Healthcare Innovation
Steering Committee

May 11, 2017
Meeting Agenda

<table>
<thead>
<tr>
<th>Item</th>
<th>Allotted Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introductions/Call to order</td>
<td>5 min</td>
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<tr>
<td>2. Public comment</td>
<td>10 min</td>
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<tr>
<td>3. Approval of the Minutes</td>
<td>5 min</td>
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<tr>
<td>4. Health Information Technology Update</td>
<td>55 min</td>
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<tr>
<td>5. Operational Plan Achievements and Risks</td>
<td>25 min</td>
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<tr>
<td>6. Content for Future HISC Meetings</td>
<td>20 min</td>
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<td>8. Adjourn</td>
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Public Comments

2 minutes per comment
Approval of the Minutes
Health Information Technology Update
LEGISLATIVE OVERVIEW

- Interoperable health information exchange technology, as envisioned by Connecticut Public Acts 15-146 and 16-77, states the following:

  There shall be established a statewide Health Information Exchange to empower consumers to make effective healthcare decisions, promote patient-centered care, improve the quality, safety, and value of healthcare, reduce waste and duplication of services, support clinical decision-making, keep confidential health information secure, and make progress toward the state’s public health goals. [Sec. 6 § 17-b-59d (a)]

- The Health Information Technology Officer (HITO) is administratively responsible for the planning, design, implementation, and oversight of health information exchange services that will meet the goals detailed in PA 16-77, and will coordinate the state’s health IT and health information exchange efforts to ensure consistent and collaborative cross-agency planning and implementation. The HITO can seek private and federal funds for staffing to support health IT and HIE initiatives in the state.

- The HITO will make recommendations for policy, regulatory, and legislative changes, and other initiatives to promote the state’s health IT and exchange goals, and will report annually on such initiatives to the joint standing committees of the General Assembly.

- The Health Information Technology Advisory Council, established pursuant PA 15-146 and amended by PA 16-77, shall advise the HITO in developing priorities and policy recommendations for advancing the state’s health IT and health information exchange goals, and to advise the HITO in the development and implementation of the statewide health IT plan (SMHP) and the statewide HIE.

- The Advisory Council shall also advise the HITO regarding the development of appropriate governance, oversight, and accountability measures to ensure success in achieving the state’s health IT and exchange goals.
KEY FINDINGS: STAKEHOLDER ENGAGEMENT
TOPICS COVERED THROUGH THE ENGAGEMENT

- Health IT Current State
- Health IT Desired State
- Clinical Quality
- Technical Assistance, Education, Training
- Governance
STAKEHOLDER DOMAINS

- Consumers
- Hospitals and Health Systems
- Primary and Specialty Care Providers
- Members of the Connecticut Health IT Advisory Council
- Accountable Care Organizations and Clinically Integrated Networks
- Professional and Medical Associations
- Payers, including Commercial Insurers and Employers
- Pharmaceutical and Bio-tech Interests
- Other Stakeholders as Needed for Completeness of Input

- Other Healthcare Service Providers and Organizations, including:
  - Behavioral Health Providers
  - Long Term and Post Acute Care (LTPAC) Providers
  - Radiological Services
  - Commercial Reference Laboratories
  - Pharmacies

- Community Organizations, including in the areas of:
  - Homeless and Housing Services
  - Addiction Services
  - Aging Services
  - Services for HIV/AIDS Patients
  - Services for Victims of Trauma
STAKEHOLDER DOMAINS (CONT.)

- Department of Administrative Services
- Department of Children and Families
- Department of Consumer Protection
- Department of Corrections
- Department of Developmental Services
- Department of Mental Health and Addiction Services
- Department of Public Health
- Office of the Healthcare Advocate
- Office of the State Comptroller
OVERVIEW OF KEY FINDINGS

The key findings that emerged from the environmental scan focused on several common themes that spanned stakeholder domains. These themes emerged consistently throughout the environmental scan process and frame the recommended considerations for future planning and calls to action.

**Patients + Consumers:**
The experience and views of patients and consumers regarding the healthcare continuum, exchange of health information, access to health records, and privacy, security, and confidentiality of information.

**Environment**
The market environment being experienced by healthcare and community organizations, as well as the ongoing health challenges experienced by people in Connecticut and how the market is responding to address those challenges.

**Tools**
The current and future usage/needs for health IT tools by stakeholders, including state systems, EHRs, data exchange tools, medication-related tools, analytic tools, identity management tools, etc.

**Governance**
Stakeholder views on governance of health IT investments in Connecticut, as well as considerations and decisions that will impact and inform the development and implementation of governance around health IT and information exchange.
EMERGING THEMES
THE PATIENT IS THE “NORTH STAR”

- Privacy, security, and confidentiality
- Work to address health equity and the social determinants of health
- Consumer engagement and other tools for better management of one’s health and healthcare in partnership with the care team
- Patient access to integrated clinical data rather than patient portals tethered to a single EHR
- Quality and price transparency
“...SKATE TO WHERE THE PUCK IS GOING TO BE, NOT WHERE IT HAS BEEN.”

- WAYNE GRETZKY

- Core shared services requirements
  - Statewide healthcare directory
  - Statewide master person index (MPI) and attribution services
  - Data Stewardship and data normalization
  - Security and privacy of protect health information

- “Network of Networks” approach to interoperability in the state, linking individual interoperability initiatives

- “Rules of the Road” – a basis for entities engaged in interoperability in the state
Examples include:

- **eCQMs**: Establishing a harmonized and standardized approach to the reporting of electronic quality measures in support of value-based care
- **CPMRS**: further integrating controlled substance database into the e-prescribing workflow of providers
- **Public Health Reporting**: Improving bi-directional functionality immunization, lab, and syndromic reporting to DPH
- **Direct Messaging**: Expanding Direct messaging to support basic provider communications, particularly for providers excluded from MU
“Whole-person care” requires expanded definitions of healthcare teams

Many Stakeholders, including behavioral health providers, LTPAC providers, and community organizations can contribute to a more value-driven healthcare system

Improvement should be made in care coordination tools and secure data exchange beyond EHR users
Connecticut has important levers in place in the form of ACOs and Advanced Networks (ANs).

ACOs and ANs also provide important value in health IT and HIE design.

Specific strategies for data sharing within ACOs and ANs, as well as across ACOs and ANs, should be identified.

Harnessing market forces that are enabled or enhanced by HIE and interoperability will increase sustainability.
“THE FUTURE AIN’T WHAT IT USED TO BE.”

- YOGI BERRA

- Genomics and precision medicine
- Bring your own device (BYOD)
- Patient-generated data
CALLS TO ACTION
8 PRIORITY RECOMMENDATIONS
Connecticut must keep patients and consumers as a primary focus in all efforts to improve health IT or HIE, including addressing health equity and the social determinants of health.
Priority Recommendation #2

Connecticut must leverage, not duplicate, existing interoperability initiatives; and provide technical assistance, education, and coordinated communication to all stakeholders using health IT and HIE services.
Connecticut must implement core technology that complements and interoperates with systems currently in use by private sector organizations.
Connecticut must establish “rules of the road” to provide an appropriate governance framework
Connecticut must support provider organizations and networks that have assumed accountability for quality and cost.
Connecticut must ensure that basic mechanisms are in place for all stakeholders to securely communicate health information with others involved in a patient’s care and treatment.
Connecticut must implement workflow tools that will improve the efficiency and effectiveness of healthcare delivery
State agencies must charter and implement a Health IT Steering Committee, chaired by the HITO, staffed by the HIT PMO, and reporting to the legislative and executive branches.
Connecticut should establish, or designate, a neutral, trusted organization representing public and private interests to operate agreed-to statewide health information exchange services.
FOR MORE INFORMATION

Health Information Technology Office

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Sarju Shah Sarju.Shah@ct.gov

Health IT Advisory Council Website

http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council
Operational Plan
Achievements and Risks
Connecticut State Innovation Model Aims

- Healthier People and Communities
- Health Equity
- Smarter Spending
- Empowered Consumers
- Better Care
CT SIM: Primary Drivers to achieve Our Aims

- Population Health
- Payment Reform
- Transform Care Delivery
- Empower Consumers

Health Information Technology
SIM Framework to Achieve the Triple Aim

- **Deliver better primary care**
- **Empower consumers**
- **Coordinate prevention services**
- **Pay for better health outcomes**
- **Plan for communities that are accountable for everyone’s health**

Use Health Information Technology

Evaluate
Care Delivery Reform Accomplishments (PY1)

- Advanced Medical Home Program (AMH)
  - 2 Advanced Networks (5 systems), 1 FQHC in Wave 1
    - All 3 received Transformation Awards
    - Technical Assistance currently underway

- Community and Clinical Integration Program (CCIP)
  - 90 Practices Enrolled in Pilot
    - 49 Practices achieved NCQA PCMH recognition
    - 35 Practices applied for Federally-funded AMH Program

- Community Health Worker (CHW) Initiative
  - Policy Framework for CHW Integration Complete
    - White Paper Recommendations in development
    - CHW Toolkit for Integration in development
Payment Reform Accomplishments (PY1)

**Patient Centered Medical Home + (PCMH+)**

- Promoted alignment among payers
- PCMH CAHPS survey currently underway
- CHF funded health equity measure project w/Yale CORE

**Quality Measure Alignment**

- PCMH+ launched with 7 FQHCs, 2 ANs
- Received CMS approval for Medicaid authority to make supplemental and shared savings payments
- DSS and Participating Entity contracts fully executed
- Draft Wave 2 RFP in early stages of development

**Primary Care Payment Model Analysis**

- PCPM White Paper Recommendations in development
- Actuarial analysis of potential PCPMs for CT underway using State employee data
Population Health Planning Accomplishments (PY1)

Completed scan of community prevention services
Concluding Prevention Service Center design process

Next Step: Prepare for HEC planning
Consumer Empowerment Accomplishments (PY1)

Value-Based Insurance Design Initiative (VBID)

- Promoted VBID adoption through special events
- Determined effective employer engagement strategies

Consumer Engagement Activities

- Planned 11 consumer engagement events
- Consumer-specific communication and engagement plan currently in development

Public Scorecard & Consumer Experience

- Solicited input from Quality Council to inform Public Scorecard development
- PCMH CAHPS Surveys currently underway (also Evaluation)
Additional Evaluation Accomplishments (PY1)

- Developed surveys to measure adoption of Alternative Payment Models, VBID, and Quality Measure Alignment - currently underway
- Completed CMMI-required reporting template quarterly
- Maintained and updated dashboard detailing progress of SIM initiatives and tracking population health outcomes (BRFSS, HIDD, APCD, PCMH CAHPS)
## Payment and Care Delivery Reform Progress

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<tr>
<th>Major Goals</th>
<th>Status</th>
<th>Goal Risk Level</th>
<th>Funding Risk Level</th>
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<tbody>
<tr>
<td>Launch federally funded AMH Program (Goal: 150 Practices)</td>
<td>Launched, recruited 35 practices</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Launch CCIP (Goal: 3 Advanced Networks, 1 FQHC)</td>
<td>Launched with 2 Advanced Networks and 1 FQHC</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Award CCIP TA Awards</td>
<td>Granted TA awards to all CCIP PEs</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Establish CHW Policy Framework</td>
<td>Complete, White Paper to be released</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Develop CHW Toolkit to support CHW Integration into Primary Care settings</td>
<td>Currently developing tools to support CCIP PEs which will make up the toolkit</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Launch PCMH+ (Goal: 200-215,000 Medicaid beneficiaries)</td>
<td>Launched, with 137,037 beneficiaries</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Execute Contracts with all PCMH+ PEs</td>
<td>Complete</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Receive CMS Approval Authority to make Shared Savings payments</td>
<td>Complete</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Draft Wave 2 RFP for PCMH+</td>
<td>Targeted for summer 2017</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Multi-payer Quality Measure Alignment</td>
<td>Currently Underway</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Multi-payer APM Alignment</td>
<td>Currently Underway</td>
<td>✅</td>
<td>NA</td>
</tr>
<tr>
<td>Major Goals</td>
<td>Status</td>
<td>Goal Risk Level</td>
<td>Funding Risk Level</td>
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<tr>
<td>Conduct statewide scan of community-based prevention services</td>
<td>Complete</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Design Prevention Service Centers</td>
<td>Currently Underway</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Launch Prevention Service Center Pilot (by end of 2017)</td>
<td>Anticipated</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Prepare planning process for Health Enhancement Communities</td>
<td>Anticipated</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Establish HIT Program Management Office and bring HITO Onboard</td>
<td>Complete</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Develop HIT Strategic Roadmap for the State</td>
<td>Underway</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Develop Use Cases, Procure a Vendor, and Go Live with an electronic Clinical Quality Measure solution</td>
<td>eCQM Design Group issued a Phase 1 Report of recommendations</td>
<td>✅</td>
<td>✅</td>
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<tr>
<td>Plan and launch additional HIT solutions (Alert Notifications, Provider Registry, Master Person Index)</td>
<td>The strategy for these solutions will be reflected in HIT Roadmap</td>
<td>✅</td>
<td>✅</td>
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## Consumer Empowerment and Evaluation

<table>
<thead>
<tr>
<th>Major Goals</th>
<th>Status</th>
<th>Goal Risk Level</th>
<th>Funding Risk Level</th>
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<tbody>
<tr>
<td>Engage employers in Learning Collaborative activities to promote VBID</td>
<td>Ongoing engagement efforts that have evolved to meet employers where they are</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Statewide adoption of VBID</td>
<td>TBD</td>
<td>?</td>
<td>?</td>
</tr>
<tr>
<td>Conduct outreach and engage consumers in issue-driven forums</td>
<td>11 Events so far in PY1</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Develop consumer-specific communications plan</td>
<td>In development</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Publish first online scorecard</td>
<td>Planning underway</td>
<td>✓</td>
<td>NA</td>
</tr>
<tr>
<td>Maintain updated dashboard measures for SIM initiatives and public health outcome data</td>
<td>Complete- up to date</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>APCD</td>
<td>Delays, Data completeness</td>
<td>✓</td>
<td>NA</td>
</tr>
<tr>
<td>Conduct Care Experience surveys (CAHPS)</td>
<td>Currently Underway</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Measure VBID uptake across Connecticut</td>
<td>Currently Underway</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Measure Alignment on APM adoption and Quality Measure Alignment across payers</td>
<td>Currently Underway</td>
<td>✓</td>
<td>✓</td>
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Risk Summary

Risks to Our PY1 Goals:
- AMH Practice numbers lower than expected
- PCMH+ participants lower than forecast
- CCIP PE participants slightly lower than expected
- Needed HIT capabilities not yet identified
- Public Scorecard use cases evolving

Risks to our PY1 Funding:
- Remaining funds from AMH Program
- Delayed start on CCIP due to contract challenges
- Hiring delays for HITO and HIT PMO
- Hiring delays and freezes across state agencies (DPH, DSS, SIM PMO)
- HIT solutions not yet identified
Mitigation Strategies

Mitigation strategies to achieve our goals:

- Consider alternatives to AMH Program to promote primary care practice transformation work and improved delivery
- Work closely with DSS to promote PCMH+ and CCIP participation in Wave 2
- Build on momentum around HIT solutions
- Work closely with UConn/APCD/HIT partners to determine best strategy for public scorecard

Mitigation strategies to secure PY1 funding:

- Request 3-month No-cost extension from CMMI
- If approved, Performance Year 1 would end December 31, 2017
Content for Future HISC Meetings
Healthcare Innovation Steering Committee (HISC)

• The HISC is chaired by Lieutenant Governor and serves as the key advisory body for the implementation of the SIM initiative. Participants include private foundations; consumer advocates; representatives of hospitals, Advanced Networks, home health, physicians and APRNs; health plans; and employers. Additionally, the Comptroller’s office is included as well as line agency Commissioners with responsibility for public health, Medicaid, behavioral health, health insurance exchange, APCD, and child welfare. The OPM with responsibility for the state budget is also a member.

• The HISC meets monthly, providing advice and guidance on SIM design and implementation, while addressing key strategic, policy, and programmatic concerns.

• Previous agenda items: programmatic updates, approval of task force recommendations and deliverables, discussion of risks and mitigation strategies, approval of committee appointments, discussion of policies that may impact SIM
Steering Committee Planning

• What is working well with the Steering Committee meetings and items covered?

• What can be improved?

• Which topics would you like to see covered at an upcoming Steering Committee?
  – Overall SIM and SIM-related reform efforts in the state and how they tie together (e.g., care delivery reforms, payment reforms)
  – Presentations from SIM initiative participants to get a view from the field
  – Discussions about initiatives that relate but are not directly funded by SIM (e.g. other CMMI initiatives, PTN grant)
  – Occasional guest presenters (e.g. housing specialists, other agency representatives, etc.)
  – Logistical grant-oriented updates from the PMO (Operational Plan, etc.)
  – Panel presentations
  – In-depth presentation and Q&A related to one specific work stream (e.g., DSS on PCMH+, DPH on population health, etc.)
  – Discussion about progress towards SIM accountability targets and aims
  – Panel presentations
Adjourn