OHS CONNECTICUT Office of Health Strategy

Healthcare Innovation Steering Committee

April 12, 2018

Meeting Agenda

1. Introductions/Call to Order	5 min
2. Public Comment	10 min
3. Approval of the Minutes	5 min
4. HIT: IAPD-U Submission	15 min
5. Quality Measure Alignment	30 min
6. Community and Clinical Integration Program	45 min
a. Program Progress	
b. Streamlined Standards & Approach	
7. Population Health Council Composition Recommendation	5 min
8. Consumer Representation Recommendations- CAB and QC	5 min
9. Adjourn	

Introductions/Call to Order

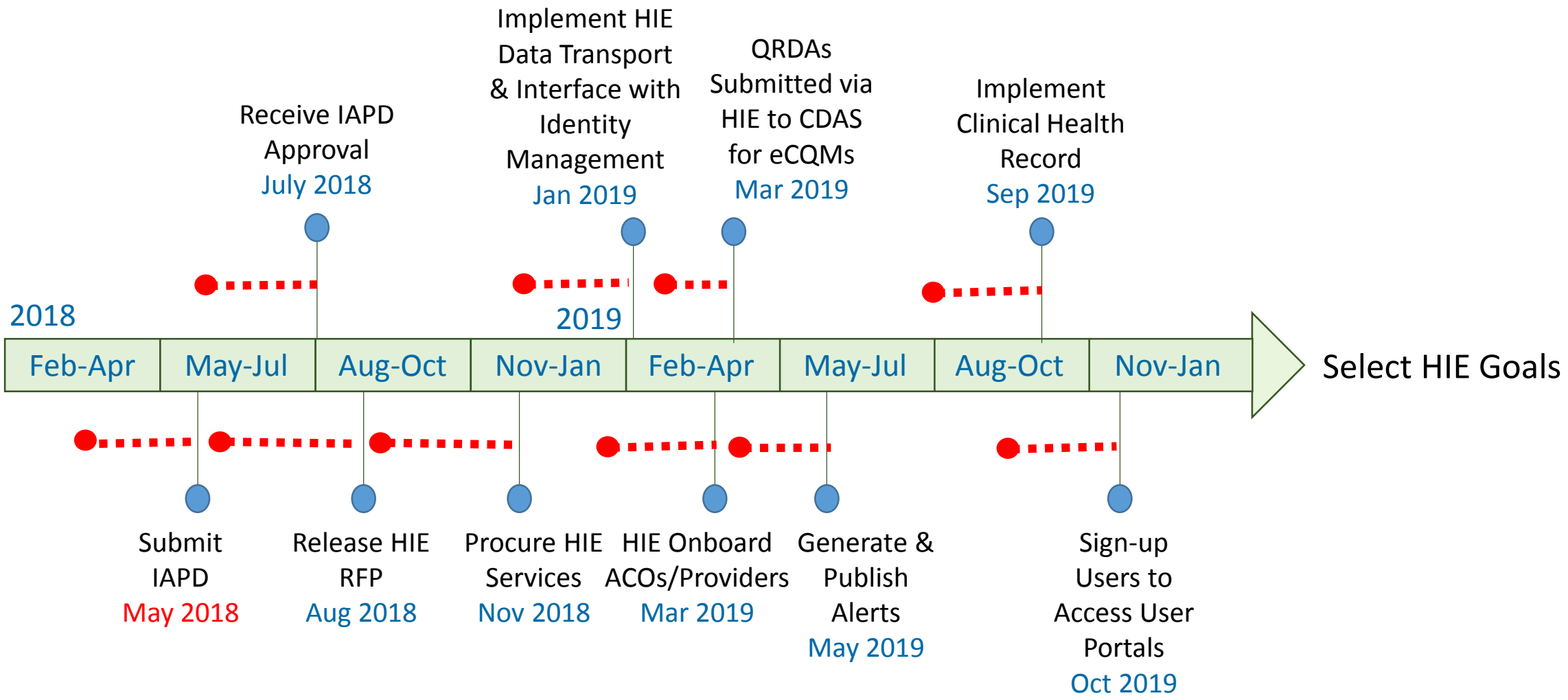
Public Comment

2 minutes per comment

Approval of the Minutes

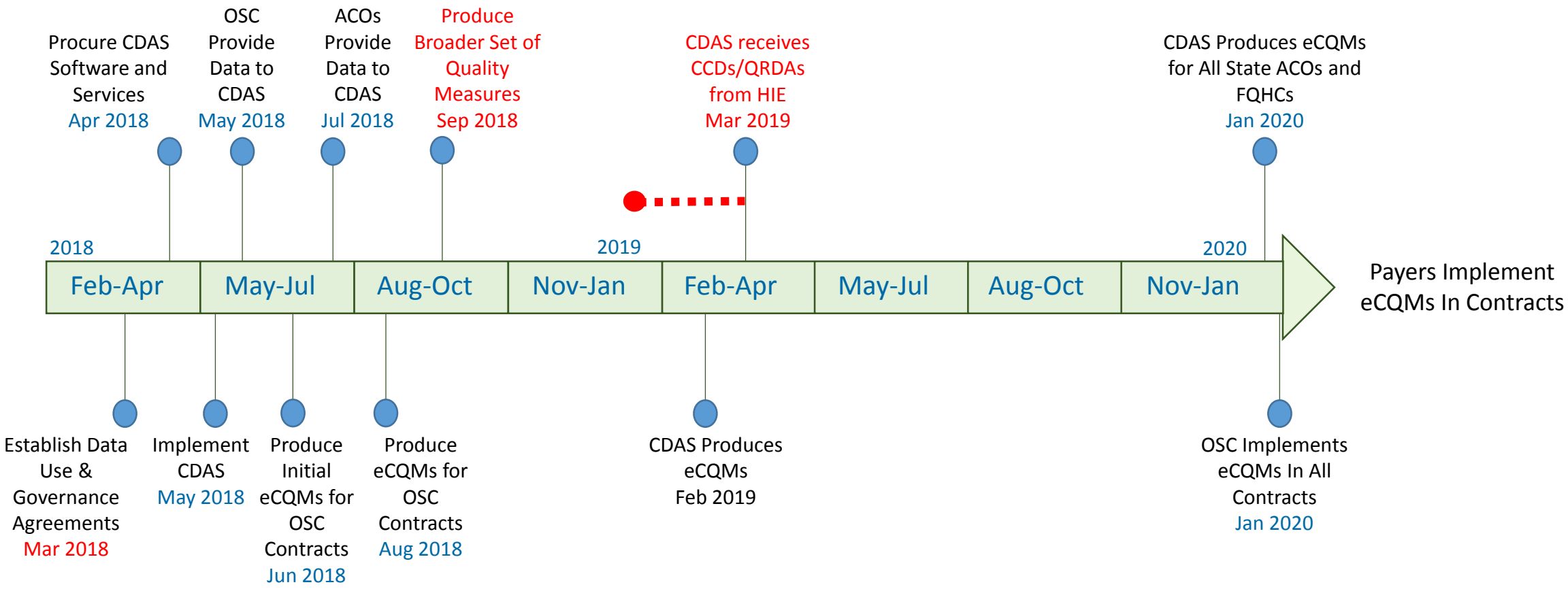
HIT: IAPD-U Submission

Health Information Exchange Milestones- Update

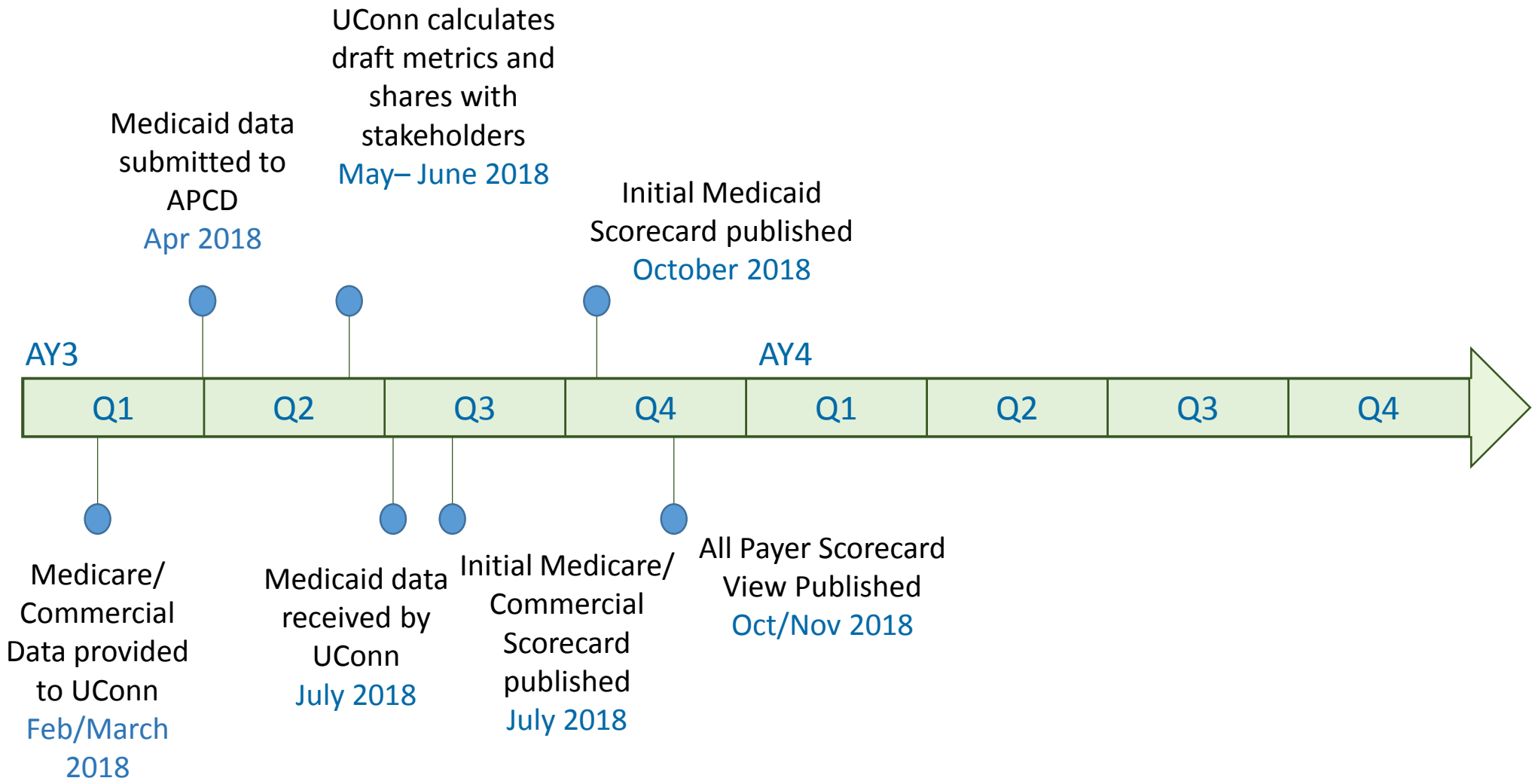


NB: Timeline assumes a two-phased IAPD/SHMP update approach discussed with DSS Mar 26

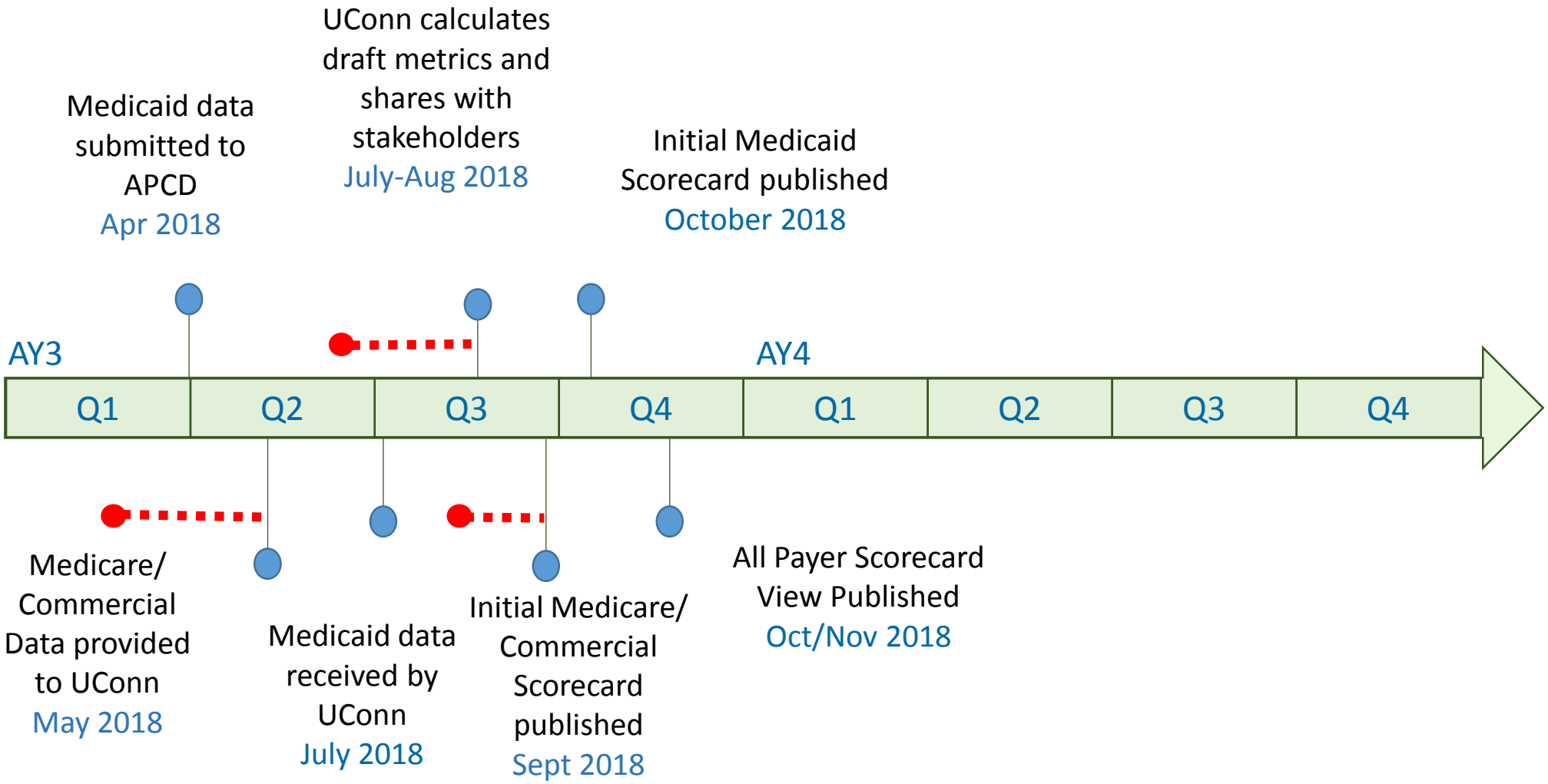
eCQM's Milestones



Public Scorecard Milestones



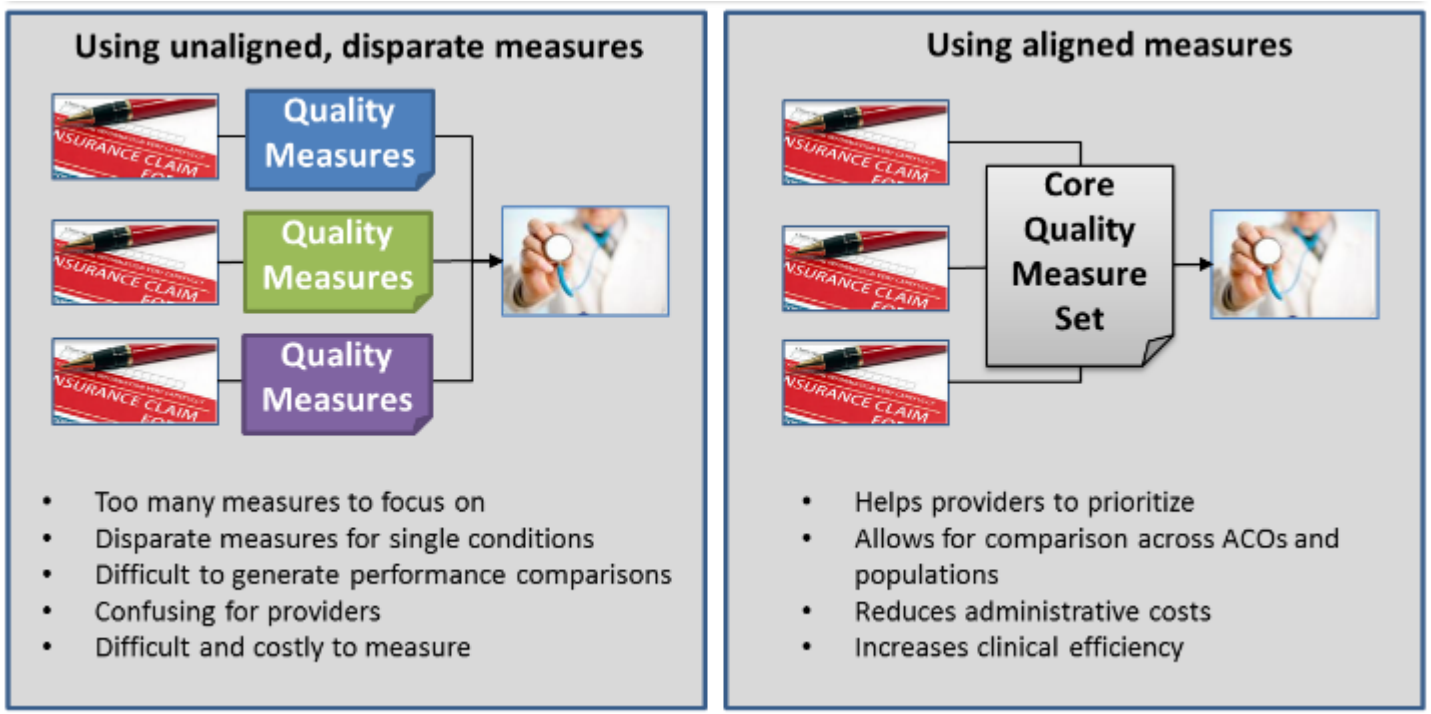
Public Scorecard Milestones - Update



Quality Measure Alignment

CT SIM All Payer Quality Measure Alignment - Refresh

- Recommended Core Measure Set October 2016
- Encouraged payers to use as a reference when developing their quality measurement strategy and negotiating value-based payment contracts
- 31 Core Measures:
  - 17 Claims
  - 13 EHR
  - 1 Patient Experience (CAHPS)
- Quality Council conducted review and update of Core and Reporting measures in Fall 2017



CT SIM All Payer Quality Measure Alignment - Status

2015 All Payer Alignment*	
Alignment Score w/o Medicaid	53.33%
Alignment Score w/ Medicaid	48.33%

2016 All Payer Alignment	
Alignment Score w/o Medicaid	60.42%
Alignment Score w/ Medicaid	54.69%

Precent Change	
Change in Score w/o Medicaid	7.09%
Change in Score w/ Medicaid	6.36%

SIM Target: **75% alignment** across health plans on core quality measure set

- Current focus is only on claims-based measures
- Only four payers participated in the 2016 survey
- All of the three commercial payers who submitted in 2015 and 2016 added at least one measure from 2015 to 2016

*recalculated to include only 3 plans that reported for both survey years

Why so little alignment?

- RTI Report – alignment of commercial payers has been limited nationally
- Notably, Connecticut has had good adoption around shared savings payment model…five of six payers have adopted this model to some extent
- Alignment on quality measures is more limited
  - Alignment takes time, this assessment occurred within a year after the Core Measure Set was established
  - Harmonization can also be perceived as conflicting with the need to distinguish oneself competitively in the market
  - Most of Connecticut's payers are national; these payers focus on efficiency and alignment with their own national measure set

Options for promoting alignment

- Launch of Public Scorecard planned for late spring/early summer of 2018
- The scorecard which is inclusive of SIM measures will raise public profile and may stimulate increased interest in alignment

- OHS could actively market the Core Measure set to the Advanced Network community

Options for promoting alignment

- Take the long view…
- Focus on alignment with newly emerging eCQM measures as these are produced by CDAS on behalf of all payers

- Use new levers?
  - Access Health Connecticut
  - Legislation

- Potentially focus on alignment as a feature of Primary Care Modernization

Community and Clinical Integration Program

CCIP Program Progress

Purpose of the CCIP & CCIP Standards

- CCIP was designed to support Advanced Networks and FQHCs in the development and implementation of network-wide capabilities to improve primary care
- CCIP was envisioned to complement PCMH+ and other shared savings programs by focusing on capabilities that could lead to improvements in key shared savings program measures

CORE STANDARDS

- Comprehensive Care Management
- Health Equity Improvement
- Behavioral Health Integration

ELECTIVE STANDARDS

- Comprehensive Medication Management
- Oral Health Integration
- E-Consults

CCIP Strategy

During Wave 1, our CCIP Strategy was to provide technical assistance and transformation award funding to the three Participating Entities: Community Health Center, Inc., Northeast Medical Group, and the Value Care Alliance.

Technical Assistance

- Initial Readiness Assessments
- Development of Transformation Plans
- Quarterly Reassessments & Updates to the Transformation Plans
- Regular Meetings with Qualidigm and the SIM PMO
- In-person Learning Collaboratives focused on Core Standards
- Online Learning Management System-Educational Resources

Transformation Awards

- Community Health Workers
- Behavioral Health Specialists (Social Worker & LCSW)
- Program Coordinators
- eConsults Support including CCMC, UConn HDI, and SafetyNet Connect
- HIT Investments
  - PatientPing
  - SymphonyRM
  - Himformatics

CCIP Progress

Comprehensive Care Management

Identify and Assess

Identify Individual with complex health care needs

Conduct Person-Centered **Assessment**

Plan and Execute

Develop Individualized **Care Plan**

Establish Comprehensive **Care Team**

Execute Individualized Care Plan

Monitor and Evaluate

Assess individual readiness for **self-directed care**

Monitor individual need to reconnect with care team

Evaluate and improve intervention

CCIP Progress

Comprehensive Care Management

Areas of Success:

- Identifying Individuals with Complex Needs
- Conducting Person Centered Assessments
- Establishing Comprehensive Care Teams
- **The Integration of Community Health Workers into Care Teams**

Emerging Areas:

- Developing and Fully Implementing Individualized Care Plans
- Ensuring BH Specialists are part of Care Teams
- Monitoring Individuals to Reconnect with the Care Team
- Evaluating and Improving the Effectiveness of the Intervention

CCIP Progress

Health Equity Improvement Part 1

Collect and Analyze

Expand collection, reporting, & analysis of demographic data

Identify and prioritize opportunities to reduce healthcare disparities

Implement

Implement CHW intervention to address identified disparity

Evaluate

Evaluate the intervention

CCIP Progress

Health Equity Improvement Part 1

Areas of Success:

- Designating Teams within each Participating Entity to work on Health Equity Strategy
- **Beginning to identify granular race/ethnic categories to capture in EHR**
- Beginning to adapt workflows to capture granular race/ethnic categories

Emerging Areas:

- Fully Implementing the collection of granular race/ethnicity across network
- Implementing analytics that distinguish performance on different subpopulations (race/ethnic, SOGI, etc.)
- Launching Health Equity Pilot

CCIP Progress

Behavioral Health Integration

Identify

Identify individuals with behavioral health needs

Treat

Conduct on-site assessment and treatment

or

Refer to Behavioral Health Specialist

Communicate with Behavioral Health Specialist on treatment status

Evaluate

Track outcomes for identified individuals

CCIP Progress

Behavioral Health Integration

Areas of Success:

- Screening and identification of individuals with Behavioral Health Needs

Emerging Areas:

- Addressing Behavioral Health needs through referrals or internal team
- Tracking behavioral health outcomes/ improvement for identified individuals

Streamlined CCIP Standards

Technical Assistance Strategy

Technical Assistance, Learning Collaboratives, Community Health Collaboratives,

- For discussion:
  - Technical Assistance
  - Learning Collaboratives
  - Community Health Collaboratives

Explanation of Changes

Overall Changes for the Core Standards

- Right-sized the provisions to focus on the practicable, feasible, verifiable and sustainable within the time available and within the limitations of the current payment environment
- Revised all provisions to be concise
- Reduced duplication and overlap
- Adjusted language to active voice
- Distinguished the two requirements of the Standards - establishing a network-wide policy and practice-level implementation
- Identified process measures
- Added graphics

Explanation of Changes

Comprehensive Care Management

- Removed descriptive information related to Comprehensive Care Team functions
- Reinforced requirement that the Comprehensive Care Team include a CHW and a Behavioral Health Specialist
- Removed requirement for the Comprehensive Care Team to include other members
- Reduced detail related to the Comprehensive Care Team Meetings

Explanation of Changes

Health Equity Improvement Part 1

- Require the collection of Sexual Orientation and Gender Identity (SOGI) data, rather than recommend
- In the analysis of measures, added clarification to stratify by SOGI, rather than recommend
- Removed “Other Organizational Requirements” as they are duplicative of PCMH+ requirements

Explanation of Changes

Health Equity Improvement Part 2

- Added detail to promote culturally informed and health literacy sensitive methods of patient engagement, treatment, support, and education
- Removed the requirement for a “CHW Field Supervisor”, but added a requirement to “Establish appropriate supervision for CHW”

Explanation of Changes

Behavioral Health Integration

- Added clarification that screening should be completed for all patients
- Removed anxiety and trauma screening requirement
- Added clarification that standardized and validated screening tool be used for substance abuse

United States Prevention Services Task Force

- **What is USPSTF?**
  - USPSTF decides on topics and guidelines regarding relevance to prevention and primary care, importance for public health, potential impact of recommendations and whether there is new evidence that may change current recommendations
  - Assigns letter grade based on strength of evidence, balance benefits and harms
  - Does NOT consider costs
  - Evaluates services only offered in primary setting or referred by PCP

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

United States Prevention Services Task Force

- **What does USPSTF have to say about behavioral health screening?**
  - Currently assigns grade of **B** to unhealthy alcohol use screening (ages 18+)
  - Currently assigns grade of **B** to depression screening (ages 18+)
  - Assigns a grade of **I (Insufficient)** to illicit drug use screening
  - Screening for trauma and anxiety receive no grade in final recommendations
  - For details regarding the USPSTF assessment go to:

https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/drug-use-illicit-screening

Population Health Council Composition Recommendation

Population Health Council Composition Recommendation

We propose adding a Population Health Council member representing the Connecticut Health and Educational Facilities Authority (CHEFA).

The Connecticut Health and Educational Facilities Authority provides Connecticut's nonprofit institutions access to low cost financing in the public municipal markets. Formed in 1965, CHEFA currently has in excess of $8.4 billion in bonds outstanding. Hospitals, institutions of higher education, independent schools, childcare providers, cultural institutions, and human service providers have benefited from this financing to expand their physical plant and equipment and increase services to their clients.

More information: https://www.chefa.com/

Quality Council and CAB Consumer Representative Recommendations

QC and CAB Consumer Representative Recommendations

Quality Council:

- **Susan Kelley**
- Alternates: **Maria Guerrero** and **Polly Silva**

Consumer Advisory Board:

- Young Adult Consumer Representatives: **Kelly Ray** and **Jason Prignoli**
- Adult Representative: Solicitation to be extended

Adjourn