

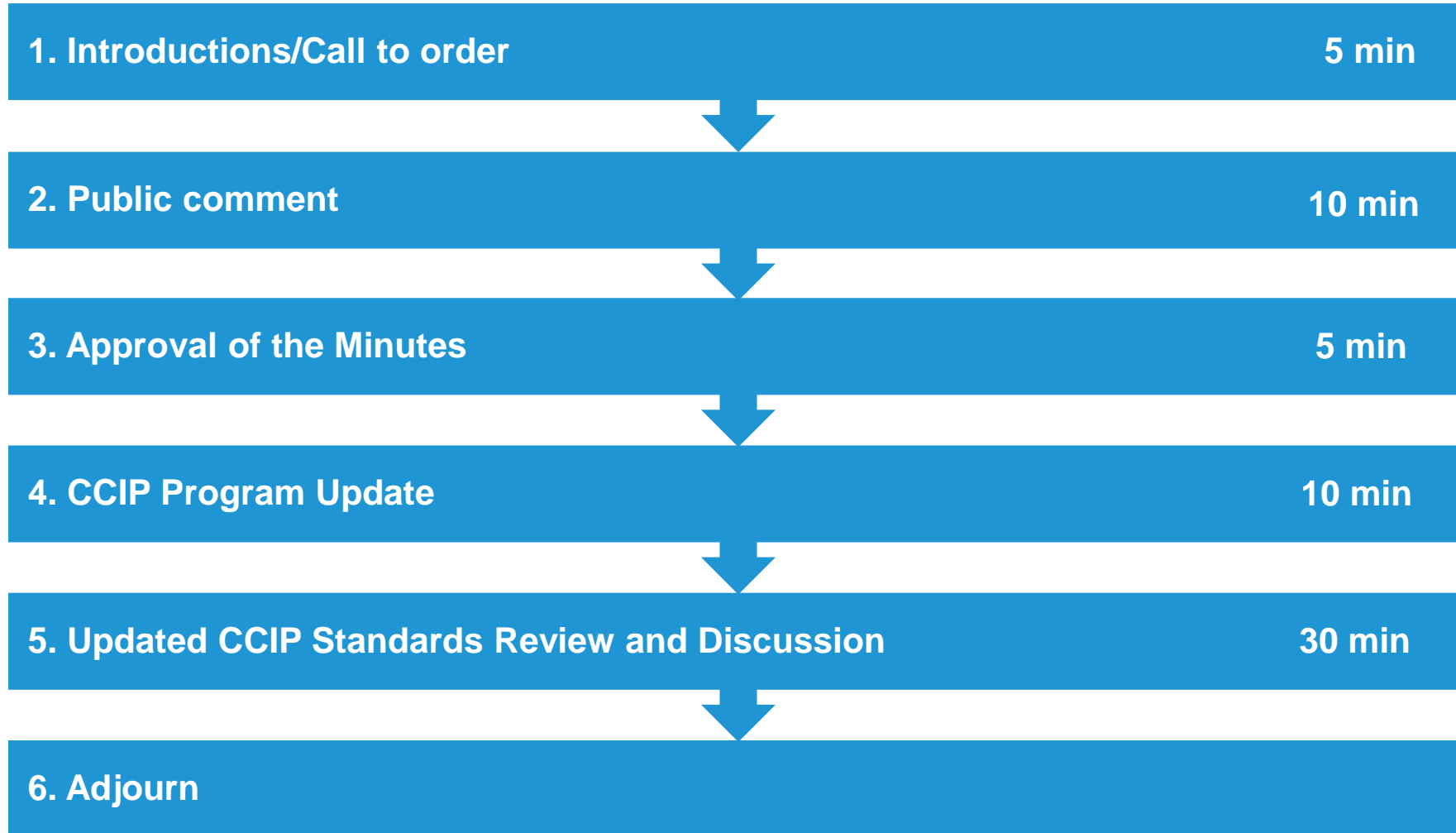


CONNECTICUT
Office of Health Strategy

Practice Transformation Task Force

April 10, 2018

Meeting Agenda



Introductions/ Call to Order

Public Comment




Approval of the Minutes

CCIP Program Update




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



CCIP Progress

Comprehensive Care Management

Areas of Success:

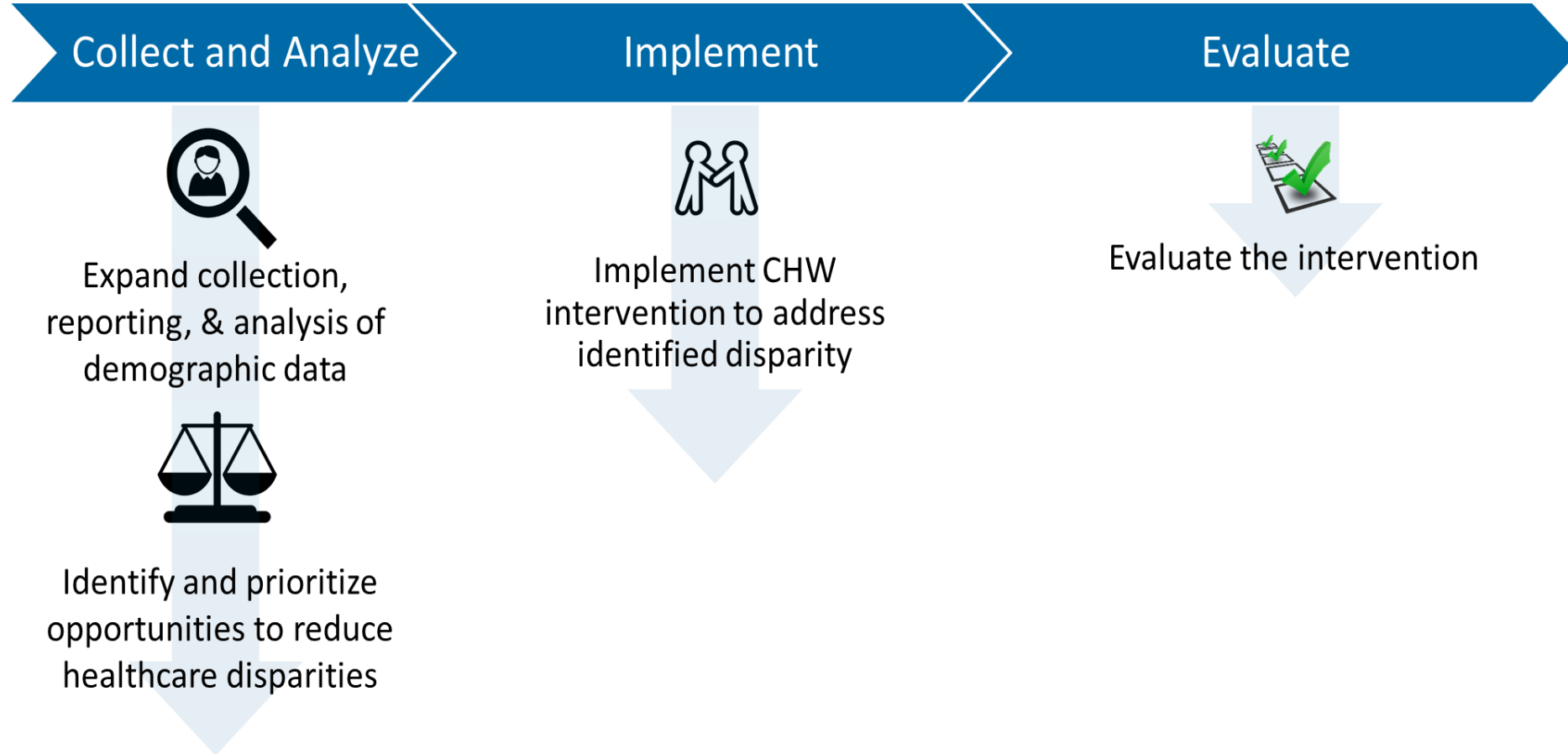
- Identifying Individuals with Complex Needs
- Conducting Person Centered Assessments
- Establishing Comprehensive Care Teams
- **The Integration of Community Health Workers into Care Teams**

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



CCIP Progress

Health Equity Improvement Part 1

Areas of Success:

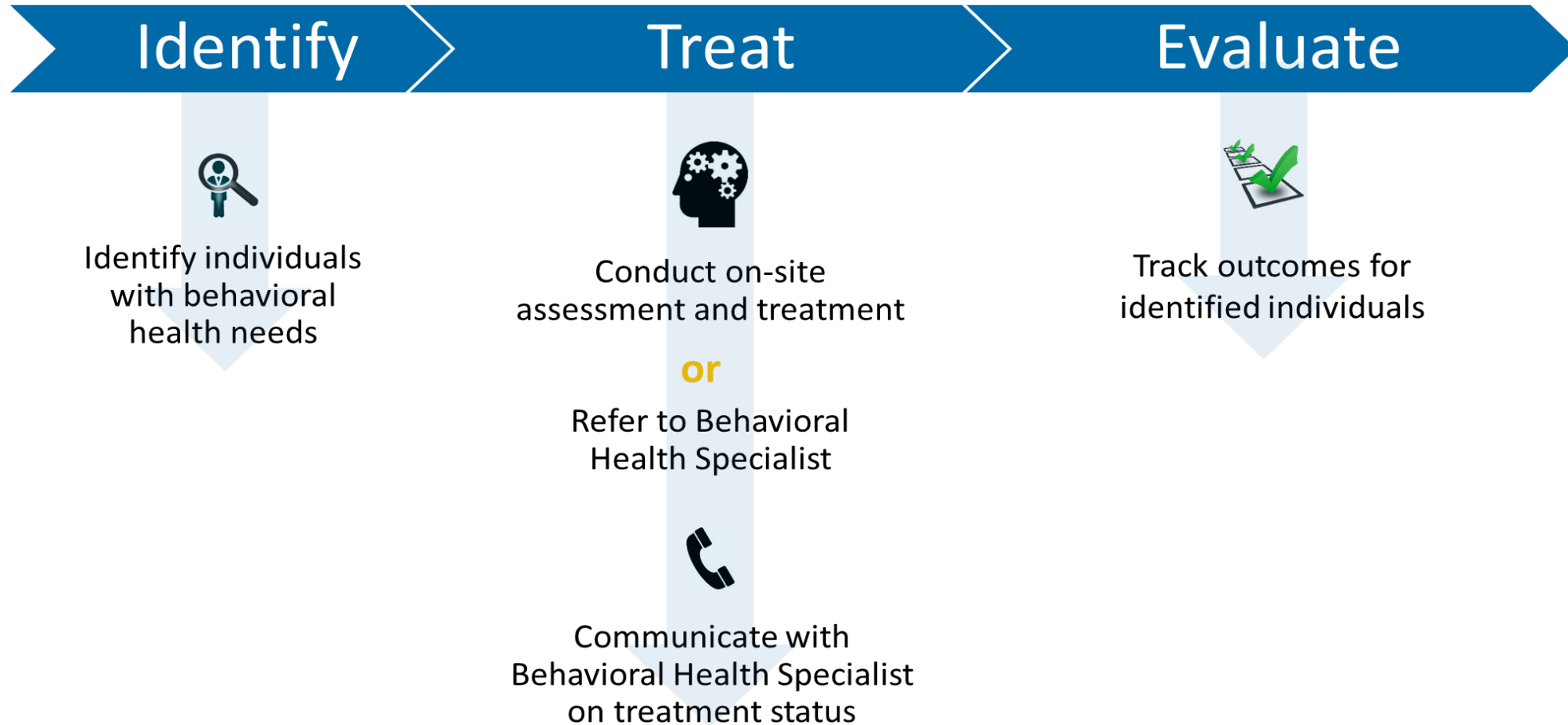
- Designating Teams within each Participating Entity to work on Health Equity Strategy
- **Beginning to identify granular race/ethnic categories to capture in EHR**
- Beginning to adapt workflows to capture granular race/ethnic categories

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



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

Updated CCIP Standards Review & Discussion

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
- Retained requirement that the Comprehensive Care Team include a CHW and a Behavioral Health Specialist as needed
- 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

- 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 Preventive 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>



Adjourn