



# ***Connecticut Reform Activities Relevant to CON Task Force***

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**September 19, 2016**

# Today's Topics

- State Innovation Model Initiative
- Healthcare Cabinet Cost Containment Study
- All Payer Claims Database

# What is a State Innovation Model Grant?

SIM grants are awarded by the federal government through the *Center for Medicaid and Medicare Services (CMS) Innovation center*. Grants are awarded to states that have demonstrated a commitment to developing and implementing multi-payer health care payment and service delivery models that will:

- 1 Improve health system performance
- 2 Increase quality of care
- 3 Decrease Costs

Connecticut awarded a \$45 million test grant in December 2014 which will be implemented over the next five years.

# SIM Update

- Two year budget request for \$13 M submitted to CMMI
- Updated Operational Plan submitted 9/6
- CMMI site visit in July – MACRA was a key subject of discussion
- Ops Plan includes an **Alignment Grid**. CMMI recommended that the state create common areas of effort across its strong, independent, but related initiatives. SIM Core Team (includes all of our work stream leads) reviewed each work stream and determined how the work can be prioritized or targeted to directly address certain target conditions or populations in order to accelerate performance improvement.
  - We are in the process of sharing that draft with each of our work groups to obtain additional input.

# SIM Update (cont'd) PCMH+ and HIT

- **PCMH+** (formerly Medicaid Quality Improvement and Shared Savings Program or MQISSP)
  - The DSS RFP for PCMH+ closed and proposals are currently under review, with selection expected during the first week of October. Additional planning continues with the Care Management Committee.
- **HIT**
  - The SIM PMO, DSS, Office of the National Coordinator, CMS are working collaboratively under technical assistance availability from the federal government to coordinate activities
  - Statewide HIT Advisory Council has absorbed the work of the legacy SIM HIT Council - -recent discussions with Statewide council include historical work of SIM HIT Council and MACRA update, requested by Council
  - HITO search underway

# SIM Update (cont'd) - CAB

## Consumer Advisory Board

- The CAB is working to improve its **Consumer Application Process** for recruiting new consumer representatives on the CAB and on our work groups.
- The CAB is working closely with our new **Consumer Engagement Coordinator, the North Central Regional Mental Health Board**, on our communication and engagement strategy for members of the community general public.
- Planning efforts are underway for the Arab-American Listening Forum, which will be co-hosted by the Consumer Advisory Board
- CAB also arranged an input session on the Cabinet proposed recommendations

# SIM Update (cont'd) – Care Delivery Reform

- **Advanced Medical Home (AMH) Vanguard Pilot Program, 39 of 50 practices** have so far received NCQA recognition at the Level of II or III.
- Planning underway for an **AMH Conference Event in collaboration with DSS** focused on recruiting **150 practices** to participate in the first federally funded wave of the Advanced Medical Home program.
- **[AMH RFP was released](#)** for a vendor to provide transformation services to this first federally funded wave of primary care practices in our AMH Program. Applications due September 26<sup>th</sup>
- Community and Clinical Integration Program (**CCIP) Vendor RFP** closed and is under review. The vendor will provide transformation support to those PCMH+ participating entities that are eligible for CCIP. Targeting October for contract.
- **CCIP Transformation Awards** RFA closed and the review process is underway. Transformation Awards of up to \$500,000 will be provided to some PCMH+ participating entities to help them achieve CCIP standards.
- Community Health Worker (CHW) Advisory Committee reached consensus on a **[CHW scope of practice](#)** for inclusion in their policy framework.
- The CHW leadership team is engaged with the SIM PMO in targeting it **employer engagement support** to employer participants in CCIP.

# SIM Update – Quality Council and VBID

- **Quality Measure Alignment**

- Public Comment on the Quality Council Report closed and was presented to the Quality Council last Wednesday.
- UConn Evaluation team began work with the Quality Council to identify a process for a **SIM Public Scorecard** focusing on the performance of Advanced Networks and FQHCs. Proposed approach will be shared with the HISC for discussion in the next several months.

- **VBID**

- Planning continues for the first VBID Learning Collaborative event, to be held in October in Fairfield county. This event will be held in partnership with CBIA and will feature Pitney Bowes as a champion employer.
- Work continues on a first draft of a fully insured employer manual, which we hope will be ready for HISC review in October.



# P.A. 15-146 – Cost Containment Study

- Healthcare Cabinet
  - Charged with cost containment study
    - Alignment with SIM and other reform initiatives
    - Objective study
    - Work is ongoing – presentations available online at <http://portal.ct.gov/hcc/>
    - Next meeting TBD
    - Report due 12/1/16

# Review of Legislation: P.A. 15 - 146

- Study what successful practices other states (including MA, MD, OR, RI, WA and VT) are doing to:
  1. Monitor/control health care costs
  2. Enhance competition in the health care market
  3. Promote use of high value providers
  4. Improve health care costs and quality transparency
  5. Increase cost-effectiveness in the health care market
  6. Improve the quality of care and health outcomes

# Recommendations from the Healthcare Cabinet Shall Include:

1. A framework for:
  - A. the monitoring of and responding to health care cost growth on a health care provider and a state-wide basis that may include establishing state-wide or health care provider or service-specific benchmarks or limits on health care cost growth,
  - B. the identification of health care providers that exceed such benchmarks or limits, and
  - C. the provision of assistance for such health care providers to meet such benchmarks or to hold them accountable to such limits.

# Recommendations from the Healthcare Cabinet Shall Include:

D. The authority to **implement and monitor delivery system reforms** designed to promote value-based care and improved health outcomes.

E. The **development and promotion of insurance contracting standards and products** that reward value-based care and promote the utilization of low-cost, high-quality health care providers.

F. The **implementation of other policies** to mitigate factors that contribute to unnecessary health care cost growth and to promote high-quality, affordable care.

# Identifying Successful Practices for Connecticut

- First, identify current cost containment practices and programs in Connecticut.
  - Each will be assessed against the six key goals.
- Drawing on findings and discussion with the Cabinet, a series of proposals and options will be recommended that consider:
  - Current cost containment activities and their degree of success
  - Connecticut's culture, political dynamics, stakeholder reaction
  - Structure of Connecticut's provider and payer markets
  - Current infrastructure to support cost containment models
  - Anticipated barriers and possible solutions

# Recommendations from the Healthcare Cabinet Shall Include:

Mechanisms to **identify and mitigate factors that contribute to health care cost growth as well as price disparity** between health care providers of similar services, including, but not limited to:

- A. **consolidation among health care providers of similar services,**
- B. **vertical integration of health care providers of different services,**
- C. **affiliations among health care providers that impact referral and utilization practices,**
- D. insurance contracting and reimbursement policies, and
- E. **government reimbursement policies and regulatory practices.**

Bolded items are CON related.

# Sample of Presentations

- Key summary of states explored
  - Related to CON
    - Cost caps
    - Contractual requirements
    - MA, MD, RI and VT all have strategies to address the negative effects of consolidation — see handout.
- Resetting Connecticut context- June
- Pricing
  - Zack Cooper
  - Hospital reactor panel

# Current Activities

- Proposed model from consultant shared July 12th
- Written comments invited – July 25<sup>th</sup>
- Cabinet meeting September 13th – Facilitated discussion of comments to proposals, suggested alternatives
  - Written comments (online) received from:
    - CHA
    - DSS
    - DMHAS
    - DCF
    - DDS
    - CID
    - OPM
    - Legal Services – NHLAA, CLS, CLRP, GHLA
    - Connecticut Health Policy Project
    - NAMI-CT
- Next meeting TBD



# Stakeholder Feedback

- Several recommendations relate to CON
  - One specific recommendation was to empower the CON process to look at systems of care when making CON determinations, rather than just looking at addition of a specific services and piece of equipment
  - Price transparency to force competitive pressures among peers
  - Creating a statewide hospital capacity plan
  - Need for statewide health systems planning

## NEW

- General recommendations about controlling high unit costs, including a rate of growth cost cap
- AG authority to gather pricing information
- Coordinated health planning

# APCD Implementation Status Update

- **Data Acquisition -**
  - Commercial data: All eligible carriers except two have submitted data at 95% completion level. Those two carriers are withholding all ERISA data (self-funded and fully-insured). We are exploring options to acquire fully insured data from these carriers.
  - Medicaid data: APCD does not yet receive Medicaid data. They are working with DSS's IT team to schedule a planning meeting.
  - Medicare data: Application for Medicare data has been sent and we are waiting for CMS's approval. APCD staff is seeking approval to receive such data under the CMMI support category.
- **APCD Website** – the APCD staff is working with its reporting vendor to prepare the site for launch by September 30, 2016. The initial release will focus on population health reports. There will be incremental additions over the next few months. Price Transparency reports will be developed and exhibited on the website within the next 3-6 months.
- **Top Diagnoses & Procedures Report** - the APCD staff plans to publish the report that demonstrates the top diagnoses and procedures at inpatient and outpatient settings in Connecticut via the website by 9/30/2016.

# APCD Implementation Status Update

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- **Data Release Committee** — The APCD staff has identified a number of possible candidates to represent consumer interests on the Data Release Committee. This committee will be responsible for approving data requests from APCD.
- **Reporting Methodologies** — Staff is continuing to work on improving the methodology for the price transparency report. We have considered inputs from experts regarding the best way to capture post-procedure costs while excluding unrelated episode costs and the best length for a post-procedure window. Staff is also looking at how to approach procedures that often get combined into a single episode, such as colonoscopies with upper and/or lower GI series. Staff is also meeting with additional experts on quality and outcome measures and look forward to incorporating that feedback into our process.
- **New Reports** — HEDIS reports are identified as new reports. These reports will support SIM initiative. The timeline will be 1<sup>st</sup> quarter of 2017.