State Innovation Model Initiative





September 18, 2014
Presentation to the
Healthcare Innovation
Steering Committee

Update

Work Groups

- Practice Transformation Task Force
 - NCQA standards review
 - Add "must pass" & "critical factors"
 - Improve cultural and linguistic standards
- Quality Council kick off 9/3/14
- Equity and Access
 - Building the foundation

Procurements

- RFP for PMO consultation services
 - Proposals due 9/4/14
 - Currently under review
 - Priority:
 - work group support
 - PMO administrative support

Workforce Initiatives

- On-line MD licensing application/survey questions
 - Prepare MOA (DPH/DAS/PMO)
 - Prepare draft survey questions
 - Process: CAB and Steer Co review
- One-time physician survey (UConn/Yale)
 - Methods review in light of change in focus for practice transformation
 - Process: Solicit input from CAB and Steer Co

Test Grant Application

Applicants for Round 2 Test Grants

- Design state applicants for test grant funding: CA, CT, DE, HI, ID, IL, IA, MD, MI, NH, OH, PA, RI, TN, TX, UT, CO, NY, WA, AR, ME, MA, MN, OR, VT
- New test grant applicant: NJ
- Total of 18 states competing for 12 test grants

Response to Questions

- CMMI questions received August 28
- Connecticut response submitted Sept 8
- Program questions
- Budget questions
- No limits on response

- Sustainability
 - Foundational investment in PMO
 - Funding for transformation contingent on costbenefit considerations
 - Funding for population health initiatives contingent on cost-benefit considerations
 - HIT: cost share, state, Medicaid, other

- Statewideness
- Health Information Technology
 - Alignment with statewide HIE efforts
 - Value of edge-server technology

How does CT's model align with...

Appendix A: Medicare SSP (ACO initiative)

 Appendix B: Comprehensive Primary Care Initiative (CPCI)

Appendix A: Medicare SSP (ACO initiative)

- Conditions of participation
- Governance
- Leadership and management structure
- Program integrity & compliance plan
- Marketing, beneficiary information & notification
- Quality Measures
- Shared savings methodology

Quality Council

- First meeting, Sept 3, 2014
- Orientation to SIM
- Quality Measures in use today
 - Primarily process measures
 - Claims based

Quality Council

- Medicare ACO measures
- 37 measures as of 2015
- 7 care experience measures
- 21 measures are ACO/practice reported, which allows use of outcome measures
- Notable gaps
 - No pediatric, few behavioral health

Quality Council

- Adopted a guiding principle to maximize alignment with the Medicare ACO measure set
- Examine the need for additional measure elements of particular interest and concern to Medicaid and other payers
- Examples of these include, but are not limited to, measures related to pediatrics, health equity, and behavioral health, drawing from measures endorsed by the National Quality Forum and those that comprise the Medicaid Adult and Child Health Care Quality Measures, the Physician Quality Reporting System, and CMS Meaningful Use Clinical Quality Measures.

Appendix B: Comprehensive Primary Care Initiative (CPCI)

- Advanced primary care/medical home
 - Identified alignment with NCQA
 - Identified option to establish NCQA elements that correspond to CPCI as "must pass"
 - Practice Transformation Task Force will consider
 CPCI elements as a point of reference

- Commercial payer commitment
- Requested access to identifiable, individual level data from all payers
- Population health measures and 5-year targets
- "Pace of Reform" accountability metrics

PACE OF REFORM ACCOUNTABILITY METRICS

- Table 1: Advanced Medical Home Glide Path Program - Provider Participation
- Table 2: Community and Clinical Integration Program - Provider and Beneficiary Penetration
- Table 3: Provider Participation in Multi-payer
 SSP with Medicaid QISSP

PACE OF REFORM ACCOUNTABILITY METRICS

- Table 4: Beneficiary Participation in Targeted Reforms - Multi-payer SSP with Medicaid QISSP
- Table 5: Beneficiary Participation in Any SSP
- Table 6: PCP Participation in Any SSP
- Table 7: Beneficiary Participation in VBID

AMH Pace Metrics

Year		Primary Care Practices		
I Gai		Target	Percentage	
2015				
	Population N	500		
	1st Quarter	0	0%	
	2nd Quarter	0	0%	
	3rd Quarter	50	10%	
	4th Quarter	100	20%	
2016				
	Population N	500		
	1st Quarter	150	30%	
	2nd Quarter	250	50%	
	3rd Quarter	250	50%	
	4th Quarter	250	50%	
2017				
	Population N	500		
	1st Quarter	250	50%	
	2nd Quarter	250	50%	
	3rd Quarter	325	65%	
	4th Quarter	400	80%	
2018				
	Population N	500		
	1st Quarter	500	100%	
	2nd Quarter	500	100%	
	3rd Quarter	500	100%	
	4th Quarter	500	100%	

VBID Pace Metrics

Year		ASO (exc State Emp)		Fully Insured		State Employees (exc Medicare Supp)		Total	
		Target	Percent	Target	Percent	Target	Percent	Target	Percent
2016					=-	400.04		244	
	Population N	1,134,3		876,4		136,98		2,147,	
	1st Quarter	453,735	40%	350,580	40%	134,000	98%	938,315	44%
	2nd Quarter	453,735	40%	350,580	40%	134,000	98%	938,315	44%
	3rd Quarter	453,735	40%	350,580	40%	134,000	98%	938,315	44%
	4th Quarter	453,735	40%	350,580	40%	134,000	98%	938,315	44%
2017			794	886,0	74	138,49	94	2,171,	362
	1st Quarter	589,856	51%	420,696	47%	136,000	98%	1,146,552	53%
	2nd Quarter	589,856	51%	420,696	47%	136,000	98%	1,146,552	53%
	3rd Quarter	589,856	51%	420,696	47%	136,000	98%	1,146,552	53%
	4th Quarter	589,856	51%	420,696	47%	136,000	98%	1,146,552	53%
2018	Till Quartor	333,333	0.170	120,000	11 70	100,000	0070	1,110,002	0070
	Population N	1,159,385		895,803		140,014		2,195,202	
	1st Quarter	766,812	66%	525,870	59%	137,000	98%	1,429,682	65%
	2nd Quarter	766,812	66%	525,870	59%	137,000	98%	1,429,682	65%
	3rd Quarter	766,812	66%	525,870	59%	137,000	98%	1,429,682	65%
	4th Quarter	766,812	66%	525,870	59%	137,000	98%	1,429,682	65%
2019									
	Population N	1,172,1		905,6		141,5		2,219,	
	1st Quarter	881,834	75%	631,044	70%	137,000	97%	1,649,878	74%
	2nd Quarter	881,834	75%	631,044	70%	137,000	97%	1,649,878	74%
	3rd Quarter	881,834	75%	631,044	70%	137,000	97%	1,649,878	74%
	4th Quarter	881,834	75%	631,044	70%	137,000	97%	1,649,878	74%
2020	Population N	1,184,985		915,583		143,106		2,243,674	
	1st Quarter	1,014,109	86%	757,253	83%	137,000	96%	1,908,362	85%
	2nd Quarter	1,014,109	86%	757,253	83%	137,000	96%	1,908,362	85%
	3rd Quarter	1,014,109	86%	757,253	83%	137,000	96%	1,908,362	85%
	4th Quarter	1,014,109	86%	757,253	83%	137,000	96%	1,908,362	85%
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- Health Enhancement Communities
- Prevention Service Centers
- Workforce initiatives
- Budget Questions
 - Numerous minor questions
 - Questioned whether workforce development is an "allowable" expense

Proposal Advanced Medical Home Pilot

- Conduct a pilot of our AMH practice transformation standards and methods, including:
 - Recruitment
 - On-site technical assistance
 - Learning Collaborative
- Practices serve as a learning lab
- Precursor to large scale SIM grant funded Glide Path that will be brought to scale later in the year

Benefits....

- Experience gained would enable us to make course corrections before we scale up with a substantially larger number of practices and new vendors
- Option to pilot different methods (e.g., clinical microsystems approach to practice assessment, use of tech enablers, etc.) before finalizing our statewide strategy

- Benefits...
 - Assess impact on physician experience...if satisfaction with practice does not improve, expansion will be a <u>tough sell</u>
 - Successful practices may champion the value of SIM transformation support, which may help with practice recruitment later in the year

- PMO budget includes funding for practice transformation
- Available funding depends in part on other commitments, cost of consultation support and timing of new hires, etc.
- Estimated enrollment: 30-40 practices
- Timeframe: First quarter 2015

- Key Questions:
 - Which practices to target?
 - Level of advancement?
 - EHR?

Process:

- Prepare project scope and methods in consultation with Practice Transformation Task Force
- Solicit input from Consumer Advisory Board and Steering Committee
- Pending final approval of concept, undertake procurement in late October

Questions