

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN



# Connecticut SIM Draft Logic Model

December 16,  
2015

# What Will be Covered

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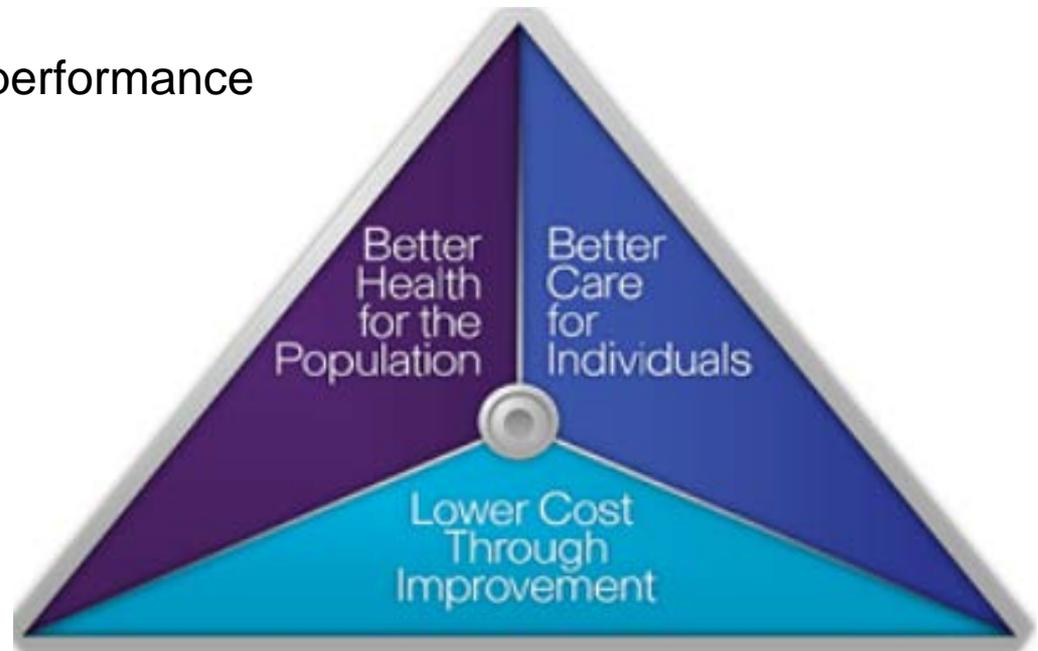
- 1. Context of SIM**
- 2. What is a Logic Model?**
- 3. Review of Logic Model draft**

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# What is a State Innovation Model Grant?

SIM grants are awarded by the federal government through the ***Center for Medicaid and Medicare Services (CMS) Innovation center***. Grants are awarded to states that have demonstrated a commitment to developing and implementing multi-payer health care payment and service delivery models that will:

- 1 Improve health system performance
- 2 Increase quality of care
- 3 Decrease Costs



Connecticut awarded a \$45 million test grant, four-year grant: February 2014 – February 2019

# CT SIM Test Grant Aims



**By 6/30/2020 Connecticut will:**

## **Improve Population Health**

Reduce statewide rates of diabetes, obesity, tobacco use, and asthma

## **Improve Health Care Outcomes**

Improve performance on key quality measures, increase preventative care and consumer experience, and increase the proportion of providers meeting quality scorecard targets

## **Reduce Health Disparities**

Close the gap between the highest and lowest achieving populations for key quality measures impacted by health inequities

## **Reduce Healthcare Costs**

Achieve a rate of healthcare expenditure growth no greater than the increase in gross state product (GSP) per capita, corresponding to a 1-2% reduction in the annual rate of healthcare growth.

# CT SIM Test Grant: Core Metrics

CMMI requires SIM States to collect and monitor progress on the following metrics:

## Model Participation Metrics

- Beneficiaries, Providers & Provider Organizations in any value-based payment or alternative payment model in the state supported by SIM

## Payer Participation

- Payer participation in value-based purchasing and/or alternative payment models supported by SIM

## Model Performance Metrics

- ED Visits; Readmissions; Cost of care; Tobacco Screening; Controlling high blood pressure; BMI Screening & Follow-up

## State Healthcare Landscape

- Total number of beneficiaries in the state receiving care through any value-based payment and alternative payment models
- Total number of providers in the state in any value-based payment and alternative payment models

# Our Journey from Current to Future: Components

## CT SIM Component Areas of Activity

**Transform  
Healthcare  
Delivery System  
\$13m**

**Transform the healthcare delivery system to make it more coordinated, integrate clinical and community services, and distribute services locally in an accessible way.**

**Build Population  
Health Capabilities  
\$6m**

**Build population health capabilities that reorient the healthcare toward a focus on the wellness of the whole person and of the community**

**Reform Payment &  
Insurance Design  
\$9m**

**Reform payment & insurance design to incent value over volume, engage consumers, and drive investment in community wellness.**

**Engage Connecticut's consumers throughout \$376k**

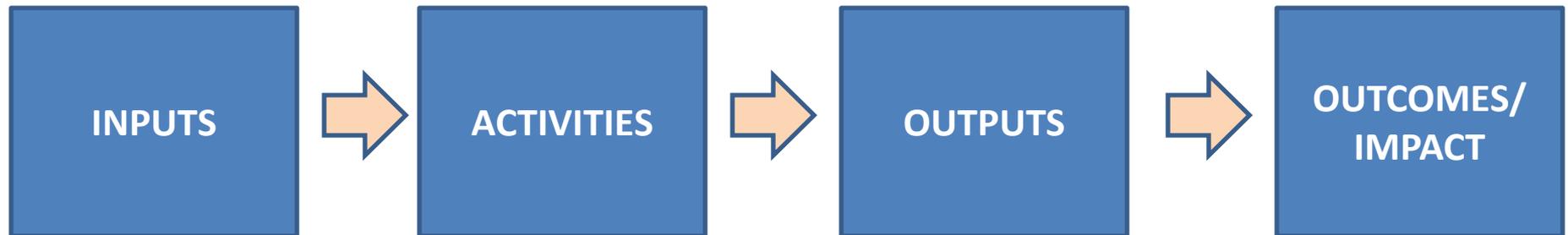
**Invest in enabling health IT infrastructure \$10.7m**

**Evaluate the results, learn, and adjust \$2.7m**

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# Logic Model

- A graphical depiction of the logical relationships between the inputs and activities, and the project outputs and outcomes.
- The purpose of this is to assess the “if-then” causal relationships between the elements of the program. And if activities of a program are implemented, then certain outputs and outcomes can be expected.



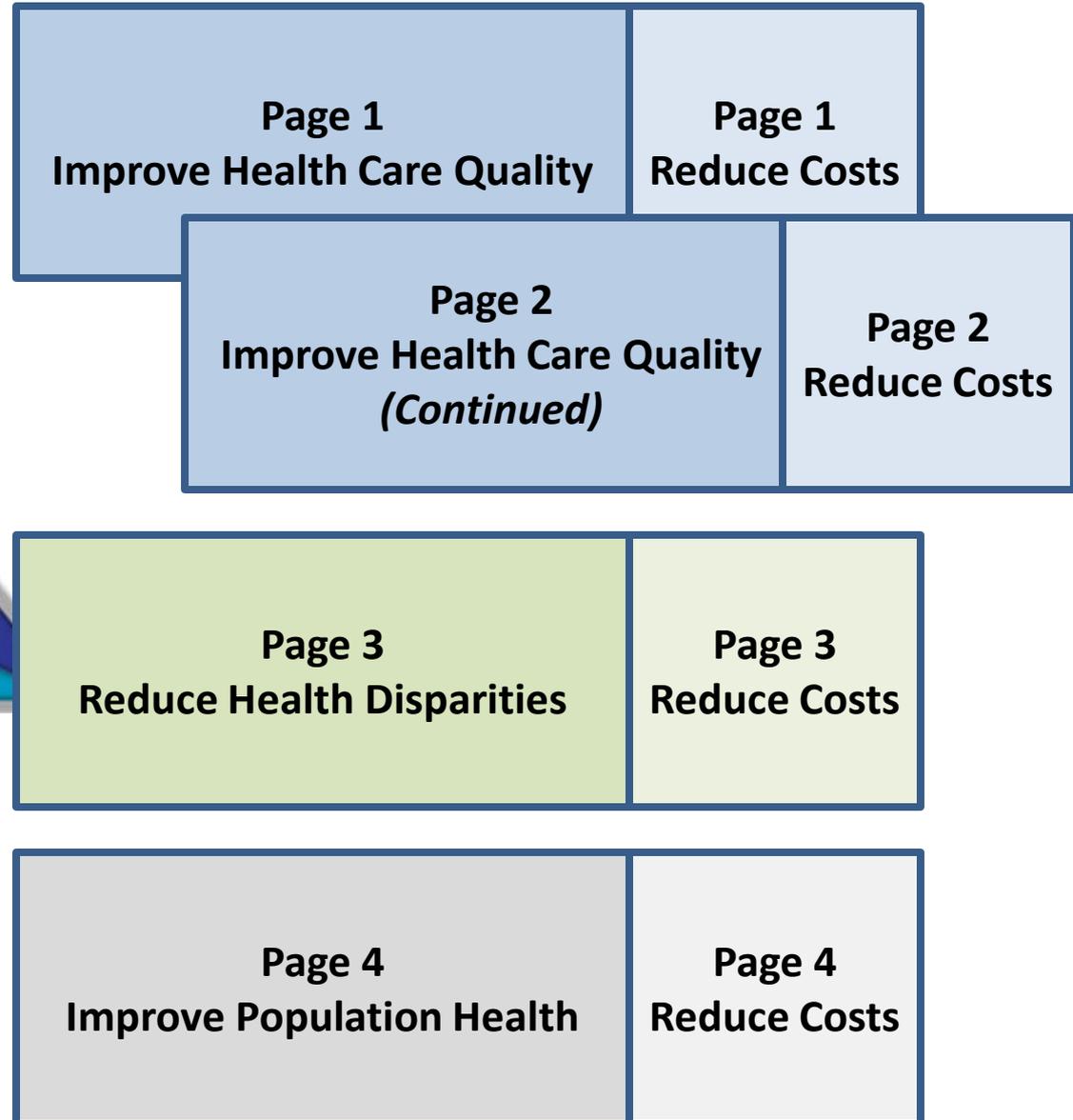
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# Legend

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- See document

# Document Organization



# CT SIM Test Grant Outcomes/Impacts Pages 1 and 2

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## Reduce Healthcare Costs

1-2% percentage point reduction in annual healthcare spending growth, by 2020

Measure	Baseline	2020 Goal
% adults regular source of care	83.9%	93.0%
Risk- std. all condition readmissions	15.9	13.1
Ambulatory Care Sensitive Condition Admissions	1448.7	1195.1
Children well-child visits for at-risk pop	62.8	69.1
Mammogram for women >50 last 2 years	83.9	87.7
Colorectal screening- adults aged 50+	75.7	83.6
Colorectal screening- Low income	64.9	68.2
Mental Health Days	TBD	TBD
Optimal diabetes care- 2+ annual A1c tests	72.9	80.1
ED use- asthma as primary dx (per 10k)	73.0	64.0
Percent of adults with HTN taking HTN meds	60.1%	69.5%
Premature death- CVD adults (per 100k)	889.0	540.0

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Measure	Baseline	2020 Goal
ASO/Fully insured	\$457	\$603
State employees w/o Medicare	\$547	\$722
Medicare	\$850	\$1,096
Medicaid/CHIP, incl. expansion	\$390	\$509
Average	\$515	\$679

# Pages 1-2 Inputs, Activities, Outputs

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- See document

# CT SIM Test Grant Outcomes/Impacts Page 3

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**A major goal of the Model Test is to improve equity in access and quality.**

**We will monitor equity gaps for:**

- **Diabetes:** Reduce disparities in rates of A1c Poor Control
- **Asthma:** Reduce disparities in asthma medication ratio
- **Hypertension:** Reduce disparities in controlling blood pressure
- **Consumer Experience:** Reduce disparities in consumer experience survey results

# Page 3 Inputs, Activities, Outputs

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- See document

# CT SIM Test Grant Outcomes/Impacts Page 4

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**Reduce Healthcare Costs**  
 1-2% percentage point reduction in annual healthcare spending growth, by 2020

Measure	Baseline	2020 Goal
Percent of adults who are obese	24.50%	22.95%
Percent of children who are obese	18.80%	17.65%
Percent of children in low-income households who are obese	38.00%	35.55%
Percent of adults who currently smoke	17.10%	14.40%
Percent low income adults who smoke	25.00%	22.43%
Percent of youth (high school) who currently smoke	14.00%	12.72%
Percent of adults with diabetes	8.50%	7.86%
Percent of adults with diabetes – low income	14.30%	11.32%

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## Discussion