Healthcare Innovation Steering Committee

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Meeting Agenda

1. Introductions/Call to order	5 min
2. Public comment	10 min
3. Approval of the Minutes	5 min
4. Report of the CHW Advisory Committee	15 min
5. Population Health Council Member Selection	5 min
6. SIM Update: Risks and Strategies for Award Year 3	60 min
7. Primary Care Payment Model Planning Timeline	20 min
8. Adjourn	

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Introductions/
Call to Order

Approval of the Minutes

Report of the CHW Advisory Committee

The Report includes recommendations for:

- CHW Definition

- Scope of Practice

- Certification

- Sustainable Funding

Senate Bill 126, An Act Concerning Community Health Workers, includes elements of the CHW Definition recommended by the Committee. The bill was signed into law as P.A. 17-74.

Next Steps: Per P.A. 17-74, the SIM PMO, DPH, and the CHW Advisory Committee will issue a report on the feasibility of creating a Certification program for CHWs. **Report deadline:** 10/1/18

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Public Comment Review: CHW Report

Comment	Response
Knowledge of mobile applications, telehealth, and data collection practices will be important considerations in the credentialing/certification process	Well noted for consideration by the CHW Advisory Committee during next phase of work, which will determine the detailed requirements for certification
A reassessment of the CLAS standards may be needed to fully address cultural competency	See above
Clarification on how the CHW represents the community they serve will be useful during CHW candidate selection	See above
Economic value of CHWs- there may be other opportunities to demonstrate the high value of CHWs that exist outside of primary care	Well noted. This report emphasizes the importance of CHWs in primary care, as changes to primary care delivery are the main focus of SIM.
Recommended addition: Administer a supervision program to ensure quality of care together with a continuing education and experience verification process.	Added to the Report

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Public Comment Review: CHW Report

Comment	Response
The term "care coordinator' is used throughout the Report. Are care coordinators considered CHWs?	Care coordination is one role a CHW can serve. A "care coordinator" in title could be considered a CHW based on their position within the community they serve, their training, and their expertise as related to the Core CHW Competencies.
Can professionals such as breastfeeding consultants and peer support workers in mental health pursue training and certification under the CHW umbrella?	Anyone with the defined experience and training will be eligible to pursue certification as a CHW. The detailed experience and training requirements will be determined during the next phase of work within the CHW Advisory Committee.
Is this report only intended to inform SIM efforts or broad CHW efforts?	The report was intended to provide broad recommendations for the promotion of CHWs in CT (i.e. establishing certification), though the focus is on primary care integration due to current SIM efforts.

Public Comment Review: CHW Report

| Comment	Response
Recommended changes to the CHW definition	The definition was developed through a series of meetings, including a design group. The definition included in the Report ultimately informed the definition included in PA 17-74.
Recommended changes to Skills	The broad Skills categories were adapted from the Nationally-recognized Core Competencies. For now, we would like to maintain those categories for purposes of alignment.
Can primary care sites contract with community organizations for the services of CHWs? Or was the intent for CHWs to be positioned within primary care offices?	SIM envisions a role for both. CCIP promotes the integration of CHWs into primary care teams to improve management of patients with complex needs. The newly launched Prevention Service Initiative promotes contractual relationships between primary care and CBOs that may include CHWs for diabetes and asthma management. This may expand to include more services in the future.

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Population Health Council Member Selection

Rick Brush, Wellville Communities, Subject Matter Expert: Community Health Improvement and Financial Strategies

Note: The budget figures and allocations that follow are provisional and subject to change. Figures will be updated as key planning assumptions are adjusted to reflect experience.

SIM Grant Timeline
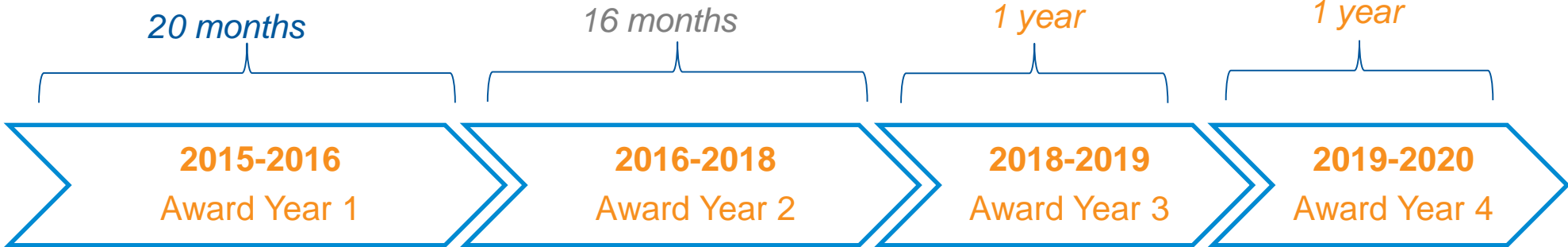
SIM Achievements- January 2018

Better Care

123 primary care practices achieved NCQA PCMH recognition

9,412 Consumer Experience surveys (CAHPS) completed

2 Advanced Networks and 1 FQHC receiving technical assistance to achieve CCIP standards

6 CHWs hired by Advanced Networks to improve management of patients with complex needs

Legislation passed to establish Community Health Worker certification

Empowered Consumers

320 consumers reached through Consumer Advisory Board events

Implementation underway for **Public Scorecard**

Improved Health IT

Health IT Office launched

More than **200 stakeholders** engaged to identify HIT use cases, recommendations and Operational Plan

Smarter Spending

137,037 Medicaid members enrolled in PCMH+ on January 1, 2017, representing 7 FQHCs, 2 Advanced Networks, and 649 Primary Care Providers

Quality Measure set developed including 31 core measures

60% Commercial Payer Alignment on Core Quality Measures

Value Based Insurance Design templates and manuals for implementation developed

6 Employers receiving assistance to implement VBID plans

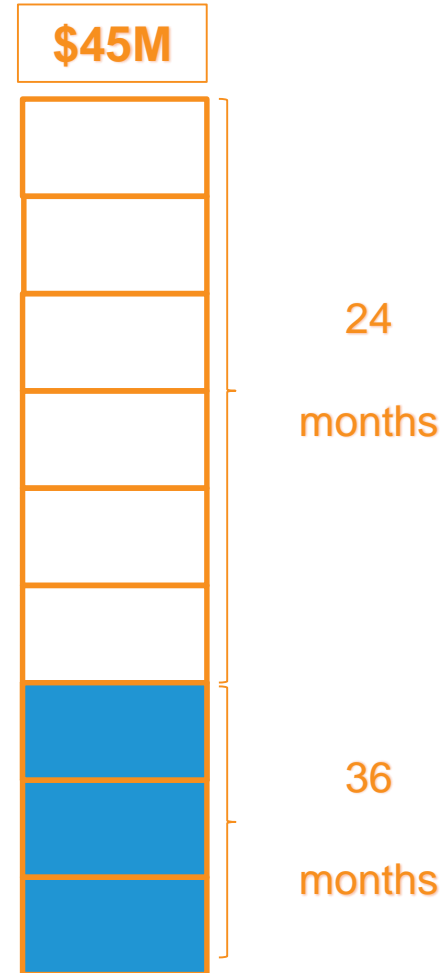## Healthier People and Communities

Prevention Service Initiative launched to establish formal linkages between 5-10 CBOs and Advanced Networks

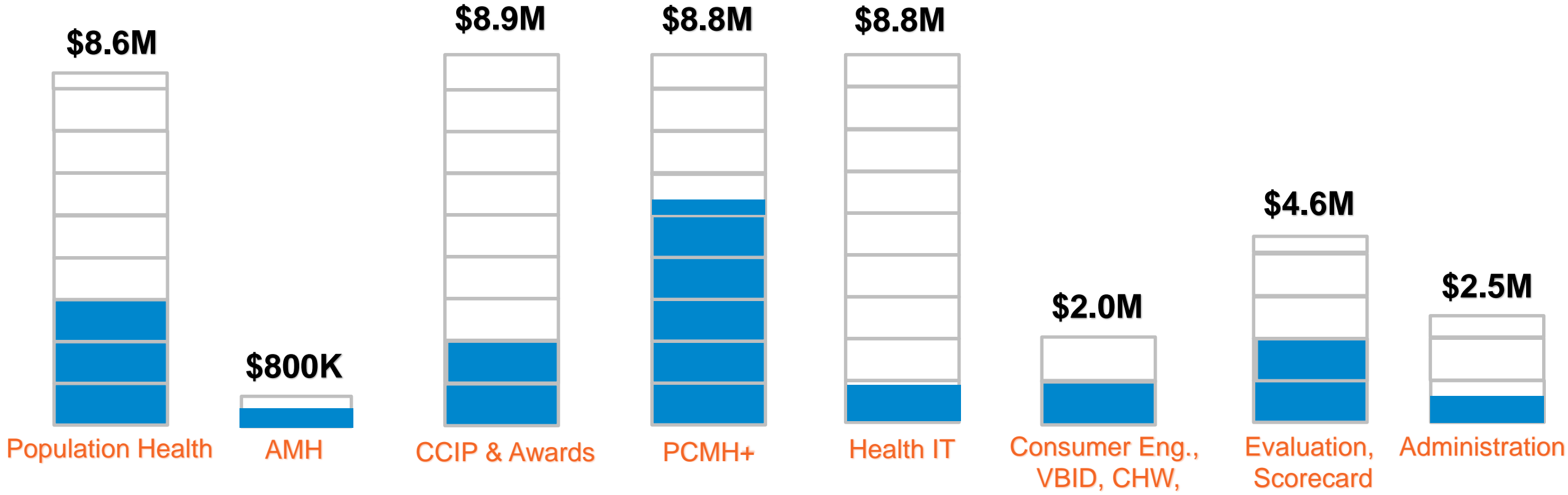**Health Enhancement Community** planning process launched

SIM Budget Status

- **Approved AY3 Award**: $15M

- **Anticipated carry-over from AY2**: ~$6M

- Anticipated AY4 Award: $8.5M

- Projected **Spent to Date:** ~15.5M

$45M

24 months

36 months

AY1: $5.5M
AY2: $10M
AY3: $21M
AY4: $8.5M

SIM Budget Status by Work Stream

$8.6M — Population Health
$800K — AMH
$8.9M — CCIP & Awards
$8.8M — PCMH+
$8.8M — Health IT
$2.0M — Consumer Eng., VBID, CHW,
$4.6M — Evaluation, Scorecard
$2.5M — Administration

= Spent

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SIM Goals- Award Year 3

Better Care

28 AMH practices achieve NCQA PCMH recognition

Second round of **Consumer Experience surveys** (CAHPS) completed

2 Advanced Networks and 1 FQHC achieve CCIP Standards

9 additional Advanced Networks/FQHCs participate in CCIP

CHWs are utilized by all CCIP participating entities

CHW Certification Program developed

Improved Health IT

Core Data Analytics Solution (CDAS) developed and launched

Health Information Exchange (HIE) Entity and Governance established

Wave 1 **HIE shared services** launch, including increased number of electronic clinical quality measures and increased REL and SDOH data available to providers

Smarter Spending

PCMH+ Wave 2 launches

67% Commercial Payer Alignment on Core Quality Measures

10 Employers develop and implement VBID plans

65% Commercially insured population enrolled in a VBID plan

Empowered Consumers

3 videos developed to promote the person-centered care process

Public Scorecard launches

Healthier People and Communities

Prevention Service Initiative establishes formal linkages between 5-10 CBOs and Advanced Networks

Health Enhancement Community designed and implemented

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AY3 Risks- CCIP

AY3 Goal	Most Significant Risk(s)
Wave 1 - CCIP PEs achieve CCIP standards	• CCIP PEs lack resources to make needed changes to achieve standards. This may include, for example, resources to enable EHR functionalities.
Wave 2 - recruit an additional 9 FQHCs and ANs to participate in CCIP	• Federal budget cuts may threaten ability of FQHCs to participate • Burden of PCMH+ and CCIP requirements reduces participation in PCMH+ Wave 2 and CCIP

$8.9M

AY4

AY3

AY1-2

CCIP & Awards
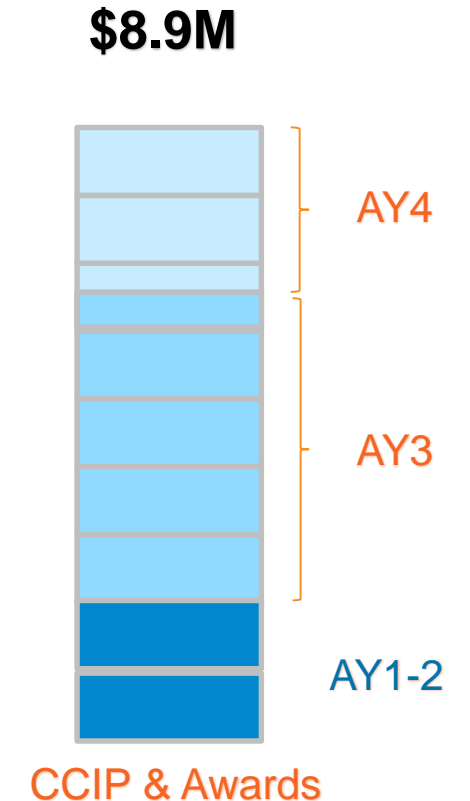
AY3 Risks- Health Information Technology
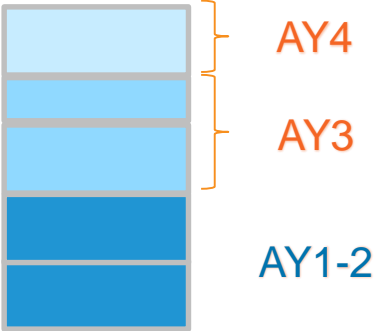
AY3 Goal	Most Significant Risk
HIE Entity and HIE Board of Directors established and operating	Delays in submission or approval of Federal match funding request (IAPD) will result in commensurate delays in establishing the HIE
Key HIE services are being used at scale across CT	Delays in submission or approval of Federal match funding request (IAPD) compresses time available to gain scale during SIM grant period
Data use agreements and trust frameworks are in place that allow needed use of data to achieve care improvement	Elongated process to establish trust frameworks results in dependence on inefficient point-to-point agreements to advance objectives

$8.8M

AY4

AY3

AY1-2
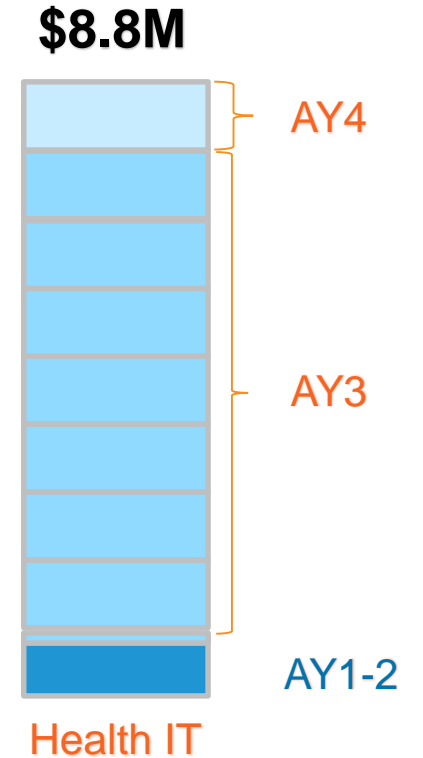
Health IT

AY3 Risks- Evaluation

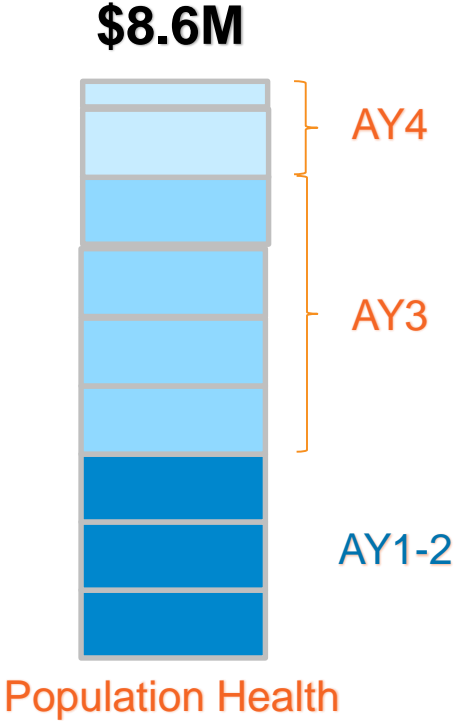| AY3 Goal	Most Significant Risk(s)
Publish first Public Scorecard	• APCD data not released timely • Medicaid data not submitted to the APCD

$4.6M

AY4

AY3

AY1-2

Evaluation, Scorecard

AY3 Risks- Population Health

AY3 Goal	Most Significant Risk(s)
Secure contractual arrangements between 5-10 Advanced Network/FQHC providers and CBOs	• Delay in provider/CBO recruitment • Federal budget cuts may threaten participation
Design Health Enhancement Communities	• Lack of multi-payer commitment to participate in planning

$8.6M

AY4

AY3

AY1-2

Population Health

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AY3 Risks- Primary Care Payment Reform

| AY3 Goal	Most Significant Risk(s)
Detailed design for primary care payment reform	• Lack of multi-payer commitment to participate in planning

$600K

AY3

AY1-2

PC Payment Reform
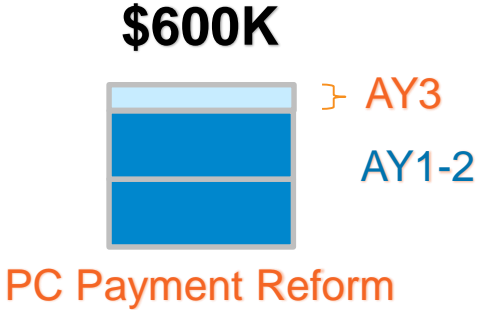
AY3 Risks- Summary

| AY3 Goal	Most Significant Risk(s)	Mitigation Strategy	Target date
Wave 1 CCIP	• Healthcare Organizations lack resources to meet standards	Supplemental Awards	May 2018
Wave 2 CCIP Recruitment	• AN/FQHC Participation	Transformation Awards	May 2018
HIE Entity	• IAPD Submission	?	January 2018
HIT: Data Use	• Provider Participation • Consumer Trust Framework	Stakeholder Engagement	April 2018 September 2018
Public Scorecard	• APCD Data Release • Medicaid Data Submission	? Direct submission to UCH	September 2017 CY 2017
Secure 5-10 Provider-CBO contracts	• Provider/CBO recruitment • Provider/CBO Contracts	Aggressive dissemination Review provider financial requirement	April 2018 October 2018
HEC	• Payer participation in planning	Financial support for design expenses	March 2018
PC Payment Reform	• Payer participation in planning	Financial support & provider engagement	March 2018

Primary Care Payment Reform Planning

Multi-payer Demonstration
Planning Streams

Primary Care
Modernization
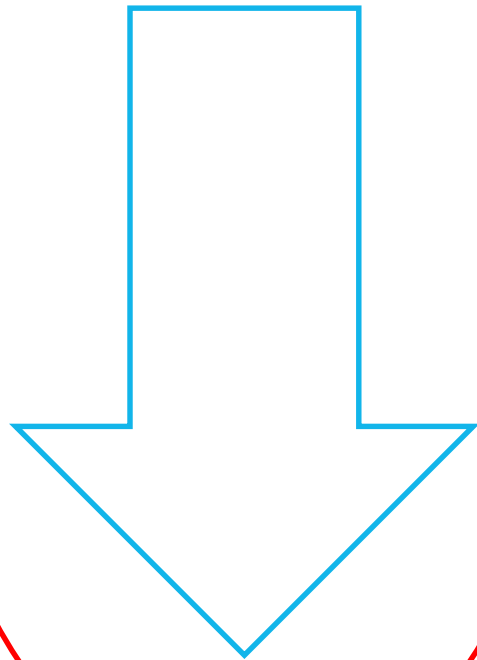
Health Enhancement Communities
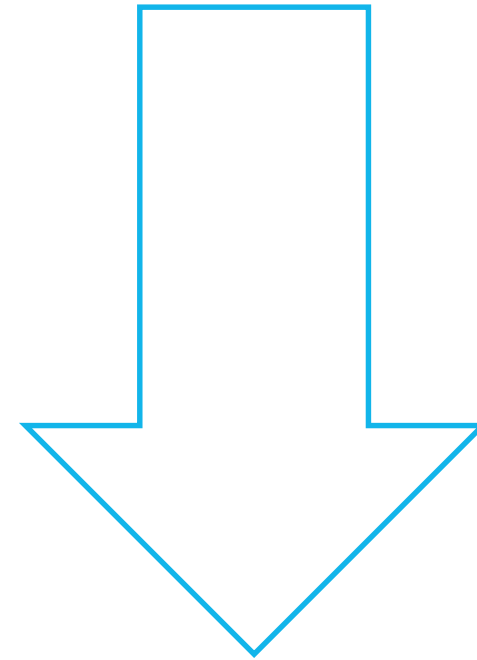
Primary Care Modernization

Multi-payer Alignment

	Medicare	Public/private payers
Directionally Aligned	**Attribution, payment models, risk requirements**	
All Payer	**Practice capabilities and care team composition, staging, technical assistance, reporting**	
???	**Quality measures**	

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Primary Care Modernization

Practice Capabilities and Care Team Composition

Care team composition –

    Credentials/roles/functions

Alternative modes of support and engagement

    Home visits/e-visits/phone/e-mail/text

E-consult

Patient generated data

Remote patient monitoring

PCP/Practice specialization/genomic medicine/e-consult

Opportunities for sub-specialists

Staging

Reporting

Technical assistance

Primary Care Modernization
Advisory Process – Options for Discussion

PTTF
Lead in defining practice capabilities, technical assistance requirements, staged roll-out
- Existing diverse stakeholder composition appointed by the Lt Governor

Practice Advisory Panel
Solicit input re: practice priority capabilities & syndicate transformation recommendations for input
- Panel comprised of ACO practice representatives with a commitment to modernization

Employer Advisory Panel
Solicit input re: employer priorities & syndicate recommendations for feedback
- Panel comprised of business leaders with a commitment to value-based purchasing – employee support and financial requirements

ACO Advisory Panel
Solicit input re: ACO priorities; Syndicate recommendations for feedback
- Broad-based panel with senior officials representing all interested accountable networks

Payers
Solicit input directly from each of the payers that has agrees to participate in planning

Consumers
Coordinate with CAB to host additional public input forums

Pediatrics
OHS is exploring potential for input from CHDI Pediatric Primary Care Payment Reform Study Group

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Primary Care Modernization

Options for engaging Healthcare Innovation Steering Committee

Public Comment	**Designate upcoming Steering Committee for public comment re: the Primary Care Payment Reform report**
Panel Presentations	**Series of panel presentations and discussion featuring physicians, payers, employers, hospitals; perspectives on health care today; challenges and opportunities**
CAB Presentation	**Overview of themes from listening forums**
Other	**???**

Multi-payer Demonstration – Provisional Planning Timeline

Payer and provider commitment to planning
2/1/18 through 4/1/18

Employer/consumer outreach and engagement
3/1/18 through 5/1/18

Concept paper/high level design
3/1/18 through ???

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