

Connecticut State Innovation Model Work Stream Update



- In partnership with Spottswood AME Zion Church in New Britain, the CAB hosted a Diabetes Forum on April 28th. The forum offered opportunities for members of the black and African American community to share their experiences with diabetes, to learn from each other, and to identify healthcare resources. SIM CAB member Steve Karp shared his personal struggles with diabetes and led a lively discussion about individual experiences with the chronic illness. Thirty-five congregants, local parish leaders, and guests attended.
- DSS hosted the first PCMH+ in-person convening for Participating Entities to share best practices and identify and work through challenges together. These convenings will be held on a bi-monthly basis.
- Themes from the HIT stakeholder engagement/ environmental scan were [presented](#) at the April 20 statewide Health IT Advisory Council meeting. Over 60 stakeholder groups and 200 individuals were interviewed, participated in focus groups, or were surveyed from around the state.
- The HIT eCQM Design group worked through use cases and functional requirements for eCQMs, and developed a set of recommendations, including some related to governance and operations of a statewide utility, which are detailed in the [eCQM Report](#).
- The Evaluation Team developed an [exercise](#) for Quality Council members to complete to assess other states' public scorecards. Results will be used to identify key features and use cases for the CT scorecard.
- The [SIM Data Dashboard](#) was updated with the latest Population Health statistics and SIM progress.
- CT Business Group on Health sponsored a VBID event for 75 members that featured presentations on VBID and Choosing Wisely and included panelists from Pitney Bowes, Hartford HealthCare, and United Healthcare. Attendees had a chance to work through an exercise that allowed them to design elements of a VBID plan and identify real steps to implementing VBID plans in their workplace.
- Qualidigm continued working with the CCIP Participating Entities (PEs) to complete the readiness assessments, which will inform each PE's transformation plan to achieve the CCIP Standards.

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
Healthcare Innovation Steering Committee (HISC)		<ul style="list-style-type: none"> No April Meeting 	<ul style="list-style-type: none"> Receive update Health Information Technology stakeholdering and planning efforts Receive update on Operational Plan Achievements and Risks Discuss future HISC structure and agendas 	5/11/17
Consumer Advisory Board (CAB)	Consumer Engagement	<ul style="list-style-type: none"> Held Diabetes support forum on April 28 to engage a New Britain community on strategies for navigating diabetes healthcare services Continued planning for Young Adult Youth (CT Kids as Self Advocates (KASA) summit Continue planning for Community Catalyst consumer engagement workshop scheduled for June 	<ul style="list-style-type: none"> Hold Young Adult Youth summit for young adults with disabilities to help guide their transition into adult care on May 13 Continue development of CAB Consumer Engagement and Communications Plan 	5/9/17 6/6/17
Practice Transformation Task Force (PTTF)	PCPM	<ul style="list-style-type: none"> Discussed Primary Care Payment Models (PCPMs) and provided additional recommendations for Connecticut payers 	<ul style="list-style-type: none"> Finalize PCPM recommendations to be included in PCPM White Paper Report currently under development by the Qualidigm team 	5/9/17 TBD

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Health Information Technology (HIT)		<ul style="list-style-type: none"> Over 60 stakeholder groups and 200 individuals have been interviewed, participated in a focus group or surveyed for the HIT engagement/environmental scan. Through this process, the environmental scan will provide the current HIT landscape, describe opportunities and challenges that the stakeholders face as it relates to HIT and help inform a strategic vision for the state. Secondly, the stakeholder engagement assists in building trust and buy-in with how the state will proceed. Preliminary themes from the stakeholder engagement/ environmental scan were <u>presented</u> at the March 16 statewide Health IT Advisory Council meeting with more robust findings <u>presented at the April 20th meeting</u>. The final report and recommendations will be reviewed with the intention that the recommendations will be approved at the May 18th meeting. The eCQM design group has met weekly for nine sessions to identify and recommend the objectives and requirements of an efficient, shared, statewide health IT-enabled eCQM solution in the context of Alternative Payment models. The Design group has worked through validating functional requirements, and developed a set of recommendations, including some related to governance and operations of a statewide utility for producing eCQMs. These findings were presented at the April 20th meeting. The <u>full report</u> was sent to the council members for their input with the intention that the recommendations be approved at the May 18th meeting. 	<ul style="list-style-type: none"> Complete Stakeholder Engagement activities. Begin planning for the second phase of the eCQM design group Begin planning for an immunization task force 	HIT Advisory Council: 5/18/17

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Quality Council (QC)	<i>Public Scorecard</i>	<ul style="list-style-type: none"> No April meeting 	<ul style="list-style-type: none"> Review summary of assessment responses and determine key elements and clear use cases for CT scorecard 	5/10/17
Care Management Committee (CMC) (A sub- committee of MAPOC)	<i>PCMH+</i>	<ul style="list-style-type: none"> Attended April MAPOC work session to discuss underservice mitigation strategy 	<ul style="list-style-type: none"> Provide updates at June MAPOC CMC meeting 	6/14/17

 Population
Health

 Health
Equity

 Healthcare
Quality

 Consumer
Empowerment

 Affordability

**Population
Health Planning
(DPH)**

PSCs

- DPH contractor (HRiA) concluded the work on the environmental scan of CBOs working in the SIM epicenters selected by the Council.
 - PSC Planning is ongoing. Two focus groups were conducted this month attended by representatives of CBOs from cities and towns around New London and Hartford to inform planning efforts.
 - PSC Straw Model components and design was discussed with the Population Health Council meeting on April 27th.
 - DPH is preparing a report to present to the SIM Steering Committee covering all components of the PSC; specifically to address the minimum standards for PSCs designation and to agree upon the optimal standards of PSC performance.
 - Coordinated a meeting with DSS regarding PCMH+/CCIP/PSC alignment. Discussed opportunity to apply for CHCS Technical Assistance, PSC Framework and PCMH+ RFP requirement.
 - PMO coordinated technical assistance calls with CDC to assist in alignment strategies between DPH Population Health and PCMH+/CCIP initiative.
 - Predictive modeling to provide annual estimates of population sizes by CT town-age-sex-race-Hispanic ethnicity (TASRH) continued. The 0-4 age group model was validated using historical data (USCB 2000 decennial census). Model selection criteria based on 10-fold cross-validation for all age group models were applied.
 - Staff is developing the methodology used by the 500 cities project. This method is able to generate point estimates in a wide range of areas for which sample
- Based on feedback from the Council, the team is drafting a simplified format of the PSC model including an alternative option for discussion.
 - Review additional feedback from focus groups and community capacity report.
 - Apply for a Medicaid/Public health learning collaborative with the Centers for Health Care Strategies.
 - Estimation of pre-ranked population sizes for 2011-2014 by TASRH using finalized model selection criteria, followed by raking to align estimates with data from other sources.

5/25/17

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		<p>size is too small to produce estimates by other strategies.</p> <ul style="list-style-type: none"> The local Area Report is finalized and in the process of internal review. The RFP for the 2018-2023 CT BRFSS survey is finalized and a RFP review panel established. 		
Person Centered Medical Home Plus (PCMH+, formerly MQISSP)		<ul style="list-style-type: none"> Continued working through the Performance Year 1 work plan DSS is currently updating Wave 2 RFP Compliance onsite reviews will take place in August PE reporting template finalized and sent to PEs Held first in-person convening of PEs to share best practices and address challenges. PEs recommended convening on a bimonthly basis. 	<ul style="list-style-type: none"> Continue refining Wave 2 RFP draft Schedule individual compliance onsite reviews with each PE Finalize compliance review tool Continue bimonthly PE convenings 	N/A
Value-based Insurance Design		<ul style="list-style-type: none"> Held April 27th VBID Workshop with the CT Business Group on Health. The event included approximately 75 attendees with backgrounds in HR and benefits. The event featured presentations on VBID and Choosing Wisely and including panelists from Pitney Bowes, Hartford HealthCare, and United Healthcare. Additionally, attendees had a chance to work through an exercise that allowed them to design elements of a VBID plan and identify real steps to implementing VBID plans in their workplace. Attended CBIA's Event "Navigating the Employee Leave Maze" and networked with HR professionals around VBID 	<ul style="list-style-type: none"> Complete VBID assessments with all payers and share results with SIM governance Hold May 23rd VBID Consortium meeting to discuss updated VBID 2.0 Templates Continue assessing strategies for working with universities, unions, and human resources specialists to promote VBID uptake 	5/23/17

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UCONN Community Health Worker (CHW) Initiative		<ul style="list-style-type: none"> • Met in person with Qualidigm to discuss PE-needs assessments, utilization of TA manuals, TA next steps, and the evaluation of TA. • Drafted timeline for remaining TA manuals: orientation to practice, training, supervision and evaluation. • Submitted 4th draft of the CHW Advisory Committee report (white paper) to the PMO on 4/14/17 for feedback. • Participated in the Center for Health Care Strategies' 4/18 webinar on using CHWs to reach complex-needs populations. Alerted Qualidigm to this training opportunity. • Met with CT DOL and Capital Community College to establish a partnership to develop a CHW apprenticeship program. 	<ul style="list-style-type: none"> • Finalize CHW Advisory Committee report (white paper), updated to include additional deliberations regarding sustainable financing. • Convene focus group with CHWs to inform website resources. • Complete demo webpages in May. • Conference with Qualidigm on 5/18/17. • Draft training and supervision manuals. 	6/1/17

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UCONN Evaluation	<i>VBID</i>	<ul style="list-style-type: none"> • Published 4/1/17 dashboard • Continued data acquisition and analysis for the 7/1/17 dashboard • Continued work on the Alternative Payment Model Template and associated materials • Completed VBID survey data collection with two payers • Drafted Evaluation “At a Glance” document 	<ul style="list-style-type: none"> • Data acquisition and analysis for 7/1/17 dashboard publication • Finalize APM template and associated materials • Continue VBID survey data collection • Finalize Evaluation At a Glance document 	N/A
	<i>PCMH CAHPS</i>	<ul style="list-style-type: none"> • Finalized commercial payer and CT DSS participation • Yale executed contract with survey vendor for commercial surveys • PMO executed contract with CHNCT for Medicaid surveys • Finalized file specification and survey materials • Vendors requested data files for surveys • Submitted second release of funds request for supplemental commercial sample 	<ul style="list-style-type: none"> • Monitor commercial and Medicaid CAHPS implementation 	
	<i>Public Scorecard</i>	<ul style="list-style-type: none"> • Completed scorecard survey and analysis • Continued data acquisition plan for required metrics and amended reporting metrics as needed • Continued data acquisition efforts for metric reporting 	<ul style="list-style-type: none"> • Present scorecard survey results to Quality Council • Attend monthly call with National Evaluators • Continue data acquisition activities for required reporting 	

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Community and Clinical Integration Program		<ul style="list-style-type: none"> • Qualidigm began readiness assessments to establish the Participating Entities' baseline progress on the CCIP standards. • Qualidigm continued to enhance the implementation package which includes the roadmap for CCIP technical assistance, learning collaboratives, and community health collaboratives. • Qualidigm began the environmental scan of designated Community Health Collaborative areas to identify existing collaboratives and natural partners for new collaboratives. 	<ul style="list-style-type: none"> • Continue to collect data from PEs through the readiness assessments. This data will highlight needed areas of focus to enable PEs to achieve the CCIP standards. The readiness assessments for the Core Standards are expected to be complete in early May. • Begin to develop individual transformation plans for each PE based on the outcomes of the readiness assessments. 	N/A
Advanced Medical Home Program		<ul style="list-style-type: none"> • Continued working with Qualidigm on recruitment efforts. 35 applications have been received to date. • Qualidigm continued providing technical assistance to the AMH practices in both the Pilot and Federally-funded cohorts. • To date, 49 practices in the Pilot have received NCQA PCMH recognition. 	<ul style="list-style-type: none"> • Continue recruiting efforts in collaboration with Qualidigm. 	N/A
Program Management Office (PMO)		<ul style="list-style-type: none"> • Projected Performance Year 1 spending and worked closely with work streams to determine the need for a No-Cost Extension. • Submitted Quarterly Report for the first quarter of calendar year 2017, including updates on risk mitigation strategies and accountability targets. • Launched new Core Team strategy which includes establishing cross-workstream partnerships to achieve shared goals and mitigate cross-cutting risks 	<ul style="list-style-type: none"> • Prepare budget amendment and no-cost extension request. • Begin drafting Operational Plan for Performance Year 2. • Solicit additional contractual resources to support quality measure alignment and other aspects of PMO scope 	N/A

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**PCMH+** – Patient Centered Medical Home Plus**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

