



# Connecticut State Innovation Model

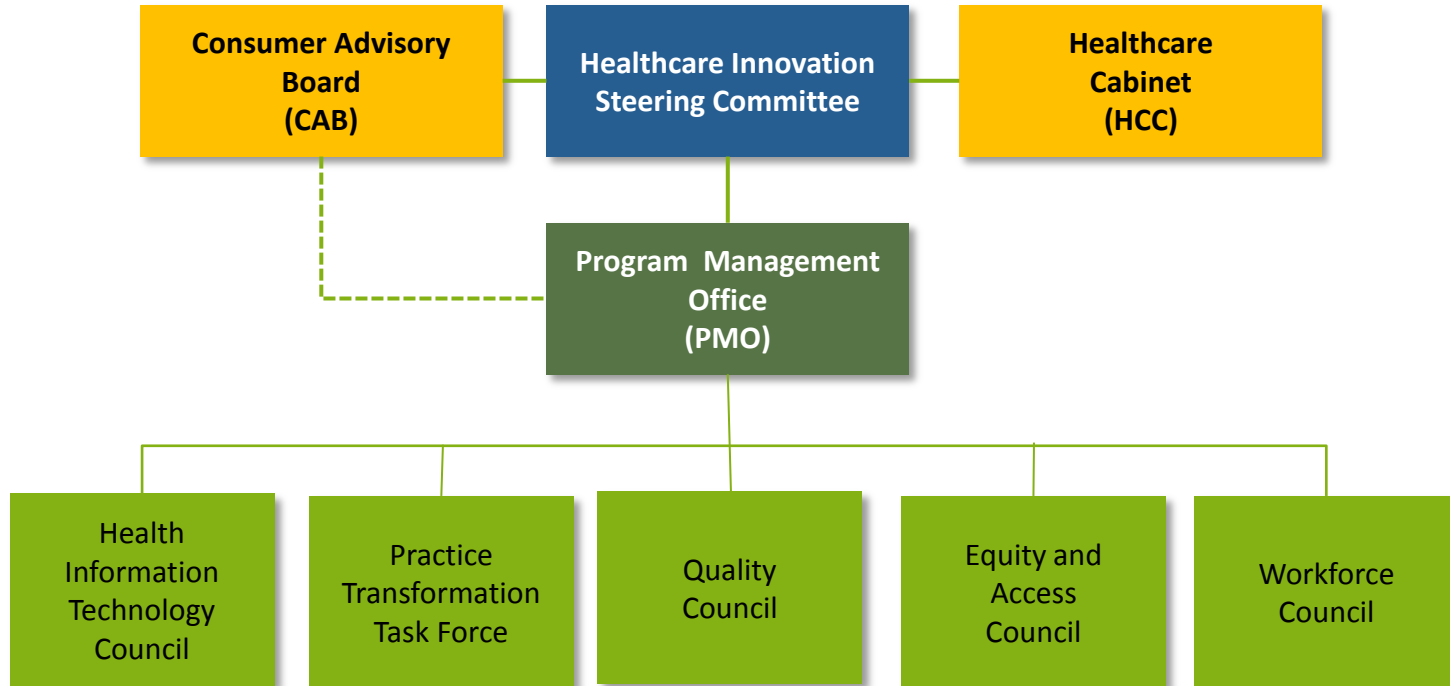
STATE OF CONNECTICUT

Project Update  
April 8, 2014

# Program Management Office

- Prepare physician survey to inform practice transformation
- Establish governance structure and associated work groups
- Response to Comments – Vs 1.1

# Governance



# Governance

- On-line solicitation for members of Consumer Advisory Board, Councils and Task Force (work groups)
- More than 70 consumer/advocate applications and more than 60 provider applications
- Consumer Advisory Board reviewed and recommended consumer/advocate representatives
- Personnel Subcommittee of the HISC reviewed and recommended provider representatives
- HISC approval of nominees anticipated April 22nd

# Test Grant Strategy

- Summarize Funding Opportunity Announcement parameters upon release
- Prepare “Issue Briefs”
  - frame design grant issues for discussion
  - more fully describe model components (e.g., glide path)
- Consult with
  - Consumer Advisory Board
  - Health Care Cabinet

# Test Grant Strategy

- Criteria for prioritizing “potential” test grant components
- Justification and budget for test grant components
- Test grant strategy with evaluation team
- Finalize priorities and propose comprehensive solution to the Healthcare Innovation Steering Committee

# Issue Brief #1 – Care Experience Survey

- Payers require valid practice level care experience survey as condition for participating in value-based payment
- Quality Council recommends care experience survey
- Practices must use standardized methods and recommended survey
- Practices have option to arrange for survey themselves or to fund conduct of survey by state-administered vendor
- Advantages:
  - State's combined purchasing power obtains best price
  - providers' freed from administrative burden

# Issue Brief #2 – Financing New Services and Activities

- Unfunded services such as pharmacists, nutritionists, patient navigators, and health coaches (.e.g., community health worker)
- Unfunded activities such as e-consult, non-visit based interactions with patients, time physicians spend directing team
- Currently, many payers pay advance payments to cover cost of care coordination
  - Typically, payers net this “advance” out of shared savings calculation
  - Some providers prefer to front this investment themselves



# Issue Brief #2 – Financing New Services and Activities

- Question:
  - How to establish a multi-payer funding strategy for supporting, over time, the expansion of teams and activities that are consistent with the core elements of our model?
- Options?

# Upcoming Issue Briefs

- Glide path administrative model
- Transformation support for advanced systems?
- Detailed design of Health Information Technology solution
- Prevention service centers

# Questions?

## Contact information

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