



CONNECTICUT
Office of Health Strategy

Healthcare Innovation Steering Committee

August 9, 2018

Meeting Agenda

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|---|--------|
| 1. Introductions/Call to Order | 5 min |
| 2. Public Comment | 10 min |
| 3. Approval of the Minutes | 5 min |
| 4. Payment Reform Council Charter and Composition | 15 min |
| 5. Value Based Insurance Design Updated Templates | 25 min |
| 6. Adjourn | |

Introductions/Call to Order

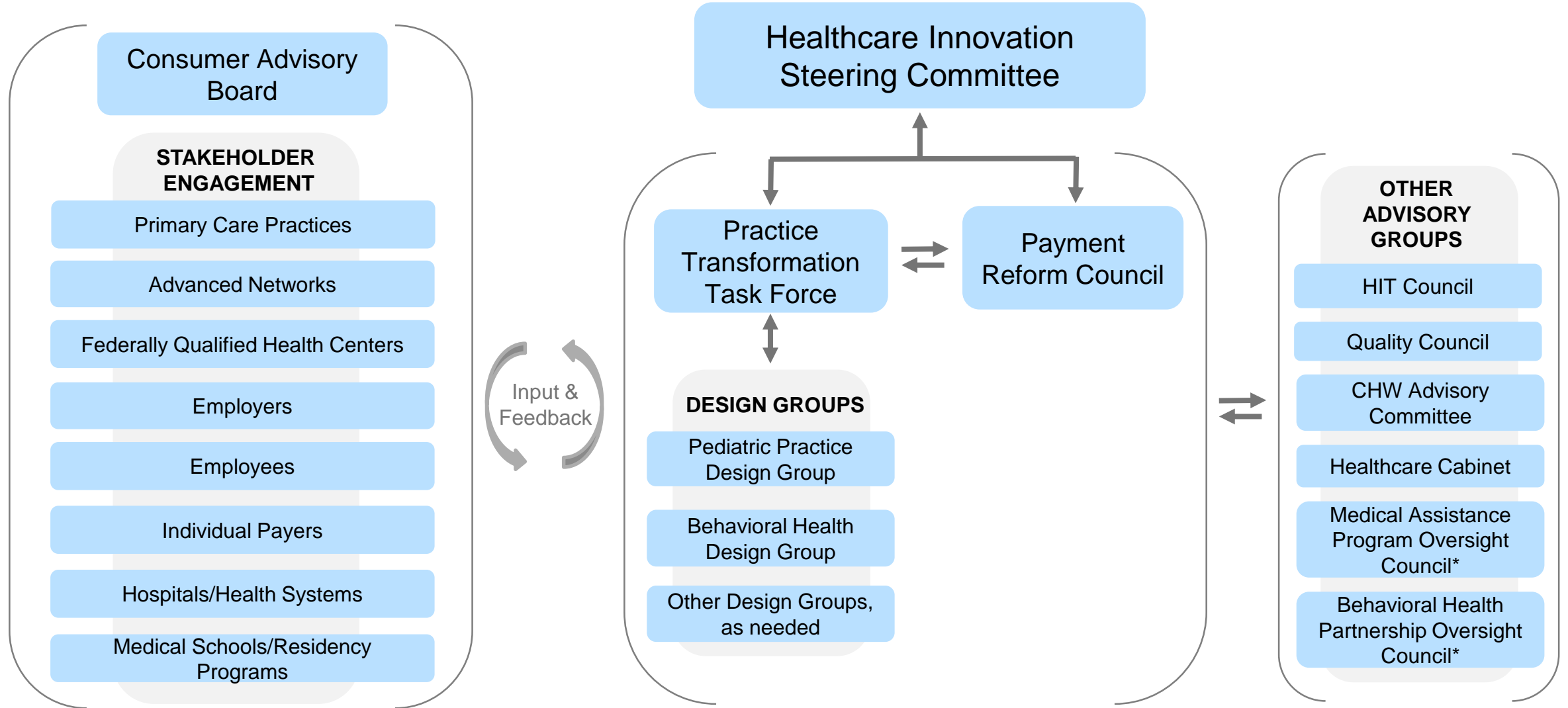
Public Comment

2 minutes per comment

Approval of the Minutes

Payment Reform Council Charter and Composition

Primary Care Modernization Advisory Process

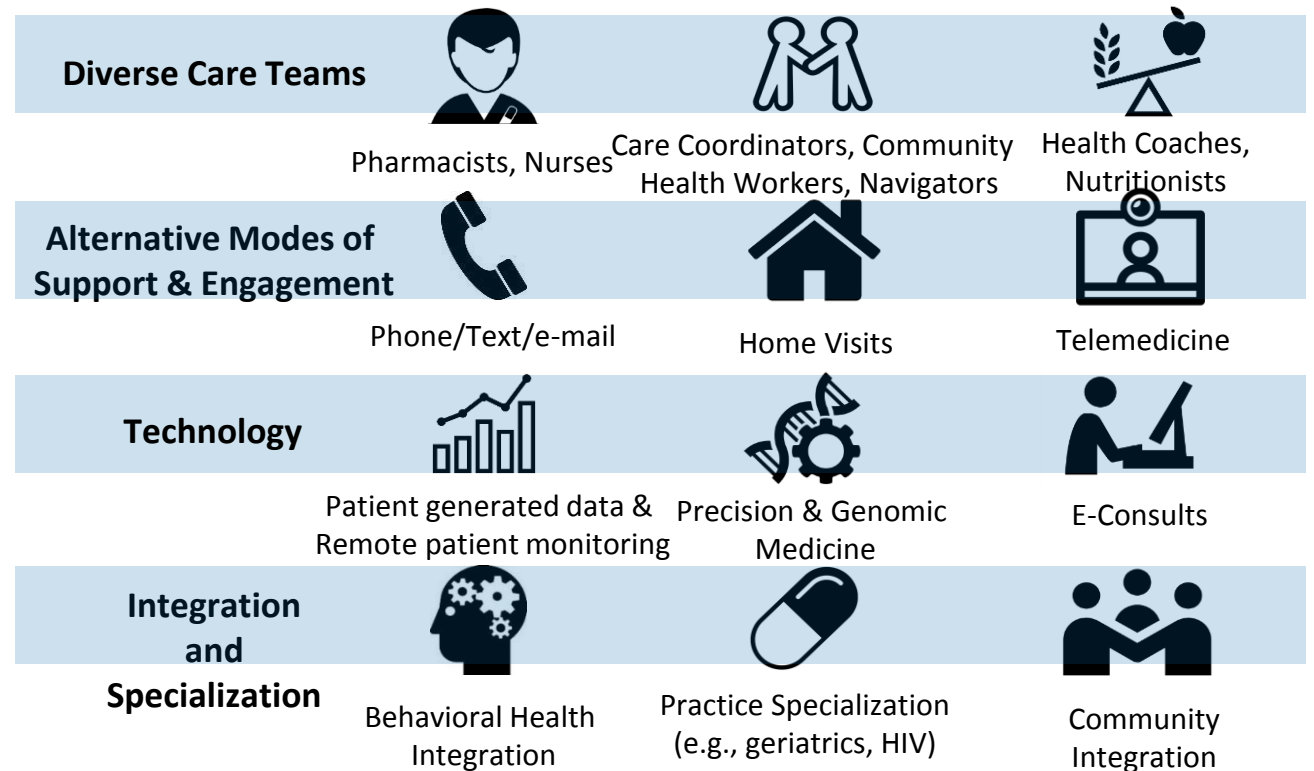


*Pending DSS initiated collaboration agreement

July 2018 – December 2018

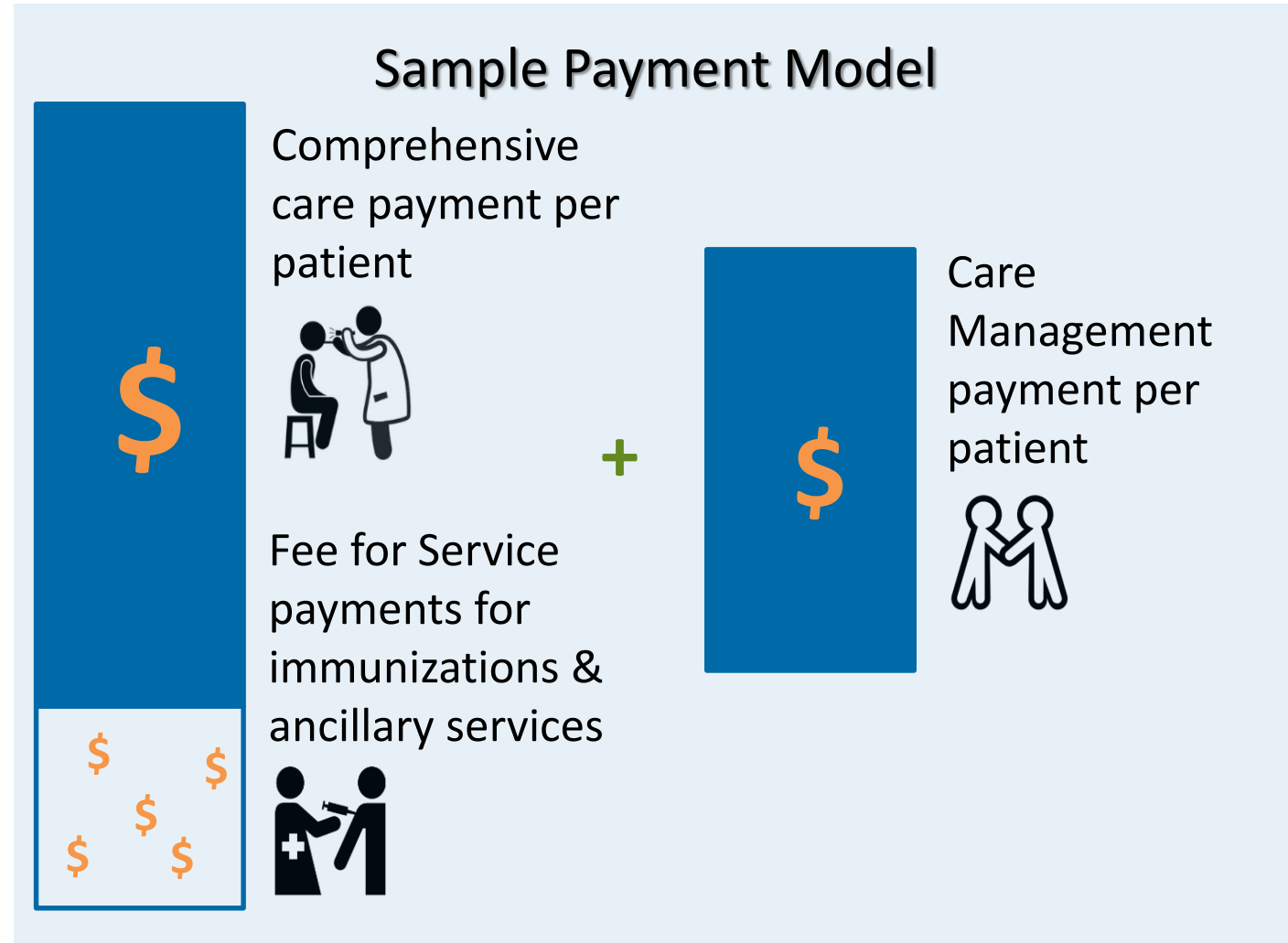
Primary Care Modernization: Payment Reform Council

Goal: Develop payment model options that increase flexibility to make primary care more convenient, community-based and responsive to the needs of patients.



Workplan/Topics

- Meet four times between September and November
- Develop approach to payment components such as:
 - Bundle components
 - Minimum alignment requirements for non-MSSP practices
 - Considerations for FQHCs
 - Methods for identifying and addressing under-service and patient selection



Proposed Payment Reform Council Membership

Representing	Qualifications
1. Payer	Commercial, experience in alternative payment models
2. Payer	Commercial, experience in alternative payment models
3. ACO	Hospital-anchored, experience in contracting, shared savings arrangements
4. ACO	Non-hospital based, experience in contracting, shared savings arrangements
5. Office of State Comptroller	State representative
6. Medicaid	State representative

Representing	Qualifications
7. FQHC	Experience with PCMH+ or other shared savings arrangement
8. FQHC	Experience with PCMH+ or other shared savings arrangement
9. Provider	Clinician with experience in ACO model, and at least one of the following: Behavioral health Long term social supports/post-acute communities Social determinants, health equity
10. Consumer	Experience in alternative payment models, and at least one of the following: Behavioral health Long-term social supports Social determinants, health equity
11. Consumer	Experience in alternative payment models, and at least one of the following: Behavioral health Long-term social supports Social determinants, health equity
12. Employer	Self-insured, experience with value-based contracting, headquarters in CT

Value Based Insurance Design Updated Templates

VBID Templates- Review

- The VBID Templates were developed to help employers identify which benefits to include in their health insurance plans.
- The templates were originally developed through an Advisory Process with the VBID Consortium in 2016 and updated to be more user-friendly in 2017.
- The templates are currently being used as a tool to help those employers participating in targeted technical assistance to develop their plans.

VBID Templates- 2018 Update

- The VBID Consortium convened in June 2018 to review and recommend proposed updates to the templates.
- To ensure the consumer perspective was incorporated, the VBID consumers convened prior to the Consortium meeting to review and provide input on the proposed updates.
- The updates were summarized in the Consortium Feedback Report.

2018 Preventive Care Updates

1. Encourage patient navigation for colorectal cancer screening
2. Consider discouraging low value care by:
 - a. Educating employees through Choosing Wisely
 - b. Steering employees toward high value providers
 - c. Requiring pre-authorization for low-value care

2018 Chronic Condition Management Updates

1. Incentivize Diabetes Self-Management Education and Diabetes Prevention Programs
2. Incentivize Bariatric Surgery for Morbid Obesity if all services are performed at a Center of Excellence
3. Encourage patient navigation, coaching, or disease management for hypertension

2018 High Value Provider Updates

1. Encourage employees to utilize Centers of Excellence for transplant surgery, knee and hip replacement, heart surgery, obesity surgery, spine surgery, fertility centers, cancer centers, and substance abuse
2. Incentivize appropriate sites of care

Implementation tips:

- Consider using Smart Shopper Program
- Educate employees about appropriate use of each site and communicate benefits and cost sharing

2018 New Section: Prescription Drugs

Prescription Drugs Section was added to help reduce cost sharing for employees and improve medication adherence to high value drugs

Strategies:

1. Reduce cost-sharing for 90-day supply maintenance medications
 2. Provide no-cost pharmacist and case management support to patients with complex needs
 3. Reduce cost sharing for clinically indicated alternative therapies
- Employee Protections are recommended in the template
 - Precision Co-Pay Assistance is recommended to help address co-pay accumulator programs

2018 New Section: VBID Guiding Principles

VBID Guiding Principles were added to define how high value provider should be determined: based on transparent quality and cost measures

Adjourn