

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Practice Transformation Task Force:

CCIP Development

September 1st, 2015

Meeting Agenda

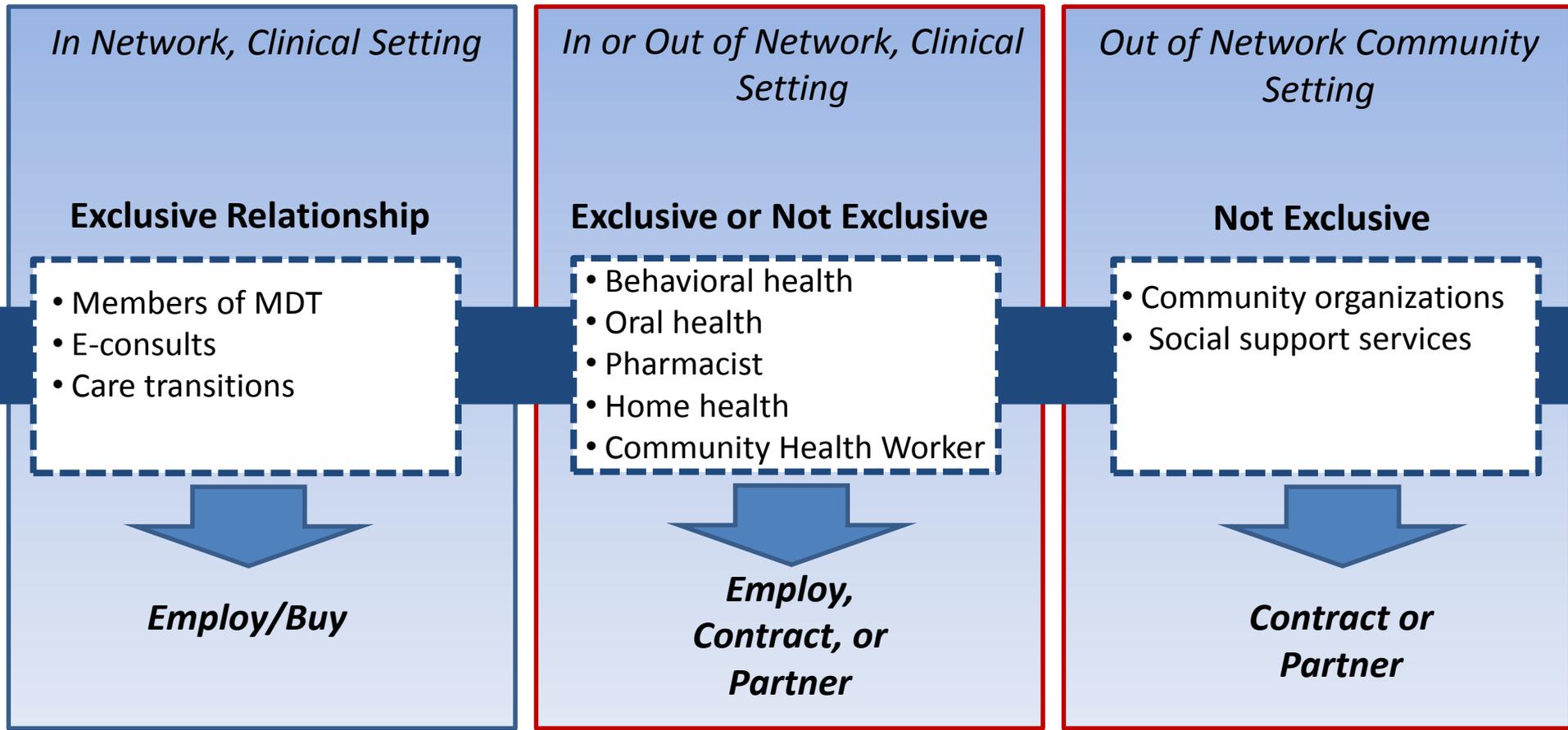
Item	Allotted Time
1. Introductions	5 min
2. Public Comments	10 min
3. Minutes	5 min
4. Purpose of Today's Meeting	5 min
5. Program Design: Community Linkages	20 min
6. Program Design: Monitoring & Reporting	20 min
7. Program Design: Behavioral Health Integration Guidelines	35 min
8. Strategy for PTF CCIP Report Completion	15 min
9. Next Steps	5 min

4. Purpose of Today's Meeting

1. Finalize guidelines for community linkages
2. Finalize guidelines for monitoring and reporting
3. Discuss select behavioral health integration guidelines

5. Program Design: Community Linkages

Design Group Two explored how the exclusivity and community based nature of linkages might impact the type of governance and agreements pursued.



Design Group 2 discussed options for these relationships

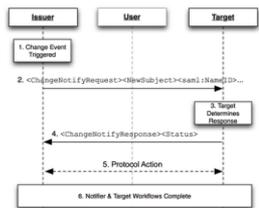
5. Program Design: Community Linkages

Community facing services (e.g.; social services) will likely not be owned by the network and in many geographic areas there will be multiple networks but only one provider per needed social service.



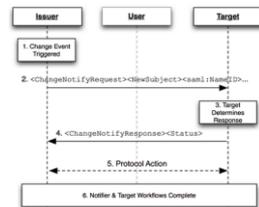
5. Program Design: Community Linkages

Having networks develop unique protocols and processes to interact with community resources that have to be shared, may present unintended barriers to community and clinical integration.



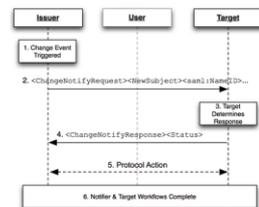
Protocol

A



Protocol

B



Protocol

C



**Local
Community
Organizations/
Social Services**

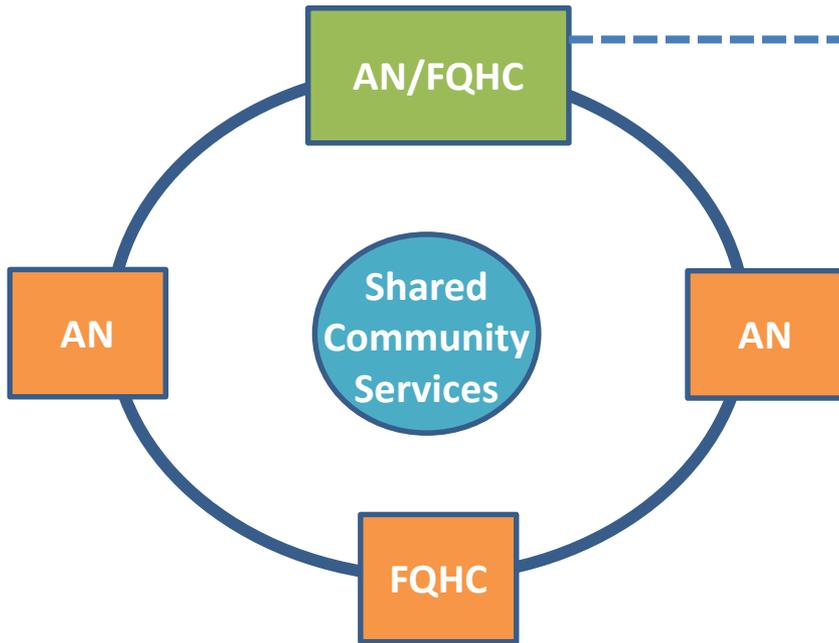
Potential Barriers

- Inefficiencies: community organization will have to manage to multiple protocols and processes
- Technology: independent development of relationships may lead to use of multiple technological solutions for communication [**Design Group 3 to discuss benefit of a standardized solution**]
- Network Bias: community organizations may work more closely with one organization over another if processes and protocols are easier to follow leading to potential equity and access issues for patients

5. Program Design: Community Linkages

Given the geographic overlap of networks in Connecticut, the group considered the idea of shared governance for clinical-community relationships within defined service areas.

Connecticut Service Areas



Illustrative

Who should be the convener to develop the governance over shared resources?

Leadership Team

Develops leadership team (governance) for shared services that **has partners and representation across the continuum of health, community-based care, organizations that address social determinants of health, and consumer/patient** representation.

What services should be considered shared resources?

Housing

Food

Income

Transportation

Utilities

CT 2-1-1 provides information about many community/social services focused on supporting emergent needs, on-going needs, and providing education/guidance

5. Program Design: Community Linkages

If shared governance is the approach pursued for community linkages, it will not be specific to the target populations.

Design Group Two Agreed That:

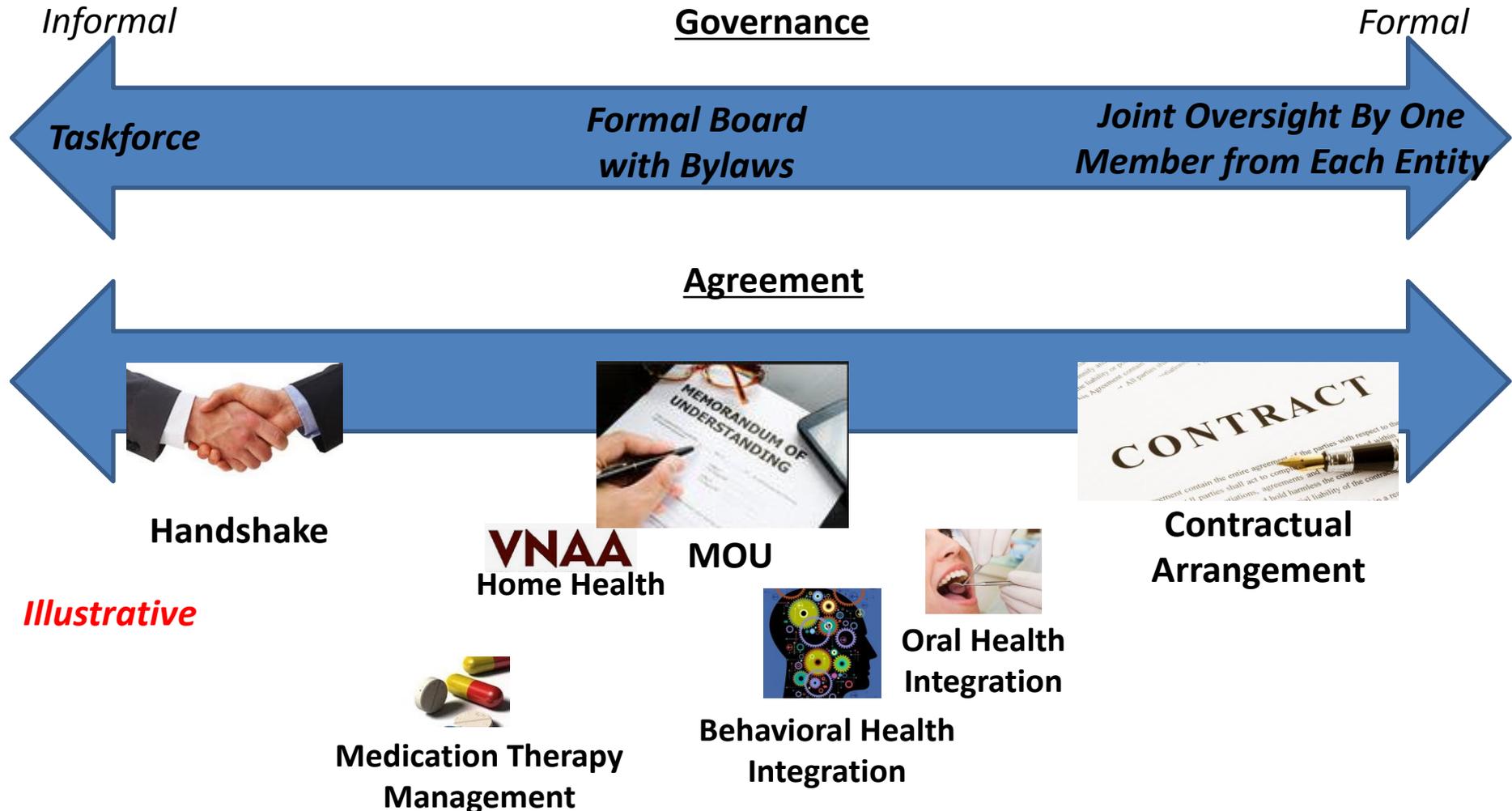
- Shared governance is the correct approach
- An Advanced Network or FQHC should not be the convener in order to avoid unhealthy competition between the networks
- In addition to identifying the processes for linking patients to community resources, there should be outcomes oriented accountability for all organizations participating in shared governance structure

Suggested Design:

- The selected transformation vendor or an additional transformation vendor should act as the convener
 - The PTF should provide guidelines on who from the community needs to be involved in the shared governance structure
 - Additional incentive for CCIP participants to support vendor to accomplish shared governance goals
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- Neutral convener, experience with transformation
 - Supports consistency in approach for shared governance across networks/the state but also allows for tailoring to regional needs

5. Program Design: Community Linkages

The agreement and governance for non-exclusive relationships that are not community-centric will likely vary depending on what service is being provided and how it influences the potential value of the relationship.



5. Program Design: Community Linkages

Design Group Two also considered how non-exclusive, clinically focused relationships should be developed.

Design Group Two Agreed That:

- At a minimum all networks should have a protocol in place for communication with non-exclusive partners
- There should be an identified mechanism for outcomes oriented accountability for non-exclusive partners

6. Program Design: Monitoring & Reporting

For each CCIP intervention process and outcome metrics will be identified. The purpose of developing these metrics will enable networks to: 1) Evaluate whether or not the interventions are successfully meeting the CT SIM/CCIP objectives; 2) Identify opportunities for quality and process improvement; and 3) Promote accountability for patient care across all stakeholders

CCIP Performance Dashboard/Scorecard



Objective	How To Meet
1) Meeting CT SIM/CCIP Objectives	<ul style="list-style-type: none"> • Define CCIP process and outcome metrics – PTTF? Network? • Define which CT SIM metrics are relevant for each interventions • Method to monitor process/outcomes only for patients in intervention
2) Identify quality improvement opportunities	<ul style="list-style-type: none"> • Regularly monitor CCIP performance through use of a dashboard/scorecard • Identify individual(s) responsible for review and identification of improvement opportunities
3) Accountability across stakeholders	<ul style="list-style-type: none"> • Forum for sharing performance across all stakeholders – publicly made available? Reviewed at monthly meetings? • Define stakeholder expectations: which metrics are stakeholders responsible for?

6. Program Design: Monitoring & Reporting

Suggested Guidelines for Discussion	
Complex	Equity Gaps
Establish method to report on complex care management performance	Establish method to report on equity gap performance
<ul style="list-style-type: none"> • The goals of networks monitoring and reporting on performance include enabling them to: <ul style="list-style-type: none"> • Evaluate whether or not interventions are successfully meeting the CT SIM/CCIP objectives. This will require: <ul style="list-style-type: none"> • Tracking aggregate costs/utilization; a standard set of quality metrics [<i>define these for complex patients to align with scorecard</i>]; and, patient satisfaction for patients receiving complex care management prior to the CCIP intervention and post intervention • Process to analyze/stratify data only for patients in the intervention 	<ul style="list-style-type: none"> • The goals of networks monitoring and reporting on performance include enabling them to: <ul style="list-style-type: none"> • Evaluate whether or not interventions are successfully meeting the CT SIM/CCIP objectives. This will require: <ul style="list-style-type: none"> • Tracking aggregate costs/utilization; a standard set of quality metrics [<i>define these based on disease state for which there is an equity gap</i>]; and, patient satisfaction for patients receiving support from a CHW to address a gap in care prior to the CCIP intervention and post intervention • Process to analyze/stratify data only for patients in the intervention

6. Program Design: Monitoring & Reporting

Suggested Guidelines for Discussion

Complex	Equity Gaps
<p>Establish method to report on complex care management performance</p>	<p>Establish method to report on equity gap performance</p>
<ul style="list-style-type: none"> • Identify opportunities for quality and process improvement. This will require: <ul style="list-style-type: none"> • Defining process metrics for the intervention • Establishing a dashboard or scorecard to regularly monitor the complex care management intervention performance • Identifying an individual(s) responsible for creating the dashboard, and reviewing and identifying improvement opportunities • Promote accountability for patient care across all stakeholders. This will require: <ul style="list-style-type: none"> • Identifying a forum to share performance across all stakeholders (e.g.; share publicly, monthly meetings with stakeholders, etc.) • Defining various stakeholder expectations (i.e.; are there specific metrics individual stakeholders are responsible for) 	<ul style="list-style-type: none"> • Identify opportunities for quality and process improvement. This will require: <ul style="list-style-type: none"> • Defining process metrics for the intervention • Establishing a dashboard or scorecard to regularly monitor the equity gap intervention performance • Identifying an individual(s) responsible for creating the dashboard, and reviewing and identifying improvement opportunities • Promote accountability for patient care across all stakeholders. This will require: <ul style="list-style-type: none"> • Identifying a forum to share performance across all stakeholders (e.g.; share publicly, monthly meetings with stakeholders, etc.) • Defining various stakeholder expectations (i.e.; are there specific metrics individual stakeholders are responsible for)

9. Next Steps

- Present CCIP guidelines to MAPOC CMC
- Circulate full set of guidelines for feedback
- Finalize guidelines for 10/8 HISC based on feedback

Appendix: Index of Acronyms

Acronym	Acronym Defined
ACO	Accountable Care Organization
AMH	Advanced Medical Home
AN	Advanced Network
BAA	Business Associates Agreement
CCIP	Community and Clinical Integration Program
CHT	Community Health Team
CHW	Community Health Worker
EHR/EMR	Electronic Health Record/Electronic Medical Record
FQHC	Federally Qualified Health Center
MAPOC CMC	Council on Medical Assistance Program Oversight - Care Management Committee
MOU	Memorandum of Understanding
MQISSP	Medicaid Quality Improvement Shared Savings Program
OMB	Office of Management and Budget
OMH	Office of Minority Health
PCMH	Patient Centered Medical Home
PM	Program Manager
POC	Plan of Care
PTTF	Practice Transformation Taskforce
SIM	State Innovation Model
VBID	Value Based Insurance Design
VNAA	Visiting Nurse Associations of America