Connecticut State Innovation Model
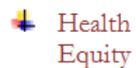# Work Stream Update

SIM : connecticut state
innovation model

- An RFP was released (Due September 29) for the Prevention Service Initiative vendor. The selected vendor will provide technical assistance to Community Based Organizations, Advanced Networks and FQHCs to establish formal partnerships for the provision of prevention services.
- Updated VBID templates were released for public comment; comments due September 17.
- The Consumer Advisory Board's Consumer Engagement and Communications Plan was finalized, detailing the strategies that will be undertaken over the next two years to ensure effective consumer engagement throughout SIM implementation.
- The Immunization Information Systems (IIS) Design Group developed recommendations for the Health IT Advisory Council which will be reviewed in September.
- The Quality Council provided input on the Health Equity measures project, an initiative between the SIM PMO, DSS, and Yale CORE to develop a methodology for calculating measures of health disparities.
- PCMH+ Compliance reviews were completed in August to ensure Participating Entities are meeting the requirements of the program, and to inform the State of progress and unique approaches to meeting the standards.
- The Community Health Worker website launched, featuring resources for CHWs and CHW employers. The site will serve as a tool for promoting the CHW workforce, as well as connecting CHWs to training, employment, and networking opportunities.
- A workshop on CHW supervision was hosted by the CHW Team and the CCIP vendor, Qualidigm. Over 30 individuals participated, representing the CCIP and PCMH+ Participating Entities. The workshop was led by national leaders in the CHW field, Carl Rush and Joanne Calista.
- The Evaluation team received approval on their APCD data request, which will inform dashboard reporting on key measures for the evaluation of SIM efforts.
- The Learning Management System launched for CCIP Participating Entities, providing access to key resources to support efforts toward achievement of the CCIP Standards.
- The PMO released an RFP for a media production vendor to develop videos that help consumers understand their role in a person-centered care process. The deadline for submissions is October 20.
- The PMO received approval of a four-month no-cost extension request for Award Year 2 of the SIM grant. Award Year 2 will now end on January 31, 2018.

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
Healthcare Innovation Steering Committee (HISC)	*Population Health* *VBID*	• Reviewed responses to Prevention Service Initiative comments and approved the PSI initiative • Reviewed and approved updated VBID templates for Public Comment • Discussed and provided input on the test grant investment strategy	• Review Public Comment and approve the Report of CHW Advisory Committee • Review public comment and approve the updated VBID templates • Provide input on the development of Health Enhancement Communities	10/12/17
Consumer Advisory Board (CAB)	*Consumer Engagement*	• Approved the CAB Consumer Engagement and Communications Plan • Released an RFP for a media production vendor to develop videos that help consumers understand their role in a person-centered care process.	• Recommend consumer representatives to the Health Care Cabinet Prescription Drug Workgroups • Identify key findings from the Manchester Community College consumer engagement event • Work with the Consumer Engagement Coordinator to begin implementing the Consumer Engagement and Communications Plan	10/10/17

Population Health   Health Equity   Healthcare Quality   Consumer Empowerment   Affordability

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Practice Transformation Task Force (PTTF)	*PCPM*	• No August Meeting	• Provide final comments and approve the PCPM White Paper for review by the Steering Committee	10/3/17
Health Information Technology (HIT)	*Immunization Design Group* *HIE Use Case Design Group* *HIT Stakeholder Forums* *eCQMs*	• The Immunization Information Systems (IIS) Design Group developed recommendations for the Health IT Advisory Council to review and accept for the August meeting. Due to summer schedules, quorum was not met and motion to accept recommendations was postponed until the September meeting. In addition, the Department of Public Health (DPH) Immunization program is pursuing CMS HITECH Funds with the HIT-PMO support. DPH is working with the Association of State and Territorial Health Officials (ASTHO) to develop a portion of the Advance Planning Document (APD) that will be integrated into the HIT PMO's work related to the implementation of health information exchange services. It is expected that the APD will be submitted by December. • The HIE Use Case Design Group continued meeting for the month of August. The Design Group has identified the top 10 use cases that they deem to have a significant value and can be supported by state shared services. • After the July stakeholder engagement forums, the HIT PMO scheduled a Local Health Department Forum with several Local Health Directors to better understand the needs and the types of shared services would be beneficial.	• Continue to facilitate the Health IT Advisory Council Meetings • Continue HIE Entity Planning • Finalize the functional requirements for the HIE shared services, eCQM solution and use case technical needs. • Continue to develop an IAPD that will support IIS implementation and connectivity with the HIE as well as the HIE Shared Services. • The HITO will present at the quarterly meeting of the federally qualified health centers CIO forum in September, per requests from the July stakeholder forum event. • The HIT Consultant will develop a technology matrix that will provide a framework for describing and targeting the use of technology services that cross each of the use cases.	HIT Advisory Council: 9/21/17

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		• The HIT PMO has developed a tiger team that will work on drafting an agile procurement process that will support several parallel tracks including the procurement of HIE Shared services, eCQM solution, and a systems integrator. • Contracted with UCONN School of Nursing to develop a technical architecture to support the framework for the HIE Solution. It is anticipated that the technical architecture will develop standards and technical infrastructure that will be scalable to support layering of various HIT Services on its backbone.		
Quality Council (QC)	*Public Scorecard*	• Reviewed and provided input on Health Equity measures project, an initiative between the SIM PMO, DSS, and Yale CORE to develop a methodology for calculating measures of health disparities. • Hired a new Quality Measure Alignment lead for the SIM PMO…start date September 11, 2017.	• Approve Public Scorecard Scope of Work and Timeline • Allan Hackney, the CT HITO will provide a presentation and discussion of eCQM strategy	9/26/17
Care Management Committee (CMC) (A sub-committee of MAPOC)	*PCMH+*	• No August meeting	• Provide updates at Sept MAPOC CMC meeting	9/13/17

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Population Health Planning (DPH)	*PSCs (Now Prevention Service Centers or PSIs)* *HECs*	• Distributed a short survey to obtain basic information on existing community health collaboratives in CT. • Began HEC planning among the core team. Developed a working definition to share with the Population Health Council to commence the planning process. • Steering Committee approval and support of the PSI model was obtained after review of Committee questions. • A PSI Technical Assistance RFP was released. Proposals are due September 29. • RFP planning and review is underway to solicit an HEC planning support vendor. The RFP is scheduled to be released in September. • The synthetic estimation methodology developed by the BRFSS team to estimate regional health indicators was finalized using single or multiple years of CT BRFSS data. An explanatory manuscript is being prepared and will be made available after external reviewers provide feedback. • RFP posted for the next contract period for the CT BRFSS. Proposals received and reviewed and award will be announced in September. • Work continued to improve the accuracy of the population model used to predict population sizes of towns by age, sex, race-Hispanic Ethnicity for the years 2011-2014.	• Work with HRiA to analyze results for use in HEC planning. • Selection of the PSI TA vendor in response to proposals. • Incorporate review team edits and release the HEC RFP. • Staff will continue working on the manuscript and present in the Northeast Epidemiology Conference.	10/26/17

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Person Centered Medical Home Plus (PCMH+, formerly MQISSP)		• DSS remains strongly committed to the success of the PCMH+ initiative. Given the uncertainty around the General Assembly's adoption of a state budget for the biennium, however, the Department determined that it was necessary to revisit and revise its original procurement plans for PCMH+ Wave 2. A state budget is needed before the Department can properly plan for, and release, a Request for Proposals for PCMH+ Wave 2. For that reason, the Department is extending Wave 1 contracts with its current PCMH+ Participating Entities for three months, through March 31, 2018. • Continued working through the Performance Year 1 work plan • DSS is currently updating Wave 2 RFP draft • Compliance onsite reviews performed in August • PE monthly reports submitted and in review	• Continue refining Wave 2 RFP draft • Summarize findings from compliance onsite reviews	N/A
Value-based Insurance Design		• Hosted a webinar with the Northeast Business Group on Health to promote VBID concepts • Continued assessing strategies for working with universities, unions, and human resources specialists to promote VBID uptake. Scheduled several events for September-October with business groups, chambers of commerce, and broker groups. • Continued working on a strategy for an online tool accessible to employers. The tool will allow employers to assess their health insurance needs and generate a VBID plan.	• Review proposals and select a vendor for targeted technical to employers interested in implementing VBID. Complete VBID assessments with all payers and share results with SIM governance • Present updated VBID templates to Steering Committee for approval. • Review Dr. Braithwaite's model assessing the impact of VBID plan adoption across all CT fully-insured employers.	No upcoming meetings

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UCONN Community Health Worker (CHW) Initiative	*CCIP*	• Hosted TA workshop on 8/1 by national experts Carl Rush and Joanne Calista: "Introduction to the CHW Workforce for Supervisors, Managers & Policy Makers." Over thirty people attended. • Completed LMS Module 1, submitted a second draft of LMS Module 2: "Paving the Way for Successful CHW Integration" and first draft of LMS Module 3: "Are you ready for Change?" • Launched phase 1 of CHW website on 8/10: https://chwresourcesct.org. • Completed drafts for the remaining four best practice manuals: Orientation to Practice, CHW Training, Supervision, and Evaluation.	• Submit final draft of LMS Module 2 and continue modification of Module 3. • Conduct conference call with Qualidigm on 9/5 to determine additional strategies for implementation for CCIP PEs. • Conduct networking activities to recruit CHW employers for the CHW apprenticeship program. • Submit best practice manual final drafts to the PMO in September for: Orientation to Practice, CHW Training, Supervision, and Evaluation.	TBD

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UCONN Evaluation	*Dashboard*	• Continued data acquisition efforts for 10/1/17 dashboard including distribution of APM survey to payers • APCD data request approved • Secure servers readied for data storage and analysis	• Continue data acquisition and analysis for 10/1/17 dashboard publication including VBID and APM survey data collection • Receive APCD data • Provide analysists with user accounts on secure servers	N/A
	Care Experience Survey	• Finalized sampling frame after de-duping and limiting to one respondent / household. • Developed plan for variable coding based on data fields available in files provided by insurance plans • Advanced plan to pursue gender concordance analyses • Final review of data collection documents	• Vendor will identify final sample • Launch commercial CAHPS survey	
	Public Scorecard	• Held internal kick-off meeting • Began user interface option assessment with state partners	• Continue assessment of user interface options • Begin review and structuring of APCD data	
	Reporting to CMMI	• Attended monthly call with National Evaluators • Continued data acquisition efforts for metric reporting	• Attend monthly call with National Evaluators • Continue data acquisition activities for required reporting	

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Community and Clinical Integration Program		• Launched Learning Management System (LMS) to provide PEs with material to support their efforts in achieving the CCIP standards. • Continued developing a strategy for launching the Community Health Collaboratives by building on the existing collaborative structures in each region	• Finalize Plan for and launch Community Health Collaboratives in each key region- Bridgeport, New Haven, and Middletown. • Launch Health Equity Learning Collaborative in late October	N/A
Advanced Medical Home Program		• Continued working with Qualidigm on recruitment efforts. There are currently 143 total practices in the program- 90 through the state funded initiative and 53 through the federally funded initiative. • Qualidigm continued providing technical assistance to the AMH practices in both the state-funded Pilot and Federally-funded cohorts. • To date, 50 practices in the Pilot have received NCQA Level 2 or 3 PCMH recognition, and 22 have received Planetree recognition.	• Continue providing technical assistance to the enrolled practices.	N/A
Program Management Office (PMO)	*Operational Plan* *Budget*	• Received approval on budget amendment and no-cost extension request. Award Year 2 will now end on January 31, 2018. • Continued drafting Operational Plan for Award Year 3. • Released a Request for Proposals for the Prevention Service Initiative (PSI) vendor who will support partnerships between Community Based Organizations and Advanced Networks/FQHCs. • Released a Request for Proposals for a medica production vendor to develop community-specific videos to inform consumers on their role in patient-centered care.	• Continue drafting Operational Plan for Award Year 3. • Amend existing MOAs, contracts, and release of funds requests to support no-cost extension period	N/A

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ACRONYMS

APCD – All-Payers Claims Database

AHCT – Access Health Connecticut

BRFSS – Behavioral Risk Factor Surveillance System

CAB – Consumer Advisory Board

CCIP – Clinical & Community Integration Program

CHW – Community Health Worker

CMC – Care Management Committee

CMMI – Center for Medicare & Medicaid Innovations

DPH – Department of Public Health

DSS – Department of Social Services

EAC – Equity and Access Council

EHR – Electronic Health Record

HISC – Healthcare Innovation Steering Committee

HIT – Health Information Technology

LMS – Learning Management System for CCIP

MAPOC –Medical Assistance Program Oversight Council

MOA – Memorandum of Agreement

MQISSP – Medicaid Quality Improvement and Shared Savings Program

PCMH – Patient Centered Medical Home

PCMH+ – Patient Centered Medical Home Plus

PMO – Program Management Office

PTTF – Practice Transformation Task Force

QC – Quality Council

SIM – State Innovation Model

FQHC – Federally Qualified Health Center

RFP – Request for Proposals

OSC – Office of the State Comptroller

VBID – Value-based Insurance Design

The purpose of this document is to raise awareness among members of SIM Governance and SIM-funded work stream leads so that they can stay up-to-date about SIM progress, understand their work in context, and spot inter-dependencies where collaboration or coordination may be beneficial