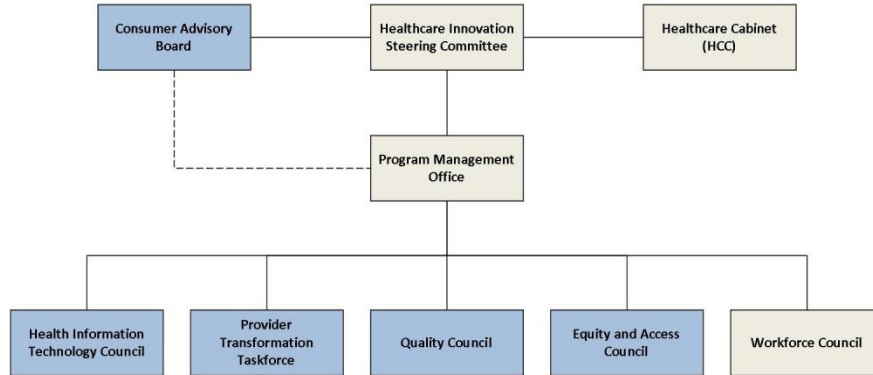


## Healthcare Innovation Work Group Member Solicitation

The Healthcare Innovation Program Management Office and the Consumer Advisory Board are seeking interested individuals to participate in Connecticut's healthcare innovation planning and implementation process. Opportunities exist for the groups in blue below.

# Healthcare Innovation Governance Structure



For more information on how to participate, please select one of the participant types below.

**Advocate**

**Consumer**

**Provider**

If you know which group(s) you would like to participate in, please complete our participant form [here](#) by **March 6, 2014**.

### Additional Resources

[Workgroup Composition Guidance](#)

[Workgroup Composition and high-level criteria for participation](#)

[Connecticut Healthcare Innovation Plan](#)

[Healthcare Innovation Consumer Summary](#)

[Healthcare Innovation Provider Summary](#)

# Healthcare Innovation Work Group Member Solicitation

## *Information for Advocates/Consumers*

We are seeking advocates and consumers who are experienced in dealing with health conditions such as cardiovascular disease, diabetes, asthma, arthritis, psychiatric illness, or substance use. We are seeking a diverse and balanced mix of participants, and will consider life experience, individual circumstances, source of coverage, race/ethnicity, and health conditions. Participants should have good synthesis abilities; be comfortable asserting views; and have creative problem-solving abilities. Relationships with other consumers preferred.

If you are an advocate interested in serving on one of our work groups, please read the descriptions of the workgroups and complete the form found [here](#) by March 6, 2014.

**Select from the list below for more information on what the group does and what can be expected of participants.**

[Practice Transformation Taskforce](#)

[Quality Council](#)

[Health Information Technology Council](#)

[Equity and Access Council](#)

### **Practice Transformation Taskforce**

**Number of openings:** 3-4 consumers or advocates

**Priority capabilities and experience:** Authority or ability to influence; commitment to shared aspirations; direct experience with advanced primary care, clinical integration, practice transformation.

#### **Expectations**

- Provide input on aspects of practice transformation that affect consumer choice, literacy, care experience, communication, access, etc. Help **define changes required** in provider-patient interactions
- **Promote** taskforce recommendations within the community

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### **Quality Council**

**Number of openings:** 3-4 consumers or advocates

**Priority capabilities and experience:** Authority or ability to influence; technical expertise and experience with measurement of health, quality, resource efficiency, and consumer experience

#### **Expectations**

- Provide input on aspects of quality measurement that pertain to outcomes and care experience, help prioritize **root issues that need to be addressed by metrics**
- **Promote** provider and programmatic scorecards within community

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### **Healthcare Information Technology Council**

**Number of openings:** 2-3 consumers or advocates

**Priority capabilities and experience:** Authority or ability to influence; technical expertise with provider and payer systems, health information technology and/or analytics

#### **Expectations**

- Provide input on aspects of health information that relate to consumer/provider communication, performance transparency, privacy, security, and shared decision making tools
- **Promote** recommendations within community

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### **Equity and Access Council**

**Number of openings:** 5-6 consumers or advocates

**Priority capabilities and experience:** Commitment to appropriate care and access; experience with access and underservice issues; ability to understand claims-level data analysis; understanding of underserved populations

**Expectations**

- Provide input on under-service safeguards from consumer perspective; gauge reasonableness and adequacy of such safeguards
- **Promote** recommendations for appropriate safeguards

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# Healthcare Innovation Work Group Member Solicitation

## *Information for Consumers*

The CT Healthcare Innovation Consumer Advisory Board (CAB) is looking for Healthcare consumers to help develop and implement the Connecticut State Healthcare Innovation Plan. We need Consumers to participate in the Consumer Advisory Board, and a number of task forces, councils and consumer outreach activities.

It is important that Connecticut's Healthcare Innovation Plan is made with the input of those who have personal experience with the Healthcare system and those who have faced challenges to improving their health and the health of family members. We are seeking the input of individuals who have experienced health conditions including but not limited to asthma, arthritis, heart disease, mental health disorders, substance abuse, physical disabilities, HIV/AIDS, diabetes and cancer, as well as caregivers. In addition we seek the insights of those who face multiple barriers to care such as language, culture, where they live, and other factors.

**CT Consumer Advisory Board on Healthcare Innovation** - Approximately 5 positions are available to Healthcare consumers. Meetings are held monthly and members are asked to promote communication and input from others in their community or with similar health conditions.

### **What is the Consumer Advisory Board?**

In March 2013, Connecticut began the development of its State Healthcare Innovation Plan to

- 1) Promote better health and eliminate health disparities
- 2) Improve the quality of healthcare and how people experience it
- 3) Reduce growth in healthcare costs

The mission of the Consumer Advisory Board is to advocate for and provide for strong public and consumer input in healthcare reform policies in Connecticut. The purpose of the Consumer Advisory Board is to ensure significant consumer participation in every part of this planning process.

- 1) Provide advice, guidance and recommendations to the Healthcare Innovation Steering Committee and Program Management Office,
- 2) Arrange for consumer representation on each of the Task Forces and Councils
- 3) Facilitate consumer participation at these CAB meetings and all task forces
- 4) Provide the necessary guidance and support for these and other meeting of consumers at large
- 5) Discuss issues brought back from CAB and workgroup meetings with larger groups.

The Consumer Advisory Board (CAB) will solicit further input from the broader consumer community on an ongoing basis. The Consumer Advisory Board will also coordinate participation of consumer organizations and networks including the navigator and assister network created through Access Health CT.

### **Other Opportunities for participation**

**Healthcare Innovation Councils and Task Forces** will be seeking consumer participants. These Councils and Task Forces include Practice Transformation, Quality, Health Information Technology and Workforce Development. For more information on participating in one of these groups, please click [here](#).

**Consumer Participation is also needed** in community education efforts, community based meetings, and to provide input communicating the needs of consumers in healthcare innovation planning.

If you are interested in getting involved in the CAB or any of the councils or task forces please complete and submit the form found [here](#) by March 6, 2014.

# Healthcare Innovation Work Group Member Solicitation

## *Information for Providers*

If you are a provider interested in serving on one of our work groups, please read the descriptions of the workgroups and complete the form found [here](#) by March 6, 2014.

**Select from the list below for more information on what the group does and what can be expected of participants.**

[Practice Transformation Taskforce](#)

[Quality Council](#)

[Health Information Technology Council](#)

[Equity and Access Council](#)

### **Practice Transformation Taskforce**

**Number/type of openings:** 3-4 primary care/specialty providers including an APRN  
1 behavioral health provider  
1 FQHC  
1 Hospital

**Priority capabilities and experience:** Authority or ability to influence; commitment to shared aspirations; direct experience with advanced primary care, clinical integration, practice transformation.

### **Expectations**

#### *Physicians*

- Gather broad input from diverse set of physicians, e.g., hospital-employed physicians, rural physicians
- Outline the **clinical processes, systems, and infrastructure** that need to be modified to transition majority of physicians to Connecticut's defined AMH model
- Provide insight into **potential barriers for change** and suggestions for overcoming
- **Promote** taskforce recommendations within the physician community
- **Qualifications:** Strong presence in CT's physician community, serving in an advanced practice or clinically integrated setting, understanding of underlying systems / infrastructure of practices, time and ability to gather data across diverse set of physicians, creative problem-solving

#### *Behavioral health provider*

- Provide insight into **needs of behavioral health patients** that require additional modifications in provider practices ranging from screening, assessment, brief treatment, health behavior, linkage to BH affiliate
- Help **brainstorm potential solutions**
- **Promote** taskforce recommendations within behavioral health community
- **Qualifications:** Strong presence in behavioral health community, expertise in primary care/behavioral health integration, familiarity with current state / transformational needs of diverse set of behavioral health providers, creative and open-minded approach to brainstorming solutions

#### *Hospital*

- Share insight on changes required to **administrative and clinical processes, systems and budgeting** for hospitals to play a role in new care delivery model
- Help taskforce define **plan for implementing** recommendations with hospitals
- **Promote** taskforce recommendations within the hospital community
- **Qualifications:** Strong presence in hospital executive community, detailed understanding (or ability to gather detailed information on) underlying systems / infrastructure / finances of hospitals; creative and open-minded approach to brainstorming solutions

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### **Quality Council**

**Number/type of openings:** 2-3 physicians  
1-2 hospitals  
1 FQHC

**Priority capabilities and experience:** Authority or ability to influence; technical expertise and experience with measurement of health, quality, resource efficiency, and consumer experience

### Expectations

#### *Primary care providers and specialists*

- Share what metrics are and should **be tracked** and help assess the **feasibility of tracking new metrics** within clinical setting, e.g., required changes to systems, clinical processes
- **Promote** performance measurement and provider scorecards within physician community
- **Qualifications:** Strong, recognized presence in physician community; ability and time to gather input from broad set of physicians regarding metrics currently being tracked; good grasp of requirements to track metrics within clinical setting (e.g., impact on clinical process / flow)

#### *Behavioral Health Providers*

- Identify and help prioritize **behavioral-health and health behavior related metrics** for inclusion on scorecards
- Share behavioral-specific metrics that are being tracked and help assess **feasibility of tracking new metrics**
- **Promote** scorecards within behavioral health community
- **Qualifications:** Strong, recognized presence in behavioral community; familiarity with behavioral health metrics being tracked in-state and elsewhere; understanding of technical requirements to reliably track metrics

#### *Hospitals*

- Share metrics currently tracked and help assess the **feasibility of tracking new metrics** within clinical settings, e.g., required changes to systems, clinical processes; identify and help resolve duplicative, conflicting, and unnecessary measurement mandates
- **Promote** performance measurement and provider scorecards within provider community
- **Qualifications:** Strong, recognized presence among hospital medical directors and quality managers, ability to solicit detailed information from other hospital medical directors and quality measurement staff as needed to understand feasibility of tracking new metrics; familiarity state and national measurement sets and requirements

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## Healthcare Information Technology Council

**Number/type of openings:** 1-2 physicians and/or a Connecticut State Medical Society Representative  
1 hospital  
1-2 ACO/clinically integrated network

**Priority capabilities and experience:** Authority or ability to influence; technical expertise with provider and payer systems, health information technology and/or analytics

### Expectations

#### *Physicians and/or CT State Medical Society*

- Help taskforce understand new systems, capabilities, and infrastructure that will be required for independent practice providers to utilize new health information technology tools and infrastructure
- Support prioritization and sequencing of planned changes that will maximize consumer and provider benefit while minimizing disruption to provider systems and workflow
- Help identify and prioritize required **changes to existing systems / infrastructure**
- Provide insight into potential barriers for change and suggestions for overcoming
- Support identification of and vetting of **preferred vendors**
- Provide **estimation** of required financial investment
- **Qualifications:** Familiarity with HIT requirements associated with transitioning to an AMH-like model, personal experience implementing HIT changes at practice. Familiarity with best practice HIT changes that are in existence today and with new HIT innovations, practical experience with seeing HIT systems and infrastructure being used by physicians

### *Hospitals*

- Provide information on **unique systems and HIT capabilities** that will be required to support needs of diverse set of hospital patients and clinically integrated care
- Share insights on **existing systems being used by CT hospitals** that can be leveraged or best practices that can be adopted
- Support prioritization and sequencing of planned changes that will maximize consumer and provider benefit while minimizing disruption to provider systems and workflow
- **Qualifications:** Relationships with other hospitals serving broad array of patients; familiarity with hospital-based information technology including electronic health records, health information exchange, analytics, and care management tools; familiarity with other HIT demands such as ICD-10

### *ACO/Clinically Integrated Network*

- Help taskforce understand **new systems, capabilities, and infrastructure** that will be required for providers to transition into an ACO or other clinically integrated model
- Support **prioritization and sequencing of planned changes** that will maximize impact while minimizing disruption to provider workflow
- **Qualifications:** Familiarity with HIT requirements associated with transitioning to an AMH-like model, personal experience implementing HIT changes in physician, hospital, and other ambulatory care settings

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## **Equity and Access Council**

**Number/type of openings:** 2-3 physicians  
1 hospital

**Priority capabilities and experience:** Commitment to appropriate care and access; experience with access and underservice issues; ability to understand claims-level data analysis; understanding of underserved populations

### **Expectations**

#### *Physicians/Hospitals*

- Define and oversee plan to systematically gather input from broad range of physicians to identify potential changes to provider practices that may **compromise the system's ability to provide appropriate care and access to care**
- **Qualifications:** Commitment to ensuring long-term system provision of appropriate care and access; familiarity with under-service risks and needs of underserved populations

#### *Academics*

- Provide **input from academic research** on potential design facets that could compromise ability to provide appropriate care and access to care
- Work with PI specialists to understand **statistical requirements** to gather reliable data that will support identification of outliers
- **Qualifications:** Commitment to ensuring long-term provision of appropriate care and access; familiarity with academic research on program integrity and surveillance; statistical analysis capabilities

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## Work Group Participation Form

The following form allows potential Healthcare Innovation work group participants to describe their background and indicate where their interests are.

You are on page 1 of 1. There are 14 questions to answer on this page.

**First Name**

**Last Name**

**Address 1**

**Address 2**

**City/Town**

**Zip Code**

**Phone Number**

**E-mail Address**

Please select the participant option that best describes you.

Please select the work group you would like to participate in. You may select more than one group.

- Consumer Advisory Board
- Practice Transformation Taskforce
- Quality Council
- Health Information Technology Council
- Equity and Access Council

**Describe your qualifications and background. If you are consumer, please describe your experience in using the healthcare system. What perspective would you bring to healthcare reform discussions?**



An empty rectangular text input box with a light gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

**Describe the specific activities you would like to participate in, including how and why.**

An empty rectangular text input box with a light gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

**If you are interested in participating in more than one work group, please prioritize your interest.**

An empty rectangular text input box with a light gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.

**For consumers, please indicate what kind of insurance coverage you have, including if you bought coverage on the insurance exchange. (Optional)**

An empty rectangular text input box with a light gray border. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with standard arrow and track icons.