Connecticut SIM: Program Overview

December 10, 2015

Meeting Agenda

Item	Allotted Time
1. Introductions/Call to order	5 min
2. Public comment	10 min
3. Minutes	5 min
4. CAB and Workgroup Appointees	5 min
5. PTTF Composition	5 min
6. Ad Hoc Subcommittee on Design and Implementation	5 min
7. HIT Charter	15 min
8. VBID Charter Presentation	15 min
9. Population Health	30 min
10. Equity and Access Council Final Report	5 min
11. AMH Vanguard Presentation	20 min
Adjourn	

CAB & Work Group Appointees

CAB & Work Group Appointees

Equity and Access Council

Mary Winar

Consumer Advisory Board

Jacqueline Ortiz Miller

PTTF Composition

PRACTICE TRANSFORMATION TASK FORCE
PROPOSED CHANGE IN COMPOSITION

- 6 consumers or advocates
- 2 DSS, DMHAS
- 4 primary care/specialty providers inc APRN
- 1 behavioral health provider
- 1 FQHC
- 1 practice manager
- 2 hospitals/ACO/advanced network*
- 1 home health
- 1 cultural health organization
- 1 housing organization
- 2 MAPOC appointees
- 6 health plans**
  - Aetna
  - Anthem
  - Cigna
  - ConnectiCare
  - HealthyCT
  - United HealthCare

*Collapses original *hospital* category with subsequent *hospital/ACO* category
**Removes minimum 5% market share requirement

Updated December 4, 2015

Ad Hoc Subcommittee on Design and Implementation

Ad Hoc Subcommittee on Design and Implementation

Members

- Patricia Baker
- Mary Bradley
- Patrick Charmel
- Bernadette Kelleher
- Suzanne Lagarde
- Alta Lash
- Kate McEvoy
- Jane McNichol
- Victoria Veltri

Ad Hoc Subcommittee on Design and Implementation

Charge

- Over the course of the year, SIM key partners (e.g., DSS) and work groups have begun to produce detailed program designs to support AMH, CCIP, MQISSP and Quality Measure Alignment. As the PMO and its partners prepare to finalize these program designs, there is a need to ensure that each initiative is aligned with the reform strategy set forth in the Model Test Grant, and to ensure that, wherever possible, the strategies are mutually reinforcing and coordinated to achieve the intended results.

- The Steering Committee is charged with providing oversight and guidance on the full array of SIM initiatives and they way they work together to achieve the vision and associated goals. The full Steering Committee meetings are not conducive to a close examination of design and implementation issues. Accordingly, the Steering Committee has proposed to establish an ad hoc subcommittee charged with reviewing design and implementation issues, directly engaging and advising the various payers and other partners, and making recommendations to the HISC.

Ad Hoc Subcommittee on Design and Implementation

November 16, 2015 - First Meeting

- The Subcommittee's charge

- The means to better synthesize and illustrate the relationships between various SIM initiatives

- Better data regarding the number of members in commercial, Medicaid, and Medicare statewide, including dollar spend and use of value-based payment arrangements

- Discussion of MQISSP program

- The current landscape with respect to Medicaid attribution in CT

Ad Hoc Subcommittee on Design and Implementation

Next Steps

- Distribute SIM PMO logic model and driver diagrams for review

- Disseminate information about enrollment in Medicare, Medicaid, commercial, VBP penetration estimates and PMPM and projections from the grant, along with actual Medicaid PMPM trend data based on more recent data

- Compile and disseminate information re: MQISSP advanced network landscape, # of Medicaid beneficiaries attributed to AN affiliated practices, broken down by PCMH/non-PCMH

- Solicit/obtain feedback from Anthem and URAC re: readiness assessment

HIT Charter

DRAFT   # HEALTH INFORMATION TECHNOLOGY (HIT) COUNCIL

Charter

This work group will develop for recommendation to the Healthcare Innovation Steering Committee, a proposal for HIT requirements[1] and technology components in support of SIM goals, in accordance with the recommendations of the Quality, Practice Transformation, and Equity & Access work groups. This work group will review current and proposed technologies cited in the SIM Model Test Proposal[2] or others as needed to understand capabilities and uses for the Test Model, will work collaboratively with the Quality, Practice Transformation, and Equity & Access work groups to develop a high level HIT schema of technologies and data interactions that align SIM initiatives, and will describe the implementation approach/roadmap for recommended technology solutions that are scalable, adaptable, and based on national standards.

Key questions this work group needs to answer

Access

What are the HIT requirements to support recommendations of the Equity & Access Council to guard against under-service or patient selection?

Connectivity and Exchange

The following questions should be answered in accordance with the recommendations of the Practice Transformation Task Force. The HIT Council should coordinate with the Task Force regarding issues of implementation.

1. What are the HIT requirements to support and implement recommendations of the Practice Transformation Task Force?
2. How will HIT support information exchange across providers?
3. What are the HIT requirements to implement and pilot test short-term[3] information exchange leveraging existing technology asset: Direct Messaging, ADT-SES?
4. What are the HIT requirements to leverage existing core procurement and implement and pilot test a Consent Registry-Nextgate?
5. What are the HIT requirements and recommended solution(s) to implement and pilot test 1-3 Disease Registries-Nextgate?
6. What are the HIT requirements for procuring Mobile Medical Applications for care management using crowd sourcing?
7. What are the HIT requirements to leverage the existing technology asset: EHR-SAAS hosted by BEST?
8. How will proposed technologies align with existing technologies used by Advanced Networks and FQHCs to avoid redundancies and duplication of efforts?
9. What is the process for introducing and considering new technology and innovation alternatives to those cited in the SIM proposal?
10. What measures need to be taken to ensure that the HIT requirements are secure and provide patient protection in accordance with Health Insurance Portability and Accountability Act?
11. What are the HIT requirements to leverage existing technology asset for patient risk stratification: pilot test Care Analyzer for MQISSP?

Quality

The following questions should be answered in accordance with the recommendations of the Quality Council. The HIT Council should coordinate with the Council regarding issues of implementation.

1. What are the HIT requirements to support and implement the recommendations of the Quality Council?

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[1]Requirements include infrastructure, capabilities, functionality, data interactions, data security, selection criteria and process, implementation
[2]Connecticut SIM Model Test Proposal – Amendment 03 – 4/30/2015 – Budget Narrative – Health Information Technology – pg. 25 & Project Narrative – pgs. 26-31
[3]The long-term solution for information exchange is the state-wide HIE which will be implemented via the HIT Advisory Council pursuant to Public Act 15-146.

2. What are the HIT requirements to implement the quality measures/metrics recommended by the Quality Council for adoption to measure provider performance with regard to targeted health conditions & prevention goals?
3. What are the HIT requirement to implement quality measures/metrics that are claims-based? Clinically-based? Which have priority? What is the frequency with which these metrics will aggregated?
4. What are the potential and recommended data sources for these quality measures?
5. How will measures be attributed to data, aggregated, stored, accessed and reported?
6. What technology solutions are available to mine the data sources? What are the criteria for selecting a solution? What is the recommended solution?
7. What are the HIT requirements and recommended approach to leverage the existing technology asset: licensing agreement-Zato for edge server indexing for eCQMs?
8. What are the HIT requirements and recommended approach to leverage the existing technology asset: Provider Directory-Nextgate hosted by BEST?
9. What are the HIT requirements and recommended approach to leverage the existing technology asset: eMPI-Nextgate hosted by BEST?
10. How will the technology solution(s) be pilot tested? Is there a short-term and long-term solution?
11. What are the HIT requirements to support cross-payer analytics and the common performance scorecard?
12. What are the SIM MQISSP HIT requirements to link/integrate Medicaid data with the APCD for claims-based quality measures?
13. What are the HIT requirements to leverage existing technology asset for patient risk stratification: pilot test Care Analyzer for MQISSP?
14. How will the quality measure data be stored, organized, aggregated, accessed, and reported? Who will have access to the data?
15. Are there HIT requirements for the common care experience survey?

Roles and Responsibilities

1. Develops and recommends SIM HIT Council charter to the Healthcare Innovation Steering Committee, with input from the Quality, Practice Transformation, and Equity & Access work groups
2. Establishes ad hoc task forces to investigate specific technical, functional and data exchange topics
3. Discusses options and makes a recommendation using majority consensus
4. Members communicate HIT Council progress back to constituents and bring forward their ideas and issues
5. Works collaboratively with the other SIM work groups in an iterative and inclusive manner to develop, collect and share information needed to provide an aligned HIT solution and will work hard to limit and/or reduce any unnecessary duplication from other SIM work groups
6. Monitors progress and makes adjustments to stay within the SIM timeline – pre and post SIM HIT solution implementation
7. Makes recommendations to the Healthcare Innovation Steering Committee
8. Comes to HIT Council meetings prepared, by reviewing the materials in advance
9. Escalates issues, questions and concerns that cannot be resolved by the HIT Council as a group to the Healthcare Innovation Steering Committee
10. Establishes an executive team that includes the co-chairs and three members from the HIT Council representing the major stakeholder groups (Consumers, Payers and Providers). The non-co-chair members will be included in the agenda prep calls to assist in agenda development and identify any issues brought forth by council members.

Guiding Principles

1. Advocate for HIT solutions that are scalable and meet existing standards that are available and feasible
2. Comply with SIM's conflict of interest protocol, currently in draft status
3. HIT is a tool to support or supplement care delivery and the collection of necessary data but is not, nor should be the end goal
4. Lead a fair and competitive due diligence process

[4]If necessary the council will follow a majority voting process, assuming a quorum (one co-chair and at least 50% of the members are present).

5. Conduct a competitive bidding process in selecting HIT vendors
6. Be the advocate for the role you are representing

Scope – range and boundaries of the responsibilities of the HIT Council

In-Scope
1. Review of the current and proposed technologies cited in the SIM grant to understand capabilities and uses for Test Model
2. Work collaboratively and actively support two way communications with the other SIM workgroups and councils to develop the HIT design.
3. High level schema of HIT solution
4. SIM HIT solution implementation approach and roadmap
5. Recommendations for technologies to support the SIM initiatives
6. Participation with the SIM HIT Steering Committee and other SIM work groups and councils

Out-of-Scope
1. Personal Health Record technology and Patient Portal (from original grant proposal)
2. Development of policies and procedures tied to recommended technologies
3. Underservice measures and associated technology will be monitored by MAPOC and Medicaid

VBID Charter Presentation

DRAFT　　　　　**Value Based Insurance Design Consortium**

The VBID Consortium is an advisory committee to the Connecticut SIM Program Management Office. The consortium will develop recommendations for the SIM Healthcare Innovation Steering Committee with respect to the promotion and adoption of value based insurance design models for use by self-insured employers, fully insured employers and private and public health insurance exchanges. The Consortium will consist of consumers, providers, CT state agencies, accountable care organizations (ACOs), employers, employer associations and health plans that will work collaboratively to encourage uptake of VBID benefit plans in the state. Specific recommendations and deliverables (outcomes) include: identifying and engaging stakeholders, identifying and assessing successful VBID programs in and out of CT, creating a prototype VBID, and establishing the program design for a VBID learning collaborative.

Key focus of this group:

VBID Initiative Requirements

1. Assess VBID models for CT that include the following features of VBID:

   a) Incentives to engage consumers in high value health care services

   b) Designs to encourage utilization of ACOs, PCMH practices and other providers of high value services

   c) Behavioral economics applications that discourage use of low value services

   d) Designs that encourage consumer engagement in healthier lifestyles (e.g. smoking cessation, diet and exercise)

   e) Patient-centered health behavior incentives to encourage consumers to engage in effective chronic care disease management

2. Create a prototype VBID and advise re:

   a) Developing a template for recommended VBID benefit plan for use by self-insured and fully-insured employers and private and public health insurance exchanges

   b) Providing employer guidance for value-based payment arrangements

   c) Developing a VBID implementation toolkit that provides technical assistance to accelerate employer uptake of VBID

3. Advise on an approach for employer and consumer engagement

4. Develop communications and marketing materials for employers, employees and consumers to promote and facilitate VBID adoption

5. Engage stakeholders for VBID Learning Collaborative and advise on Collaborative goals, format and structure

AMH Summary and Update

Agenda

1. Recap: What is the Advanced Medical Home Program?

2. Recap: What is the Advanced Medical Home Vanguard Program (pilot)?

3. Status Update: Advanced Medical Home Vanguard Program (pilot)

Agenda

1. Recap: What is the Advanced Medical Home Program?

2. Recap: What is the Advanced Medical Home Vanguard Program (pilot)?

3. Status Update: Advanced Medical Home Vanguard Program (pilot)
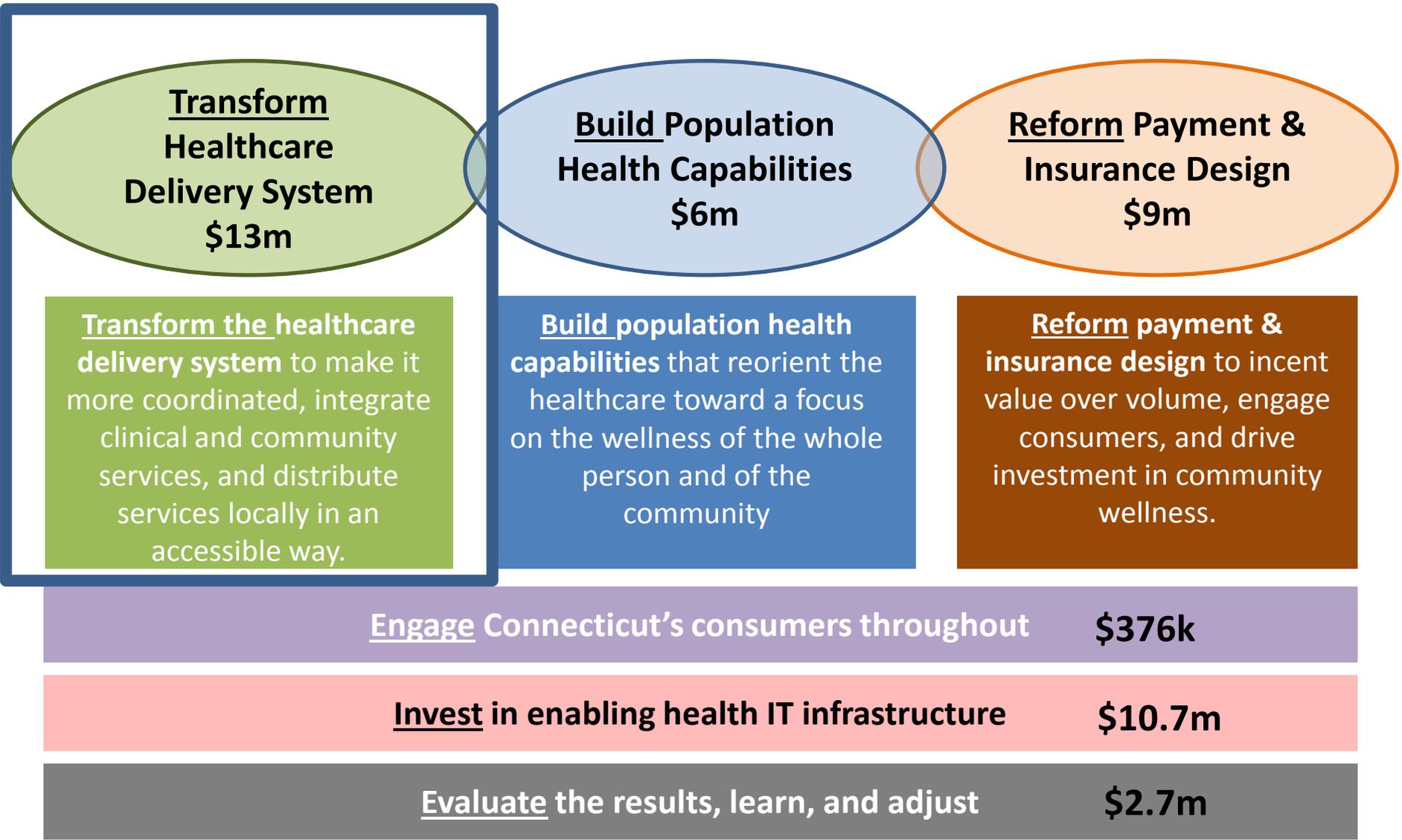
State Innovation Model Vision

Establish a whole-person-centered healthcare system that:

- improves population health;

- eliminates health inequities;

- ensures superior access, quality, and care experience;

- empowers individuals to actively participate in their healthcare; and

- improves affordability by reducing healthcare costs

Our Journey from Current to Future: Components

CT SIM Component Areas of Activity

Transform Healthcare Delivery System **$13m**

Build Population Health Capabilities **$6m**

Reform Payment & Insurance Design **$9m**

Transform the healthcare delivery system to make it more coordinated, integrate clinical and community services, and distribute services locally in an accessible way.

Build population health capabilities that reorient the healthcare toward a focus on the wellness of the whole person and of the community

Reform payment & insurance design to incent value over volume, engage consumers, and drive investment in community wellness.

Engage Connecticut's consumers throughout   **$376k**

Invest in enabling health IT infrastructure   **$10.7m**

Evaluate the results, learn, and adjust   **$2.7m**

Advanced Medical Home Program

- Connecticut's SIM initiative emphasizes the importance of **investing in primary care transformation** in order to reduce health disparities, improve care experience, and to provide for a more whole-person centered and effective care process

- The Advanced Medical Home (AMH) Program is part of SIM's strategy to support primary care practices in achieving these goals by facilitating the advancement of primary care offices to achieve practice standards, including National Committee for Quality Assurance standards for patient centered medical home.
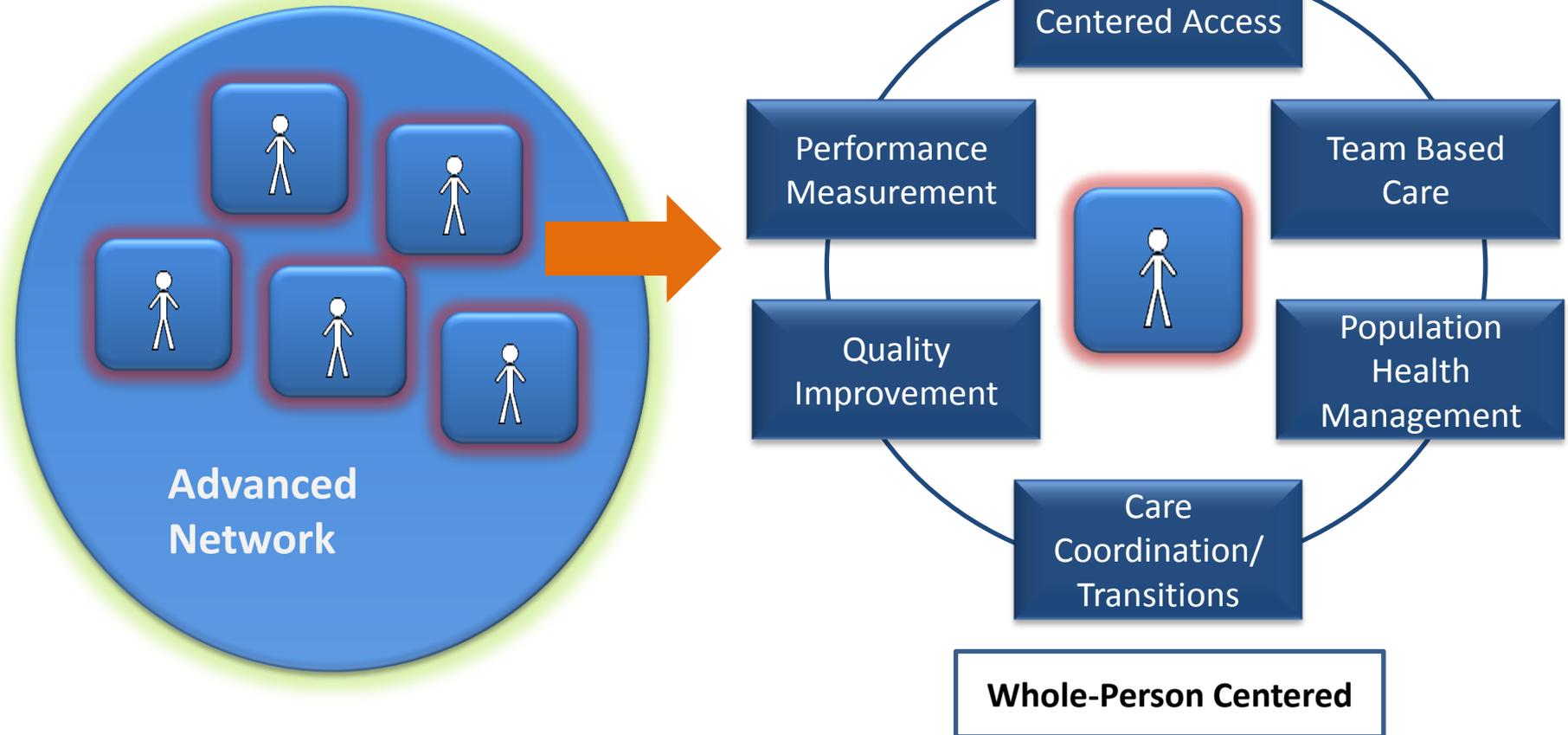

Webinars, peer learning & on-site support for individual primary care practices to achieve Patient Centered Medical Home NCQA 2014 with additional requirements that align with our vision

Program Standards based on NCQA 2014 PCMH

Advanced Medical Home Program

Advanced Network

Patient Centered Access

Team Based Care

Performance Measurement

Quality Improvement

Population Health Management

Care Coordination/ Transitions

Whole-Person Centered

Our goal is to transform more than 300 primary care practices by 2019

The AMH Program is one of two SIM investments to support transformation of the state's health care delivery system
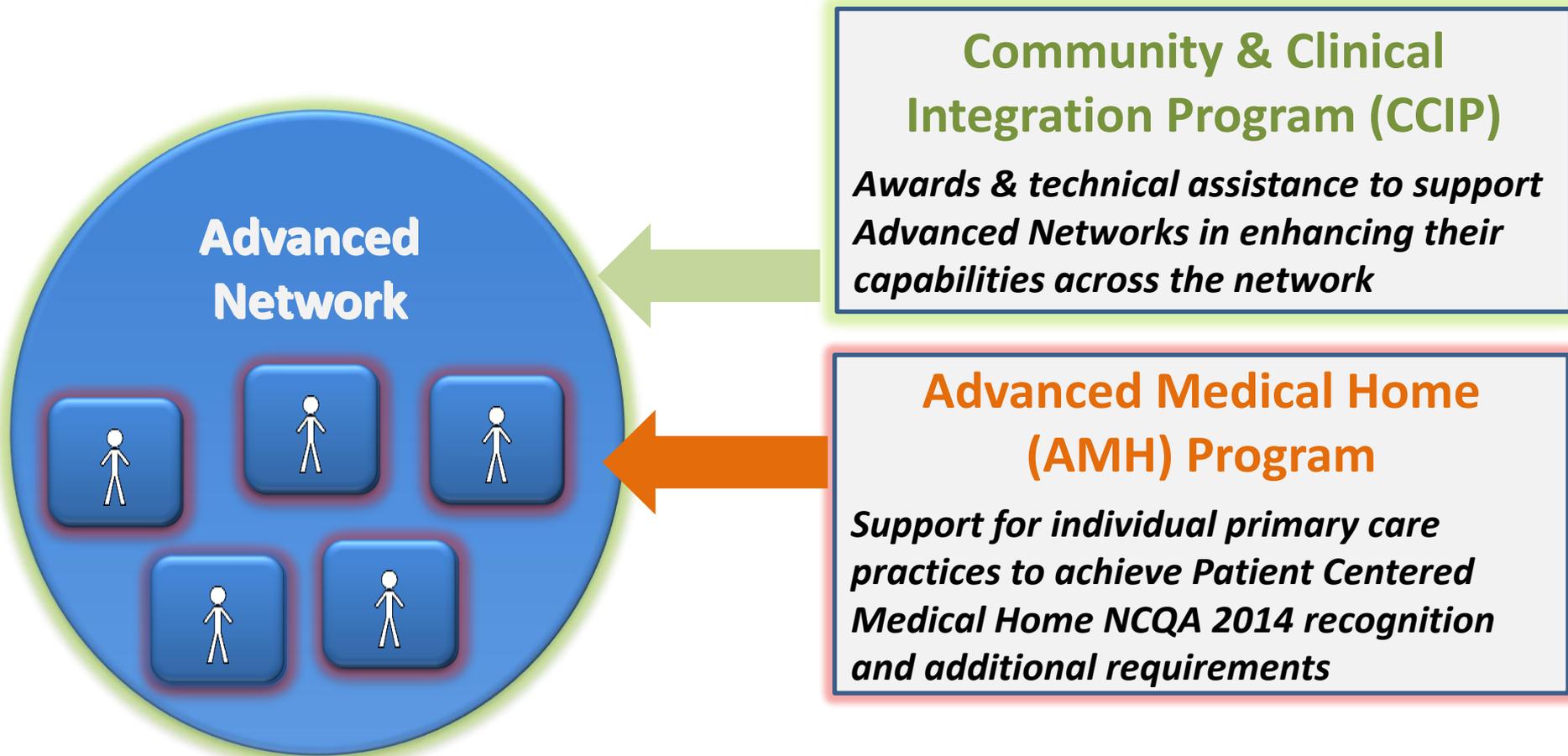
Advanced Network

Community & Clinical Integration Program (CCIP)

Awards & technical assistance to support Advanced Networks in enhancing their capabilities across the network

Advanced Medical Home (AMH) Program

Support for individual primary care practices to achieve Patient Centered Medical Home NCQA 2014 recognition and additional requirements

Agenda

1. Recap: What is the Advanced Medical Home Program?

2. Recap: What is the Advanced Medical Home Vanguard Program (pilot)?

3. Status Update: Advanced Medical Home Vanguard Program (pilot)

AMH Vanguard Program

A pilot to test transformation methods aimed at improving practice and patient experience, allowing for flexibility in the applications of these methods so that participating practices can assist to identify the optimal approach.

AMH Vanguard Program

50 practices

Test transformation support

AMH Program Wave 1

150+ practices

AMH Program Wave 2
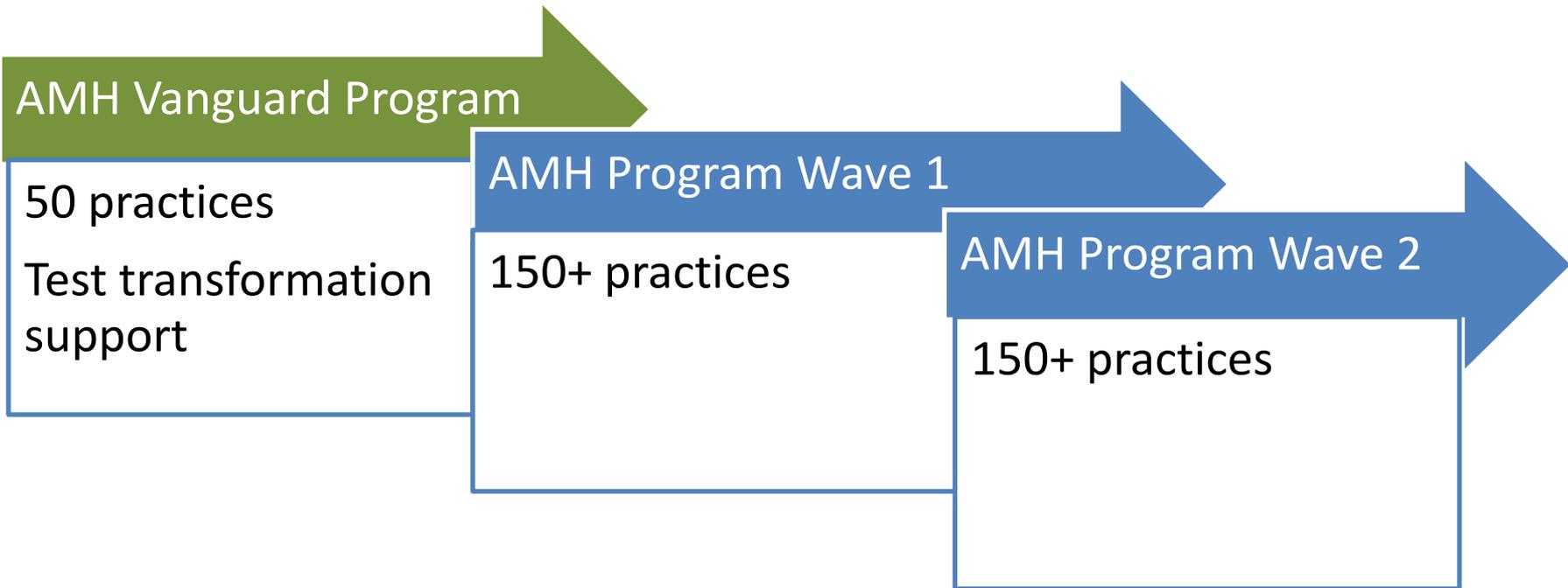
150+ practices

AMH Vanguard Program

Pilot is testing:

- Program administration such as methods of practice recruitment, criteria for participation, and progress monitoring and make adjustments before we scale up with a larger number of practices and additional vendors in the last quarter of 2015.

- Methods of transformation before finalizing our statewide strategy.

- Whether our method provides enough assistance and tools to make participation in the NCQA recognition process less challenging and resource intensive.

- How to optimize impact on practice experience…if satisfaction with practice does not improve, expansion will be challenging

May also help recruit practices to champion the value of AMH transformation support, which will support practice recruitment next year

AMH Technical Assistance Vendor

- In January 2015 Qualidigm was selected through a competitive process to be the technical assistance vendor for the AMH Vanguard Program

- In their application, Qualidigm proposed to pair our AMH standards with *Planetree Bronze Recognition* in patient centered care

- Although Planetree is included in the pilot, it is not currently required for AMH designation

AMH Pilot Timeline

During the 18 months of project support, Qualidigm will complete the 3 phases of the pilot: recruitment of provider practices, practice transformation and evaluation.

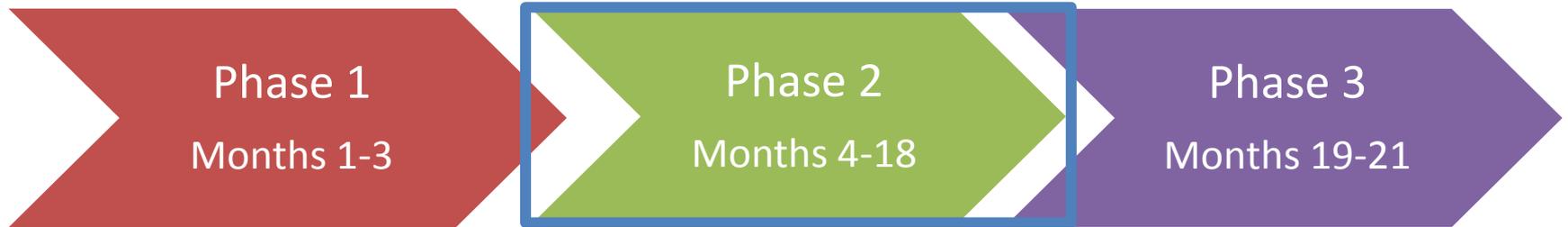| Phase 1	Phase 2	Phase 3
Months 1-3	Months 4-18	Months 19-21
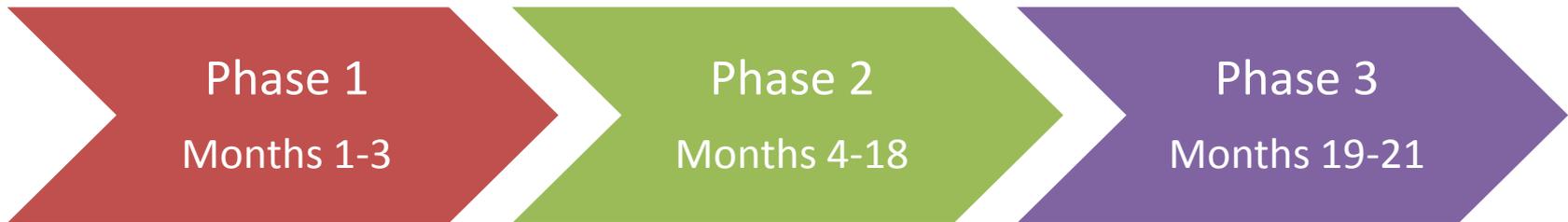
AMH Pilot Activities

Recruitment Activities

Phase 1 Months 1-3	Phase 2 Months 4-18	Phase 3 Months 19-21

- Office identification, screening, obtaining commitments
- Needs assessment, and creation of office specific transformation plans
- Baseline staff engagement survey

AMH Pilot Activities

Transformation Activities

Phase 1
Months 1-3

Phase 2
Months 4-18

Phase 3
Months 19-21

- Interactive learning collaborative, practice facilitation visits, webinars, onsite technical assistance and implementation of quality improvement interventions in practices.

- Formative evaluation of Contractor Interventions and practice implementation of QI interventions.

AMH Pilot Activities

Transformation Activities

Phase 1	Phase 2	Phase 3
Months 1-3	Months 4-18	Months 19-21

- Identify how many and which practices achieved AMH designation, including NCQA PCMH Recognition and Planetree Bronze Recognition

- Summative evaluation, including: methods of transformation; whether our method provides enough assistance and tools to make participation in the NCQA recognition process less challenging and resource intensive; practice experience; and others

Agenda

1. Recap: What is the Advanced Medical Home Program?

2. Recap: What is the Advanced Medical Home Vanguard Program (pilot)?

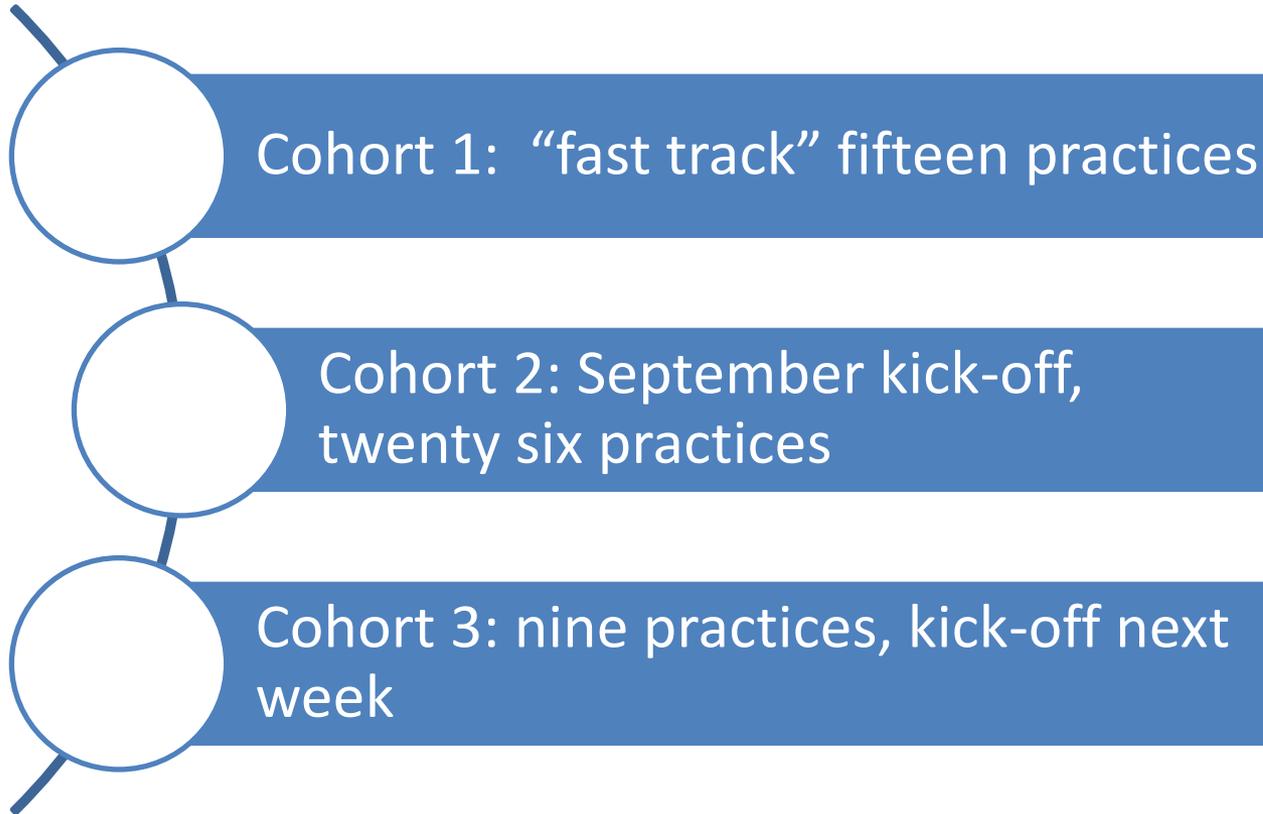3. Status Update: Advanced Medical Home Vanguard Program (pilot)

AMH Vanguard Program Participants
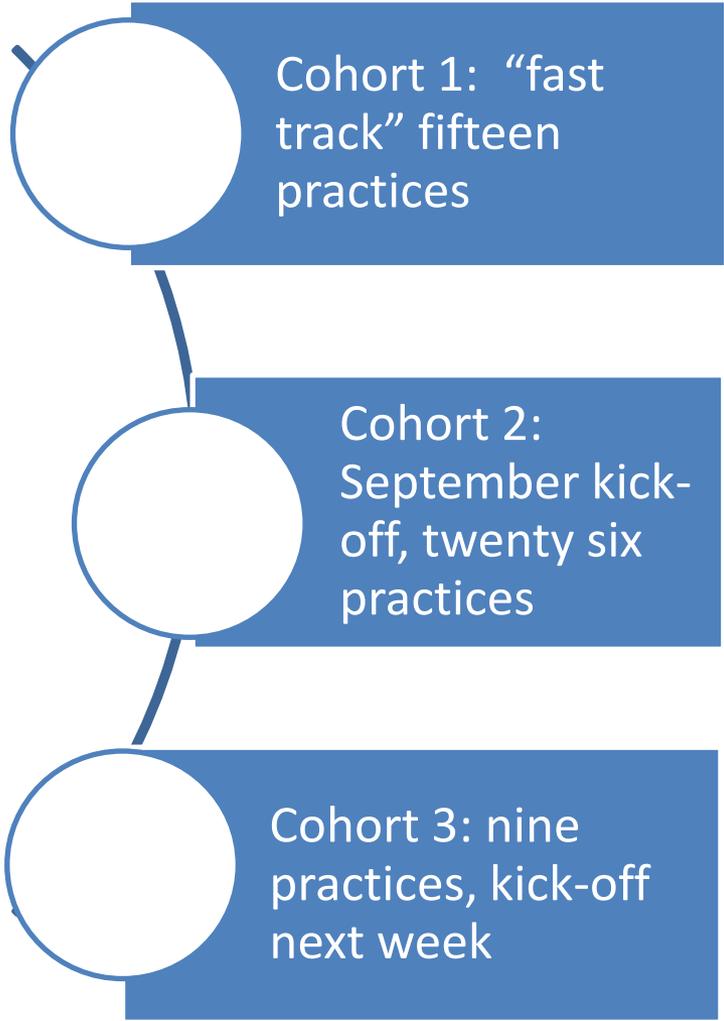
50 Practices have been recruited into the pilot

Participating Entity	# of Practices	# of clinicians
St. Vincent's Health Partners	6	7
Northeast Medical Group	24	63
Western CT Health Network	6	15
Stamford Health Integrated Practice	4	18
Alliance Medical Group	3	17
Medical Professional Services	3	5
Griffin Faculty Practice Plan	3	6
Summer Pediatrics	1	3
Total	**50**	**134**

AMH Vanguard Program

The 50 practices fall into three cohorts:

Cohort 1: "fast track" fifteen practices

Cohort 2: September kick-off, twenty six practices

Cohort 3: nine practices, kick-off next week

AMH Vanguard Program Status

Cohort 1: "fast track" fifteen practices

✓ **Needs Assessment Complete**
✓ **Office Specific Plans Created**
✓ **Planetree Observation Completed**

PCMH Standard Webinar

1	2	3	4	5	6

Cohort 2: September kick-off, twenty six practices
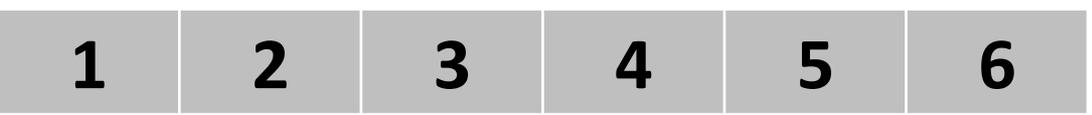
✓ **Needs Assessment Complete**
✓ **Office Specific Plans Created**
✓ **Planetree Observation Completed**

PCMH Standard Webinar

1	2	3	4	5	6

Cohort 3: nine practices, kick-off next week

PCMH Standard Webinar

1	2	3	4	5	6

AMH Vanguard Program

Status

Phase 1
Months 1-3

Phase 2
Months 4-18

Phase 3
Months 19-21

- Office identification, screening, obtaining commitments

- Needs assessment, and creation of office specific transformation plans

- Baseline staff engagement survey

- Interactive learning collaborative, practice facilitation visits, webinars, onsite technical assistance and implementation of quality improvement interventions in practices.

AMH Vanguard Program – Coordination with Payers

- Commercial

  - Beginning quarterly updates to payers so that they are aware of practice engagement in transformation

- Medicaid

  - Establishing and refining methods and processes for coordination with CHNCT

  - CHNCT is being provided with AMH participation information so that practices can register as DSS PCMH glide path participants and receive enhanced fees

AMH Vanguard Program – Coordination with Payers

Status AMH Practices and DSS PCMH Enrollment
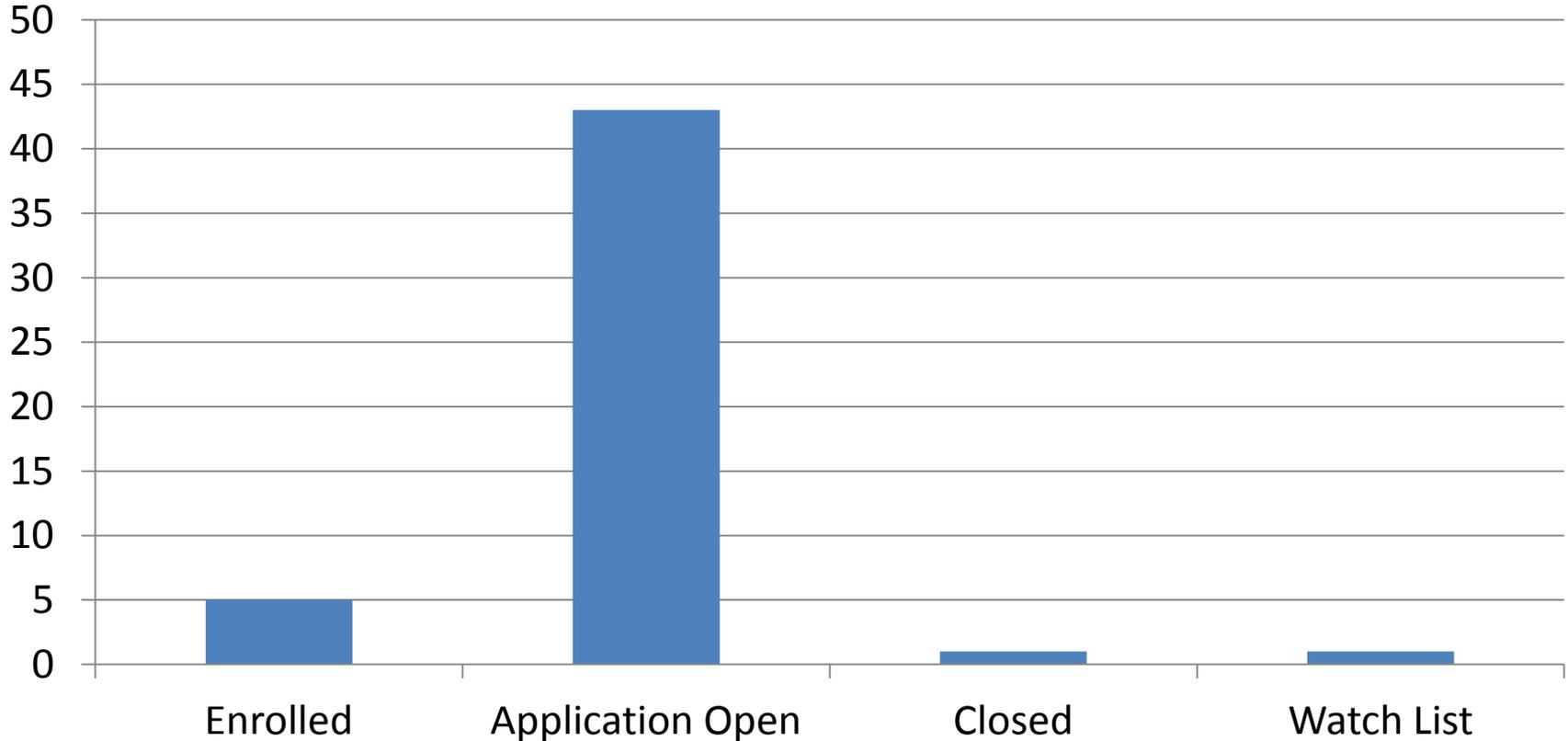
Questions

Adjourn

Appendix

AMH Vanguard Program Participants

NE Medical Group	
Connecticut Medical Group	New Haven, CT 06511
Whitney Internal Medicine	Hamden, CT 06518
Connecticut Medical Group: Branford	Branford CT 06405
Connecticut Medical Group: Cheshire	Cheshire, CT 06410
Gales Ferry Pediatrics	Gales Ferry, CT 06335
Connecticut Medical Group	Hamden, CT 06518
Connecticut Medical Group	New Haven, CT 06519
Connecticut Medical Group	Hamden, CT 06518
Connecticut Medical Group	Hamden, CT 06518
Connecticut Medical Group: East Haven	East Haven, CT 06512
Connecticut Medical Group: Orange	Orange, CT 06477
Connecticut Medical Group: Woodbridge	Woodbridge CT 06525
Whitney Pediatrics & Adolescent Medicine	Hamden CT 06518
PriMed Internal Medicine	Fairfield CT 06824
Bridgeport Internal Medicine	Bridgeport CT 06606

AMH Vanguard Program Participants

St. Vincent's MultiSpecialty Group	
Prime Healthcare of Southport	Fairfield CT
Hervey A. Weitzman, MD	Bridgeport CT
Milford Medicine	Milford
Complete Health LLC	Bridgeport CT
Primary Care of Fairfield	Fairfield CT
Primary Care Physicians of Trumbull	Trumbull, CT

Alliance Medical Group	
Alliance Medical Group - Internal Medicine	Middlebury, CT 06762
Alliance Medical Group - Pediatrics	Middlebury, CT 06762 - Suite 302
Alliance Medical Group - Naugatuck	Naugatuck, CT 06770

AMH Vanguard Program Participants

Stamford Health Integrated Practices	
Stamford Family Practice	Stamford, CT 06902
Greenwich Medical Group	Greenwich, CT 06830
Fairfield County Primary Care	New Canaan, CT 06840
Fairfield County Primary Care	Wilton, CT 06897
Western Connecticut Health Network/WCMG	
Associated Internists of Darien	Darien CT.
New Canaan Immediate Care and Primary Care	New Canaan Ct.
Associate Internists of Fairfield	Fairfield CT 06824
Norwalk Internal Medicine Associates	Norwalk CT. 06856
Westport Family Health	Westport, CT. 06880
Westport Family Health	Westport, CT 06880

AMH Vanguard Program Participants

Medical Professional Services	
Stanislaw P. Chorzepa, D.O.	Kensington 06037
Prakash Huded & Sumangala Huded MD PTNR	Portland, CT 06480
Philip A Mongelluzzo, MD	Waterbury, CT 06705
Summer Pediatrics	
Summer Pediatrics	Stamford, CT 06905
Griffin	
Griffin - Family Health Care	3Shelton CT 06484
Griffin Faculty Physicians	Naugatuck
Griffin Faculty Physicians	Southbury

AMH Vanguard Program Participants

NE Medical Group (Cohort 2)	
Charles Kochan, Jr. MD	Stratford, CT 06614
CMG-Chapel Medical	New Haven, CT 06511
Family Physicians of West Haven	West Haven, CT 06516
Joseph Evangelista, MD	Trumbull, CT 06611
Nirmala Montiero, MD	Fairfield, CT 06824
PriMed-Jay Esposito, MD	Trumbull, CT 06611
PriMed Internal Medicine	Stratford, CT 06614
Trumbull Medical Practice	Trumbull, CT 06611
E. Ehsan Qadir	Ansonia, CT 06401