Connecticut Healthcare Innovation Plan

Abbreviated Consumer Summary

Based on Draft Version 1.1 FOR PUBLIC COMMENT
Vision for the future

By 2020, Connecticut will create a better healthcare system that gives everyone access to affordable, high quality healthcare.

CONNECTICUT’S CURRENT HEALTH SYSTEM

Our state provides a lot of good healthcare and support services. However, many people don’t receive high quality care. For example, some people have to go back to the hospital a second time because their care plan did not work well the first time. In addition, there are big differences in health among people of different races and cultures. Healthcare costs are also very high. Connecticut spent more money per person in 2012 than 47 other states. Healthcare spending has grown faster than our economy, which means there is less money available for education, housing, or saving for the future.

OUR STATE INNOVATION MODEL INITIATIVE

In March 2013, Connecticut received $2.8 million from the federal government to develop a State Healthcare Innovation Plan (“Innovation Plan”). We were charged with designing a plan to improve the way care is delivered to least 80% of our population within five years.

Under Connecticut’s Innovation Plan, our healthcare payers (such as insurance companies, the state employee plan and the Medicaid program), healthcare providers, employers, consumers, advocates and public agencies will all work together to provide better care to our citizens. The Innovation Plan also reflects our vision for building on other programs within our state. It will expand some of today’s best healthcare programs or practices on a statewide basis.

Connecticut is already home to many innovative healthcare organizations, public entities and community-based organizations that have made significant investments in improving health and healthcare. However, these efforts have been mostly pilot programs, focused on special groups of people or only in some areas of the state. The Innovation Plan will help expand these efforts.

In putting together this Innovation Plan, we met with more than 20 consumer focus groups. We also surveyed almost 800 individuals. We held more than 25 multi-stakeholder meetings. In these meetings, we talked about problems with our current healthcare system and barriers to improvement. We then looked at options for innovation. We also set goals for changing how we pay for services and for health information technology. These goals are supported by all payers. Finally, we learned more about the current healthcare workforce and how it needs to change to support our goals for better health and better healthcare.

The goals and plans outlined here will take time to implement. In fact, the plan is expected to take at least five years to include most doctors and most citizens in Connecticut. The plan will also depend on finding funding to support its many parts.

GOALS FOR HEALTH SYSTEM PERFORMANCE IMPROVEMENT

We will be successful if we achieve our goals for health system performance, including:

- Better health for all of our residents regardless of race, social economic status or location
Better healthcare quality and consumer experience
A decrease in the rate of growth of healthcare costs

Primary drivers of transformation
Our Innovation Plan is based on three main strategies for improving the health system:

I. Primary care practice transformation
II. Community health improvement
III. Consumer empowerment

I. PRIMARY CARE PRACTICE TRANSFORMATION

Primary care is the health care that all of us get from our usual doctor’s office or nurse’s office to help keep us well or to treat injuries or illnesses like asthma. Our doctor, nurse or physician assistant is called our primary care provider (PCP). A key part of our Innovation Plan is supporting improvements in the ways that primary care providers do their work. We will help primary care providers become Advanced Medical Homes (AMH).

Advanced Medical Homes are primary care practices that are committed to whole person centered care. This means they will pay attention to more of your needs, like if you have other health problems, depression or anxiety, family problems or support needs. They will base your treatment plan on your goals and preferences. And they will give you information that makes it possible for you to better understand your treatment choices. Finally, Advanced Medical Homes will help you play an active role in your health.

Advanced Medical homes will also make it easier to access their services. They will offer after-hours help so that you don’t have to go to the emergency room for minor health problems. And they will make it easier to get in touch with them by phone or secure e-mail or text. Advanced Medical Homes will also listen to your concerns and answer your questions.
Advanced Medical Homes will better coordinate your care to help you get the services you need, when you need them. If you have a special health concern or condition, you will be connected with other health care providers to help you get the care you need. For example, if your primary care provider becomes an Advanced Medical Home, he or she will connect you with a pharmacist, mental health specialist, nutritionist, or community health workers – whatever your health needs call for. Your primary care provider will work with these other people as a team.

Advanced Medical Homes will also use electronic health records, which help to provide better care. Electronic health records are your health records stored safely on a system. Your records can be shared with the team that coordinates your care. Electronic health records help primary care providers to ensure that you get the right care at the right time, based on what research shows works best. This is called evidenced based care.

By using electronic health records, the primary care provider will also be able to gather information on the care that they provide to their patients. By studying what they do well and where they need to do better, your primary care provider will be able to keep improving the quality of care they provide to you. They will be able to improve how well they treat certain conditions (e.g., diabetes) and also improve how well they care for different cultural groups. Using information to improve care for different patient populations is called population health.

Our Innovation Plan will help primary care providers become Advanced Medical Homes by creating standards that they must meet that take into account the quality of care they provide to you and your experience with your provider. Our innovation plan will also help them to meet those standards by providing support and education.

II. COMMUNITY HEALTH IMPROVEMENT

Our plan also includes ways to help providers, employers, schools, community-based organizations, and public agencies to work together to improve the health of their communities. One of the key ideas to community health improvement is creating what is known as Certified Community-Based Practice Support Entities (“Certified Entities”).

These Certified Entities can be new or existing local organizations, non-profits or local health departments that have been recognized by Connecticut to support Advanced Medical Homes with a package of community services. For example, Certified Entities will improve access to evidence-based community services, by providing services such as diabetes prevention, in-home environmental assessments for asthma, and help in preventing falls among older adults or other people at-risk of falling as a result of health conditions.

III. CONSUMER EMPOWERMENT

To allow people to make the best health decisions for themselves and their families, a true partnership must be developed between the individual and their provider and the provider team. Every consumer has a unique understanding of daily issues that affect their health and well-being. Providers have the medical background to recognize illnesses and suggest treatment or other options. Together, these two perspectives form the most effective partnership for making decisions about a person’s health care.
The Innovation Plan provides an opportunity to transform the partnership between consumers and providers today. The state will encourage providers to give their patients the information and resources for them to play an active role in managing their health. For example, the Innovation Plan proposes, as part of our plan for consumer empowerment, to take the following steps:

- Perform health assessments to understand a patient’s healthcare needs and other factors that contribute to barriers to healthcare, such as housing, employment and cultural factors.
- Perform patient surveys and link payment to Advanced Medical Homes based on scores on these surveys.
- Use the Health Care Cabinet’s Consumer Advisory Board to provide ongoing input into the design, implementation and future changes to Innovation Model.
- Establish, over time, something called a “consumer portal.” A consumer portal is an online tool that goes a step beyond simply displaying information by helping people manage their healthcare easily and securely. A consumer portal may provide access to health information online, versus over the phone or in person, and may allow a person to schedule a doctor’s appointment online.
- Share information about the quality and cost of health care provided by hospitals and, eventually, other providers.
- Provide information to help educate people about their role in the health care system and establish incentives to encourage consumer engagement in their healthcare and healthy eating.
- Encourage primary care providers to provide extended hours and offer same-day appointment options.
- Finally, establish an “Equity and Access Council” to help ensure that the care delivery and payment reforms do not result in unintended reductions in access to services.

**Enabling Initiatives**

In addition to the three key strategies described above – primary care practice transformation, community health improvement, and consumer empowerment – Connecticut plans to implement other steps (known as “enabling initiatives”) to help make the Innovation Plan a success. These “enabling initiatives” are described below.

**PERFORMANCE TRANSPARENCY**

Performance transparency means that people will have information about the quality and cost of health care provided by doctors, hospitals and other healthcare providers. This information will be used in many ways to help improve the healthcare system in Connecticut. For example, it will help consumers choose their health plans and providers, and will help providers improve their own performance.

As a first step in this effort, doctor’s offices will use a common “performance scorecard” that will provide information on how well they deliver care, how consumers feel about the care delivered, and the cost of care. Eventually, this scorecard will be expanded to include other
providers, such as hospitals and specialists, which will inform consumer’s decisions about where to go for care.

**VALUE-BASED PAYMENT**

Under the Innovation Plan, Connecticut plans to move to “value-based” payment, which rewards providers for delivering high-quality care and a positive consumer experience. It also rewards providers if they reduce costs by delivering high quality care and a positive consumer experience.

One type of value-based payment is called pay for performance. With this kind of program, providers receive financial rewards if they meet specific quality and consumer experience goals, while reducing unnecessary services. For example, a pay for performance program might reward a provider for making sure his diabetes patients get follow up care. Or a provider might be rewarded for getting high scores from her patients in consumer experience surveys.

Another type of payment method is called a shared savings program. With this kind of program, providers also receive financial rewards if they meet quality and consumer experience goals. However, they are also encouraged to work within a budget for all of their patients. If they stay within their budget, they receive a share of the savings.

Providers will reduce costs by providing higher quality services and getting better healthcare outcomes for their patients. This means fewer visits and trips to the hospital. They will also reduce costs by avoiding unnecessary or wasteful services. We will be monitoring providers to make sure that they are reducing costs in appropriate ways. By doing so, we will help make sure that providers do not reduce costs by withholding necessary services.

Value-based payment controls the growth in healthcare spending over time so that we can continue to afford it.

**HEALTH INFORMATION TECHNOLOGY**

Based on the recommendations of a Health Information Technology Workgroup, Connecticut has created a health information technology strategy to help support our Innovation plan. This strategy includes:

- The creation of a “consumer portal” (as described above);
- A database where information about the types and costs of healthcare that providers give is stored;
- Tools to help consumers make decisions about their healthcare; and
- A way for providers to share clinical data to better coordinate patient care.

All of these efforts will allow Connecticut to better measure the quality of healthcare delivered within the state, to take actions to increase quality and access to care as well as control costs, and to better use technology to improve our healthcare.

**HEALTH WORKFORCE DEVELOPMENT**

For the Innovation Plan to succeed, it is important to have enough doctors, nurses, and other healthcare professionals with the right training to carry out the plan. To ensure that the health
workforce can meet this challenge, the Innovation Plan includes strategies to increase the supply of providers, measure the supply of providers, provide training, and provide better care to our citizens. Specifically, these strategies will help providers better care for Connecticut’s population (which is growing older and more diverse), work in teams, ensure patient privacy and confidentiality, and engage patients in maintaining their own health and making decisions relating to their own healthcare.

**Managing the transformation**

To make sure that the Innovation Plan is successful, Connecticut has created a “Governance Structure” and a “Transformation Roadmap” to implement the plan. The Governance structure is how the project is organized. The Transformation Roadmap shows the timeline for the project.

**GOVERNANCE STRUCTURE**

The Lieutenant Governor will provide overall leadership for the Innovation Plan. She will establish a Healthcare Innovation Steering Committee with additional consumer, consumer advocate and provider representation. A Project Management Office will also be established to lead the implementation. This structure is expected to be in place by January 2014.

The Steering Committee and Project Management Office will seek ongoing advice from Connecticut’s Healthcare Cabinet. Consumer input will be provided through the Consumer Advisory Board throughout all phases of this initiative.

**TRANSFORMATION ROADMAP**

Our Innovation Plan will be implemented over five years, divided into four phases:

1. **Detailed Design (January to September, 2014).** Following stakeholder feedback, the state will establish the new governance structures (described above) and create a Project Management Office that will develop the details of the Innovation Plan.
2. **Implementation Planning (October 2014 to June 2015).** While we wait for the award of federal funding and other funding, Connecticut will continue to plan to launch our innovations on July 1, 2015.

3. **Wave 1 Implementation (July 2015 to June 2016).** July 1, 2015 will mark the first year of the Advanced Medical Home Model, as well new supports for the Workforce Development that we need to do to make our innovations successful.

4. **Wave 2+ Scale-Up (July 2016 to June 2020).** Beginning July 1, 2016 and beyond, Connecticut will continuously improve the common scorecard, our consumer/provider portals, and reporting efforts. In addition, primary care providers will continue to be enrolled in the Advanced Medical Home Model.