

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Equity and Access Council Meeting

June 18, 2015

Meeting Agenda

Item	Allotted Time
1. Introductions	5 min
2. Public Comments	10 min
3. Minutes	5 min
4. Conflict of Interest Protocol	10 min
5. Review Process and Timeline for Issuing Phase I Report	10 min
6. Discuss Proposed Edits to Report Draft v1.3	45 min
7. Preview of EAC Phase II Scope of Work	30 min
8. Closing Comments	5 min

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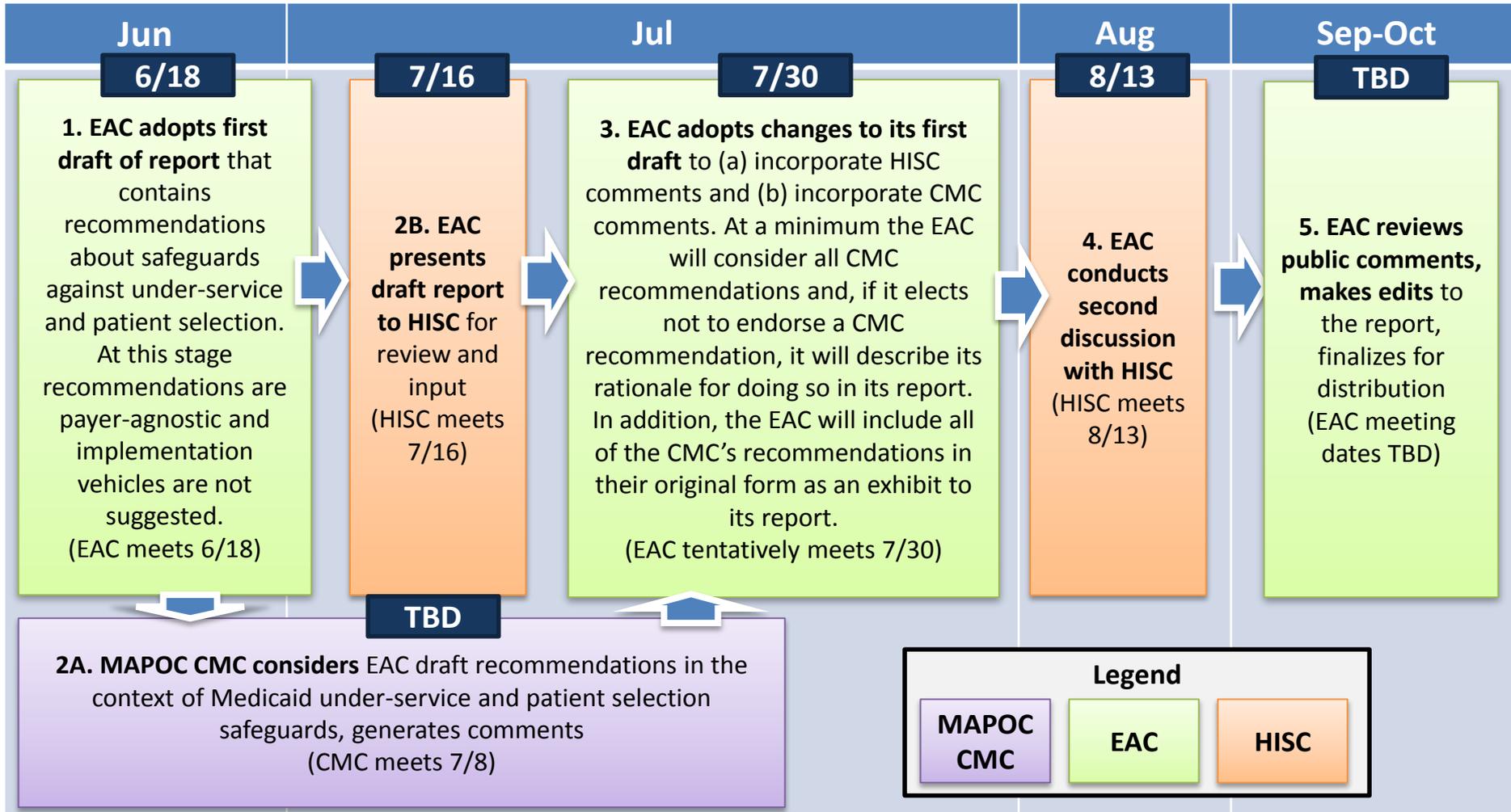
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EAC Phase I Report: Outstanding Items

Outstanding Items		Proposed Course of Action
1	Reach consensus on narrative to describe the EAC's deliberation on recommendation 3.5	Make decisions at today's meeting on language to incorporate in draft report for distribution to HISC
2	Incorporate additional information that CMS provides related to its experience to date with monitoring methods	Incorporate in subsequent draft
3	Exchange ideas with the MAPOC Care Management Committee (CMC) and incorporate feedback	Incorporate in subsequent draft
4	Present to HISC, incorporate feedback	Share report with HISC prior to its 7/16 meeting; discuss at 7/16 meeting
5	Incorporate public input	Conduct a period of public comment after discussion with HISC; incorporate in subsequent draft
6	Articulate elements of implementation for the recommendations the report contains. This might include adoption vehicle and payer applicability.	Reissue survey, continue discussion after discussion with HISC, incorporate in subsequent draft

EAC Completion of Phase I Report – Interaction with HISC & MAPOC

Proposed Steps and Timeline for EAC and MAPOC CMC to Conduct SIM-MQISSP Planning Alignment
(in Accordance with DSS-SIM Joint Protocol Adopted 2/24/15) – **6/5/15 DRAFT FOR DISCUSSION**



* NOTE: A period of public comment will take place during this timeframe. The start date is TBD.

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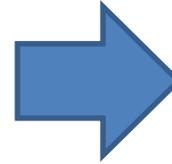
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EAC Phases of Work in the Context of SIM

SIM Vision

Healthcare system of today



More whole-person-centered, higher-quality, more affordable, more equitable, more accessible healthcare

SIM Initiatives

1

Payment reform:
FFS → Value
All-payer alignment

2

Other SIM initiatives

EAC Function / Phase of Work

I

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

II

Issue other recommendations that address **gaps or disparities in healthcare access or outcomes** that can be impacted through SIM

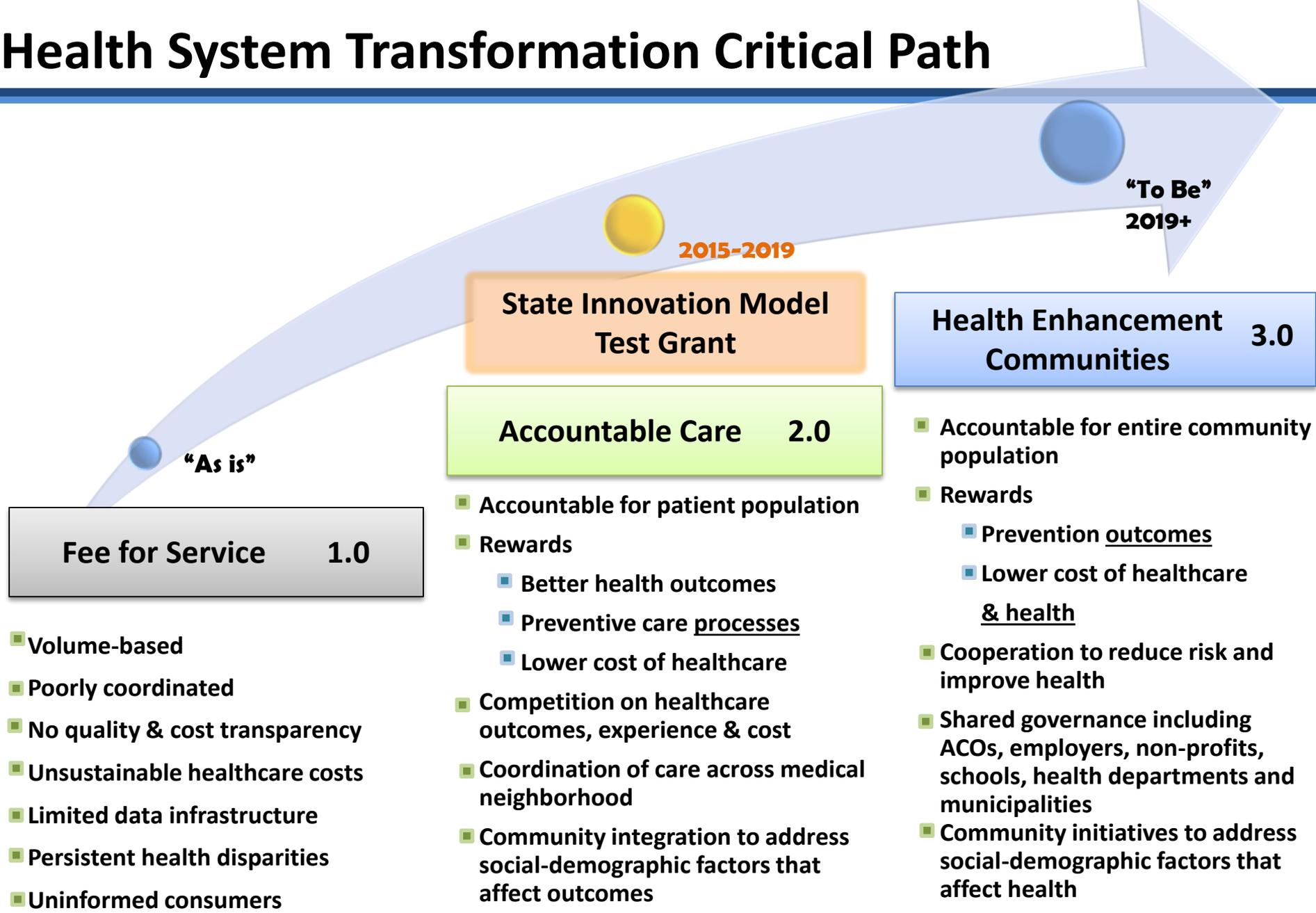
By way of context for Phase II, the following slides provide an update on work of the three other SIM Councils established to date

SIM Vision

Establish a whole-person-centered healthcare system that:

- improves population health;
- 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

Health System Transformation Critical Path



Our Journey from Current to Future: Components

CT SIM Component Areas of Activity

Transform Healthcare Delivery System

Transform the healthcare delivery system to make it more coordinated, integrate clinical and community services, and distribute services locally in an accessible way.

Build Population Health Capabilities

Build population health capabilities that reorient the healthcare toward a focus on the wellness of the whole person and of the community

Reform Payment & Insurance Design

Reform payment & insurance design to incent value over volume, engage consumers, and drive investment in community wellness.

Engage Connecticut's consumers throughout

Invest in enabling health IT infrastructure

Evaluate the results, learn, and adjust

SIM Components & Timeline: High-Level View

SIM Components & Initiatives	2015	2016	2017	2018	2019
Transform the Care Delivery System					
AMH (PTTF ¹)					●
CCIP (PTTF)		-----			●
Healthcare Workforce (University of Connecticut - UCONN)		-----			●
Build Population Health Capabilities (DPH²)					
Population Health Planning		-----	●		
Prevention Service Centers (PSCs)				-----	●
Health Enhancement Communities (HECs)				-----	●
Reform Payment & Insurance Design					
MQISSP (DSS ³)					●
Consumer Safeguards (EAC)					●
Quality Measure Alignment					●
VBID (OSC ⁴)		-----			●
Engage Consumer Stakeholders Throughout (CAB⁵)					●
Invest in Health Information Technology (DSS)					●
Evaluate Results, Learn, Adjust (UCONN)					●

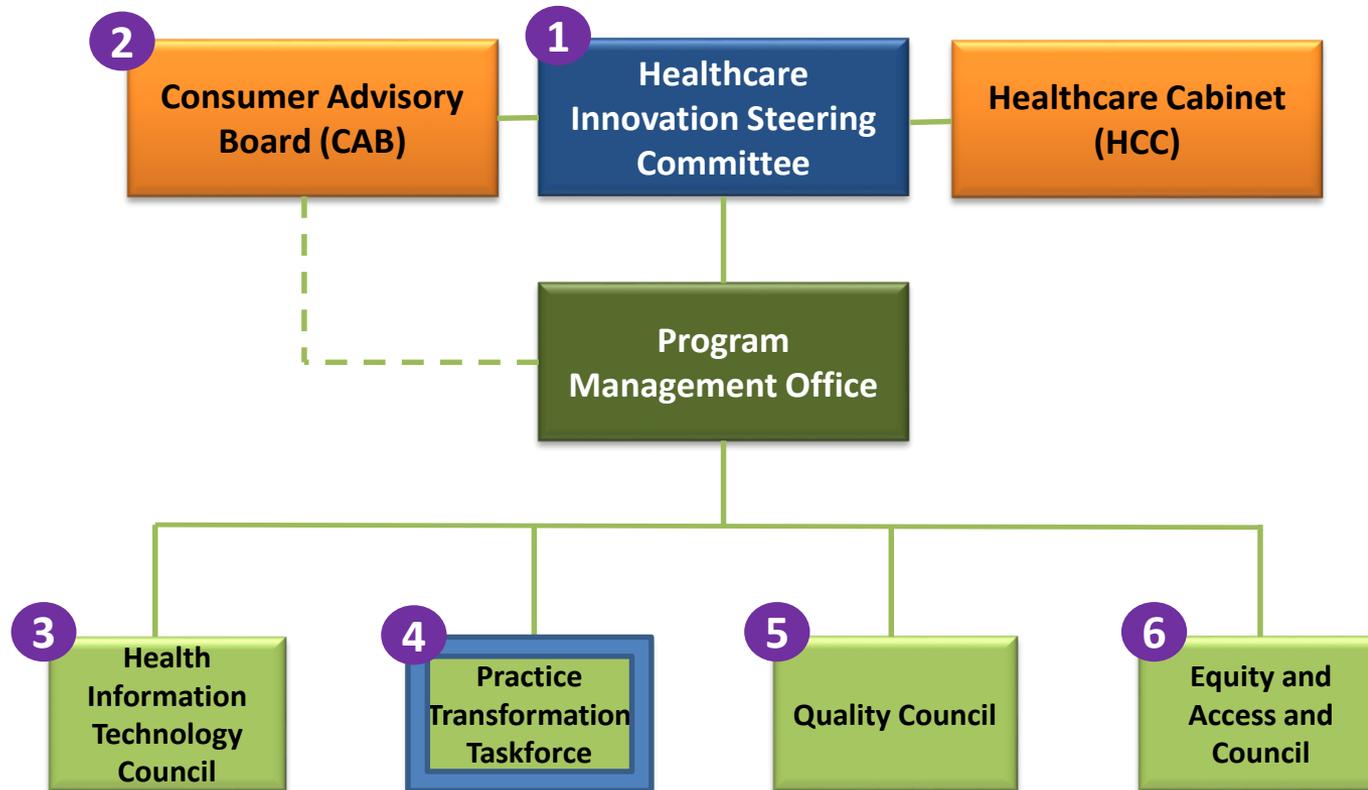
KEY ----- Planning
 ----- Implementation

¹ Practice Transformation Taskforce ² Department of Public Health ³ Department of Social Services

⁴ Office of the State Comptroller ⁵ Consumer Advisory Board

SIM Governance Structure

To execute the SIM Vision and carry out its initiatives, four 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).



Practice Transformation Task Force Charge

- Responsible for recommendations to the Healthcare Innovation Steering Committee regarding the design of the Advanced Medical Home model and the Community and Clinical Integration Program under the Connecticut Healthcare Innovation Plan and model test grant
- Phase 1: Advanced Medical Home model
- Phase 2: Community and Clinical Integration Program

Enabling new capabilities for tomorrow's ACOs



Community and Clinical Integration Program

Improve Communication Between Providers:

- Integrated behavioral and oral health
- Medication Therapy Management
- E-Consults

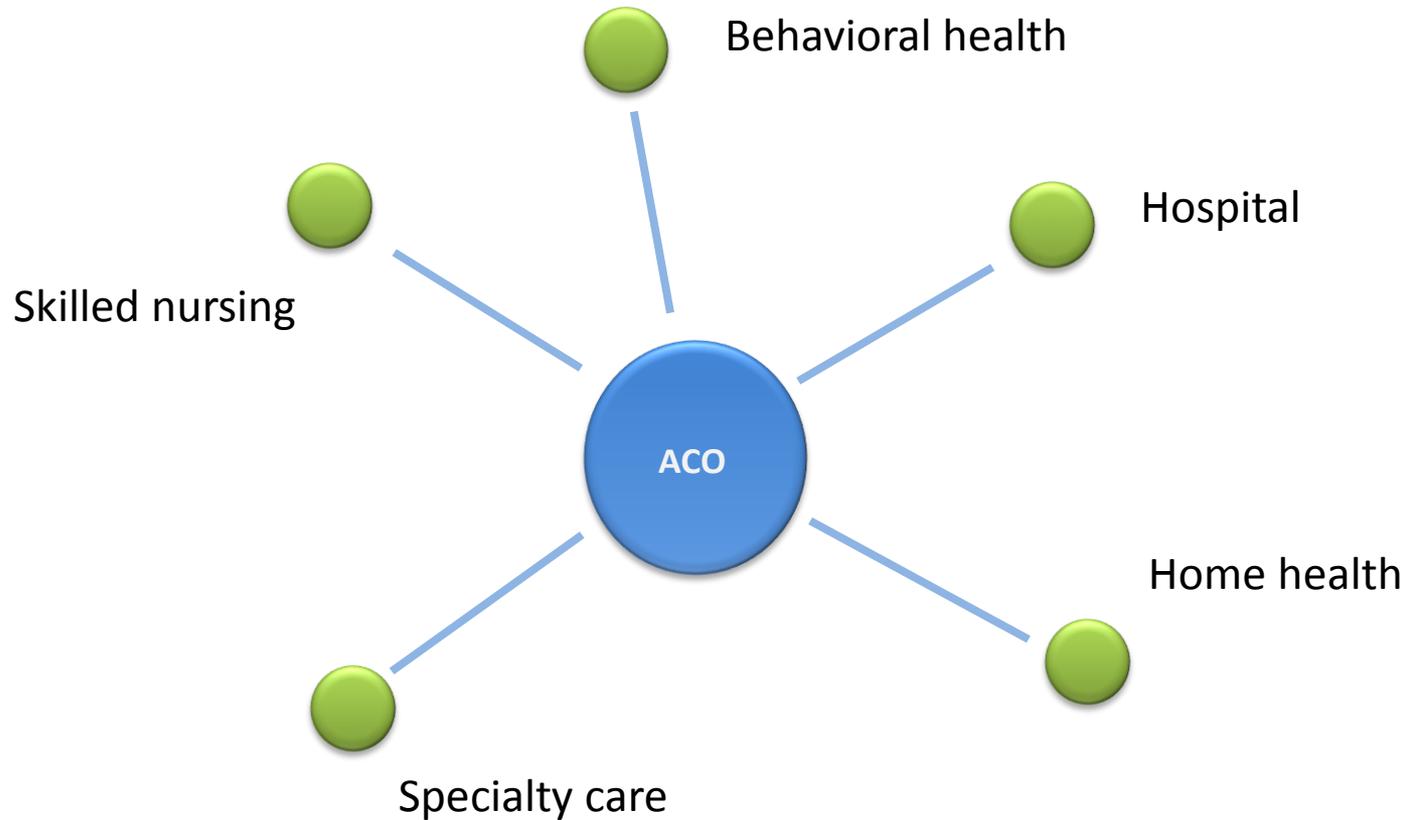
Support Care Transitions and Linkages to Community Services:

- Integration with community and long term services and social supports
- Community health workers as coaches & navigators
- Dynamic Clinical Care Teams

Target Patients With Greatest Need:

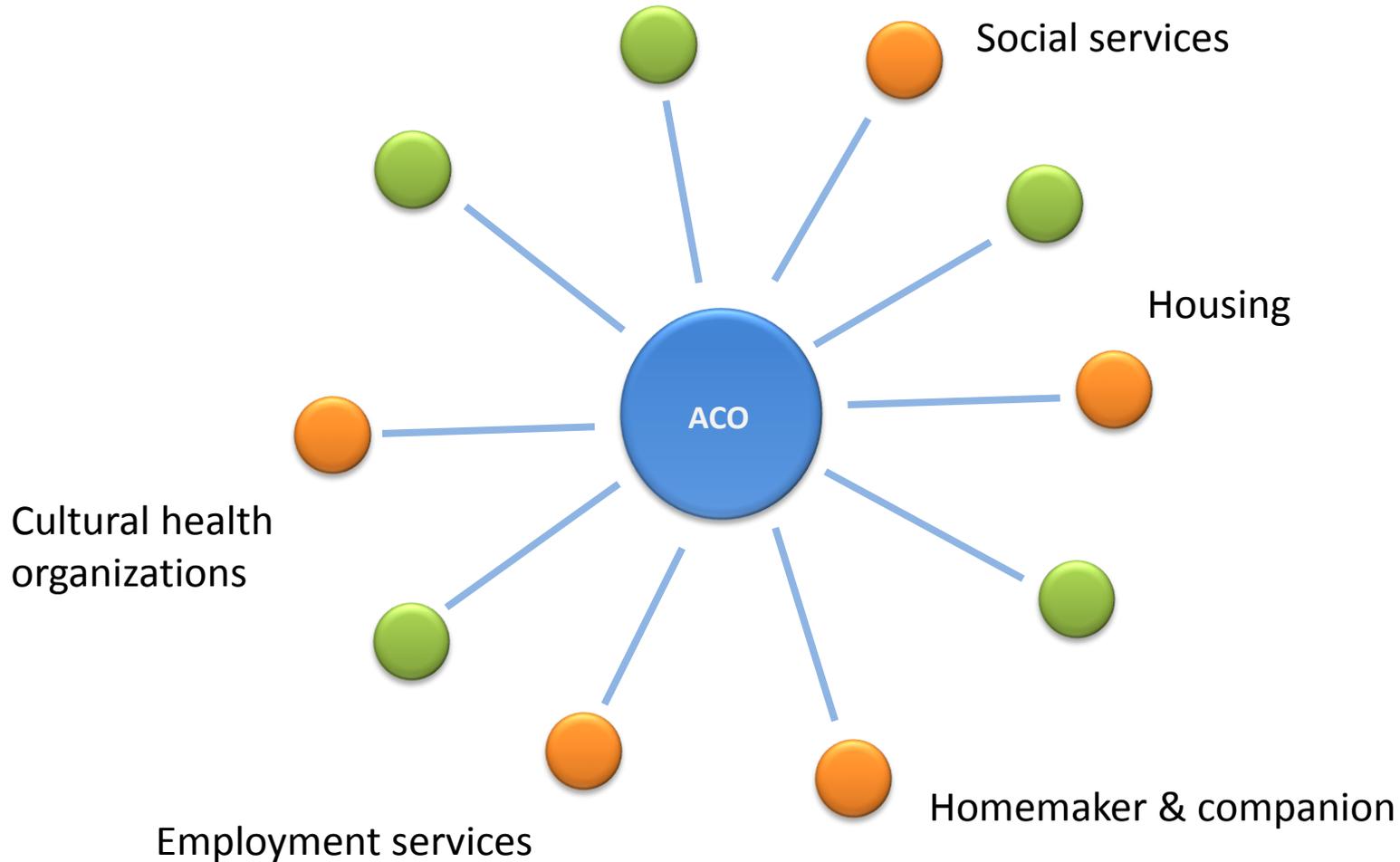
- Identifying “super utilizers” for targeted intervention
- Identifying and addressing health inequities
- Focused patient experience improvement for most vulnerable populations

New capabilities will support....



**...clinical integration and communication
across the medical neighborhood**

New capabilities will also support...



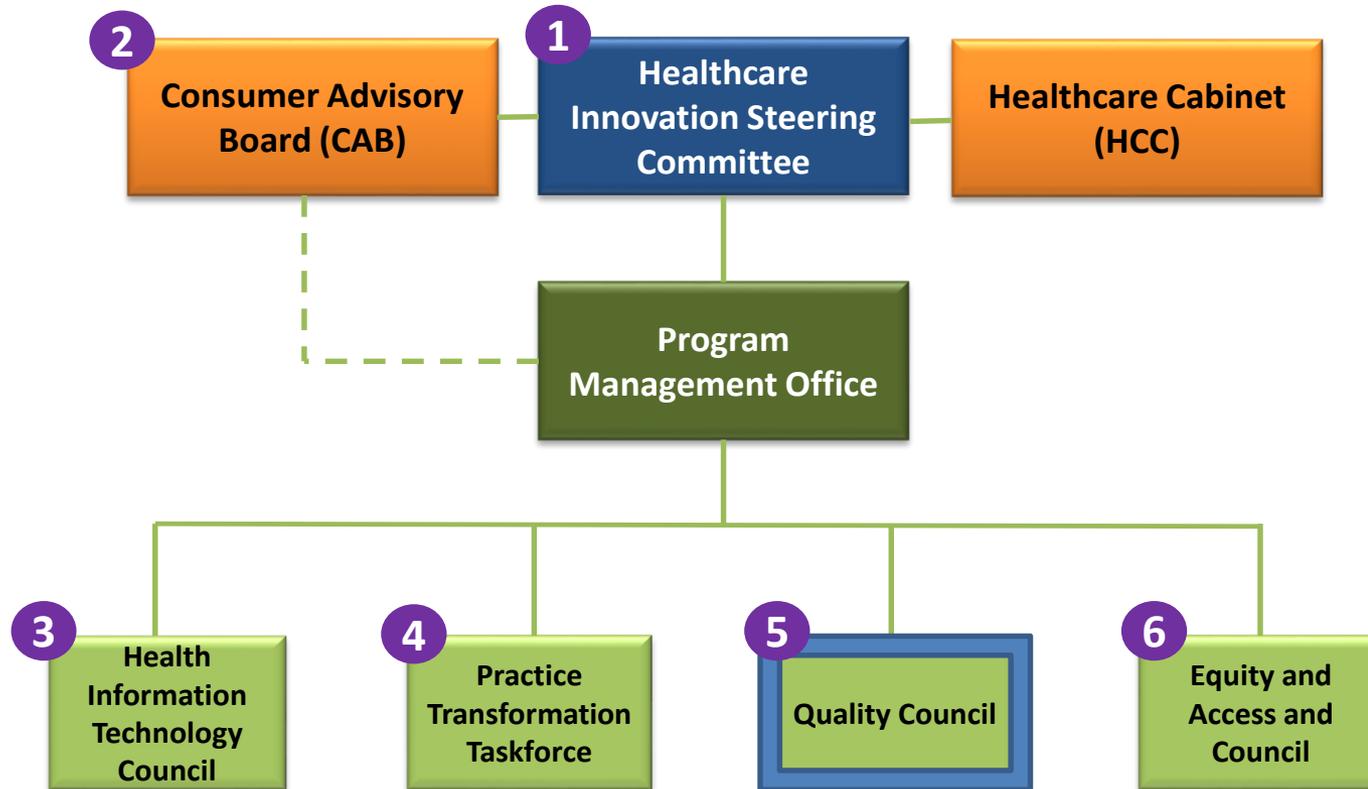
**...coordination and integration with
key community partners**

CCIP Working Assumptions

<p><i>What is CCIP Intended to Accomplish?</i></p>	<p>Improve overall access to high quality clinical care for complex patients (either due to clinical reasons, social reasons or both), patients experiencing a gap in their care, and improve overall care experience for the general patient population through improving clinical and community integration</p>
<p><i>What is the role of PTF?</i></p>	<p>Design a program that will address the needs of complex patients, patients experiencing health equity gaps, and patients with poor care experiences that identifies and integrates needed clinical and community services</p>
<p><i>Who will implement CCIP initiatives?</i></p>	<p>Advanced Networks and Federally Qualified Health Centers (FQHCs)</p>
<p><i>How does CCIP Implementation fit into CT SIM?</i></p>	<p>Advanced Networks and FQHCs participating in the Medicaid Quality Improvement Shared Savings Program (MQISSP) will be eligible for technical assistance and/or matching grant funds to build CCIP capabilities</p>
<p><i>Which patients will participate in CCIP programs?</i></p>	<p>Any patients seeking care at an Advanced Network or FQHC that is participating in CCIP and would benefit from the additional services</p>
<p><i>What is the incentive for Advanced Networks and FQHCs to participate?</i></p>	<p>Manner for Advanced Networks and FQHCs to receive support (through technical assistance or matching grant funding) to build capabilities that will help them be successful in MQISSP and other shared savings programs</p>
<p><i>How will CCIP promote population health?</i></p>	<p>CCIP will act as a stepping stone toward building the types of clinical and community relationships that support improving health at the population level, serving as a building block for health enhancement communities (HECs)</p>

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Quality Measure Alignment

- Providers report too many measures, more than 100 across Connecticut's payers
- SIM is funding an intensive quality measure alignment process with commercial payers and Medicaid
- SIM aims to simplify performance measurement by establishing an all-payer measure set:
 - Improve efficiency, reduce complexity
 - Improve focus, support quality improvement



Outcomes Measures

Today:

Health Plan

Claims Data



Quality Performance Scorecard		30%	40%	50%	60%	70%	80%	90%
Care Experience								
	PCMH CAHPS							
Care Coordination								
	All-cause Readmissions							
Prevention								
	Breast Cancer Screening							
	Colorectal Cancer Screening							
	Health Equity Gap							
Chronic & Acute Care								
	Diabetes A1C Poor Control							
	Health Equity Gap							
	Hypertension Control							
	Health Equity Gap							

Process Measures

(E.g., Diabetes foot exam, well-care visits, medication adherence)

National consensus to move towards outcomes:

Health Plan

Claims Data



EHR Data



Quality Performance Scorecard		30%	40%	50%	60%	70%	80%	90%
Care Experience								
	PCMH CAHPS							
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Prevention								
	Breast Cancer Screening							
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	Health Equity Gap							
Chronic & Acute Care								
	Diabetes A1C Poor Control							
	Health Equity Gap							
	Hypertension Control							
	Health Equity Gap							

Process & Outcome Measures

(E.g., diabetes A1C control, blood pressure control, depression remission)

Opportunities and barriers

- Producing new measures is expensive
- Currently, all costs are borne by health plans and their clients
- SIM funds can support the production of measures that will otherwise have to be produced separately by each payer

SIM Governance Structure

To execute the SIM Vision and carry out its initiatives, four 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).



HIT Council Goal and Progress

Goal

Develop recommendations for the Healthcare Innovation Steering Committee with respect to health information technology (HIT) use by SIM participants (e.g. hospitals, practices, state agencies, consumers) to achieve the goals of the SIM initiatives.

Progress

- HIT Council adopted a charter, approved an executive team and established a Design Group for the Quality Measure Performance and Reporting HIT Solution
- Developed an approach to assess the technology components listed in the grant and determine their use in the overall solution
- Reviewed the Quality Council's two initial electronic health record (EHR)-based measures (poor diabetes management and good hypertension management), and collectively identified options for short- and long-term HIT solutions
 - Design Group is currently reviewing the two technology components most likely to address requirements – all payer claims data base (APCD) and a solution that aggregates data across sites (e.g. Edge Server)
 - Contacted CMMI technical assistance (TA) to learn what other SIM states are doing for year 1 HIT solutions and received information on several similar sites
- Developing HIT solution selection criteria based on time to implement, functionality, cost and risks

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CCIP and CT SIM



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Connecticut will establish a whole-person centered healthcare system that will...

- Improve Population Health
- Promote Consumer Engagement
- Reduce Health Inequities
- Lower Costs
- Improve access, quality and patient experience

Connecticut will achieve this through seven strategic initiatives:

Pop Health
Mgmt.

MQISSP

AMH Glide
Path

CCIP

Quality
Alignment

VBID

Consumer
Engagement

CCIP Objective:

Improve overall access to high quality clinical care for complex patients (either due to clinical reasons, social reasons or both), patients experiencing a gap in their care, and improve overall care experience for the general patient population through improving clinical and community integration

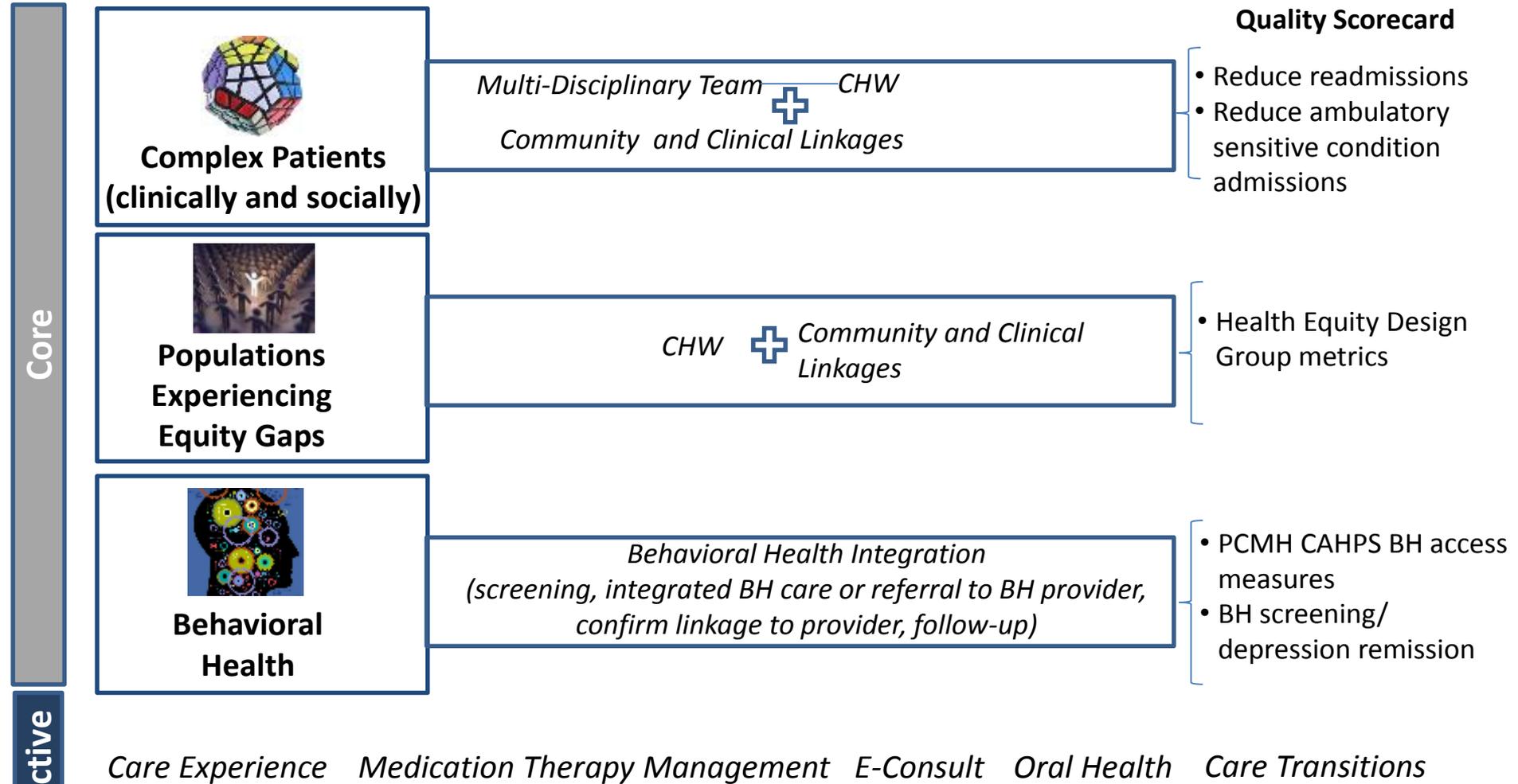
- Reduce Health Inequities
- Improve access, quality, and patient experience
- Lower costs
- Long-term: improve population health

PTTF Phase I: Connecticut AMH Designation

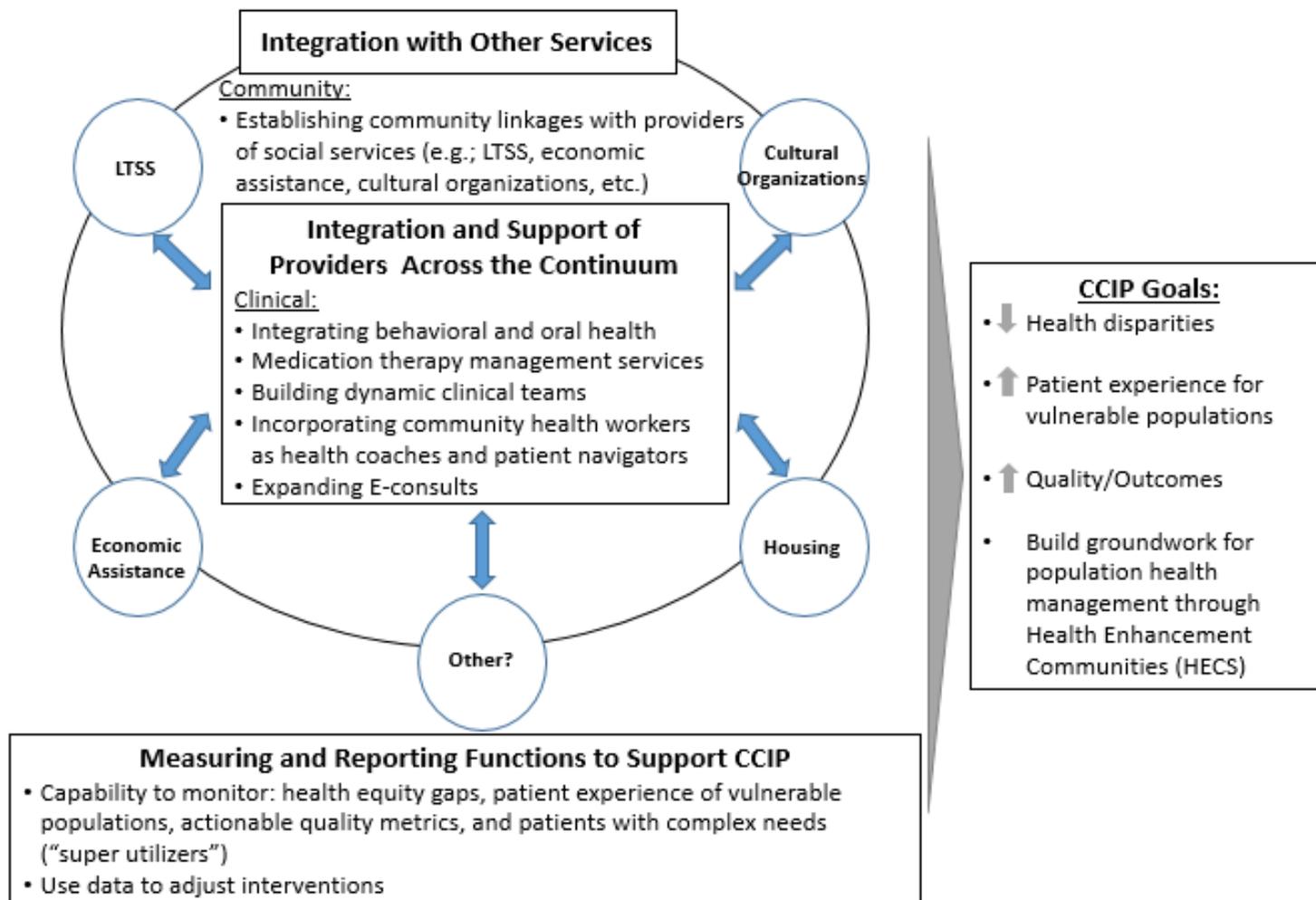
- Reviewed a comparison of national PCMH accreditation and recognition programs and discussed the option of using a single existing national medical home standard or developing a new medical home standard drawn from existing standards
- Recommended use of the 2014 NCQA PCMH standards
 - created and vetted by expert panels,
 - have undergone revisions since 2008, and
 - have approximately 80% of the national market share for PCMH recognition
- Further recommended that practices be required to obtain PCMH recognition as a condition for completing the Glide Path and obtaining the AMH designation

CCIP Approach

The community and clinical integration program will focus on improving care for three target populations through designing care interventions to meet the unique needs of those populations.



CCIP Vision



The task of the PTF will be to establish the required standards for the programs and technology enablers identified that will support Advanced Networks to achieve clinical and community integration