

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Healthcare Innovation Steering Committee

Rapid Response Team
Functions and Proposed
Structure

August 13, 2015

Rapid Response Team

Today's Discussion

- Review the overall SIM governance structure
- Discuss functions of Rapid Response Team
- Discuss composition and criteria for membership in Rapid Response Team

SIM Test Grant Proposal

- Steering Committee to designate a multi-payer Rapid Response Team to work with the evaluation team to review and respond to information about pace and performance of reforms related to Model Test targets
- To meet as frequently as necessary to inform and monitor program implementation and to allow for external oversight and evaluation.

Response Team Functions

The Rapid Response Team (RRT) will review data on system transformation and on the SIM Evaluation Dashboard, that track the pace and performance of SIM related transformation.

The RRT will raise any concerns related to pace and performance, including slow adoption of practices, negative impacts on resident health or healthcare experiences, or increases in healthcare costs.

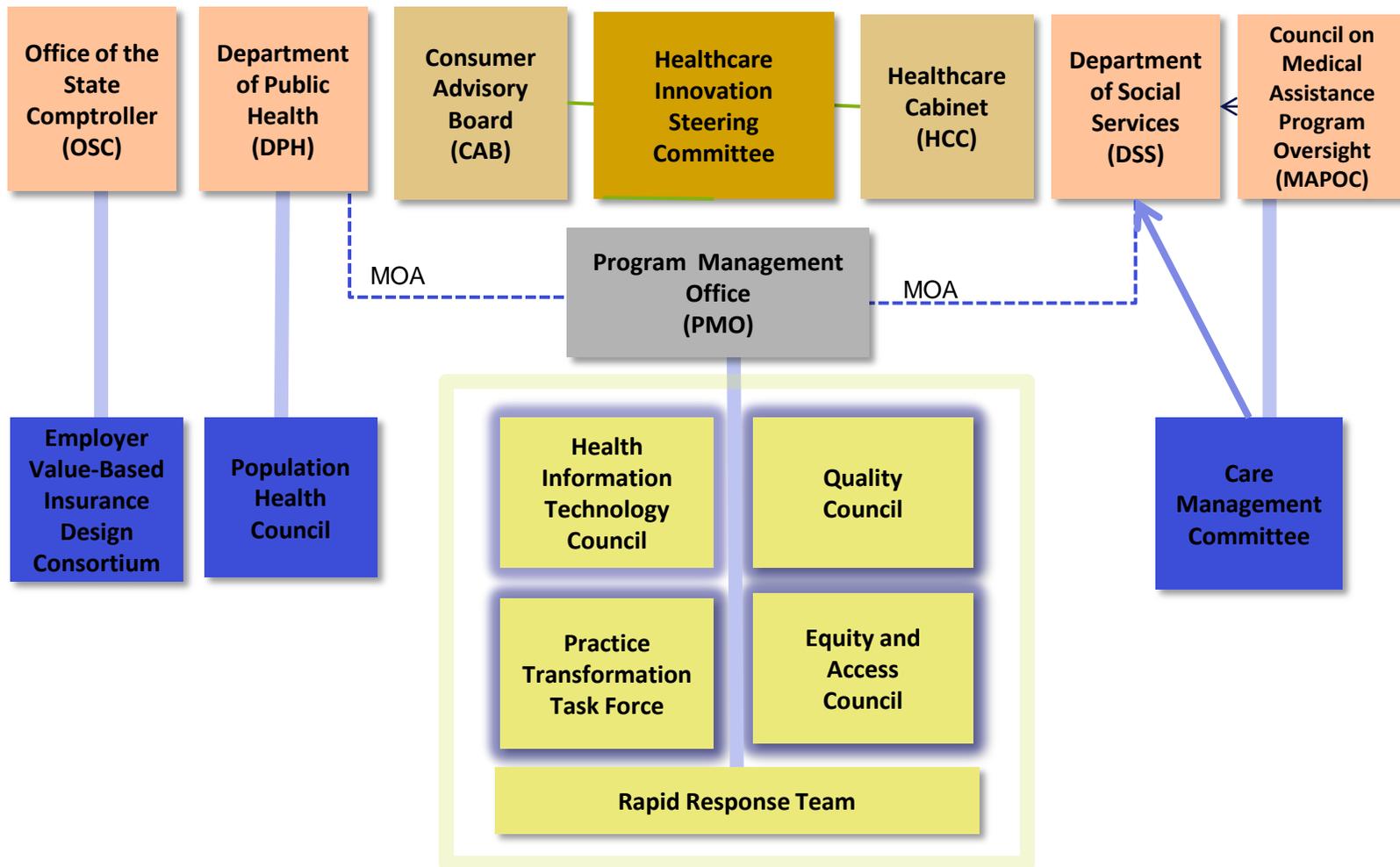
If concerns develop, the RRT will help understand the trends and develop recommendations for corrective action.

The RRT will convene periodically via telephone to discuss findings and make recommendations.

Key Questions that the Rapid Response Team will Address

1. Are we achieving the pace and performance objectives as established in the accountability metrics?
2. What are the barriers to achievement?
3. What are the options to addressing the barriers to achievement?

Connecticut State Innovation Model Initiative Governance Structure



PROPOSED COMPOSITION AND CRITERIA FOR WORKGROUP PARTICIPATION

Composition

Criteria For Membership

Rapid Response Team Voting Members

- 1 DSS representative
- 1 DPH representative
- 2 ACO Representatives -1 hospital anchored, 1 not
- 2 Health Plan Representatives
- 1 Self-Insured Representative
- 1 Office of the State Comptroller Representative
- 1 FQHC Representative
- 2 Consumer Advocates
- 2 Primary Care Clinicians

- Knowledge of the CT healthcare environment
- Experience interpreting public health or healthcare data
- Experience with CT health insurance policies
- Experience identifying possible solutions to public health, health outcome or healthcare cost concerns
- Preference for current or historical participation in SIM program design

Rapid Response Team Support

- 1 PMO member
- 6 Evaluation team members
- 2 Scorecard team members

- Expertise in public health and healthcare research and evaluation
- Knowledge of CT SIM
- Knowledge of SIM Evaluation Dashboard Measures
- Knowledge of SIM quality scorecard

Rapid Response Team Roles

DSS Representative

- Provide input and expertise on current Medicaid practices and transformations relevant to SIM. Provide recommendations for corrective action if necessary.
 - **Qualifications:** Strong presence in CT's social services community, current leadership role at DSS; creative problem-solving abilities.
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DPH Representative

- Provide input and expertise on population health and chronic disease as relevant to SIM. Provide recommendations for corrective action if necessary.
 - **Qualifications:** Strong presence in CT's public health community, current leadership role at DPH; creative problem-solving abilities.
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Advanced Network Representatives

- Provide input and expertise on care delivery, payment and insurance reforms as relevant to SIM. Provide recommendations for corrective action if necessary.
- **Qualifications*:** Expertise and/or experience in current CT care delivery, payment and insurance practices and transformations; creative problem-solving abilities.

** Will be added to the RRT after first wave providers have been appointed*

Rapid Response Team Roles

Health Plan
Representatives

- Provide input and expertise on current private insurance practices and transformations relevant to SIM especially as they related to value based payment and insurance reform. Provide recommendations for corrective action if necessary.
 - **Qualifications:** Strong presence in CT health insurance community, detailed understanding of currently CT insurance systems and transformations; creative problem-solving abilities.
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Self-Insured
Representative

- Provide input and expertise on current self-insured plan practices and transformations relevant to SIM especially as they related to value based payment and insurance reforms. Provide recommendations for corrective action if necessary.
 - **Qualifications:** Knowledge of self-insured plan current practices; creative problem-solving abilities.
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FQHC
Representative

- Provide input and expertise on current community healthcare practices, care delivery, payment and insurance reforms relevant to SIM. Provide recommendations for corrective action if necessary.
 - **Qualifications:** Strong presence in CT's community healthcare community, knowledge of community healthcare practices and community integration; creative problem-solving abilities.
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Rapid Response Team Roles

Consumer Advocates

- Provides input and expertise to represents healthcare consumers, including experience of care and equity and access considerations. Provide recommendations for corrective action if necessary.
 - **Qualifications:** Strong presence as a healthcare consumer advocate in CT, expertise CT healthcare consumer needs and rights; creative problem-solving abilities.
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Primary Care Clinicians

- Provide insight and knowledge on healthcare practice. Provide recommendations for corrective action if necessary.
 - **Qualifications:** Strong presence in CT healthcare, currently practicing physician licensed in the state of CT; creative problem-solving abilities.
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OSC Representative

- Provide input and expertise healthcare payment and insurance reforms relevant to SIM grant objectives. Provide recommendations for corrective action if necessary.
- **Qualifications:** *Leadership role in CT State Comptrollers office, knowledge of healthcare financial considerations relevant to SIM objectives.* creative problem-solving abilities.

Examples of Pace and Performance Targets

Shared Savings Program

Participation Targets

Year	Beneficiaries	%
2016	1,305,000	38%
2017	1,745,000	50%
2018	2,270,000	64%
2019	2,596,000	73%
2020	3,117,000	88%

AMH Glide Path – Accountability Metrics

Year		Primary Care Practices	
		Target	Percentage
2015	Population N	370	
	1st Quarter	0	0%
	2nd Quarter	0	0%
	3rd Quarter	0	0%
	4th Quarter	25	7%
2016	Population N	370	
	1st Quarter	140	38%
	2nd Quarter	185	50%
	3rd Quarter	185	50%
	4th Quarter	185	50%
2017	Population N	370	
	1st Quarter	185	50%
	2nd Quarter	185	50%
	3rd Quarter	235	64%
	4th Quarter	235	64%
2018	Population N	370	
	1st Quarter	370	100%
	2nd Quarter	370	100%
	3rd Quarter	370	100%
	4th Quarter	370	100%
Note 1: Targets are cumulative totals			
Note 2: AMH target practices may extend beyond MQISSP			

Questions or Comments?