Practice Transformation Task Force: CCIP Development April 7th, 2015
To define our approach to the addition of CCIP program design as part of the charter of the PTFF Task Force including the focus, approach and participation in the design process.
Meeting Agenda

<table>
<thead>
<tr>
<th>Item</th>
<th>Allotted Time</th>
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<tbody>
<tr>
<td>1. Introductions</td>
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<td>2. Public Comments</td>
<td>10</td>
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<td>3. Minutes</td>
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<td>4. Purpose of Today’s Meeting</td>
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<tr>
<td>5. Practice Transformation Task Force (PTTF) – CCIP charter and revised charge</td>
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<td>6. Key Questions to Design Our Approach</td>
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<td>7. Next Steps</td>
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</table>
4. Purpose of Today’s Meeting

1. Confirm PTTF’s understanding of the revised charter and how the CCIP work will be incorporated

2. Gain PTTF consensus on proposed approach, process, and timeline of CCIP work
5. PTTF: CCIP Charge and Revised Charter

**Charge from HISC**

- Practice Transformation Taskforce (PTTF) to redefine charge to include CCIP:
  - Definition of technical support
  - Approach for direct funding
  - Approach and programmatic standards for CCIP
  - Prepare updated PTTF charter related to CCIP to Steering Committee for approval

**Modified PTTF Charter (Excerpt)**

This Task Force will develop for recommendation to the Healthcare Innovation Steering Committee, a proposal for the implementation of the Advanced Medical Home (AMH) model *and the Clinical and Community Integration Plan* under the Connecticut Healthcare Innovation Plan (SHIP).
5. PTTF: CCIP Charge

The working definition of the CCIP components are detailed below with preliminary groupings.

**Potential Categories of Grants/Support Activity:**

**Integration with other services:**
- Integrating behavioral health and oral health
- Medication therapy management services
- Establishing community linkages with providers of social services, long term supports and services (LTSS), and preventive health

**Integration and Support of Providers across the Continuum:**
- Building dynamic clinical teams
- Expanding e-consults
- Incorporating community health workers as health coaches and patient navigators
- Enhancing primary care provider/staff skills in quality improvement methods and analytics; and

**Measuring and Reporting Functions to Support Desired CCIP outcomes:**
- Closing health equity gaps
- Improving the care experience for vulnerable populations
- Identifying “super utilizers” for community care team interventions.
- Producing actionable quality improvement reports
6. Key Design Questions to Address Today

To achieve the stated objective of the meeting, we would like to discuss some key design questions:

Question #1: What is the potential approach to the design effort?

Question #2: How should the work be completed? Design Groups?

Question #3: What expertise will be required?

Question #4: What should be the membership of the Design Groups?

Question #5: What should be the timeline?

Question #6: Are there additional members of the PTTF required to successfully meet the charge?

Question #7: What are the immediate next steps
Question #1: What is the potential approach to the design effort?

**Phase I**

**Research**

- Research clinical and community integration capabilities and assess scale of impact:
  - Conduct interviews with other states to survey CCIP approaches
  - Obtain technical assistance from CMMI
  - Define high-level program design and standards
  - Test design and key components via survey and/or phone interviews with:
    - Core physician providers
    - Payers
    - Community representatives
    - Council participants
    - Program leaders from other SIM states

**Phase II**

**Recommendation Development**

- Convene ad hoc design groups
  - Prioritize the CCIP services based on needs in Connecticut
  - Develop implementation standards for the needed services
- Produce a report of recommendations regarding the high level design components and related implementation plan
  - Will define what is needed for Advanced Networks to be eligible for technical assistance.
- Coordinate the work of the PTTF for the stated purpose of CCIP design with key stakeholder groups
  - Connecticut’s Department of Social Services that is responsible for MQISSP design and implementation, including issuing RFP for provider SSP and CCIP participation
  - Health Innovation Steering Committee from and overall SIM governance perspective
6. CCIP Design Group Approach

**What should design groups be organized around?**

**Design Group 1: Integration with other services**
- Integrating behavioral and oral health
- Medication management therapy services
- Establishing community linkages with providers of social services, long term supports and services (LTSS), and preventive health

**Design Group 2: Integration and Support of Providers across the Continuum**
- Building dynamic clinical teams
- Expanding e-consults
- Incorporating community health workers as health coaches and patient navigators
- Enhancing primary care provider/staff skills in quality improvement methods and analytics

**Design Group 3: Measuring and Reporting Functions to Support Desired CCIP Outcomes**
- Closing health equity gaps
- Improving the care experience for vulnerable populations
- Identifying “super utilizers” for community care team interventions.
- Producing actionable quality improvement reports

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**What will design groups be tasked with?**

- Evaluation of capabilities based on what has proven to be successful nationally and the specific needs in CT
- Identification of program design standards for prioritized capabilities
- Plan for implementation of capabilities, which would include:
  - Definition of technical support needed to develop and implement capabilities
  - Determination of criteria for grant funding
  - Learning collaborative requirements

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**Question #2: How should the work be completed? Design Groups?**
Question #2: How should the work be completed? Design Groups?

The approach the design groups take to create the CCIP standards for the nine capabilities could be similar to the approach used to define the AMH standards:

1. Evaluate existing standards for the nine CCIP capabilities and customize them to meet the needs of Connecticut’s communities

2. Test customized standards for the nine CCIP capabilities with relevant community stakeholders, make adaptations as needed, and to promote broader community buy-in
6. PTTF Roles and Responsibilities

Question #2: How should the work be completed? Design Groups?

**Roles & Responsibilities**

- **PTTF Members**
  - Provide input during PTTF meetings on points of view developed during design group sessions
  - Provide feedback for further iteration of design group work
  - Contribute to and provide input on development of recommendations for CCIP capabilities in final report
  - Review CCIP agenda and materials prior to PTTF meetings
  - Serve as initial point of contact for interim findings, and counsel for potential process and timing changes
  - Coordinate and Interface with leadership of other CT SIM groups

- **PTTF Executive Team**
  - Review of pre-design session reading materials (provided in advance of meeting)
  - Attend 2 workshops conducted by conference call, with participation open to all PTTF members, and to the public
  - Provide input on evaluation of CCIP capabilities and implementation requirements to bring back to PTTF for review
### Design Group Resources

#### Design Group 1: Integration with other services
- E.g., Medical Therapy Management – Marie Smith, PharmD
- E.g., BH Design Group Standards, DMHAS Health Home Standards, etc.

#### Design Group 2: Integration and Support of Providers across the Continuum
- E.g., Expanding e-consults – Daren Anderson, MD

#### Design Group 3: Measuring and Reporting Functions to Support Desired CCIP Outcomes
- E.g., Middlesex community care team model for “super utilizers”
- Camden coalition

#### All Groups
- Revisit NCQA PCMH standards and previous AMH design group recommendations
- Review NCQA/URAC standards for ACOs and clinically integrated networks
- Interviews with other SIM states
- Technical Assistance form CMMI

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**Question #3: What expertise will be required?**
6. CCIP Design Group Resources

**Question #4: What should be the membership of the Design Groups?**

<table>
<thead>
<tr>
<th>Design Group</th>
<th>Membership</th>
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</thead>
</table>
| **Design Group 1: Integration with other services** | • Other service representatives?  
• Community representatives?  
• Others? |
| **Design Group 2: Integration and Support of Providers across the Continuum** | • Provider representatives? Advanced network, FQHC’s, others  
• Community representatives?  
• Others? |
| **Design Group 3: Measuring and Reporting Functions to Support Desired CCIP Outcomes** | • Community representatives  
• IT/Data expertise |

**What other resources can support this work?**
6. CCIP Timeline

Question #5: What should be the timeline?

<table>
<thead>
<tr>
<th>CCIP Key Activities</th>
<th>April Week of</th>
<th>May Week of</th>
<th>June Week of</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of CCIP process and approach</td>
<td>6 13 27</td>
<td>4 11 18 25</td>
<td>1 8 15 22 29</td>
<td></td>
</tr>
<tr>
<td>Conduct CCIP Research</td>
<td>7</td>
<td></td>
<td></td>
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<tr>
<td>Share CCIP Research with PTTF</td>
<td></td>
<td>28</td>
<td></td>
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<tr>
<td>Hold first round of design groups</td>
<td></td>
<td></td>
<td>19</td>
<td></td>
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<tr>
<td>Report out to PTTF on first round of design groups</td>
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<td></td>
<td></td>
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<tr>
<td>Hold second round of design groups</td>
<td></td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Report out to PTTF on second round of design groups</td>
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<td></td>
<td></td>
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<tr>
<td>Draft report of recommendations for CCIP</td>
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<td>9</td>
<td></td>
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<tr>
<td>Review draft recommendations for CCIP with PTTF</td>
<td>9 14 11</td>
<td></td>
<td>30</td>
<td></td>
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<tr>
<td>Share CCIP updates/recommendations with HISC</td>
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- **PTTF Meeting**
- **CCIP Design Group Meetings**
- **Chartis Supported Research**
- **Chartis Supported CCIP Report Development**
- **HISC Meeting**
6. CCIP Draft Meeting Agenda Items – April – June

### Question #5: What should be the timeline?

<table>
<thead>
<tr>
<th>PTTF Meeting Date</th>
<th>DRAFT Agenda</th>
</tr>
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<tbody>
<tr>
<td>April 7</td>
<td>Today</td>
</tr>
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</table>
| April 28          | • Research findings from CT SIM states, literature review and interviews  
                    • What programs should be prioritized and rationale  
                    • Confirmation of design group charters, representation and schedule |
| May 19            | Report on first round of design groups meetings  
                    • CCIP priorities incl. relevance to CT  
                    • Initial thoughts on program design components  
                    • Initial thoughts on how to integrate/support MQISSP |
| June 9            | Report on second round of design group meetings  
                    • More detail on program design components  
                    • Links across programs and connect to vision for CT SIM  
                    • Embed within MQISSP RFP  
                    • Roadmap for implementation |
| June 30           | • Draft recommendations on program design  
                    • High level implementation plan |
Question #6: Are there additional members of the PTTF required to successfully meet the charge?

Based on suggestions from the last HISC meeting, input was solicited on PTTF composition from the PTTF members and the Personnel Subcommittee was convened last week. The Personnel Subcommittee would prefer to add no more than 3 new members and would like to select those members from nominees who fall into any of five categories (outlined below). They further recommended that we solicit nominees from members of our current SIM Governance Structure and also by contacting the head of CSMS, CHA, and CT Association for Healthcare at Home. The goal is to obtain nominations by NOON, Wednesday, April 8th, to support Personnel Subcommittee review Wednesday evening. The slate of nominees would then be presented to the HISC for approval on Thursday, April 9.
# Question #6: Are there additional members of the PTTF required to successfully meet the charge?

## Categories Considered Based on PTTF Input

<table>
<thead>
<tr>
<th>Category</th>
<th>Additional Category</th>
</tr>
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<tbody>
<tr>
<td>Primary care provider</td>
<td>Cultural health organization</td>
</tr>
<tr>
<td>Practice manager</td>
<td>Rural health</td>
</tr>
<tr>
<td>Hospital that is part of an accountable system</td>
<td>Educational institution</td>
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<tr>
<td>Housing</td>
<td>Home Health</td>
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<tr>
<td>Employment</td>
<td>ACO in different part of the state</td>
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<tr>
<td>Food security organization</td>
<td>Disease focused group</td>
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<tr>
<td>Faith based organization</td>
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6. Revised Membership

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td>Practice Manager</td>
<td>Practical understanding of the challenges of workflow management as it relates to incorporating PCMH capabilities in the primary care office and the challenges of coordinating with outside partners</td>
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<tr>
<td>Hospital</td>
<td>An individual from a hospital that is part of an ACO/Advanced Network; familiarity with process engineering, ED and inpatient transitions, and case management/care coordination/discharge planning interface</td>
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<tr>
<td>Housing</td>
<td>Individual with experience with housing and the process of coordinating an array of community supports for complex and/or vulnerable populations</td>
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<tr>
<td>Cultural Health Organization</td>
<td>Community organization with a health/health disparity focus and applied experience with community health worker services</td>
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<tr>
<td>Home Health</td>
<td>Actively coordinating with systems but not owned/operated; independent may deal with multiple systems</td>
</tr>
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Question #6: Are there additional members of the PTTF required to successfully meet the charge?
7. Next Steps

Question #7: What are the immediate next steps

- Populate Design Group membership and schedule workshops
- Finalize Interviewee list and begin outreach
- Other?