

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Equity and Access Council

Background Information

January 16, 2015

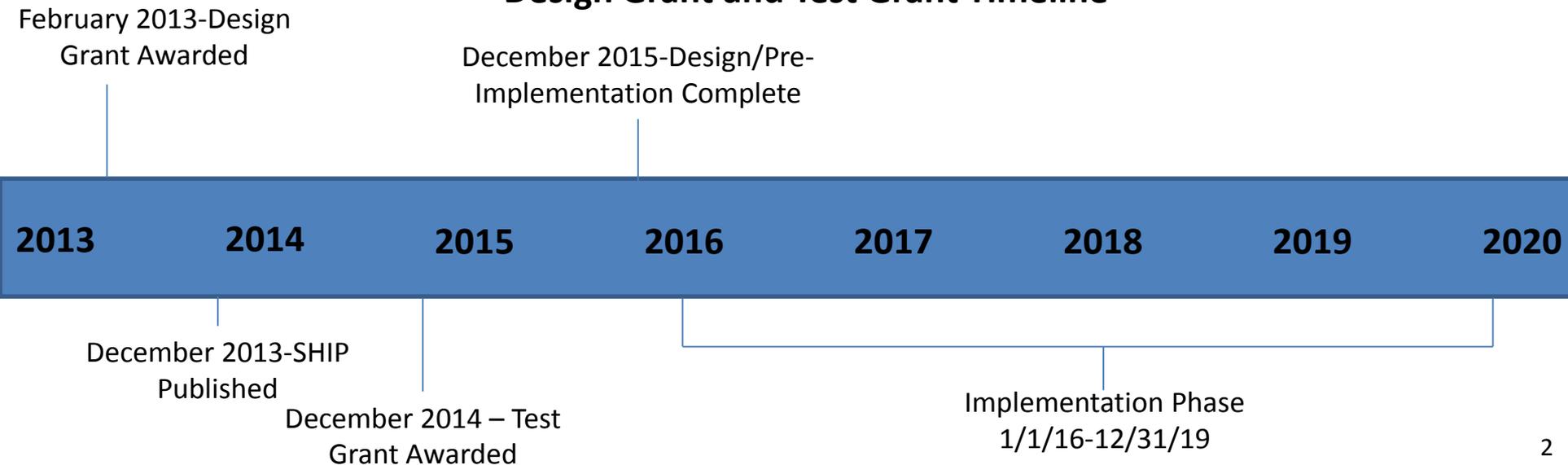
What is a State Innovation Model Grant?

SIM grants are awarded by the federal government through the *Center for Medicaid and Medicare Services (CMS) Innovation center*. Grants are awarded to states that have demonstrated a commitment to developing and implementing multi-payer health care payment and service delivery models that will:

- 1 Improve health system performance
- 2 Increase quality of care
- 3 Decrease Costs

There are two types of grants awarded; a grant to design an innovation model and a grant to test an innovation model. Connecticut was awarded a design grant in April 2014 and was awarded a test grant in December 2014 which will be implemented over the next five years.

Design Grant and Test Grant Timeline



Healthcare Environment Today vs. Tomorrow

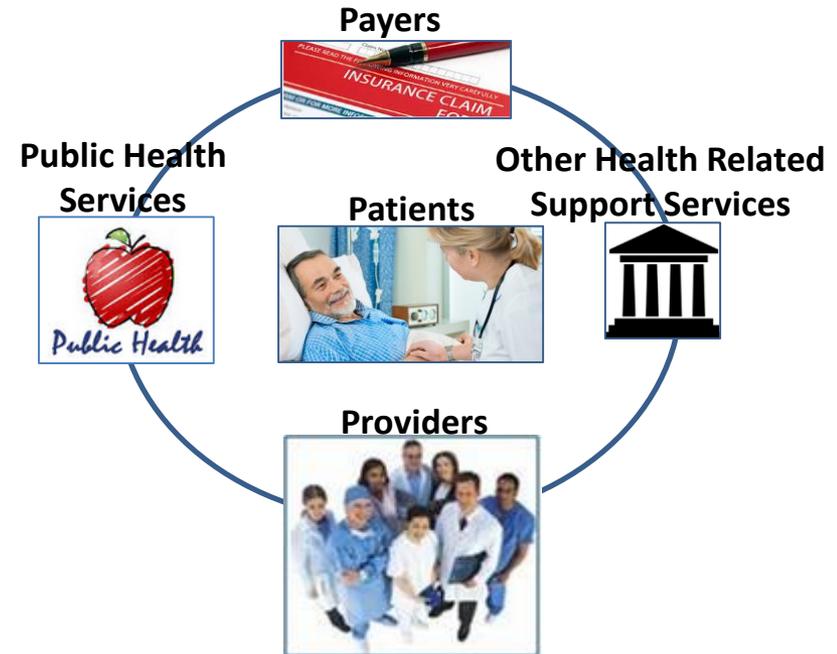
The cornerstone of the State Innovation Model grant in Connecticut is to create a whole-person-centered health care system that improves health and healthcare services for the State's residents.

Today



Connecticut has a **wealth of healthcare services** today, but the system as a whole is **not optimally organized or integrated**, leading to inequities, poorer outcomes, and higher expenses as compared to other states and to its own potential

Tomorrow



Transforming care delivery and payment models to be **whole-person-centered** and support Connecticut's pursuit of improved equity and access to care for all, improved health, improved quality of care, and lower costs

Getting to the Healthcare of Tomorrow: SIM Initiatives

The SIM Grant outlines a number of initiatives that will support Connecticut in transforming their delivery and payment models to improve health care quality and reduce costs while protecting against underservice.

| Initiatives | Description |
|---|--|
| Statewide | |
| Plan for Improving Population Health | Utilization of analytics to understand how to best develop community support services, such as Prevention Service Centers and Health Enhancement Communities, to improve the health of the community |
| Value Based Payment and Insurance Design | Work with all payors to design shared savings programs and value based insurance designs to align providers and patients to promote better care and lower costs |
| Quality Measure Alignment | Ensure quality measure alignment across all payers that include patient care experience. Performance on these measures will impact provider eligibility for shared savings |
| Health Information Technology | Develop infrastructure that will support performance transparency, better care management, engage consumers, and enable communication between all members of the care community |
| Workforce Development | Enhance training and availability of community health workers |
| Targeted | |
| Medicaid QISSP (Quality Incentive and Shared Savings Program) | Developing shared savings program with 25-30 federally qualified health centers and other networks of providers. Transforming the Medicaid payment method is expected to impact 400,000-430,000 beneficiaries. |
| Primary Care Transformation | Transform primary care to be delivered through advanced medical home models and through strengthening and broadening the scope of the clinical care team capabilities |

SIM Goals, Initiatives and Implementation Activities

The SIM vision will be carried out in the model test phase through seven identified initiatives, supported by a defined governance structure, a program management office, and a set of responsible state agencies.

What we will achieve together



What we are doing in pursuit of our goals



How we are organizing to implement the plan

Vision Articulated in CT State Healthcare Innovation Plan

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

Initiatives to Be Completed in SIM Model Test phase

Statewide Initiatives

- | | |
|---|--|
| 1 | Plan for Improving Population Health |
| 2 | Value Based Payment & Insurance Design |
| 3 | Quality Measure Alignment |
| 4 | Health Information Technology |
| 5 | Workforce Development |

Targeted Initiatives

- | | |
|---|-----------------------------|
| 6 | Medicaid QISSP |
| 7 | Primary Care Transformation |

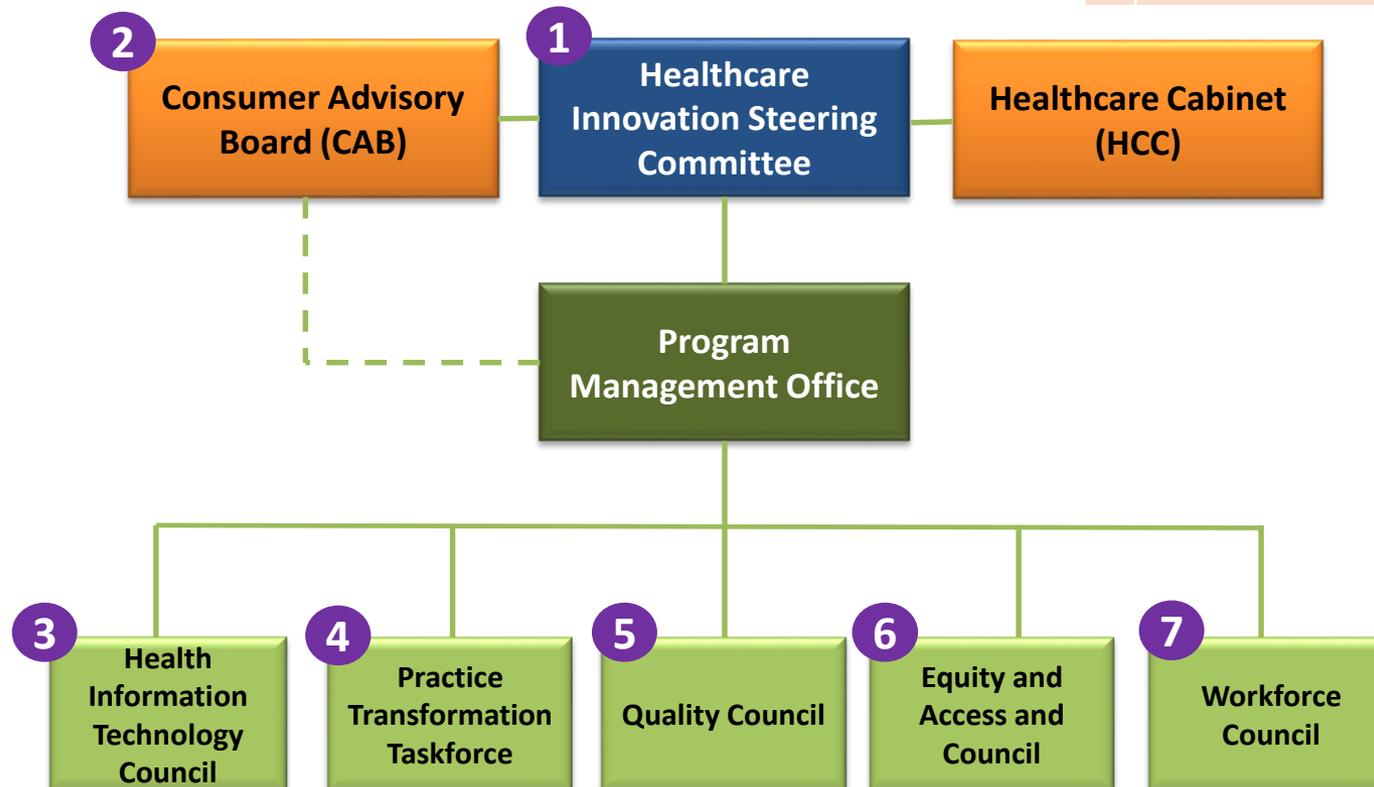
SIM Implementation Activities & Structure

- | | |
|---|---|
| 1 | Participatory Governance Structure |
| 2 | Program Management Office |
| 3 | State Entity Activity for Areas of Statutory Responsibility |

SIM Governance Structure

Five work groups (councils) as defined below will be overseen by the Program Management Office (PMO) and issue recommendations for consideration by the Healthcare Innovation Steering Committee (HISC).

| SIM Implementation Activities & Structure | |
|---|---|
| 1 | Participatory Governance Structure |
| 2 | Program Management Office |
| 3 | State Entity Activity for Areas of Statutory Responsibility |



SIM Participatory Governance Structure

All of the SIM councils will touch on elements of equity and access supporting the overall goal of the SIM to improve community health and reduce health care inequities.

| Work Group | Chartered Responsibility | Promotion of Equity and Access |
|---------------------------------------|--|--|
| Health Information Technology Council | <ol style="list-style-type: none"> 1) Enhance payer analytics 2) Strengthen consumer-provider-payer connectivity 3) Promote provider-consumer care management tools 4) Expand provider-provider connectivity | <p>Increased consumer connectivity to their providers will enhance patient access to care and will empower consumers to play an active role in managing their care.</p> |
| Practice Transformation Taskforce | <p>Implementation plan for the Advanced Medical Home (AMH) model with standards to ensure:</p> <ol style="list-style-type: none"> 1) Whole-person-centered care 2) Enhanced access 3) Population health management 4) Team-based coordinated care 5) Evidence-informed clinical decision making | <p>Primary care transformation will increase patient access through expansion of primary care hours, increased number of same day appointments and offering non-visit methods (e.g.; e-consults) to interact with their physician</p> |

SIM Participatory Governance Structure Contd.

All of the SIM councils will touch on an element of equity and access supporting the overall goal of the SIM to improve community health and reduce health care inequities.

| Work Group | Chartered Responsibility | Promotion of Equity and Access |
|---|---|---|
| Quality Council | <p>Propose a core set of quality measures for primary care, specialty and hospital provider performance. The measures will:</p> <ul style="list-style-type: none"> • Apply to all payors participating in value based care • Be reassessed in an ongoing manner to ensure measures are addressing most important quality issues, keeping pace with national measures and newest clinical and technological practice • Help providers reach top-quintile performance compared to other states | <p>Tracking quality across all providers will support the provision of high quality health care for all, helping to eliminate disparities in care across the state</p> |
| <p>Workforce Council (Council not yet convened – Charter to be developed)</p> | <p>Provide recommendations on the necessary size, composition and training required to appropriately support the healthcare needs of all Connecticut residents</p> | <p>Training and re-training of the workforce to focus on increasing capacity, diversity and capabilities to address equity and access</p> |

SIM Participatory Governance Structure Contd.

While a number of the other councils will focus on equity and access through expanding care accessibility and reducing gaps and disparities in care, the Equity and Access Council has a very specific charge to ensure that the value based payment reforms will not lead to an increase in underservice and patient selection.

| Work Group | Chartered Responsibility |
|---------------------------|---|
| Equity and Access Council | <ul style="list-style-type: none">Propose retrospective and concurrent analytic methods to ensure patient safety, access to providers and appropriate services, and limit the risk of patient selection and underservice of requisite careRecommend a response to demonstrated patient selection and under-serviceDefine the state's plan to ensure that at-risk and underserved populations benefit from the proposed reforms. |

Equity & Access Work Will Occur in Two Phases

Phase I (*Required by Charter*)

Issue recommendations for preventing, detecting, and responding to **under-service and patient selection**

Will recommend actions to ensure that payment reform design will not create equity and access problems that do not exist today

Phase II (*Optional*)

Issue other recommendations that address **gaps or disparities in healthcare access** – those that currently exist and could be reduced through the SIM, or those that could arise as a byproduct of SIM reforms

Will recommend approaches to ensure availability of providers in networks, and address unwanted gaps and variation in care delivery

SIM PMO Responsibilities

Implementation Activities & Structure

Participatory Governance Structure

Program Management Office

State Entity Activity for Areas of Statutory Responsibility

PMO Office Roles and Responsibilities

- Serve as focal point for activities to implement the State Healthcare Innovation Plan (SHIP) that are under the purview of the SIM
- Serve as CT's point of contact to CMS for SIM grant activities
- Develop and manage tools and processes to track SIM implementation process
- Hold work groups accountable for meeting their stated goals
- Organize and facilitate communication between workgroups and necessary stakeholders

State Entities with SIM Implementation Responsibilities

Implementation Activities & Structure

Participatory Governance Structure

Program Management Office

State Entity Activity for Areas of Statutory Responsibility

There are a number of entities in CT government that by virtue of statutory responsibility will play a role in implementing SIM-related activities

State Entity

Responsibility

Office of the Health Care Advocate

Support consumers in understanding their health care options and helping them to get the necessary coverage

CT Commission on Health Equity

Affect legislation that will improve health outcomes of residents based on race, ethnicity, gender and linguistic ability

CT Insurance Department

Regulate the insurance industry and enforce insurance laws to ensure consumers are treated fairly

Department of Public Health

Protect and improve the health and safety of the residents of CT. Promote equality by ensuring all residents have access to the highest attainable standard of health.

Department of Social Services

Finance and deliver services, including the administration of Medicaid, to children, families, adults, people with disabilities and elders.

Medical Assistance Program Oversight Council (MAPOC)

Advise DSS on the planning and implementation of Medicaid care management and all activities related to eligibility standards, benefits, access and quality assurance