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State of Connecticut Healthcare Innovation Planning Team

SIM@CT.GOV

Dear Core Planning Team:

On behalf of the CT Partners for Health (CPH), I would once again like to thank you for the opportunity to provide feedback on the CT Healthcare Innovation Plan Draft 1.1 on Monday, November 18, 2013 to the members of the State Innovation Model (SIM) core team.

As you know, the CPH is a group of over 40 diverse healthcare stakeholders representing providers from across the continuum, including payers, community-based organizations, voluntary health care organizations, trade associations, consumer groups and others committed to improving health and healthcare in CT. Our mission is *to engage consumers with the healthcare system to become active, informed partners in “managing” their healthcare* and our vision is that *everyone in Connecticut is actively engaged in their health*. In addition, we are dedicated to aligning quality improvement and patient safety initiatives to promote a safer, more cost-effective, patient-centered healthcare delivery system in our state.

We hope that you found the minutes of the November 18th meeting useful as you continue to modify the plan based on feedback from providers, consumers, and others with a vested interest in the health of CT residents. The CPH fully supports DSS in its efforts to design such an ambitious plan to transform primary care for CT's health care recipients.

As a summative document, the CPH respectfully offers the following high level comments on the draft plan.

Care Coordination: Patient-Centered Medical Home (PCMH), Community-based Model, Care Transitions, and Individualized Care Planning

We strongly support the plan's methodology of establishing a model that is built upon implementing PCMH-like primary care practices. If carried out appropriately, this model of primary care practice transformation will succeed in promoting effective care coordination which will ultimately improve both health and health outcomes and decrease costs. This assumes, however, that evidence-based care transitions processes are also promoted and established among all health care entities and community-based services that are required to carry out individualized plans of care. Combining a PCMH-like model with appropriate community-based and transitional services will support not only the necessary clinical care but also integrate social and economic factors to ensure care plans that are cost-effective and successful.

CPH also feels that ongoing input from consumers and providers during the implementation phase, including data collection, monitoring, and plan adjustment, will ensure success and sustainability of the model.

Consumer Involvement

It is extremely important that the consumer voice is heard throughout the design and implementation of the

SIM. Consumer engagement is vital to ensure that consumers are equal stakeholders in a plan that affects 80% of CT residents, and must be included in every facet of the plan, not only the Advisory Council. Ongoing comments and questions from consumers should be solicited and welcomed to inform DSS of elements of the plan that are working well and areas where perhaps there are opportunities for improvement.

Promotion of the SIM plan

The CPH believes that a robust media campaign, dedicated to the consumer audience, is critical to the success of the SIM model. Through the CPH, we have a unique opportunity to leverage the power of the media through a unique proposal from WTNH, the CT ABC affiliate. We believe that this, in combination with social media and other forms of media, is an outstanding opportunity to make CT's SIM plan come to the forefront as the Centers for Medicare and Medicaid Innovation make funding decisions. Research shows that a carefully-crafted media campaign can influence large segments of the population. A powerful media campaign can be used to kick-off this initiative, promote the tenets of the plan, and continue to educate and inform consumers about how to become engaged, equipped, and empowered consumers of healthcare. This aligns with our vision that ultimately all of CT's residents will become partners with their healthcare team to make informed choices about the healthcare services that they need, desire, and that are most appropriate for their health.

Appropriate Provision of Services

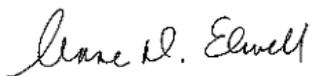
We encourage the systematic collection of a set of defined quality metrics that will reward care that is based on quality of services and health outcomes for the persons that are served rather than a system that relies solely on financial incentives based on cost-savings. We fear that a system based on the later would lead to the potential for the withholding of necessary care and/or denial of claims that are in fact appropriate. Already established models should be studied to inform the plan about best practices to ensure a system of reward for quality.

Health Information Exchange (HIE)

Although we were encouraged by the mention of Direct for the secure messaging of PHI between providers and between providers and their patients, we are concerned with the omission of a true health information exchange (HIE) infrastructure. With the uncertainty of the HITE-CT plan, the State is still in need of a robust HIE infrastructure to support the State's registry and population health initiatives. Without such an infrastructure, true state-wide interoperability is impossible. Furthermore, without such an infrastructure in place, the State will force large independent networks to form at the sacrifice of smaller, independent practitioners throughout the State. Such a move toward independent provider networks disadvantages the state from meeting its goal of achieving 80% patient engagement.

Once again, we thank you for this opportunity to summarize our comments on the SIM model. We hope that the CPH can serve on the Advisory Groups outlined in the plan.

Sincerely,



Anne Elwell MPH, RN
Vice President, Community Relations, Qualidigm

for the Connecticut Partners for Health