STATE OF CONNECTICUT
State Innovation Model
Practice Transformation Task Force

Webinar Presentation to the MAPOC Care Management Committee on CCIP Standards
September 22 and 24, 2015

Participants: Kara Rodriguez, Steve Merz, Ellen Andrews, Elsa Stone, Rita Berkson, Susan Kelley, Jesse White-Frese, Dr. Robert Zavoski, Erica Garcia, Faina Dookh, Deanna Chaparro, Lesley Bennett, Margaret Berry, Sheldon Toubman, Kevin Kappel, Kathy Henchey, Mark Schaefer

Purpose of the Meeting
Pursuant to the discussion following the PTTF presentation to the Care Management Committee (CMC) on September 9, 2015, the PTTF agreed to hold another forum to discuss each standard of the CCIP in more detail and address any questions raised by CMC members.

Presentation & Summary

**Please note that due to technical difficulties and background noise that made it impossible to communicate with participants, the webinar presentation on September 22nd had to be cut short. The PMO resumed the webinar presentation on September 24th to complete review of the standards and address any additional questions.*

Ms. Henchey opened the meeting by reviewing the meeting's purpose. In the interest of addressing each of the 7 standards, Ms. Henchey proposed keeping discussion of each set of standards to 10 minutes or less. If there are additional questions or issues to be raised, Ms. Henchey encouraged CMC members to submit them in writing to the PMO for a response.

Mr. Kappel reviewed the changes that had been made to the specific CCIP program standards since the meeting on September 9, 2015. Because the previous care transitions standards were hospital centric, the PMO decided to remove the care transitions standards all together and embed additional care transitions functions into the standards for complex patients and for the community consensus standards. The PMO also addressed the eConsults standards and received additional feedback to reinforce those standards within the CCIP program. The PMO also made modifications to the community linkages standards to clarify the role of the transformation vendor in originally convening community stakeholders as well as the intent to integrate with efforts underway from DPH and to transition to local oversight over time. Finally, there were additional revisions to definitions of the CCIP standards, and the standards had been incorporated into a full report with context around the PTTF process.

Mr. Kappel, Ms. Henchey, and Mr. Schaefer then summarized each of the standards according to the slides focusing on the objectives and highlights of each of the standards. CMC members raised questions about certain portions of the standards, as summarized below.

DRAFT

CMC Commenter raised questions about how the CCIP standards integrates with existing care coordination efforts, in particular with the PCMH and ACO programs, to ensure that unnecessary duplication of efforts does not add an extra layer of burden on providers and to keep the focus on person-centeredness rather than taking over the responsibilities of those programs. The commenter was concerned that the CCIP standards and the AMH Vanguard program could be undermining the PCMH program with confusion around the comprehensive care team outlined in CCIP not coordinating with the PCMH functions and roles. The commenter believed that the standards should be voluntary rather than required.

PMO noted that CCIP is focused on establishing a minimum standards of capabilities among ANs/FQHCs. It is not intended to supplant activities that are already in place. The transformation vendor will conduct a gap analysis at the start in order to determine which standards or elements have already been met and which standards or elements have not been met. The transformation support will focus on those areas that have not been met. In this way, the CCIP should not disrupt existing care coordination efforts that a provider may have in place as a PCMH.

CMC Commenter requested clarification around from whom data would be collected and to whom would it be reported in order for health disparities to be identified.

PMO responded that the networks would be collecting both national and regional benchmark data with the assistance of the transformation vendor in addition to local population data from the Department of Public Health and other healthcare partners to analyze trends and identify outcomes. The transformation vendor will be key in this process of identifying health disparities.

CMC Commenter raised questions about how the behavioral health standards in the CCIP integrate with current behavioral health programs in the Medicaid and PCMH environment.

PMO noted that, similar to care coordination efforts, the transformation vendor will work with participating networks to determine whether behavioral health needs are being addressed through existing assistance programs for Medicaid. If so, it will not be a focus of CCIP support. PMO and DSS will continue the dialogue around areas where potential overlap may exist, and PMO will do a more formal review of those potential areas and address them with DSS. PMO and DSS agreed to discuss offline.

CMC Commenter raised questions about the Community Health Boards standards and how these would be implemented. In particular, commenter was questioning how the CHB standards integrate with efforts underway by DPH and local health departments as well as the ACA-instituted non-profit hospital Community Health Needs Assessments.

PMO noted that the CHB standards were never intended to supplant existing efforts or introduce an entirely new concept. Rather the standards were a way of convening relevant stakeholders within the CCIP interventions to focus on identifying population needs across networks and developing processes and protocols to streamline coordination with community service providers. The exact details of this integration and oversight is not yet know, and it would be the responsibility of the transformation vendor to work with stakeholders and develop the plan to ensure these

DRAFT

collaborative efforts were stood up. In the PTTF's interactions with other states and through their research, these local collaborative efforts were critical in achieving local population health goals.

CMC Commenter raised concerns that structural comments about CCIP were not being addressed related to the coordination of PCMH and CCIP care coordination efforts.

PMO responded that it was not the intent of the presentation to convey that broader structural changes were not being addressed. PMO and DSS have engaged one another to ensure that CCIP does not supplant or interfere with successful and effective care coordination efforts, and those conversations are ongoing. The presentation was meant to address the standards in their current form. CCIP is designed to be as a companion program to medical home standards to address ongoing patient care gaps across the continuum. The transformation vendor will work with participating networks to ensure that CCIP does not replace or interfere with areas where existing coordination efforts are meeting population needs.

CMC Commenter raised questions about the funding of the CCIP program.

PMO notes that they are still investigating sources of funding, but they are exploring the possibility of reallocating some funds as transformation grants to participating providers.

The meeting slides presented can be found here.

DRAFT