

Connecticut State Innovation Model

Work Stream Update



- Submitted application, updated operational plan and budget to transfer the SIM award to OHS from OHA.
- The Health Innovation Steering Committee was presented with the status on Quality Measure Alignment, CCIP Progress and [Streamlined Standards](#), approved a new Population Health Council representative from the CT Health and Educational Facilities Authority, and [Consumer representatives](#) for the Quality Council and Consumer Advisory Board.
- The Consumer Advisory Board hosted a Muslim Listening Session at the Berlin Mosque to meet with the Muslim community to discuss healthcare access, learn about their health concerns and understand how they connect with local resources.
- The Consumer Advisory Board held a special meeting regarding Primary Care Payment Reform. CAB provided questions and comments regarding PCM that will be presented to PTF.
- The HIT PMO Awarded a RFQ Contract for Service Area 1 (Project Management, Meeting Facilitation, HIT Council Support and Strategic Planning), and service areas 2-4 (eCQM development, HIE service procurement, and sustainability model development), both of which have submitted for review by CMS.
- The HIT PMO participated in multiple coordination meetings with DSS to submit the IAPD-U and a 2-4 page SMHP update. Anticipated submission of the IAPD-U to CMS is May 18, 2018.
- All fourteen (14) of the organizations that are participating in Prevention Service Initiative -- seven (7) CBOs and seven health care organizations -- responded to the organizational assessment provided by the TA consultant, Health Management Associates (HMA).
- BRFSS staff are working to prepare a report for local health departments in Connecticut that will provide valuable data to evaluate the health outcomes within their servicing local geographic areas. Innovative survey methodologies are also being explored to increase the response rate for the CT BRFSS.
- We have secured agreements with additional employers for the targeted technical assistance program, for a total of 11 employers to participate in the VBID initiative.
- Design groups were created to discuss various key decision points for the CHW Certification Program Requirements
- The UConn Evaluation team continued data acquisition and analysis for July 1 [dashboard](#).
- The UConn Evaluation team in coordination with Yale continued planning for next CAHPS administration while working to finalize a single score methodology for CAHPS reporting.
- The UConn Evaluation team completed attribution and measure feasibility discussions with [Quality Council](#), began discussion of benchmarks and scoring.
- OHS SIM released [Supplemental Awards Request for Applications for Wave 1](#) participants. Supplemental awards are available up to \$400,000 to help Participating Entities overcome identified barriers to fully achieving the CCIP Standards.
- OHS SIM Released [Transformation Awards Request for Applications for Wave 2](#) participants. Transformation Awards are available up to \$750,000 to help new CCIP participants achieve the Standards.
- OHS SIM also released draft [streamlined CCIP Standards](#) based on learnings from Wave 1.

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
Healthcare Innovation Steering Committee (HISC)	HIT Quality Measures CCIP	<ul style="list-style-type: none"> Reviewed HIT IAPD-U Submission Status Discussed Quality Measure Alignment Discussed CCIP Progress and Streamlined Standards Approved new Population Health Council representative from the CT Health and Educational Facilities Authority, and Consumer representatives for the Quality Council and Consumer Advisory Board View Presentation Here 	<ul style="list-style-type: none"> Discuss PCMH+ Progress and Wave 2 Launch Discuss CCIP Strategy for Wave 2 Approve Steering Committee Pediatric Primary Care Provider representative 	
Consumer Advisory Board (CAB)	Consumer input on barriers to appropriate healthcare Healthcare Reform	<ul style="list-style-type: none"> CAB approved 2 young adult applicants for CAB, 1 consumer representative and 2 alternates for Quality Council. CAB hosted the Muslim Listening Session at the Berlin Mosque to meet with the Muslim community to discuss healthcare access, learn about their health concerns and understand how they connect with local resources. CAB held a special meeting regarding Primary Care Payment Reform. CAB provided questions and comments regarding PCM that will be presented to PTF. 	<ul style="list-style-type: none"> CAB will conduct new members orientation and assign mentor to new members. CAB will review Muslim event summary to identify key findings, messages, action steps and next steps CAB PCM questions and comments will be discussed at May PTF meeting 	
Practice Transformation Task Force (PTTF)	CCIP	<ul style="list-style-type: none"> Discussed CCIP Progress and Streamlined Standards 	<ul style="list-style-type: none"> Review Primary Care Modernization Report Public Comments and Proposed Responses 	

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Health Information Technology (HIT)	Contracts IAPD-U, Appendix D CDAS Governance Design Group	<ul style="list-style-type: none"> Awarded RFQ Contract for Service Area 1 (Project Management, Meeting Facilitation, HIT Council Support and Strategic Planning), and 2-4 (eCQM development, HIE service procurement, and sustainability model development) submitted to and under review by CMS. Execution of MOA contract with UConn AIMS. Multiple coordination meetings with DSS to submit IAPD-U and 2-4 page SMHP update. Anticipated SMHP update to CMS is on on May 9, 2018. Anticipated submission of IAPD-U to CMS is May 18, 2018. UConn AIMS has identified and is in procurement/contracting process for all software. This includes receipt of licensing, bids, and quotes and are currently in review. Developed virtual machine (VM) sizing and configurations documents for all requirements. Received approval by OPM for non-competitive contract for OAG to assign legal representation to governance design group. 	<ul style="list-style-type: none"> Service Area 1-4 Program Kickoff planned for June. Onboarding initiatives in process Current UConn Health MOA Ammendment 1 in draft form to be submitted with IAPD-U on May 18, 2018 Hire resources as needed to support IAPD Service Area work – in process Finish software purchase and agreements prior to implementation, configuring and testing VMs. Await/receive OAG assignment for legal representation for governance design group – expected kick-off mid-May. 	<p>APCD Advisory Council Meeting: 5/10</p> <p>Health IT Advisory Council Meeting: 5/17</p>
Quality Council (QC)		<ul style="list-style-type: none"> See Scorecard Section of UConn Evaluation 	<ul style="list-style-type: none"> Evaluate user interface for scorecard Finalize decisions on benchmarks, attribution, quality measure methodology, and entity rating for the public scorecard 	5/16

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Care Management Committee (CMC) -A sub- committee of MAPOC)		<ul style="list-style-type: none"> May committee meeting to be held May 16 	<ul style="list-style-type: none"> Share update at May MAPOC CMC 	5/16/2018

 Population
Health

 Health
Equity

 Healthcare
Quality

 Consumer
Empowerment

 Affordability

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Population Health Planning (DPH)	<ul style="list-style-type: none"> The PSI and HEC contracts process for communities and healthcare organizations is ongoing and moving forward. All fourteen (14) of the organizations that are participating in PSI -- seven (7) CBOs and seven health care organizations – responded to the organizational assessment provided by the TA consultant Health Management Associates (HMA). HMA has summarized the survey results and is incorporating them into the agenda for an all-day peer Learning Session on May 17, 2018 and subsequent webinars. BRFSS staff are working to prepare a BRFSS report for local health departments in Connecticut that will provide valuable data to evaluate the health outcomes within their servicing local geographic areas. Innovative survey methodologies are also being explored to increase the response rate for the CT BRFSS. Geocoding address-locator information has been updated and staff are beginning to geocode several years of hospitalization records. Small-area avoidable hospitalization rates and costs will be tabulated. The AIRAM consultant group has been contacted to determine which health statistics may be able assembled for the HEC-planning work. 	<ul style="list-style-type: none"> Contracts are in varying stages of being complete—awaiting signatures/ OAG/ executed. 2017 CT BRFSS dataset will be released this summer from CDC Clean and standardize input data. Summarize results where the initial imputed town based on zip-code differs from the Town designated by the geocoding process. Identify data need by AIRAM and organize it for their use. 	Pop Health Council Meeting 5/24	

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Person Centered Medical Home Plus (PCMH+, formerly MQISSP)		<ul style="list-style-type: none"> • Reviewing RFP responses • Formally submitted SPA to CMS • PE monthly reports submitted and in review • Planning for information sessions and technical assistance webinars • Held complaint report webinar with PEs 	<ul style="list-style-type: none"> • Execute contracts with PEs • Hold community information sessions and technical assistance webinars • Send Member Welcome Letters to PEs 	5/16/2018
Value-based Insurance Design		<ul style="list-style-type: none"> • Secured agreements with additional employers for targeted technical assistance program, for a total of 11 employers. • Held initial calls with 10 of the participants, and completed the data dashboard for 5 of the participants. The data dashboard captures all relevant healthcare information to enable decisions regarding VBID plan design. 	<ul style="list-style-type: none"> • Host May 7 webinar on “Prevention: What works, what doesn’t, and how to communicate to employees through education and benefit design.” • Complete remaining employers’ data dashboards 	

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UCONN Community Health Worker (CHW) Initiative		<ul style="list-style-type: none"> • Design groups were created to discuss various key decision points for the CHW Certification Program Requirements including Certification Requirements, CHW Certification Methods and Administration, and - Training Curricula. Each of the design groups conducted meetings in person, via conference call or video conference reviewed research from other states and discussed key decision points for the CHW Certification requirements. CHW Initiative staff provide oversight to Group 2 & 3. • Reviewed materials for CHW website regarding resources, workforce development career opportunities, and decided on next steps. Materials will be posted when consultant contract executed. • Reached out to apprenticeship partners to identify their representation. Meeting to be scheduled in May. • Staff attended HISC meeting on April 12th and reported back to the CHW Initiative staff. 	<ul style="list-style-type: none"> • Working with Hispanic Health Council and Community Catalyst for marketing the “Policy Brief: Addressing Social Determinants of Health through Community Health Workers – A Call to Action.” • Planning a symposium with Hispanic Health Council, Health Equity Solutions, and Families USA for July 2018 looking at fiscal sustainability of CHWs with presenting the “Policy Brief: Addressing Social Determinants of Health through Community Health Workers – A Call to Action.” • Attended “Future of Healthcare in CT: Paths to Equity and Good Health for All” on April 25th. 	<p>Arranged for visit of national expert in Public Health primary care integration to speak with local health directors at the DPH Meeting in September 2018</p>

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UCONN Evaluation	<p><i>Dashboard</i></p> <p><i>Scorecard</i></p>	<ul style="list-style-type: none"> Continued data acquisition and analysis for July 1 dashboard Continued planning for next CAHPS administration Finalized single score methodology for CAHPS reporting Reached out to payers for 2017 collection of APM and VBID surveys. Continued with user interface development Completed attribution and measure feasibility discussions with Quality Council, began discussion of benchmarks and scoring. Drafted methodology documents for public comment Continued with commercial and Medicaid CHAPS analysis 	<ul style="list-style-type: none"> Continue analysis of APCD data for dashboard to set baselines and targets for healthcare delivery methods Receive data for upcoming dashboard publications including Medicare and additional commercial claims data from APCD Continue planning for next CAHPS administration Continue scorecard user interface and methods development Complete decision point discussion on benchmarks and scoring with Quality Council Receive Medicare and additional commercial claims from the APCD and continue data analysis Begin engagement with healthcare organizations 	

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Community and Clinical Integration Program		<ul style="list-style-type: none"> Released Supplemental Awards Request for Applications for Wave 1 participants. Supplemental awards are available up to \$400,000 to help Participating Entities overcome identified barriers to fully achieving the CCIP Standards. Released Transformation Awards Request for Applications for Wave 2 participants. Transformation Awards are available up to \$750,000 to help new CCIP participants achieve the Standards. Released draft streamlined CCIP Standards based on learnings from Wave 1. 	<ul style="list-style-type: none"> Evaluate applications and release Supplemental Awards and Transformation Awards. 	N/A
Grant Administration		<ul style="list-style-type: none"> Submitted application, updated operational plan and budget to transfer the SIM award to OHS from OHA Submitted annual report to CMMI 		

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

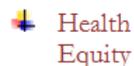
EAC – Equity and Access Council

EHR – Electronic Health Record

HISC – Healthcare Innovation Steering Committee

HIT – Health Information Technology

MAPOC – Medical Assistance Program Oversight Council



MOA – Memorandum of Agreement

MQISSP – Medicaid Quality Improvement and Shared Savings Program

PCMH – Patient Centered Medical Home

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

 Population Health

 Health Equity

 Healthcare Quality

 Consumer Empowerment

 Affordability