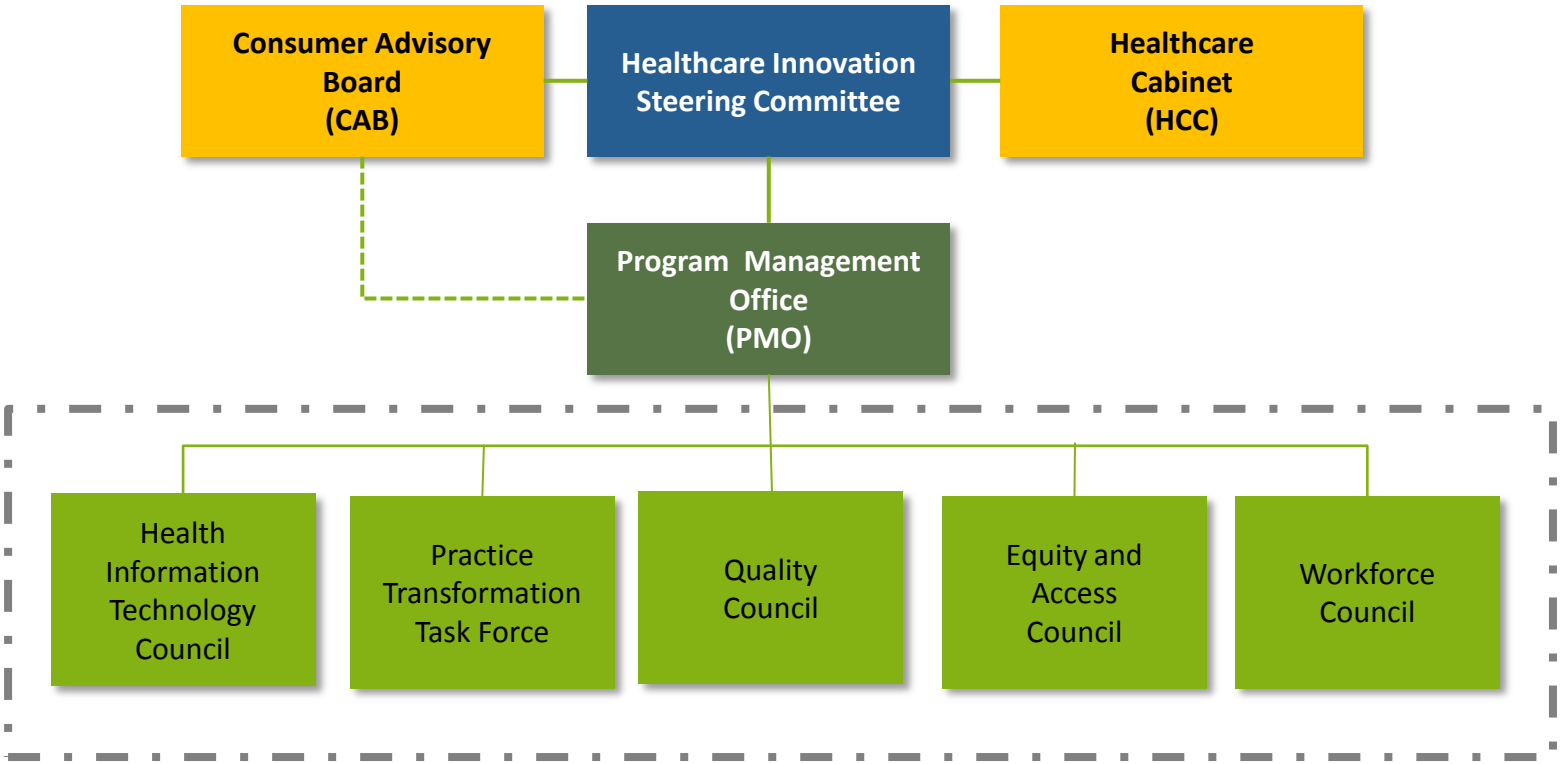
Connecticut State Innovation Model

Workgroup Composition

Draft 3.0

9/18/14

SIM WORKGROUPS



COMPOSITION AND HIGH-LEVEL CRITERIA FOR WORKGROUP PARTICIPATION

	Composition	High-Level Criteria
Health Information Technology Council	▪ 2 consumers/advocates ▪ 2 physicians ▪ 2 health plans ▪ 1 AHCT/APCD ▪ 1 CHA ▪ 1 CSMS ▪ 4-5 ACO/clinically integrated network/hospital ▪ 2 FQHC & CHCHACT ▪ 4 DSS, DPH, BEST, OSC, DMHAS ▪ 1 ex-officio CAB liaison ▪ Up to two MAPOC designees *Staff support provided by statewide HIT Coordinator	▪ Authority or ability to influence ▪ Technical expertise with provider and payer systems, health information technology and/or analytics
Practice Transformation Taskforce	▪ 6 consumers or advocates ▪ 2 DSS, DMHAS ▪ 4 primary care/specialty providers inc APRN ▪ 1 behavioral health provider ▪ 1 FQHC ▪ 1 hospital ▪ 5 all health plans with >5% market share ▪ Up to two MAPOC designees	▪ Authority or ability to influence ▪ Commitment to shared aspirations ▪ Direct experience with advanced primary care, clinical integration, practice transformation
Quality Council	▪ 4 consumers or advocates ▪ 6 physicians ▪ 1 hospital ▪ 1 FQHC ▪ 5 all health plans with >5% market share ▪ 4 DSS, DMHAS, DPH, OSC ▪ Up to two MAPOC designees	▪ Authority or ability to influence ▪ Technical expertise and experience with measurement of health, quality, resource efficiency, and consumer experience
Equity and Access Council	▪ 6 consumers or advocates + 1 ex-officio CAB liaison ▪ 2 DSS, DPH ▪ 1 OHA ▪ 5 all health plans with >5% market share ▪ 4 physicians ▪ Up to two MAPOC designees	▪ Commitment to appropriate care and access ▪ Experience with access & underservice issues ▪ Ability to understand claims-level data analysis ▪ Understanding of underserved populations

HEALTH INFORMATIONTECHNOLOGY COUNCIL

Role Description

Consumers & Advocates

- Provide input on aspects of health information that relate to consumer/provider communication, performance transparency, privacy, security, and shared decision making tools
- ***Qualifications:*** Experienced health conditions such as cardiovascular disease, diabetes, asthma, arthritis, psychiatric illness, or substance use; diverse and balanced mix of participants, considering life experience, individual circumstances, source of coverage, race/ethnicity, and health conditions; good synthesis abilities; creative problem-solving abilities; relationships with other consumers preferred.

Health Plans

- Provide information on **existing infrastructure and HIT capabilities** across diverse set of private payers
- Liaise with internal executives to share taskforce recommendations and gather input
- Determine **feasibility of integrating systems across payers**
- ***Qualifications:*** Strong relationships with counterparts at other insurers, commitment from payer executives to provide input through representative, familiarity with or ability to gather data on HIT systems and infrastructure across diverse set of insurers, authority and ability to negotiate with counterparts at other insurers regarding potentially integrating systems / processes

State Agencies[1]

- Share detailed information on **existing infrastructure and HIT capabilities within each department**, including potential to integrate or expand on existing systems
- Define need for **new systems introductions** and outline plan for integration
- ***Qualifications:*** Familiarity with existing infrastructure and systems across departments, prior involvement in CT HIT-related initiatives, e.g., SIM, CT Data Collaborative, EHR incentive program, Direct messaging, Medicaid Information Technology Architecture (MITA)

ACO / Clinically Integrated Network/ Hospital

- 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
- Share insights on **existing systems being used by CT hospitals** that can be leveraged or best practices that can be adopted
- ***Qualifications:*** Familiarity with HIT requirements associated with ACO model, personal experience implementing HIT changes in physician, hospital, and other ambulatory care settings; familiarity with other HIT demands such as ICD-1; relationships with hospitals serving broad array of patients; familiarity with hospital-based information technology including electronic health records, health information exchange, analytics, and care management tools

1 DSS, DPH, BEST, OSC

HEALTH INFORMATION TECHNOLOGY COUNCIL (cont.)

Role Description

Access Health CT

- Outline **existing infrastructure / capabilities of CT's public exchange and All Payer Claims Database** that can be leveraged to support CT SIM
- Share **learnings** on implementing HIT innovation in CT based on experience with the exchange and APCD
- ***Qualifications:*** Ability to gather input / feedback from wide range of individuals at Access Health CT to provide comprehensive perspective on existing systems and capabilities; approval authority / ability to secure approval to share systems / infrastructure with CT SIM effort

Physicians

- 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