

CONNECTICUT
HEALTHCARE
INNOVATION PLAN



Practice Transformation Task Force:

CCIP Development

April 28th, 2015

Meeting Agenda

Item	Allotted Time
1. Introductions	5 min
2. Public Comments	10 min
3. Minutes	5 min
4. Welcome to New PTF Members	5 min
5. Purpose of Today's Meeting	5 min
6. Update on PTF Executive Committee	10 min
7. CT SIM and CCIP Vision	10 min
8. CCIP Sample Deliverable	15 min
9. Plan for Design Groups	20 min
10. Next Steps	5 min

4. New PTTF Members

The following six individuals will be joining the PTTF.

New Member	Category	Title
① Eileen Smith	Practice Manager	Soundview Medical Associates, Executive Director
② Abigail Kelly	Consumer	Chrysalis Center, Inc., Program Manager
③ Laurie Harkness	Housing	Department of Veterans Affairs, Social Worker
④ Grace Damio	Cultural Health Organization	Hispanic Health Council, Director of Research and Training
⑤ Susan Adams	Home Health	Masonicare Home Health and Hospice, Inc., Vice President of Alliance Integration
⑥ Kate McEvoy	State Agency	Department of Social Services, Director of the Division of Health Services

5. Purpose of Today's Meeting

1. Identify new members of the PTTF Executive Committee
2. Discuss CT SIM and CCIP Vision
3. Confirm PTTF members' understanding of what the design groups will deliver
4. Gain consensus on design group approach, participation and meeting schedule

6. PTF Executive Committee

We would like to explore rotation of the Executive Committee member positions to be respectful of the time commitments for those who have served in this capacity to date.

Current Executive Committee

Lesley Bennett, Chair (Consumer)

Rebecca Mizrachi (Provider)

Joseph Wankerl (Payer)

7. Connecticut State Innovation Model (CT SIM) Vision

Connecticut's State Healthcare Innovation Plan Establishes a Blueprint for Transformation

Connecticut's Current Health System: "As Is"

Despite a rich array of healthcare, public health, and support services, healthcare in Connecticut falls short in several respects: insufficient access to care, a fragmented delivery system that often fails to educate and inform consumers, a lack of transparency about cost and performance, and payment methods that reward volume of service rather than quality, access and overall health improvement.

Our Vision for the Future: "To Be"

Establish a whole-person-centered healthcare system that improves population health and eliminates health inequities; ensures superior access, quality, and care experience; empowers individuals to actively participate in their healthcare; and improves affordability by reducing healthcare costs

7. SIM Model Test Initiatives

Primary Care

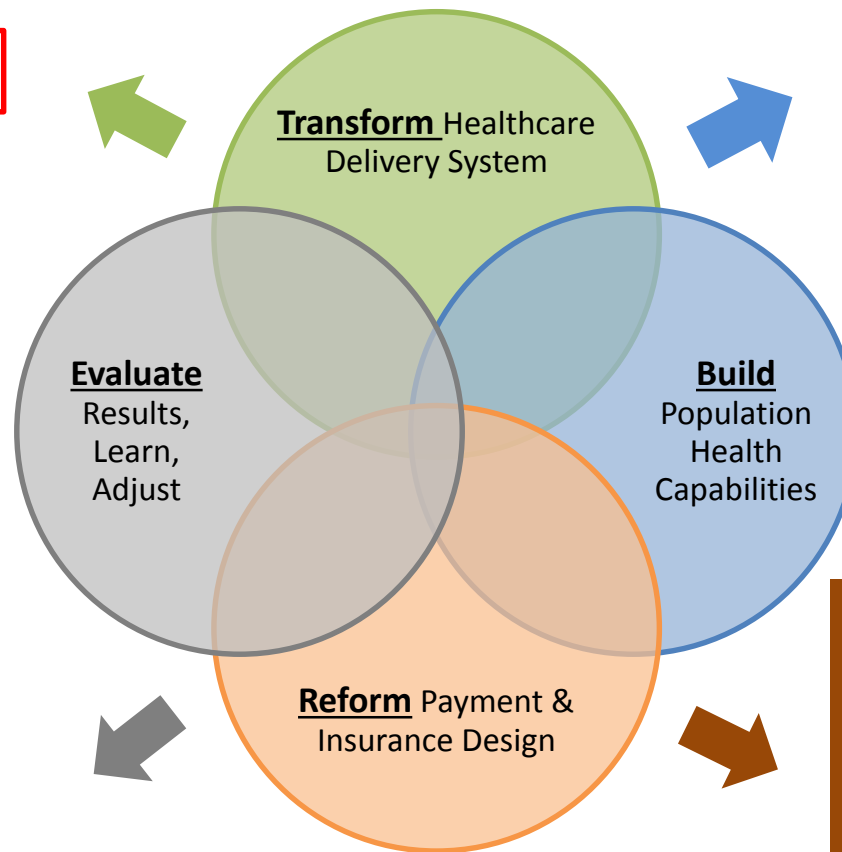
- Advanced Medical Home (AMH)
- Community and Clinical Integration Program (CCIP)
- Learning Collaboratives

Healthcare Workforce

- Community health workers
- PCP survey & analysis

HIT

- Measure production
- Direct Messaging
- Consent Registry



Population Health Plan

- Tailored State Health Assessment
- Population Health Council
- Health Enhancement Communities (HEC)
- Prevention Service Centers (PSC)

Reporting:

- Implementation
- Population health
- Healthcare Quality

- **MQISSP** ⁽¹⁾
- **Quality Measure Alignment**
- **Value-Based Insurance Design**
- **Health Rewards and Reinvestments**

Integration with Other State Initiatives (BHH, Wrap-Around,)

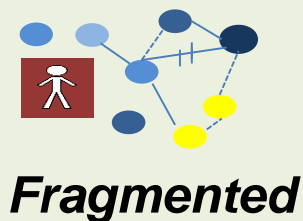
(1) MQISSP is Connecticut's planned Medicaid Quality Improvement and Shared Savings Program that is intended to provide incentives for providers, as well as accompanying tools and techniques through CT SIM funding to improve care and reduce costs.

7. Each Component of SIM Involves Fundamental Change

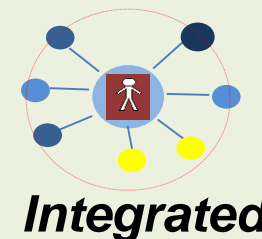
As Is

To Be

Transform
Healthcare
Delivery System



CCIP



Build Population
Health
Capabilities



Healthcare

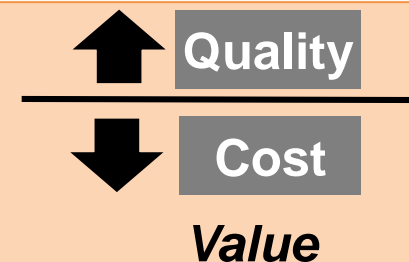


Health

Reform Payment
& Insurance
Design



Volume



Value

Evaluate Results,
Learn, Adjust

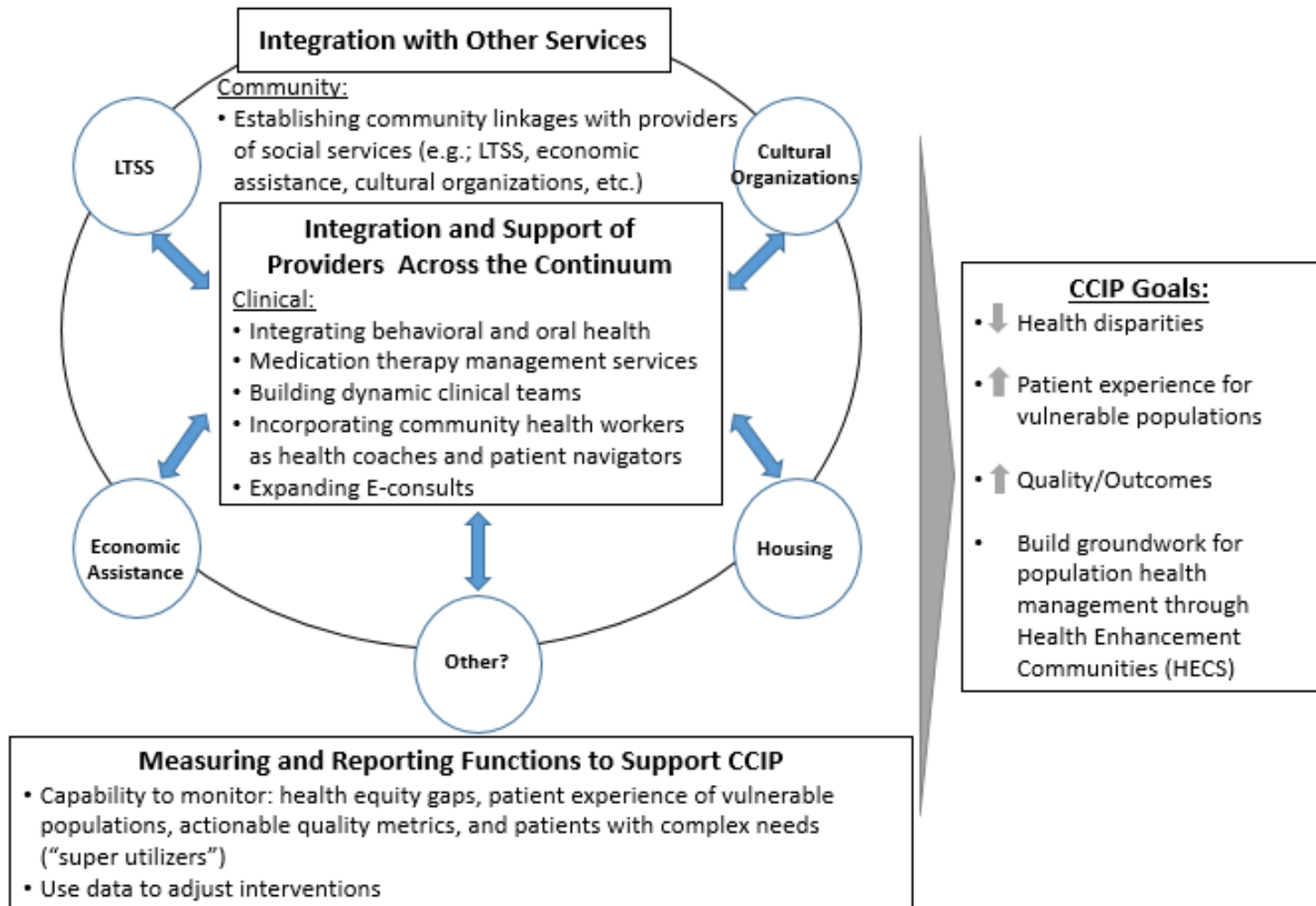


Periodic



Continuous

7. CCIP Vision: Fragmentation to Integration



The task of the PTF will be to establish the required standards for the programs and technology enablers identified that will support Advanced Networks to achieve clinical and community integration

7. CCIP Work Stream Objective

The overall objective of the CCIP work is to define the design of the programs and capabilities for which Advanced Networks can receive technical assistance and grant funding.

The CT SIM grant technical assistance and matching grant funding will be provided at the enterprise level to Advanced Networks¹ committed to pursuing programs and associated measurement and reporting enablers² that will further clinical and community integration. The infrastructure built through this assistance will serve as the framework for a more distributed and geographically focused approach to population health management.

Notes: ¹ Advanced Networks includes IPAs, PHOs, Health Systems, Large Physician Groups, FQHCs .

² Measurement and reporting enablers include capabilities that will allow measuring for health equity gaps, identifying complex patients (“super utilizers”), actionable quality metrics, and measuring patient experience for vulnerable populations

8. SAMPLE CCIP Deliverable

The proposed CCIP final deliverable is a two-page overview for each of the ten CCIP identified capabilities that will include the following content.

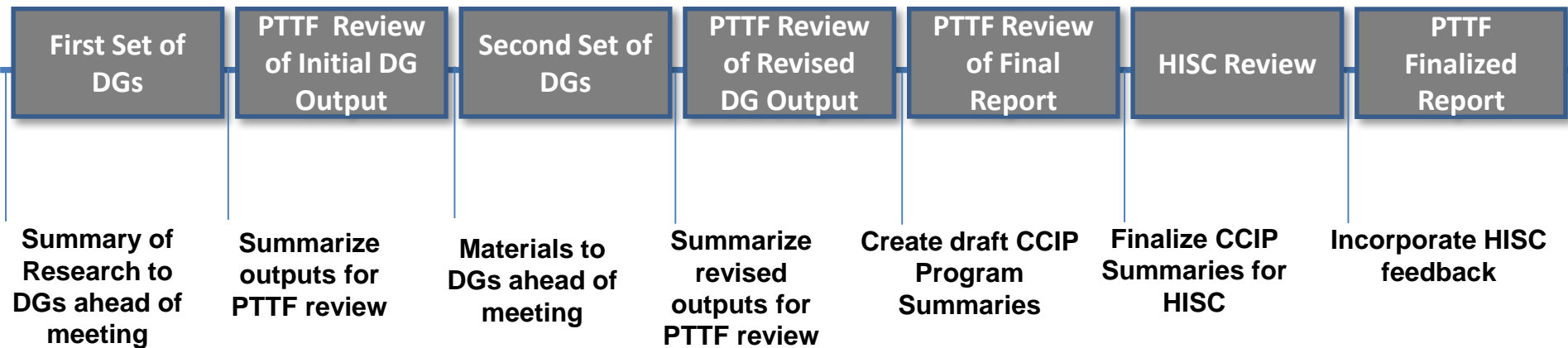
Content CCIP Will Develop:

- **Overview of Research:** Narrative summarizing existing best practices and models that were drawn upon to inform the design group's decisions on CCIP program design.
 - **Program Objective:** Summary of the purpose of the program, what it will accomplish, and how it ties to the goals of the CCIP initiatives.
 - **Program Standards:** Required program standards for Advanced Networks receiving technical assistance or matching grant funding.
 - **Program Approach:** Options for implementing the program based on the defined standards.
 - **Program Metrics:** Process and outcome metrics to track success of program implementation and desired objectives.
- The content on the left will be developed with input from design group members and key stakeholders
 - This work will provide an initial point of view on what the design components should be for each community and clinical integration program
 - The PTTF's work will be submitted to the HISC for consideration and serve as a starting point for the CCIP to be tested and further defined with experience.

Please refer to meeting handout as an EXAMPLE of what the deliverable would look like

9. Design Groups: Proposed Process

CCIP Design Group (DG) Process



Offline information/input gather from PTF participants, experts, and key stakeholders

Consolidation of recommendations from work groups and testing draft program summaries with PTF

9. Design Groups: Structure and Content

Three design groups will be developed to research, evaluate and design standards for the identified programs and program enablers. Design groups will be organized around the two program types, community and clinical, and enablers that will support measuring and reporting functions.

Design Group Overview

Design Groups	Focus
1	Integration and Support Across the Continuum (Clinical Integration)
2	Integration with Other Services (Community Integration)
3	Measuring and Reporting Functions to Support CCIP (Technology Enablers)

Who will participate?

- PTTF members
- Content experts as schedules allow

How will work be accomplished?

- Design groups will hold two, 1.5 hour sessions¹
- Design group participants will be asked to review pre-design session materials to support productive conversations throughout the session
- Design groups will prioritize and contribute to design of standards for recommendations to the broader PTTF
- PTTF will provide feedback on standards for design groups to further consider

Notes: ¹ Another option would be to hold a total of 4 one hour sessions for each Design Group.

9. Design Group Plan: Participants

Design groups will be populated by members of the PTTF and other select subject matter experts. Per the survey sent last week, the following people will be assigned to each design group.

Table showing design group participants based on survey results to be shared at Tuesday's meeting

9. Design Group Plan: Workshop Dates

The design groups will be held via WebEx. The group will be polled over the next couple of days to determine optimal days and times to hold the workshops

What time does the taskforce prefer for design group sessions?

A

Standard time for all design groups sessions – for example, all sessions are held from 12-1:30 or 5-6:30 - day of week based on availability of design group members.

B

Time and day based on availability of design group members.

- **A doodle poll will be sent out tomorrow (4/29) to determine preferred days/times for design group meetings. We ask that you complete the poll by Friday, May 1.**
- **Once dates and times are determined, Virginia Sullivan will send out calendar invites with call in and WebEx information**

9. Draft Meeting Agenda Items and Key Milestones

Dates	Key Milestone Deliverables & <i>DRAFT</i> Agendas
Research & Interviews: 4/13-4/24	Program Capability Research and Interviews <ul style="list-style-type: none">• Subject matter expert interviews• Review of national programs (i.e.; other SIM states, DSRIP programs)• Key Connecticut stakeholders to inform program priorities• General literature review
PTTF Meeting: 4/28	Today's session: <ul style="list-style-type: none">• Identify new members of the PTTF Executive Committee• Discuss CT SIM and CCIP vision• Confirm PTTF members' understanding of what the design groups will deliver• Gain consensus on design group approach, participation and meeting schedule
Design Groups: 5/4-5/15	First Round of Design Groups: <ul style="list-style-type: none">• Overview of research• Prioritize capabilities for Connecticut• Establish initial point of view on prioritization of programs for CT and necessary standards to share with broader PTTF

9. Draft Meeting Agenda Items and Key Milestones

Dates	Key Milestone Deliverables & <i>DRAFT</i> Agendas
PTTF Meeting: 5/19	Report on first round of design groups meetings <ul style="list-style-type: none">• Programs and program enablers prioritized for CCIP• Initial thoughts on program design standards
Design Groups: 5/20-6/5	Second Round of Design Groups: <ul style="list-style-type: none">• Refine standards based on feedback from PTTF and further research as necessary• Consensus on recommendations for program design standards and technology enabler standards
PTTF: 6/9	Report on second round of design group meetings <ul style="list-style-type: none">• More detail on program design standards• Links across programs and connect to vision for CT SIM• Roadmap for implementation
Consumer Feedback: 6/10	Elicit feedback from Council on Medical Assistance Program Oversight (MAPOC) – Care Management Committee (CMC)
PTTF: 6/30	<ul style="list-style-type: none">• Draft recommendations on programs and program enabler standards• High level implementation plan

9. CCIP: Overall Timeline

Prior to the kick off of the design groups, research will be conducted over the next several weeks to inform the work of the design groups. Research will include interviews with subject matter experts, case studies from other SIM states, and a review of literature.

	April				May				June					July
	Week of:				Week of:				Week of:					
CCIP Key Activities	6	13	20	27	4	11	18	25	1	8	15	22	29	
Overview of CCIP process and approach	7													
Conduct CCIP Research														
Hold first round of design groups														
Report out to PTF on first round of design groups							19							
Hold second round of design groups														
Report out to PTF on second round of design groups										9				
Draft report of recommendations for CCIP														
Review draft recommendations for CCIP with PTF													30	
Elicit consumer feedback from MAPOC - CMC										10				
Share CCIP updates/recommendations with HISC	9					14				11				16

- PTF Meeting
- CCIP Design Group Meetings
- Chartis Supported Research
- Chartis Supported CCIP Report Development
- HISC Meeting
- MAPOC – CMC Meeting

9. Subject Matter Expert Interviews

Interviewee(s)	Topic(s)	Status
Pat Baker & Elizabeth Kraus, Connecticut Health Foundation	<ul style="list-style-type: none"> Measuring Health Equity Gaps Community Health Workers 	Complete
Bernadette Keleher	<ul style="list-style-type: none"> Community Linkages 	Complete
Bruce Gould and Petra Clark Dufner, UCONN Health/AHEC	<ul style="list-style-type: none"> Community Health Workers 	Complete
Camden Coalition	<ul style="list-style-type: none"> Community Health Workers Identification of complex patients 	Complete
Terri DiPietro, Middlesex	<ul style="list-style-type: none"> Identification of complex patients 	Scheduled
Suzanne Lagarde, CEO Fair Haven Community Health Center	<ul style="list-style-type: none"> E-consults 	Scheduled
Steve Ruth, Systems and Management Consulting	<ul style="list-style-type: none"> Care Transitions 	Scheduled
Primary Care Coalition of Connecticut	<ul style="list-style-type: none"> Identification of complex patients Community Linkages Care Transitions 	Scheduled
Grace Damio, Hispanic Health Council, Director of Research and Training	<ul style="list-style-type: none"> Community Health Workers 	Pending
Marie Smith	<ul style="list-style-type: none"> Medication Therapy Management Dynamic Clinical Teams 	Pending
Dawn Lambert & Kate McEvoy, DSS	<ul style="list-style-type: none"> Long Term Support Services 	Pending
Daren Anderson, Community Health Center, Inc.	<ul style="list-style-type: none"> E-consults 	Pending
Molly Gavin, CT Community Care, Inc.	<ul style="list-style-type: none"> Long Term Support Services 	Pending
CT SIM State Program Experience (CMMI Support)	<ul style="list-style-type: none"> All 	Ongoing

10. Next Steps

- Poll group for preferred design group workshop times
- Continue subject matter expert interviews and research to inform design group sessions
- Schedule design group sessions
- Other?