

CT Health Neighborhoods -- Building an underservice monitoring system

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Health Neighborhoods 101

- Demonstration pilot for dual eligibles (MMEs)
 - High cost population, complex conditions
 - 29% readmission rate
 - Consumers report serious challenges accessing care, care is fragmented
- CMMI procurement
- CT one of 15 states awarded planning grant
- Now working on implementation
- Create 5 health neighborhoods for about 5,000* people
- Person-centered multi-disciplinary network to coordinate care across Medicare and Medicaid
 - Improve care experience
 - Improve quality and outcomes
 - Decrease the total cost of care

The plan

- DSS implementing in close collaboration with agencies
- Performance bonuses independent of savings targets
- Plus shared savings, contingent on meeting quality standards
- Disqualified if underserving

Policymaking process

- Very inclusive, collaborative
 - Recruited people, not allowed to stay out of it
- Led jointly by legislator and advocate/provider
 - Very well-respected
 - Created workgroups as needed
- Transparent, deliberative process
- All voices at the table, but required engagement, have to do the work
- Underservice workgroup created to develop a monitoring system
 - Co-chaired by two consumer advocates
 - Open meetings, often online

Underservice workgroup

- Co-Chaired by two consumer advocates
 - >50% consumer representatives
 - Providers – direct service and organizational leadership
 - State agencies
 - Researchers
 - Legal advocates
- Tight timeframe, focused work
- Used online meetings, webinars, and lots of homework
 - just 2 in person meetings
- Research
 - Webinars
 - Survey – CT and national
 - Lit review
 - Survey other states
 - NCQA, ACOs interviews

Process lessons learned

- Don't need to define underservice upfront
- Include adverse selection
- Only underservice that results from shared savings?
- Clearly mapped process
 - Research, collect/collate/edit, prioritize, check on data system, re-prioritize
- Keep laser focused on the scope
 - Don't veer off into weeds, intentions
- Pair with, integrate with overtreatment and overall quality monitoring
 - But don't lose focus on underservice detection
- Left hot topics for further work
 - Consequences, assistance
 - Care plans
 - Underservice vs. consumer choice

Recommendations

- Care plans
- Experience of care metrics
- Access – specialists, wait times, network capacity
- 17 populations for monitoring
- 12 services to monitor
- Guidance on which neighborhoods to monitor
- Lots of process guidance to build a learning system of monitoring
 - Re-evaluate regularly
 - Monitor contracts and finances for underservice incentives
- Constructive, not punitive

Next steps

- Sorted metrics by data source
 - Some not possible now
- Online survey to re-prioritize by data source
 - Claims, software sort, portal, administrative/RFP responses, chart reviews, surveys
- Workgroups on outstanding issues
- Review and tweak system

For more information

[MAPOC Complex Care Committee](#)