CONNECTICUT
Office *of* Health Strategy

Healthcare Innovation Steering Committee

March 8, 2018

Meeting Agenda

1. Introductions/Call to Order	5 min
2. Public Comment	10 min
3. Approval of the Minutes	5 min
4. Health Information Technology Update	50 min
5. Health Enhancement Community Planning Kick-Off	50 min
6. Adjourn	

Introductions/Call to Order

Public Comment

2 minutes per comment

Approval of the Minutes

Health Information Technology Update

HIT Milestones

Governance

Infrastructure

Core Data Analytics Solution (CDAS)

Health Information Exchange (HIE) Services

Governance

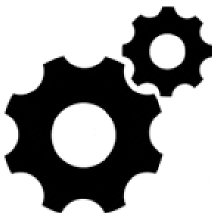
The goal of governance is to establish oversight for the sharing and use of healthcare data.

Milestone	Target Date
Establish HIE Entity	By February 2018 - **DELAYED**
Establish Data Sharing Policies, including Trust Agreements	By July 2018 - **DELAYED**

Infrastructure

Essential health information technology is needed in order to support both the Core Data Analytics Solution and the Health Information Exchange services.

Milestone	Target Date
Identify and purchase open source and/or commercial off the shelf (COTS) software	By April 2018
Establish HIPPA compliant cloud environment	By April 2018
Enable and test security protocols	April - July 2018
Load data into Big Data Repository	April - July 2018
Establish Master Data Management solution, including loading care relationships	April - July 2018
Establish service oriented architecture (SOA)	June - August 2018



Core Data Analytics Solution (CDAS)

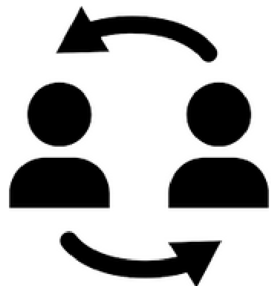
CDAS is a way to capture data from different sources so that we can look at it in new ways. This will provide insights to healthcare providers, payers, consumers, and the State.

Milestone	Target Date
3-5 healthcare organizations agree to share clinical data to the CDAS	February - July 2018
Receive claims from All Payer Claims Database and Office of the State Comptroller	March - July 2018
Finalize how Medicaid and commercial payers will use CDAS	By July 2018
Finalize strategy to incorporate social determinant of health and health equity data	April - July 2018
Calculate electronic clinical quality measures from clinical data	Begin May/June 2018
Provide dashboards and user portals	By October 2018
10 electronic clinical quality measures are put into value-based payment scorecards by payers	By January 2019

Health Information Exchange Services

A set of HIE services will allow healthcare organizations and others to better exchange health information in order to improve health outcomes.

Milestone	Target Date
HIE services RFP released	By April 2018
Immunization Information System (IIS) is operational	By July 2018
HIE services procured and implemented	By October 2018
Accountable Care Organizations and primary care practitioners receive alerts	By February 2019
Two Picture Archiving and Communication Systems (PACS) on boarded for image sharing	By April 2019
Implement clinical health record service and sign up users	May 2019 – July 2019 August 2019 – November 2019



HIT Projects Key to SIM Objectives

- ***Establish CDAS to promote use of eCQM's and advanced analytics:***
  - Establish CDAS infrastructure
  - Pilot eCQM's with Comptroller's Office
  - Develop deployment plan in conjunction with HIE rollout

eCQM's drive quality measurement alignment and value-based payments

- ***Launch shared HIE services:***
  - Establish statewide governance and operational structure
    - Including establishing/designating a neutral and trusted HIE entity
  - Procure or partner for high-priority use cases
  - Establish sustainability plan

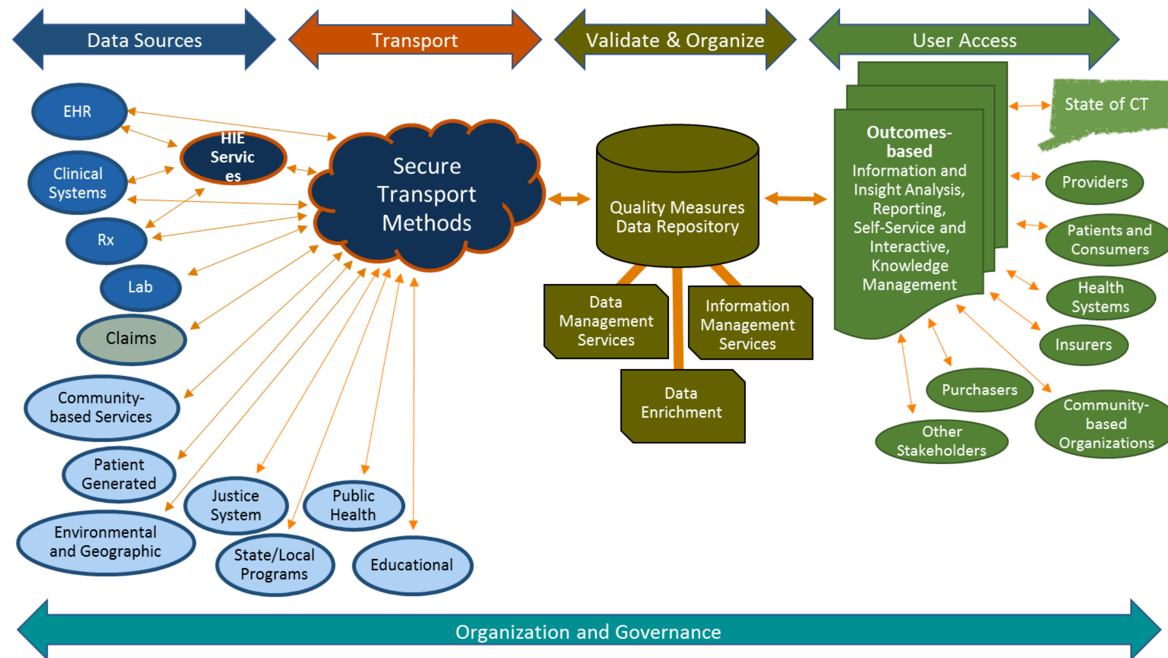
HIE provides linkages to care-giving settings to gather eCQM's, and health data access is an enabler for CHW's, CCIP, PCMH+, etc.

- ***Expand APCD:***
  - Incorporate Medicaid and Medicare data

APCD provides cost data that drives scorecards and analysis

eCQM Initiative

eCQM Design Group Concept



Core Data and Analytic Solution (CDAS)

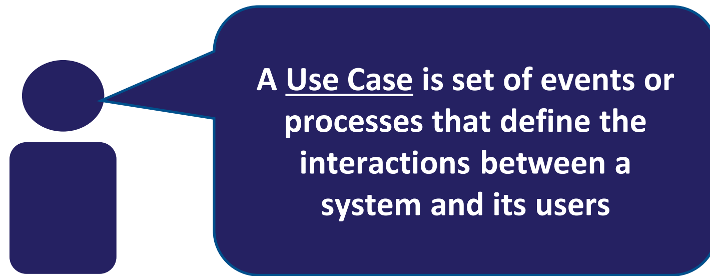
- ***Initial implementation approved by CMMI Feb 2018***

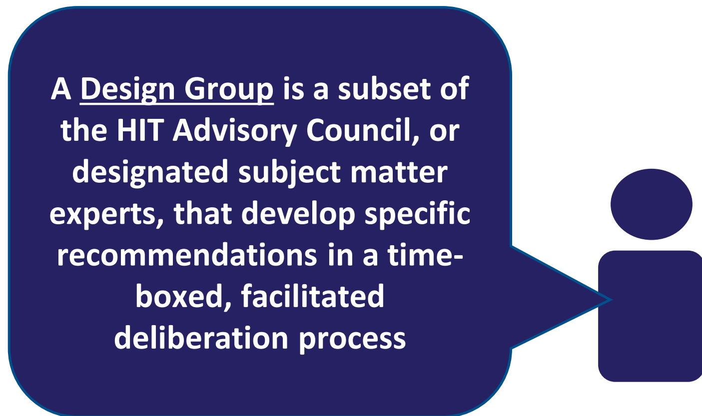
- ***Initial infrastructure available by June:***
  - Piloting with Comptroller's Office
  - Includes basic claims and clinical data

- ***Using "open" architecture:***
  - Open Source tools enables flexibility, reduces costs and avoids vendor "lock-in"
  - Anticipates integrating future data, such as APCD, health equity, etc.

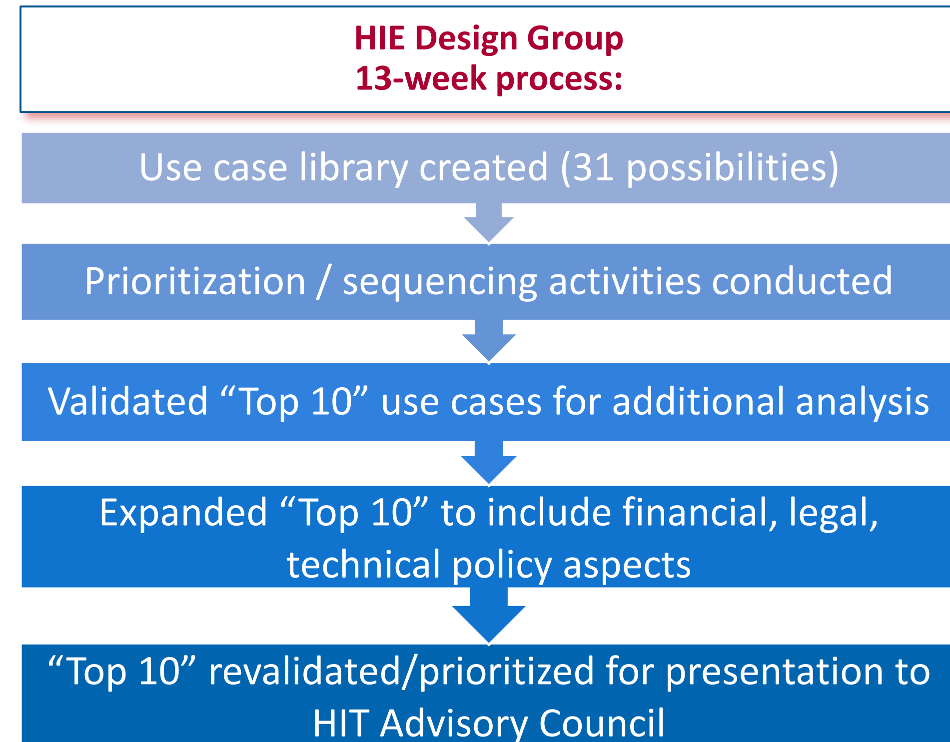
HIE Use Cases

A Design Group was convened to prioritize use cases for the Initial deployment of the HIE





HIE Design Group
13-week process:



HIT Priority Use Cases

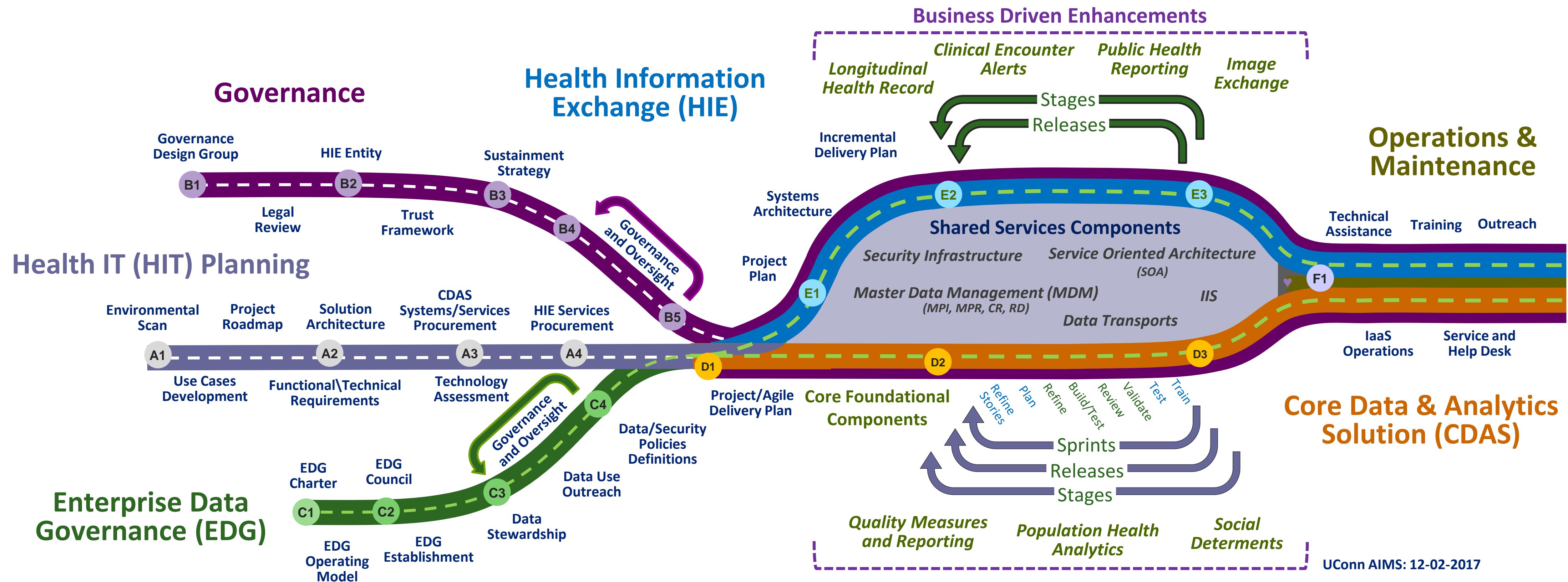
	Wave 1 Use Cases and Associated Tasks	
#1	**eCQM**	• *Procurement and implementation*
	Immunization (Submit/Query)	• *Implementation and integration with Public Health Reporting; procurement*
	Longitudinal Health Record (virtual)	• *Leverage eHealth Exchange, CareQuality, and CommonWell* • *Implement provider portal*
	Public Health Reporting	• *Assess potential to leverage/expand AIMS* • *Implement expanded data elements, onboarding, and technical assistance*
	Clinical Encounter Alerts	• *Finalize business and functional requirements* • *Procurement / contracting (including leverage existing assets)*
	Image Exchange	• *Finalize business and functional requirements*
	Wave 2 Use Cases and Associated Tasks	
#2	**Medical Reconciliation**	• *Implement program for process re-design and supporting technology*
	MOLST / Advance Directives	• *Partner with existing MOLST Task Force and Advisory Committee for assessment of technology value-add and the value of a complementary AD Registry*
	Patient Portal	• *Plan for rollout after implementation of longitudinal health record*
	Public Health Reporting	• *Plan for rollout after eCQM reporting system and required technical architecture*

"Wave 1" provide immediate value while building basic capabilities

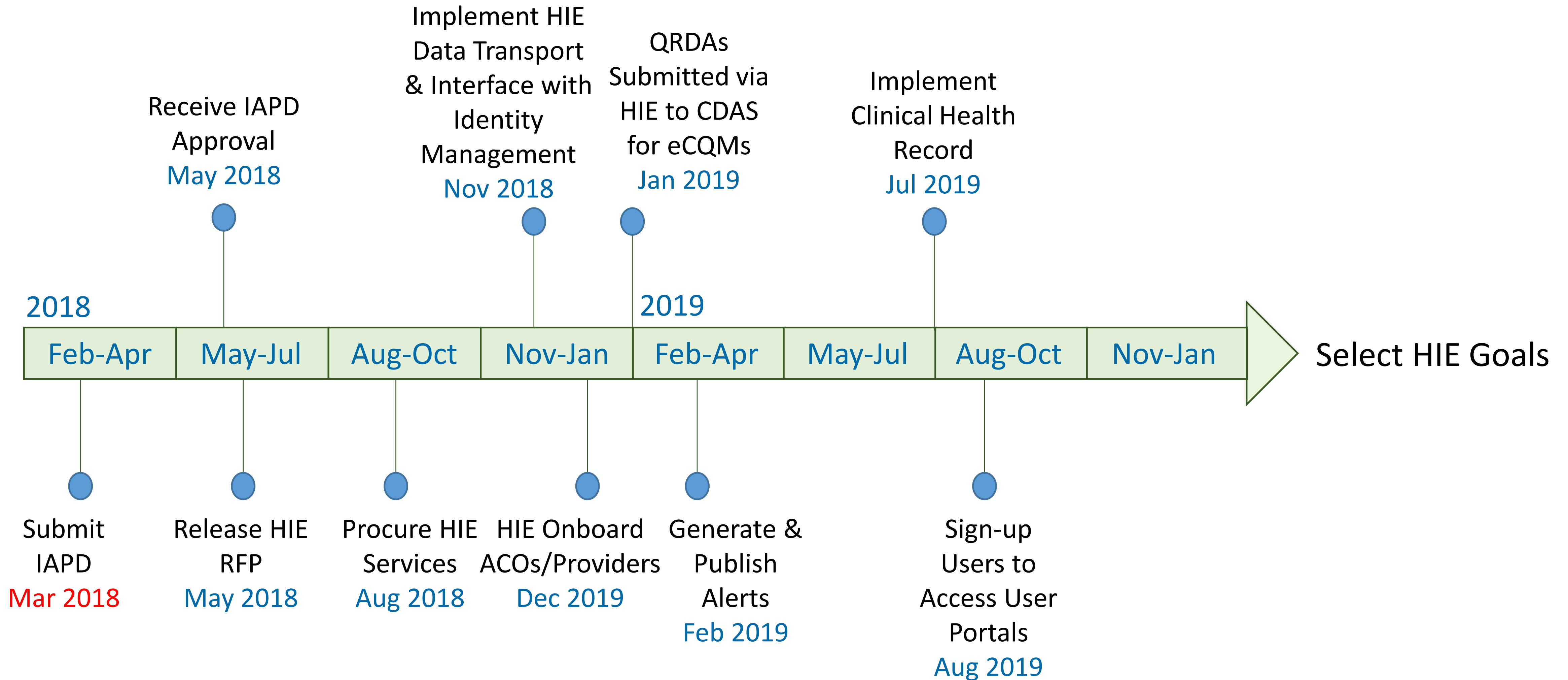
"Wave 2" are high priorities, but require prerequisite capabilities needed from "Wave 1"

HIT Roadmap – HIE and CDAS

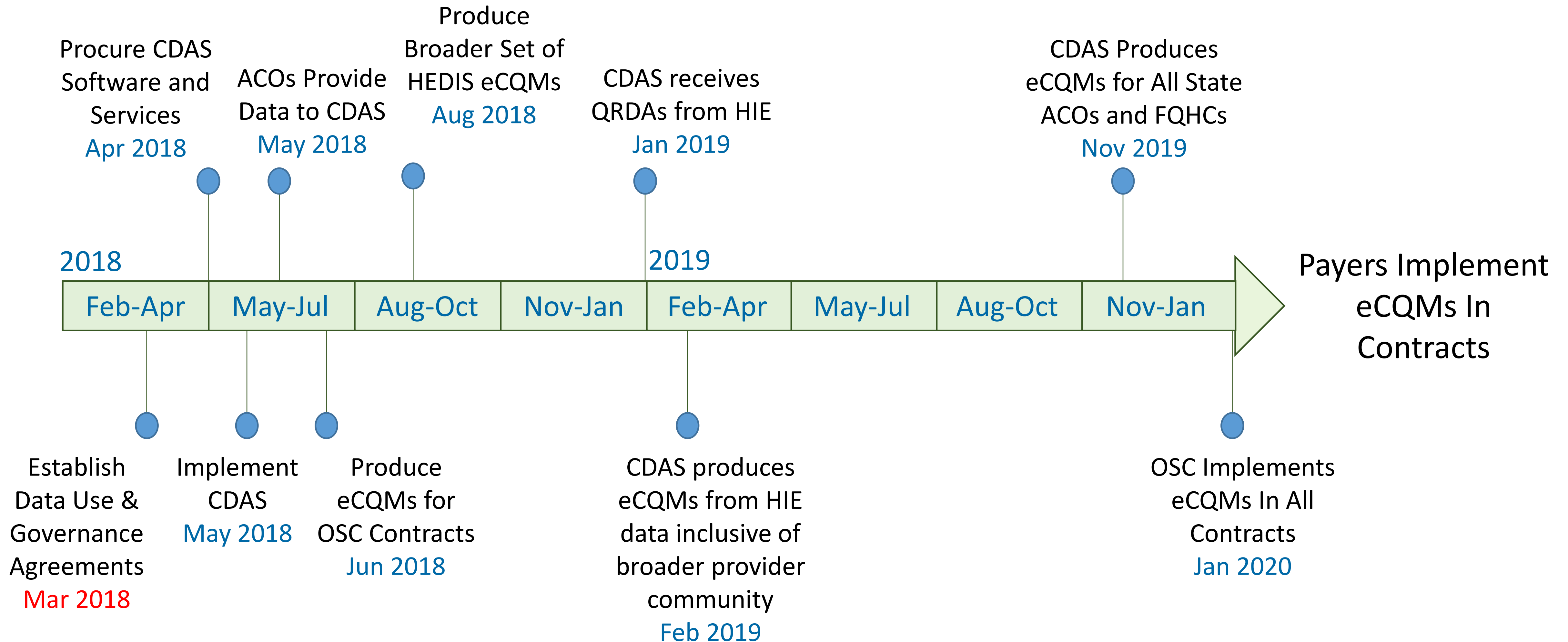
Conceptual HIE capabilities identified and incorporated into an HIT Roadmap with CDAS



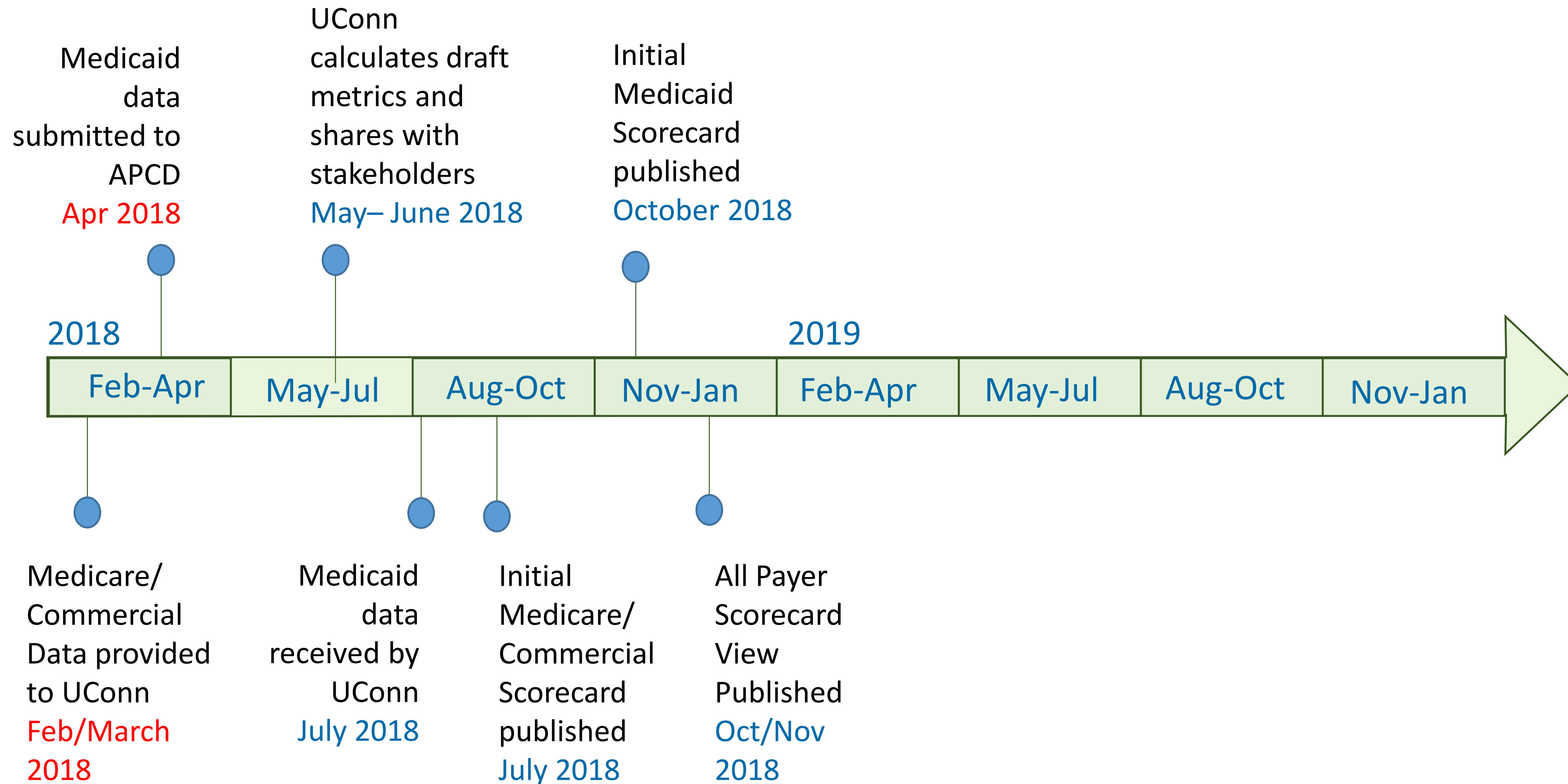
Health Information Exchange Milestones



Electronic Clinical Quality Measure Milestones



Public Scorecard Milestones



APCD Development Status

- ***Data is being released!***
  - Three releases to date:
    - UConn Health, Altarum, So. Cal. Univ.
  - Three more applications pending
- ***Medicare data received and in-process of being incorporated into the APCD***
- ***Medicaid data project initiated***

Approved SIM Funding

- ***AY3 funding for CDAS approved ($5.3M):***
  - Core infrastructure – Data repository, master data management, cloud services
  - Development services – Configuration, analytics design, data integration, project management
  - Required supporting services – Security, audit, training

- ***Procurements imminent:***
  - Exploiting state contracts for software; verifying pricing with Gartner
  - Exploiting state Microsoft Azure cloud contract

Approved IAPD Funding

- ***FY18-19 approved "planning" funding ($5.0M):***
  - Track 1: HIT PMO and Advisory – Strategy planning, support for HIT Advisory Council, APCD Advisory Group, new funding requests or updates
  - Track 2: eCQM Deployment – Deployment strategy, eCQM design, outreach
  - Track 3: HIE Services Deployment – Deployment strategy, use case technical design, procurement, outreach
  - Track 4: Sustainability – Development of sustainability model for post-construction operating expense

- ***Contracts imminent:***
  - 17 respondents to RFQ narrowed to two awardees
  - Contract for Track 1 awardee awaiting approvals
  - Contract for Track 2-4 awardee in negotiation

Pending IAPD-U Funding

- ***FY18-19 OHS "implementation" funding requested ($11.6M):***
  - HIE Technical Requirements – Define use cases to support procurement
  - Procurement – Develop and manage RFP service selection process
  - Integration Support – Technical assistance to organizations to connect and participate
  - Trust Framework and Standards – Data use agreements and governance, entity establishment

- ***FY18-19 DPH "implementation" funding requested ($3.0M):***
  - Immunizations – Deployment of new immunization system via HIE

HIE/SIM Interdependencies

- ***HIE capabilities core to scaling eCQM solution for scorecard, quality measure alignment and value-based payment programs:***
  - Expecting eCQM clinical transactions (QRDA-1's) to flow from EHR's via HIE:
    - Secure high-volume quality assurance and transport
  - Absent the HIE, point-to-point data feeds and data use agreements are required

- ***HIE deployment dependent on IAPD-U approval:***
  - 90/10 match funding requires DSS to submit IAPD-U to CMS
  - Typically 60-day approval period upon submission to CMS

- ***Status – Pending DSS review and submission:***
  - Red-lined draft submitted Dec 29, 2017 to DSS
  - Comments outlined Feb 27, 2018 to HITO
  - Target revised draft by HIT PMO by Mar 23, 2018
  - DSS requires two to four months to update State Medicaid HIT Plan
    - Required by CMS; scheduling with CMS to determine precise expectations

APCD/SIM Interdependencies

- ***APCD data release on critical path for evaluation scorecard:***
  - UConn Health needs APCD data to build scorecard
- ***APCD data delivered Feb 22, later than expected:***
  - Pathfinding – established processes for extracting data from APCD
  - Pathfinding – first MoA associated with Office of Health Strategy

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- ***Medicaid data crucial to ensuring completeness of evaluation scorecard:***
  - Medicaid data is needed to ensure completeness of all SIM programs
- ***Technical corrections in PA 17-2 enabled Medicaid to proceed:***
  - MoA covering data use in draft
  - Project manager assigned; file format for data extract decided

APCD/SIM Interdependencies

- ***Medicare data is needed in the APCD to support the Health Enhancement Community (HEC) initiative:***
  - Medicare data needed to calculate the economic value of health problems avoided
- ***Medicare data received***
- ***Proceeding with work-around to technical issue at OnPoint (APCD vendor):***
  - Volume of Medicare extract required upgrade to infrastructure to process
  - Delivered Medicare extract to UConn Health directly without APCD formatting to enable team to proceed
    - Will require remapping of data extract when APCD is loaded

Contacts

Health Information Technology Office:

Allan Hackney, Allan.Hackney@ct.gov
Kelsey Lawlor, Kelsey.Lawlor@ct.gov

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

Appendix

Abbreviations

ACO	Accountable Care Organization
APCD	All-Payer Claims Database
CDAS	Core Data Analytics Solution
CMMI	Centers for Medicare & Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
COTS	Commercial Off The Shelf
eCQM	Electronic Clinical Quality Measure
EDG	Enterprise Data Governance
FHIR	Fast Healthcare Interoperability Resources

HEC	Health Enhancement Community
HIE	Health Information Exchange
IAPD	Implementation Advanced Planning Document
IIS	Immunization Information System
MoA	Memorandum of Agreement
PACS	Picture Archiving and Communication Systems
QRDA	Quality Reporting Document Architecture
RFP	Request for Proposal
SOA	Service Oriented Architecture

Connecticut State Innovation Model Health Enhancement Community Initiative

Health Innovation Steering Committee Planning Kick-Off
March 8, 2018
3:00 pm – 5:00 pm

Health Management Associates

OUR FIRM

A leading national independent health and healthcare consulting firm

Work with stakeholders to design and lead multi-sector health transformation initiatives

Expertise in developing and implementing complex analytic economic models

Airam Actuarial Consulting, LLC, a woman-owned business, with experience with CT's Medicaid program

HMA Team

+ HMA CORE TEAM

Cathy Homkey
Principal
New York

Hope Plavin
Senior Consultant
Albany

Deborah Zahn, MPH
Principal
Albany

Ellen Breslin
Principal
Boston

Tom Dehner, JD
Managing Principal
Boston

Cara Henley
Senior Consultant
Albany

+ HMA SUBJECT MATTER EXPERTS

David Bergman, MPA
Principal
New York

Liddy Garcia-Bunuel
Principal
Washington, DC

Kathleen Ciccone, DrPH, RN, MBA
Principal
Albany

Dorothy Teeter
Principal
Seattle

Cathy Kaufmann
Principal
Portland

Lori Coyner
Principal
Portland

Carol Bruce-Fritz
Principal
Denver

+ OTHER SUBJECT MATTER EXPERTS:

- Airam Actuarial
- Social Finance

Purpose of Discussion

- Discuss Health Enhancement Community (HEC) Initiative planning, including:
  - Goals
  - Outcomes
  - Roles
  - Process and timelines
- Share input on the process and what is critical for success

Health Enhancement Community Initiative

Focuses on creating the conditions that promote and sustain cross-sector community-led strategies focused on prevention.

Provisional definition to begin the planning process.

- A Health Enhancement Community is:
  - Accountable for health, health equity, and related costs for all residents in a geographic area;
  - Uses data, community engagement, and cross sector activities to identify and address root causes; and
  - Operates in an economic environment that is sustainable and rewards communities for health improvement by capturing the economic value of improved health.

Aligns with health improvement work already underway in communities, previous and current SIM work, and adds sustainability and scale focus.

Many components of the HEC definition are intentionally undefined to accommodate a thoughtful, community-driven planning process.

Outcome of the HEC Initiative Planning Process

- A plan that details:
  - Key, logical, realistic, and actionable components of the HEC initiative;
  - Strategies for implementing and sustaining HECs throughout the state; and
  - Evidence of the economic benefit of HECs.

Envisioned Core Elements for HECs

Multi-Sector Partnerships

- Strong buy-in from a diverse set of stakeholders.[1]
- Clarity regarding roles and responsibilities.
- Sound governance structure.[2]
- Effective communication strategy. [3]
- Lever opportunities presented by providers and payers in the health care sector. [4]

Health Improvement Activities

- Defined goals and objectives.[3]
- Planning and priority setting.
- Community Health Improvement Plan.[2]
- Targeted population.
- Coordinated root cause prevention.

Process and Outcome Measures

- Systems for reliable and valid data.[5]
- Selection and use of measures to meet accountability and performance targets.
- Community Health Needs Assessment and asset mapping process.[6]
- Social determinants of health data for vulnerable populations.[7]

Sustained Funding Mechanisms[5,6]

- Sustainable funding model that supports ongoing cross-sector activities.
- Reliable revenue streams to cover the full cost of partnership.
- Rewards investors proportionate to the economic value of health improved.

Economic Benefits of the HECs

The Economic Benefit Model will quantify the myriad economic benefits of what the HECs do.

Key aspect of HEC Initiative is being able to measure specific economic benefits and where they accrue to assess success and to develop investment strategies

HMA will develop an *analytical model and a actuarial tool* with Airam Consulting to inform the sustainability approach of the HEC model including:

- Impact of the HECs on Medicare and other payers, which will be used to pursue a federal partnership
- Impact of the HECs on the economy, which will inform other implementation and sustainability strategies

Social Finance

Social finance refers to investment mechanisms that generates financial returns to implement and/or sustain social impact.

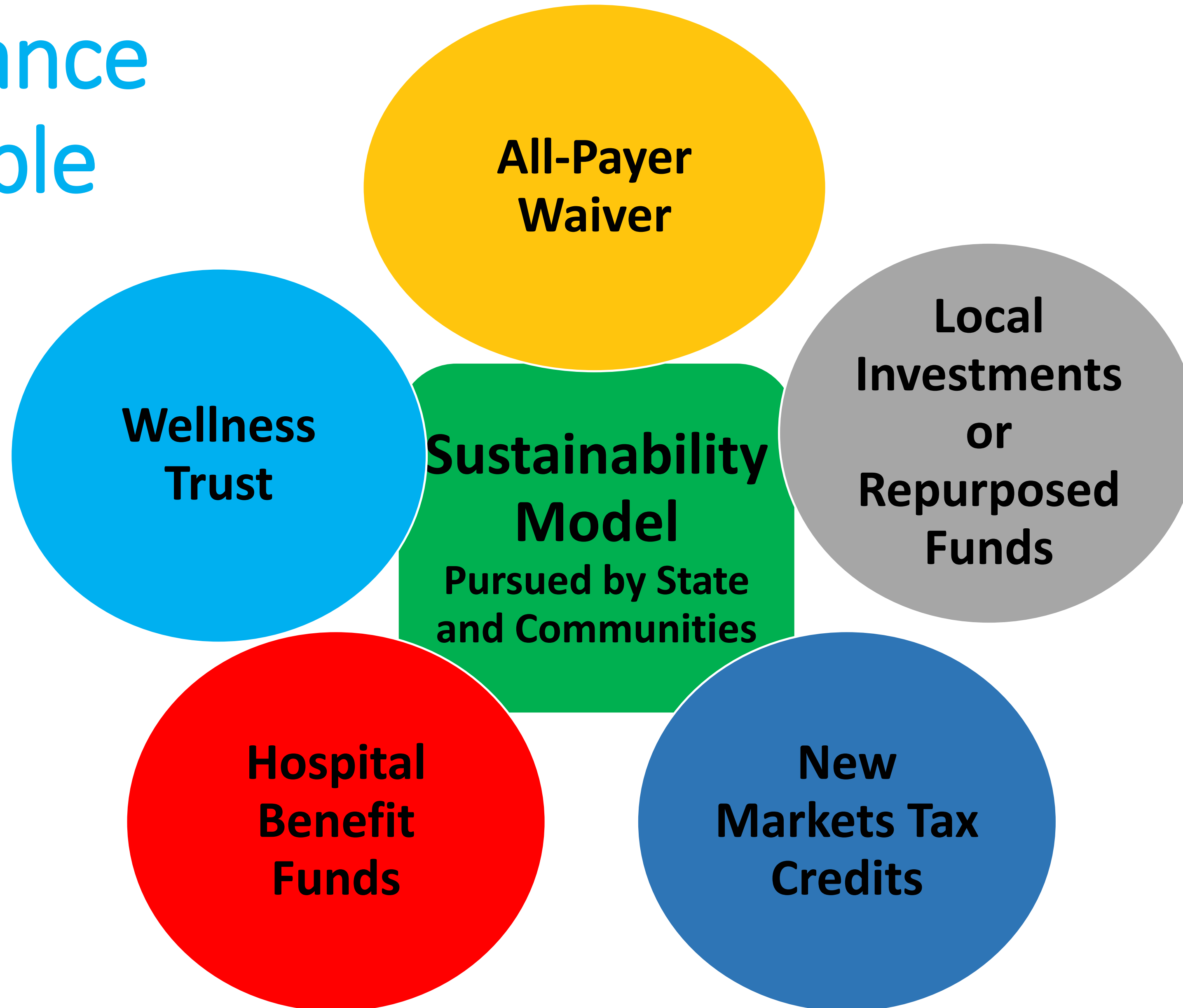
Key aspect of HEC Initiative is developing social finance approaches

- Not just another project that goes away when the money does

- All-payer waiver
- Blending and braiding federal, state and local funds
- Capture and reinvest
- Community benefit financial institutions
- Hospital Community Benefit

- Prevention escrow account
- Low-income housing tax credits
- New Markets Tax Credit
- Pay for Success/Social Impact Bonds
- Wellness Trust
- Captive insurance

Social Finance Mix Example



* For illustrative purposes only.

Key Roles

Office of Health Strategy/SIM and Department of Public Health

Jointly administer and lead initiative

Healthcare Innovation Steering Committee and Population Health Council

Provide input and guidance throughout the process

Reference Communities and Other Stakeholders, including Consumers

Provide recommendations and community-specific solutions to support HEC planning

HMA

Provide planning support and subject matter expertise to develop strategy and draft summary report and plan

Reference Communities

- Soliciting at least 3 multi-sector community health collaboratives—called *Reference Communities (RC)*—selected through an RFP process to work with the State in planning for a new HEC Initiative
- RCs will work closely with the State for 7 months to provide recommendations and community-specific solutions to support development of an actionable HEC strategy
- Prefer collaboratives that have a broad array of engaged partners and that can demonstrate readiness and commitment to do this work
- HMA will provide tools, facilitation, coaching, and other support

Reference Community Engagement

- Reference Communities will be asked to imagine that they will become an HEC and develop plans to inform HEC strategies and components
- HMA developed a framework to guide the engagement and planning process
- It includes:
  - Questions across multiple dimensions that will be answered in partnership with the State
  - What they can do or use to enable them to answer that question
  - What we will produce after they answer the questions
- *Discuss use of the framework*

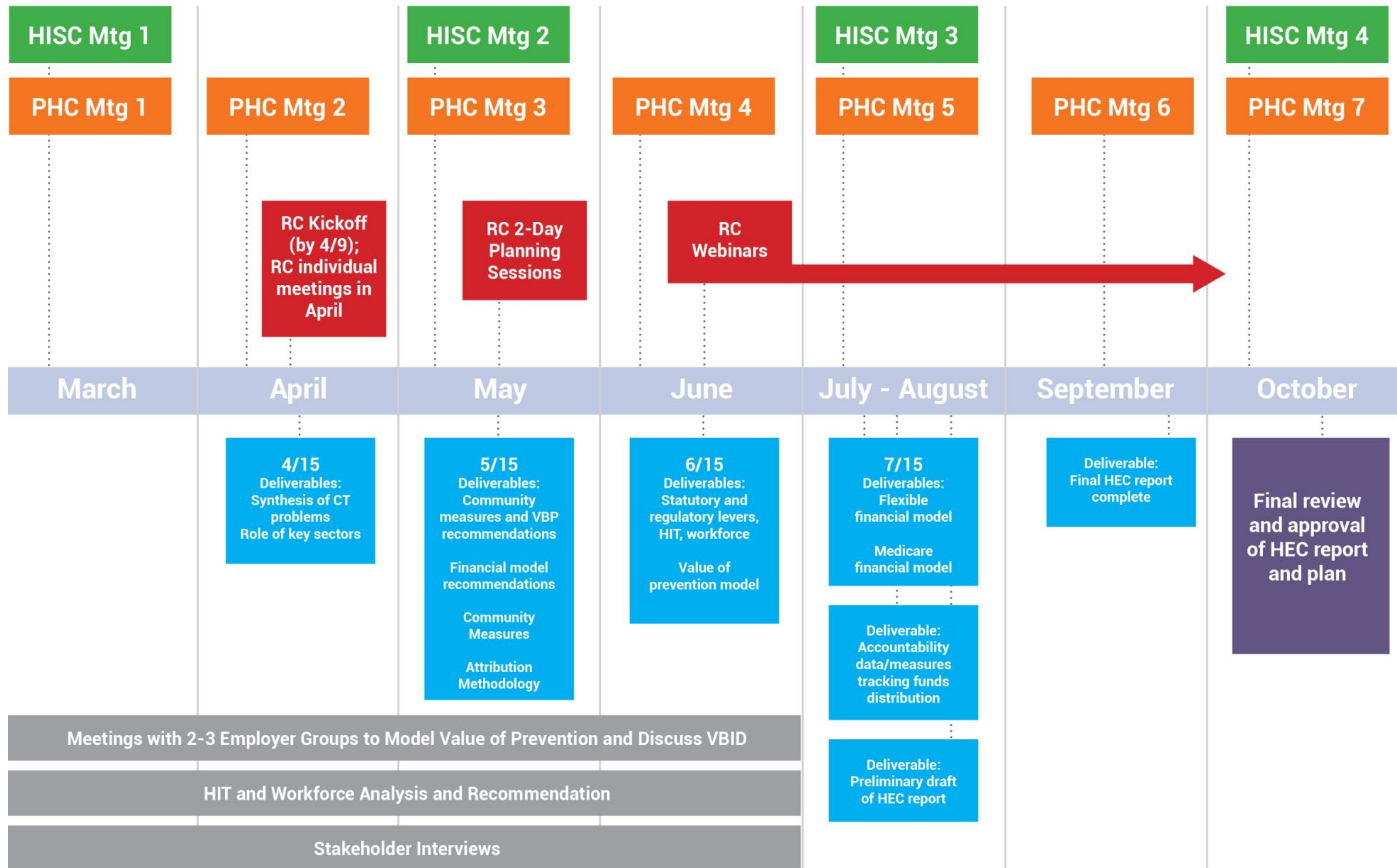
EXAMPLE: Reference Community Health Improvement Priorities

- QUESTION: What are the biggest 3-5 health problems that you would prioritize for the next 3, 5, and 10 years?
- Assess and pick priorities using defined criteria

- Is the problem preventable?
- How many people in your community are directly or indirectly effected?
- Is problem or risks associated with the problem increasing?
- How bad are the health outcomes of the problem?
- How costly are the poor outcomes and who pays those costs?
- Are there evidence-informed strategies that show positive outcomes or promise of good outcomes?
- Can we can do something to improve outcomes and reduce costs?
- Can we make significant improvements in 3, 5, and 10 years?
- Are there existing resources available to support solutions?
- How likely is it that we can sustain solutions with existing resources?
- How likely is it that we can sustain solutions with new lasting resources?
- What interests community members most?

Reference Community Framework

- Discuss feedback on the framework
  - Any gaps?
  - Any feedback on using it with Reference Communities?



HISC Mtg 1
HISC Mtg 2
HISC Mtg 3
HISC Mtg 4
PHC Mtg 1
PHC Mtg 2
PHC Mtg 3
PHC Mtg 4
PHC Mtg 5
PHC Mtg 6
PHC Mtg 7
RC Kickoff (by 4/9); RC individual meetings in April
RC 2-Day Planning Sessions
RC Webinars
March
April
May
June
July - August
September
October
4/15 Deliverables: Synthesis of CT problems Role of key sectors
5/15 Deliverables: Community measures and VBP recommendations
Financial model recommendations
Community Measures
Attribution Methodology
6/15 Deliverables: Statutory and regulatory levers, HIT, workforce
Value of prevention model
7/15 Deliverables: Flexible financial model
Medicare financial model
Deliverable: Accountability data/measures tracking funds distribution
Deliverable: Preliminary draft of HEC report
Deliverable: Final HEC report complete
Final review and approval of HEC report and plan
Meetings with 2-3 Employer Groups to Model Value of Prevention and Discuss VBID
HIT and Workforce Analysis and Recommendation
Stakeholder Interviews

DISCUSSION: Success Factors

- Discuss what is critical for the success of this process

Adjourn