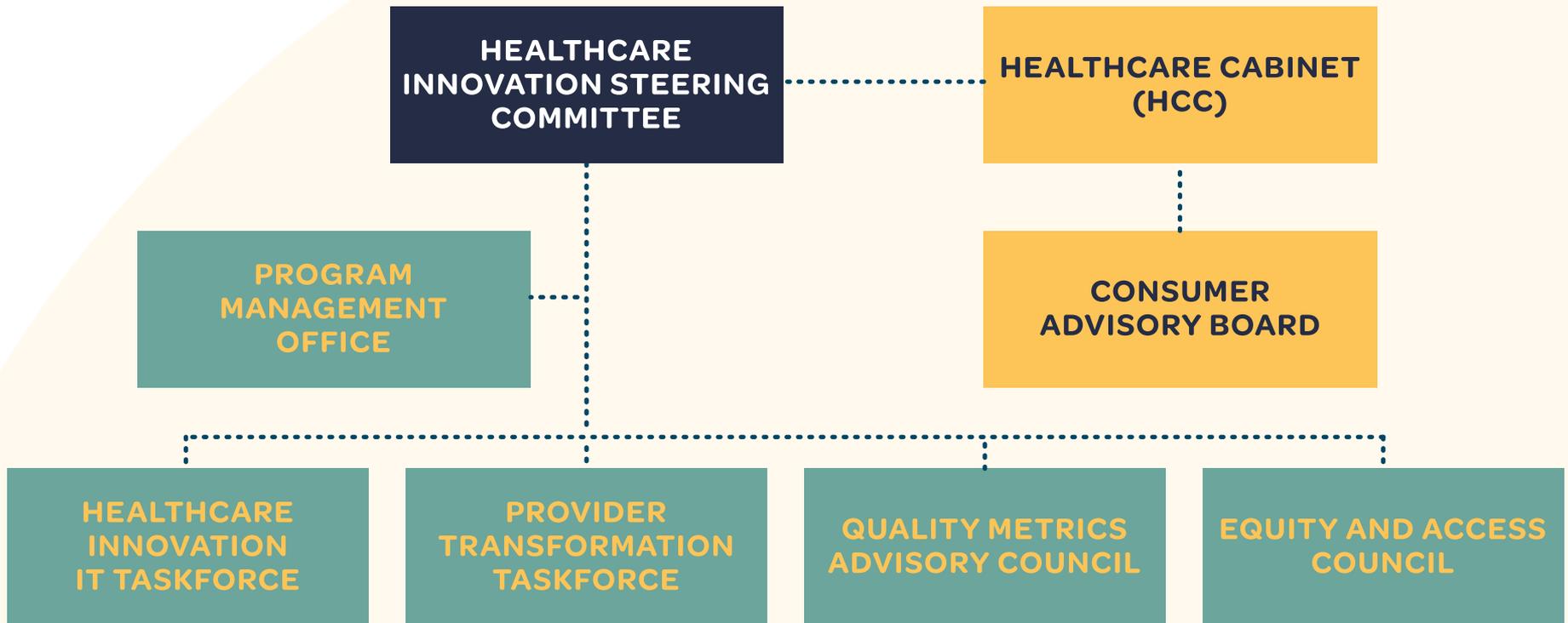
HIGH LEVEL SUMMARY OF ISSUE

- + Many of the comments related to the role of specific groups on the various committees moving forward. Specifically, comments were provided suggesting the enhanced participation of child advocates, consumer advocates, hospitals and physicians, etc. A number of commenters suggesting the creation of an Advisory Committee of Medical Providers.

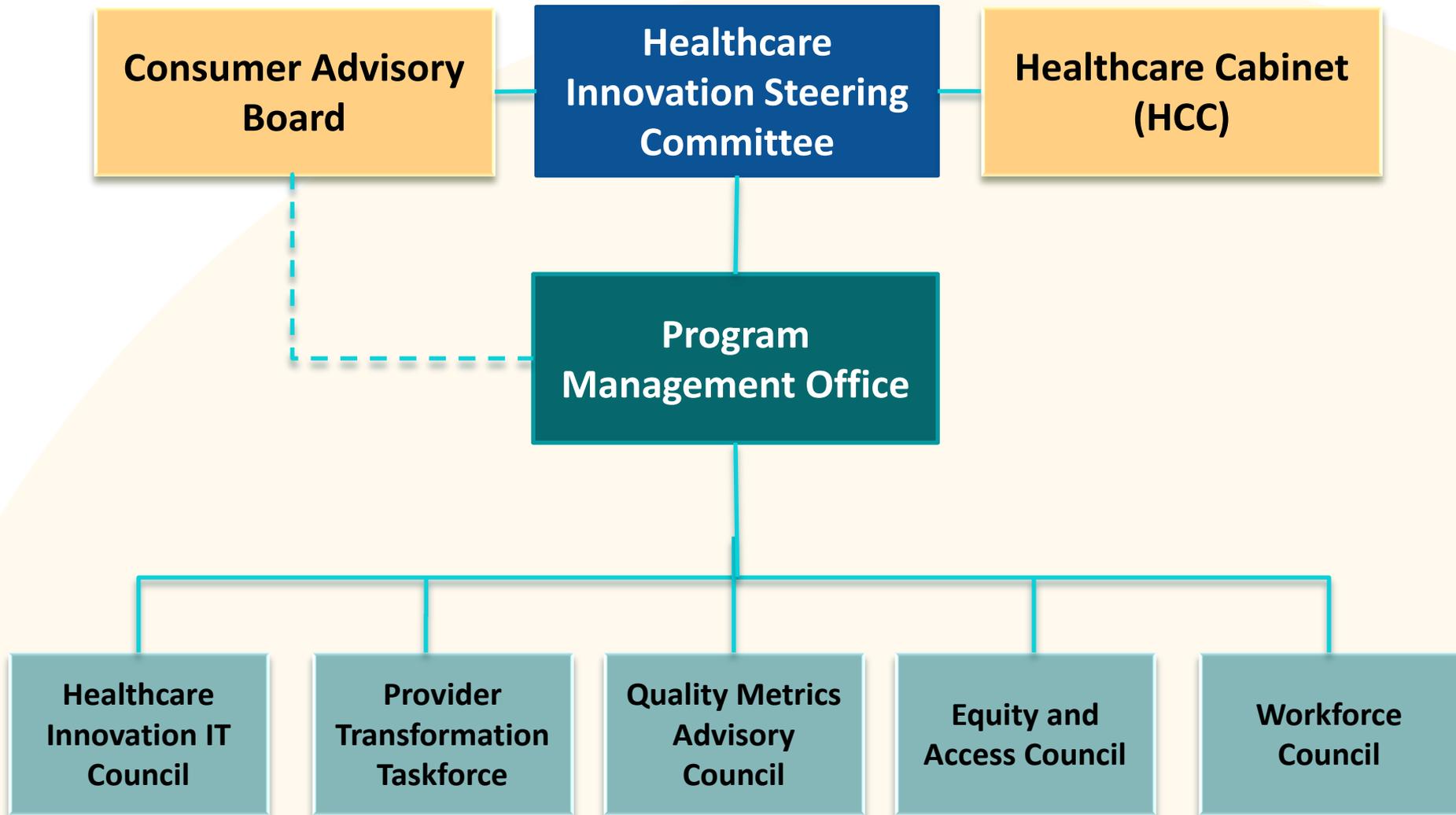
DISCUSSION AND NEXT STEPS

Managing the Transformation - Governance Model

Opportunities for Improvement



Proposed Revised Governance Model



Issue # 1

Organization and Governance

Recommendation

- + Lieutenant Governor leadership
- + Project Management Office (PMO) within OHA
- + Direct advisory role for Consumer Advisory Board (CAB)
- + CAB support for consumer participation in committees, councils, and task forces
- + Accountability for health equity within PMO
- + Examining method for participation of wider array of healthcare professionals, health departments, etc.
- + Workforce council

Issue #2

Risk of under-service in shared savings programs

HIGH LEVEL SUMMARY OF ISSUE

- + A number of respondents raised concerns that shared savings payment methods will incentivize providers to withhold necessary care. They asked what safeguards SIM will put into place to prevent this from happening. Some proposed the development of methods for monitoring under-service and an explicit principle that practitioners will be disqualified from receiving shared savings if they demonstrate under-service.

DISCUSSION AND NEXT STEPS

Issue #2

Risk of under-service in shared savings programs

Recommendation

- + Most payers expressed a willingness to engage on this topic through the Equity and Access Council. CMMI is also interested in this issue and is making efforts to provide for Medicare's participation. One payer suggested that we involve the NQF as well.
- + Several willing to consider contractual methods for disqualifying practitioners from receiving shared savings if they are found to be engaging in systematic efforts to under-serve or to select or de-select patients based on quality or cost risks. At present insufficient consensus on this point to include it as a core principle. Consensus may emerge from further examination of this issue in the context of the Council including evaluation of the extent to which under-service might be an issue, and through the testing of various audit methods by payers.

Issue #3

Advance payments/care coordination payments

HIGH LEVEL SUMMARY OF ISSUE

- + Many providers indicated that care coordination payments or other advance payments are an important incentive to enter the AMH glide path. Some payers expressed concern that advance payments are difficult to administer and are not necessarily offset by savings. In addition, many self-funded employers are unwilling to support advance payments and other value based payment reforms.

DISCUSSION AND NEXT STEPS

Issue #3

Advance payments/care coordination payments

Recommendation

- + Although it may not be possible to achieve 100% alignment on the issue of advance payments or care coordination payments, maximizing alignment remains our goal. The purpose of such payments is to help finance the costs associated with advanced primary care including care coordination. We recommend that payers offer advance payments to providers that have the potential to more than offset practice investments for high performing providers. We propose to revise the Innovation Plan to note that the majority of commercial payers and Medicaid will provide advanced payments during the glide path (once readiness is demonstrated) or once AMH recognition is achieved.
- + We also intend to engage the employer community more widely to gauge their interest in advanced payments to ensure practice transformation, a mechanism that may ultimately propel the model forward and incentivize quality and savings over the long-term.

Issue #4

Medicaid participation

HIGH LEVEL SUMMARY OF ISSUE

- + The Innovation Plan makes few specific references to Medicaid's participation in the reforms. How will Medicaid participate?

DISCUSSION AND NEXT STEPS

Issue #4

Medicaid participation

Recommendation

- + Medicaid will align with other payers to the extent of implementing an upside only shared savings program for the general population. The Department will, based on the early experience of other payers with this approach, assess the need for protections for Medicaid beneficiaries and on this basis will determine when during the test grant period to implement.
- + Prior to implementation of the Innovation Plan, DSS is proposing to limit its use of a shared savings approach in Medicaid to the activities proposed under the Demonstration to Integrate Care for Medicare-Medicaid Enrollees (“duals demonstration”). DSS is proposing to implement the duals demonstration at a point in time in 2014 to be determined by the pace of settling a Memorandum of Understanding with the Centers for Medicare and Medicaid Innovation (CMMI).

Issue #4

Medicaid participation

Recommendation

- + Medicaid will plan to align its PCMH standards and quality/utilization metrics with other payers. Medicaid proposes both to retain its current recognition of PCMH practices that have achieved NCQA recognition and Joint Commission accreditation and additionally to recognize providers that have achieved AMH status. The specific details of this model and how the AMH standards will compare to current PCMH standards are still to be completely clarified. Medicaid will seek to:
 - + expand scope of support for patients within medical homes to more fully include measures related to social determinants of health, behavioral health, oral health;
 - + enable fuller adherence to the National Culturally and Linguistically Appropriate Services (CLAS) Standards;
 - + more fully incorporate data collection and analytics in support of a population health-based approach;
 - + and expand the disciplinary range of the care team, both within and affiliated with the medical home.
- + To the extent above not included in the core AMH standard set, DSS may establish additional standards applicable to Medicaid.

Issue #5

Health Information Technology - Portals

HIGH LEVEL SUMMARY OF ISSUE

- + Common provider portal; common consumer portal.

DISCUSSION AND NEXT STEPS

Recommendation

- + We recommend that we further examine the options of a common provider portal with static reports or a single portal with federated log-in. We recommend that we set aside payer participation in a common consumer portal at this time, pending further review.

Issue #6

Tort reform

HIGH LEVEL SUMMARY OF ISSUE

- + A number of physician providers, both primary care and specialty care, and their respective associations felt that tort reform was essential to achieving the projected reductions in waste and cost under SIM.

DISCUSSION AND NEXT STEPS

Issue #6

Tort reform

Recommendation

- + The arguments for and against safe harbor laws are complex and beyond the scope of this response. However, the SIM planning team recommends that work begin with CSMS and liability carriers in the state to develop a program similar to those established by the Harvard Management Risk Foundation to identify risk reduction strategies for providers that will result in lower liability risk and reductions in premiums.

Issue #7

Workforce – loan forgiveness

HIGH LEVEL SUMMARY OF ISSUE

- + Loan Forgiveness – Why doesn't the plan introduce much needed loan forgiveness to support careers in primary care, careers in Connecticut, and residence in health professional shortage areas?

DISCUSSION AND NEXT STEPS

Issue #7

Workforce – loan forgiveness

Recommendation

- + Loan forgiveness is an obvious means for Connecticut to retain primary care clinicians. Over the next year, the state will review approaches to loan forgiveness and consider how such approaches might be funded and targeted. The Affordable Care Act calls for federal funding for loan forgiveness. Should such funding become available, Connecticut will seek to participate.

Discussion / Feedback

- + Innovation Plan Feedback/ Concerns
- + Next Steps
 - + Approval of Memo for Website
 - + Timeline for review of revised SHIP 1.1