

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Practice Transformation Taskforce Meeting

September 29, 2015

Meeting Agenda

Agenda Item	Allotted Time
1. Introduction	5 minutes
2. Public Comment	10 minutes
3. Minutes of September 1st Meeting	3 minutes
4. Purpose of Today's Meeting	2 minutes
2. Review of Public Comments <ul style="list-style-type: none">• Financial Incentives and long-term TA;• Community Health Board structure;• Care plan references and content;• Integration / coordination of CCIP and PCMH;• Integration / coordination of CCIP and behavioral health;• Standards flexibility;• Reframing Medication Therapy Management;• CCIP health IT capabilities; and• Complex patient definition.• Standards for Community Health Workers	70 minutes
3. Review of CCIP Timeline	20 minutes
4. Other Business <ul style="list-style-type: none">• Follow up with DSS	10 minutes

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graph LR; A((Public Comments)) --- B((2 minutes per comment))
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Public
Comments

2 minutes
per
comment

Purpose of Today's Meeting

- Review public comments submitted to the PMO with regards to CCIP Report
- Discuss PMO disposition and response to comments as well as edits to the report
- Discuss timeline for finishing the CCIP report and submission of standards to DSS for inclusion in the MQISSP RFP
- Address other business including the coordination of activities with the Health IT Workgroup

Review of Public Comments

Financial incentives and long-term technical assistance

Comment Summary

Commenter believes that the SIM budget needs to be revisited to incorporate other financial incentives for CCIP interventions beyond technical assistance. While technical assistance is critical to build capacity and support the system, commenter believes participation and success will be greatly enhanced through other incentive dollars or rewards.

PMO Disposition

- PMO is examining the option of providing transformation grants to providers, which was recommended by HISC, but has not yet identified the need or financial resources

Discussion Notes

- Without designated resources it is unlikely that we can address the issue directly in the report.

Review of Public Comments

Community Health Board structure

Comment Summary

Commenters request more clarity around what support it will receive and its structure so that it can be effective. Commenters specifically requested more information around how local entities would interact with the Board and how they can integrate with efforts underway by DPH and local health departments as well as the ACA-instituted non-profit hospital Community Health Needs Assessments.

PMO Disposition

- The report was intended to introduce the concept of a multi-stakeholder board responsible for developing consensus protocols. This concept will be further developed in collaboration with DPH and other partners in the coming months. Although the report introduced the concept, it was not intended to replace or work in parallel with other initiatives.

Discussion Notes

- Integration efforts are already underway with DPH, and the PMO intends to better clarify and define concept in the report.

Review of Public Comments

Care plan references and content

Comment Summary

Commenter believes there should be clarification around the three types of care plans referenced in the report, in particular whether they are referring to the same plan, and how these plans would be shared with the patient. Commenter notes that management of three separate plans could lead to the deterioration of person-centered care.

PMO Disposition

- PMO acknowledges that this comment raises a good point and intends to address it early on in the report and to ensure correct and consistent use of terms throughout.

Discussion Notes

- The commenter was referring to various components of what was intended to be part of the same person-centered care plan (e.g.; medication management plan).

Review of Public Comments

Integration and coordination of CCIP and PCMH

Comment Summary

Commenter believes that there should be more clarification around the integration of CCIP with existing care coordination efforts, in particular with the PCMH program, to ensure that unnecessary duplication of efforts does not add an extra layer of burden on providers. Commenter believes that the CCIP and the SIM Advanced Medical Home Vanguard program are unintentionally undermining the PCMH program, in particular through the Comprehensive Care Teams outlined in the report.

PMO Disposition

- CCIP is focused on establishing a minimum standards of capabilities among ANs/FQHCs, including care coordination support for complex populations. It is not intended to supplant activities that are already in place. The transformation vendor will conduct a gap analysis at the start in order to determine which standards or elements have already been met and which standards or elements have not been met. The transformation support will focus on those areas that have not been met. In this way, the CCIP should not disrupt existing care coordination efforts that a provider may have in place as a PCMH.

Discussion Notes

- PMO is exploring ways to clarify the process and role of the transformation vendor in the report to ensure clarity around this integration point.

Review of Public Comments

Integration and coordination of CCIP and behavioral health

Comment Summary

Commenter believes that the behavioral health standards duplicate the assistance program begun by CHNCT for Medicaid practices.

PMO Disposition

- If the provider has already addressed the gap through assistance provided by CHNCT, it will not be a focus of CCIP support. In addition, if a provider is receiving CHNCT technical assistance in an area that overlaps with CCIP, CCIP support will not be provided in this area. PMO will attempt to clarify this in the report.

Discussion Notes

- The transformation vendor and process will assist networks in identifying local needs through the gap analysis at the start. If the need is already met through existing programs, then the standards would not apply.

Review of Public Comments

Standards flexibility

Comment Summary

Commenter believes that all standards should be optional.

PMO Disposition

- PMO is will consider this question with the PTF.

Discussion Notes

- The PMO maintains that the core standards should be required elements of CCIP. However, the PMO acknowledges the need for flexibility in the standards to adapt to local circumstances and needs.

Review of Public Comments

Reframing Medication Therapy Management

Comment Summary

Commenter advocates for the use of the term comprehensive medication management (CMM) rather than medication therapy management (MTM). Commenter notes that the terms are frequently confused, and CMM is more in line with the CCIP intervention.

PMO Disposition

- PMO has agreed to evaluate this further, however, favors incorporation into the report.

Discussion Notes

- The commenter noted that MTM references Medicare Part D pharmacy benefit services that are usually delivered in a retail pharmacy or via telephone while comprehensive medication management is more in line with integrated direct patient services.

Review of Public Comments

CCIP Health IT capabilities

Comment Summary

Commenter requests additional clarity around how health IT capabilities for CCIP will be supported. The reliance on health IT for all of the efforts is clear, especially related to the sharing of care plans and increased communication between providers and patients, but the resources required to implement require more clarity.

PMO Disposition

- ANs/FQHCs vary in their ability to support CCIP capabilities with HIT. The PMO is examining options for developing state supported HIT solutions that will support CCIP capabilities.

Discussion Notes

- The PMO is in the process of identifying ways to assess the health IT capabilities of participating providers.

Review of Public Comments

Complex patient definition

Comment Summary

Commenter recommends that the Plan clearly describe and outline the target population and complex patient definition and suggests the Institute of Medicine's definition of serious and complex medical conditions.

PMO Disposition

- The PMO intends to address this with the PTTF but is inclined to support the IOM's definition.

Discussion Notes

The Institute of Medicine definition is on the following slide along with other definitions of complex patients.

Institute of Medicine Definition

The Institute of Medicine states that serious and complex medical conditions should reflect the characteristics of the management of the condition rather than some inherent biological complexity, such as:

- Conditions that are life threatening.
- Conditions that cause serious disability without necessarily being life threatening.
- Conditions that cause significant pain or discomfort that can cause serious interruptions to life activities.
- Conditions that require major commitments of time and effort from caregivers for a substantial period of time.
- Conditions that may require frequent monitoring.
- Conditions that predict or are associated with severe consequences.
- Conditions associated with negative consequences for someone else.
- Conditions that affect multiple organ systems.
- Conditions that require management to "tight" physiological parameters.
- Conditions whose treatment carries a risk of serious complications.
- Conditions requiring adjustment in a "nonmedical environment."

Existing Definitions

Definitions included in draft report

- **Complex Patients:** Patients who have either multiple complex medical conditions, multiple detrimental social determinants of health, or a combination of both that contribute to preventable service utilization and poorer overall healthcare management that ultimately negatively impacts the patient's overall health status
- **Complex Patients:** Individuals who need extra care due to complex medical issues that are often times compounded by social, economic, environmental, and behavioral factors.
(alternative proposal for discussion)

Review of Public Comments

Standards for Community Health Workers

Comment Summary

Commenter encourages the State to proactively establish standards with regard to qualifications, training, specific functions performed, as well as a defined tool kit of interventions and recommends the creation of a Measurement Committee to define a minimum set of standardized information to be captured across practices and systems, and a determination of key performance indicators for the CHW role.

PMO Disposition

- The PMO has referred this comment to the SIM CHW team for comment.

Discussion Notes

- The PMO has initiated contact with UConn for clarification.

Review of CCIP Timeline

Next Steps

- Review of CCIP report with PTTF on 9/29
 - Address several key issues raised through public comments
- Disseminate 2nd draft CCIP report to HISC and PTTF on 10/2
- Present the CCIP report and standards to HISC on 10/8
- Provide CCIP standards to DSS by 10/12

Other Business

Follow up with DSS...

- Request for clarification outside of public comment process related to DSS' indications to continue utilizing its existing federated approach to medical management for the four major service types, i.e., medical through Community Health Network of Connecticut (CHN), behavioral health through ValueOptions (VO), dental through BeneCare, and non-emergency medical transportation through LogistiCare
- Concern that CCIP would exist in parallel with two different care management techniques (federated vs. embedding into local FQHC or Advanced Network) for the same population

Other Business

Follow up with DSS...

- If not federated, questioned whether funding will exist to support local medical management
- If DSS intends to maintain its federated approach and/or will not fund local medical management, DSS should clarify that the medical management service will be made available to the local entities from the statewide organizations and that DSS will amend its contracts with those organizations to require support to the local networks.

Questions & Discussion

