

CONNECTICUT
HEALTHCARE
INNOVATION PLAN

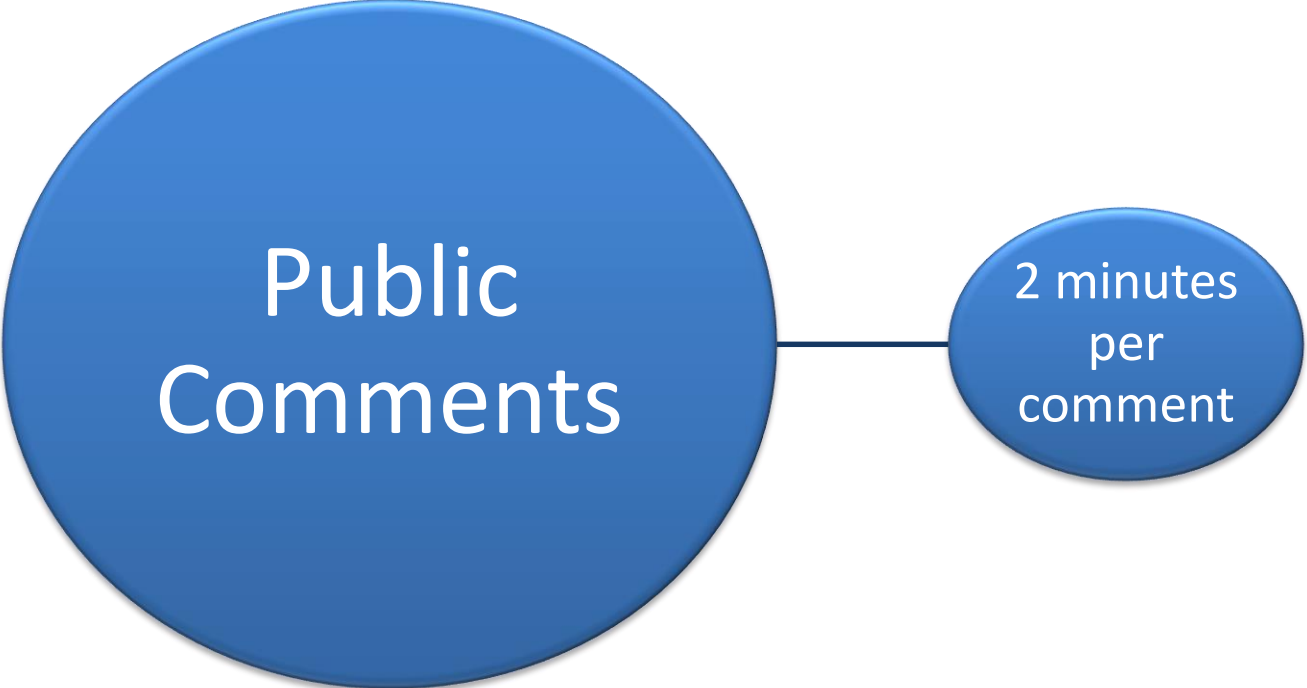


Healthcare Innovation Steering Committee

August 10, 2017

Meeting Agenda

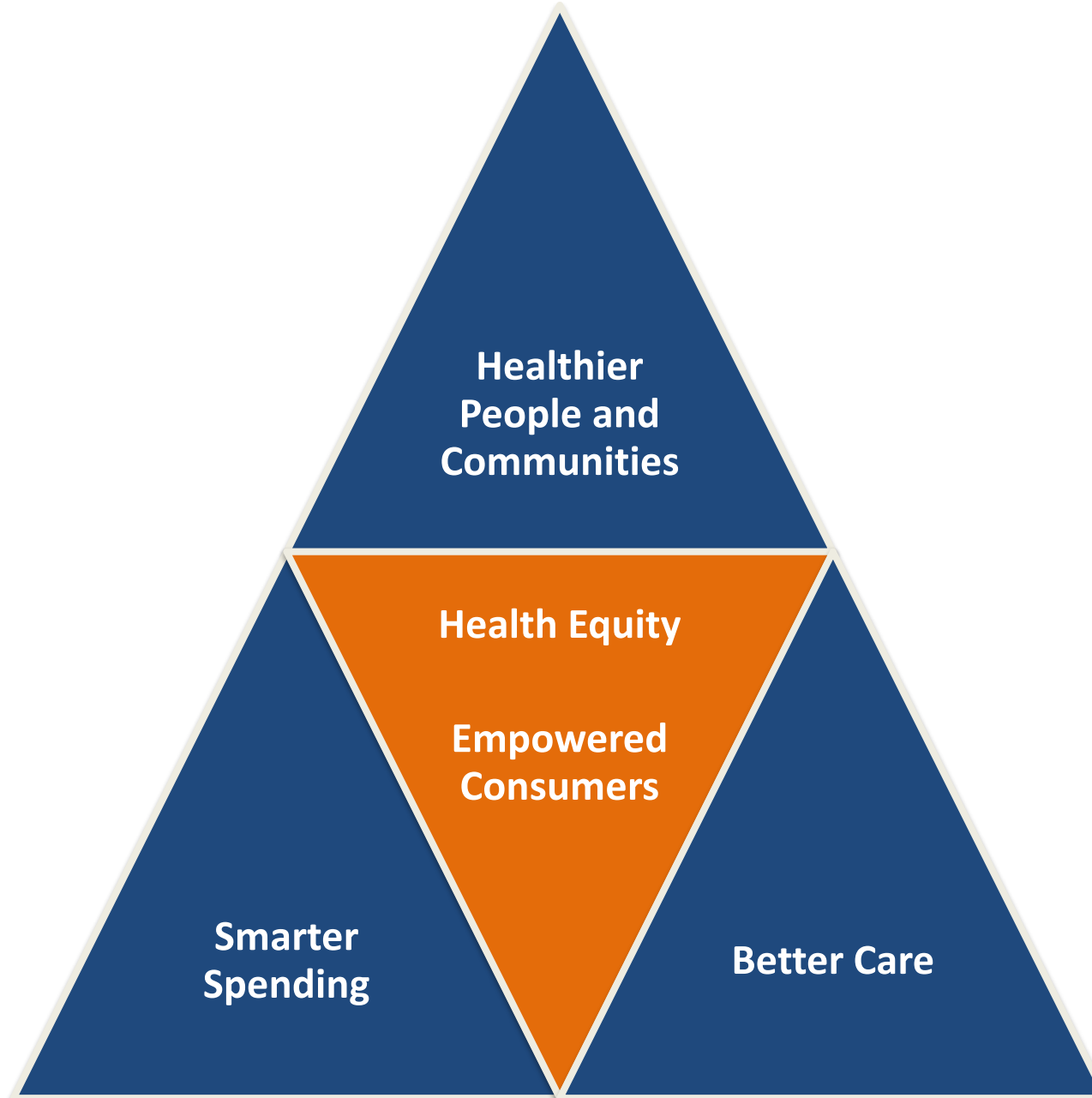
Item	Allotted Time
1. Introductions/Call to order	5 min
↓	
2. Public comment	10 min
↓	
3. Approval of the Minutes	5 min
↓	
4. Test Grant Investment Strategy	55 min
↓	
5. Population Health- Prevention Service Initiative	30 min
↓	
6. VBID Updated Templates	15 min
↓	
7. Adjourn	



Approval of the Minutes

Test Grant Investment Strategy

Connecticut State Innovation Model Aims



**Healthier
People and
Communities**

Health Equity

**Empowered
Consumers**

**Smarter
Spending**

Better Care



Population
Health



Payment
Reform



Transform
Care
Delivery



Empower
Consumers

Health Information Technology

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

Patient Centered Medical Home Plus

Quality Measure Alignment

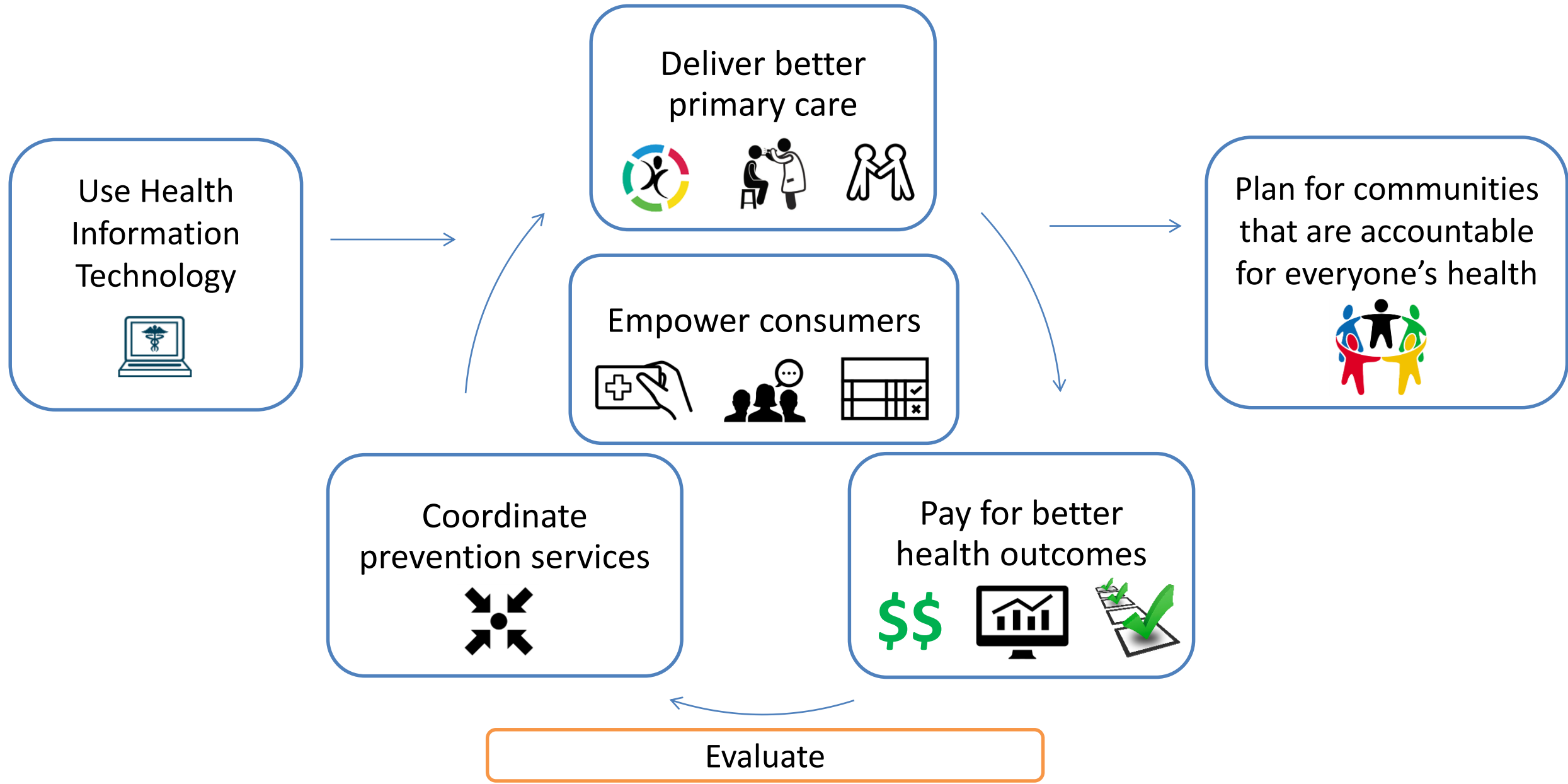
Empower Consumers

Value Based Insurance Design

Public Quality Scorecard

Consumer Outreach

SIM Framework to Achieve the Triple Aim



Risk Summary

Risks to achieving the SIM Goals:

- AMH Practice numbers lower than expected
- PCMH+ participants lower than forecast
- Providers require additional financial support to make needed investments in care deliver reform
- Needed HIT capabilities still being identified
- Payers have not yet fully aligned around common measures



Risks to our Funding:

- Remaining funds from AMH Program
- Delayed start on CCIP due to longer than expected contract negotiations
- Fewer CCIP participants than projected
- Hiring delays across initiatives
- HIT solutions still under development

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



Mitigation strategies to secure funding:

- Request 3-month No-cost extension from CMMI
- If approved, Performance Year 1 will end December 31, 2017
- **Work with Steering Committee and key partners to determine most effective investment strategies**

Questions for Consideration

- How can we best support providers to in their efforts to achieve our care delivery reform goals?
 - E.g., Target CCIP Technical Assistance and Transformation Awards to FQHC PTN participants with a focus on meeting Health Equity Improvement standards and integrating CHWs
- What strategies can we undertake to promote alignment among payers on quality measures?
 - E.g., Target payers with Transformation Awards to offset the costs of aligning with SIM recommended core measures.
- Are there investments we can make to help drive the market toward advanced alternative payment models?

Test Grant Investment Strategy- Sample Options

Initiative	Potential scope/budget adjustments
CCIP	Extend Health Equity Improvement standard and transformation awards to FQHCs participating in PCMH+ and PTN
PCMH+	Restore funding for Mercer actuarial and program support services for PY3
QMA	Consultant to facilitate Quality Council meetings
	QM alignment awards for health plans
Pop Health	TA Vendor to support Prevention Service Initiative
	Funds to support CBO and AN/FQHC participants in the Prevention Service Initiative
	<i>HEC planning costs – Consulting contract to support Council facilitation and materials development, research, subject matter expertise, stakeholder engagement, preparation of plan and report</i>
VBID	<i>Extend employer engagement activities including individualized employer TA</i>
Evaluation	<i>Implement public scorecard</i>

Population Health- Prevention Service Initiative

VBID Updated Templates

Summary of Key Changes to the VBID Templates

- Purpose: Revise V-BID templates based on feedback from employers and health plans, and current V-BID landscape
- Changes focus on ***format and structure*** rather than content
 - Shortened templates into 1-2 page handouts for employers/plans
 - Employers need easy to consume, digestible information
 - Focused recommendations on core benefits: Preventive Care, Chronic Condition Management, High Value Providers
 - Many employers and health plans incentivize preventive screenings
 - Many employers and health plans have disease management programs
 - Several health plans in CT have incentives for tiered networks and ACOs based on quality and cost metrics

Adjourn