

Project Abstract Summary

Project Summary

Connecticut seeks support for health systems transformation under the State Innovation Models Initiative to build upon existing health reform infrastructure in which the Governor, the Legislature, providers and consumers will work toward common adoption of proven strategies. The SIM will advance alignment of primary care, public health and community resources with innovative payment and delivery system reform to optimize individual health, reward value over volume and lower health care spending. Connecticut envisions a system in which all residents have access to primary and specialty care that is person/patient-centered; informed by the social determinants of health; focused on prevention and keeping people healthy; and highly integrated, collaborative, transparent, comprehensive, accountable and cost effective.

Connecticut's challenges include: high health care costs; inadequate access to primary, preventative care; inappropriate use of emergency departments; and workforce capacity that cannot meet the growing demand for care. Provider initiatives have enhanced the quality and capability of Connecticut's primary care practices, while integrating primary care with other disciplines. Connecticut's promising payer initiatives have supported the use of common performance metrics, payment reform, and re-balancing of long-term care resources and liberalization of elements of the roles of members of the care team. In addition, Connecticut has implemented innovative, value-based means of incenting and promoting consumer engagement in healthy behaviors.

The State is eager to test innovative models for how best to bring these efforts to scale through the SIM initiative. Proposed payment reform elements of the SIM model include: 1) collaboration across public and private payers to promote greater consistency on quality, performance metrics and reporting that will support broad-based development of person-centered advanced primary care practice; 2) financial support for integration of care across disciplines; 3) promotion of greater alignment on payment and contracting strategies that incentivize value over volume; and 4) harmonization of Medicaid's reimbursement policies with those of other payers.

Proposed service delivery reforms include: 1) promotion of integrated care models; 2) implementation of means through which utilization data can be shared with providers and consumers; 3) use of the Health Insurance Exchange to inform and connect consumers to coverage; 4) means of expanding the supply of primary care physicians and other professionals; and 5) increased engagement among regulators, providers and consumers to examine practice acts in support of best use of the members of the care team. Connecticut will use the following levers in support of reform: 1) existing structures including the Governor's Health Care Cabinet, Consumer Advisory Board and the Health Insurance Exchange; 2) leadership by the Office of Health Reform & Innovation, in partnership with various state agencies charged with

implementing significant elements of the Affordable Care Act; 3) legislative leadership and the regulatory authority of the Departments of Public Health and Insurance; 4) Medicaid oversight by the Department of Social Services; and 5) the purchasing power of the State employee health plan and Medicaid program.

We will conclude the planning process with 1) an actionable plan that responds to critical issues, and opportunities and advances Connecticut's vision; 2) identifiable, robust, model(s) that are ready for execution and testing; and 3) fully aligned health care delivery and payment mechanisms that reward value, quality, safety and positive health outcomes over volume at a cost to individuals and the state that are sustainable over the long term.