

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Practice Transformation Task Force:

CCIP Development

April 7th, 2015

Objective for Meeting

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

Item	Allotted Time
1. Introductions	5
2. Public Comments	10
3. Minutes	5
4. Purpose of Today's Meeting	5
5. Practice Transformation Task Force (PTTF) – CCIP charter and revised charge	45
6. Key Questions to Design Our Approach	45
7. Next Steps	5

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. PTF: 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

6. CCIP Focused Approach and Process - Multifaceted

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

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

The design groups could be oriented around the CCIP capabilities:

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

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

6. CCIP Design Group Approach

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. PTF Roles and Responsibilities

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

Group

PTTF Members

PTTF Executive Team

CCIP Design Groups

Roles & Responsibilities

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

6. CCIP Design Group Resources

Question #3: What expertise will be required?

<i>Design Group</i>	<i>Resources</i>
Design Group 1: Integration with other services	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • E.g., Expanding e-consults – Daren Anderson, MD
Design Group 3: Measuring and Reporting Functions to Support Desired CCIP Outcomes	<ul style="list-style-type: none"> • E.g., Middlesex community care team model for “super utilizers” • Camden coalition
All Groups	<ul style="list-style-type: none"> • 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

What other resources can support this work?

6. CCIP Design Group Resources

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

<i>Design Group</i>	<i>Membership</i>
Design Group 1: Integration with other services	<ul style="list-style-type: none">• Other service representatives?• Community representatives?• Others?
Design Group 2: Integration and Support of Providers across the Continuum	<ul style="list-style-type: none">• Provider representatives? Advanced network, FQHC's, others• Community representatives?• Others?
Design Group 3: Measuring and Reporting Functions to Support Desired CCIP Outcomes	<ul style="list-style-type: none">• Community representatives• IT/Data expertise

What other resources can support this work?

6. CCIP Timeline

Question #5: What should be the timeline?

CCIP Key Activities	April			May				June				July	
	Week of:												
Overview of CCIP process and approach	6	13	27	4	11	18	25	1	8	15	22	29	
Conduct CCIP Research	7												
Share CCIP Research with PTF			28										
Hold first round of design groups													
Report out to PTF on first round of design groups						19							
Hold second round of design groups													
Report out to PTF on second round of design groups									9				
Draft report of recommendations for CCIP													
Review draft recommendaitons for CCIP with PTF												30	
Share CCIP updates/recommendations with HISC	9					14			11				16

- PTF 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?

PTTF Meeting Date	<i>DRAFT</i> Agenda
April 7	Today
April 28	<ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Draft recommendations on program design• High level implementation plan

6. Revised Membership

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

Based on suggestions from the last HISC meeting, input was solicited on PTF composition from the PTF 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.**

6. Revised Membership

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

Categories Considered Based on PTF Input	
Primary care provider	Cultural health organization
Practice manager	Rural health
Hospital that is part of an accountable system	Educational institution
Housing	Home Health
Employment	ACO in different part of the state
Food security organization	Disease focused group
Faith based organization	

6. Revised Membership

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

Category	Description
① Practice Manager	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
② Hospital	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
③ Housing	Individual with experience with housing and the process of coordinating an array of community supports for complex and/or vulnerable populations
④ Cultural Health Organization	Community organization with a health/health disparity focus and applied experience with community health worker services
⑤ Home Health	Actively coordinating with systems but not owned/operated; independent may deal with multiple systems

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?