

Connecticut State Innovation Model



SIM at a Glance

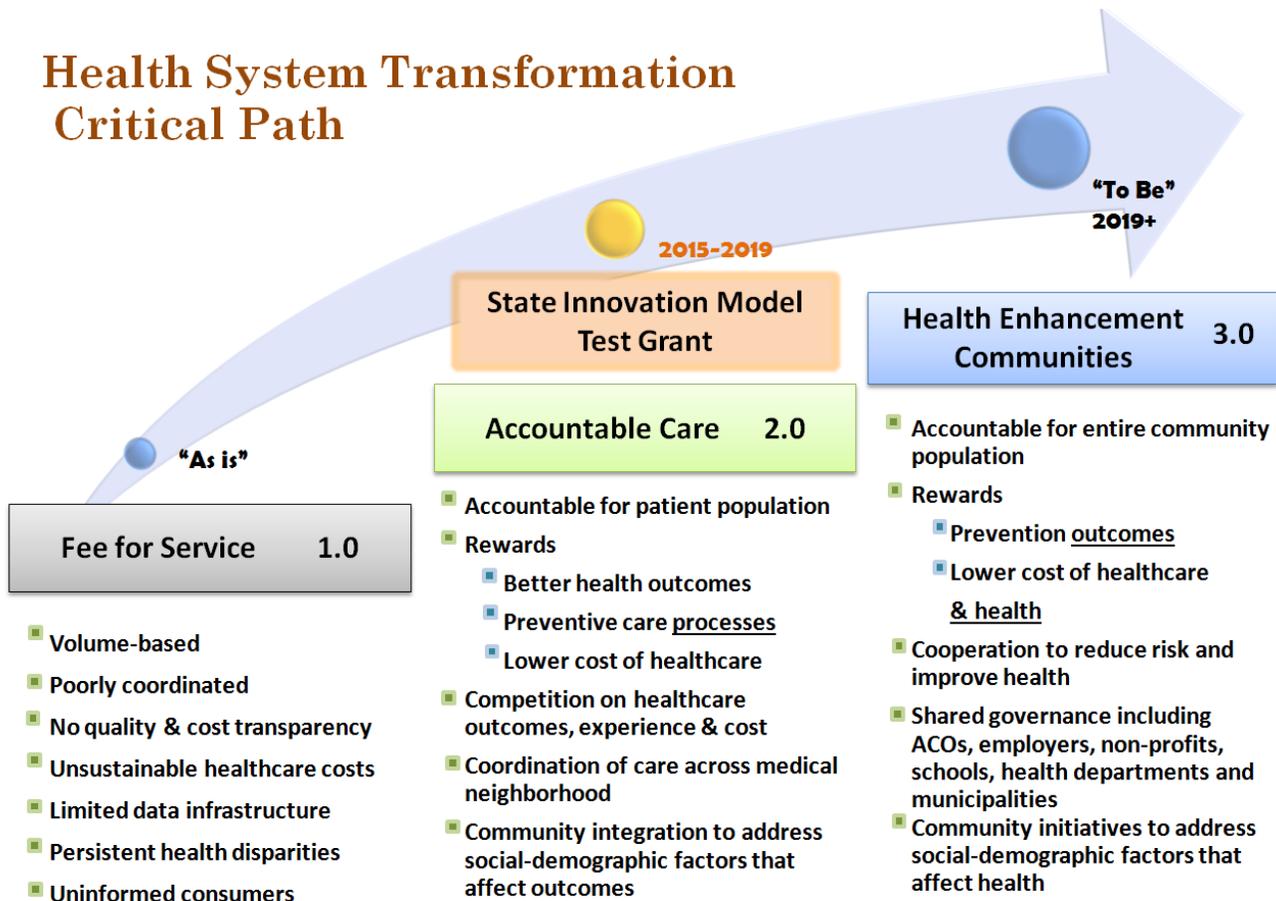
Vision: *Establish a whole-person-centered healthcare system that improves community health and eliminates health inequities; ensures superior access, quality, and care experience; empowers individuals to actively participate in their health and health care; and improves affordability by reducing healthcare costs.*

In 2014, the Center for Medicare & Medicaid Innovation (CMMI) awarded Connecticut a four-year, \$45 million State Innovation Model (SIM) Test Grant to “test state-led, multi-payer health care payment and service delivery models that will improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children’s Health Insurance Program (CHIP) beneficiaries—and for all residents” (CMMI).

Our SIM design is the product of two years of intensive input from healthcare providers, government agencies, employers, consumers and payers through dozens of broadly representative workgroups, from 25 consumer focus groups, from commentary elicited from the general public, and from deliberations by the Healthcare Innovation Steering Committee and the Healthcare Cabinet. SIM is being implemented with the same broad input and inclusion. The SIM Program Management Office (PMO), situated within the Office of the Healthcare Advocate, facilitates the execution of the SIM Test Grant and Innovation Plan.

SIM urgently and deliberately moves Connecticut’s health care system along a path of transformation:

Health System Transformation Critical Path



Urgent Reform Necessary

Despite the resources Connecticut devotes to healthcare, consumers often face an uncoordinated and fragmented system. This system does not consistently perform well, as is witnessed by our high emergency department utilization rates, especially for non-urgent conditions; a relatively high rate of hospital readmissions and; significant racial, ethnic and economic health disparities.

In addition, growth in healthcare spending has outpaced the growth of our economy. In 2012, healthcare spending in Connecticut was \$29 billion, the third highest per capita among all states.

These figures raise concerns about access to care and the long-term affordability of healthcare coverage. High healthcare costs also strain the resources available for other governmental programs such as education and housing, and threaten the ability of government to sustain social services and Medicaid benefits. Increasingly employers pass on the costs of insurance to employees and customers; and the competitiveness of Connecticut's business community is endangered.

Strategy: We have three major strategies of reform To move from a volume-centered healthcare system to one centered around accountable care and Health Enhancement Communities:

Transform the Health Care Delivery System

Advanced Medical Home Glide Path: Select practices will receive support to advance to a care delivery model where a consumer's care is coordinated through a primary care team, is whole-person centered, and focuses on the continuous improvement of coordination and quality.

Community & Clinical Integration Program: Clinical systems and group practices are working to coordinate with community partners and to develop new capabilities for improving care, especially for at-risk populations. To accelerate this, SIM will launch a Community and Clinical Integration Program that focuses on the development of critical capabilities in the following areas:

Integrating behavioral health and oral health	Identifying "super utilizers" for care team interventions	Improving care experience for vulnerable populations
Medication management services	Incorporating community health workers	Establishing community linkages with social supports
Dynamic clinical teams	Closing health equity gaps	Expanding e-consults

Reform Payment & Insurance Design

Medicaid Quality Improvement Shared Savings Program: The goal of this program is to improve health outcomes and care experience for Medicaid beneficiaries. This value-based payment model will reward better access, care coordination, outcomes, and health equity with shared savings. It targets large provider groups and integrated health systems as well as Federally Qualified Health Centers.

Quality Measures: SIM is working with all payers to establish a common set of statewide, multi-payer quality measures, including health equity measures, so that providers receive a consistent signal from all payers about improving performance.

Value-Based Insurance Design: Will promote insurance designs that incentivize and empower consumers to manage their health and health care, rather than employers shifting costs to consumers through higher deductibles and cost-sharing.

Build Population Health Capabilities

Population Health Plan: This initiative will overlay the above care delivery and payment reforms with population health oriented Health Enhancement Communities that foster coordination among community organizations (e.g., housing, food security), healthcare providers, schools, and other local entities. This will develop the foundation for moving beyond provider accountability to community accountability for improving health as well as social and environmental factors that affect health.

All three reforms are supported by SIM investments in:

Consumer Engagement

Health Information Technology

Evaluation and monitoring

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