CONNECTICUT
HEALTH IMPROVEMENT COALITION
Partners Integrating Efforts and Improving Population Health

Healthy Connecticut 2020

State Health Improvement Plan

Maternal Infant and Child Health ACTION Team Meeting AGENDA & NOTES

Date: March 28th, 2016
Time: 9 to 11 am
Location or Conference Call Number: CT Women's Consortium, Hamden CT

Attendees *(Please list all who participated)*: Jennifer Morin, Marc Camardo, Elby Gonzalez-Schwapp, Joan Ascheim, Marty Milkovik, Kathleen Callahan, Collette Anderson, Grace Whitner, Kimberly Paluska, Nancy Turner, Joann Petrini, Nicole Pelegrino, Janine Altamirano, Sue Radway, Judy Dicine, Alana Krueber, Christine Velasquez, Mark Keenan, Jordana Frost, Ryan Tabtabai, Amanda Vercellone, Michelle Woehren, Kenn Harris, Maria Damiani, Gina Novick, Kareena DuPlessis, Ann Gionet, Jing Marren, Beasha Bartlette, Janet Storey, Marijane Carey

Agenda Items	Time	Discussion	ACTION Items and person responsible
Presentation: *CT SIM – Creating a Culture of Value*	90 mins.	• Attached is Mark's PP presentation. The link to the SIM website is http://www.healthreform.ct.gov/ohri/site/default.asp. • For Pregnancy Risk Assessment Monitoring Systems' (PRAMS) information, go to http://www.ct.gov/dph/cwp/view.asp?a=3138&q=492780&dphNav_GID=2120 o Contact information for Jennifer Morin, DPH's PRAMS lead: ▪ Email: Jennifer.Morin@ct.gov, Phone: 860 509-7497 • For MCH Block Grant information, go to o http://www.ct.gov/dph/cwp/view.asp?a=3138&q=414744 o Contact information for Mark Camardo and Marcie Cavacas, DPH's MCH Block Grant leads: ▪ Email: Marc.Camardo@ct.gov, Phone: 860 509 7182	

		▪ Email: Marcia.Cavacas@ct.gov, Phone: 860 509 7775 • To access the 2-1-1 website, go to http://www.ct211.org/ • To access the Child Development Infoline (CDI) website, go to http://cdi.211ct.org/ • For information on the CT Campaign for Paid Family Leave, go to http://paidfamilyleavect.org/ • Contact information for Michelle Noehren, Permanent Commission on the Status of Women (PCSW) lead for FMLA: ▪ Email: Michelle.Noehren@cga.ct.gov , Phone: 860 240-8300	
Next meeting:		June 28th, 2016, 9:00 am – 11:00 am at the CT Women's Consortium	

Connecticut SIM: Creating a Culture of Value

Presentation to Maternal Child Health Coalition

March 28, 2016

Agenda

SIM connecticut state innovation model

- What is the State Innovation Model Initiative?
- What are the components of CT's SIM?
- What problems are we trying to address?
- What care delivery and payment reforms are we promoting
- Quality Measure Alignment
- Value-based Insurance Design
- Consumer Engagement
- Measuring our Performance

What is a State Innovation Model Grant?

SIM connecticut state innovation model

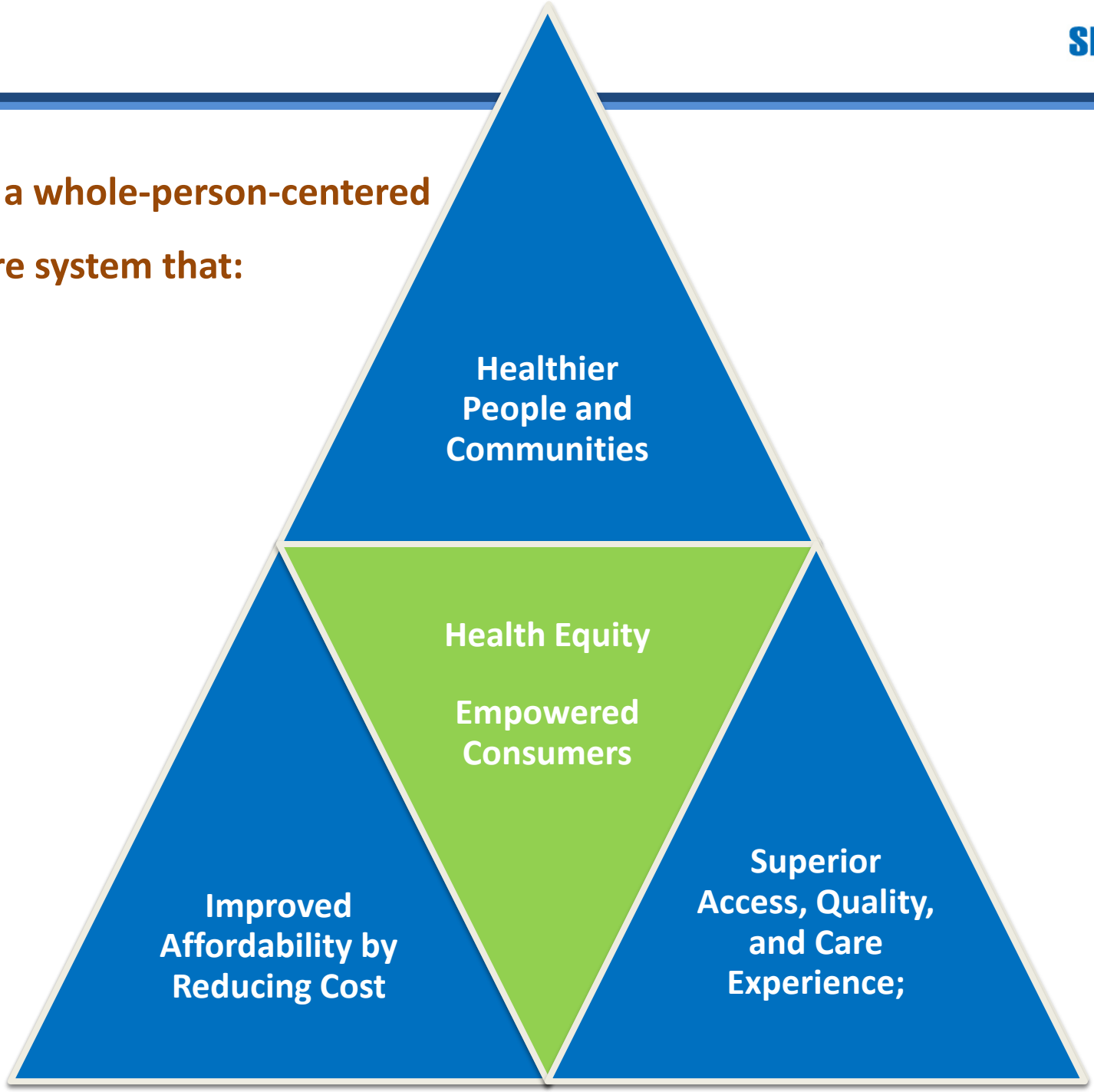
SIM grants are awarded by the federal government through the ***Center for Medicaid and Medicare Services (CMS) Innovation center***. Grants are awarded to states that have demonstrated a commitment to developing and implementing multi-payer health care payment and service delivery models that will:

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

Connecticut awarded a $45 million test grant in December 2014 which will be implemented over the next five years.

Vision

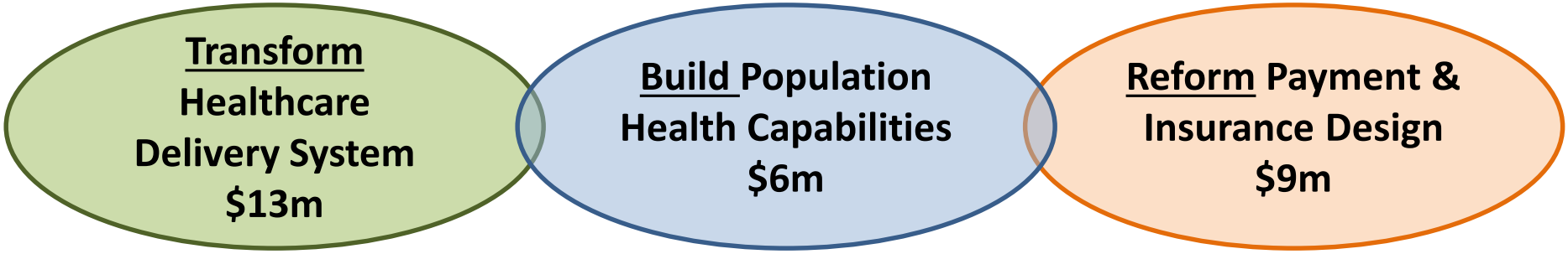
Establish a whole-person-centered healthcare system that:



Our Journey from Current to Future: Components

SIM connecticut state innovation model

CT SIM Component Areas of Activity



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

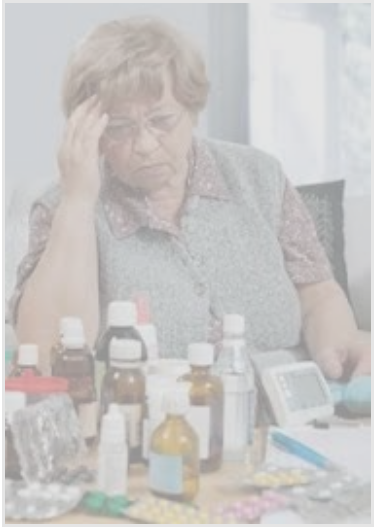
Build population health capabilities that reorient the healthcare toward a focus on the wellness of the whole person and of the community

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**

Healthcare today – 1.0

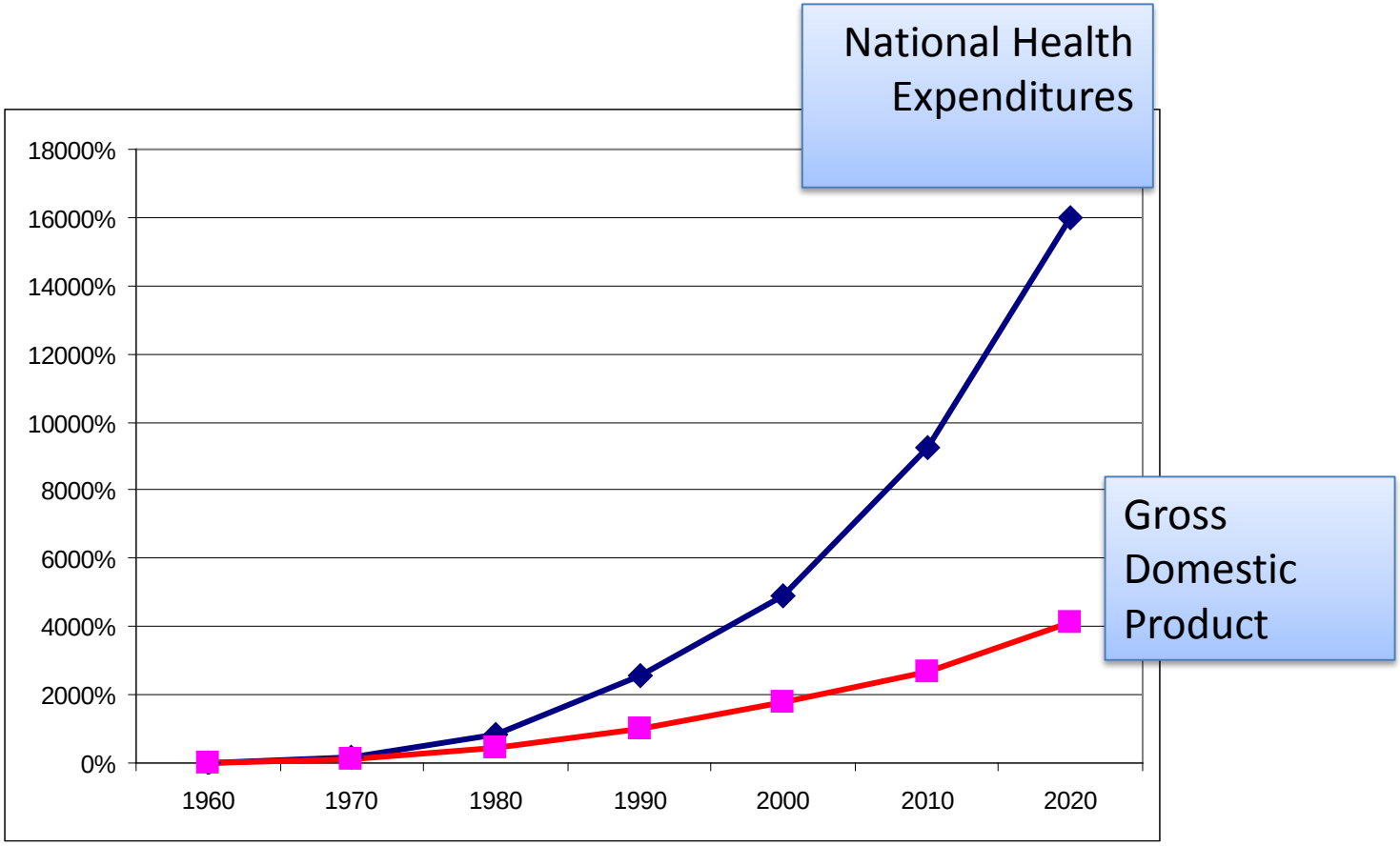
Connecticut's Current Health System: "As Is"



Fee For Service Healthcare 1.0

- **Limited accountability**
- **Poorly coordinated**
- **Pays for quantity without regard to quality**
- **Uneven quality and health inequities**
- **Limited data infrastructure**
- **Unsustainable growth in costs**

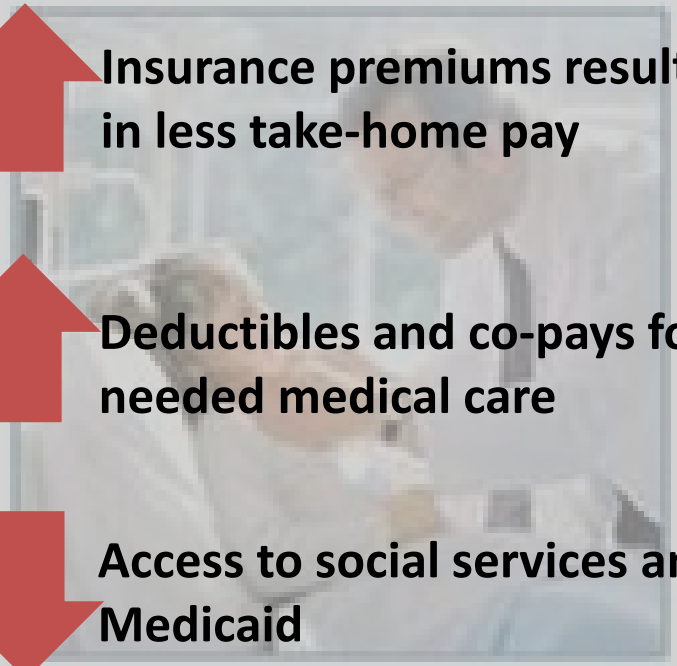
Healthcare Spending has Outpaced Economic Growth



Source: CMS, National Health Expenditure Data

Escalating costs mean…

….patients will experience



- Insurance premiums resulting in less take-home pay
- Deductibles and co-pays for needed medical care
- Access to social services and Medicaid

….communities will experience

- Money for programs that support housing, education, the environment, and community development

Escalating costs mean…

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….the **business community** will experience

US = Lowest Ranking for Safety, Coordination, Efficiency, Health

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Exhibit ES-1. Overall Ranking

Country Rankings	
	1.00–2.33
	2.34–4.66
	4.67–7.00

	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	$3,357	$3,895	$3,588	$3,837*	$2,454	$2,992	$7,290

Note: * Estimate. Expenditures shown in $US PPP (purchasing power parity).
Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris: OECD, Nov. 2009).

Commonwealth Fund: http://www.commonwealthfund.org/publications/press-releases/2010/jun/us-ranks-last-among-seven-countries

How about Connecticut?

Connecticut Healthcare Costs

Connecticut *- healthcare spending = More than $30 billion,* ***fourth highest of all states*** *for healthcare spending per capita*

CMS (2011) Health Spending by State of Residence, 1991-2009.
http://www.cms.gov/mmrr/Downloads/MMRR2011_001_04_A03-.pdf

Connecticut: Uneven Quality of Care

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Rising rate of Emergency Department utilization

Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries	2011	195	183	129	40

CT ranking out of 50 states

High Hospital Readmissions

Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries	2012	52.0	45	26	36

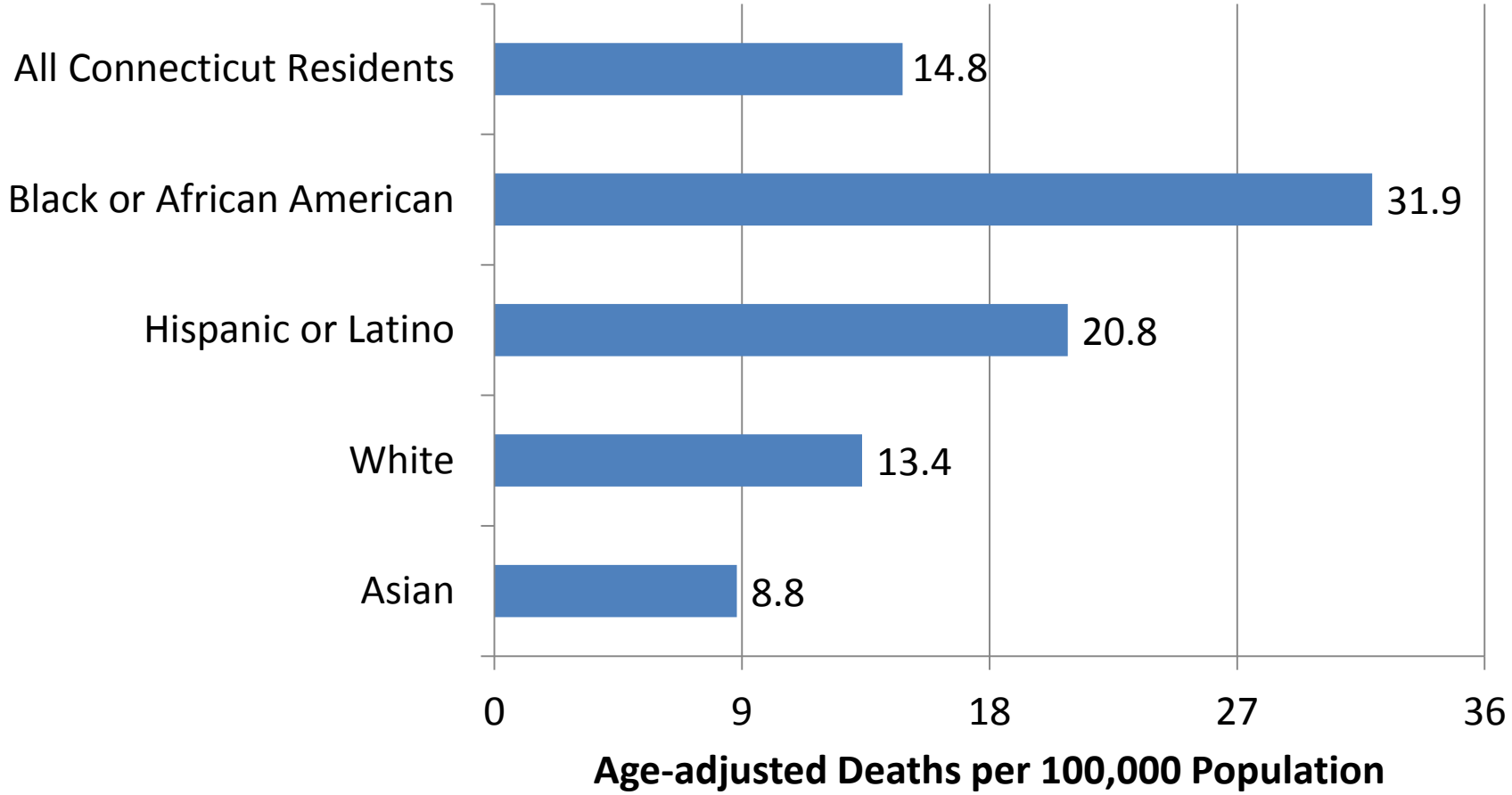
CT ranks 36th out of 50 states

D.C. Radley, D. McCarthy, J.A. Lippa, S.L. Hayes, and C. Schoen, Results from a Scorecard on State Health System Performance, 2014, The Commonwealth Fund, April 2014.

Health disparities persist in Connecticut

SIM connecticut state innovation model

Age-adjusted Death Rate for Diabetes, Connecticut Residents, by Race and Ethnicity, 2008-2012



Data Source: CT DPH, Vital Records Mortality Files, 2008-2012 data.

Health disparities persist in Connecticut

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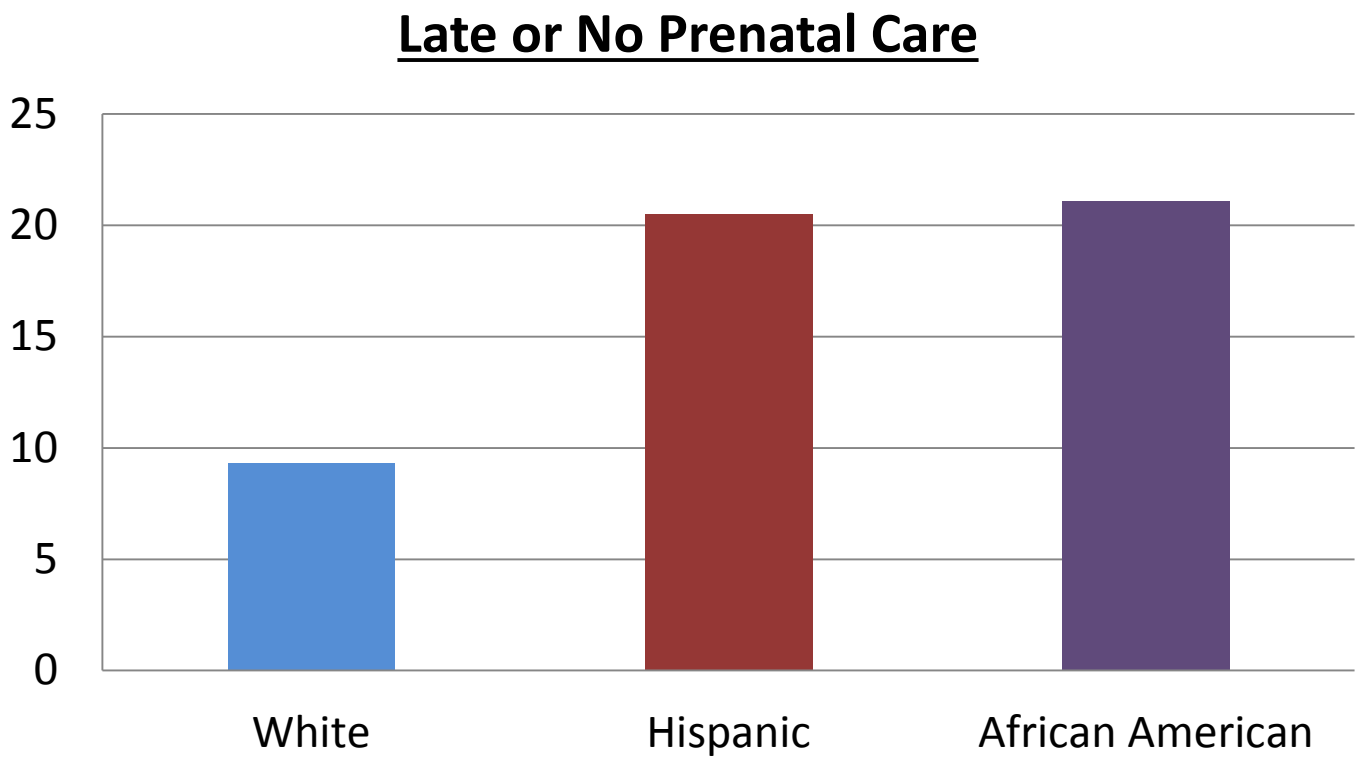
Health disparities devastate individuals, families and communities, and are *costly*:

- **The cost of the disparity for the Black population in Connecticut is between $550 million - $650 million a year**

Source: LaVeist, Gaskin & Richard (2009). The Economic Burden of Health Inequalities in the US. The Joint Center for Political & Economic Studies. As reported by DPH

Maternal and Child Health

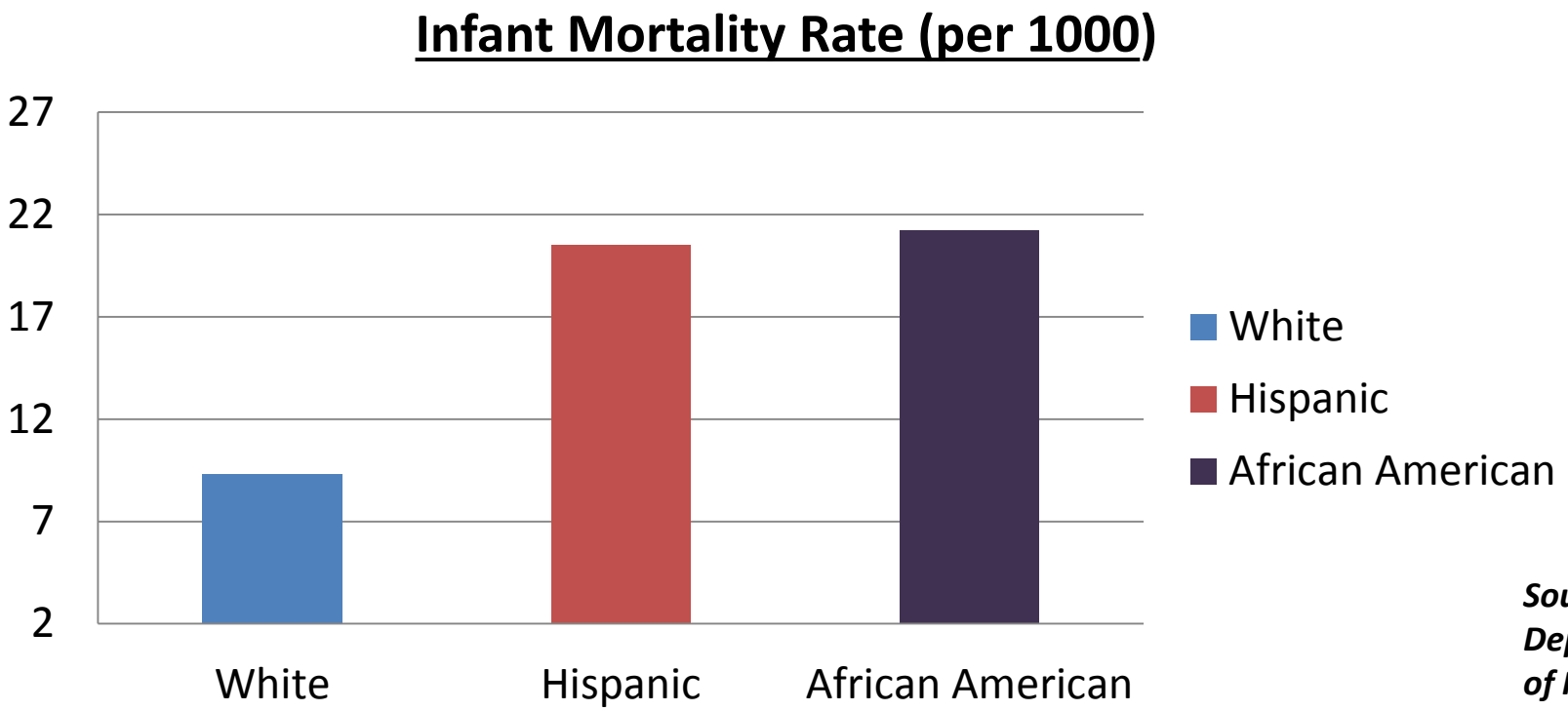
- **Prenatal Care:** Prenatal care, begun within the first three months of pregnancy, allows for early identification of risks and appropriate treatment. Late or no prenatal care, is associated with poor birth outcomes.
- In 2010 the receipt of late or no prenatal care among African Americans (21.2%) was 2.3 times greater, among Hispanic women (20.5%) was 2.2 times greater than among white (9.3%) in Connecticut.



Source: Department of Public Health 2013

Maternal and Child Health

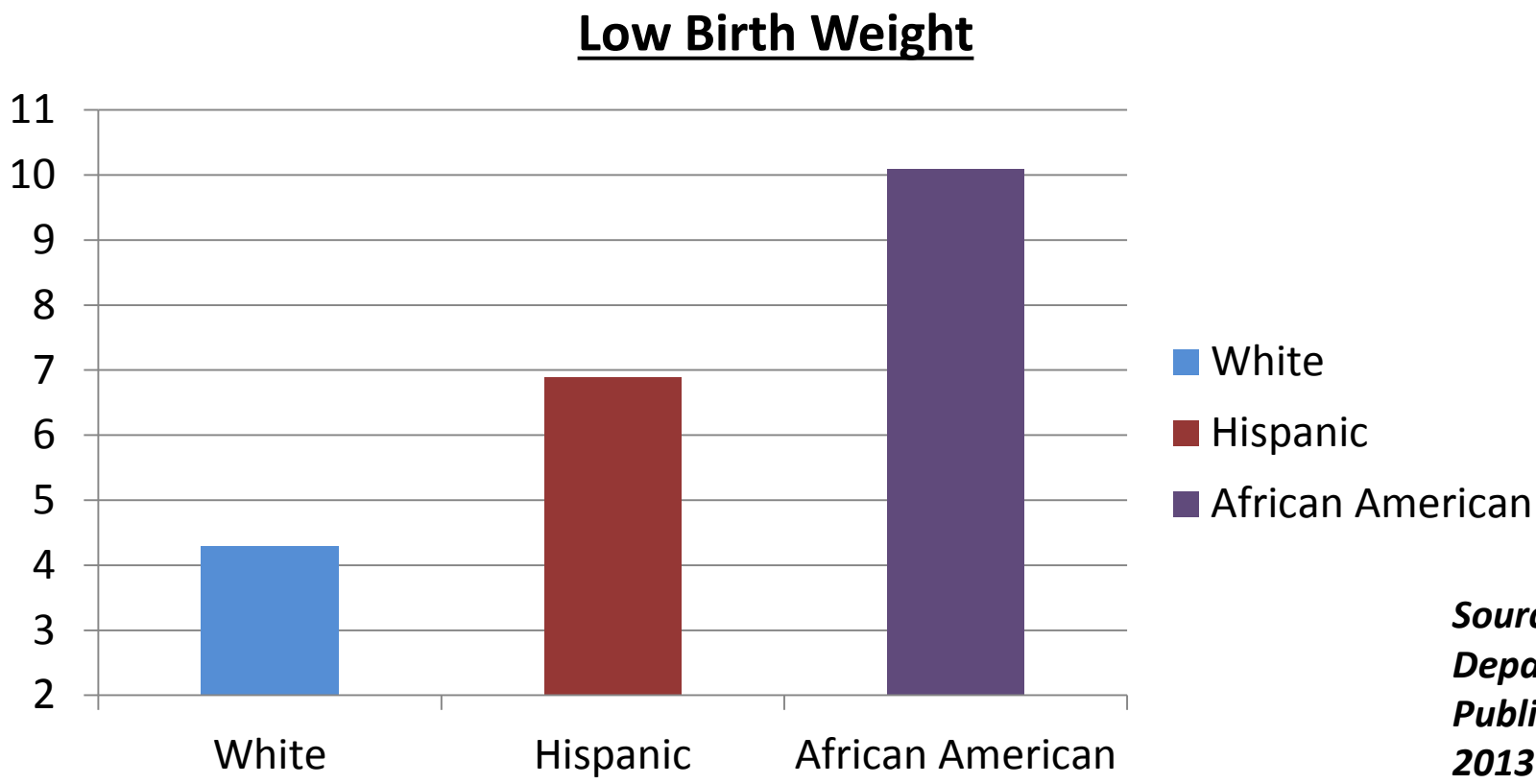
- **Infant Mortality Rate:** An important indictor of societal health and is associated with maternal health, access to and quality of medical care, socioeconomic conditions and public health practices.
- The Connecticut infant mortality rate in 2010 was three times higher among African Americans compared with Whites (11.8 deaths per 1000 versus 4.0). The infant mortality rates among Hispanics was almost two times higher (7.5 deaths per 1000).



Source: Department of Public Health 2013

Maternal and Child Health

- **Low Birth Weight (LBW):** Low birth weight places infants at much higher risk of death and long-term illness and disability.
- In 2010 the rate of LBW among African Americans (10.1%) was 2.3 times higher than among white (4.3%). The rate among Hispanic women (6.9%) was 1.6 times that of whites.



Source: Department of Public Health 2013

Stages of Transformation

Stages of Transformation

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Connecticut's Current Health System: "As Is"

Fee for Service 1.0

Limited accountability

Pays for quantity without regard to quality

Lack of transparency

Unnecessary or avoidable care

Limited data infrastructure

Health inequities

Unsustainable growth in costs

Our Vision for the Future: "To Be"

Accountable Care 2.0

Accountable for patient population

Rewards
- better healthcare outcomes
- preventive care processes
- lower cost of healthcare

Competition on healthcare outcomes, experience & cost

Coordination of care across the medical neighborhood

Community integration to address social & environmental factors that affect outcomes

Health Enhancement Communities 3.0

Accountable for all community members

Rewards
- prevention outcomes
- lower cost of healthcare & the cost of poor health

Cooperation to reduce risk and improve health

Shared governance including ACOs, employers, non-profits, schools, health departments and municipalities

Community initiatives to address social-demographic factors that affect health

Targeted Initiatives

Statewide Initiatives

Model Test Hypothesis for SIM Targeted Initiatives

SIM connecticut state innovation model

Payment Reform

+

Care Delivery Reform

=

Accelerate improvement on population health goals of better quality and affordability

MQISSP
Medicare SSP
Commercial SSP

+

Advanced Medical Home Program (AMH)
&
Community & Clinical Integration Program (CCIP)

MQISSP is the Medicaid Quality Improvement and Shared Savings Program

Primary care partnerships for accountability

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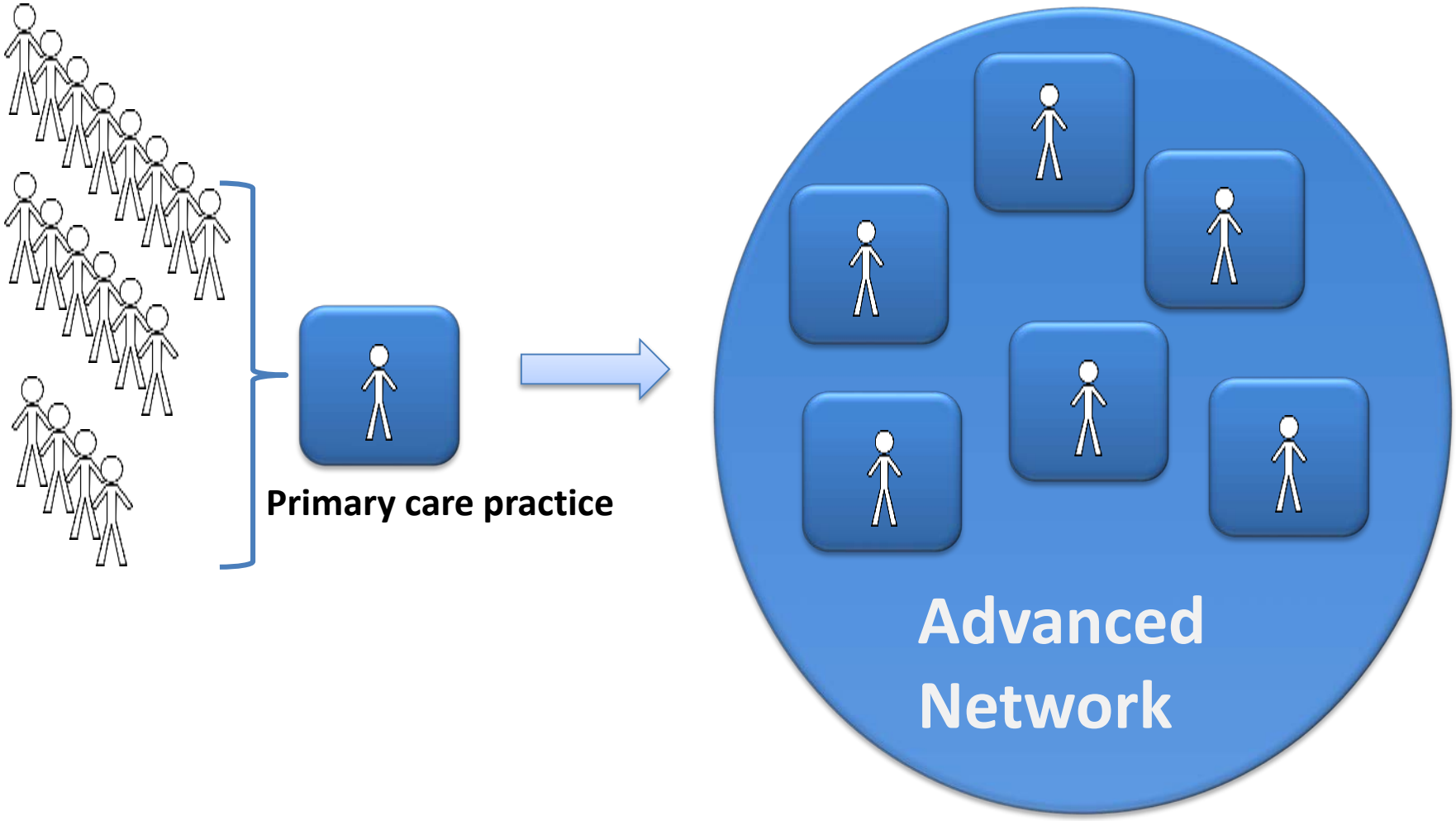

Advanced Network = independent practice associations, large medical groups, clinically integrated networks, and integrated delivery system organizations that have entered into shared savings plan (SSP) arrangements with at least one payer

Accountability for quality and total cost

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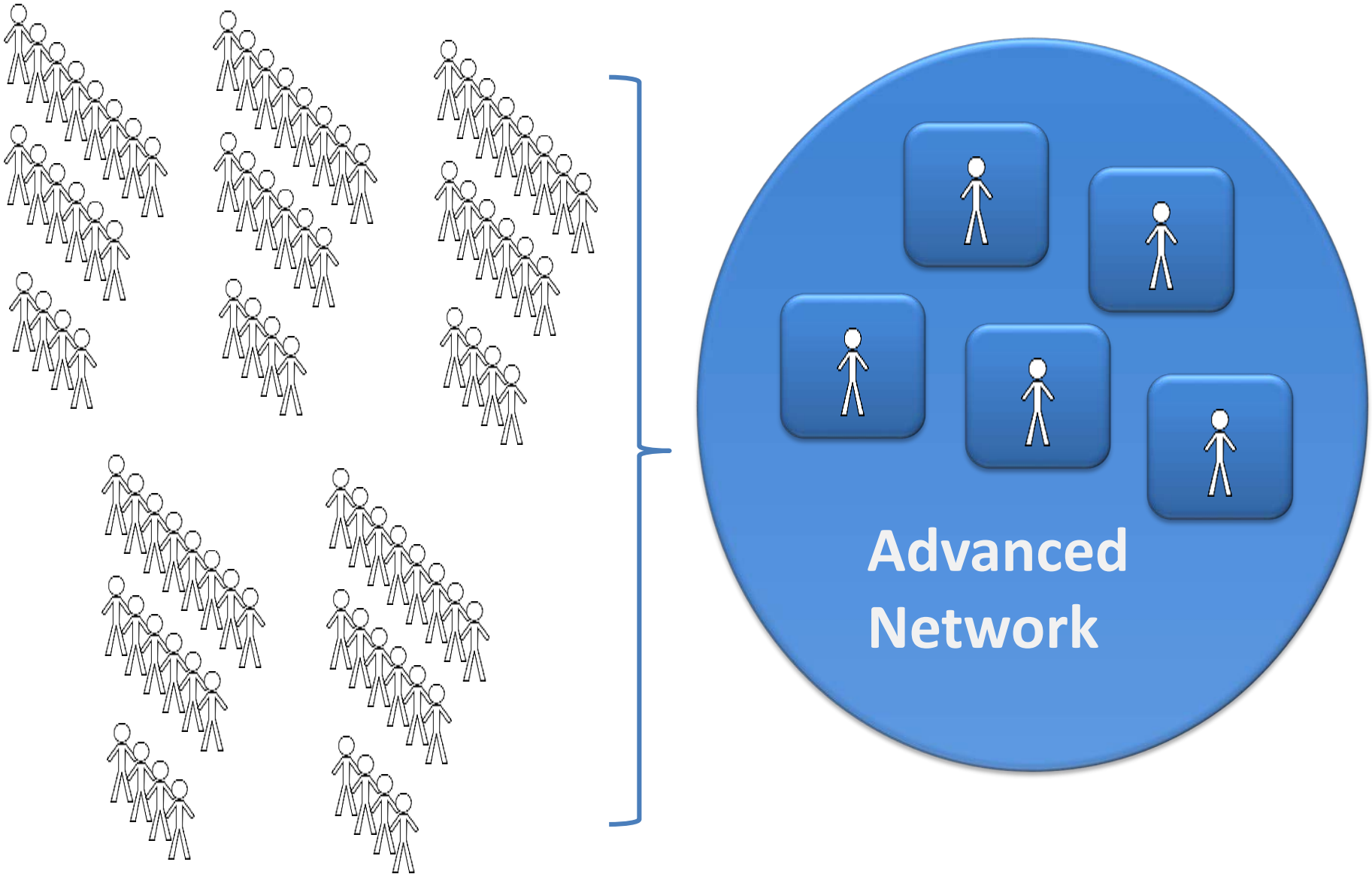

Connecticut has many Advanced Networks

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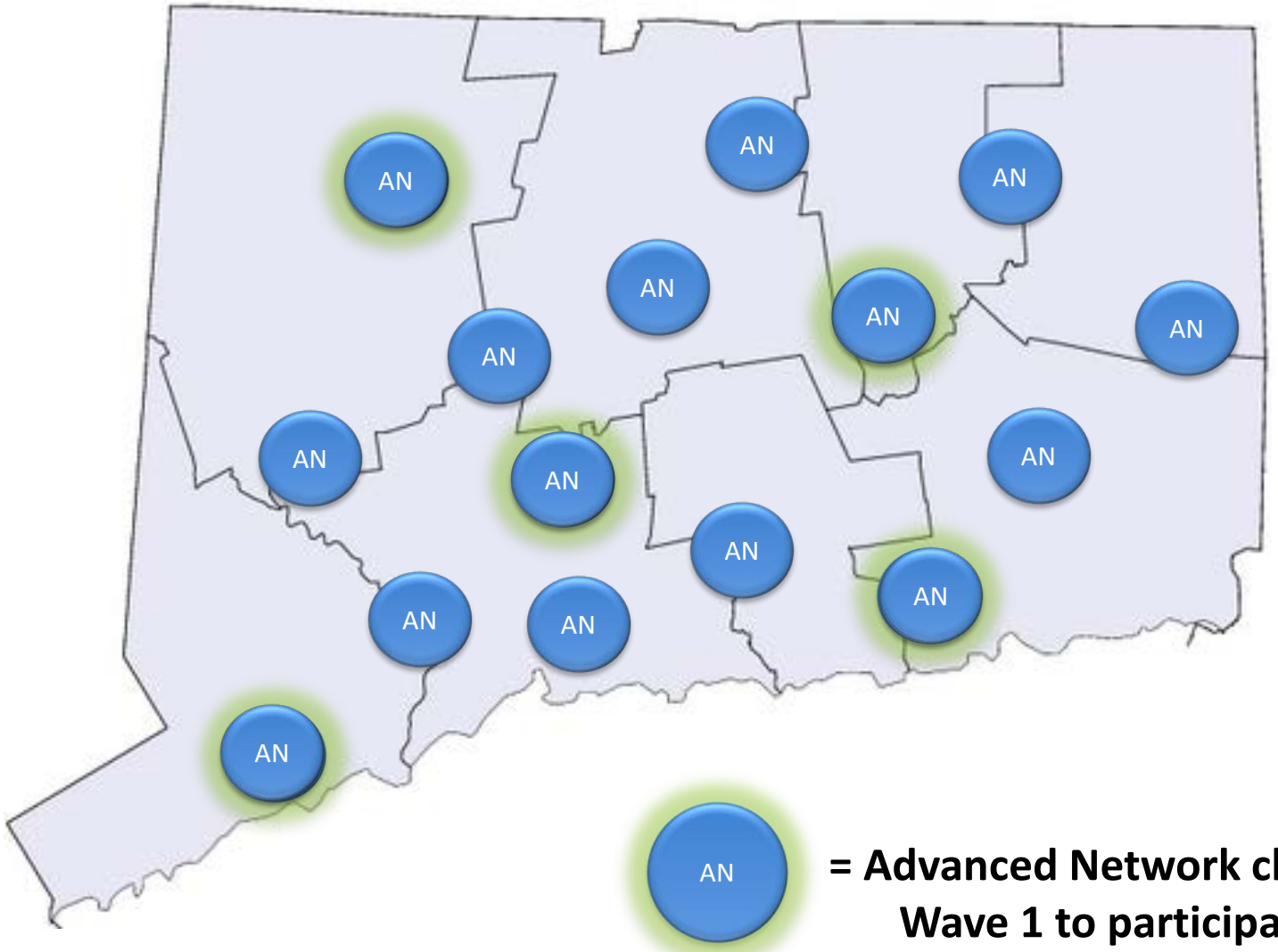

= Advanced Network chosen in Wave 1 to participate in Medicaid Quality Improvement & Shared Savings Program (MQISSP)

Resources aligned to support transformation

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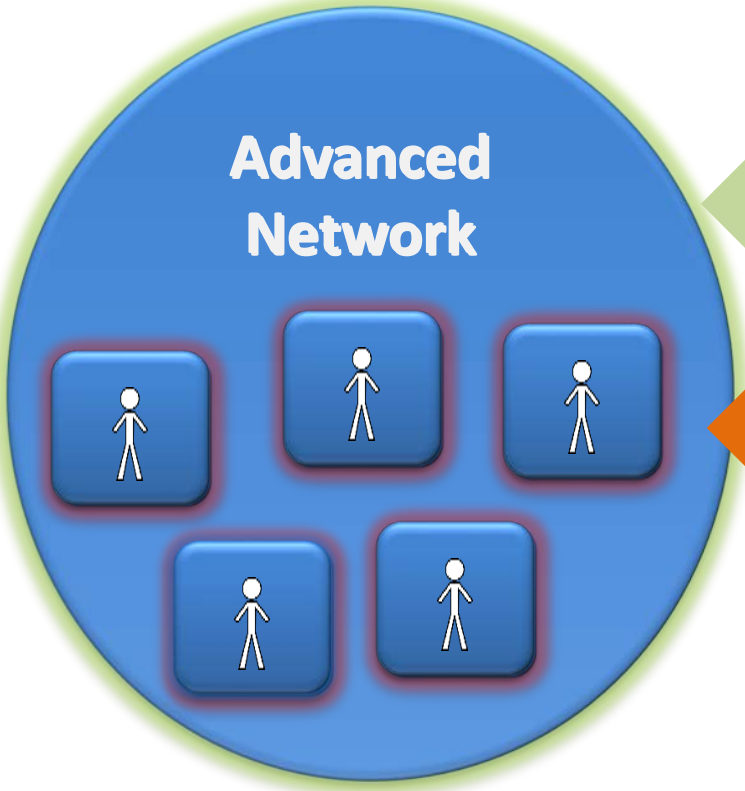

Community & Clinical Integration Program (CCIP)

Awards & technical assistance to support Advanced Networks in enhancing their capabilities across the network

Advanced Medical Home (AMH) Program

Support for affiliated primary care practices to achieve Patient Centered Medical Home NCQA 2014 recognition and additional requirements

Improving care for all populations
Using population health strategies

Improving capabilities of practices in Advanced Networks

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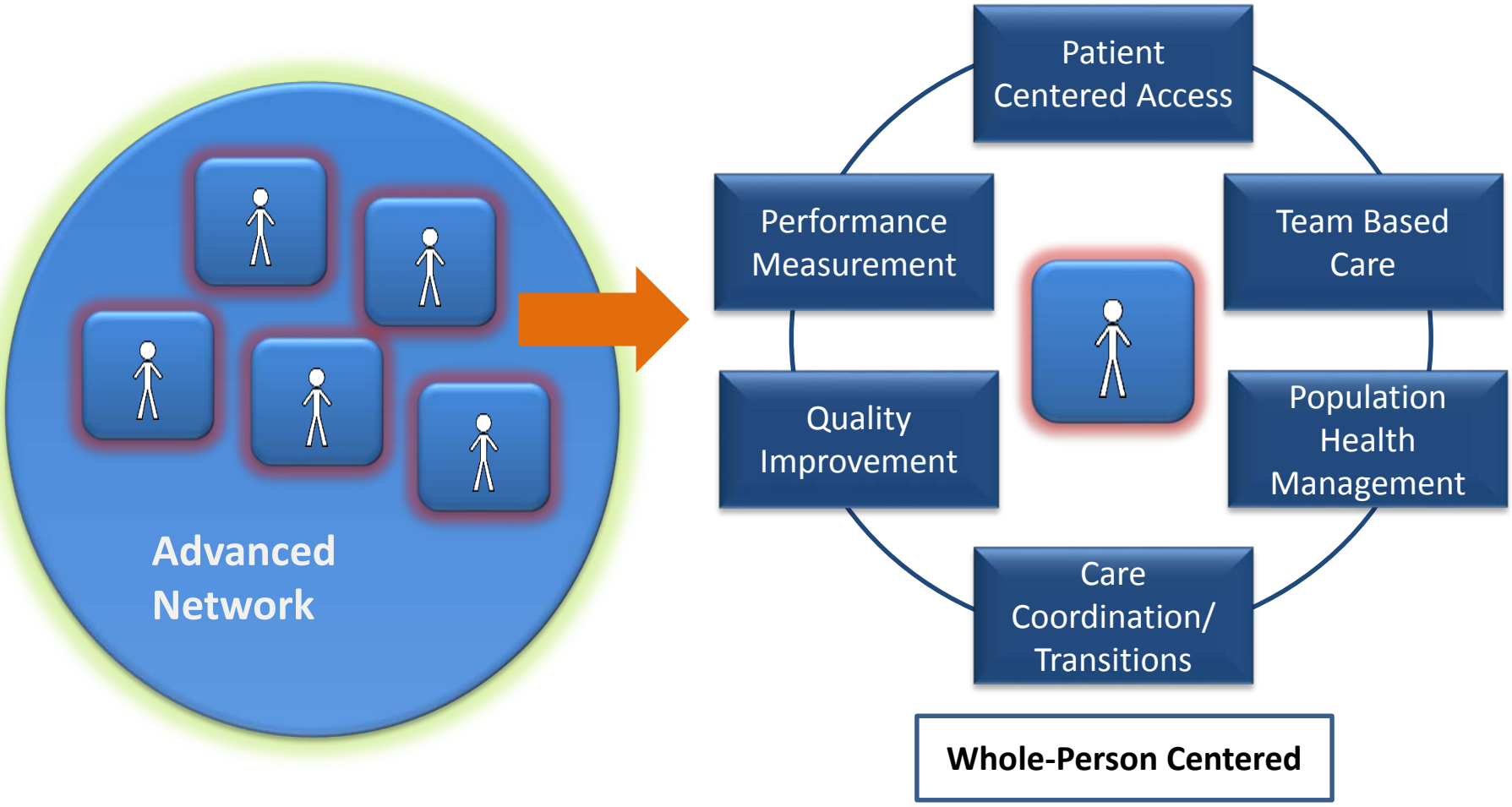
Advanced Medical Home Program

Webinars, peer learning & on-site support for individual primary care practices to achieve Patient Centered Medical Home NCQA 2014 and more



Improving capabilities of Advanced Networks

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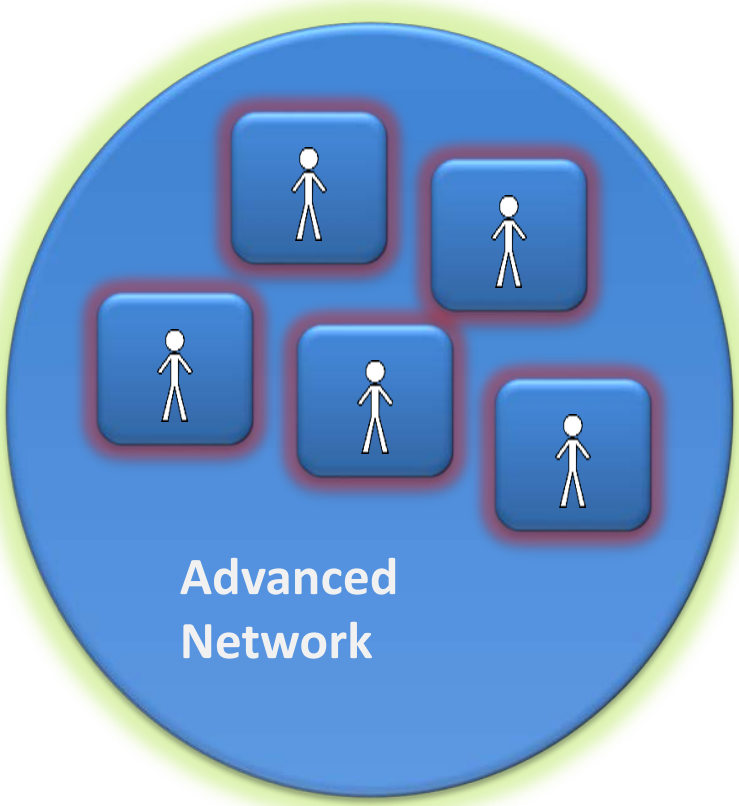
Community & Clinical Integration Program

Awards & technical assistance to support Advanced Networks in enhancing their capabilities in the following areas:



Comprehensive Care Management

Comprehensive care team, Community Health Worker , Community linkages

Health Equity Improvement

Analyze gaps & implement custom intervention ✚ CHW & culturally tuned materials

Behavioral Health Integration

Network wide screening tools, assessment, linkage, follow-up

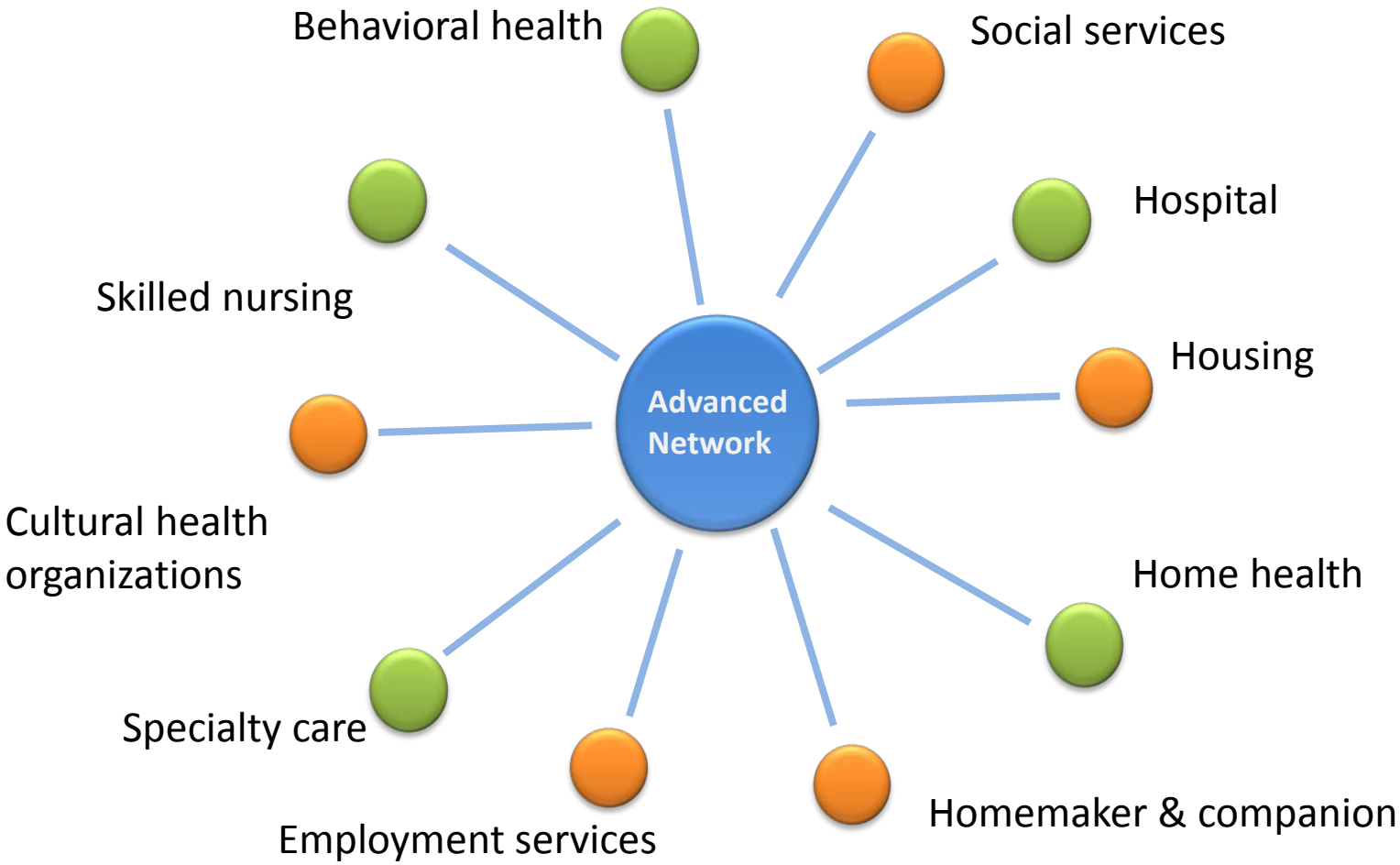
Community Health Collaboratives

Oral health Integration

E-Consult

Comprehensive Medication Management

CCIP emphasizes….



…coordination and communication with key clinical and community partners

Core Standards

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Three core standards focus on populations who have demonstrated health needs that align with SIM goals, align with CT population health goals, and that provide both evidence-based standards for improvement with flexibility in implementation. Their objectives are as follows:

Individuals with complex health needs

- Provide comprehensive care management to individuals who have one or more serious medical conditions, the care for which may be complicated by functional limitations or unmet social needs, and who require care coordination across different providers, community supports and settings to achieve positive healthcare outcomes

Individuals experiencing health equity gaps

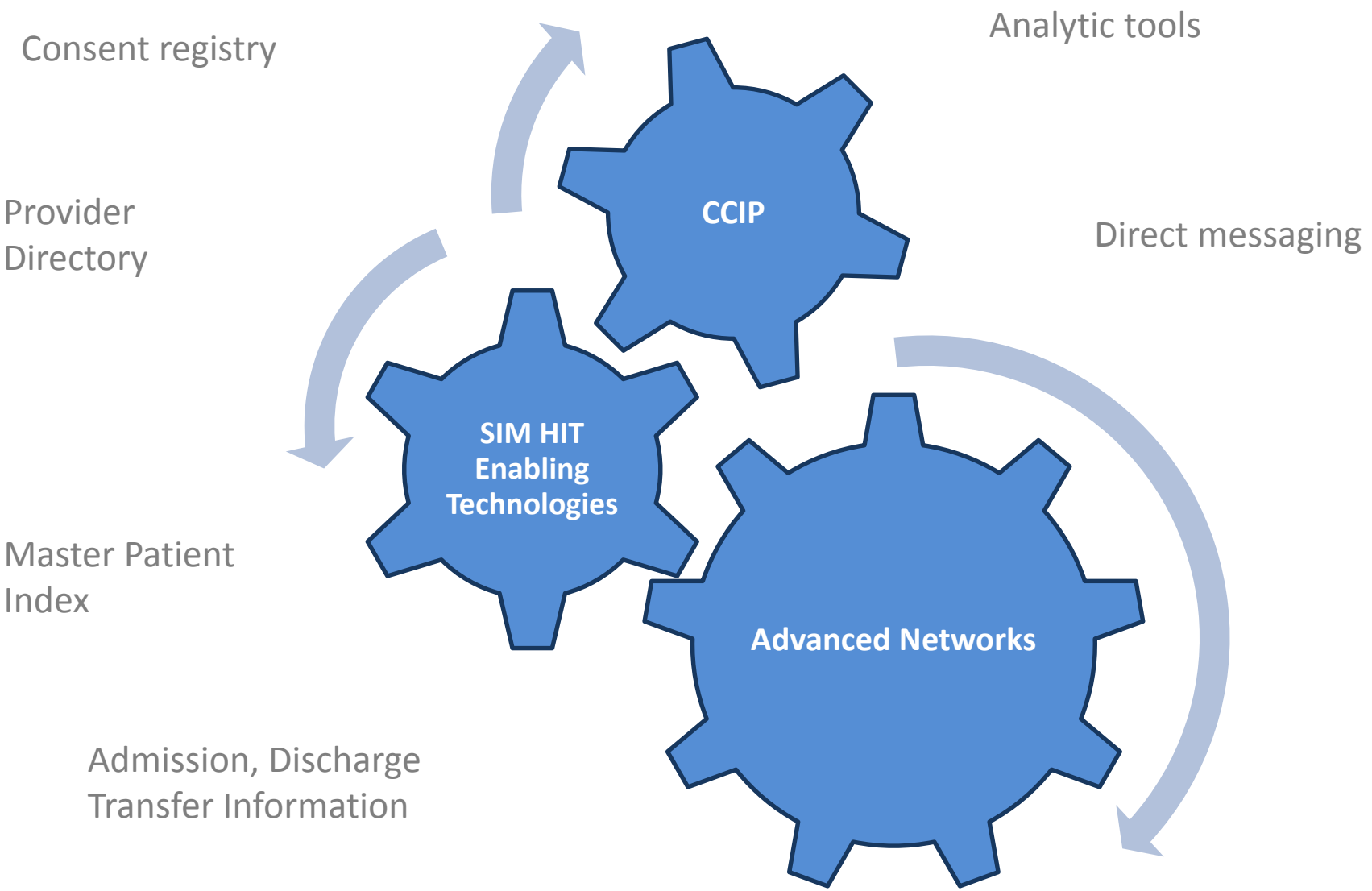
- Part 1: Develop quality improvement processes to address health equity gaps
- Part 2: Engage a community health worker to provide culturally and linguistically appropriate support to a race/ethnic sub-population that is experiencing poorer health outcomes as compared to the population as a whole

Individuals with unmet behavioral health needs

- Help primary care practices identify and treat behavioral health needs within the primary care setting and establish referral, linkage and follow-up for those who require behavioral health specialty care

Using HIT to enable new Advanced Network capabilities

SIM connecticut state innovation model



Expanding the reach of Value Based Payment

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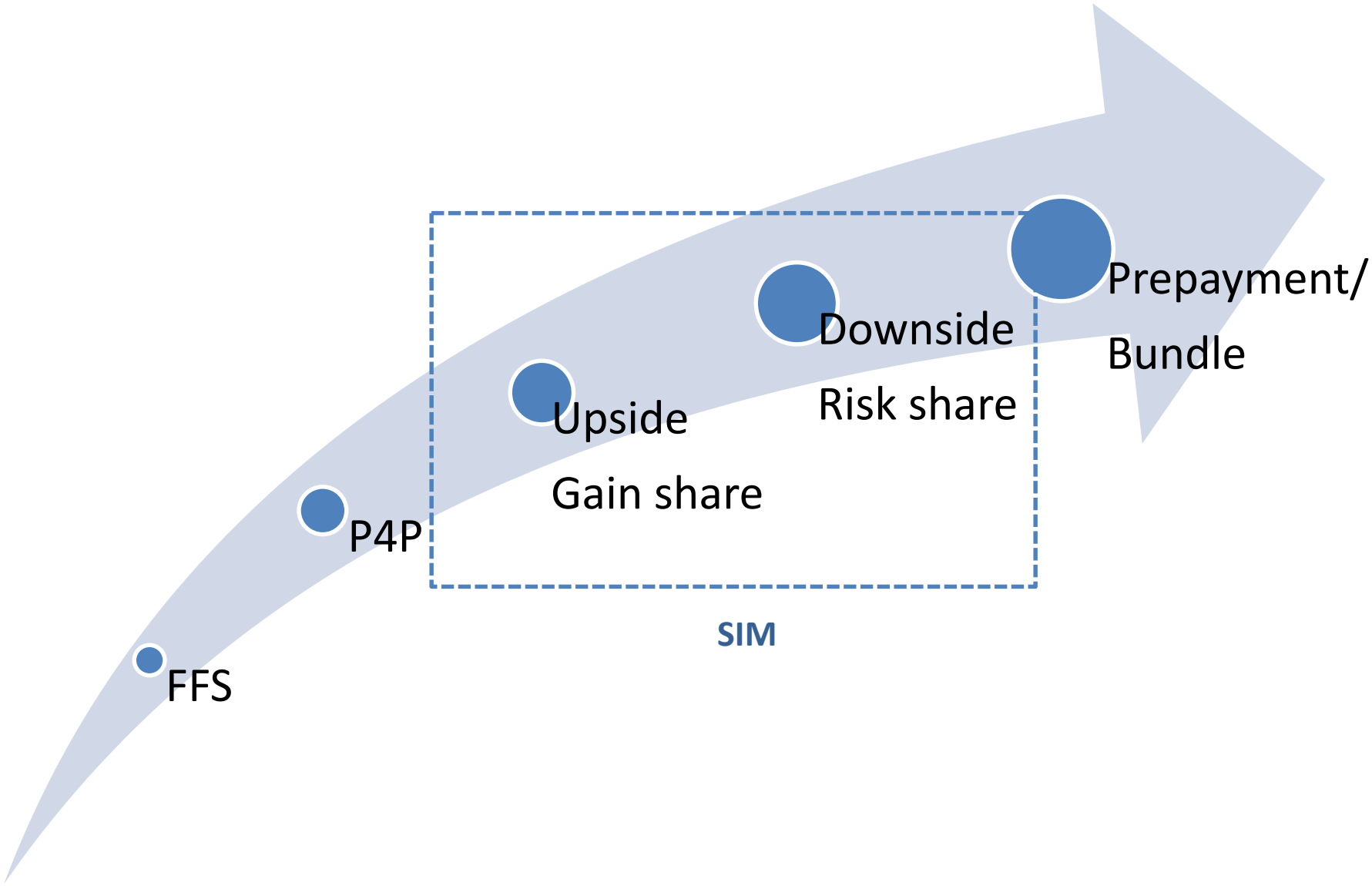

Expanding the reach of Value-Based Payment

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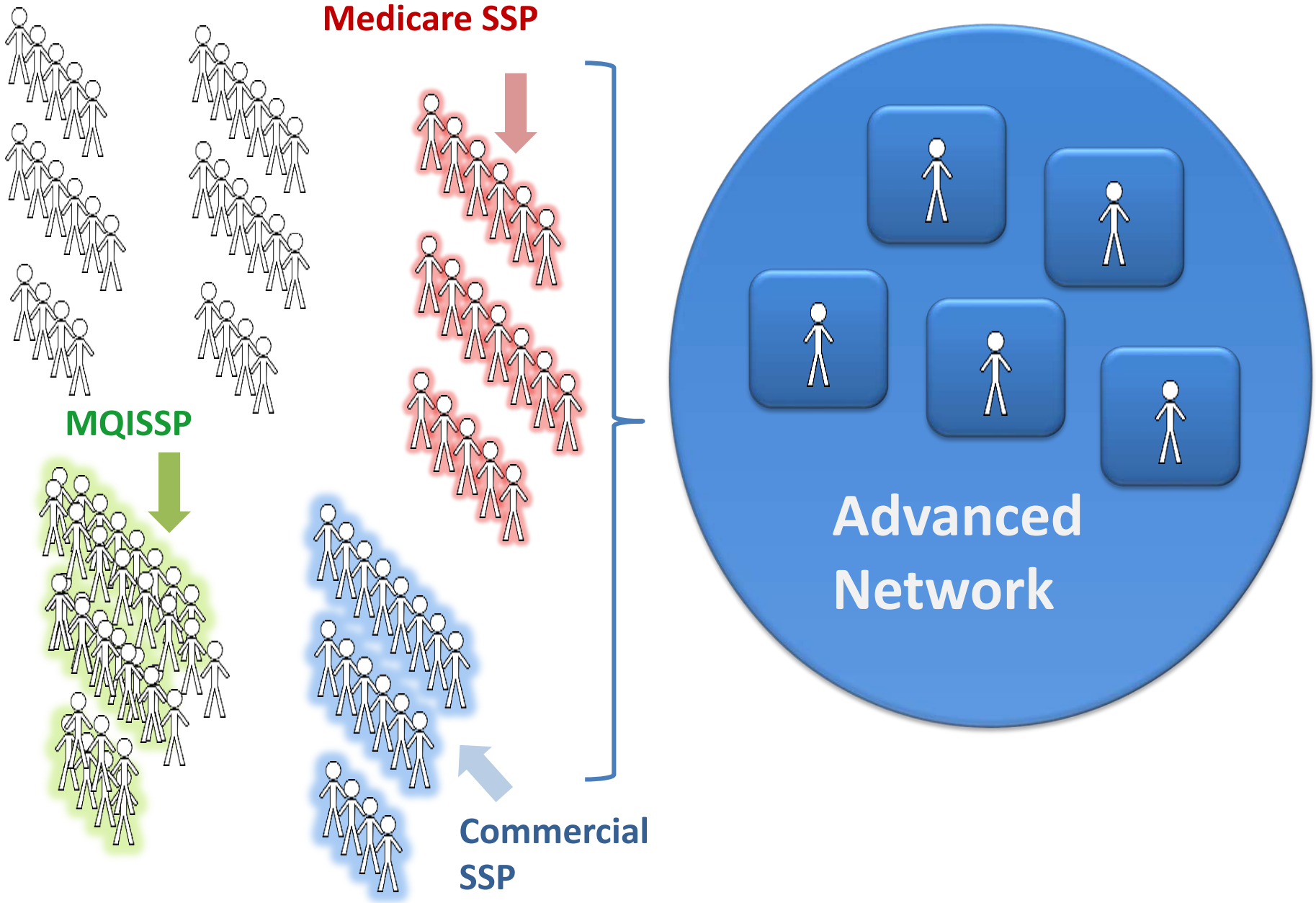
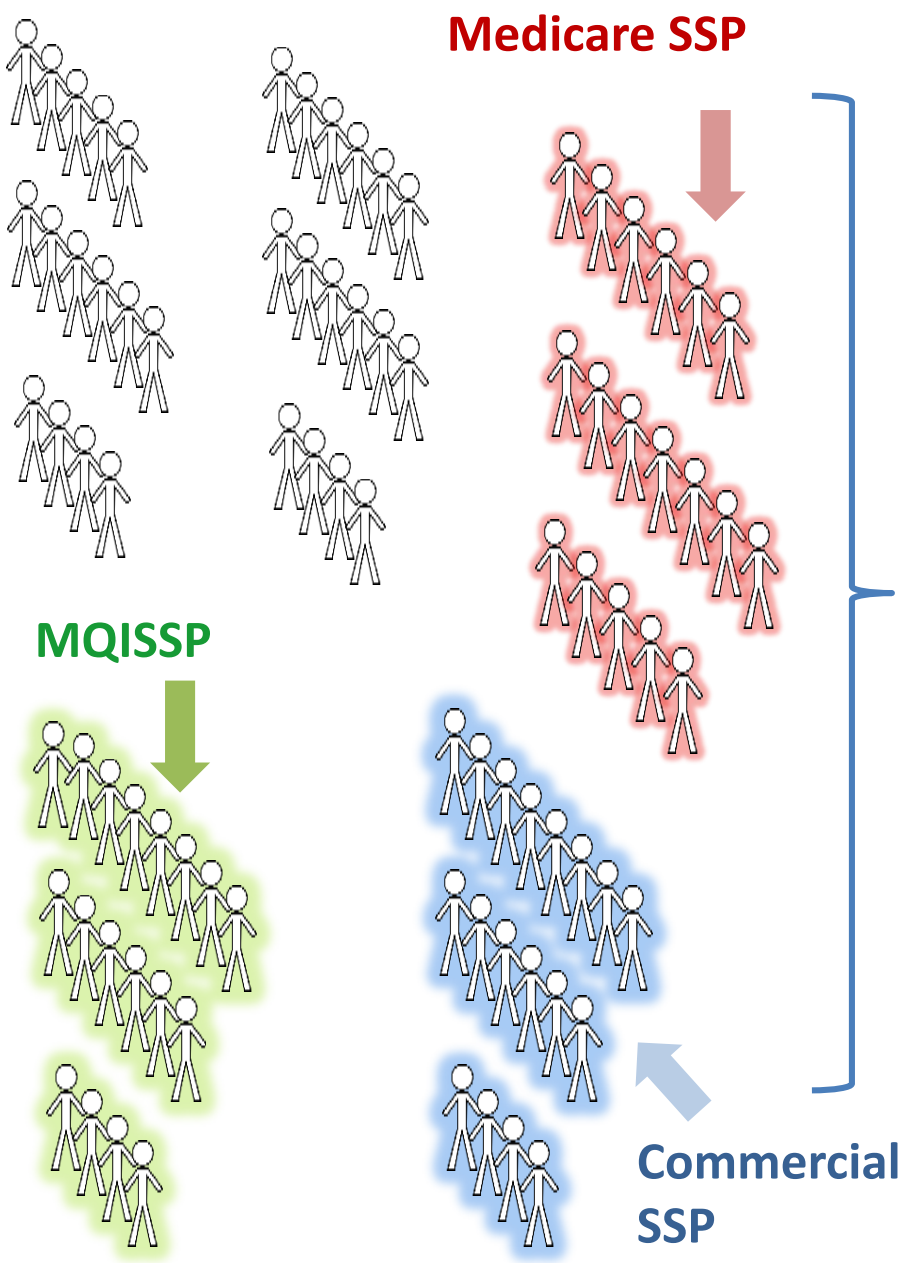
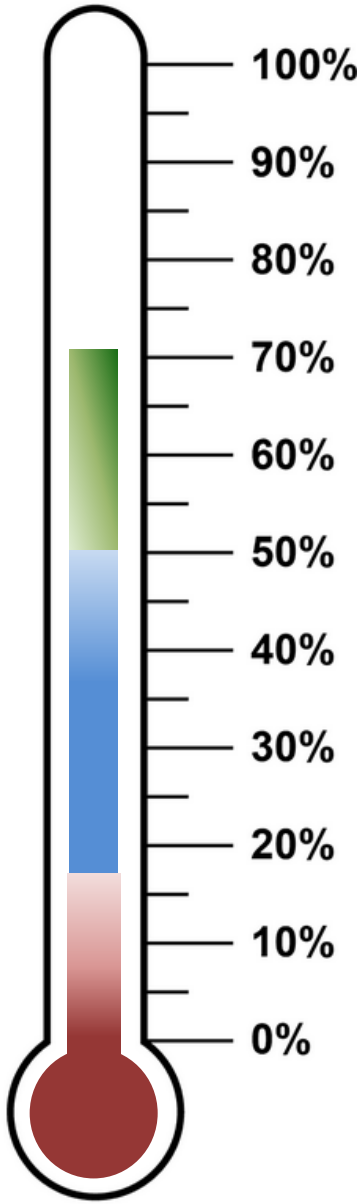


Reaching the tipping point

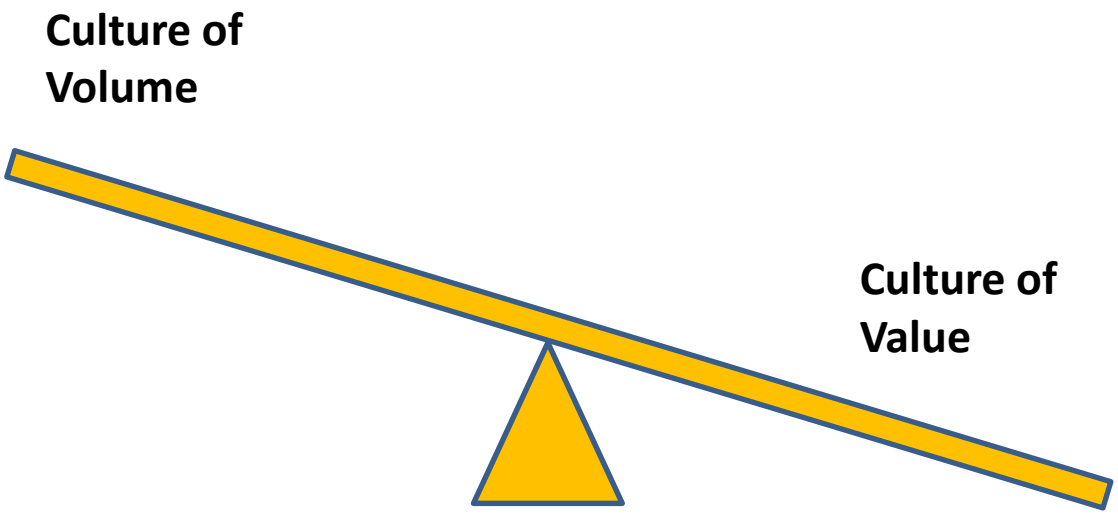


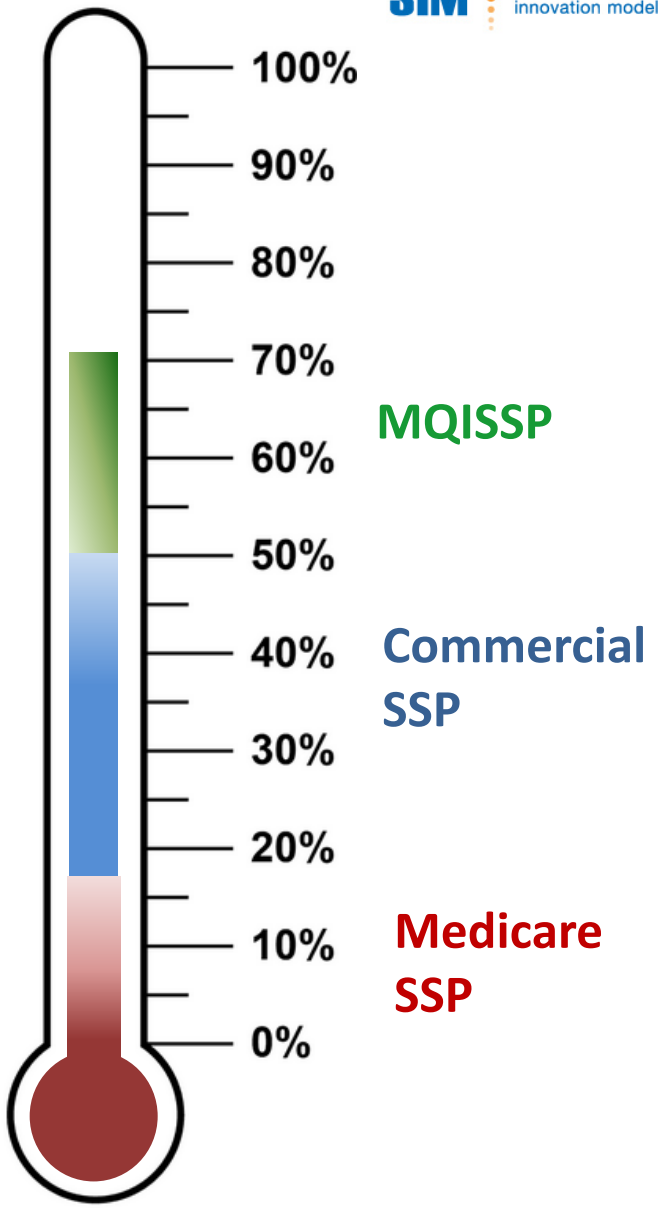


% of consumers in an Advanced Network in value-based payment arrangement

Reaching the tipping point

SIM connecticut state innovation model

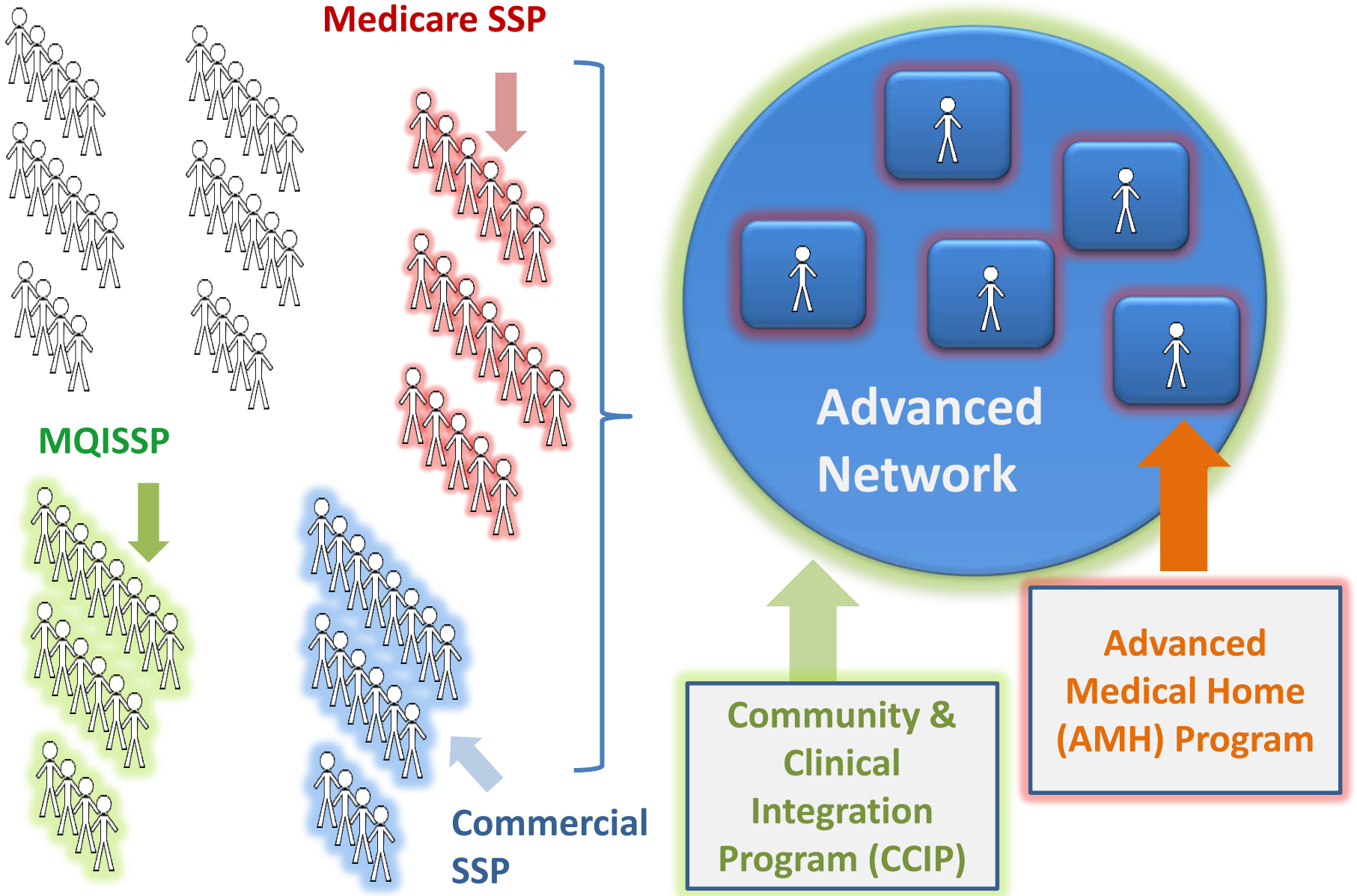




% of consumers in an Advanced Network in value-based payment arrangement

Putting it all together

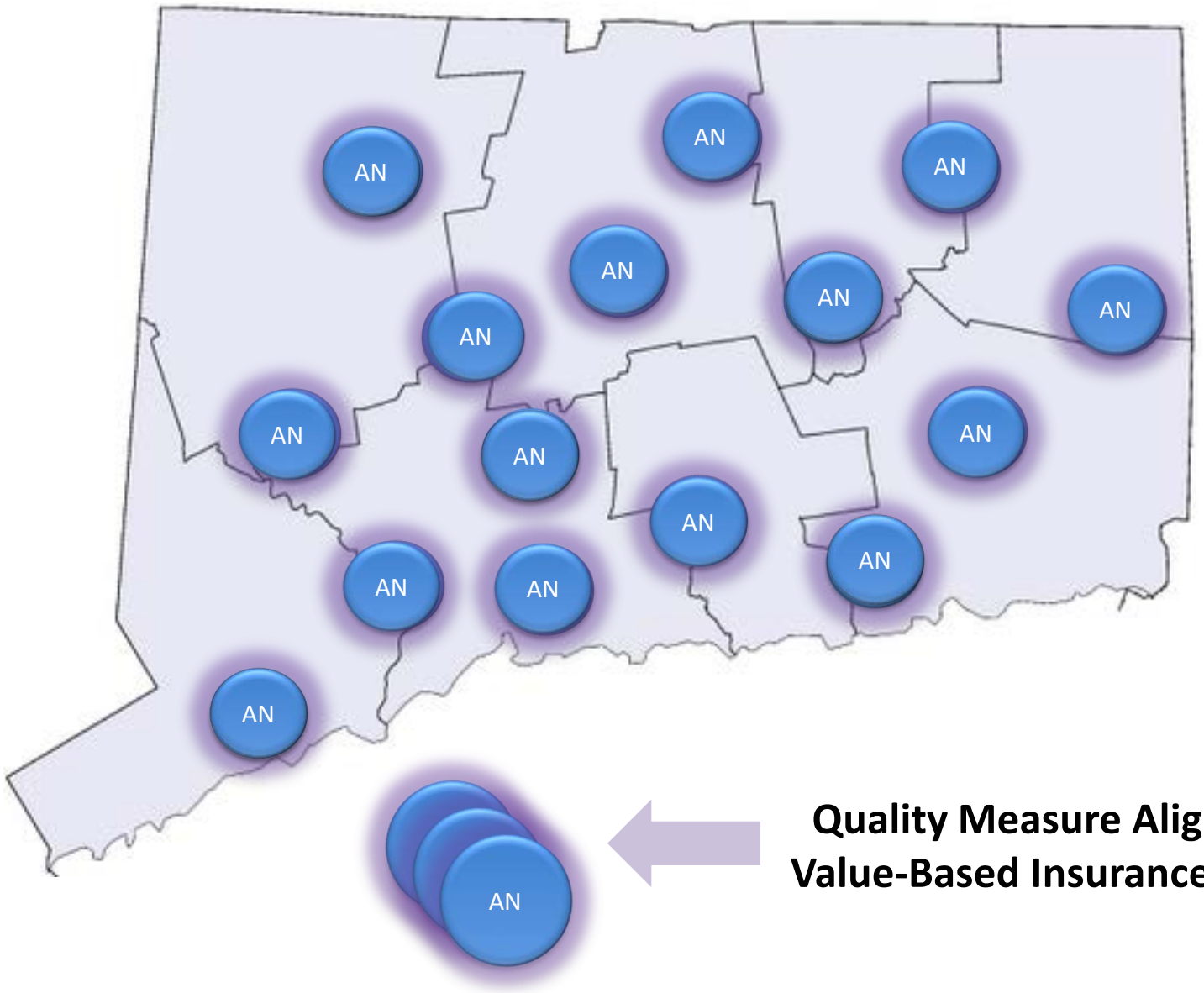
SIM connecticut state innovation model



Targeted Initiatives

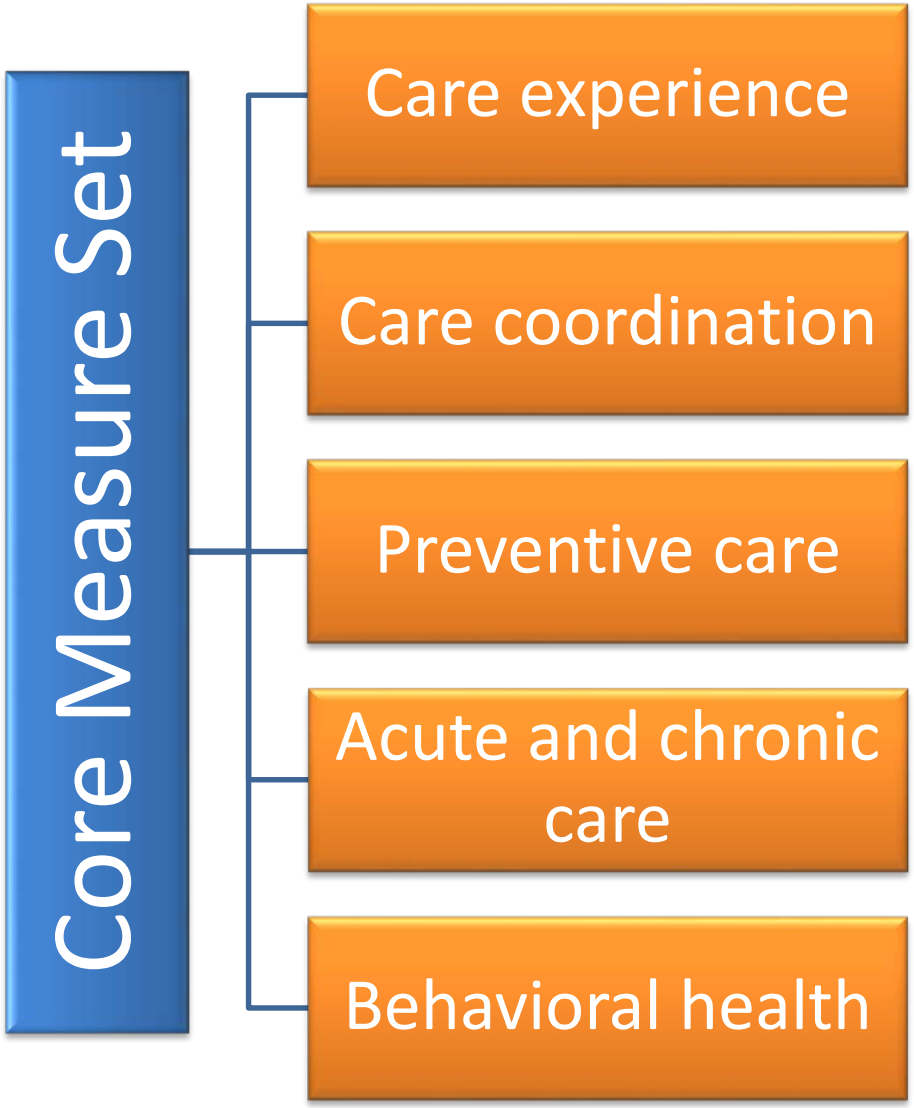
Statewide Initiatives

Statewide Initiatives

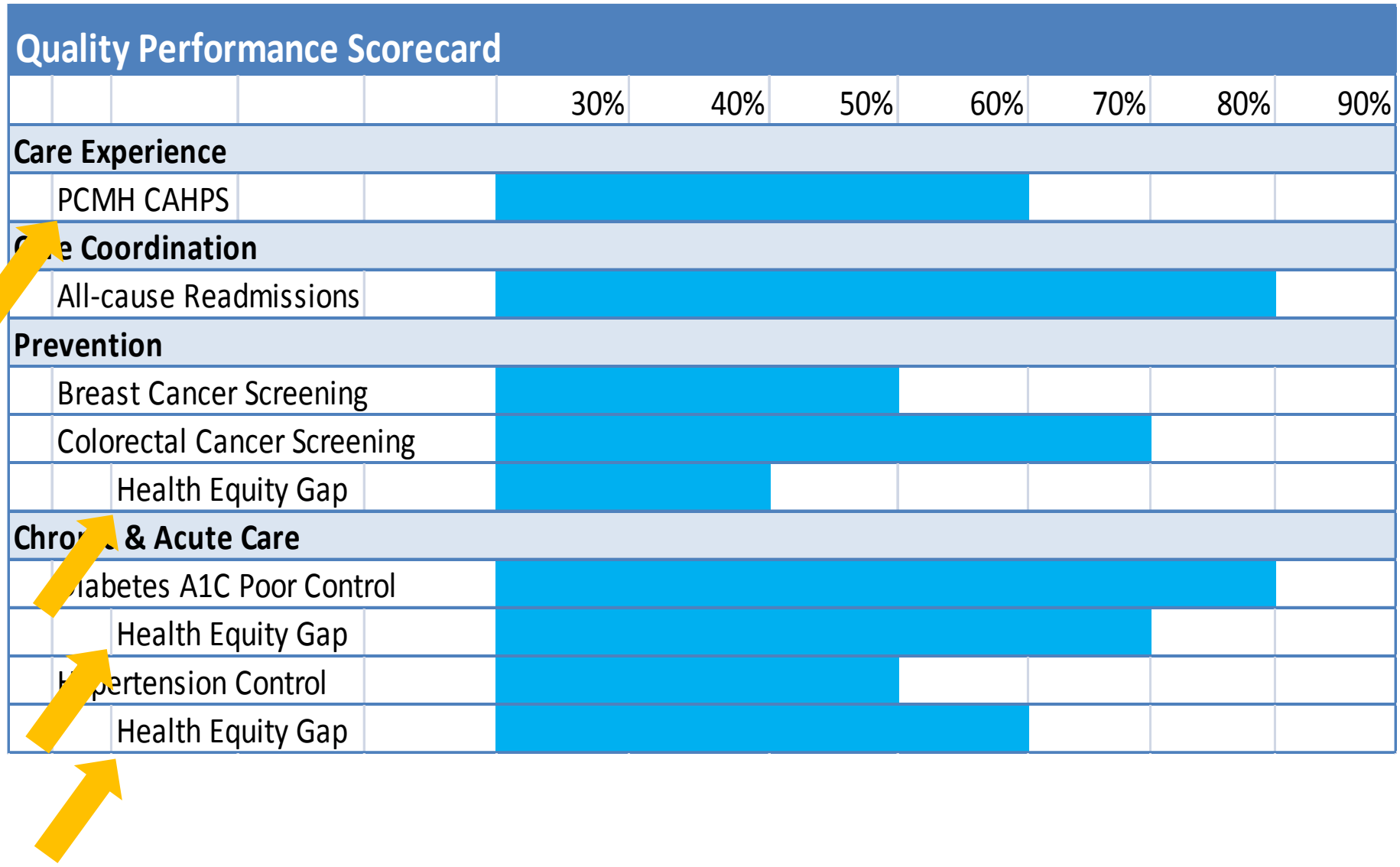


Quality Measure Alignment

Quality Measure Alignment



Core Quality Measure Set



Provisional Core Measure Set

SIM connecticut state innovation model

Consumer Engagement
PCMH – Care Experience CAHPS measure
Care Coordination
Plan all-cause readmission
Emergency Department Usage per 1000
Annual monitoring for persistent medications
Prevention
Breast cancer screening
Cervical cancer screening
Chlamydia screening in women
Colorectal cancer screening
Adolescent female immunizations HPV
Weight assessment and counseling for nutrition and physical activity for children/adolescents
BMI screening and follow up
Developmental screening in first 3 years of life
Well-child visits in the first 15 months of life
Adolescent well-care visits
Tobacco use screening and cessation intervention
Prenatal Care & Postpartum care
Screening for clinical depression and follow-up plan
Behavioral health screening (Medicaid only)

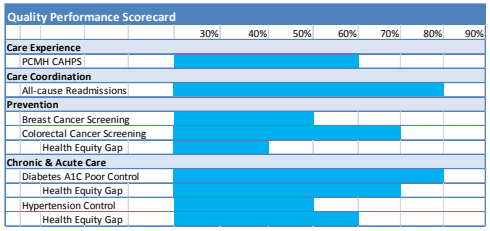
Acute & Chronic Care
Medication management for people w/ asthma*
Asthma Medication Ratio*
DM: Hemoglobin A1c Poor Control (>9%)
DM: HbA1c Testing**
DM: Diabetes eye exam
DM: Diabetes: medical attention for nephropathy
HTN: Controlling high blood pressure
Use of imaging studies for low back pain
Avoidance of antibiotic treatment in adults with acute bronchitis
Appropriate treatment for children with upper respiratory infection
Behavioral Health
Follow-up for children prescribed ADHD medication
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Medicaid only, custom measure)
Depression Remission at 12 Twelve Months
Child & Adolescent Major Depressive Disorder: Suicide Risk Assessment
Unhealthy Alcohol Use – Screening

Outcomes Measures

SIM connecticut state innovation model

Today:

Health Plan → *Claims Data*

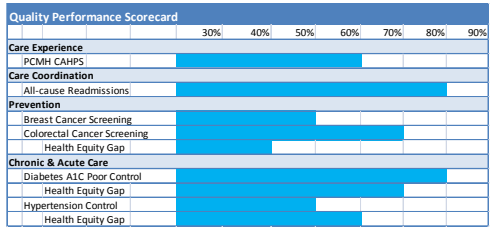


Process Measures

(E.g., Diabetes foot exam, well-care visits, medication adherence)

National consensus to move towards outcomes:

Health Plan → *Claims Data* + *EHR Data*



Process & Outcome Measures

(E.g., diabetes A1C control, blood pressure control, depression remission)

Value-based Insurance Design

Value-based Insurance Design

...the use of plan incentives to encourage employee adoption of one or more of the following:

New and innovative approaches

Adopt healthy lifestyles
(e.g. smoking cessation, physical activity)

Use high value services
(e.g., preventative services, certain prescription drugs)

Use high performance providers
Who adhere to evidence-based treatment

- **Health promotion & disease management**
- **Health coaching & treatment support**

Aligning strategies to engage consumers and providers

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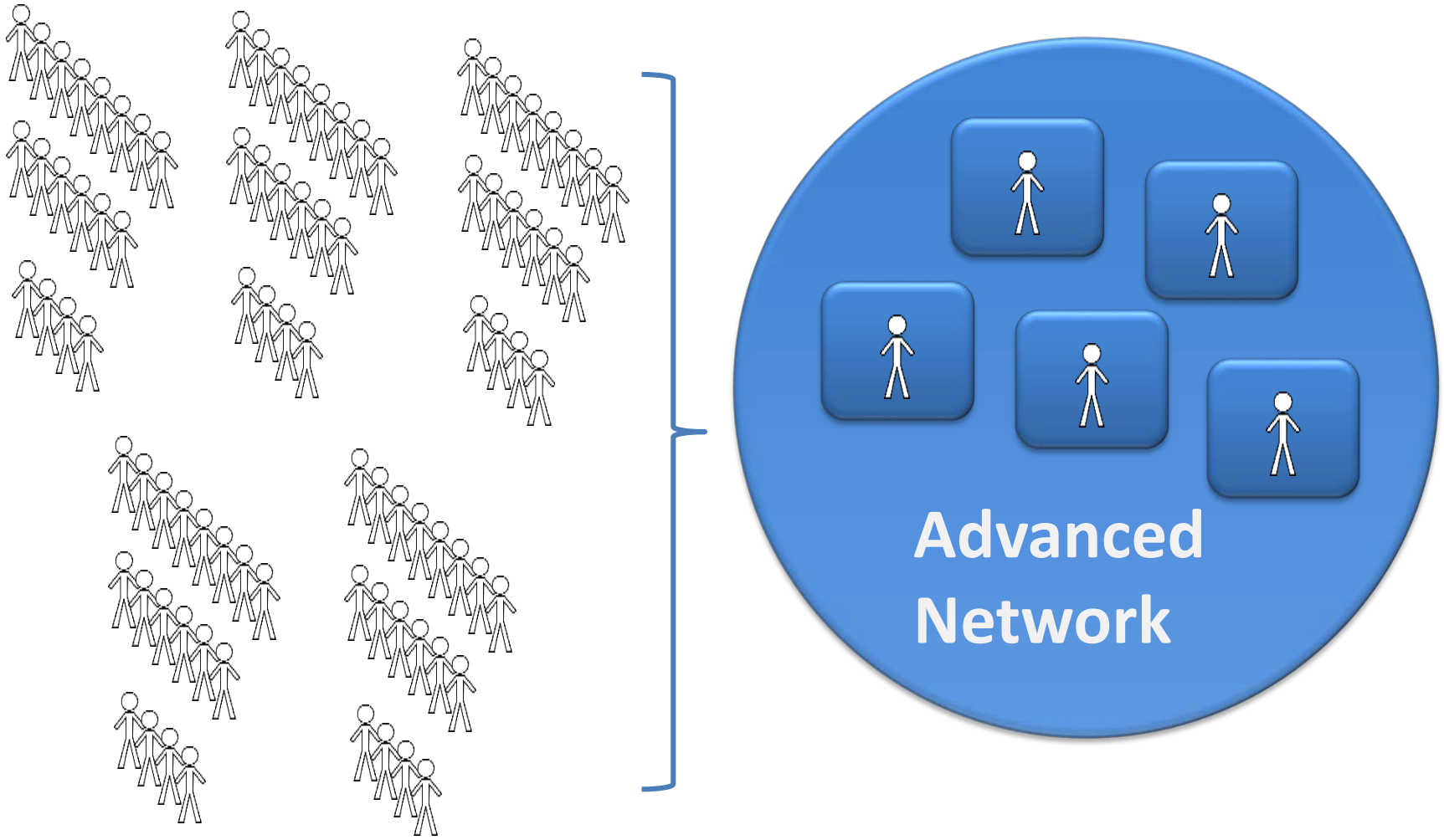

Value-based Insurance Design

Value-based Payment

Key Partners

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CBIA CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

NORTHEAST BUSINESS GROUP ON HEALTH

CONNECTICUT BUSINESS GROUP ON HEALTH

Promoting a better healthcare delivery system

STATE OF CONNECTICUT COMPTROLLER'S OFFICE QUI TRANSTULIT SUSTINET

Office of the State Comptroller (state employee health plan)

SIM VBID Components

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- **Employer-led Consortium**: peer-to-peer sharing of best practices

- **Prototype VBID Designs**: using latest evidence, to make it easy for employers to implement

- **Annual Learning Collaborative**: including panel discussions with nationally recognized experts and technical assistance

access health CT
Connecticut's Health Insurance Marketplace

CT's Health Insurance Market Exchange) will implement VBID in Year 2 of the Model Test (subject to Board approval)

SIM and Women's Health

Provisional Core Measure Set

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Consumer Engagement
PCMH – Care Experience CAHPS measure
Care Coordination
Plan all-cause readmission
Emergency Department Usage per 1000
Annual monitoring for persistent medications
Prevention
Breast cancer screening
Cervical cancer screening
Chlamydia screening in women
Colorectal cancer screening
Adolescent female immunizations HPV
Weight assessment and counseling for nutrition and physical activity for children/adolescents
BMI screening and follow up
Developmental screening in first 3 years of life
Well-child visits in the first 15 months of life
Adolescent well-care visits
Tobacco use screening and cessation intervention
Prenatal Care & Postpartum care
Screening for clinical depression and follow-up plan
Behavioral health screening (Medicaid only)

Acute & Chronic Care
Medication management for people w/ asthma*
Asthma Medication Ratio*
DM: Hemoglobin A1c Poor Control (>9%)
DM: HbA1c Testing**
DM: Diabetes eye exam
DM: Diabetes: medical attention for nephropathy
HTN: Controlling high blood pressure
Use of imaging studies for low back pain
Avoidance of antibiotic treatment in adults with acute bronchitis
Appropriate treatment for children with upper respiratory infection
Behavioral Health
Follow-up for children prescribed ADHD medication
Metabolic Monitoring for Children and Adolescents on Antipsychotics (Medicaid only, custom measure)
Depression Remission at 12 Twelve Months
Child & Adolescent Major Depressive Disorder: Suicide Risk Assessment
Unhealthy Alcohol Use – Screening

Core Quality Measures Collaborative

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- **Core Quality Measure Collaborative** has been working to address the need for quality measure alignment at the national level
- The Core Quality Measure Collaborative is led by the America's Health Insurance Plans (AHIP) and its member plans' Chief Medical Officers, leaders from CMS and the National Quality Forum (NQF), as well as national physician organizations, employers and consumers

Core Quality Measures Collaborative

SIM connecticut state innovation model

- **Problem they are addressing:** The difficulty of having actionable and useful information because physicians and other clinicians must currently report multiple quality measures to different entities. Measure requirements are often not aligned among payers, which has resulted in confusion and complexity for reporting.
- The Collaborative has reached consensus on **seven core measure sets** at the national level, as a step forward for alignment of quality measures between public and private payers.
- This effort intends to promote the use of accurate, useful information on health care quality that can inform the decisions of consumers, employers, physicians and other clinicians, and policymakers. Especially in the context of value-based reimbursement models.
- The seven measure sets provide a framework upon which future efforts can be based.

Core Quality Measures Collaborative

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- Designed to be meaningful to patients, consumers, and physicians, the alignment of these core measure sets will aid in:
  - promotion of measurement that is evidence-based and generates valuable information for quality improvement,
  - consumer decision-making,
  - value-based payment and purchasing,
  - reduction in the variability in measure selection, and
  - decreased provider's collection burden and cost.
- CMS believes that by reducing burden on providers and focusing quality improvement on key areas across payers, quality of care can be improved for patients more effectively and efficiently.

Core Quality Measures Collaborative

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- The core measures are in the following **seven sets**:
  - Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care
  - Cardiology
  - Gastroenterology
  - HIV and Hepatitis C
  - Medical Oncology
  - Obstetrics and Gynecology
  - Orthopedics

Core Quality Measure Collaborative

	OB/GYN Core Measure Set for Ambulatory Care Setting		
NQF #	**Measure**	**Measure Steward**	**Consensus Agreement / Notes**
1391	Frequency of Ongoing Prenatal Care	NCQA	Consensus to include in core set; measure to be used at the physician level only.
0032	Cervical Cancer Screening	NCQA	Consensus to include in core set.
N/A	Non-recommended Cervical Cancer Screening in Adolescent Females	NCQA	Consensus to include in core set. Note: Use HEDIS specifications.
1395	Chlamydia Screening and Follow Up	NCQA	Consensus to include in core set.
2372	Breast Cancer Screening	NCQA	Consensus to include in core set; measure to be used at the physician level only.
0567	Appropriate Work Up Prior to Endometrial Ablation Procedure	Health Benchmarks - IMS Health	Consensus to include in core set; measure to be used at the physician level only.

Core Quality Measure Collaborative

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OB/GYN Core Measures for Hospital / Acute Care Settings			
NQF #	**Measure**	**Measure Steward**	**Notes & Comments**
0470	Incidence of Episiotomy	Christiana Care Health System	Consensus to include in core set.
0469	PC-01 Elective Delivery (Patients with elective vaginal deliveries or elective cesarean sections at >= 37 and < 39 weeks of gestation completed)	The Joint Commission	Consensus to include in core set.

Core Quality Measure Collaborative

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OB/GYN Core Measures for Hospital / Acute Care Settings			
NQF #	**Measure**	**Measure Steward**	**Notes & Comments**
0471	PC-02 Cesarean Section (Nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section)	The Joint Commission	Consensus to include in core set.
0476	PC-03 Antenatal Steroids (Patients at risk of preterm delivery at >=24 and <32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns)	The Joint Commission	Consensus to include in core set.
0480	PC-05 Exclusive Breast Milk Feeding and the subset measure (The measure is reported as an overall rate which includes all newborns that were exclusively fed breast milk during the entire hospitalization, and a second rate, a subset of the first, which includes only those newborns that were exclusively fed breast milk during the entire hospitalization excluding those whose mothers chose not to breast feed.)	The Joint Commission	Consensus to include in core set.

Core Quality Measure Collaborative

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Future Areas for Measure Development

- Physician-level Urinary Incontinence (NCQA's physician-level UI measure did not receive endorsement and NCQA indicated they had no future plans to revise or update measure at this time).
- Cesarean Section (including time of decision for c-section and surgery start time). Data not available via claims.
- Tdap/Influenza Administration in Pregnancy (Upcoming from CDC). Need to consider data capture methods to measure vaccinations outside of typical medical settings.
- P22 - HIV Screening of STI patients: Percentage of patients diagnosed with an acute STI who were tested for HIV. Considerations regarding age limit and child/adolescent privacy are necessary.

Opportunities for OB/GYNs

- Based on available data, appears to be fewer than 30 OB/GYNs physicians and fewer than 10 APRNs affiliated with Advanced Networks
- Questions:
  - Can OB/GYN practitioners bring value to the business of accountable care?
  - If so, under what contract terms will OB/GYNs affiliate?
    - Will their patients be “attributed”?
    - Will they share in savings?
  - Would OB/GYNs and their patients be better off under new generation episode-based payment models?

Questions