

# Connecticut State Innovation Model

## Work Stream Update



- The Health Innovation Steering Committee (HISC) Approved [Charter and Composition for the Primary Care Modernization \(PCM\) Payment Reform Council](#), which will advise on the design of the payment model to support PCM planning.
- The [final report](#) from the Governance Design Group was provided to Health Information Technology (HIT) Council.
- The Office of Health Strategy posted an [RFA](#) for the eQIM Pilot to identify FQHCs, ACOs, and hospitals to establish a set of standard eQIMs that can be adopted across all payers to measure both quality and clinical outcomes. The RFA deadline for pre-qualification is 9/4/18.
- Health Enhancement Communities (HEC) planning continues as stakeholders continue to be engaged with design input from employers, foundations, faith-based organizations, local health, etc. and that feedback was incorporated into the HEC report draft.
- Two reference communities (RC) participated in deep dive webinars including one held with Hartford, one held to review report templates, and a combined webinar with all four RCs to discuss community engagement plans, HEC measures, data, and IT.
- DSS held a technical assistance session for PCMH+ Participating Entities focusing on Transition Aged Youth (TAY) and Children and Youth with Special Healthcare Needs (CYSHCN). Planning for future technical assistance sessions and webinars is underway with the next technical assistance session taking place on October 4<sup>th</sup>.
- Contracts were executed with 8 Participating Entities for Wave 2 of PCMH+.
- The Steering Committee approved the release of the updated VBID templates for Public Comment.
- Work continued on the VBID initiative with the consultant supporting 9 employers (1 has been deferred to the second cohort) to collect data, discuss options, and develop initial recommendations for development of VBID plans. All nine employers have completed initial recommendations and are now moving toward implementation and planning for evaluation and communication strategies.
- The Report to the Legislature on CHW Certification was posted for public comment.
- The UConn Evaluation team completed data acquisition and analysis for the October 1 publishing of the [dashboard](#)
- The CAHPS survey administration for Medicaid is underway and planning for next commercial CAHPS administration continues with sample files from all three participating payers having been received.
- The UConn Evaluation team, in consultation with the Quality Council, drafted responses to public comments on [project documents](#), including some changes to methodology.
- OHS executed a contract with Wheeler Clinic to participate in CCIP Wave 2. Additional contracts are pending execution.

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
<b>Healthcare Innovation Steering Committee (HISC)</b>	<b>VBID</b>  <b>Primary Care Modernization</b>	<ul style="list-style-type: none"> <li>Approved <a href="#">Charter and Composition for the Primary Care Modernization (PCM) Payment Reform Council</a>, which will advise on the design of the payment model to support PCM planning</li> <li>Approved Updated Value-Based Insurance Design Templates to be released for public comment (<a href="#">Fully Insured</a> and <a href="#">Self Insured</a>). The updated templates include recommendations regarding the use of Centers of Excellence, Diabetes Prevention Programs, and considerations of prescription drug coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Approve Payment Reform Council membership</li> <li>Approve the <a href="#">Report to the Legislature on CHW Certification</a></li> </ul>	9/13/18
<b>Consumer Advisory Board (CAB)</b>	<b>Consumer input on barriers to appropriate healthcare</b>  <b>Healthcare Reform</b>	<ul style="list-style-type: none"> <li>Consumer Engagement Coordinator will continue to conduct outreach to those who assisted in coordinating past CAB outreach events for new CAB members</li> <li>CAB working on outreach event for young adults.</li> <li>CAB members participated on PCM Genomics Design Group</li> <li>CAB conducted solicitation for PTF and Payment Reform Council</li> </ul>	<ul style="list-style-type: none"> <li>Continue new member outreach strategy</li> <li>CAB to vote for consumers to sit on Payment Reform Council and PTF</li> </ul>	CAB Meeting 9/11
<b>Practice Transformation Task Force (PTTF)</b>		<ul style="list-style-type: none"> <li>No August Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Hold Design Group meetings to discuss care delivery capabilities</li> <li>Establish Payment Reform Council</li> <li>Engage stakeholder communities</li> <li>Review skeleton capabilities</li> </ul>	9/4/18

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Health Information Technology (HIT)		<ul style="list-style-type: none"> <li>• The <a href="#">final report</a> from the Governance Design Group was provided to HIT Council.</li> <li>• (eCQM/CDAS) OHS posted an <a href="#">RFA</a> for the eCQM Pilot to identify FQHCs, ACOs, and hospitals to establish a set of standard eQMs that can be adopted across all payers to measure both quality and clinical outcomes. The RFA deadline for pre-qualification is 9/4/18.</li> <li>• (eCQM/CDAS) Is developing a Quality Measures Improvement (QMI) work group to provide guidance in the quality measures data that CDAS will receive. At this time, work preliminary around developing a charter, identify participants, and defining scope</li> <li>• (HIE Services) OHS received questions from CMS related to th IAPD-U. A state response was developed between the Medicaid agency and OHS and submitted on 8/6 and is awaiting approval.</li> <li>• (HIE Services) Continue to develop requirements and framework for Clinical Encounter Alerts (CEA) and C-CDAs. This includes legal framework for CEAs, identifying critical paths, documenting requirements, &amp; use case summary documentation.</li> </ul>	<ul style="list-style-type: none"> <li>• (eCQM) CDAS will install software into the environment by mid-September. Once completed, the CDAS environment can begin accepting data for implementation. This will occur once contracts with eCQM Pilot participants are executed. Expected start date 11/1/18.</li> <li>• Next steps for HIE Services includes: <ul style="list-style-type: none"> <li>○ Receipt of IAPD-U funds</li> <li>○ Execution of MOA with the Office of the Attorney General for the creation of an HIE Entity</li> <li>○ Finalize requirements and framework documents for CEAs and C-CCDAs</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Health IT Advisory Council – 9/27</li> </ul>
Quality Council (QC)		<ul style="list-style-type: none"> <li>• See <a href="#">Evaluation</a> Section</li> </ul>	<ul style="list-style-type: none"> <li>• Begin Annual Review of Core Measure set for endorsement status and other programmatic alignment</li> </ul>	9/26/18

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<b>Population Health Planning (DPH)</b>		<ul style="list-style-type: none"> <li>• HEC planning continues- stakeholder design input from employers, foundations, faith-based organizations, local health, etc. was incorporated into the HEC report draft.</li> <li>• Two reference community (RC) deep dive webinars held with Hartford, a report template review webinar was held, and a combined webinar with all four RCs to discuss community engagement plans, HEC measures, data, and IT.</li> <li>• CT SIM Population Health Team partnered with Yale School of Public Health to offer regional Innovation Series webinar on August 8, <i>investing in Community Partnerships to Address Chronic Disease</i>.</li> <li>• BRFSS team prepared a draft of adverse childhood experiences factsheet using 2017 CT BRFSS data and the factsheet is currently under review. Work continued on generating prevalence estimates for 2017 survey</li> <li>• Epidemiology staff reviewed and provided comments/additional references for the draft 8/15 HEC report from Health Management Associates “CT SIM Pop. Health Council HEC Report” (<i>abbreviated</i>). Finalized Avoidable Hospitalization tabulations for CT Towns. Prepared draft narrative that is now being edited.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued report revision; feedback will be solicited from the population health council and HISC. Obtain final approval or the report before releasing for public comment.</li> <li>• RC community engagement and further work on the RC final report.</li> <li>• TA provider preparing agenda for second peer Learning Session on October 3, 2018.</li> <li>• Next council meeting scheduled for September 27<sup>th</sup>.</li> <li>• Provide data related CT segregation and eviction data for the HEC report. Finalize draft hospitalization narrative and share it with SIM team. Post report to DPH web site.</li> </ul>	

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<b>Person Centered Medical Home Plus (PCMH+) &amp; Care Management Committee</b>	<ul style="list-style-type: none"> <li>Held a technical assistance session on TAY and CYSHCN</li> <li>Planning for technical assistance sessions and webinars</li> <li>Executed contracts with 8 PEs</li> <li>PE reports were submitted and reviewed</li> <li>CMC meetings are now held bi-monthly</li> </ul>	<ul style="list-style-type: none"> <li>Executed remaining contracts with PEs</li> <li>Hold technical assistance sessions and webinars</li> <li>Share update at September MAPOC Meeting</li> </ul>	<ul style="list-style-type: none"> <li>9/19/18</li> <li>10/4/18</li> <li>9/12/18 <b>(CMC)</b></li> </ul>	
<b>Value-based Insurance Design</b>	<ul style="list-style-type: none"> <li>Received Steering Committee approval to release updated VBID templates for Public Comment</li> <li>Continued working one-on-one with 9 employers (1 has been deferred to the second cohort) to collect data, discuss options, and develop initial recommendations for development of VBID plans. All nine employers have completed initial recommendations and are now moving toward implementation and planning for evaluation and communication strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Plan for the Cohort 1 wrap-up which will include peer-to-peer learning activities. This will be held in October.</li> <li>Post the updated VBID templates for public comment and finalize.</li> <li>Begin recruiting for Cohort 2, to launch in November.</li> </ul>	N/A	

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<b>UCONN Community Health Worker (CHW) Initiative</b>		<ul style="list-style-type: none"> <li>• Facilitated CHW Website meeting, updated mental health section, success stories were submitted by the CHW Workforce and published on CHW Website. The purpose is to identify all terms for “CHW” that might be used for a job search on a website such as Indeed. The goal is to determine the positive hits on Indeed and frequency for each CHW term to allow us to decide on most effective search language.</li> <li>• Report to the Legislature on CHW Certification was posted for public comment.</li> <li>• Conducted 2 Engagement Webinars and Participated with Health Equity Solutions in a CHW community roundtable at Charter Oak CHC on August 8th for CHWS to explain the details of the recommendations for the legislative report draft. 65 CHWs participated in the 2 hour webinars, which allowed for questions and answers. These will be included with the overall Public Comment that is submitted.</li> <li>• Meeting with CHN Administration becoming an Apprenticeship site.</li> <li>• Consulted with Carl Rush and Joanne Calista regarding review of recommendations for CHW Certification, and other questions regarding public comment.</li> </ul>	<ul style="list-style-type: none"> <li>• Final revisions of the Report to the Legislature on CHW Certification was sent to the CHW Advisory Committee for review</li> <li>• Partner with Hispanic Health Council, Health Equity Solutions and others to disseminate information on recommendations for certification to groups statewide. This includes advocating to legislators on the report.</li> <li>• Schedule a Spanish only presentation to One Community on the Recommendations for Certification</li> </ul>	9/6/18

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<b>UCONN Evaluation</b>	<p><i>Dashboard</i></p> <p><i>Scorecard</i></p>	<ul style="list-style-type: none"> <li>Data acquisition and analysis for October 1 <a href="#">dashboard</a></li> <li>Medicaid CAHPS administration underway</li> <li>Continued planning for next commercial CAHPS administration, sample files from all three participating payers have been received</li> <li>Drafted analysis report on first commercial CHAPS administration</li> <li>2017 VBID and APM data collection close to completion</li> <li>Continued with analysis of commercial claims data, convened Quality Council subgroup on measures and methods</li> <li>Continued user interface development; continued work with Quality Council subgroup on presentation</li> <li>Drafted responses to public comments on <a href="#">project documents</a>, including some changes to methodology</li> <li>Prepared provider lists for distribution to healthcare organizations</li> </ul>	<ul style="list-style-type: none"> <li>Continue analysis of APCD data to set baselines and targets for healthcare delivery methods</li> <li>Finalization of commercial CAHPS sampling plan and launch second commercial survey</li> <li>Present results of first CAHPS survey to payers</li> <li>Complete 2017 VBID and APM data collection</li> <li>Continue scorecard user interface and methods development</li> <li>Continue analysis of commercial claims data</li> <li>Continue engagement with healthcare organizations including distribution of provider lists for healthcare organization amendment or confirmation</li> </ul>	
<b>Community and Clinical Integration Program</b>		<ul style="list-style-type: none"> <li>Executed contract with Wheeler Clinic to participate in CCIP Wave 2. Additional contracts are pending execution.</li> <li>Proposals for CCIP Validation Surveyor and Subject Matter Experts were reviewed and scored.</li> </ul>	<ul style="list-style-type: none"> <li>Complete all Wave 1 and Wave 2 Contracts.</li> <li>Announce Validation Surveyor and Subject Matter Expert Panel and draft contracts</li> </ul>	N/A

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<b>Advanced Medical Home</b>		<ul style="list-style-type: none"> <li>To date, 125 practices have received NCQA Level 2 or 3 PCMH recognition</li> </ul>	<ul style="list-style-type: none"> <li>Continue providing technical assistance to the enrolled practices.</li> </ul>	
<b>Grant Administration</b>		<ul style="list-style-type: none"> <li>Submitted AY 3 Quarter 2 quarterly reports to CMMI</li> <li>Beginning to coordinate with workstreams to update the operational plan for AY 4</li> </ul>		

## ACRONYMS

**APCD** – All-Payers Claims Database

**AHCT** – Access Health Connecticut

**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

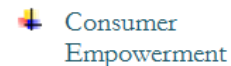
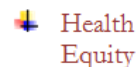
**PTTF** – Practice Transformation Task Force

**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