

Connecticut State Innovation Model Work Stream Update



Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
COUNCILS/ TASKFORCES/ COMMITTEES				
Healthcare Innovation Steering Committee (HISC)	<i>SIM Overview</i>	<ul style="list-style-type: none"> A SIM Program Overview was presented to emphasize the model test and the inter-related aspects of the grant 	<ul style="list-style-type: none"> November 12 meeting was cancelled. 	12/10/15
	<i>MQISSP¹</i>	<ul style="list-style-type: none"> Medicaid Director Kate McEvoy gave an overview of the Medicaid Quality Improvement & Shared Savings Program (MQISSP). Some members voiced an interest in further discussion of the model design. A vote approved the formation of an ad hoc sub-committee to allow for focused review of SIM design and implementation issues. 	<ul style="list-style-type: none"> Review the released Quality Council report on the recommended core quality measure set before it is released for public comment. VBID and HIT charter reviews Possible review of CCIP report, which outlines the recommended standards for CCIP. 	
	<i>CCIP²</i>	<ul style="list-style-type: none"> A webinar was held for Steering Committee members on the Community & Clinical Integration Program (CCIP) 		
Consumer Advisory Board (CAB)	<i>Consumer engagement events</i>	<ul style="list-style-type: none"> CAB launched its consumer engagement efforts with two highly successful listening sessions: Rural Healthcare Forum and the Southeast Asian Listening Forum. Both sessions were well-attended with substantial community participation. 	<ul style="list-style-type: none"> Report on Rural Health Forum and Southeast Asian Session and follow-up Discuss proposed forum with focus on behavioral health Discussion of CAB Consumer Engagement Report on Consumer Representative status and vacancies 	11/10/2015

¹ MQISSP = Medicaid Quality Improvement & Shared Savings Program

² CCIP = Clinical and Community Integration Program

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Practice Transformation Task Force (PTTF)	CCIP³	<ul style="list-style-type: none"> Reviewed public comments on draft CCIP report. Reviewed CCIP timeline and process Continued work on drafting of report, and seeking input and comment. CCIP webinars were conducted for both the Steering Committee and the Care Management Committee Began coordinating CCIP and PTN: FQHCs received \$17 million Practice Transformation Network (PTN) award from CMMI to help them develop new capabilities to assume accountability for quality and total cost of care. UConn Health also received a PTN sub-award. PMO began discussions with DSS, CMMI and CHCACT regarding coordination of the CCIP and PTN programs, which is a requirement of the PTN grants. Among the key questions are whether and to what extent CCIP standards will apply to FQHCs and whether and to what extent CCIP TA could duplicate PTN TA. 	<ul style="list-style-type: none"> Work with DSS, CMC and PTTF to complete the CCIP program design and address coordination with PTN and MQISSP requirements. Continued work on draft. Release of Draft 3 is to be determined due to above coordination process. 	11/3/15 11/5/15
Health Information Technology (HIT)	CCIP AMH Value-based Payment	<p>The HIT Council convened on 10/16/15 and</p> <ul style="list-style-type: none"> voted to approve and take forward to the HISC its revised charter, agreed to use a logic model framework to secure programmatic details from the PMO and other SIM work groups, discussed progress of the pilot oversight and long-term solution design teams, reviewed the CCIP program overview and outstanding HIT questions, identified the need for programmatic details in order 	<p>Secure approval for revised HIT Council charter from HISC</p> <p>Secure release of funds to procure HIT consultant for SIM operational plan development</p> <p>Launch Long-Term Solution design team</p> <p>Secure SIM Logic Model from PMO</p>	HIT Council 11/20 Pilot Oversight Design Team TBD

³ CCIP = Clinical and Community Integration Program

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		<ul style="list-style-type: none"> to deliberate on technology solutions, and discussed a process to improve exchange of information between Council meetings. <p>The Pilot Oversight Design Team convened on 10/1 and</p> <ul style="list-style-type: none"> provided feedback on the Design Team Charter, discussed a high-level roadmap to completion and preliminary target dates, outlined the goals of the pilot, continued discussion on quality metrics to be used in the pilot, and identified programmatic challenges that may bear upon the value of the pilot test (e.g. identification of pilot test participants and the extent of payer intent to use the proposed solution.) <p>The UConn HIT Team</p> <ul style="list-style-type: none"> prepared for procurement and worked with the PMO to submit a request to release funds for the budgeted activity of hiring a HIT consultant to develop the HIT section of the SIM Operational Plan, reviewed CT's draft driver diagram and developed a compendium of SIM Model Test state driver diagrams, continued review of SIM documents to identify HIT implications, and continued support of the HIT Council and Design Teams 	<p><u>Pilot Oversight Design Team</u> Begin to develop preliminary criteria to be used to evaluate the effectiveness of the technology</p> <p>Identify measure sets, develop test schedule and determine milestones</p> <p>Conduct briefing with Zato, develop scope of work and contract amendments for pilot</p> <p>Launch data collection process</p>	<p>Long-Term Solution Design Team – to be scheduled</p>
<p>Equity and Access Council (EAC)</p>		<ul style="list-style-type: none"> EAC Report comments have been received. A synthesis of comments is underway. 	<ul style="list-style-type: none"> Create a synthesis of EAC public comments to be published. 	

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Quality Council (QC)	Quality Measures Care Coordination Health Equity	<ul style="list-style-type: none"> Held a Care Coordination Measure Design Group. Completed health plan interviews regarding operational and other considerations that inform the alignment process Distributed a survey for members to rank proposed measures to support decision making Finalized recommended core measure set, development set and reporting set. Discussed and approved health equity measure recommendations of the Health Equity Design Group Drafted and discussed a Quality Measure Alignment Process 	<ul style="list-style-type: none"> Release first draft of the Quality Council report on recommended measures Prepare for presentation to HISC (now slated for December) 	11-4-15
Care Management Committee (CMC) (A sub- committee of MAPOC)		<ul style="list-style-type: none"> Convened to discuss the MQISSP design with DSS and Mercer. Topics included provider eligibility and under-service. 	<ul style="list-style-type: none"> Hold work sessions to continue developing an MQISSP under-service utilization oversight and monitoring plan (e.g. member education). 	

 Population
Health

 Health
Equity

 Healthcare
Quality

 Consumer
Empowerment

 Affordability

Population Health Planning (DPH)

- Behavioral Risk Factor Surveillance System (BRFSS) oversampling began July 1 with an increased sample size of 5,500 complete interviews. Four questions were added to support population health planning and include questions on food insecurity, housing insecurity, and the built environment. Using funds from another grant, and in partnership with the Hartford Health Department, a pilot post-BRFSS survey in Hartford, CT also started on July 1, 2015 and continue through December 31, 2015. With success, additional post-BRFSS surveys will be possible in future years within selected towns to support population health planning.
- Contract language, costs and state approvals for the contract to conduct the 2016 BRFSS has begun. OPM approval for the eDAR is awaiting approval.
- Contract language and budgets are developed for the three contracts supporting population health planning. Each are administratively initiated or near completion. The MOA with the UConn State Data Center was executed and the UConn State Data Center has begun work on the project. The Health Resources in Action contract is executed. A contract amendment for enhanced sampling of the BRFSS was signed by DPH and ICF Macro. The contract is now under review by the State Attorney General's Office.
- Detailed review of 26 Community Needs Health Assessments completed, review of financial modelling methods underway
- The Department of Public Health has hired two of the three core positions that will provide resource and staffing under contractual arrangement to support population health planning. Final candidates for the physician position have been identified. Additionally, the exam for the Prevention Services Coordinator will be posted shortly and Health Program Associate position has been posted. The top candidate for the BRFSS Epidemiologist 2 position accepted and is expected to start November 13, 2015. Complete interviews and hiring for the physician lead position; interview and hire Health Program Associate and await identification of qualified candidates for Prevention Services Coordinator position.
- Complete review of financial modelling methods. Continue to monitor enhanced BRFSS activities by the contractor for the 2015 survey.
- Work began on the first phase of the population estimates project. The UConn State Data Center will identify and acquire datasets which provide town level demographic data which include (when possible) age, sex, race, and Hispanic or Latino origin. UConn staff are reviewing small-area population estimation methods, and they are working to obtain and evaluate CT data including: school enrollment, births, death, motor vehicle licensing, residential power utility accounts and Medicare enrollment figures. Tools to further project management and collaborative communications have been developed. These tools include a secure FTP site for file-sharing and a "Go-to-Meeting" interface to allow regular audio and video communications. DPH obtained a customized base-file from the US Census with detailed 2010 population figures. This base-file will provide the foundation for estimates in later years.
- Complete negotiations with the BRFSS contractor for the 2016 survey year.
- Begin training the BRFSSs Epidemiologist 2.
- Significant work conducted to develop a revised and detailed operational plan for population health as requested by CMMI through PMO.
- UConn staff conducted an analysis of IRS migration data, and obtained the CT. Medicare enrollment figures for 2006-2014, by age, sex, race/ethnicity and zip code. A preliminary town population model based on net annual IRS migration, births and deaths produced estimates that showed good consistency with corresponding estimates from the Census. DPH staff shared summary statistics for key datasets: Group Quarters population and DMV driver's license counts. References materials related to the Census Bureau's FSCPE population estimation program were posted to our shared FTP site.

Council/ Work Stream	Progress/ Outputs	Next Steps
SIM WORK STREAMS / PROGRAMS / INITIATIVES		
Medicaid Quality Improvement and Shared Savings Program	<ul style="list-style-type: none"> • DSS gave an MQISSP overview presentation to the SIM Steering Committee meeting. • DSS held a webinar with the Behavioral Health Partnership Committee to provide an overview of the MQISSP including background on reform strategies and model design. 	<ul style="list-style-type: none"> • Begin preparing for a test run of the shared savings calculation, which necessitates analyzing claims and quality performance data. • Begin developing a provider oversight and monitoring plan for both under-service and the enhanced care coordination activities.
Value-based Insurance Design	<ul style="list-style-type: none"> • Currently under contract negotiations with Freedman HealthCare for VBID consulting services, to provide support and assistance to OSC and PMO to accomplish SIM VBID objectives. • Prepared draft VBID charter for employer consortium to present to HISC for approval. • Will begin recruitment of employer consortium members through combination of outreach and WEB-based solicitation. 	<ul style="list-style-type: none"> • Convene VBID employer consortium. • Begin planning for stakeholder meetings, proposed start - February 2016 • Tentatively planning to forward nominees to HISC for approval in December

**Council/
Work Stream**

**Progress/
Outputs**

Next Steps

**UCONN
Community
Health
Worker
(CHW)
Initiative**

- Stakeholder Engagement meetings held w/ Access Health CT
 - Southwest AHEC: Consultant contracts executed & Program Manager and Administrative Assistant hired.
 - Program Office: Administrative Assistant hired; IT & Evaluation consultants identified; requested process from PMO to release funds for IT & Evaluation consultants.
 - CHEFA grant application submitted re: training CHWs.
 - TA Training for Community Solutions CHWs engaged in Promise Zone initiative, and 2 Community Health Network CHWs beginning Nov. 13th.
 - Initiated 3rd conversation with CT DOL re: CHW apprenticeship program.
 - Completed SIM Risk Mitigation, Work Plan, Budget, Operational Plan for PMO for Year 2.
 - Presented on SIM CHW initiative and Payment models at CPHA Annual Meeting on 10.23.15
 - Job postings for 2 CHWs to be placed at AHEC regional offices: Waterbury and Shelton, and Hartford and New London.
 - Starting the new CHW Early Detection specialty internship for 4 CHWs in partnership with DPH Breast and Cervical CA and WiseWoman programs.
 - Attended American Public Health Association Meeting (APHA) meeting CHW section presentations.
 - Discussion with CAB about recommendations for members for the CHW Advisory Board
 - Discussion with Carl Rush re: Advisory Board advice
 - Contract with Center for Health Impact (formerly Central Mass AHEC) being completed.
 - Participated in ASTHO Million Hearts Site Visit as community based agency/CHW rep.
- Execute stakeholder meetings
 - Finalize IT & Evaluation Consultants
 - Respond to PMO feedback re: Risk Mitigation, Work Plan, Budget, Operational Plan
 - CHW interviews to begin next week.
 - EDP CHWs beginning TA trainings for Heart Disease and CA prevention and core competency training
 - Set up conference Call with Carl Rush
 - Complete contract with Central Mass AHEC

Council/ Work Stream	Progress/ Outputs	Next Steps
UCONN Evaluation	<ul style="list-style-type: none"> Continued data acquisition and analysis for publication of 1/1/16 dashboard, baselines and targets Continued work on metrics alignment including analysis of core measures recommended by the Quality Council and the CMMI recommended quality measure set Continued with CAHPS survey design and cognitive testing. Finalized behavioral health access and coordination measures for inclusion in cognitive testing 	<ul style="list-style-type: none"> Investigation of dashboard design changes Add additional views to dashboard Dashboard data acquisition and analysis continued Obtain additional information regarding scorecard measure specifications Continue with preparation for CAHPS survey in 2016
Advanced Medical Home Vanguard Program	<ul style="list-style-type: none"> Fifty two (52) practices are receiving transformation support from Qualidigm and Planetree. Most practices have gone through Standard 1 modules and have completed the PCMH pre-assessment. 	<ul style="list-style-type: none"> Continue transformation services. Formulate plan for periodic progress reporting to commercial payers and Medicaid
Program Management Office (PMO)	<ul style="list-style-type: none"> Hired new staff, Shiu-Yu Kettering, HPA Interviewed for position: Durational Project Management Support Specialist Draft of Operational Plan, including risk mitigation strategy, programmatic components, timelines, leads, and driver diagram 	<ul style="list-style-type: none"> Analysis of Operational Plan budget, timeline, and programmatic components to evaluate whether carry-over or no-cost extension required Preparation of Quarterly Report, due November 30

ACRONYMS

APCD – All-Payers Claims Database

BRFSS – Behavioral Risk Factor Surveillance System

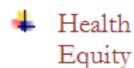
CAB – Consumer Advisory Board

CCIP – Clinical & Community Integration Program

CHW – Community Health Worker

CMC – Care Management Committee

CMMI – Center for Medicare & Medicaid Innovations



DPH – Department of Public Health

DSS – Department of Social Services

EAC – Equity and Access Council

EHR – Electronic Health Record

HISC – Healthcare Innovation Steering Committee

HIT – Health Information Technology

MAPOC – Medical Assistance Program Oversight Council

MOA – Memorandum of Agreement

MQISSP – Medicaid Quality Improvement and Shared Savings Program

PCMH – Patient Centered Medical Home

PMO – Program Management Office

PTTF – Practice Transformation Task Force

QC – Quality Council

SIM – State Innovation Model

FQHC – Federally Qualified Health Center

RFP – Request for Proposals

OSC – Office of the State Comptroller

VBID – Value-based Insurance Design

The purpose of this document is to raise awareness among members of SIM Governance and SIM-funded work stream leads so that they can stay up-to-date about SIM progress, understand their work in context, and spot inter-dependencies where collaboration or coordination may be beneficial

 Population Health

 Health Equity

 Healthcare Quality

 Consumer Empowerment

 Affordability