Health IT Advisory Council

October 18, 2018

OHS
CONNECTICUT
Office *of* Health Strategy

Agenda

Agenda Item	Time
Welcome and Call to Order	1:00 pm
Public Comment	1:05pm
Review and Approval of Minutes – September 27, 2018	1:10pm
DSS Questions & Answers	1:15 pm
Quality Measure Information (QMI) Work Group	2:00 pm
State Innovation Model (SIM) Updates • Primary Care Modernization • Health Enhancement Communities	2:15 pm
State-wide Health IT Plan Overview	2:45 pm
Wrap-up and Meeting Adjournment	2:55pm

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Welcome and Call to Order

Public Comment

(2 minutes per commenter)

Review and Approval of:

September 27, 2018 Meeting Minutes

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DSS Questions & Answers

Quality Measure Information (QMI) Work Group

Quality Measure Information (QMI) Work Group

Objective: To identify and further define data sharing opportunities, implementation concerns and specifications, and end-user impact and utilization of Quality Measure Information

Participants: Individuals responsible for quality programs, quality data, and analytics/informatics supporting physicians, payers, health systems, FQHCs, Nurse Agencies, State of Connecticut Departments, etc.

Quality Measure Information (QMI) Work Group

Initial meeting: November

Initial Meeting Topics:

- QMI Work Group scope
- Overview of eCQM CDAS Model
- Breakout session: business, functional, and technical features
- Homework assignment
- Meeting frequency

Quality Measure Information (QMI) Work Group

Actions for the Work Group:

- Define interesting quality measures, including existing federal and state programs
- Evaluate and recommend opportunities to reduce provider burden in quality reporting and closing patient's gaps in care
- Identify features for continuous evolution of QMI (e.g. dashboards, alerts)

Actions for additional information / participation:

- HITO@ct.gov

State Innovation Model (SIM) Updates

How We Will Spend Our Time Together

- Discuss CT healthcare reform history and current landscape
- Discuss two design initiatives to promote better care and better health: ***Primary Care Modernization*** and ***Health Enhancement Communities***
- Share information on a Medicare Multi-payer Demonstration as the vehicle for advancing these reform initiatives
- Consider relationship to the work of the HIT Advisory Council

We are seeking *your advice and expertise* as we move forward with this important work

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Healthcare Reform in Connecticut

- Widespread adoption of the ACO or "shared savings program model"
- More than 85% of Connecticut's primary care community in ACO arrangement
- SIM achievements
  - 180,000+ Medicaid beneficiaries in PCMH+ shared savings program
  - 1,000,000+ beneficiaries (all payer) attributed under shared savings arrangements
  - Commercial payers 60% aligned on Core Quality Measure Set
  - 125 practices achieved PCMH recognition through SIM
  - 5 provider organizations representing 735 PCPs and 414,174 attributed lives receiving Community and Clinical Integration Program support
  - 14 provider organizations and CBOs negotiating service agreements under Prevention Service Initiative
  - Implementation of information exchange and data analytic solutions underway

Healthcare Reform in Connecticut

- Limitations…
  - Primary care remains largely untransformed
  - Limited investments in preventing avoidable illness and injury

The Opportunity

- A multi-payer demonstration project to improve health, drive efficiency and reduce total cost of care (with Medicare participating, but not a “state-run” Medicare program)
- Pay for primary care differently by leveraging payment ‘bundles’ to support advanced care delivery
- Focus on payment features that facilitate using some resources at the system level and the practice level
- Create an innovative community-driven model that can encourage investments in community health by monetizing prevention efforts

Primary Care Modernization

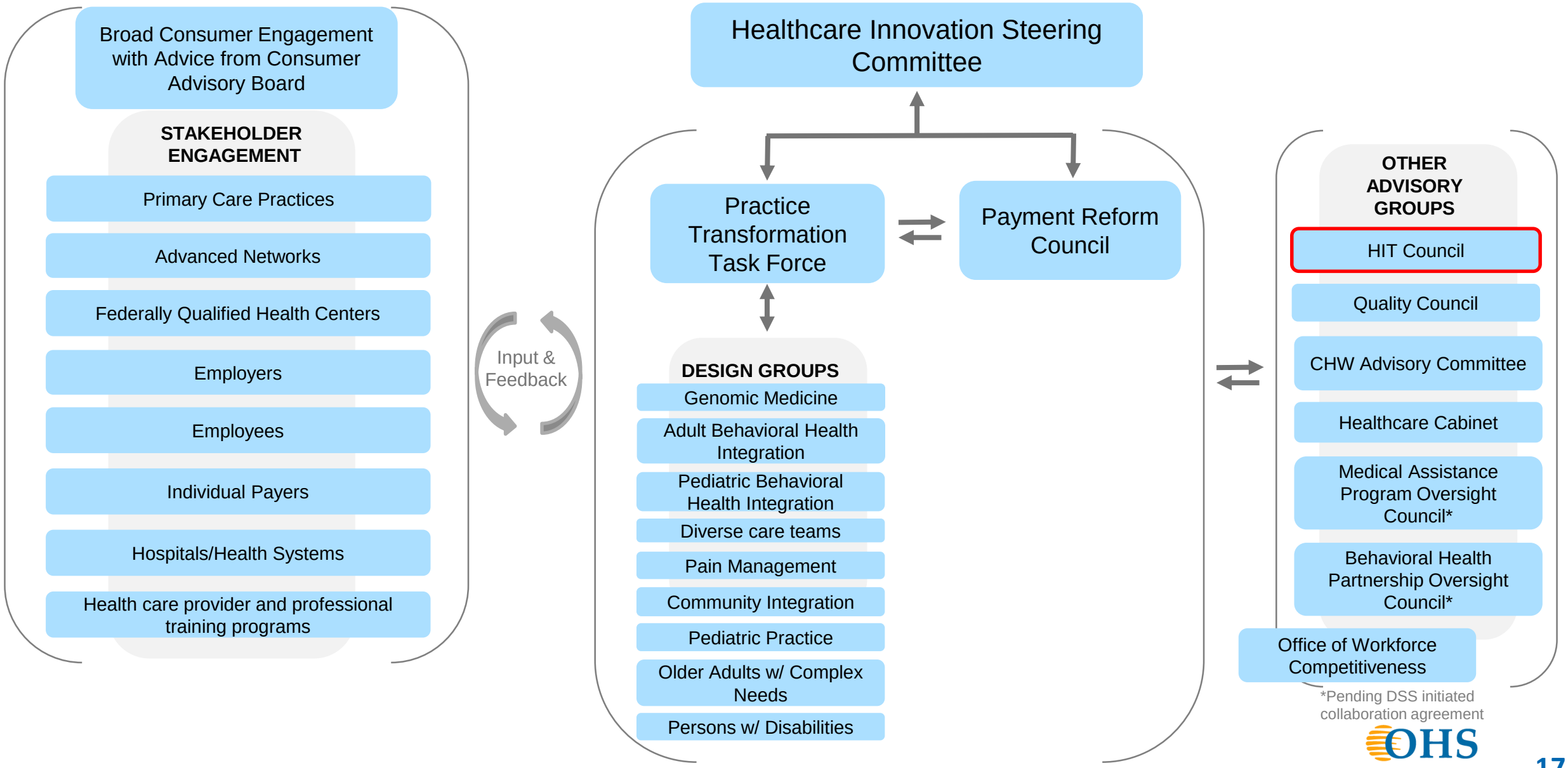
Design a new model for primary care to:

- Expand and diversify care teams
- Expand patient care and support outside of the traditional office visit
- Double investment in primary care over five years through more flexible payments
- Reduce trend in total cost of care

Foundational Assumptions for designing model:

- Eligibility limited to practices in Advanced Networks/ACOs/FQHCs
- Multi-payer
- Existing MSSP or other shared savings arrangements remain in place, but model introduces downside risk *(may propose program adjustments)*
- Hybrid, partial or full bundles for primary care services

Stakeholder Engagement Progress



*Pending DSS initiated collaboration agreement

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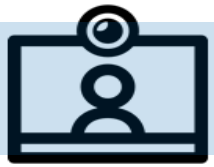
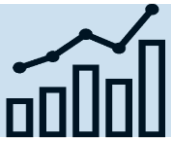
Capabilities Under Consideration

Diverse Care Teams	 Pharmacists, Nurses	 Care Coordinators, Community Health Workers, Navigators	 Health Coaches, Nutritionists
Alternative Modes of Support & Engagement	 Phone/Text/e-mail	 Home Visits	 Telemedicine
Technology	 Patient generated data & Remote patient monitoring	 Precision & Genomic Medicine	 E-Consults
Integration and Specialization	 Behavioral Health Integration	 Practice Specialization (e.g., geriatrics, chronic pain)	 Community Integration

Payment Reform Model Options Under Consideration

Basic Bundle + **Supplemental Bundle** + **Fee for Service Payments**

MSSP or Other Shared Savings or Downside Model Risk Puts Pressure on Total Cost of Care

Options:
Hybrid basic bundle (partial bundle with reduced fees for office visits)
Combined bundle (single upfront payment that combines basic and supplemental bundles)

Primary Care Modernization

High level timetable

2017 – June 2018

- Practice Transformation Task Force recommendations for primary care transformation
- PTTF undertakes stakeholder engagement and preparation of report and recommendations; public comment
- Healthcare Innovation Steering Committee approval of report and recommendations

July – Dec. 2018

- Model Design Phase
- PTTF: proposes core and elective capabilities with design groups and intensive stakeholder engagement
- PRC: Specific payment model options for Medicare and recommendations for other payers
- Provisional recommendations to new Governor's transition team

2019

- Payment Model Development (contingent on support of new Governor)
- Draft concept paper to CMS incorporating specific payment model options for Medicare
- Negotiate Medicare agreement with CMS
- Other payers develop their payment models in alignment with Payment Reform Council recommendations
- Payers begin pre-implementation activities to operationalize new payment model

2020

- Implementation
- Jan. – June: Payers continue pre-implementation activities
- July – Dec.: Best case target date for Primary Care Modernization "go-live"

Looking Ahead: Role of HIT in PCM

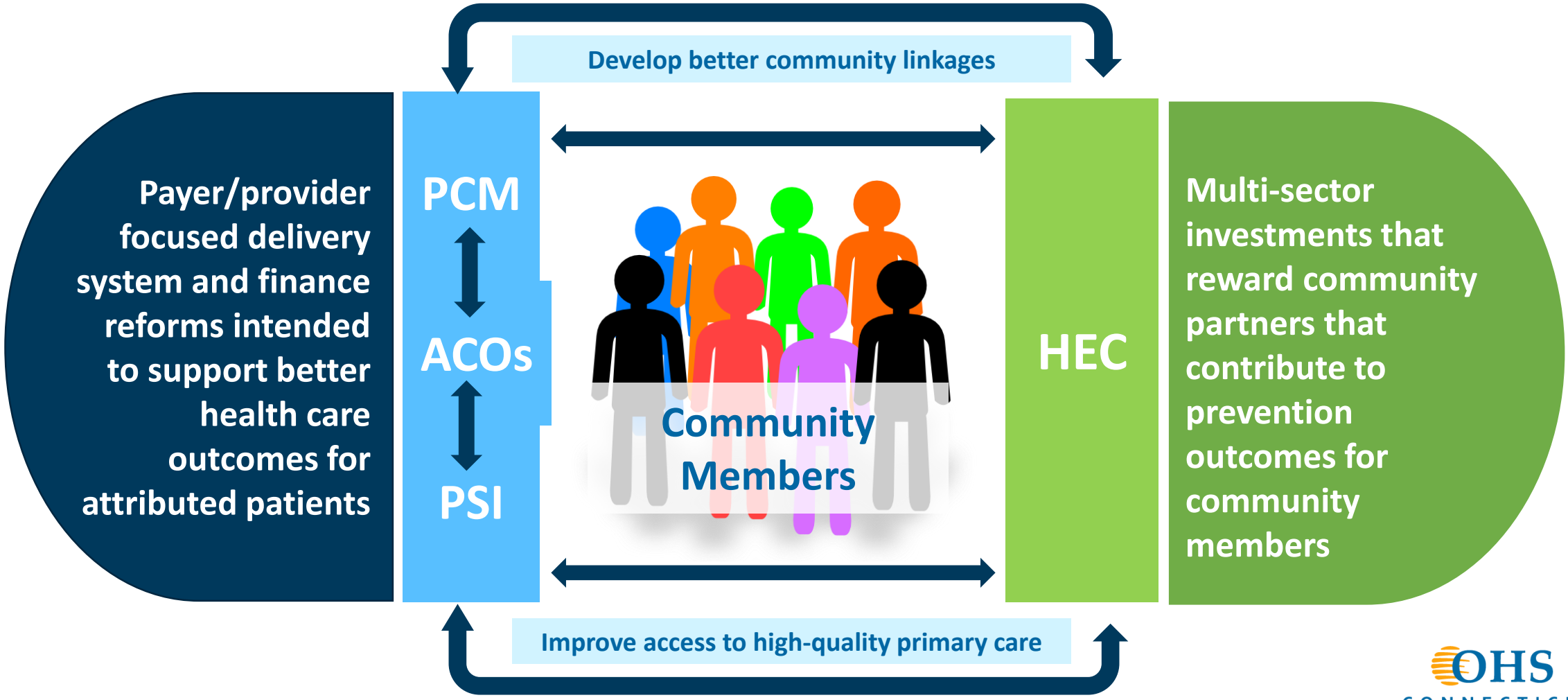
Opportunities for leveraging OHS HIT may include:

- **Improving care delivery through HIE's Two Way Information Exchange Resources Across Settings and Networks. Examples may include:**
  - Expanded Use of Diverse Care Teams
  - Home Visits
  - Telemedicine
  - E-Consults
  - Remote Patient Monitoring
  - Behavioral Health Integration
  - Community Integration

- **Informing Program Oversight through CDAS's Advanced Analytics and Reporting to Monitor Performance. Examples may include:**
  - Ongoing service utilization monitoring on expected vs. actual service levels
  - eCQMs/Quality Council common measure sets

Aligned and Complementary Reforms

Connecticut's augmented strategy to incentivize quality and prevention



Health Enhancement Community Initiative

Proposed Features

- HECs will be multi-sector collaboratives with formal governance structures operating in defined geographic areas that will improve prevention, health risk, and health equity and reduce cost and cost trend for select health priorities.
- HECs will implement multiple, interrelated, and cross-sector strategies that address the root causes of poor health, health inequity, and preventable costs.
- HECs will operate in an economic environment that is sustainable, including through financing that rewards communities for prevention, health improvement, and the economic value they produce.

Primary Priorities Across HECs

Improve Child Well-Being

Prevent and Mitigate Adverse Childhood Events

Increase Healthy Weight and Physical Fitness

Prevent Overweight and Obesity

Improve Health Equity

HECs may also select additional priorities but the intent is to have a statewide focus and move the needle at a statewide level.

CURRENTLY PROPOSED

HIT Implications of the HEC

- The Health Enhancement Communities will need to be able to conduct analytics activities that track the health and wellness of their populations across multiple HEC interventions.
- A robust IT and data infrastructure is critical for HECs to achieve their goals and collect and report on provisional statewide measures.

CURRENTLY PROPOSED

HIT Implications of the HEC

- The HECs will need to utilize an IT and data infrastructure that will both extract and receive feeds of data from various sources, including clinical sources to which partners within HEC may not have previously had access.
- To accelerate the process of developing an infrastructure that will best support the HECs, the HEC Initiative can leverage the Core Data Analytics Solution (CDAS) currently in development by OHS, with analytics resources at the University of Connecticut (UConn) Analytics and Information Management Solutions (AIMS) group.

What is CDAS?

CURRENTLY PROPOSED

- The University of Connecticut (UConn) Analytics and Information Management Solutions (AIMS) group is focused on:
  - The design and development of advanced innovative person-centered analytics and information management solutions to support initiatives that promote healthier people, smarter spending, and health equity.
- **Core Data Analytics Solution (CDAS) Goal:** Create an innovative, open architecture solution that will open the lines of communications across the State between people, communities, consumers, providers, payers, and employee groups (all-inclusively labeled "stakeholders").

How Will CDAS Support HECs?

CURRENTLY PROPOSED

- CDAS will acquire and create a sizable foundation of the state's health data, such as the All-Payers Claims Database (APCD), clinical data, medical and pharmacy claims data, and social determinates of health.
- The data within the CDAS will be used to create advanced innovative analytics to provide information and insight to guide and support interventions.

How Will CDAS Support HECs?

CURRENTLY PROPOSED

- It will provide information to stakeholders, like HECs, so that they can proactively monitor and manage programs and interventions to ensure impactful outcomes.
- Advanced analytics will be important to quantify the potential return on investment in populations in support of value-based, multi-payer strategies.

CURRENTLY PROPOSED

How will CDAS support HECs?

- Create cost-efficiencies for implementation across the HEC such that they reduce the analytics burden on the HEC.
- Ensure flexibility to include data elements such as social determinants of health, family history, medical and surgical history.
- Accept data formats from most sources (i.e. excel, access dbase) to accommodate most HEC providers (including those who don't currently have robust HIT in their settings).
- Allow for the segmentation of all of its reports, metrics, and analytic tools by any number of markers or factors.

CURRENTLY PROPOSED

CDAS HEC Example

- HECs could utilize CDAS to do the following:
  - Access baseline data to identify hot spots of need within the local HEC geography to better target interventions
  - Upload HEC intervention outputs to meet reporting requirements and track activities
  - Monitor local HEC progress toward statewide prevention benchmarks

Discussion and Q&A

State-wide Health IT Plan Overview

State-wide Health IT Plan:
Background & Overview

- Statutory requirement – P.A. 18-91
- Strategic and tactical considerations
- Long-term vision with near-term opportunities
- Alignment with Office of Health Strategy purpose, goals, and objectives
- Inclusive of other efforts by state and public sector stakeholders
- Starting point for future iterations
- Target date for Health IT Advisory Council review – December 20, 2018

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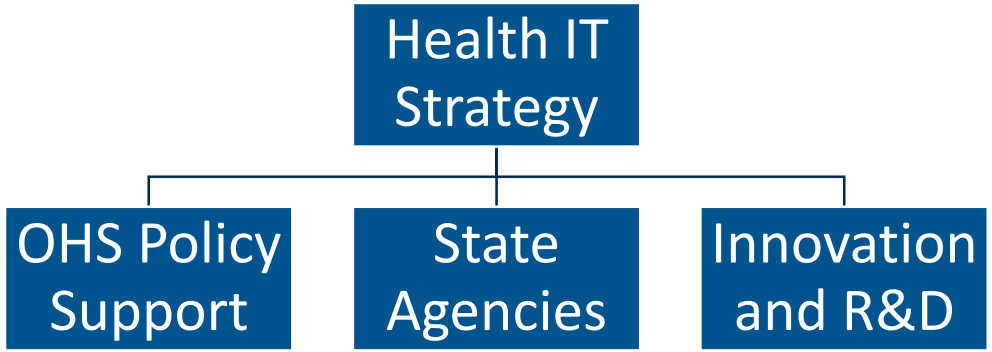
State-wide Health IT Plan: *Proposed Domains*

- Strategy constructed on three domains:
  - OHS Policy Support
  - Collaboration across state agencies
  - Innovation / Research & Development
- Complementary and interdependent domains
- Alignment with, and supportive of, OHS strategic priorities, goals, and objectives



Wrap up and Next Steps

Next Health IT Advisory Council Meeting:

Thursday, November 15, 2018 | 1:00pm – 3:00pm
Legislative Office Building, Hearing Room 1D

OHS CONNECTICUT Office of Health Strategy

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Health IT Advisory Council Website:

https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council