

# Connecticut State Innovation Model Work Stream Update



## Highlights

- The CHW Advisory Committee Charter was approved, applications received
- Request for Proposals for the Consumer Engagement Coordinator was posted and extended until April 1
- Planning for the Behavioral Health Forum and 2<sup>nd</sup> Rural Health Forum underway
- Recommendations integrated into a fourth report of the Community and Clinical Integration Program and posted for public comment
- HIT Team continues to meet with workstreams to identify programmatic needs
- Quality Council recommendations to be reviewed in light of recommendations of Core Quality Measures Collaborative
- MQISSP PCMH Issue paper updated
- Population Health Council Charter and Composition presented and discussed
- First VBID Consortium meeting was held
- Published Evaluation Dashboard to display population health data
- An RFA was released with the aim of recruiting an additional 50 practices into the AMH Vanguard Program
- The PMO submitted a request for an additional 5-month no-cost extension, which if approved, will extend the pre-implementation period to better align with the launch of major initiatives such as MQISSP, HIT, AMH and the Community and Clinical Integration Program.

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
<b>COUNCILS/ TASKFORCES/ COMMITTEES</b>				
<b>Healthcare Innovation Steering Committee (HISC)</b>	<i>Population Health</i> <i>CHW</i> <i>CCIP</i>	<ul style="list-style-type: none"> <li>Reviewed and provided feedback on <a href="#">Population Health Council Charter and Composition</a></li> <li>Approved <a href="#">CHW Advisory Committee Charter</a> and amended Composition</li> <li>Mark Schaefer presented a summary of the <a href="#">fourth draft of the CCIP report</a> for discussion</li> </ul>	<ul style="list-style-type: none"> <li>Review and Approve CHW Advisory Committee nominees</li> </ul>	3/10/16
<b>Consumer Advisory Board (CAB)</b>	<i>CHW</i>	<ul style="list-style-type: none"> <li>Reviewed and nominated consumer/advocates to serve on the CHW Advisory Committee</li> <li>Continued planning Behavioral Health Forum to take place April 2016</li> <li><a href="#">RFP for Consumer Coordinator Position</a> issued and date extended to April 1, 2016</li> <li>Initiated process for consumer solicitation for Health Innovation Steering Committee</li> <li>Initiated planning for 2nd Rural Health Forum in Northwest Connecticut</li> </ul>	<ul style="list-style-type: none"> <li>Finalize details of Behavioral Health Forum</li> <li>Continue establishing Workforce Design Group</li> <li>Continue Soliciting for Consumer Coordinator Position until new deadline, April 1</li> <li>Solicit applicants for HISC consumer position</li> <li>Establish date and planning committee for Rural Health Forum</li> </ul>	3/8/16

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
<b>Practice Transformation Task Force (PTTF)</b>	<b>CCIP</b> <b>MQISSP</b>	<ul style="list-style-type: none"> <li>Held a joint meeting with the Care Management Committee (CMC) to discuss CCIP recommendations</li> <li>Kate McEvoy presented the the <a href="#">Medicaid integration and care coordination infographic</a></li> <li>Discussed CCIP and MQISSP integration, detailed in the <a href="#">CCIP-MQISSP crosswalk</a></li> <li>Discussed CCIP and PTN integration, detailed in the <a href="#">SIM-PTN Coordination Proposed Approach</a></li> <li>Provided feedback on the <a href="#">third draft of the CCIP</a> report to be integrated into a fourth draft</li> <li>Fourth draft released for public comment and presented to HISC</li> </ul>	<ul style="list-style-type: none"> <li>PMO posts public comments on fourth draft report</li> <li>PMO will release response to comments of several members of the CMC</li> </ul>	4/12/16
<b>Health Information Technology (HIT)</b>		<ul style="list-style-type: none"> <li>The HIT Council did not convene in February.</li> <li>The UConn HIT Team:</li> <li>Continued to work with HIT consultant to develop the HIT section of the SIM Operational Plan</li> <li>Conducted a series of conference calls with work stream leads and PMO regarding programmatic requirements for: AMH, CCIP, MQISSP, VBP and VBID</li> </ul>	<ul style="list-style-type: none"> <li>Secure updated status from PMO on payer/provider commitments to use eQMs and participate in pilot test of edge server indexing.</li> <li>Continue work on HIT section of Operational Plan</li> <li>Continue recruiting efforts for staff</li> <li>Ascertain the edge-server indexing capabilities the HIT Council members are interested in having demonstrated and develop criteria for evaluation</li> </ul>	3/18/16

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
<b>Quality Council (QC)</b>		<ul style="list-style-type: none"> <li>• PMO met with health plans to discuss PCMH CAHPS survey</li> <li>• PMO reviewed recommended core measure set of the Core Quality Measures Collaborative and prepared a summary and cross-walk for Quality Council</li> </ul>	<ul style="list-style-type: none"> <li>• Finalize alignment process and second draft of report for HISC review</li> <li>• Meet with Quality Council to review <a href="#">Core Quality Measures Collaborative</a> recommendations and implications for the Quality Council's Provisional Core measurement set</li> <li>• Prepare second draft of Quality Council report</li> <li>• Prepare for discussion of public scorecard with APCD, evaluation team, and Quality Council</li> </ul>	3/9/16
<b>Care Management Committee (CMC)</b>  <b>(A sub- committee of <a href="#">MAPOC</a>)</b>	<b>MQISSP</b>  <b>CCIP</b>	<ul style="list-style-type: none"> <li>• Convened to discuss several MQISSP and MQISSP related components and accompanying materials, including the <a href="#">PCMH issue paper</a> and CCIP report.</li> <li>• Held study group meeting to discuss CCIP report in greater depth</li> <li>• Concerns of several members of the CMC were summarized by DSS and provided to DSS for response</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss CCIP in meeting on 3/16/16</li> <li>• Continue to hold work sessions and education sessions to further the MQISSP design</li> <li>• Participate in a shared savings calculation webinar to review the shared savings design.</li> </ul>	3/2/16  3/16/16

### Population Health Planning (DPH)

- A draft composition and charter for the Population Health Council was submitted to the Steering Committee for consideration. The proposal elicited many comments from the committee members, and the charter will be reconsidered for approval next meeting.
- The SHIP Health Systems workgroup is planning to reconvene and crosswalk objectives between the State Health Improvement Plan and the State Innovation Model.
- DPH/SIM staff continues working on behavioral risk data and developing innovative demographic methods to support population health analysis, determining priorities and advancing policy formulation.
- DPH/SIM is making progress compiling a health status assessment report based on an extensive review of all Community Health Needs Assessment and the State Health Assessment in Connecticut. The report is also focusing on assessing all systems of population health metrics.
- The Behavioral Risk Factor Surveillance System (BRFSS), a statewide population representative survey, completed the 2015 data collection. After the analysis and reporting period, the report will provide—among other population health indicators—information about food insecurity, housing insecurity, and the built environment to assist the population health planning.
- The UConn State Data Center is developing innovative analytic methods for small-area populations, which will provide town-level population health metrics. These methods will include predictors of population movement supported by data of school enrollment, births, death, motor vehicle licensing, residential power utilities, and Medicare enrollment figures.
- The new Health Program Associate will start March 1. Screening of applicants for the Primary Prevention Services Coordinator position is underway. Selection and hire of this position is expected to occur in March. Pending budget approval of initial no cost extension, a health program coordinator and a new program
- In the interim, obtain additional feedback from SIM Steering Committee members to resubmit charter and membership proposal in March.
- Issue member solicitation for Population Health Council.
- Reconvene the Health System workgroup to integrate common goals between SIM and SHIP.
- Finalize DPH submission for national public health accreditation.
- Issue a draft concept paper on Population Health Status Assessment report
- DPH continues implementing SHIP strategies as established for chronic disease (tobacco use, childhood obesity and asthma), environmental health (property maintenance state code), infectious disease, and maternal infant and child health (infant mortality).

assistant will be contracted in March. Paper work to rehire the BRFSS epidemiologist has been initiated and posting of position is expected shortly

- Operational Plan for PY1 was submitted to PMO, portions of which were used for the no-cost extension request.

Council/ Work Stream	Progress/ Outputs	Next Steps
<b>SIM WORK STREAMS / PROGRAMS / INITIATIVES</b>		
<b>Medicaid Quality Improvement and Shared Savings Program</b>	<ul style="list-style-type: none"> <li>• Produced an updated version of the <a href="#">PCMH issue paper</a> to reflect stakeholder input provided at the January 2016 MAPOC meeting.</li> </ul>	<ul style="list-style-type: none"> <li>• Hold a shared savings calculation webinar with DSS and the MAPOC Care Management Committee.</li> <li>• Continue developing member communication materials outlined in the <a href="#">MQISSP Communication Plan</a>.</li> </ul>
<b>Value-based Insurance Design</b>	<ul style="list-style-type: none"> <li>• The first VBID Consortium Meeting was held on February 2. The members discussed preliminary considerations for VBID model templates.</li> <li>• Consortium members completed a discussion guide intended to identify important themes in the design of VBID plans, as well as areas of specific interest.</li> <li>• An executive team was established for the Consortium.</li> <li>• Freedman Healthcare began interviews with health plans and business groups</li> <li>• Discussed design session for Learning Collaborative goals and structure</li> </ul>	<ul style="list-style-type: none"> <li>• The next Consortium Meeting will be held on March 22.</li> <li>• An executive team meeting will be held in advance on March 17.</li> <li>• Additional interviews with health plans to learn more about VBID plan components.</li> <li>• Schedule a design group meeting specific to the VBID Learning Collaboratives which will be in June</li> <li>• Determine development assessment criteria for VBID plans, assess and index</li> <li>• Freedman Healthcare will survey and assess VBID Models for Connecticut; deliver summary report and SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis</li> </ul>

- Solicited and received numerous applications for membership on the CHW Advisory Committee.
- Drafted grant proposal to fund a facilitator of the CHW Advisory Committee and stipends for its CHW members.
- Met with Kate McEvoy and Dr. Rob Zavoski at DSS to update them on the CHW Initiative's progress and discuss payment mechanisms for CHW services. discussed engaging numerous other stakeholders (e.g., DPH Breast and Cervical Cancer Early Detection Program, InterCommunity, SMC Partners, Hispanic Health Council) to advance the CHW Initiative.
- Worked closely with Grace Damio of the Hispanic Health Council and our CHW consultants to design and plan a CHW conference to be held in May.
- Hired new Program Manager, Stanley Zazula.
- Drafted outline of website components, began assembling content, and started working with United Way to produce a 211 video resource for CHWs.
- Identified metrics and targets and discussed evaluation strategies with evaluators.
- Submit grant proposal for stipend and facilitator.
- Convene first meeting of CHW Advisory Committee.
- Hire 2 CHWs to implement CHW initiative.
- Identify 211-video participants and develop content.
- Refine metrics and targets and continue to work with evaluators to develop evaluation plan.
- Continue to engage stakeholders.

**UCONN  
Community  
Health  
Worker (CHW)  
Initiative**

**Non-SIM-Funded Related Activities:**

- Official notification CHEFA Grant received by UCONN Foundation for working to train and implement CHWS in the Community Solutions project in the Promise Zone of North Hartford.
- Six CHWs completed core competency training for the Early Detection Program of DPH and are hired by the provider sites of the CT Breast and Cervical Cancer and WISEWOMAN programs to identify uninsured women and provide them with screening and referrals.
- Contracted with consultant to update CT AHEC Network's core competency curriculum to include information, competencies, skills, and qualities of the C3 Project.

 Population  
Health

 Health  
Equity

 Healthcare  
Quality

 Consumer  
Empowerment

 Affordability

Council/ Work Stream	Progress/ Outputs	Next Steps
<b>UCONN Evaluation</b>	<ul style="list-style-type: none"> <li>Published <a href="#">Dashboard</a> in February with 2014 population health data</li> <li>Continued data acquisition</li> <li>Attended monthly call with national evaluators</li> <li>Began investigation of data sources for additional behavioral health measure(s)</li> <li>Finalized adult and child CAHPS surveys for CT</li> <li>Arranged meeting with commercial insurance companies</li> <li>Finalized Behavioral health access items for patient experience survey</li> <li>Met with DSS regarding the adoption of PCMH CAHPS 3.0 for Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>Continue data acquisition</li> <li>Attend monthly call with national evaluators</li> <li>Work towards April 1<sup>st</sup> dashboard publication to include new data</li> <li>Investigate data sources for additional behavioral health measure(s)</li> <li>Finalize patient experience survey content and sampling frame</li> <li>Develop a strategy for collecting data from networks about affiliated physicians</li> <li>Discuss targets after baselines are calculated with updated data</li> <li>Continue discussion with health plans regarding the PCMH CAHPS survey and several dashboard measures</li> </ul>
<b>Advanced Medical Home Vanguard Program</b>	<ul style="list-style-type: none"> <li>OPM approved funding to amend the Qualidigm contract to enroll up to 50 additional practices into the AMH Vanguard Program.</li> <li>On February 23<sup>rd</sup> the PMO released a Request for Applications (RFA) for the AMH Vanguard Program to enroll an additional 50 practices into the program. There will be 2 cohorts of up to 25 practices each.</li> <li>The PMO is preparing an addendum that would allow FQHCs and Advance Networks who participate in the CMMI Practice Transformation Network Program to apply for the RFA</li> </ul>	<ul style="list-style-type: none"> <li>Continue transformation services.</li> <li>Prepare presentation that describes AMH Vanguard progress and evaluation activities to date to the April 14<sup>th</sup> HISC meeting.</li> <li>Formulate plan for periodic progress reporting to commercial payers and Medicaid.</li> <li>Prepare amendment to Qualidigm contract to accommodate the addition of a new cohort in 2016.</li> </ul>

Council/ Work Stream	Progress/ Outputs	Next Steps
<b>Program Management Office (PMO)</b>	<ul style="list-style-type: none"> <li>Incorporated feedback from joint PTF and CMC meeting into <a href="#">fourth draft of CCIP report</a></li> <li>Concluded public comment on fourth draft of CCIP report</li> <li>Extended deadline for <a href="#">RFP for Consumer Engagement Coordinator</a>. The Consumer Engagement Coordinator will be responsible for developing a Consumer Engagement plan, including outreach activities, listening forums, and other ways to engage consumers in the SIM process.</li> <li>Submitted budget amendment for first no-cost extension to CMMI.</li> <li>Incorporated edits from the Core Team on the Operational Plan. The Operational Plan submission is currently on hold.</li> <li>Submitted request for an additional 5-month no-cost extension which better aligns first performance year with major initiatives (e.g., AMH, CCIP, HIT, MQISSP)</li> </ul>	<ul style="list-style-type: none"> <li>If the NCE is approved, prepare budget amendment regarding budget for the pre-implementation period</li> <li>Adjust Operational Plan to coincide with new timeline and work with individual workstreams to ensure alignment</li> <li>Amend MOAs to incorporate scope and budget for second extension</li> <li>Release response to comments by members of the CMC</li> <li>Prepare RFP to procure CCIP vendor(s)</li> </ul>

## ACRONYMS

**APCD** – All-Payers Claims Database

**BRFSS** – Behavioral Risk Factor Surveillance System

**CAB** – Consumer Advisory Board

**CCIP** – Clinical & Community Integration Program

**CHW** – Community Health Worker

**CMC** – Care Management Committee

**CMMI** – Center for Medicare & Medicaid Innovations

**DPH** – Department of Public Health

**DSS** – Department of Social Services

**EAC** – Equity and Access Council

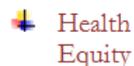
**EHR** – Electronic Health Record

**HISC** – Healthcare Innovation Steering Committee

**HIT** – Health Information Technology

**MAPOC** – Medical Assistance Program Oversight Council

**MOA** – Memorandum of Agreement



**MQISSP** – Medicaid Quality Improvement and Shared Savings Program

**PCMH** – Patient Centered Medical Home

**PMO** – Program Management Office

**PTTF** – Practice Transformation Task Force

**QC** – Quality Council

**SIM** – State Innovation Model

**FQHC** – Federally Qualified Health Center

**RFP** – Request for Proposals

**OSC** – Office of the State Comptroller

**VBID** – Value-based Insurance Design

**The purpose of this document is to raise awareness among members of SIM Governance and SIM-funded work stream leads so that they can stay up-to-date about SIM progress, understand their work in context, and spot inter-dependencies where collaboration or coordination may be beneficial**

 Population Health

 Health Equity

 Healthcare Quality

 Consumer Empowerment

 Affordability