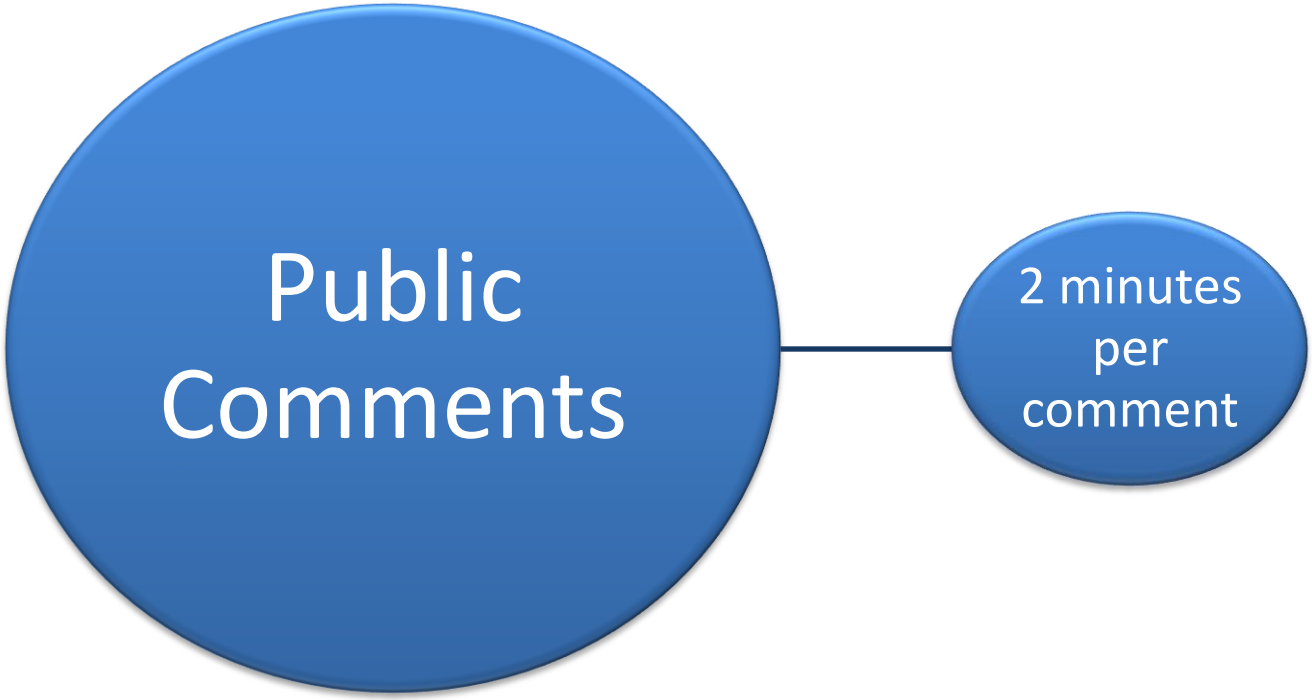
Healthcare Innovation Steering Committee

September 17, 2015

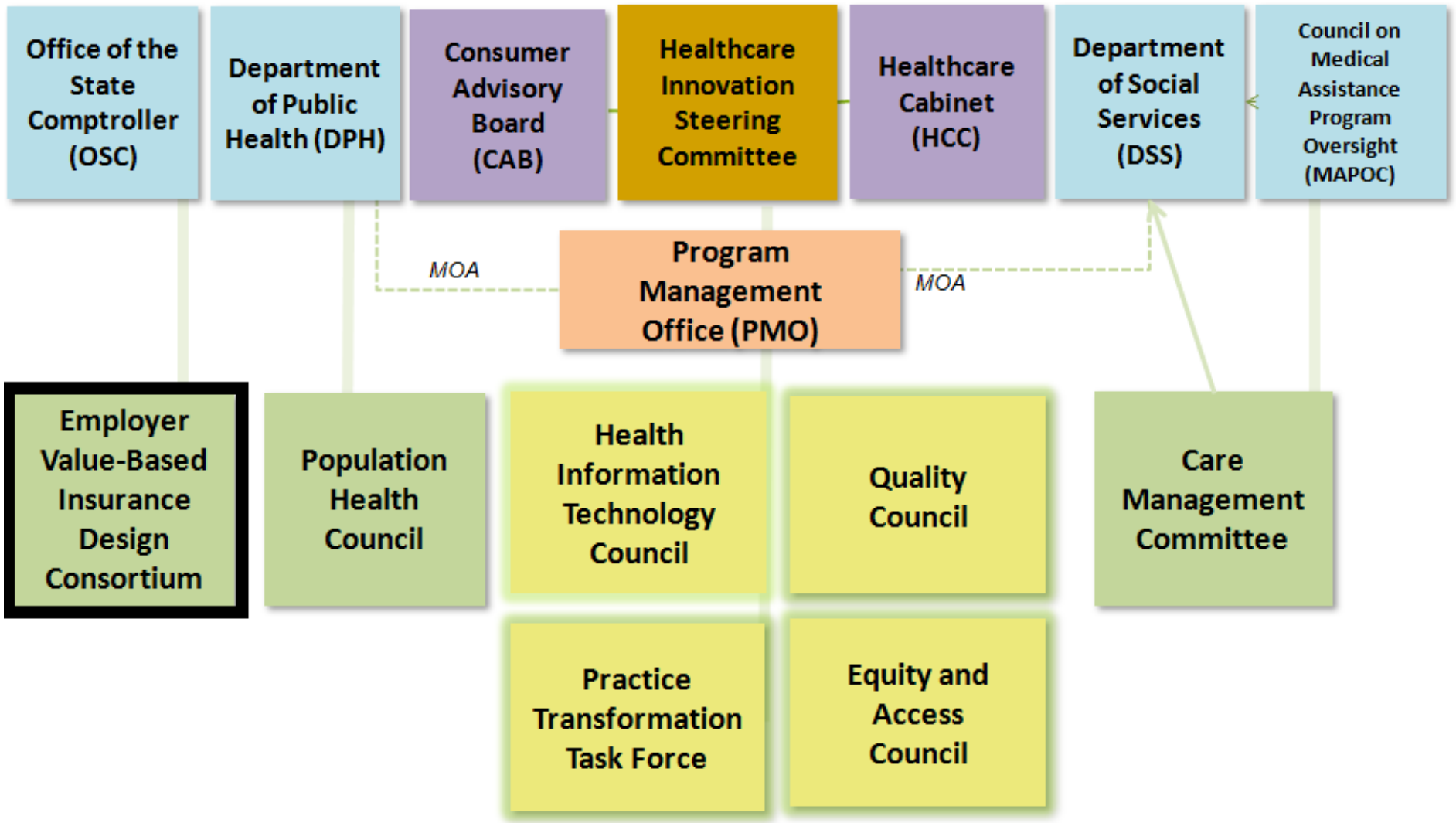
Meeting Agenda

Item	Allotted Time
1. Introductions/Call to order	5 min
2. Public comment	10 min
3. Minutes	5 min
4. VBID Employer Consortium	25 min
5. Community & Clinical Integration Program – plan for completion	15 min
6. HIT Council Charter	30 min
7. Model Test Grant Amendment – MQISSP	20 min
Rapid Response Team – revised composition and charter	5 min
8. Adjourn	


Public Comments
2 minutes per comment

VBID Employer Consortium

SIM Governance Structure



Proposed Composition And Criteria For Employer Consortium

	Composition	Criteria For Membership
VBID Employer Led Consortium	▪ 1 Office of the State Comptroller Representative ▪ 1 Department of Insurance ▪ 1 Access Health CT Representative ▪ 4 Consumer Advocates ▪ 4 Providers (ACO Representatives) ▪ 4 Health Plan Representatives ▪ 4 Employers ▪ 3 Employer Associations (CBIA, CTBGH, NEBGH)	• Knowledge of the CT healthcare environment • Knowledge of value based insurance design (including patient-centered health behavior incentives and engaging consumers to seek high-value services) • Experience evaluating insurance benefit designs • Ability to assess VBID models and assist to create a prototype VBID plan for CT employers and insurance exchanges • Experience interpreting public health or healthcare data • Experience with CT health insurance policies and regulations • Experience with patient care and engagement
VBID Team Support	▪ 1 PMO member ▪ Vendor Staff	• Expertise in public health and healthcare research and evaluation • Knowledge of CT SIM • Experienced developing communications and marketing materials • Ability to facilitate collaborative activities

VBID Learning Collaborative Roles

Consumer Advocates

- Provides input and expertise to represent healthcare consumers, including experience of care and equity and access considerations. Provide recommendations for corrective action if necessary.
- ***Qualifications:*** Strong presence as a healthcare consumer advocate in CT, expertise CT healthcare consumer needs and rights; creative problem-solving abilities.

Providers (ACOs)

- Provide insight and knowledge on healthcare practice. Provide recommendations for corrective action if necessary.
- ***Qualifications:*** Strong presence in CT healthcare, currently practicing physician licensed in the state of CT; creative problem-solving abilities.

Health Plan Representatives

- Provide input and expertise on plan design practices as they relate to value based insurance reform.
- ***Qualifications:*** Strong presence in CT health insurance community, detailed understanding of current CT insurance systems and transformations; creative problem-solving abilities.

VBID Learning Collaborative Roles

Employers (self-insured and fully insured)

- Provide input and expertise on current practices and transformations relevant to SIM especially as they relate to value based payment and insurance reforms.
- ***Qualifications:*** Knowledge of self-insured and fully insured employer-based plan current practices; creative problem-solving abilities.

Employer Association Representatives

- Provide input and expertise on current practices and transformations relevant to SIM especially as they relate to value based payment and insurance reforms.
- ***Qualifications:*** Knowledge of self-insured and fully insured employer-based plan current practices; creative problem-solving abilities.

Value-Based Insurance Design Adoption Goals

Year	Percent adoption
2016	44%*
2017	53%
2018	65%
2019	74%
2020	85%

*Estimate – will establish empirical baseline 2015

Community & Clinical Integration Program (CCIP)

CCIP – Strategy for Completing the Program Standards

- Commitment to:
  - present the final report to HISC on October 8, and
  - delivery final standards to DSS on October 12
- Simultaneous engagement of:
  - Practice Transformation Task Force
  - Care Management Committee of the MAPOC
  - Healthcare Innovation Steering Committee
- Ongoing open comment process
- Commitment to examine options to defray initial transformation investments associated with meeting CCIP standards

PTTF, CMC, HISC Calendar: September 2015

Monday	Tuesday	Wednesday	Thursday	Friday
31	1 **PTTF Meeting**: BH, Community, Monitoring & Reporting	2	3	4
	PTTF feedback on CCIP Elective Standards (Deadline EOD Friday)			
7 **Post draft standards for comment**	8	9 **MAPOC CMC Meeting**: Present CCIP process and high level review of standards	10	11 **Deadline:** written feedback from CMC on CCIP standards
14	15 **PTTF Meeting**: eConsults & Care Transitions	16	17 **Post draft report for comment** **Invite HISC review and comment**	18
21	22 **CMC Webinar:** CCIP report and guidelines review and discussion	23	24 **Deadline**: written feedback from PTTF & CMC on CCIP	25
28 **Post draft 2 report for comment**	29 **PTTF Meeting**: Discuss final PTTF feedback on CCIP	30 **DSS/PMO Meeting:** Final alignment meeting with DSS		

PTTF | HISC | PMO/Chartis | CMC/MAPOC

PTTF, CMC, HISC Calendar: October 2015

Monday	Tuesday	Wednesday	Thursday	Friday
			1	2 **Deadline:** Distribute final draft report to HISC
5	6	7	8 **HISC Presentation**: CCIP Guidelines receive feedback from HISC	9
12 **Deadline:** Submit final CCIP standards to DSS	13	14	15	16
19	20	21	22	23
26	27	28	29	30

PTTF | HISC | PMO/Chartis

Notes: 1) Elective guidelines include Oral Health Integration, Medication Therapy Management, E-consults, and Care Transitions

Model Test Grant Amendment

HIT Council Charter

SIM Grant Award

- Connecticut awarded $45 million over four years:
  - Pre-implementation (one year): February 1, 2015 – January 31, 2016
  - Model Test (3 years): February 1, 2016 – January 31, 2019

- Early in the model design process, in Spring, 2015, DSS identified to the SIM PMO a need for an extension of the original MQISSP implementation deadline, to which the SIM PMO had committed in the model test grant application. DSS made this request because of the complexity of standing up the first ever Connecticut Medicaid shared savings arrangement, the need for adequate time for review and comment by the Medical Assistance Program Oversight Council, and need for sufficient time to negotiate authority under which Medicaid funds will be used, with the Centers for Medicare and Medicaid Services

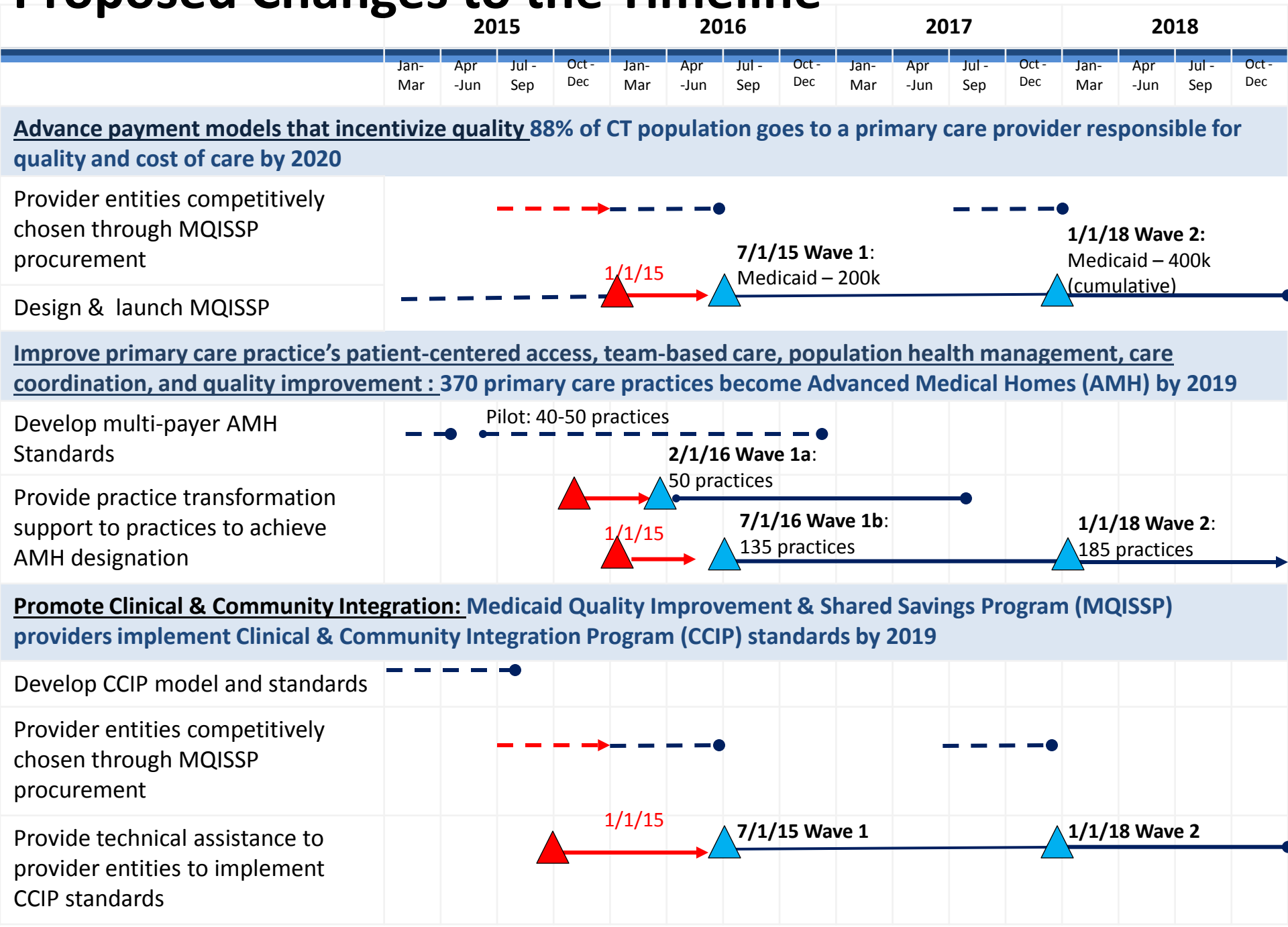
SIM Grant Award

- PMO is preparing an amendment to reflect new MQISSP start date
- The remaining slides will summarize proposed changes to the:
  - **Programs**
  - **Timeline**
  - **Budget**

Interrelated Programmatic Changes

- MQISSP extended start date requires a 6-month extension for the care delivery reform initiatives:
  - **Advanced Medical Home Program**
    - 50 practices targeted for 2/1/18
    - 135 practices targeted for 7/1/18 to support MQISSP participants
  - **Community & Clinical Integration Program (CCIP)**
    - Start date shifted from Q4 Year 1 to Q2 Year 2

Proposed Changes to the Timeline



Proposed Changes to the Budget

DSS has found it necessary to expand the scope of support that it is receiving from Mercer to include such activities as:

1) Framing in support of, facilitation of, and administrative support for three webinars in support of the selection of quality and under-service measures;

2) Similar activities planned in support of endeavoring to reconcile the Department's current preference for a retrospective attribution process with the prospective method endorsed by the Equity & Access Council;

3) Extensive clinical work in support of outlining the features of care coordination, over and above that which is contemplated under PCMH and HRSA standards, that MQISSP providers will be expected to provide; and

4) Additional work to translate material on the Department's preferred Medicaid authority into stakeholder documents.

Proposed Changes to the Budget

- Mercer has identified new costs due to the 6-month MQISSP extension of $384,000
  - Additional webinars
  - Clinical participation in quality measure set development
  - Extended development period
- Additional costs will be offset through:
  - Hiring delays at the SIM Program Management Office, OHA and at DSS
- Net savings re-allocated to the Community and Clinical Integration Program

Proposed Changes to the Budget

SIM Test Grant Request		OriginalTotal		Proposed Changes
Plan for Improving Population Health	$	6,244,006	$	6,244,006
Care Delivery/Payment Reform				
Medicaid QISSP	$	7,877,886	$	7,797,644
AMH Glide Path	$	8,056,445	$	8,056,445
Community & Clinical Integration Program	$	4,592,928	$	4,809,660
Innovation Awards	$	-	$	-
Quality Alignment	$	617,400	$	617,400
Health Information Technology	$	10,769,595	$	10,769,595
Workforce Development	$	992,998	$	992,998
Value-based Insurance Design	$	325,576	$	325,576
Consumer Engagement	$	376,568	$	376,568
Program Evaluation	$	2,700,000	$	2,700,000
PMO Administration, OHA nurse	$	2,446,598	$	2,310,108
Total	$	45,000,000	$	45,000,000

* These are reallocation estimates; final submission may differ.

Rapid Response Team

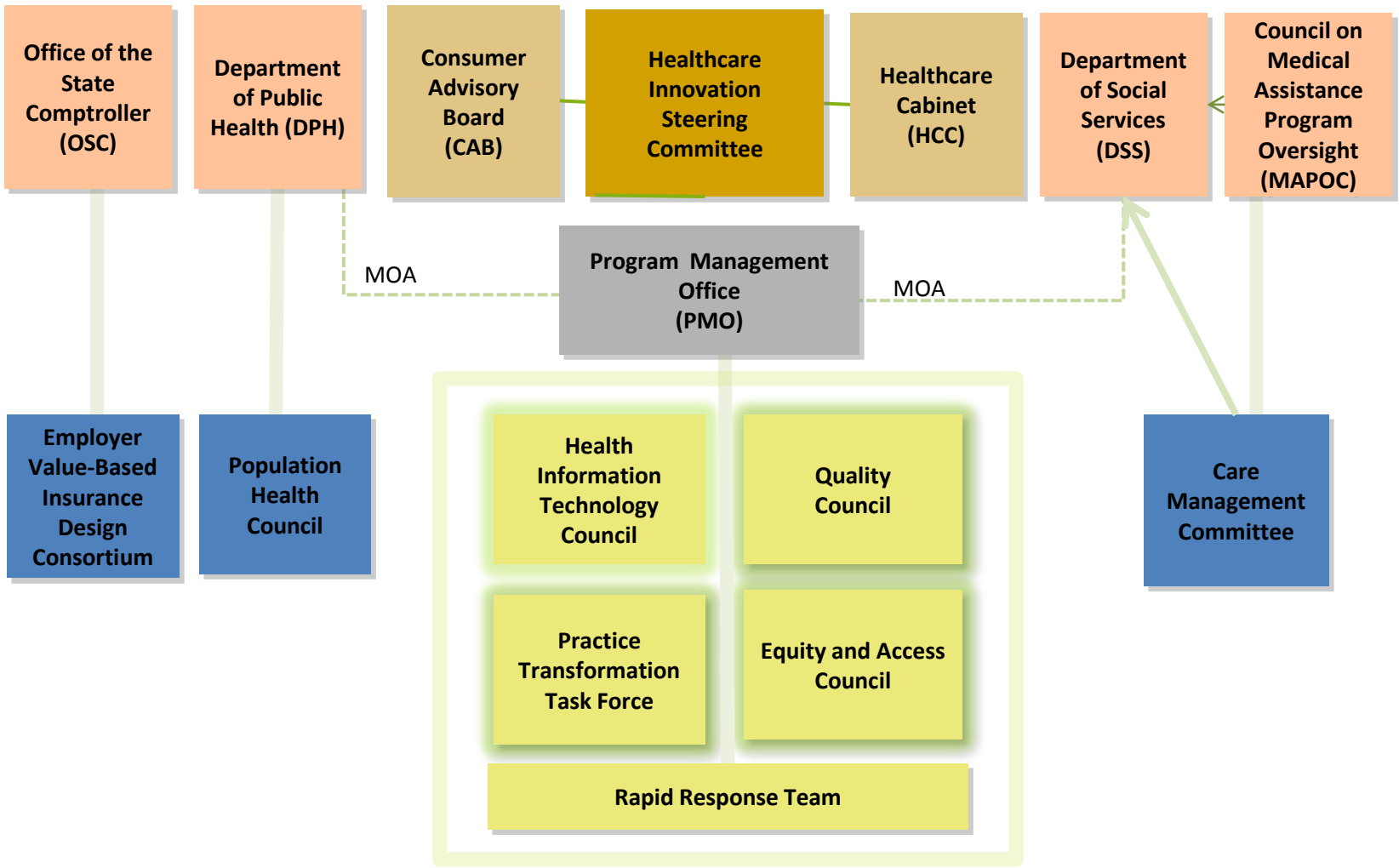
Connecticut State Innovation Model

Rapid Response Team Charter

Draft 3.0

09/14/15

CONNECTICUT STATE INNOVATION MODEL INITIATIVE GOVERNANCE STRUCTURE



COMPOSITION AND HIGH-LEVEL CRITERIA FOR PARTICIPATION

Composition

Rapid Response Team Voting Members

- The Rapid Response Team is an ad hoc committee drawn from the membership of the Healthcare Innovation Steering Committee and its workgroups.

Rapid Response Team Support

- 1 PMO member
- 6 Evaluation team members
- 2 Scorecard team members

RAPID RESPONSE TEAM

Charter

The Rapid Response Team (RRT) is an ad hoc committee for the purpose of reviewing the dashboard and associated metrics of concern and recommending corrective action.

The SIM PMO will disseminate the SIM Evaluation Dashboard and other data regarding the pace and performance of system transformation to the Healthcare Innovation Steering Committee and SIM work groups. Workgroups will review sections of the dashboard that are relevant to their area of expertise. Additionally, the Evaluation Team and the PMO will meet quarterly to review the dashboard metrics. If concerning metrics are identified the PMO will convene a subset(s) of the Healthcare Innovation Steering Committee and its workgroups to function as a RRT. The RRT will meet to discuss the findings and, if needed, forward concerns and recommendations for corrective action to the PMO.

Key questions this work group needs to answer

1. Is SIM achieving the pace and performance objectives as established in the attached accountability metrics?
2. What are the barriers to achieving the objectives of SIM?
3. What are the recommendations to address the barriers to achieving the objectives of SIM?

RAPID RESPONSE TEAM

Key Milestones

Date	Deliverable
10/1/15	Initial Dashboard Publication
1/1/16	Dashboard Publication
4/1/16	Dashboard Publication
7/1/16	Dashboard Publication
10/1/16	Dashboard Publication
1/1/17	Dashboard Publication
4/1/17	Dashboard Publication
7/1/17	Dashboard Publication
10/1/17	Dashboard Publication
1/1/18	Dashboard Publication
4/1/18	Dashboard Publication
7/1/18	Dashboard Publication
10/1/18	Dashboard Publication
1/1/19	Final Dashboard Publication

Interdependencies

- SIM Evaluation

Core Stakeholders

Adjourn