August 2015

Connecticut State Innovation Model

Work Stream Update

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
COUNCILS/ TASKFORCES/ COMMITTEES				
Healthcare Innovation Steering Committee (HISC)	***CCIP*** ***Consumer Engagement***	• Status update on the Community and Clinical Integration Program being developed by the SIM Practice Transformation Task Force. • Presentation by the SIM Consumer Advisory Board on the Consumer Advisory Board Objectives and Goals for Consumer Engagement and Communication. • Discussion of the Rapid Response Team and its proposed composition. The committee felt that a Rapid Response Team was not needed at this time.	• HIT Charter • Review propsed composition of Employer Consortium	9/17/15
Consumer Advisory Board (CAB)	***Consumer Engagement*** ***Rural Health*** ***Conflict of Interest*** ***Appointments***	• Presented on changes to CAB Objectives and Goals for Consumer Engagement and Communication • Presented the above document to HISC at August Meeting • Gave an update on the Rural Health Forum/ Listening Session • There was an update and discussion on the Conflict of Interest Policies	• CT Rural Healthcare Forum October 15, 2015 Generations Family Health Center Willimantic, CT 9:00-2:00g • Southeast Asian American Community Listening Session October 20, 2015 Elmwood Community Center West Hartford CT 9:00 -!2:0	CAB meeting: 9/15/15

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Practice Transformation Task Force (PTTF)	***CCIP***[1]	• Developed CCIP guidelines for elective capabilities • Continued to edit CCIP core guidelines for target populations: patients experiencing equity gaps, complex patients, patients with unidentified behavioral health needs	• Present CCIP guidelines (core and elective) to MAPOC CMC and incorporate their feedback • Finalize guidelines and accompanying CCIP report • Present final guidelines to HISC	MAPOC CMC: 9/9 PTTF: 9/24 HISC: 10/8

[1] CCIP = Clinical and Community Integration Program

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Health Information Technology (HIT)	***Process***	HIT COUNCIL • Approved revised workgroup charter at 8/21/15 meeting • Reviewed HIT components included in CT's Model Test budget and HIT Highlights of other Model Test States • Established 2 new sub-workgroups with representatives from each stakeholder group (provider, payer, consumer, agency): Pilot Oversight Group and Long Term Solution Group • Developed a timeline to engage Zato in a pilot test of edge server indexing technology for eCQM reporting • Received an overview of the CCIP program model, including HIT components UCONN • Supported development of materials and research for HIT Council • Reviewed CMMI requirements for SIM HIT Operational Plan; identified gaps in information • Continued literature review: extent to which eCQMs are being used to measure quality of care • Provided consultation to PMO/Chartis regarding CCIP technical requirements • Revised budget, budget narrative for PMO/CMMI NGA and release of funds • Submitted bi-weekly, monthly, and quarterly progress reports to PMO • Awaiting input from other SIM Workgroups	• Present revised charter to HISC for approval • Finalize continuity plan for HIT Council facilitation • Commence sub-workgroup meetings • Confirm and solicit Zato eCQM pilot requirements from Quality Council • Conduct initial briefing with Zato • Develop Zato scope of work and contract amendments • Develop HIT Council process for input to develop SIM HIT Operational Plan • Develop HIT Council process to elicit information from other workgroups required for HIT Operational Plan development • Confirm 2-month extension for submission of HIT section of Operational Plan (12/01/15 to 02/01/15)	HIT Council: September 18
	Administrative			
	Technology			
Equity and Access Council (EAC)		• The EAC Draft Report was published for public comment through September 10th.	• Pending review of comments	

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Quality Council (QC)	***Selecting measures***	• Health Equity Design Group shared their recommendations concerning measures. • Discussion of base rate issues and ways to account for measures that may have insufficient numbers to obtain an accurate assessment, particularly for care coordination measures. • The council walked through each prevention measure currently under consideration. They chose to eliminate three measures, and approve the rest. • The Care Experience Design Group met to review the latest version of the PCMH CAHPS and options for including behavioral health items, especially related to access. Also discussed ways to maximize response rate for vulnerable populations. • For a more detailed summary, click here.	• Continue level 3 culling of measures. Next meeting will focus on Chronic Care Measures. • Develop strategy for selection of care coordination measures	
Care Management Committee (CMC) **(A sub-committee of MAPOC)**	***Medicaid Quality Improvement & Shared Savings Program*** ***Quality Measures***	• Convened quality measure webinar 3 covering stakeholder suggested quality measures for the MQISSP. • Finalized the Benefits in the Shared Savings Calculation for the MQISSP.	• Review the finalized quality measure set and determine which measures will be reported versus used in the shared savings calculation in a fourth webinar (i.e. domains, scoring critieria, and benchmarks).	TBD

Council/ Work Stream	Progress/ Outputs	Next Steps
SIM WORK STREAMS / PROGRAMS / INITIATIVES		
Population Health Planning (DPH)	• Behavioral Risk Factor Surveillance System (BRFSS) oversampling began July 1 with an increased sample size of 5,500 complete interviews. Four questions were added to support population health planning and include questions on food insecurity, housing insecurity, and the built environment. Using funds from another grant, and in partnership with the Hartford Health Department, a pilot post-BRFSS survey in Hartford, CT also started on July 1, 2015 and continue through December 31, 2015. With success, additional post-BRFSS surveys will be possible in future years within selected towns to support population health planning. • Contract language and budgets are developed for the three contracts supporting population health planning. Each are administratively initiated or near completion. The MOA with the UConn State Data Center was executed and the UConn State Data Center has begun work on the project. The Health Resources in Action contract to facilitate the Population Health Council has received approvals and is in process. A contract amendment for enhanced sampling of the BRFSS was signed by DPH and ICF Macro. The contract is now under review by the State Attorney General's Office. • The Department of Public Health has hired two of the three core positions that will provide resource and staffing under contractual arrangement to support population health planning. Candidates continue to be screened for the remaining physician position. Additionally, a request to establish a Prevention Services Coordinator and Health Program Associate position has been submitted and is awaiting approval and/or posting. The BRFSS Epidemiologist 2 was posted and interviews with three candidates are underway.	• Execute contracts with contractors Health Resources in Action for Population Health Council facilitation. • Complete interviews and hiring for the physician lead position; receive approval for a Program Associate and Prevention Services Coordinator position. • Monitor initiation if enhanced BRFSS activities by the contractor. • Work began on the first phase of the population estimates project. The UConn State Data Center will identify and acquire datasets which provide town level demographic data which include (when possible) age, sex, race, and Hispanic or Latino origin. UConn staff are reviewing small-area population estimation methods, and they are working to obtain and evaluate CT data including: school enrollment, births, death, motor vehicle licensing, residential power utility accounts and Medicare enrollment figures. Tools to further project management and collaborative communications have been developed. These tools include a secure FTP site for file-sharing and a "Go-to-Meeting" interface to allow regular audio and video communications. • Track execution of the contract amendment for enhanced BRFSS activity. • Complete the interviews of candidates for the BRFSS Epidemiologist 2 position.

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Medicaid Quality Improvement and Shared Savings Program	• Held the third quality measure webinar between DSS and the MAPOC Care Management Committee to discuss stakeholder suggested quality measures for the MQISSP. • Gave a presentation to the MAPOC Care Management Committee to provide a status update on the progress of several MQISSP components, e.g., draft quality measure set, shared savings payment principles, and participating entities qualifications.	• Continue to discuss and develop program elements of the MQISSP (e.g. shared savings calculation). • Provide CMS with a Concept Paper that will outline the program design and payment methodology of the MQISSP. • Finalize the quality measure set and determine which measures will be used for reporting versus being included in the shared savings calculation.
Value-based Insurance Design	• VBID procurement is in process.	• Complete procurement and begin contracting; propose composition of employer consortium for Steering Committee
UCONN Community Health Worker (CHW) Initiative	• Stakeholder Engagement meetings held with CT DOL re: next steps incumbent worker and supervisor needs, Community Solutions and DPH Breast and Cervical Cancer initiatives • SouthWest AHEC subcontract developed for Research Finance review and Procurement preparation • Initiated paperwork to request hiring of Administrative Program Assistant • Initiated discussions with CHW consultants and coordinated contact with PMO • Participated in TA session Sharepoint • Facilitated meeting with CT AHEC regional center Executive Directors providing procedural updates CHW initiative.	• Execute stakeholder meetings • Initiate hiring process Administrative Program Assistant • Execute subcontract SouthWest AHEC

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UCONN Evaluation	• Presented RRT charter and composition to Healthcare Steering committee. Currently revising to incorporate feedback received. • Dashboard data acquisition and analysis continued. • Continued development of dashboard • Metrics crosswalk begun	• Present dashboard to data owners for review and comment. • First dashboard publication. • Finalize RRT charter and composition. • Dashboard data acquisition and analysis continued. • Metrics crosswalk complete.
Advanced Medical Home Vanguard Program	• Created an "At a Glance" document regarding the AMH Glide Path and Vanguard Program, as well as the intial list of participating practices • Extended RFA to September 14, 2015.	• Continue recruitment until target is reached • Kick-off event to be held on September 24 for all practices that have been approved to participate in the AMH Vanguard Program • After the RFA deadline passes in September, the list of practices participating in the program will be finalized.

ACRONYMS

APCD – All-Payers Claims Database

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