

CONNECTICUT
HEALTHCARE
INNOVATION PLAN

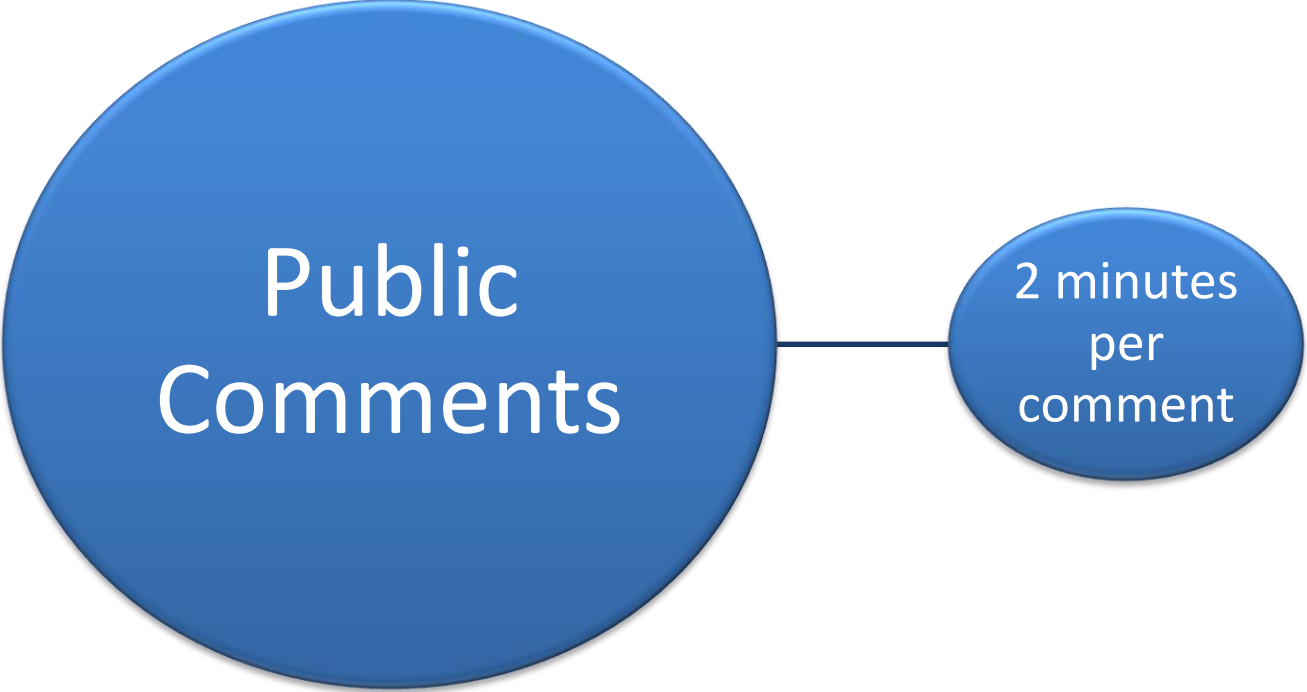


Healthcare Innovation Steering Committee

July 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. Greetings from CMMI	10 min
5. Value-Based Insurance Design Employer Manual	20 min
6. Rebasing SIM Evaluation Measures	20 min
7. HIT Update	15 min
8. Operational Plan Updates	25 min
9. Work Stream Updates	10 min
10. Adjourn	



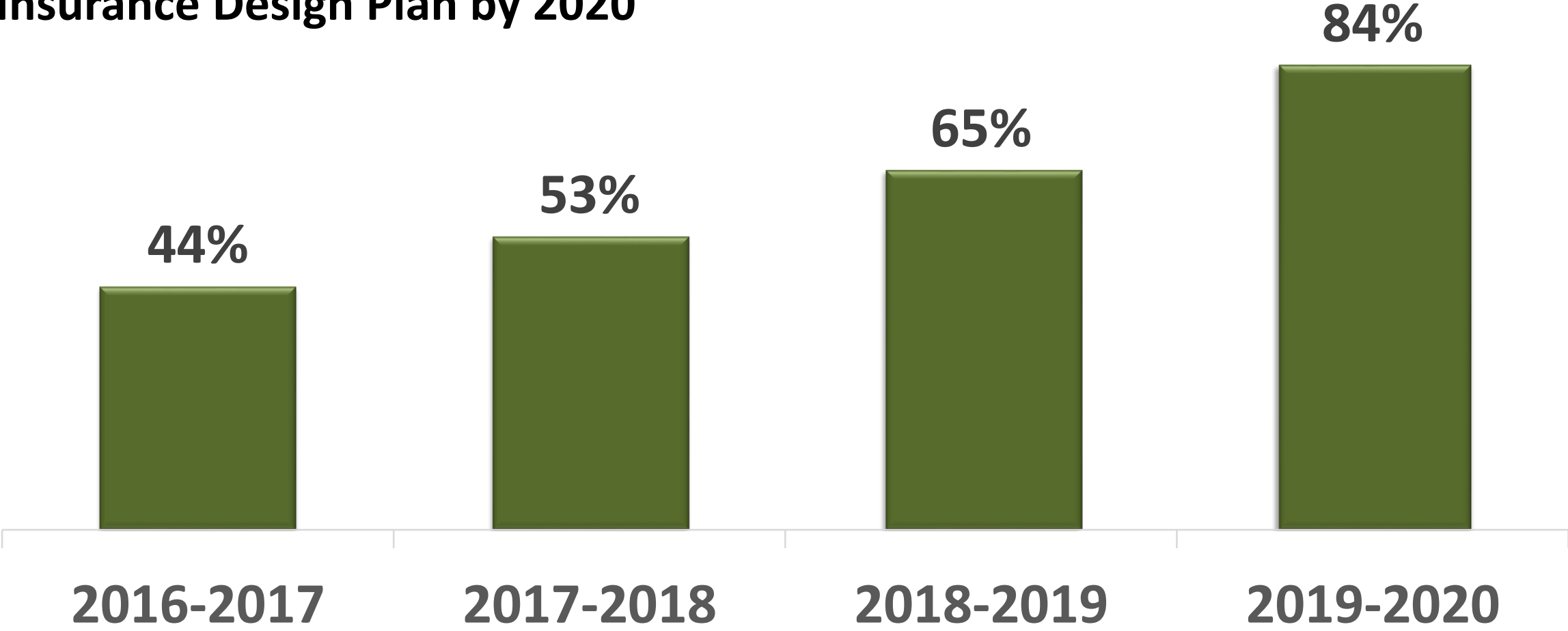
Approval of the Minutes

Greetings from CMMI

Value-Based Insurance Design: Self-Insured Employer Manual

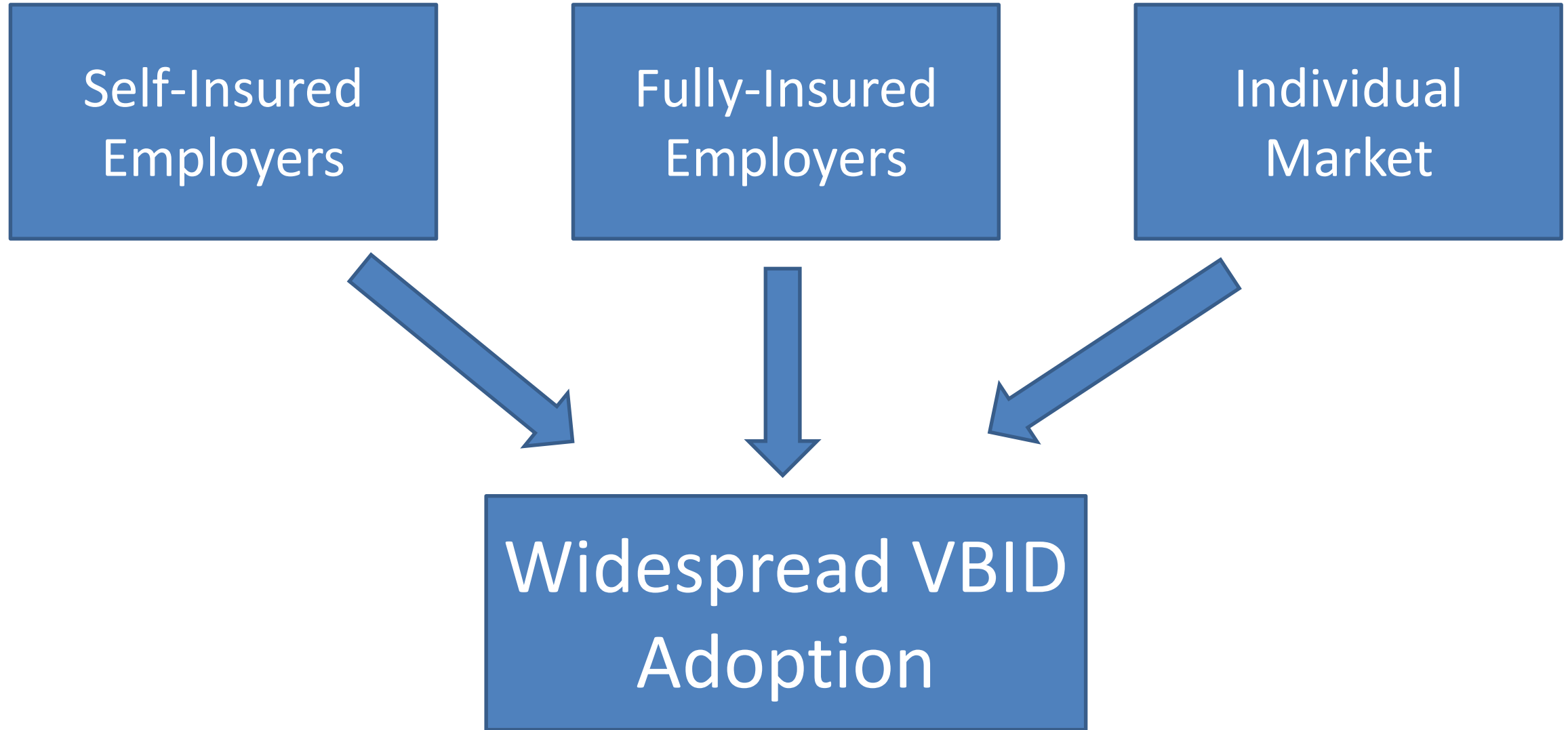
Value Based Insurance Design- Goal

Accountability Target: 84% of insured population has a Value-Based Insurance Design Plan by 2020



NOTE: Targets subject to change based on baseline study

VBID Goal- How do we get there?



VBID Self-Insured Employer Manual- Walk-Through

- Executive Summary, VBID Overview, Employer Benefits, How to Use Manual, Guiding Principles
- Implementation Strategies
- Best Practices and Lessons Learned
- Communication and Marketing Strategies
- FAQs
- Appendices
 - Recommendation Development
 - Template Worksheets
 - Consumer Engagement Strategies
 - Provider-side Reform & SIM Quality Measures
 - VBID Toolkit and Resources

VBID Self-Insured Employer Manual- Highlights

Employer Spotlight

United Healthcare's

"Diabetes Health Plan"

eliminated payments for diabetes-related supplies and drugs for employees with diabetes who participated in routine disease maintenance exams. They estimated this resulted in **\$2.9 million in savings** after 1 year.

- [United HealthCare Study](#),
2013

Employer Spotlight

Procter & Gamble's "Healthy Living Brand" tiered healthcare services and drugs and eliminated coverage for non-essential drugs; doing so resulted in increased enrollment in disease management programs, improved medication adherence rates among employees and **decreased overall medical spending** of the company.

- ["V-BID Landscape,"](#) V-BID Center July 2009

VBID Self-Insured Employer Manual- Highlights

Guide to Implementation

Assess Employee Needs

to determine which clinical conditions to target

Discuss program goals with your Health Plan

to develop a customized V-BID Plan

Choose a V-BID Plan

to address the clinical needs of employees

Discuss Compliance Measures

to determine which employees are eligible for incentives

Develop a Communication Strategy

to share changes in benefit design with employees

Initiate V-BID Program

to increase the use of high-value services

Evaluate V-BID

to demonstrate V-BID successes and to maintain support for the program

VBID Self-Insured Employer Manual- Highlights

Worksheets for Implementation

V-BID	Recommended Core Benefits	Incentive
<p>Component 1: Change Incentives for Specific Services by Clinical Condition</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Diabetes ✓ Office visits related to condition ✓ Nutritional counseling ✓ Smoking cessation ✓ HbA1c ✓ Eye exams ✓ Foot exams ✓ Insulin ✓ Diabetic supplies ✓ ACE inhibitors/ARBs 	<p>I will provide employees with diabetes that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)
<p>Choose at least two conditions</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Pre-Diabetes ✓ Office visits related to condition ✓ Nutritional counseling ✓ Health coach ✓ Smoking cessation ✓ HbA1c ✓ Glucose test ✓ Anti-hypertensives ✓ Metformin ✓ Statins 	<p>I will provide employees with pre-diabetes that use any of these services with a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contribution to HSA <input type="checkbox"/> Contribution to HRA <input type="checkbox"/> Bonus Payment <input type="checkbox"/> Reduced Premium <input type="checkbox"/> Reduced Coinsurance <input type="checkbox"/> Other (e.g. gift card, vacation time, payroll bonus)

VBID Self-Insured Employer Manual- Highlights

Communication Guidance

- The importance of messaging from employee leaders
- Who, What, How, and When to Communicate

Communication is Key!

Plan for at least 5 employee touch points to share upcoming changes to health benefits.



HEALTH ENHANCEMENT PROGRAM (HEP) Requirements

PREVENTIVE SCREENINGS	AGE						
	0 - 5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 2 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	1 screening between age 35-39**	As recommended by physician	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Every 3 years	Every 3 years	Every 3 years to age 65
Colorectal Cancer Screening	N/A	N/A	N/A	N/A	N/A	N/A	Colonoscopy every 10 years or Annual FIT to age 75

VBID Self-Insured Employer Manual- Highlights

Aligning with Provider Side Reforms

VBID Feature	Provider-Side Feature
Member incentive to use high-value drugs	Pay for performance for generic prescribing, provider bonus payment for efficient pharmacy utilization
Member incentive to use high-value providers	Limited networks, Global or bundled payments
Member incentive to use high-value services	Total cost of care accountability and other alternative payment models (including for ACOs or PCMHs), bundled payment for certain care (such as hip/knee replacements, chronic condition management), value based payment for meeting quality metrics (e.g. achieving screening rates)
Discourage use of low-value services or drugs	Prior authorization for certain services or drugs, Global or bundled payments

V-BID Next Steps

Self-Insured

- Plan and Recruit for Learning Collaborative
- Develop materials for Learning Collaborative

Fully-Insured

- Finalize fully-insured Employer Manual
- Work closely with business groups to further develop engagement strategy for fully-insured employers
- Meet with health plans and CID to work on adoption of VBID plans

Individual Market

- Work with Access Health/health plans/CID on strategy for individual marketplace

Rebasing SIM Evaluation Measures

*Connecticut SIM Evaluation Team: UConn Health
Presenter: Rob Aseltine, PI*

Why are SIM target adjustments necessary?

Dated data: Grant baselines projected from 2012 data

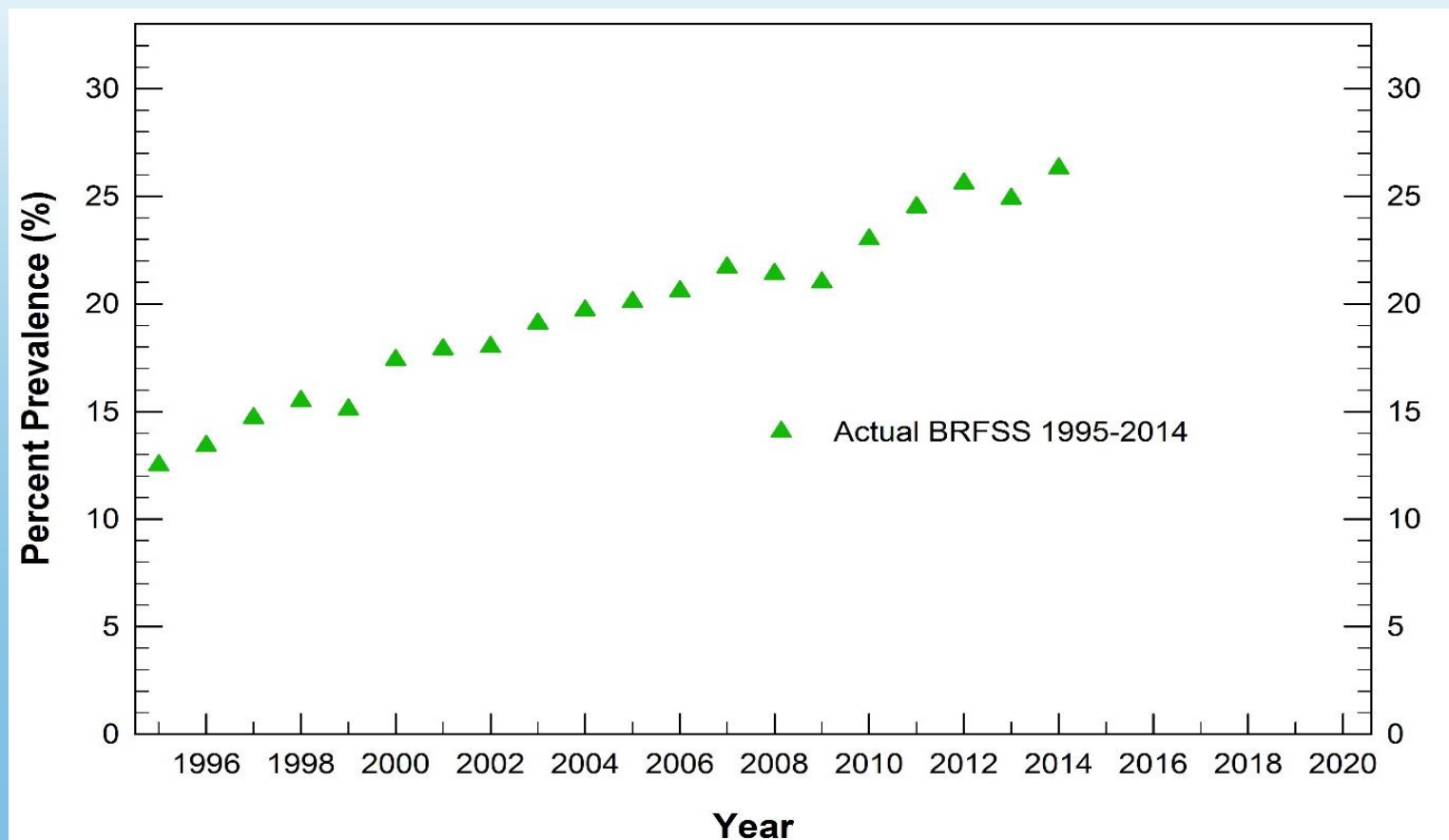
- Observed 2014 values differ from projections

Example of Targets:

Measure	Baseline (Grant)	Year 1 Target (Grant)	Observed Value (2014)
Percent of adults who are obese	24.50%	23.65%	26.25%
Percent of adults who currently smoke	17.10%	15.60%	15.42%
Percent of adults with diabetes	8.50%	8.14%	9.23%

Why are SIM target adjustments necessary?

Obesity Percent Prevalence, 1995 - 2014



Source: CT BRFSS, 1995-2014



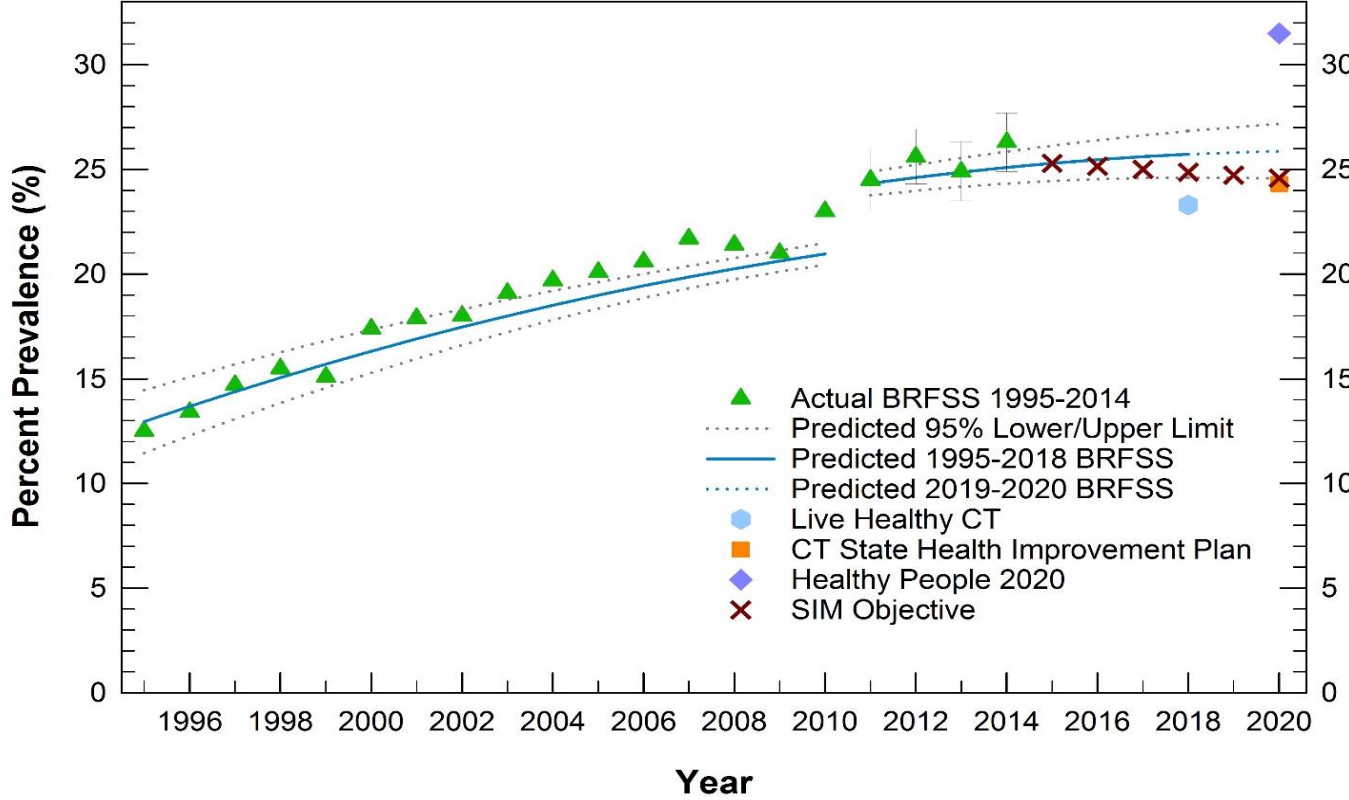
Connecticut Department of Public Health



Strategy:

- Baseline established using most recent data (2014 or 2015)
- Historical data analyzed to identify secular trends for each measure
 - BRFSS measures: 20 years of data
 - HIDD measures: 6 years
 - APCD measures: 5 years
- Expected values from 2016 – 2020 calculated
- SIM 2020 targets = a 5% improvement by 2020 taking secular trends into account

Example: Adult Obesity



Measure		Baseline	2016	2017	2018	2019	2020
Adult Obesity	Grant	24.5%	23.7%	23.5%	23.3%	23.1%	23.0%
	Revised	25.3%	25.2%	25.0%	24.9%	24.7%	24.6%

Status of Target Adjustment

Domain	Measure	Data Source	Target Rebasing Status
Population Health	Adult Obesity	BRFSS	Complete
	Child Obesity	BRFSS	Complete
	Adult Diabetes	BRFSS	Complete
	Adult Smoking	BRFSS	Complete
	Youth Smoking	YTS	Complete
	Premature death- CVD adults (per 100k)	Death Records	In Progress
Health Care Delivery	Admissions: Ambulatory Care Sensitive Conditions	HIDD	In Progress
	Admissions through ED: Ambulatory Care Sensitive Conditions	HIDD	In Progress
	Readmissions: Ambulatory Care Sensitive Conditions	HIDD	In Progress
	Adults with a regular source of care	APCD	Awaiting Data
	Children well-child visits for at-risk pop	APCD	Awaiting Data
	Mammogram for women >50	APCD	Awaiting Data
	Colorectal screening- adults aged 50+	APCD	Awaiting Data
	Optimal diabetes care- 2+ annual A1c tests	APCD	Awaiting Data
	ED use- asthma as primary dx (per 10k)	APCD	Awaiting Data
	Adults with hypertension taking hypertension medication	APCD	Awaiting Data
	Follow-Up after Discharge from the ED for Mental Health or Alcohol or other Drug	APCD	Awaiting Data
	Follow-Up after Hospitalization for Mental Illness	APCD	Awaiting Data
	Antidepressant Medication Management	APCD	Awaiting Data
	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	APCD	Awaiting Data

Contributions from DPH

The SIM Evaluation Team worked collaboratively with the Department of Public Health. Thank you to the DPH team, including:

Mario Garcia, MD, MPH, Director, SIM Population Health

Diane Aye, MPH, PhD, CT BRFSS Project Director

Carol L. Stone, PhD, MPH, MA, MAS, CT BRFSS Project Coordinator/Principal Investigator

Lloyd Mueller, PhD, Senior Epidemiologist

Also: Amy Smart, Vanessa Neerghen, Justin Peng, Stephanie Poulin, Dawn Sorosniak, and
Barbara Walsh

Questions?

HIT Update

SIM Health IT Drivers

- Driver 1: Coordinate and connect various HIT initiatives throughout the state
- Driver 2: Execute a broad-based stakeholder engagement process
- Driver 3: Establish a technical infrastructure for sending alerts to providers and caregivers using Direct Secure Messaging
- Driver 4: Establish a statewide health information exchange
- Driver 5: Support Data Analytics (Performance Year 2 & 3)
- Driver 6: Deployment of Health IT Tools (Performance Year 2 & 3)

Health Information Technology

Pre-implementation

Perf. Year 1 (Beg. 10/1/16)

Activities Planned for Year 1

	May- Sept. 2016	Q1 (Oct-Dec)	Q2 (Jan-Mar)	Q3 (Apr-Jun)	Q4 (Jul-Sep)
1. Secure services of a search firm for HITO acquisition and selection process/ Onboarding of HITO	6/1/16 -----● 7/1/16 -----● 9/15/16				
2. RFP process for Broad-based Stakeholder Engagement (Prepare/Issue/Contract Execution)	8/1/16 -----● 10/31/16				
3. Broad-based Stakeholder Engagement	11/1/16 -----● 4/30/17				
4. RFP process for HIE (Prepare/Issue)	11/1/16 -----● 4/15/17				
5. HIE Vendor Negotiation/Contract Execution			4/15/17 -----● 6/1/17		
6. Begin operations for the statewide HIE				6/1/17-----▶	
7. Alert Notification with Medicaid ASOs	3/2016 -----● 3/1/17				
8. Alert Notification with MQISSP participants	8/2/16 -----● 7/1/17				

Operational Plan Updates

CT SIM: Primary and Secondary Drivers to achieve Aims

Population Health Plan

Health Enhancement Communities

Prevention Service Centers

Community Health Measures

Stakeholder Engagement

Transform Care Delivery

Community & Clinical Integration Program

Advanced Medical Home

Community Health Workers

Health IT

Payment Reform Across Payers

Medicare SSP
Commercial SSP

Medicaid QISSP

Quality Measure Alignment

Empower Consumers

Value Based Insurance Design

Public Quality Scorecard

Consumer Outreach

Accountability Targets:

Develop:

- Policy framework for the CHW workforce (by Q4, PY1)
- Toolkit for CHW utilization (by Q3, PY2), with implementation to follow

Community Health Worker Initiative

TRANSFORM CARE DELIVERY

Pre-implementation

Perf. Year 1 (Beg. 10/1/16)

Initiatives & Work Steps

May-Sept 2016

Q1
(Oct-Dec)

Q2
(Jan-Mar)

Q3
(Apr- Jun)

Q4
(Jul-Sep)

CHW Initiative

ID resources available to CHWs for the dev of edu. tools

-----● 7/31

Help coordinate and host statewide meeting of CHW employers and other stakeholders

-----● 7/31

Work with CHW Advisory Committee to develop recommendations for CHW Definition, Scope of Practice, Certification, and Sustainable Funding

-----● 9/30

Develop and implement CHW Workforce Development Plan

-----▶

Identify TA needs of CHW employers and provide TA

-----▶

Work with CT DOL and other stakeholders to ID, dev, and implement CHW apprenticeships

-----▶

Continue work on evaluation plan and online resources

-----▶

Create CHW toolkit based on best practices of CHW workforce development and integration

----▶

CT SIM: Primary and Secondary Drivers to achieve Aims

Population Health Plan

Health
Enhancement
Communities

Prevention
Service
Centers

Community
Health
Measures

Stakeholder
Engagement

Transform Care Delivery

Community &
Clinical
Integration
Program

Advanced
Medical
Home

Community
Health
Workers

Health IT

Payment Reform Across Payers

Medicare
SSP
Commercial
SSP

Medicaid
QISSP

Quality
Measure
Alignment

Empower Consumers

Value Based
Insurance
Design

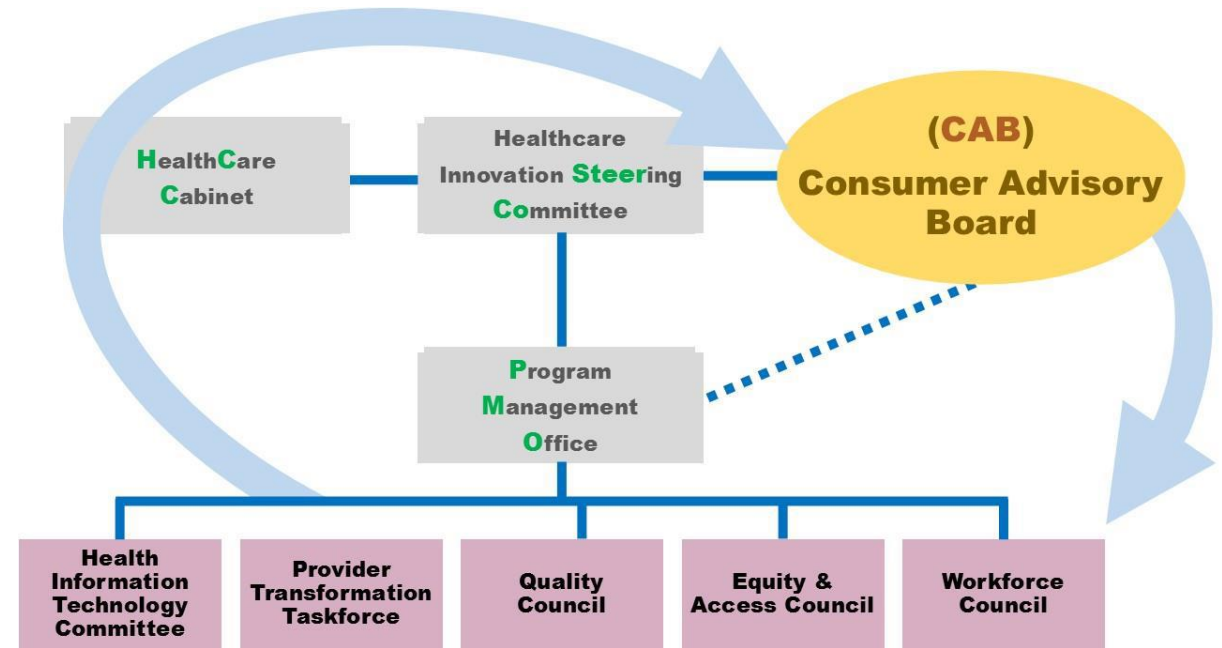
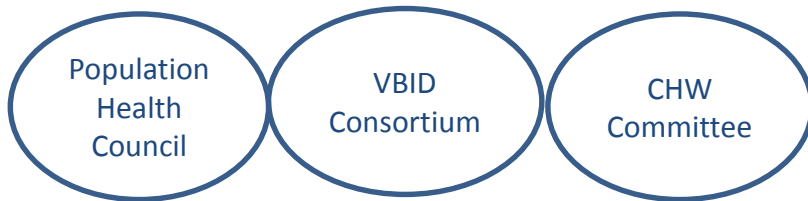
Public
Quality
Scorecard

Consumer
Outreach

Consumer Advisory Board

The overarching vision of the CAB is to ensure that all of the planned innovations identified in the SIM will lead to positive health outcomes for consumers across the state of Connecticut and health equity across all populations .

- Provide significant and meaningful consumer input into the SIM process
- Promote consumer representation and participation in SIM Workgroups, Councils and Steering Committee
- Implement consumer communication and engagement strategies that provide opportunities for public and community input in the SIM process



Consumer Advisory Board

- Over 50 consumers and consumer representatives actively participate in SIM Workgroups and Steering Committee
- Consumer Engagement Contractor began work on July 1, 2016
- SIM News Communications regarding CAB activities and initiatives
- Forums have led to insights regarding health services and disparities related to immigrant populations, rural communities, and individuals utilizing behavioral health services that have been incorporated into SIM planning and initiatives



Statewide Community Forums and Listening Sessions

Southeast Asian Listening Session
Northeast CT Rural Health Forum
Behavioral Health Listening Session
Northwest CT Rural Health Forum
Quality Measure Consumer Review and Comment Session

Hartford
Willimantic
Bridgeport
Winsted

Consumer Representatives to CT SIM Workgroups

- **Over 50 individuals recommended to serve** as consumer representatives to CT SIM workgroups.
- Consumer Representatives include consumer advocates and consumers with direct health care experience.
- These individuals represent **diverse racial and ethnic backgrounds** and bring a **broad array of experiences** including:
 - Acute, chronic and behavioral health
 - HIV
 - Cancer
 - Individuals with disabilities
 - Caregivers
 - Parents of children with rare diseases, chronic conditions and disabilities

Consumer Driven Application Review Process

- Consumer Advisory Board members **review and score each application** prior to meeting. This empowers individual CAB members to review and score applicants without interference or outside influence.
- Each CAB member turns their scoring grid in before the meeting starts. Total scores are the basis for recommendation.
- Scores are totaled at the meeting and applications are discussed. CAB members are given the opportunity to change their score. But to date, no one has.
- Currently working to **extend outreach to more communities** and to increase the capacity to include **more consumers with direct health care experience**.

Consumer Engagement

Accountability Target:

Hold Twelve public meetings by Q4, PY3

*Additional Accountability Targets will be developed during the Consumer Engagement Strategic Planning Process

Consumer Engagement

EMPOWER CONSUMERS	Pre-implementation		Perf. Year 1 (Beg. 10/1/16)			
Initiatives & Work Steps	May- Sept. 2016	Q1 (Oct-Dec)	Q2 (Jan-Mar)	Q3 (Apr- Jun)	Q4 (Jul-Sep)	
Consumer Engagement						
Develop tools and types of communication forums for use with each consumer segment including platforms for online social media communications		• 10/31				
Develop platforms for online and social media communications						→
Conduct issue-driven online or in-person forums, focus groups, and listening sessions and report on the findings						→
Conduct outreach and provide education to consumers and advocates, community organizations and stakeholder groups.						→
Compile and share results with CAB and PMO						→
Continue CAB monthly meetings						→

CT SIM: Primary and Secondary Drivers to achieve Aims

Population Health Plan

Health
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Payment Reform Across Payers

Medicare
SSP
Commercial
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Medicaid
QISSP

Quality
Measure
Alignment

Empower Consumers

Value Based
Insurance
Design

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Consumer
Outreach

UConn Evaluation

The UConn Evaluation Team is monitoring and reporting the impact of SIM on:

1. Population Health
2. Health Care Quality
3. Per capita healthcare spending
4. Health Disparities

Approach:

- Collection of data to promote and support continuous quality improvement;
- Use of advanced statistical methods to analyze complex data and account for nonrandomized designs to assess SIM innovations, such as VBID; and
- Collection of qualitative data to better understand the context of reform efforts

Evaluation

Initiatives & Work Steps	Pre-implementation	Perf. Year 1 (Beg. 10/1/16)			
	May- Sept. 2016	Q1 (Oct-Dec)	Q2 (Jan-Mar)	Q3 (Apr- Jun)	Q4 (Jul-S)
UConn Evaluation					
Receive data for dashboard from DPH (HIDD, BRFSS, Death, YTS), APCD, Payers					8/1
Produce/Update Dashboard Measures, baselines and targets: population health, healthcare delivery, healthcare costs, health insurance transformation					10/1
Compile or collect care experience survey data to establish statewide baseline (Commercial plans)				3/31	
Produce Report based on Year 1 care experience survey (Commercial plans)					6/30

Work Stream Updates

Work Stream Updates

MQISSP RFP was
released
Deadline: August 2

CCIP Transformation
Awards RFA was
released
Deadline: August 11

CCIP vendor RFP was
released
Deadline: August 18

Work Stream Updates

Quality Council
Report released for
Public Comment

Final SIM HIT
Council meeting
held June 17

PMO still accepting
applications for
AMH program

Work Stream Updates

North Central Regional
Mental Health Board
will serve as Consumer
Engagement
Coordinator

Second Rural Health
Forum held at
Northwestern CT
Community College on
June 3

Population Health
Council held first
meeting June 30

Work Stream Updates

VBID Templates
Finalized- VBID
Employer Manual
Developed

Evaluation Team
began work on Public
Scorecard and
Measure Rebasing

CHW Advisory
Committee worked on
developing definition
and scope of practice

Adjourn