



CONNECTICUT  
*Office of Health Strategy*

## Practice Transformation Task Force

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April 10, 2018

# Meeting Agenda

1. Introductions/Call to order 5 min

2. Public comment 10 min

3. Approval of the Minutes 5 min

4. CCIP Program Update 10 min

5. Updated CCIP Standards Review and Discussion 30 min

6. Adjourn

# 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

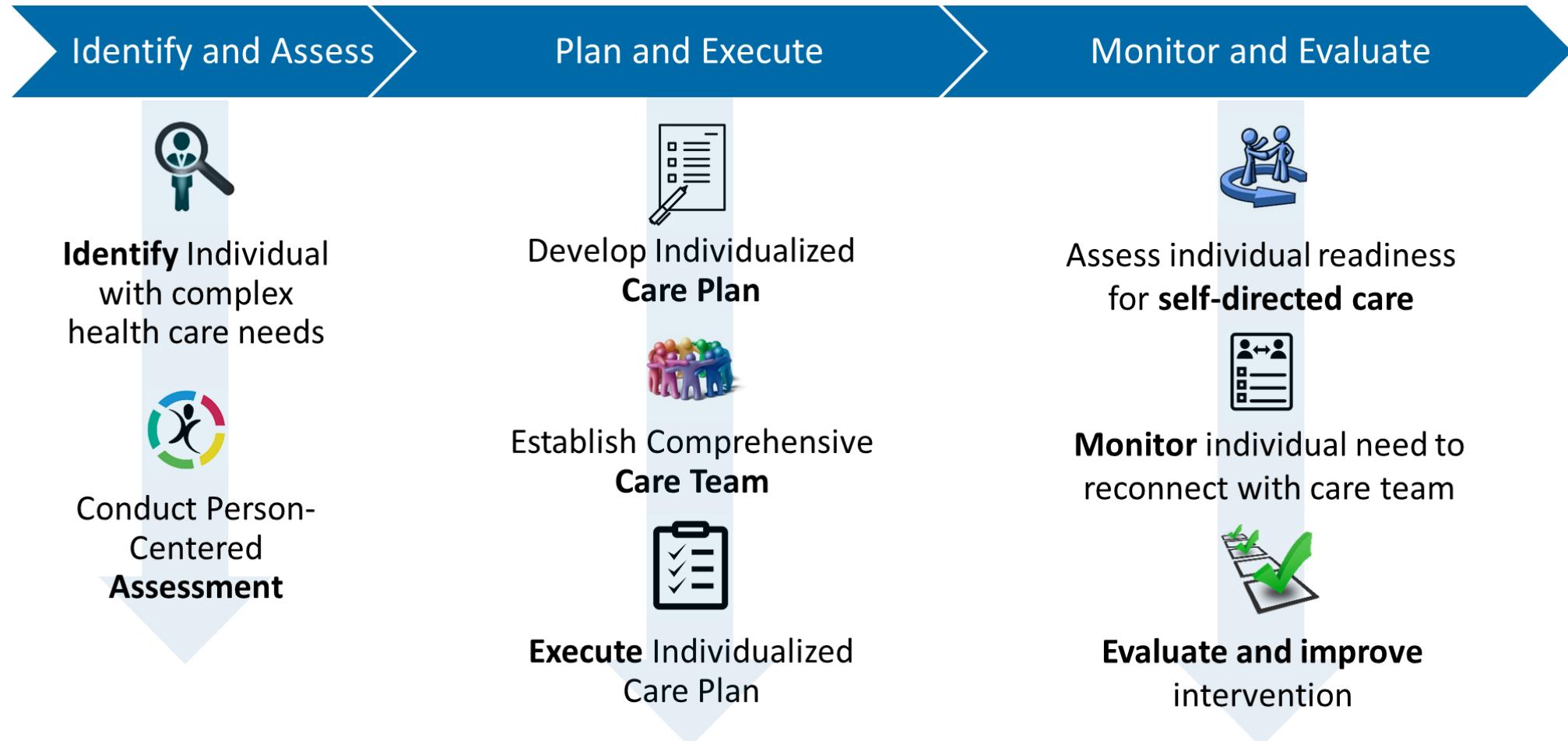
- Initial Readiness Assessments
- Development of Transformation Plans
- Quarterly Reassessments & Updates to the Transformation Plans
- Regular Meetings with Qualidigm and the SIM PMO
- In-person Learning Collaboratives focused on Core Standards
- Online Learning Management System- Educational Resources

## 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:

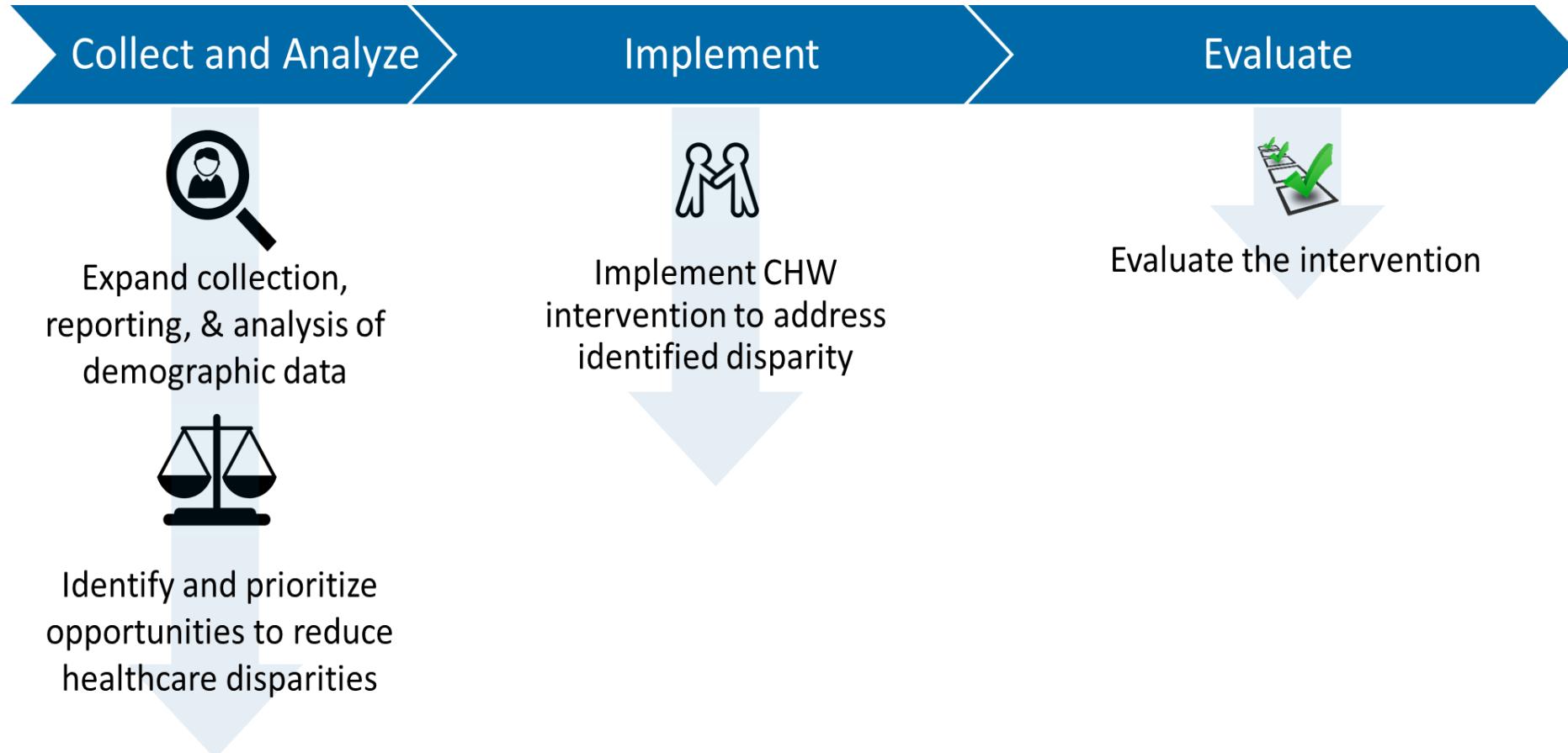
- Identifying Individuals with Complex Needs
- Conducting Person Centered Assessments
- Establishing Comprehensive Care Teams
- **The Integration of Community Health Workers into Care Teams**

### 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:

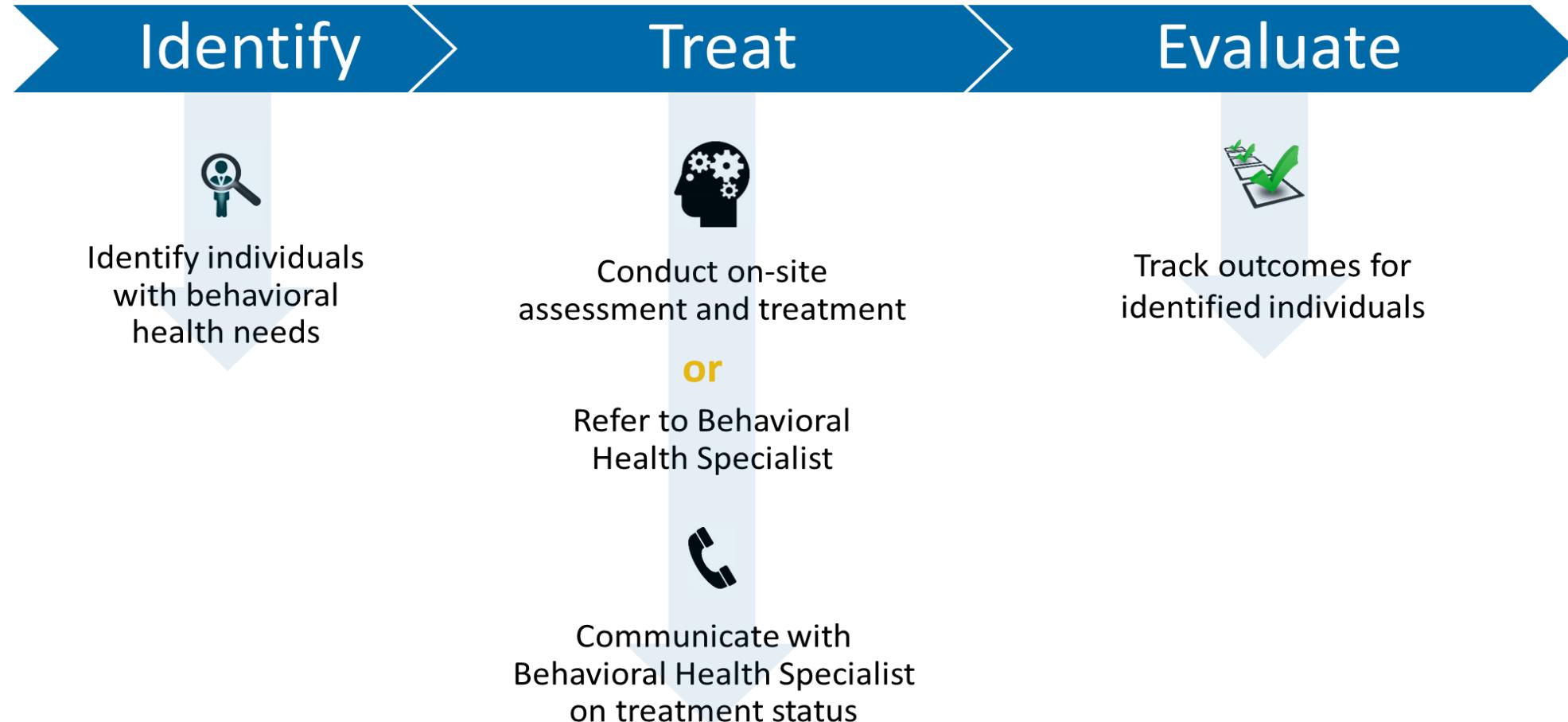
- Designating Teams within each Participating Entity to work on Health Equity Strategy
- **Beginning to identify granular race/ethnic categories to capture in EHR**
- Beginning to adapt workflows to capture granular race/ethnic categories

### 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 Prevention 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