

CONNECTICUT  
HEALTHCARE  
INNOVATION PLAN

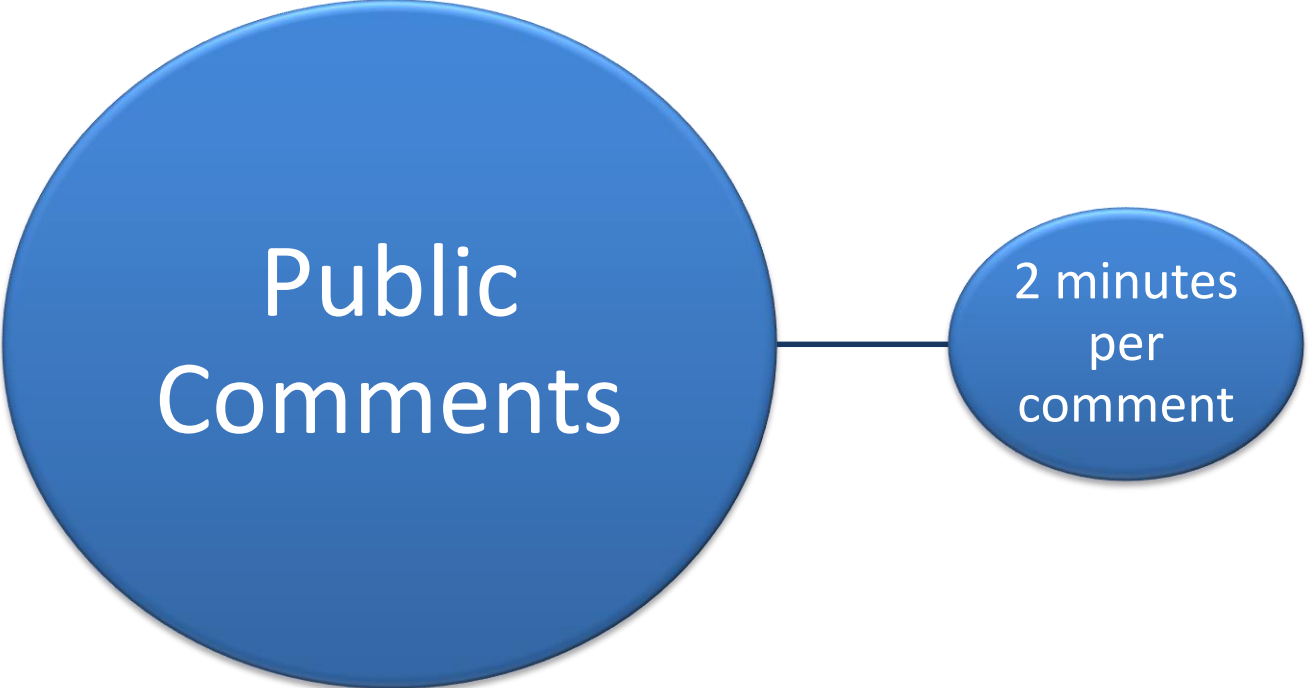


# Healthcare Innovation Steering Committee

May 11, 2017

# 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. Health Information Technology Update    | 55 min        |
| ↓  |               |
| 5. Operational Plan Achievements and Risks | 25 min        |
| ↓  |               |
| 6. Content for Future HISC Meetings        | 20 min        |
| ↓  |               |
| 8. Adjourn                                 |               |



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# Approval of the Minutes

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# Health Information Technology Update



# FRAMING THE DISCUSSION FOR HEALTH IT

ALLAN HACKNEY, HEALTH INFORMATION TECHNOLOGY OFFICER



# LEGISLATIVE OVERVIEW

- Interoperable health information exchange technology, as envisioned by Connecticut Public Acts 15-146 and 16-77, states the following:

*There shall be established a statewide Health Information Exchange to empower consumers to make effective healthcare decisions, promote patient-centered care, improve the quality, safety, and value of healthcare, reduce waste and duplication of services, support clinical decision-making, keep confidential health information secure, and make progress toward the state's public health goals. [Sec. 6 § 17-b-59d (a)]*
- The Health Information Technology Officer (HITO) is administratively responsible for the planning, design, implementation, and oversight of health information exchange services that will meet the goals detailed in PA 16-77, and will coordinate the state's health IT and health information exchange efforts to ensure consistent and collaborative cross-agency planning and implementation. The HITO can seek private and federal funds for staffing to support health IT and HIE initiatives in the state.
- The HITO will make recommendations for policy, regulatory, and legislative changes, and other initiatives to promote the state's health IT and exchange goals, and will report annually on such initiatives to the joint standing committees of the General Assembly.
- The Health Information Technology Advisory Council, established pursuant PA 15-146 and amended by PA 16-77, shall advise the HITO in developing priorities and policy recommendations for advancing the state's health IT and health information exchange goals, and to advise the HITO in the development and implementation of the statewide health IT plan (SMHP) and the statewide HIE.
- The Advisory Council shall also advise the HITO regarding the development of appropriate governance, oversight, and accountability measures to ensure success in achieving the state's health IT and exchange goals.



# KEY FINDINGS: STAKEHOLDER ENGAGEMENT





# TOPICS COVERED THROUGH THE ENGAGEMENT



# STAKEHOLDER DOMAINS

- Consumers
- Hospitals and Health Systems
- Primary and Specialty Care Providers
- Members of the Connecticut Health IT Advisory Council
- Accountable Care Organizations and Clinically Integrated Networks
- Professional and Medical Associations
- Payers, including Commercial Insurers and Employers
- Pharmaceutical and Bio-tech Interests
- Other Stakeholders as Needed for Completeness of Input
- Other Healthcare Service Providers and Organizations, including:
  - Behavioral Health Providers
  - Long Term and Post Acute Care (LTPAC) Providers
  - Radiological Services
  - Commercial Reference Laboratories
  - Pharmacies
- Community Organizations, including in the areas of:
  - Homeless and Housing Services
  - Addiction Services
  - Aging Services
  - Services for HIV/AIDS Patients
  - Services for Victims of Trauma

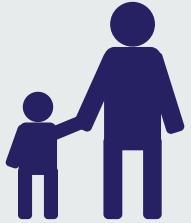
## STAKEHOLDER DOMAINS (CONT.)

- Department of Administrative Services
- Department of Children and Families
- Department of Consumer Protection
- Department of Corrections
- Department of Developmental Services
- Department of Mental Health and Addiction Services
- Department of Public Health
- Office of the Healthcare Advocate
- Office of the State Comptroller



# OVERVIEW OF KEY FINDINGS

The key findings that emerged from the environmental scan focused on several common themes that spanned stakeholder domains. These themes emerged consistently throughout the environmental scan process and frame the recommended considerations for future planning and calls to action.



## **Patients + Consumers:**

*The experience and views of patients and consumers regarding the healthcare continuum, exchange of health information, access to health records, and privacy, security, and confidentiality of information.*



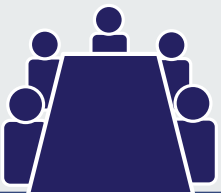
## **Environment**

*The market environment being experienced by healthcare and community organizations, as well as the ongoing health challenges experienced by people in Connecticut and how the market is responding to address those challenges.*



## **Tools**

*The current and future usage/needs for health IT tools by stakeholders, including state systems, EHRs, data exchange tools, medication-related tools, analytic tools, identity management tools, etc.*



## **Governance**

*Stakeholder views on governance of health IT investments in Connecticut, as well as considerations and decisions that will impact and inform the development and implementation of governance around health IT and information exchange.*



# EMERGING THEMES



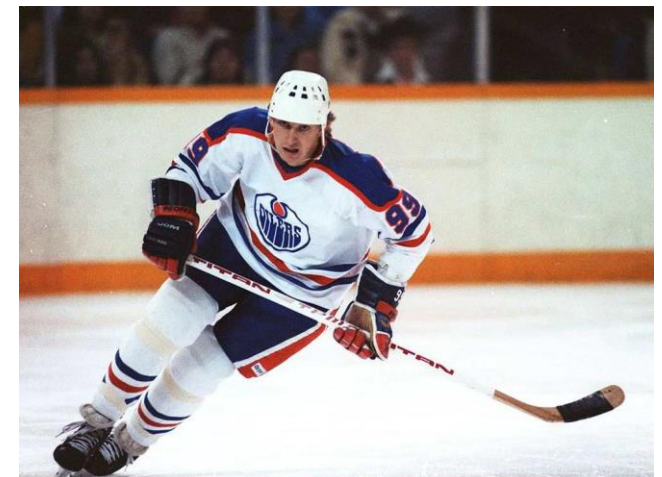
## THE PATIENT IS THE “NORTH STAR”

- **Privacy, security, and confidentiality**
- Work to address **health equity** and the **social determinants of health**
- **Consumer engagement** and other tools for better management of one’s health and healthcare in partnership with the care team
- **Patient access to integrated clinical data** rather than patient portals tethered to a single EHR
- **Quality and price transparency**



“...SKATE TO WHERE THE PUCK IS GOING TO BE, NOT WHERE IT HAS BEEN.”  
-WAYNE GRETZKY

- **Core shared services** requirements
  - **Statewide healthcare directory**
  - **Statewide master person index (MPI) and attribution services**
  - **Data Stewardship** and **data normalization**
  - **Security** and **privacy** of protect health information
- **“Network of Networks”** approach to interoperability in the state, linking individual interoperability initiatives
- **“Rules of the Road”** – a basis for entities engaged in interoperability in the state

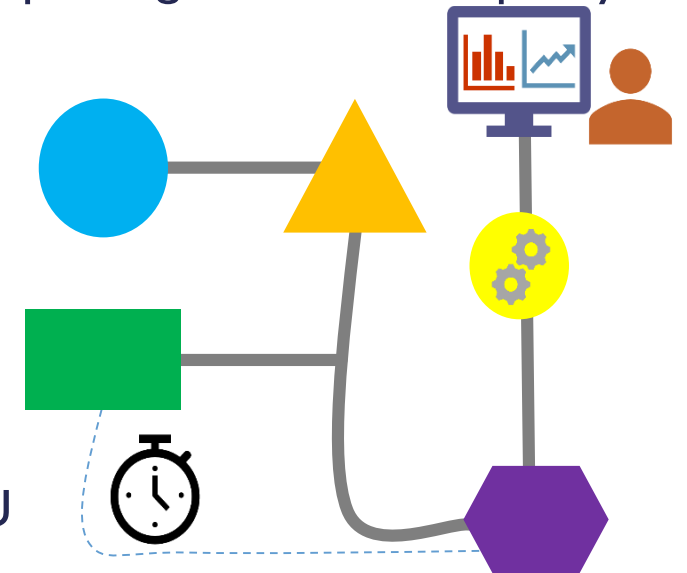


Credit: Edmonton Journal

# WORKFLOW, WORKFLOW, WORKFLOW

- Examples include:

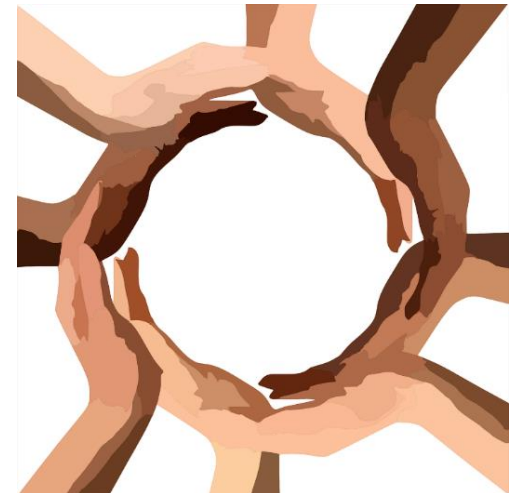
- eCQMs: Establishing a harmonized and standardized approach to the reporting of electronic quality measures in support of value-based care
- CPMRS: further integrating controlled substance database into the e-prescribing workflow of providers
- Public Health Reporting: Improving bi-directional functionality immunization, lab, and syndromic reporting to DPH
- Direct Messaging: Expanding Direct messaging to support basic provider communications, particularly for providers excluded from MU





## NO STAKEHOLDER LEFT BEHIND

- “Whole-person care” requires expanded definitions of healthcare teams
- Many Stakeholders, including behavioral health providers, LTPAC providers, and community organizations can contribute to a more value-driven healthcare system
- Improvement should be made in care coordination tools and secure data exchange beyond EHR users



GIVE ME A LEVER LONG ENOUGH AND A FULCRUM ON WHICH TO PLACE IT, AND I SHALL MOVE THE WORLD.” - ARCHIMEDES

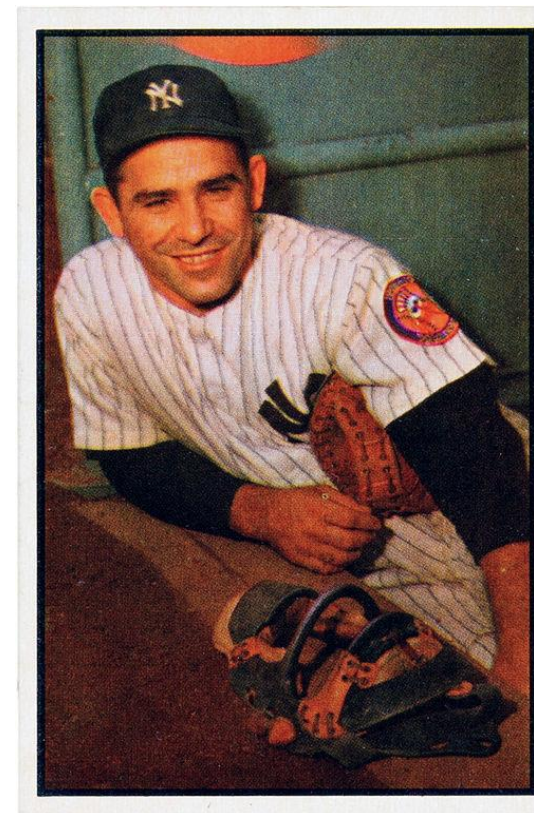
- Connecticut has important **levers** in place in the form of **ACOs** and **Advanced Networks (ANs)**
- **ACOs** and **ANs** also provide important value in **health IT** and **HIE design**
- Specific strategies for **data sharing** *within* **ACOs** and **ANs**, as well as *across* **ACOs** and **ANs**, should be identified
- Harnessing **market forces that are enabled or enhanced by HIE and interoperability** will increase sustainability



“THE FUTURE AIN’T WHAT IT USED TO BE.”

-YOGI BERRA

- Genomics and precision medicine
- Bring your own device (BYOD)
- Patient-generated data



Credit: Bowman Gum



# CALLS TO ACTION

8 PRIORITY RECOMMENDATIONS



## PRIORITY RECOMMENDATION #1

**Connecticut must keep patients and consumers as a primary focus in all efforts to improve health IT or HIE, including addressing health equity and the social determinants of health.**

## PRIORITY RECOMMENDATION #2

**Connecticut must leverage, not duplicate, existing interoperability initiatives; and provide technical assistance, education, and coordinated communication to all stakeholders using health IT and HIE services**

## PRIORITY RECOMMENDATION #3

**Connecticut must implement core technology that complements and interoperates with systems currently in use by private sector organizations**

## PRIORITY RECOMMENDATION #4

**Connecticut must establish “rules of the road”  
to provide an appropriate governance  
framework**



## PRIORITY RECOMMENDATION #5

**Connecticut must support provider organizations and networks that have assumed accountability for quality and cost**

## PRIORITY RECOMMENDATION #6

**Connecticut must ensure that basic mechanisms are in place for all stakeholders to securely communicate health information with others involved in a patient's care and treatment**

## PRIORITY RECOMMENDATION #7

**Connecticut must implement workflow tools that will improve the efficiency and effectiveness of healthcare delivery**

## PRIORITY RECOMMENDATION #8

**State agencies must charter and implement a Health IT Steering Committee, chaired by the HITO, staffed by the HIT PMO, and reporting to the legislative and executive branches**

## PRIORITY RECOMMENDATION #9

**Connecticut should establish, or designate, a neutral, trusted organization representing public and private interests to operate agreed-to statewide health information exchange services**

FOR MORE INFORMATION

## Health Information Technology Office

Allan Hackney [Allan.Hackney@ct.gov](mailto:Allan.Hackney@ct.gov)

Sarju Shah [Sarju.Shah@ct.gov](mailto:Sarju.Shah@ct.gov)

## Health IT Advisory Council Website

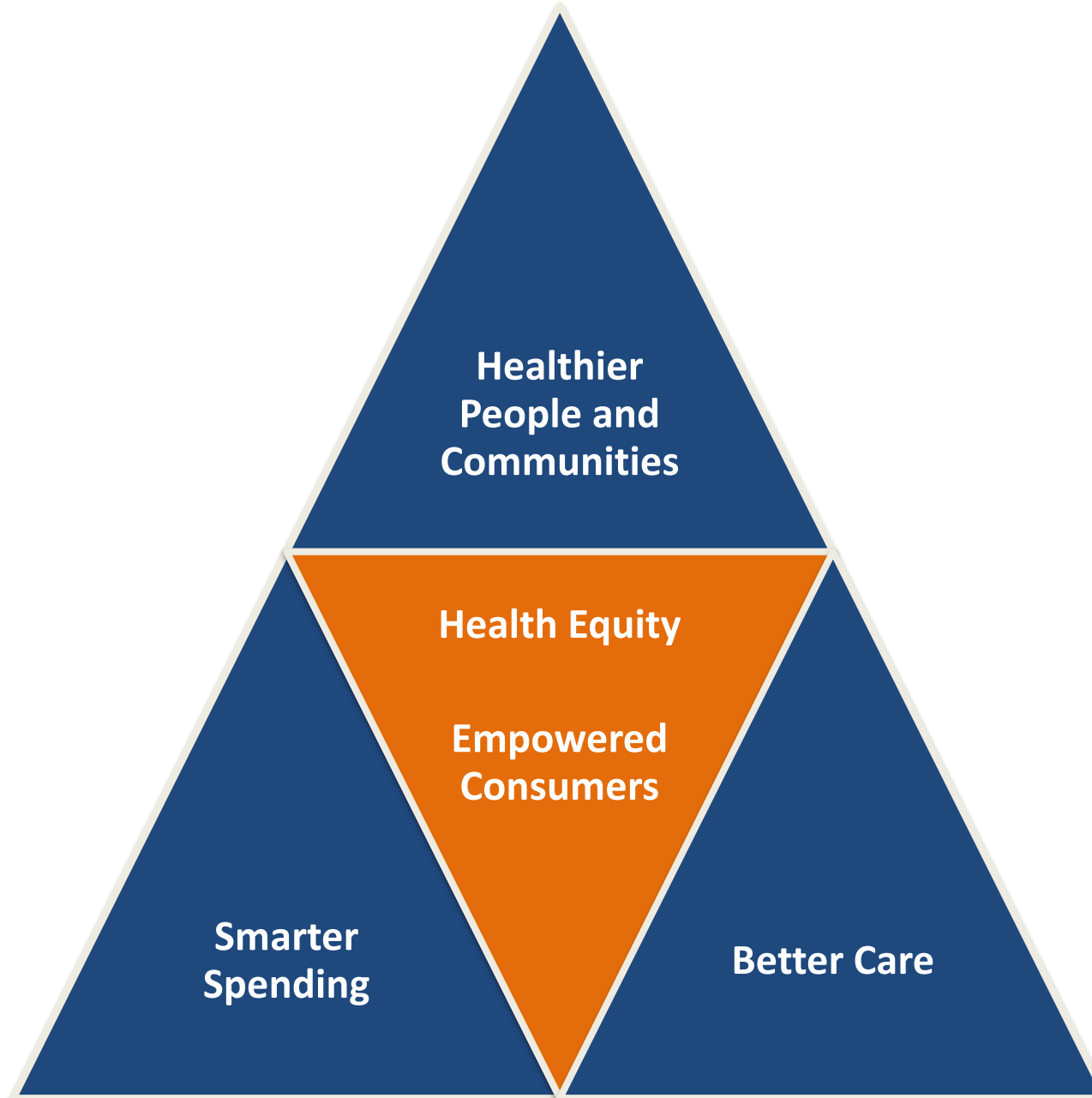
<http://portal.ct.gov/Office-of-the-Lt-Governor/Health-IT-Advisory-Council>

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# Operational Plan Achievements and Risks

# Connecticut State Innovation Model Aims

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**Healthier  
People and  
Communities**

**Health Equity**

**Empowered  
Consumers**

**Smarter  
Spending**

**Better Care**



# CT SIM: Primary Drivers to achieve Our Aims



Population  
Health



Payment  
Reform



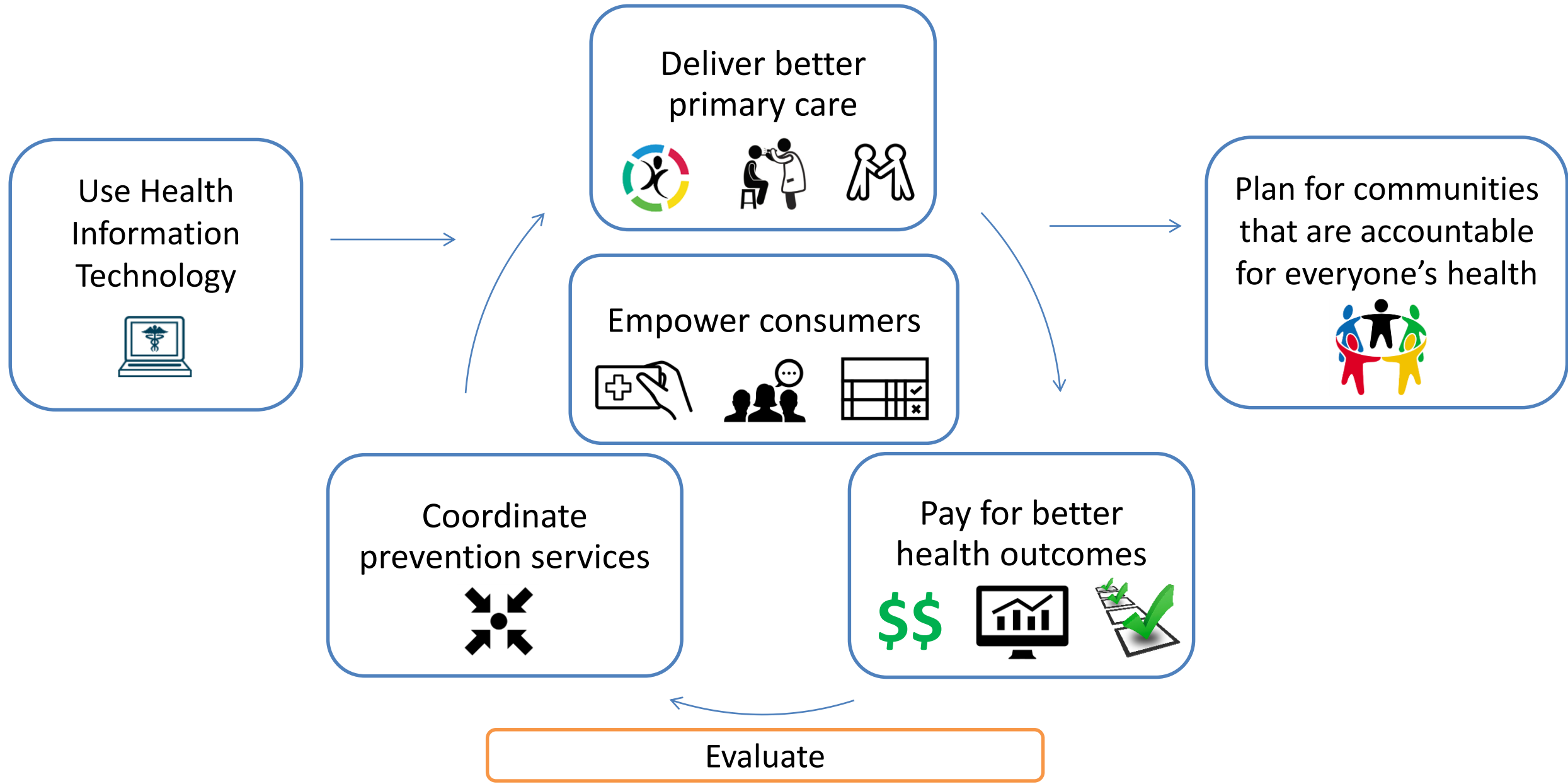
Transform  
Care  
Delivery



Empower  
Consumers

**Health Information Technology**

# SIM Framework to Achieve the Triple Aim



# Care Delivery Reform Accomplishments (PY1)

Advanced Medical Home Program (AMH)



90 Practices Enrolled in Pilot  
49 Practices achieved NCQA PCMH recognition  
35 Practices applied for Federally-funded AMH Program

Community and Clinical Integration Program (CCIP)

2 Advanced Networks (5 systems), 1 FQHC in Wave 1  
All 3 received Transformation Awards  
Technical Assistance currently underway



Community Health Worker (CHW) Initiative



Policy Framework for CHW Integration Complete  
White Paper Recommendations in development  
CHW Toolkit for Integration in development

# Payment Reform Accomplishments (PY1)

Patient Centered  
Medical Home +  
(PCMH+)



PCMH+ launched with 7 FQHCs, 2 ANs  
Received CMS approval for Medicaid authority to make  
supplemental and shared savings payments  
DSS and Participating Entity contracts fully executed  
Draft Wave 2 RFP in early stages of development

Quality Measure  
Alignment

Promoted alignment among payers  
PCMH CAHPS survey currently underway  
CHF funded health equity measure project w/Yale CORE



Primary Care  
Payment Model  
Analysis



PCPM White Paper Recommendations in development  
Actuarial analysis of potential PCPMs for CT underway  
using State employee data

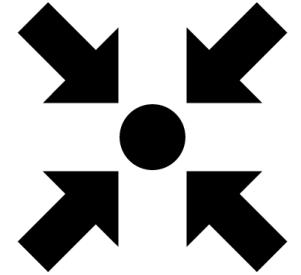
# Population Health Planning Accomplishments (PY1)

Prevention Service  
Centers (PSCs)

Health  
Enhancement  
Communities  
(HECs)



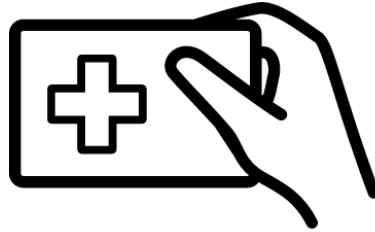
Completed scan of community prevention services  
Concluding Prevention Service Center design process



Next Step: Prepare for HEC planning

# Consumer Empowerment Accomplishments (PY1)

Value-Based Insurance Design Initiative (VBID)



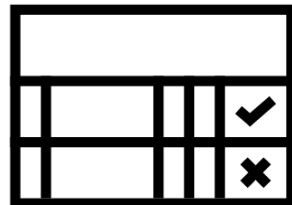
Promoted VBID adoption through special events  
Determined effective employer engagement strategies

Consumer Engagement Activities

Planned 11 consumer engagement events  
Consumer-specific communication and engagement plan currently in development



Public Scorecard & Consumer Experience



Solicited input from Quality Council to inform Public Scorecard development  
PCMH CAHPS Surveys currently underway (also Evaluation)

# Additional Evaluation Accomplishments (PY1)

CMMI Reporting



Completed CMMI-required reporting template quarterly

APM/VBID Adoption

Developed surveys to measure adoption of Alternative Payment Models, VBID, and Quality Measure Alignment- currently underway



Data Dashboard



Maintained and updated dashboard detailing progress of SIM initiatives and tracking population health outcomes (BRFSS, HIDD, APCD, PCMH CAHPS)

# Payment and Care Delivery Reform Progress

| Major Goals   | Status  | Goal Risk Level | Funding Risk Level |
|---|---|-----------------|--------------------|
| Launch federally funded AMH Program (Goal: 150 Practices)                 | Launched, recruited 35 practices  | ✓               | ✓                  |
| Launch CCIP (Goal: 3 Advanced Networks, 1 FQHC)                           | Launched with 2 Advanced Networks and 1 FQHC                                  | ✓               | ✓                  |
| Award CCIP TA Awards  | Granted TA awards to all CCIP PEs   | ✓               | ✓                  |
| Establish CHW Policy Framework  | Complete, White Paper to be released  | ✓               | ✓                  |
| Develop CHW Toolkit to support CHW Integration into Primary Care settings | Currently developing tools to support CCIP PEs which will make up the toolkit | ✓               | ✓                  |
| Launch PCMH+ (Goal: 200-215,000 Medicaid beneficiaries)                   | Launched, with 137,037 beneficiaries  | ✓               | ✓                  |
| Execute Contracts with all PCMH+ PEs                                      | Complete  | ✓               | ✓                  |
| Receive CMS Approval Authority to make Shared Savings payments            | Complete  | ✓               | ✓                  |
| Draft Wave 2 RFP for PCMH+  | Targeted for summer 2017  | ✓               | ✓                  |
| Multi-payer Quality Measure Alignment                                     | Currently Underway  | ✓               | ✓                  |
| Multi-payer APM Alignment   | Currently Underway  | ✓               | NA                 |



# Population Health and Health Information Technology Progress

| Major Goals  | Status  | Goal Risk Level | Funding Risk Level |
|--|---|-----------------|--------------------|
| Conduct statewide scan of community-based prevention services  | Complete  | ✓               | ✓                  |
| Design Prevention Service Centers  | Currently Underway  | ✓               | ✓                  |
| Launch Prevention Service Center Pilot (by end of 2017)  | Anticipated   | ✓               | ✓                  |
| Prepare planning process for Health Enhancement Communities  | Anticipated   | ✓               | ✓                  |
| Establish HIT Program Management Office and bring HITO Onboard   | Complete  | ✓               | ✓                  |
| Develop HIT Strategic Roadmap for the State  | Underway  | ✓               | ✓                  |
| Develop Use Cases, Procure a Vendor, and Go Live with an electronic Clinical Quality Measure solution  | eCQM Design Group issued a Phase 1 Report of recommendations      | ✓               | ✓                  |
| Plan and launch additional HIT solutions (Alert Notifications, Provider Registry, Master Person Index) | The strategy for these solutions will be reflected in HIT Roadmap | ✓               | ✓                  |

# Consumer Empowerment and Evaluation

| Major Goals  | Status  | Goal Risk Level | Funding Risk Level |
|--|---|-----------------|--------------------|
| Engage employers in Learning Collaborative activities to promote VBID                  | Ongoing engagement efforts that have evolved to meet employers where they are | ✓               | ✓                  |
| Statewide adoption of VBID   | TBD   | ?               | ?                  |
| Conduct outreach and engage consumers in issue-driven forums                           | 11 Events so far in PY1   | ✓               | ✓                  |
| Develop consumer-specific communications plan  | In development  | ✓               | ✓                  |
| Publish first online scorecard   | Planning underway   | ✓               | NA                 |
| Maintain updated dashboard measures for SIM initiatives and public health outcome data | Complete- up to date  | ✓               | ✓                  |
| APCD   | Delays, Data completeness   | ✓               | NA                 |
| Conduct Care Experience surveys (CAHPS)  | Currently Underway  | ✓               | ✓                  |
| Measure VBID uptake across Connecticut   | Currently Underway  | ✓               | ✓                  |
| Measure Alignment on APM adoption and Quality Measure Alignment across payers          | Currently Underway  | ✓               | ✓                  |

# Risk Summary

## Risks to Our PY1 Goals:

- AMH Practice numbers lower than expected
- PCMH+ participants lower than forecast
- CCIP PE participants slightly lower than expected
- Needed HIT capabilities not yet identified
- Public Scorecard use cases evolving



## Risks to our PY1 Funding:

- Remaining funds from AMH Program
- Delayed start on CCIP due to contract challenges
- Hiring delays for HITO and HIT PMO
- Hiring delays and freezes across state agencies (DPH, DSS, SIM PMO)
- HIT solutions not yet identified

# Mitigation Strategies

## Mitigation strategies to achieve our goals:

- Consider alternatives to AMH Program to promote primary care practice transformation work and improved delivery
- Work closely with DSS to promote PCMH+ and CCIP participation in Wave 2
- Build on momentum around HIT solutions
- Work closely with UConn/APCD/HIT partners to determine best strategy for public scorecard



## Mitigation strategies to secure PY1 funding:

- Request 3-month No-cost extension from CMMI
- If approved, Performance Year 1 would end December 31, 2017

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# Content for Future HISC Meetings

# Healthcare Innovation Steering Committee (HISC)

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- The HISC is chaired by Lieutenant Governor and serves as the key advisory body for the implementation of the SIM initiative. Participants include private foundations; consumer advocates; representatives of hospitals, Advanced Networks, home health, physicians and APRNs; health plans; and employers. Additionally, the Comptroller's office is included as well as line agency Commissioners with responsibility for public health, Medicaid, behavioral health, health insurance exchange, APCD, and child welfare. The OPM with responsibility for the state budget is also a member.
- The HISC meets monthly, providing advice and guidance on SIM design and implementation, while addressing key strategic, policy, and programmatic concerns.
- Previous agenda items: programmatic updates, approval of task force recommendations and deliverables, discussion of risks and mitigation strategies, approval of committee appointments, discussion of policies that may impact SIM

# Steering Committee Planning

- **What is working well with the Steering Committee meetings and items covered?**
- **What can be improved?**
- **Which topics would you like to see covered at an upcoming Steering Committee?**
  - *Overall SIM and SIM-related reform efforts in the state and how they tie together (e.g., care delivery reforms, payment reforms)*
  - *Presentations from SIM initiative participants to get a view from the field*
  - *Discussions about initiatives that relate but are not directly funded by SIM (e.g. other CMMI initiatives, PTN grant)*
  - *Occasional guest presenters (e.g. housing specialists, other agency representatives, etc.)*
  - *Logistical grant-oriented updates from the PMO (Operational Plan, etc.)*
  - *Panel presentations*
  - *In-depth presentation and Q&A related to one specific work stream (e.g., DSS on PCMH+, DPH on population health, etc.)*
  - *Discussion about progress towards SIM accountability targets and aims*
  - *Panel presentations*

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Adjourn