Practice Transformation Task Force

PTTF/CMC Joint Meeting

February 2, 2016

State Innovation Model

Connecticut will establish a whole-person centered healthcare system that will…

- Improve Population Health
- Promote Consumer Engagement
- Reduce Health Inequities

- Improve access, quality and patient experience
- Improve affordability by lowering costs

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Statewide Goal: Provide transformation support for health care providers so that they can achieve advanced capabilities that will improve care delivery and individual's outcomes

- **PTTF and CMC** are advising the State on requirements that define the type of capabilities that Advanced Networks and FQHCs must achieve and the type of support they will receive

  - PTTF is primarily advising SIM Program Management Office (PMO) on CCIP

  - CMC is advising DSS on MQISSP and is also providing input on CCIP

- Today's joint meeting allows both groups to participate in updates on the recent coordination efforts between three transformation initiatives to allow for joint dialogue and input

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Resources aligned to support transformation

Advanced Network

Community & Clinical Integration Program (CCIP)

Awards & technical assistance to support Advanced Networks in enhancing their capabilities across the network

Advanced Medical Home (AMH) Program

Support for individual primary care practices to achieve Patient Centered Medical Home NCQA 2014 recognition and additional requirements
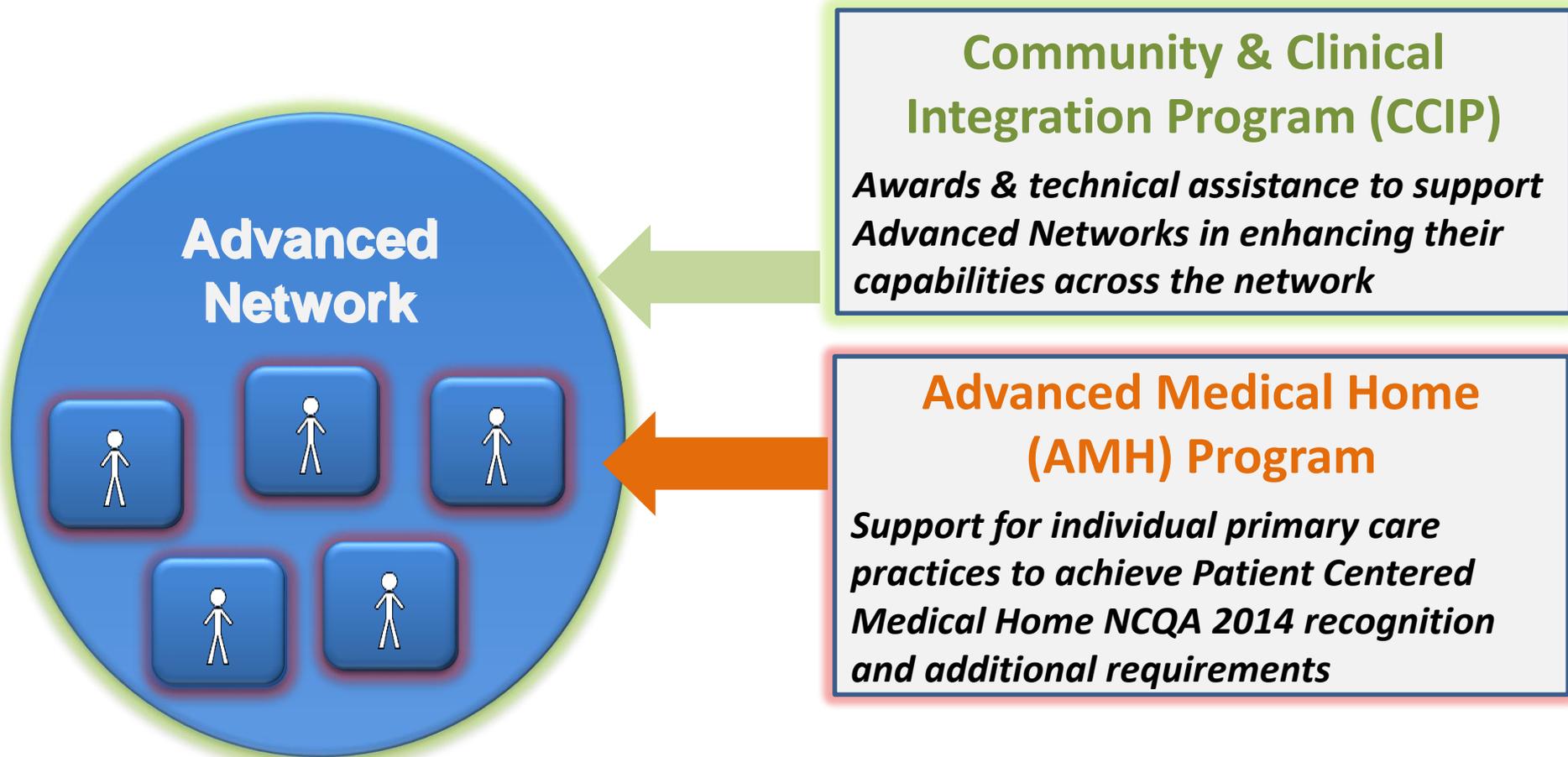
Improving care for <u>all</u> populations
Using population health strategies

CCIP Core and Elective Standards

Core Standards

Comprehensive Care Management
Comprehensive care team, Community Health Worker , Community linkages

Health Equity Improvement
Analyze gaps & implement custom intervention | CHW & culturally tuned materials

Behavioral Health Integration
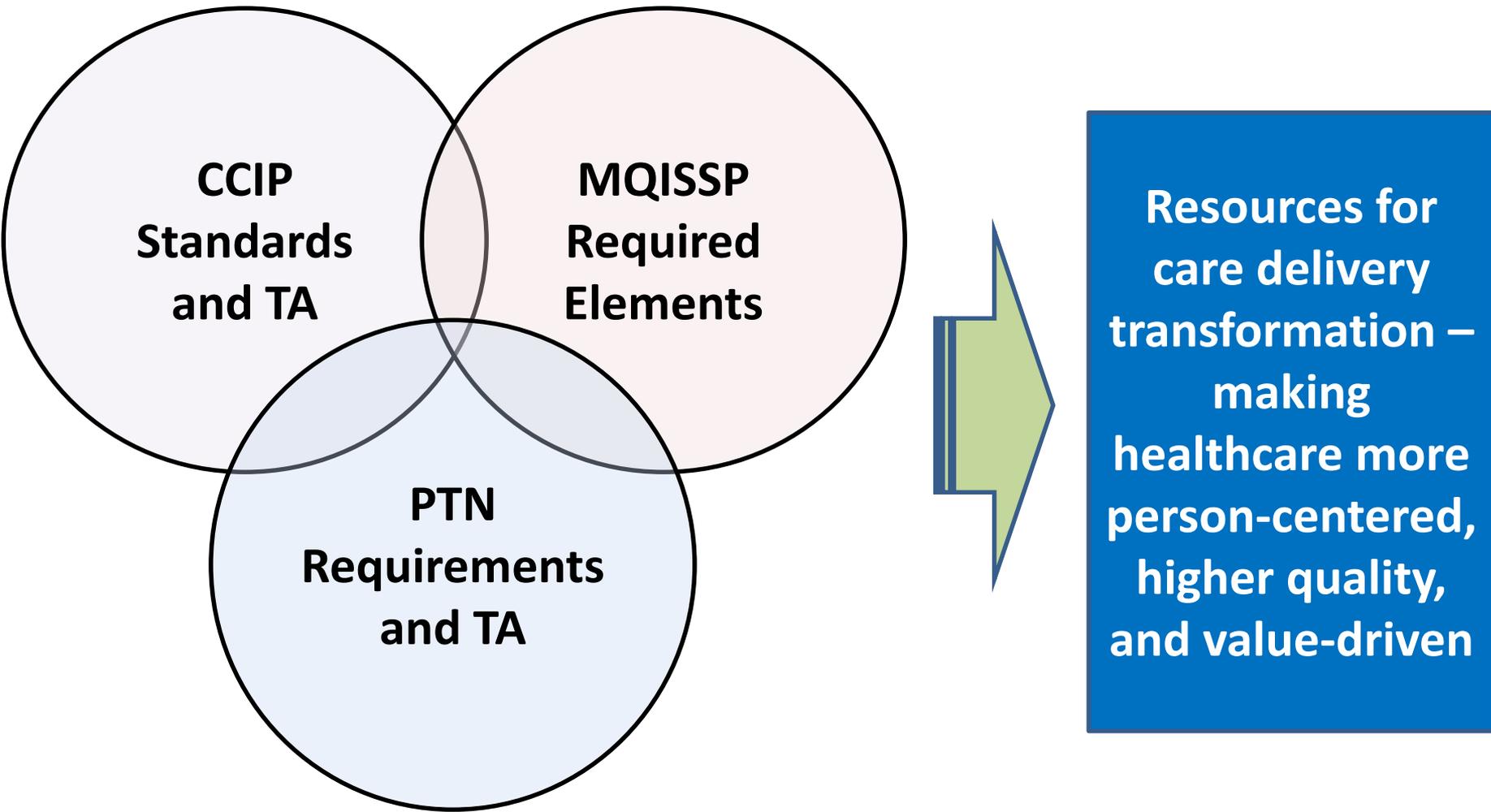Network wide screening tools, assessment, linkage, follow-up

Community Health Collaboratives

Elective Standards

Oral health Integration

E-Consult

Comprehensive Medication Management

Multiple investments to advance care delivery

CCIP Standards and TA

MQISSP Required Elements

PTN Requirements and TA

Resources for care delivery transformation – making healthcare more person-centered, higher quality, and value-driven
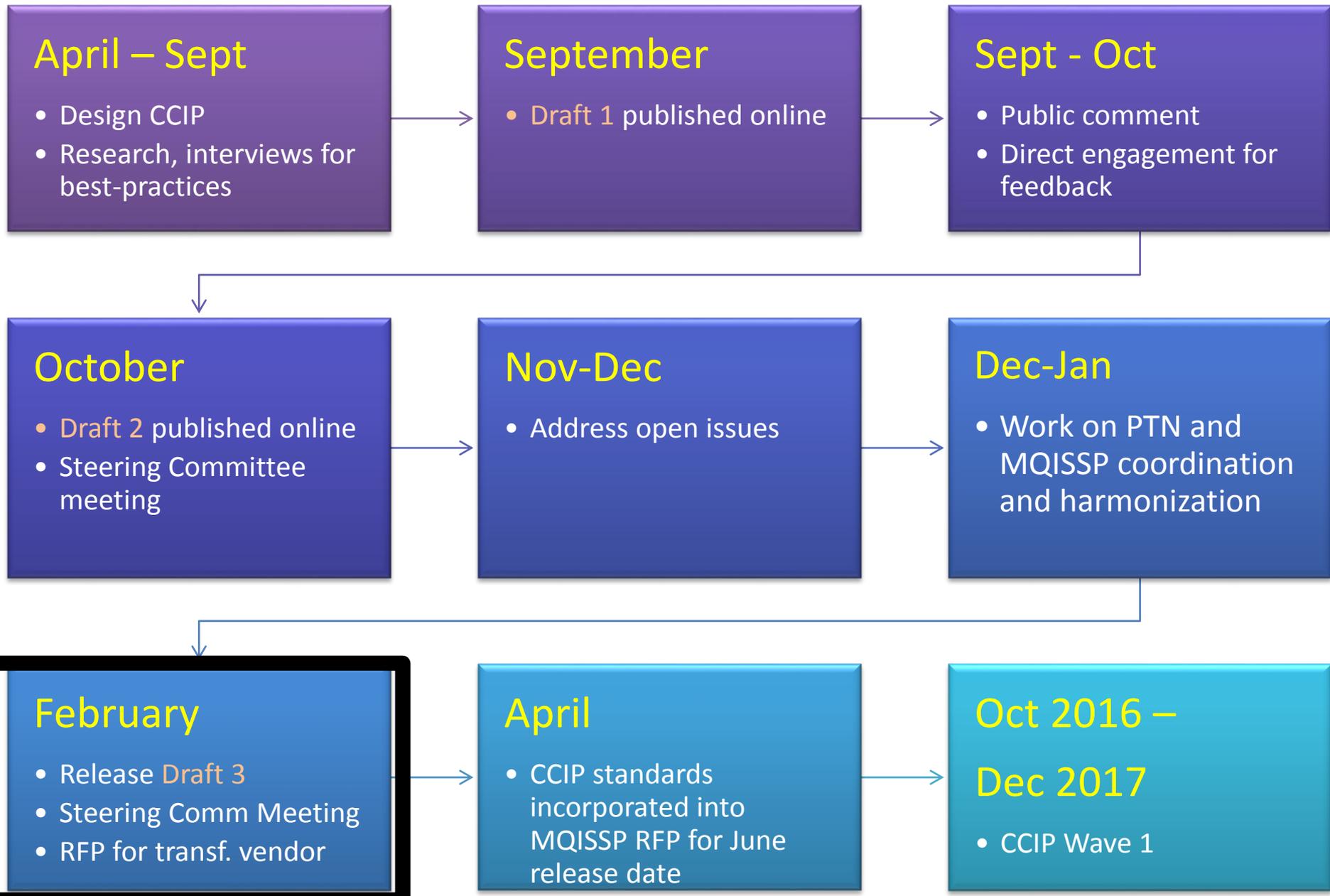
Purpose of Today's Meeting

- Discuss strategy for coordinating and harmonizing:

    – Community & Clinical Integration Program (CCIP)

    – Medicaid Quality Improvement & Shared Savings Program (MQISSP)

    – Practice Transformation Networks (PTN)

- Review and discuss changes to Draft 3 of CCIP

What do we mean when we say…

- **Coordination**: How to ensure that technical assistance is coordinated, support is not duplicated, resources are maximized, and the relationship among the programs is clear to all participants

- **Harmonization:** How to make the program goals and requirements more similar <u>or</u> complementary both in terms of the capabilities that are being required and the terminology used to describe them

1. CCIP Design High-Level Timeline

April – Sept
- Design CCIP
- Research, interviews for best-practices

September
- Draft 1 published online

Sept - Oct
- Public comment
- Direct engagement for feedback

October
- Draft 2 published online
- Steering Committee meeting

Nov-Dec
- Address open issues

Dec-Jan
- Work on PTN and MQISSP coordination and harmonization

February
- Release Draft 3
- Steering Comm Meeting
- RFP for transf. vendor

April
- CCIP standards incorporated into MQISSP RFP for June release date

Oct 2016 – Dec 2017
- CCIP Wave 1

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CCIP and MQISSP

- Entities that DSS selects to participate in MQISSP required to meet CCIP core standards (see below for proposed PTN exception)

- Pairing CCIP with MQISSP aligns resources to support a shift in favor of efficiency, prevention, and continuous quality improvement. This aligns with the interests of providers that are expanding their participation in value-based payment models. These providers have strong incentives to perform well on quality measures and improve the overall efficiency and effectiveness of patient care processes.

CCIP: Customized Technical Assistance

- PMO intends to procure one or more vendors to provide the technical assistance to ANs and FQHCs to help them meet these core standards

- PMO intends to customize the technical assistance process so that ANs and FQHCs receive support that is tailored to their needs

- Vendor(s) responsible for conducting an assessment with the ANs and FQHCs to identify those areas where they do not meet the standards

- Vendor(s) will work with the ANs and FQHCs to develop a technical assistance plan that focuses on areas where there are gaps or opportunities for improvement

CCIP: Customized Technical Assistance

- CCIP is not intended to introduce new or separate programs different from those that ANs and FQHCs may already have in place.

- CCIIP is primarily intended to introduce new capabilities within existing programs or augment capabilities that may already exist, such as those associated with recognition as a PCMH.

- For example, we anticipate that many participants will already have care teams in place, but may not have effective processes for including community health workers as members of the team or linking with community supports to address an individual's non-clinical needs

MQISSP: Care Coordination Elements

- MQISSP program introduces an array of requirements that participating providers must meet as a condition of participation

- MQISSP required elements focus on care coordination, integration of behavioral health, the care of special populations, and cultural and linguistic appropriateness standards

- DSS worked with PMO to produce a cross-walk of MQISSP required elements and CCIP standards

- In the crosswalk, DSS and PMO propose ways the CCIP standards could be modified to integrate select MQISSP required elements

MQISSP and CCIP crosswalk

- Crosswalk identifies those CCIP standards that pertain most directly to the corresponding MQISSP required elements

- In some cases CCIP standards align with MQISSP requirements – CCIP TA may help participating entity meet MQISSP requirement

- In other cases MQISSP requirements are more detailed or go beyond current CCIP standard.

- Proposed edits would incorporate some of these details into CCIP standards.

- Crosswalk:

  - Yellow highlighting on the <u>left</u> is used to identify MQISSP elements that could be incorporated into the CCIP standards.

  - Yellow highlighting on the <u>right</u> shows how the CCIP standards might be modified or expanded to reflect MQISSP elements

  - Comments note areas that might benefit from further discussion

MQISSP and CCIP crosswalk

Examples of how we proposed to edit CCIP standards to incorporate MQISSP elements:

Care Management standards would include:

- Network must establish protocols for reporting adverse symptoms, supporting treatment adherence, and taking action when non-adherence occurs or symptoms worsen

- Care plan identifies referrals necessary to address clinical and social health goals and a plan for linkage and coordination

- Care team training protocols include training on the needs of individuals with disabilities

MQISSP and CCIP crosswalk

Examples of how we proposed to edit CCIP standards to incorporate MQISSP elements:

CCIP Health Equity standards would include:

- Network conducts a workforce analysis that includes analyzing the panel population in the service area, evaluating the ability of the workforce to meet the population's linguistic and cultural needs, and implementing a plan to address workforce gaps

- Sharing of the evaluation findings of the health equity intervention with the focus sub-population

MQISSP and CCIP crosswalk: Outstanding Questions

- Harmonize care team terminology? Interdisciplinary care team versus comprehensive care team

- Harmonize MQISSP and CCIP terminology? Comprehensive care plan versus individualized care plan

- Harmonize care coordinator terminology? Care coordinator versus care manager?

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SIM and PTN grants

- SIM and PTN are federally funded programs out of the Center for Medicare & Medicaid Innovation (CMMI)

- Both initiatives are part of a national strategy advanced by the Affordable Care Act to strengthen the quality of patient care and spend health care dollars more wisely.

Better Care, Smarter Spending, Healthier People

- Both include a focus on **practice transformation and technical assistance.**

- CMMI has instructed SIM and PTN grant recipients to work together to coordinate the administration of these programs and promote harmonization

PTN award recipients in Connecticut

- **Community Health Center Association of CT (CHCACT) PTN:** The network aims to engage more than 1,500 clinicians, focusing on clinicians in Federally Qualified Health Centers that are a part of their association.

- **Southern New England (SNE, UMass & UConn Health) PTN:** The network aims to engage approximately 5,400 clinicians through the readiness phases of practice transformation, preparing participants to adopt new payment models that reward improved clinical outcomes, and reduce hospitalizations and other unnecessary testing.

- **Vizient PTN (formerly VHA/UHC):** The network aims to engage more than 26,000 clinicians. No practices in Connecticut are targeted for recruitment at this time.

SIM and PTN Coordination

- SIM Program Management Office (PMO) and Department of Social Services (DSS) worked with Connecticut's PTN grantees to formulate an approach to coordinating the two programs

- Initial focus was on comparison to CCIP, which is most similar to PTN

- Work began with development of a crosswalk of CCIP and PTN program content

- Because CMMI is currently working with PTN grantees across the nation to develop their change package crosswalk is high level and somewhat inconclusive

CCIP/PTN Crosswalk

- Crosswalk identifying how CCIP standards related to PTN requirements and whether there is overlap in content

CCIP Standard	Overlap
Comprehensive Care Management	**Yes (except CHWs)**
Health Equity Intervention	**Somewhat**
Behavioral Health Integration	**Yes (CHCACT)**
Oral Health Integration	**TBD**
E-Consult	**No (CHCACT)**
Medication Management	**TBD**

# SIM/PTN Coordination: Proposed Approach – Key Principles

- PMO and DSS then worked with PTN grantees to formulate a proposed approach for coordinating the SIM and PTN programs

- Proposed approach centered on key principles, given that much of the PTN content development has yet to be completed

- The key principles that follow are based on these discussions

SIM and PTN grants: Principles

Principle #1

- The SIM and the PTN programs emphasize related capabilities focused on team-based care management, population based analytics and performance improvement, and integrated behavioral health

- In order to avoid duplication and maximize the total number of clinicians in Connecticut that can be supported by these transformation initiatives, **providers shall not be permitted to participate in both SIM and PTN funded transformation support in these overlapping core content areas**

- SIM funded technical assistance and transformation awards with this focus shall be limited to entities/clinicians that are not participating in PTN

Maximize total # of clinicians supported by transformation initiatives
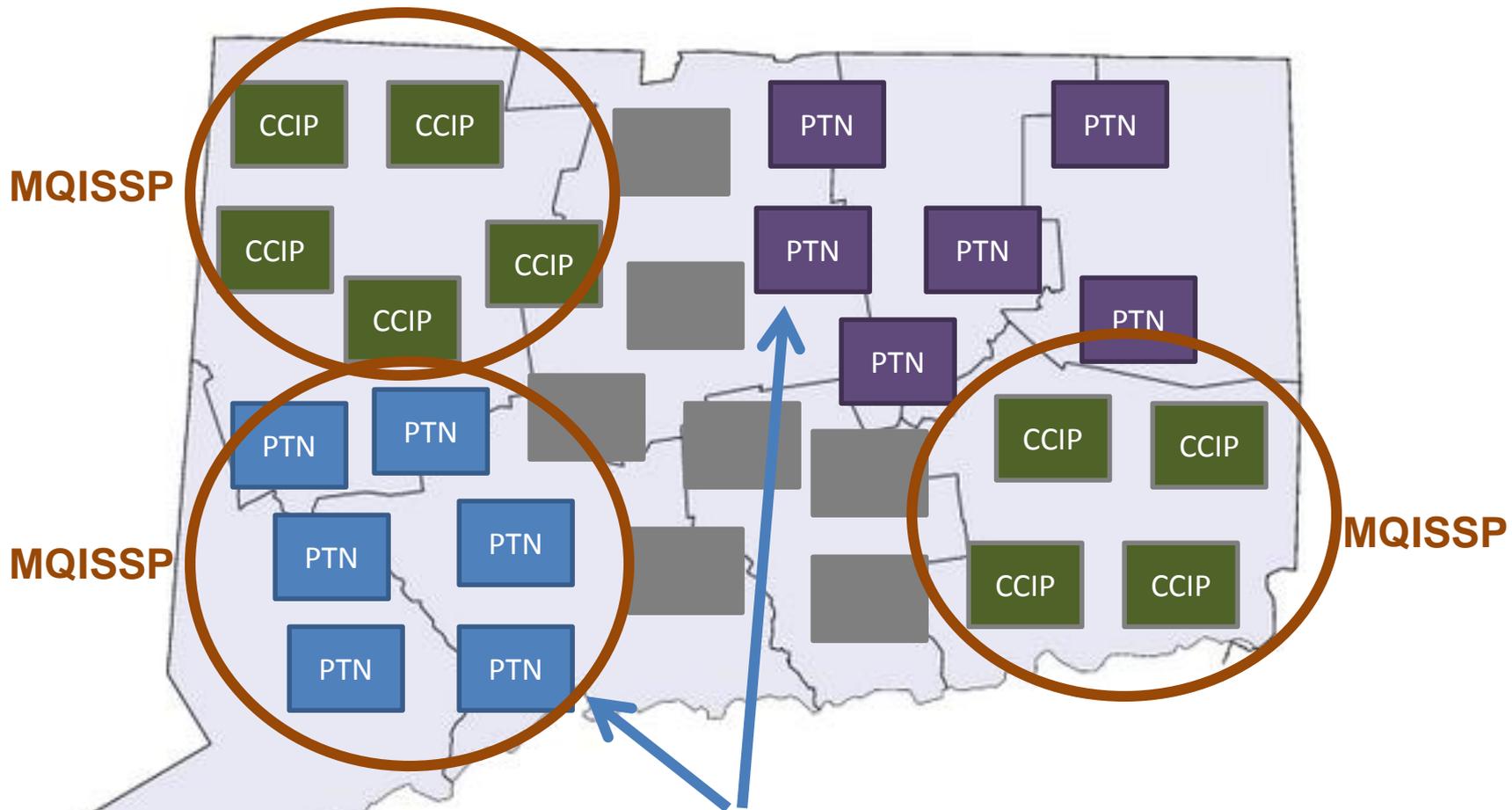
No CCIP support for care management, population based analytics and performance improvement, and integrated behavioral health

Graphic is not a literal representation

SIM and PTN grants: Principles

Principle #2

- The SIM program also focuses on content areas related to e-consultation and the use of Community Health Workers in support of clinical care, navigation and access to community supports

- Neither e-consultation nor CHWs are content areas within the *CHCACT* PTN program. SIM funded technical assistance and the SIM CHW initiative *may* be available to support interested entities/clinicians that are participating in PTN

- SIM and CHCACT PTN program leads agree to make good faith efforts to examine the extent to which this can be achieved to mutual advantage and within available resources

- UConn Health does include e-consultation as a content area and will not duplicate any technical assistance provided under SIM. UConn Health is also developing an initiative to bring geriatric expertise both to primary and a specialty practices, for which there is no counterpart SIM, but which might help inform SIM's transformation initiatives

SIM and PTN grants: Principles

Principle #3

- Statewide transformation efforts should present a unified approach and should not create silos amongst practices

- The SIM and PTN program administrators will work to promote harmonization in the design of these programs

- PTN program administrators will work in collaboration with SIM PMO to review SIM CCIP standards and consider whether and to what extent these standards could be incorporated into the PTN change package in a manner that will advance the programs' mutual aims and without adding undue burden on the program participants

- The SIM PMO will do the same with the PTN standards and change package to the extent such information is available timely

SIM and PTN grants: Principles

Principle #4

- SIM and PTN should adopt a strategy that avoids unnecessary burden on the provider

- Transformation assistance should be tailored to focus on the gaps in participants' capabilities, rather than a "one-size-fits-all" approach that requires all providers to participate in all aspects of the change package

SIM and PTN grants: Principles

Principle #5

- The Medicaid Quality Improvement and Shared Savings Program (MQISSP) is a SIM related initiative that is intended to build on current success with the Medicaid PCMH and Intensive Care Management initiatives by incorporating advanced care coordination elements within a shared savings model

- None of the principles outlined above are intended to preclude PTN providers from applying to participate in MQISSP if they otherwise meet DSS's eligibility requirements

- DSS and the PMO encourage FQHCs and other PTN participants to consider applying to participate in MQISSP and recognize that PTN resources may better enable PTN participants to achieve MQISSP care improvement goals

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CCIP Report – Review and Discussion

- Two draft reports have been released for comment

- Received feedback from the PTTF on the 2nd draft on November 3

- Extensive revisions have been made to the report and the standards contained in the appendices

- PMO has disseminated two versions:

  – Changes tracked

  – Changes accepted

CCIP Report – Changes to body of the report

- New Executive Summary with outline of standards

- Corrected vision statement

- Replaced definition "individuals with complex health needs"

- Edited to improve organization and clarity and eliminate redundancies

- Reduced content to make the report shorter and more readable

- Reorganized, e.g., moved implementation discussion to the end

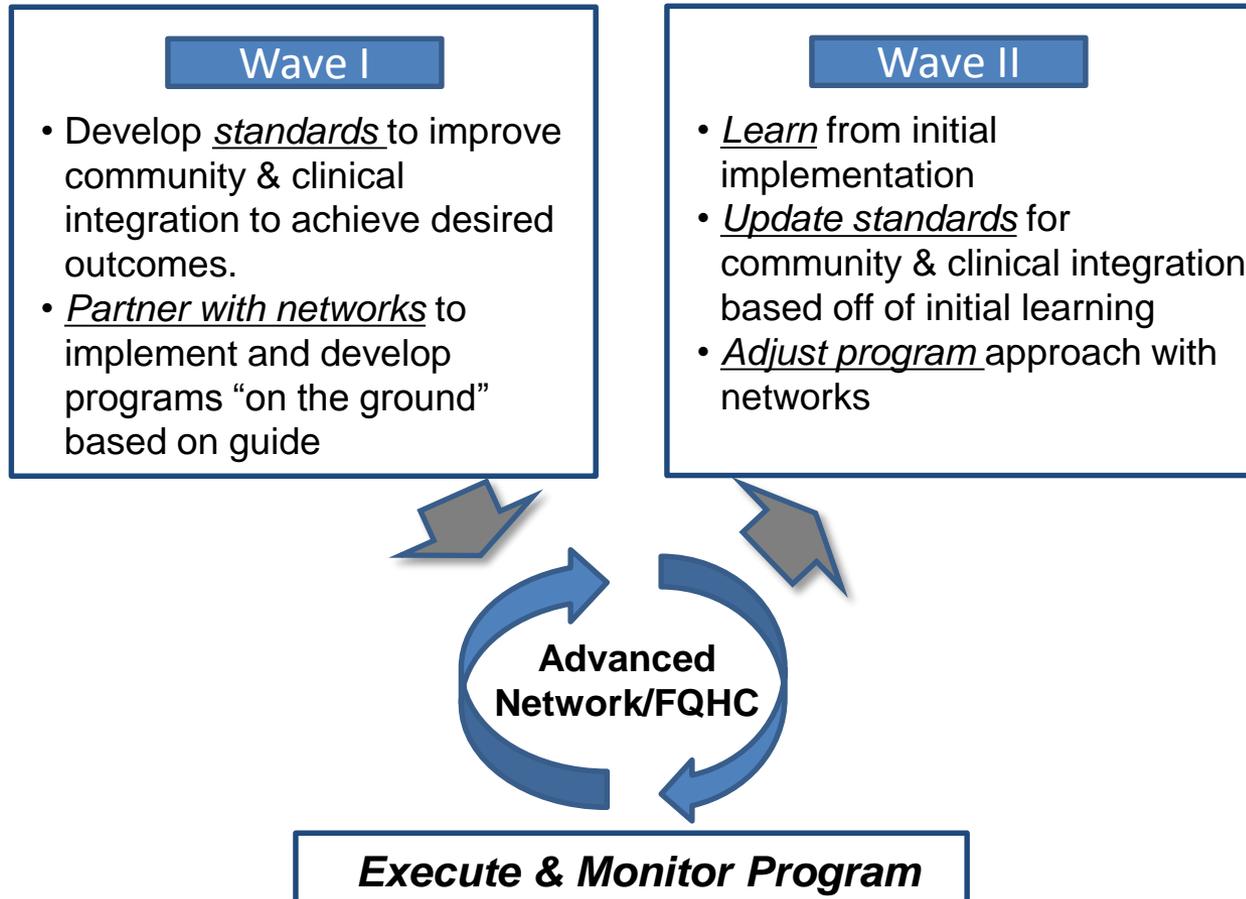- Eliminated reference to "high need" populations

CCIP Report – Changes to Appendices/Standards

- Collapsed and re-ordered elements and sub-elements to improve clarity and organization and reduce redundancy

- Reduced footnotes that appeared to be less essential

- Added MQISSP elements where appropriate (highlighted in yellow)

- Limited changes to content; original content is substantively preserved

- Restored Appendix C: Community Health Collaboratives

- Removed Appendix D: Response to Questions Pertaining to Core Standards; accessible via link

CCIP Phases

CCIP will evolve. The integration community and clinical services at the network level is still relatively innovative and will require an iterative design process.

Wave I

- Develop *standards* to improve community & clinical integration to achieve desired outcomes.
- *Partner with networks* to implement and develop programs "on the ground" based on guide

Wave II

- *Learn* from initial implementation
- *Update standards* for community & clinical integration based off of initial learning
- *Adjust program* approach with networks

Advanced Network/FQHC

Execute & Monitor Program

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Next Steps

- Steering Committee meeting to present CCIP standards (2/11/16)

- Solicit further comment?

- Draft RFP to procure transformation vendor(s)