

State Innovation Model (SIM) Initiative FACT SHEET

1. Connecticut created a State Innovation plan in 2013 that articulated a vision to transform healthcare in the State. Connecticut seeks to establish a whole-person-centered healthcare system that improves population health and eliminates health inequities; ensures superior access, quality, and care experience; empowers individuals to actively participate in their healthcare; and improves affordability by reducing healthcare costs.
2. The State Innovation Model (SIM), funded in part by a federal grant, is the organizing vehicle through which programs in pursuit of this vision are developed, coordinated, and implemented.
3. The federal grant mandates that the State involve a diverse group of stakeholders in this complex and comprehensive endeavor. Connecticut has complied with this requirement by establishing a steering committee, a consumer advisory board and numerous work groups with balanced representation of the all interests to consider options and develop recommendations.
4. The SIM governance structure is advisory. The Steering Committee, Consumer Advisory Board and various SIM work groups that comprise the governance structure do not exercise the power of the state (e.g., rulemaking) or the power of the purse (disbursement of funds).
5. The State Code of Ethics does not apply to members of advisory bodies. Nonetheless, it's in the best interests of the state to establish standards for participants in the advisory bodies, and in doing so, the SIM has adopted a higher standard than is required by law.
6. The state is applying section 1-85 of the State Code of Ethics, which requires members to disclose substantial conflicts of interest and prevents them from participating in program design if they have a substantial conflict of interest.
7. This means that stakeholders who have interests can be at the table, so long as their interests are no different than other stakeholders of a similar type. For example, a primary care physician representing other primary care physicians can participate in a work group discussion around primary care medical home standards, because the standards would apply to all primary care physicians.
8. The state is not adopting section 1-86 of the State Code of Ethics, which prevents an individual or organization from participating if their interests are different from that of a substantial segment of the general public. If SIM adopted this provision, it might prevent community organizations (e.g., those that employ community health workers), providers and health plans from participating in program design.
9. The state has an even higher standard when it comes to the disbursement of SIM grant funds through procurements. Stakeholders that participate in our procurements (e.g., scoring proposals) are required to comply with sections 1-84, 1-85 and 1-86 of the State Code of Ethics. Stakeholders with substantial (1-85) or potential (1-86) conflicts of interest cannot participate.