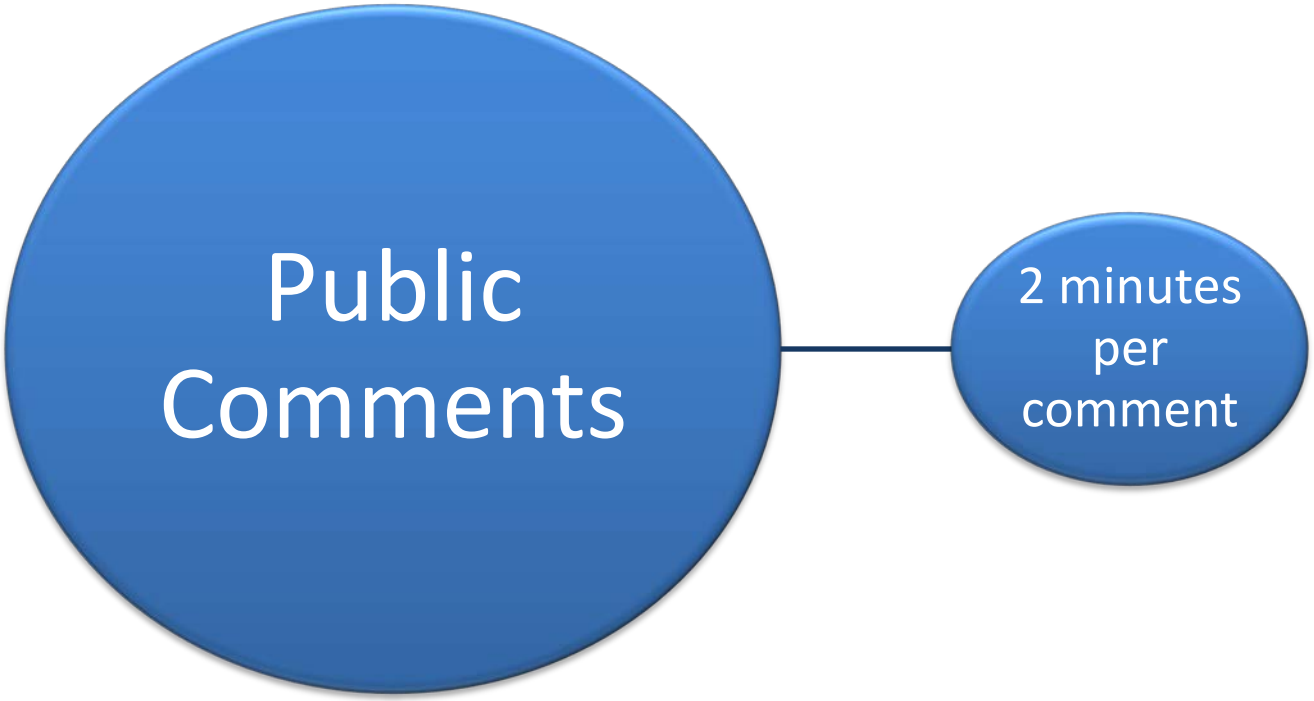
Healthcare Innovation Steering Committee

January 14, 2016

Meeting Agenda

Item	Allotted Time
1. Introductions/Call to order	5 min
2. Public comment	10 min
3. Approval of the Minutes	5 min
4. HIT Charter	20 min
5. Program Updates	20 min
6. VBID Consortium	20 min
7. CHW Advisory Committee- Composition and Charter	40 min
8. Adjourn	


Public Comments
2 minutes per comment

Approval of the Minutes

HIT Charter

HIT Charter

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?

[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

HIT Charter ctd.

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.

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

[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.

HIT Charter ctd.

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.

- What are the HIT requirements to support and implement the recommendations of the Quality Council?
- 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?
- 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?
- What are the potential and recommended data sources for these quality measures?
- How will measures be attributed to data, aggregated, stored, accessed and reported?
- What technology solutions are available to mine the data sources? What are the criteria for selecting a solution? What is the recommended solution?
- What are the HIT requirements and recommended approach to leverage the existing technology asset: licensing agreement-Zato for edge server indexing for eCQMs?
- What are the HIT requirements and recommended approach to leverage the existing technology asset: Provider Directory-Nextgate hosted by BEST?
- What are the HIT requirements and recommended approach to leverage the existing technology asset: eMPI-Nextgate hosted by BEST?
- How will the technology solution(s) be pilot tested? Is there a short-term and long-term solution?
- What are the HIT requirements to support cross-payer analytics and the common performance scorecard?
- What are the SIM MQISSP HIT requirements to link/integrate Medicaid data with the APCD for claims-based quality measures?
- What are the HIT requirements to leverage existing technology asset for patient risk stratification: pilot test Care Analyzer for MQISSP?
- How will the quality measure data be stored, organized, aggregated, accessed, and reported? Who will have access to the data?
- Are there HIT requirements for the common care experience survey?

HIT Charter ctd.

Roles and Responsibilities

- 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
- Establishes ad hoc task forces to investigate specific technical, functional and data exchange topics
- 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
- 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
- Monitors progress and makes adjustments to stay within the SIM timeline – pre and post SIM HIT solution implementation
- Makes recommendations to the Healthcare Innovation Steering Committee
- Comes to HIT Council meetings prepared, by reviewing the materials in advance
- Escalates issues, questions and concerns that cannot be resolved by the HIT Council as a group to the Healthcare Innovation Steering Committee
- 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.

[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).

HIT Charter ctd.

Guiding Principles

- Advocate for HIT solutions that are scalable and meet existing standards that are available and feasible
- Comply with SIM's conflict of interest protocol, currently in draft status
- 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
- Lead a fair and competitive due diligence process
- Conduct a competitive bidding process in selecting HIT vendors
- Be the advocate for the role you are representing

HIT Charter ctd.

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

In-Scope

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

Out-of-Scope

- Personal Health Record technology and Patient Portal (from original grant proposal)
- Development of policies and procedures tied to recommended technologies
- Under service measures and associated technology will be monitored by MAPOC and Medicaid

HIT Charter Ctd.

Meeting Frequency

The HIT Council meets every three weeks and as needed to meet the scope deliverables.

Meeting Preparation and Staffing

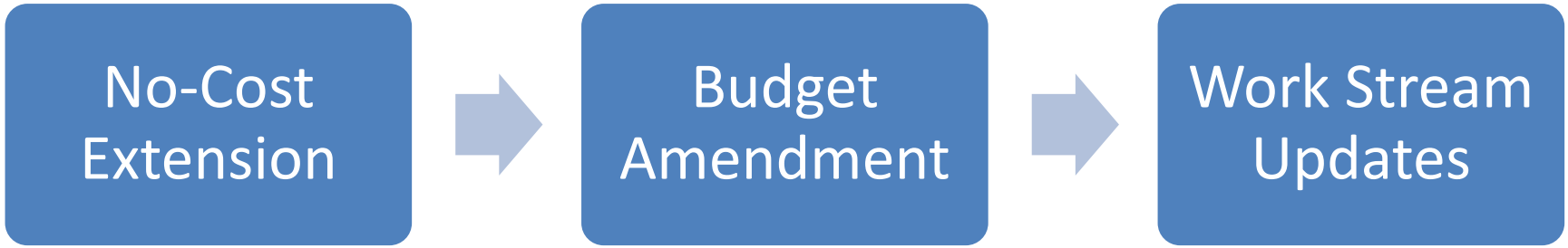
- The chair or designee and the facilitator are responsible for overseeing preparation of the materials for the meetings.
- Meeting agendas will be sent at least 72 hours in advance of the meeting. Every effort will be made to send out meeting materials in advance.
- Draft minutes will be taken and posted within five days of the meeting. Final minutes will be posted after adoption.

Meeting Ground Rules

- Agenda
  - Help with agenda setting through making recommendations for the agenda
- Presence
  - Participate in meetings to the fullest extent
  - Prepare and participate between meetings as needed
- Outlook
  - Leave jobs and titles at the door; focus on best interest of CT citizens
  - Look for consensus to make recommendations to the Healthcare Innovation Steering Committee
- Action
  - Find solutions for proposed questions
  - Build ideas and be a proponent of change and transformation
  - Be vocal and share the importance of our mission
- Standing Up and Stepping Back
  - Be respectful to all in the room; please give everyone the chance to voice their opinions
  - Focus on the task at hand and the topic being discussed at the moment
- Post meeting Communications
  - After the meeting, members are invited to raise process and content issues with the members of the executive team

Program Updates

SIM Program Updates Overview



No-Cost Extension

- The SIM PMO was granted a **3-month no-cost extension** from CMMI

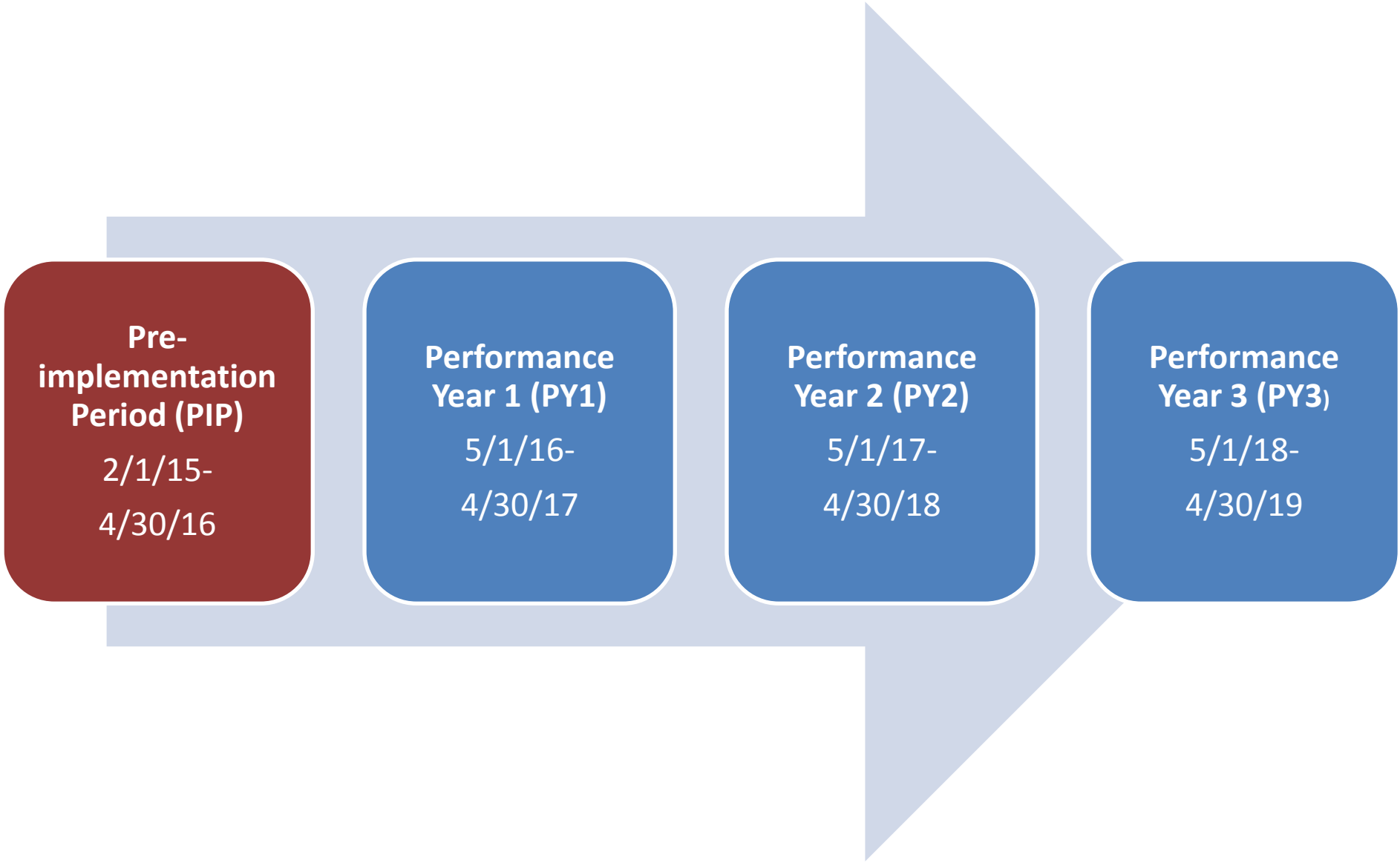
- **Why:** We have both **incomplete activities** going into Performance Year 1 and **unspent funds**

- The No-cost extension is intended to be used to complete **pre-implementation activities** (planning activities)

No-Cost Extension Timeline

- The Pre-implementation (planning) period will now end on April 30, 2016
- Performance Year 1 (PY1) activities will begin on May 1, 2016
- The SIM Grant will now end April 30, 2019, although individual initiatives may end sooner

Connecticut SIM Timeline



No-cost Extension Effect on Budget

- For most work streams, the budget for the pre-implementation (planning) period will now extend over 15 months
- Some work streams will need additional funds during the pre-implementation:
  - To avoid interruption of activities for those work streams that are on track
  - To cover personnel costs

Budget Amendment

- To account for those work streams that need additional funds during the no-cost extension, the PMO will submit a **budget amendment** at the end of January
- The PMO is working with each work stream to finalize budgetary changes
- We will then implement these budget changes by amending each of the MOAs with our key partners

Work stream Updates

Population Health

- Preparing draft Charter and Composition for the Population Health Council
- In the process of hiring a Prevention Services Coordinator
- Next Step: Approval of Charter and Composition

Medicaid Quality Improvement Shared Savings Program (MQISSP)

- Produced an MQISSP Communication Plan Proposal
- Submitted MQISSP Concept Paper to CMS
- Next Step: Planning for Shared Savings Model Test Run

Work stream Updates

Value-Based Insurance Design (VBID)

- Anticipate HISC confirmation of Consortium appointments on January 14th
- Working on plans for first Consortium meeting
- Next Step: First Consortium Meeting, February 2

Community Health Worker Initiative

- Presenting draft Charter and Composition for CHW Advisory Committee to HISC for approval on January 14th
- Next Step: Solicitation for Advisory Committee Members

Health Information Technology (HIT)

- Next Step: Meeting this Friday 1/16 for presentation re: new edge server technologies by vendor (Zato)

Work stream Updates

Advanced Medical Home (AMH)

- All practices in the Pilot have completed pre-assessment and Office specific plans
- The kickoff for Cohort 3 took place on December 17, consisting of 9 practices
- Plans to launch new cohort in March 2016
- Next Steps:
  - Amend Qualidigm contract to accommodate the addition of a new cohort in 2016
  - Release RFA to recruit new cohort

Work stream Updates

UCONN Evaluation

- Developed new drafts of potential behavioral health questions for inclusion in the PCMH CAHPS care experience survey
- PCMH CAHPS with revised questions will be tested this coming week
- Next Step: Meeting with Health Plans to clarify their roles in the SIM and determine what data can be obtained

Accountable Health Communities Model Funding

- CMMI announced funding opportunity called Accountable Health Communities (AHC) Model
  - **$157 million** over **5 years** awarded to as many as **44 organizations**
- Organizations awarded funding will address **health-related social needs** (i.e. food security, housing instability) among Medicare and Medicaid beneficiaries through:
  - **Screening** to identify certain unmet health-related social needs
  - **Referral** to increase awareness of community services
  - **Navigation services** to help high-risk beneficiaries access services
  - Encouragement of **alignment** between clinical and community services
- The AHC model aligns with SIM's work to address social determinants of health and create community and clinical linkages

VBID Consortium

Approved by HISC 12/10/15

COMPOSITION AND CRITERIA FOR VBID PARTICIPATION

	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 Providers (ACO Representatives) ▪ 4 Health Plan Representatives ▪ 4 Employers ▪ 4 Consumer Advocates ▪ 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

Changes recommended by Personnel Subcommittee 1/7/16

COMPOSITION AND CRITERIA FOR VBID PARTICIPATION

	Composition	Criteria For Membership
VBID Employer Led Consortium	▪ 1 Office of the State Comptroller Representative ▪ 1 Department of Insurance ▪ 1 Access Health CT Representative ▪ 5 Providers (ACO Representatives) ▪ 5 Health Plan Representatives ▪ 4 Employers ▪ 5 Consumer Advocates ▪ 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 Consortium Appointments

Health Plans

- Russell J. Munson, Healthy CT
- Thomas Meehan, Harvard Pilgrim
- Deremius Williams, Anthem
- Krista Sperry, Aetna
- Desmond Hussey, United Healthcare

Employer Associations

- Jennifer Herz (Bonnie Stewart), Connecticut Business & Industry Association
- Hugh Penney, Connecticut Business Group on Health
- Amy Tippett-Strangler, Northeast Business Group on Health

Department of Insurance and Access Health CT- TBD

Personnel Subcommittee Nominees- Providers

- James Cardon
- Patrick Charmel
- Cheryl Lescarbeau
- Steven Moore
- Steven Wolfson

Personnel Subcommittee Nominees- Employers

- Alvin Ayers
- Michael Dimenstein
- Fiona Mohring
- Catherine Olinski

Consumer Advisory Board Nominees

1. Michelle Vislosky
2. Nancy Metcalf
3. Robert Krzys
4. Tekisha Everette
5. Lesley Bennett

CHW Advisory Committee

State Innovation Model

Community Health Workers

Bruce E. Gould, MD
Associate Dean for Primary Care
Director, CT AHEC Program
University of Connecticut School of Medicine
Medical Director,
Burgdorf Health Center
Medical Director,
Hartford DHHS

Health Innovation Steering Committee Meeting

14 Jan 2016

AHEC Connecticut Network

CHW Initiative
Scope of Work

CHW Workforce Development
- Description of CHW workforce
- CHW Workforce needs assessment
- Identification of employers of CHWs
- Assistance to CHWA of CT

Infrastructure, Policy, and Sustainability Development
- Payment mechanisms
- Sustainability
- Evaluation
- CHW “model” or policy framework
- Web-based CHW resources
- Advisory Committee

Stakeholder Engagement
- Information sessions for end users of CHWs:
  - patients, payers, insurers, employers, supervisors, etc.
- TA to employers and supervisors
- Stakeholder outreach
- Marketing materials

Education and Community Integration
- Competency-based training
- Training accreditation
- Curriculum development
- Grandparenting
- Career ladder
- Apprenticeships

AHEC Connecticut Network

Progress to Date

- Reviewed national experience in CHW workforce development and certification in other states to inform our own efforts in CT

- Engaged numerous stakeholders to raise awareness of the value of CHWs, generate support for their integration into healthcare reform and garner input
    - CHWs, consumers, Departments of Public Health, Labor, Social Services, CHCs advocates, payers, academics, and employers

- Worked with nationally recognized CHW consultants to draft a preliminary draft of a preliminary draft of a draft model or policy framework for CHWs, which includes:
    - Definition
    - Scope of Practice, Roles, Skills, and Competencies
    - Certification Requirements
    - Accreditation Requirements for Training Programs
    - Sustainable Funding Mechanisms
    - Guidelines for Facilitating Access to CHWs

- Began development of web-based resources for CHWs

- Contracted with Mass AHEC Program for program evaluation

- Worked with consultants and PMO to draft the Advisory Council documents you will be voting on today

AHEC Connecticut Network

Non-SIM-Funded Associated Activities

- DOL-approved Incumbent Worker Training for 23 CHWs taking Core Competency training, where 50% of the tuition is reimbursed to their employers
  - 5 people completing training this month, 2 from Community Solutions project and 3 from CHN
  - Spring training of 18 CHWs currently being planned

- CHW Specialty Internship for DPH Early Detection program begun
  - 4 CHWs receiving training, and have begun to do WISEWOMAN and Breast and Cervical CA screenings in the community
  - CDC (funder) is highlighting this program in their February monthly

- Participating on CHW Advisory Collaborative for “The Asthma Neighborhood: Collaborative for Asthma Equity in Children” in Hartford

AHEC Connecticut Network

DRAFT Community Health Worker Advisory Council

Charter

The Community Health Worker Advisory Council will develop recommendations for the Healthcare Innovation Steering Committee with respect to the training, promotion, utilization and certification of Community Health Workers (CHWs) as well as establishing a framework for sustainable payment models for compensation. The Council will also examine critical issues for employers with regard to CHWs relating to hiring, supervising and technical support. The Advisory Council will consist of community health workers, providers, state agencies, consumers/advocates, health plans, and employers. Specific recommendations and deliverables (outcomes) may include: a definition and scope of work for Community Health Workers, a process for certification, and recommendations for sustainable payment.

Key focus of this group:

CHW Advisory Council charge:

1. Recommend a policy framework that examines a range of issues relevant to establishing a CHW workforce, which may include:
   a) Definition of CHW
   b) Scope of Practice
   c) Skill requirements, nationally recognized competencies/standards, and criteria and mechanisms for accreditation of training programs
   d) Certification Process
   e) Options for sustainable financing of CHWs
2. Propose a toolkit for CHW utilization that will provide strategies for the:
   a) Integration of CHWs into health care systems and teams
   b) Supervision and support of CHWs
   c) Inclusion of CHWs in staffing under value-based payment models
   d) Access to CHW assistance for providers and patients: who receives their services and how the services are implemented
   e) CHW Career Ladder
3. Facilitate integration of the Community Health Worker Association of Connecticut into the process of developing the CHW workforce in the state

PROPOSED COMPOSITION AND CRITERIA FOR COMMUNITY HEALTH WORKER ADVISORY COUNCIL PARTICIPATION

CHW Advisory Council

- 5 CHWs
- 1 Advanced Network/ACO
- 1 FQHC
- 1 Physician
- 1 Nurse
- 1 Social Worker
- 4 Consumers/Consumer Advocates**
- 1 Community College Representative
- 1 DSS Representative
- 1 DPH Representative
- 1 DOL Representative
- 2 Health plans
- 1 Self-funded Employer
- 2 Employers of CHWs*

Preferred Qualifications For Membership

- Ability to work collaboratively on ground-breaking initiative
- Knowledge of the CT healthcare environment and healthcare reform
- Ability to contribute to CHW preliminary draft model
- Ability to contribute to Workforce Development criteria
- Experience working with/employing CHWs
- Physician, Nurse, and Social Worker should have role representing state professional organization

CHW Project Team Support

- 1 PMO member
- CT AHEC
- CHW Consultants

- Expertise in public health and healthcare
- Knowledge of CT SIM
- Experience navigating legislative process
- Ability to facilitate collaborative activities

*An organization with a demonstrated commitment to CHWs and who currently employs CHWs

**Nominated by the Consumer Advisory Board

Adjourn