State of Connecticut Health Information Technology Advisory Council

June 16, 2016
P.A. 16-77
Session #8

Agenda

1. Welcome and Introductions
2. Public Comment
3. Review and Approval of the April 21, 2016 Minutes
4. Review of Previous Action Items
5. Legislative Update
6. Appointment Update
7. SIM Update
8. Wrap up and Next Steps
9. Contact Information

Public Comment

Review and Approval of 4/21/16 Meeting Minutes

Review of Action Items

#	Description	Assigned to	Follow-up Date
1	Stakeholders for inclusion in the development of the HIE requirements - handout	Health IT Advisory Council	6/16/16
2	Council member questions regarding the IAPD	Health IT Advisory Council	6/16/16

Legislative Update

Phase I – MAY 1, 2016 – August 1, 2016

- P.A. 16-77 review - handout
- Under the auspices of the Lt. Governor, secure the services of a search firm to develop HITO acquisition/selection process. Goal: HITO to onboard 8/1/2016

Legislative Update (cont.)

Phase II – August 1, 2016 – September 30, 2017

Upon onboarding, the HITO will be responsible for the following key tasks:

- Chair the HIT Advisory Council
- Conduct pre/post meeting calls to ensure follow up and meeting preparation
- Identify vendor to perform combined stakeholder engagement process for both SIM HIT and State's HIT Advisory Councils.
- Assist in drafting any necessary revised SIM HIT Ops plan, project narrative, budget and budget narrative revisions
- Oversee the consolidated stakeholder engagement process
- Identify vendor to perform facilitation services for HIT Advisory Council.
- Either prepare an RFP or secure a vendor to develop an RFP for the HIE
- Establish HIT PMO
- Perform SIM reporting
- Produce Annual Report to the Legislature per HIT Council enabling legislation

Appointment Update

Public Act 16-77 adds three new members and changes the qualification for one member of the Health IT Advisory Council:

- Health Information Technology Officer designated by Lieutenant Governor
- A representative of the Connecticut State Medical Society (a third appointment for the Senate president pro tempore)
- A health care consumer or consumer advocate (a third appointment for the House speaker)
- *A technology expert who represents a hospital system (in lieu of the current requirement for an outpatient surgical facility)*

Vacancy In Appointment:

- Representative of a FQHC (appointment by the Senate president pro tempore)

SIM Relevant Updates

SIM Updates – What will be covered

- Specifics and Components of Operational Plan being prepared for 8/1/16
  - CMMI expectations
  - SIM statewide aims
  - SIM primary and secondary drivers that will impact our aims
  - Select SIM accountability targets
  - How can SIM investments in HIT enable the state to meet our aims?

SIM Timeline

SIM Timeline

Operational Plan for Performance Year 1 (10/1/16 – 9/30/17)

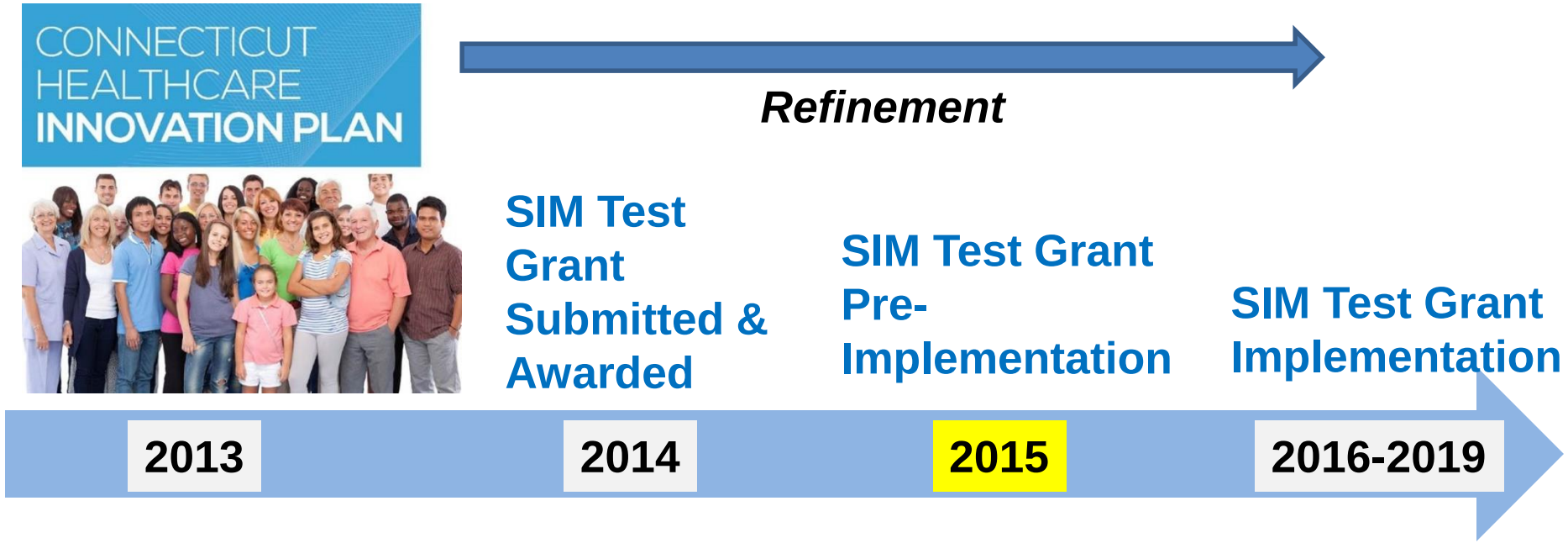
Preparing an Operational Plan to be submitted 8/1/16

SIM connecticut state innovation model

- Description of SIM initiatives
- Accountability targets
- Timelines
- Risks and mitigation strategies
- Performance measures
- Governance and stakeholder engagement
- Policy levers

Major Components of SIM Grant Outlined at Time of Submission

- The SHIP lay the groundwork for the development of the application for the SIM Test Grant in 2014, containing many of the same components and aims. Some revisions were made.
- Updates were made at every step based on new information and data.



Importance of Having a Theory of Change

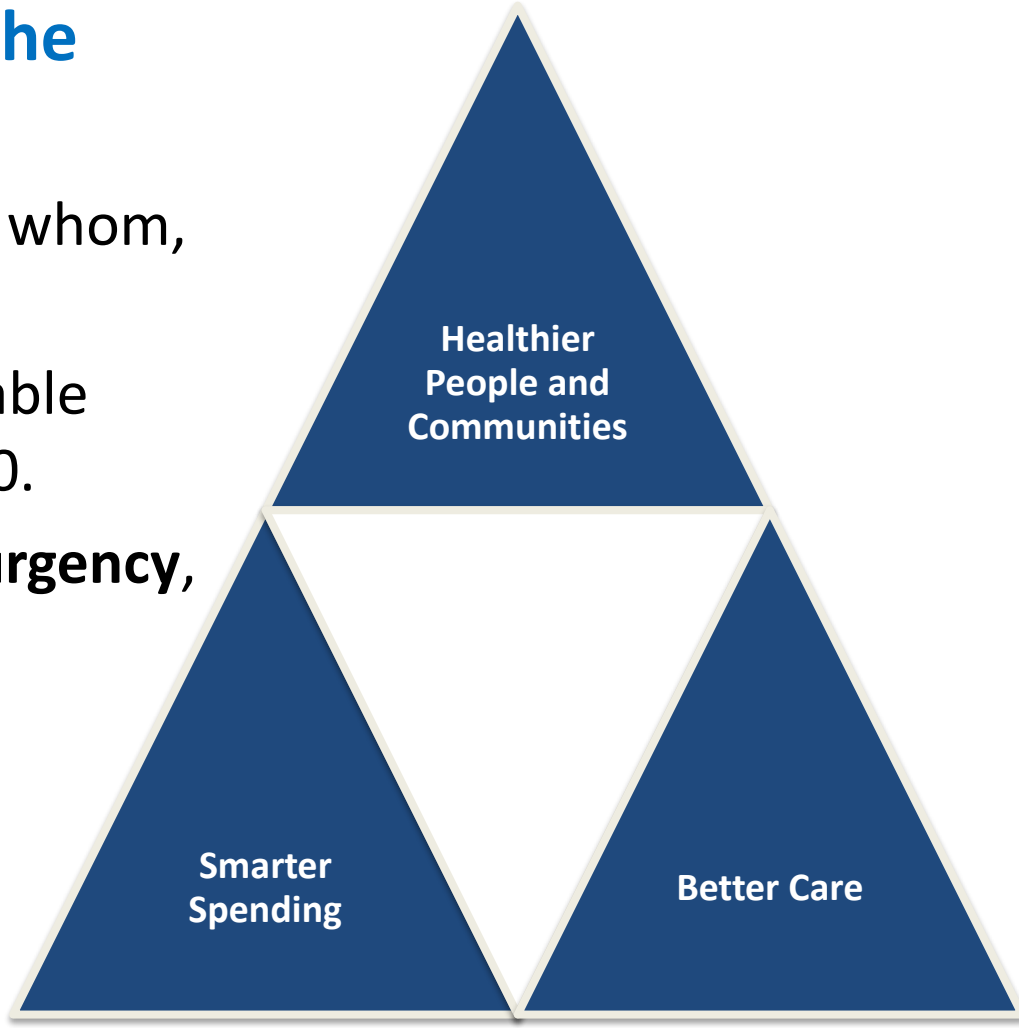
Clearly defining an aim and its drivers enables a team to have a shared view of the theory of change in a system

- You can increase your odds of success through early definition of your project's **aim**
- The components of a system that influence the achievement of an aim are called "**drivers**"

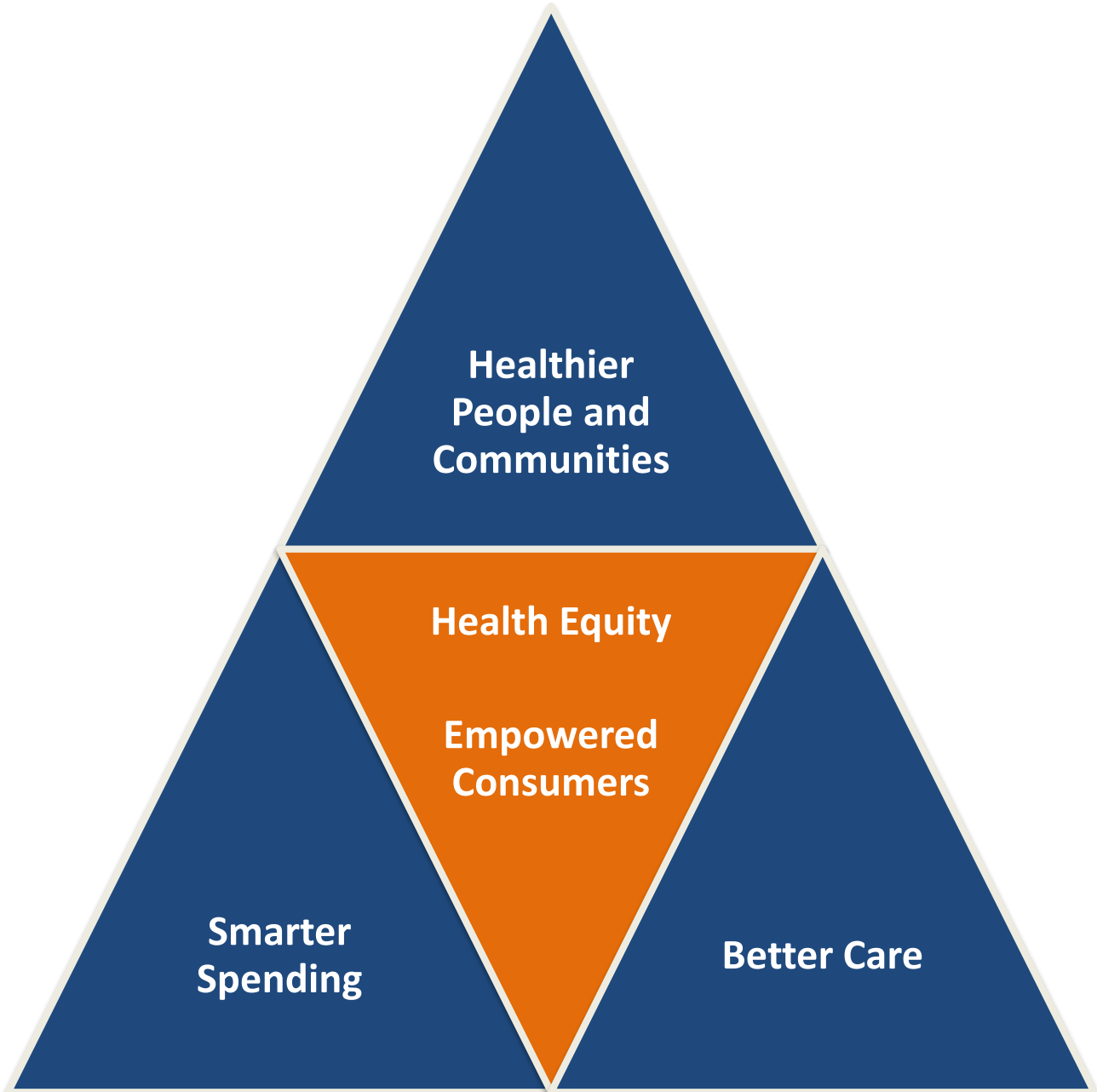
CT Adopted CMMI's Intentional Focus on the Triple Aim

Aim = clearly articulated goal or objective of the work

- Should answer "How much improvement, to what, for whom, and by when?"
- For example: By the end of 2013, to decrease preventable hospital-acquired conditions by 40% compared to 2010.
- Should be a **stretch**, yet **attainable**. Create **focus** and **urgency**, and be **realistic**.
    - For SIM participants, CMMI says achieving the aim should lead to:
        - ✓ Better health for your population
        - ✓ Better health care for individuals
        - ✓ Reduced Medicare, Medicaid, or CHIP costs through improvement



Connecticut State Innovation Model Aims



Review: Connecticut SIM Aims

Healthier People and Communities and Improved Health Equity

Reduce the statewide rates of diabetes, obesity, and tobacco use

Better Care and Improved Health Equity

Improve performance on key quality measures, including preventative care and care experience

Smarter Spending

Achieve a 1-2% reduction in the annual rate of healthcare growth

CT SIM Test Grant: Aims

Aims:

By 2020 Connecticut will:

Improve Population Health

Reduce statewide rates of diabetes, obesity, and tobacco use **while reducing health disparities**

Improve Health Care Outcomes

Improve performance on key quality measures, increase preventative care and consumer experience **while reducing health disparities**

Reduce Healthcare Costs

Achieve 1-2% percentage point reduction in annual healthcare growth

Measure	Baseline	2020 Goal
Percent of adults who are obese	24.50%	22.95%
Percent of children who are obese	18.80%	17.65%
Percent of children in low-income households who are obese	38.00%	35.55%
Percent of adults who currently smoke	17.10%	14.40%
Percent low income adults who smoke	25.00%	22.43%
Percent of youth (high school) who currently smoke	14.00%	12.72%
Percent of adults with diabetes	8.50%	7.86%
Percent of adults with diabetes – low income	14.30%	11.32%

***Baselines and goals are currently being re-set based on new data**

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Achieve 1-2% percentage point reduction in annual healthcare growth

Measure	Baseline	2020 Goal
% adults regular source of care	83.9%	93.0%
Risk- std. all condition readmissions	15.9	13.1
Ambulatory Care Sensitive Condition Admissions	1448.7	1195.1
Children well-child visits for at-risk pop	62.8	69.1
Mammogram for women >50 last 2 years	83.9	87.7
Colorectal screening- adults aged 50+	75.7	83.6
Colorectal screening- Low income	64.9	68.2
Optimal diabetes care- 2+ annual A1c tests	72.9	80.1
ED use- asthma as primary dx (per 10k)	73.0	64.0
Percent of adults with HTN taking HTN meds	60.1%	69.5%
Premature death- CVD adults (per 100k)	889.0	540.0

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Measure	Baseline	2020 Goal
ASO/Fully insured	$457	$603
State employees w/o Medicare	$547	$722
Medicare	$850	$1,096
Medicaid/CHIP, incl. expansion*	$390	$509
Average	$515	$679

***Baselines and goals are currently being re-set based on new data**

CT SIM Test Grant: Core Metrics

SIM connecticut state innovation model

CMMI requires SIM States to collect and monitor progress on the following metrics:

Model Participation Metrics	• Beneficiaries, Providers & Provider Organizations in any value-based payment or alternative payment model in the state supported by SIM
Payer Participation	• Payer participation in value-based purchasing and/or alternative payment models supported by SIM
Model Performance Metrics	• ED Visits; Readmissions; Cost of care; Hospital Consumer Assessment of Providers Survey; Tobacco Screening; Controlling high blood pressure; BMI Screening & Follow-up
State Healthcare Landscape	• Total number of beneficiaries in the state receiving care through any value-based payment and alternative payment models • Total number of providers in the state in any value-based payment and alternative payment models

SIM Must Track Payer Participation in These Models:

Category 1: Fee for Service – No Link to Quality	Category 2: Fee for Service – Link to Quality	Category 3: Alternative Payment Models on Fee-for Service Architecture	Category 4: Population-Based Payment
Payments are based on volume of services and not linked to quality or efficiency	At least a portion of payments vary based on the quality or efficiency of health care delivery	• Some payment is linked to the effective management of a population or an episode of care • Payments still triggered by delivery of services, but, opportunities for shared savings or 2-sided risk	• Payment is not directly triggered by service delivery so volume is not linked to payment • Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (eg, >1 yr)

SIM Must Track Payer Participation Model Examples:

	Category 1: Fee for Service – No Link to Quality	Category 2: Fee for Service – Link to Quality	Category 3: Alternative Payment Models on Fee-for Service Architecture	Category 4: Population-Based Payment
Medicare	- Limited in Medicare fee-for-service - Majority of Medicare payments now are linked to quality	- Hospital value-based purchasing - Physician Value-Based Modifier - Readmissions/Hospital Acquired Condition Reduction Program	- Accountable Care Organizations - Medical Homes - Bundled Payments	- Eligible Pioneer accountable care organizations in years 3 – 5 - Some Medicare Advantage plan payments to clinicians and organizations - Some Medicare-Medicaid (duals) plan payments to clinicians and organizations
Medicaid	Varies by state	- Primary Care Case Management - Some managed care models	- Integrated care models under fee for service - Managed fee-for-service models for Medicare-Medicaid beneficiaries - Medicaid Health Homes Medicaid shared savings models	- Some Medicaid managed care plan payments to clinicians and organizations - Some Medicare-Medicaid (duals) plan payments to clinicians and organizations

CT SIM has identified “drivers” that will impact our aims

Aims ← **Primary Drivers** = system components or factors that contribute directly to achieving the aim ← **Secondary Drivers** = actions, interventions, or lower-level components necessary to achieve the primary drivers

CT SIM: Primary Drivers to achieve our Aims

SIM connecticut state innovation model

$5.8M

Population Health

$8.8M

Payment Reform

$13.5M

Transform Care Delivery

$650K

Engage Consumers

Health Information Technology $10M

Evaluation $3.5M

CT SIM: Secondary Drivers

SIM connecticut state innovation model

Population Health Plan

- Health Enhancement Communities
- Prevention Service Centers
- Community Health Measures

Transform Care Delivery

- Community & Clinical Integration Program
- Advanced Medical Home
- Community Health Workers

Stakeholder Engagement

Health IT

Payment Reform Across Payers

- Medicare SSP
- Commercial SSP
- Medicaid QISSP
- Quality Measure Alignment

Empower Consumers

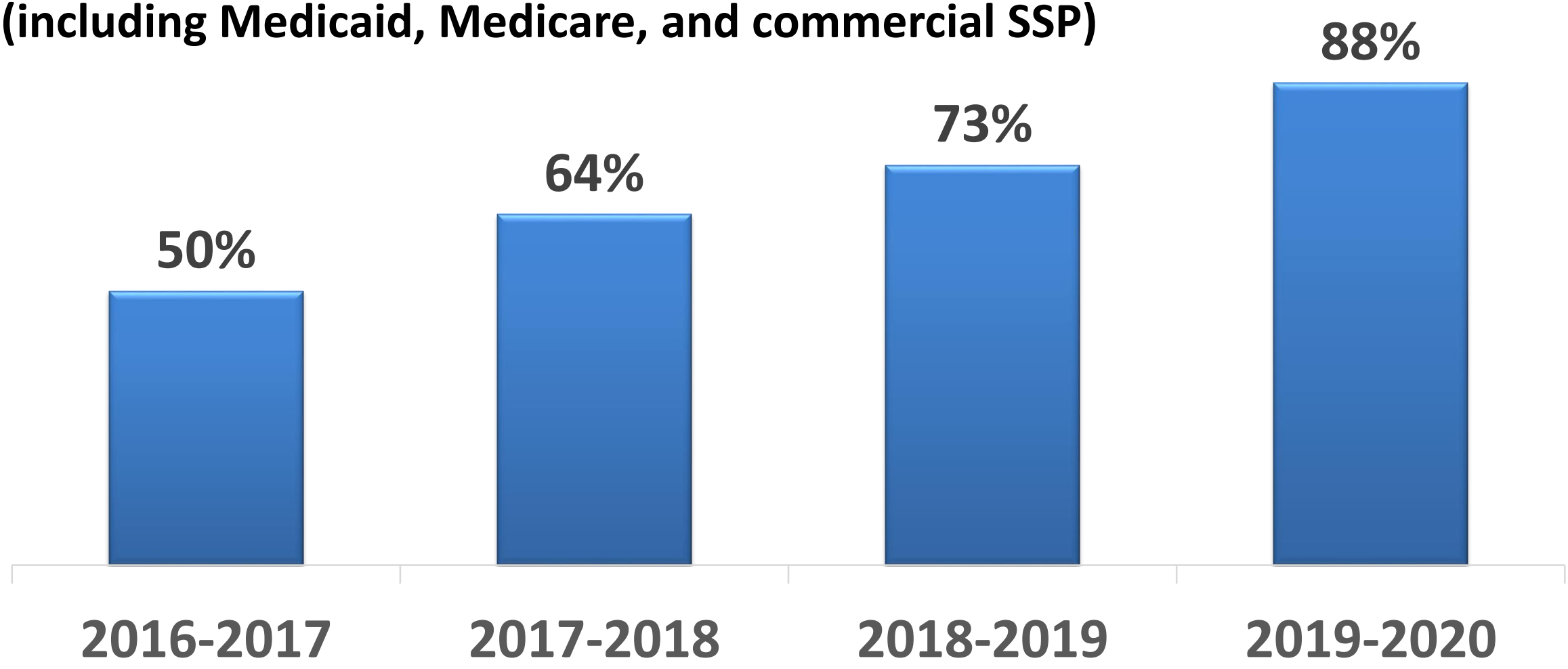
- Value Based Insurance Design
- Public Quality Scorecard
- Consumer Outreach

SIM has set ambitious accountability targets needed for change

- Accountability targets are associated with SIM core metrics and aims
- Accountability targets will be used to track progress towards goals under SIM, identify trends in progress, potential best practices and critical gaps and barriers to implementation over the period of performance.

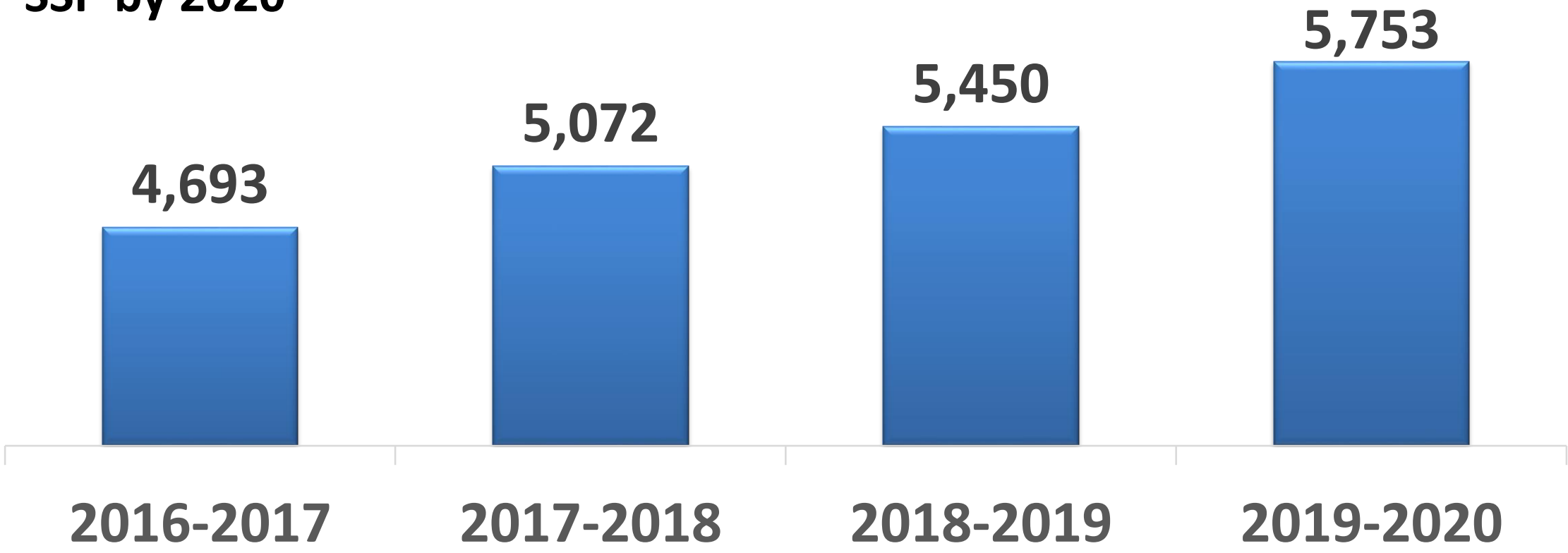
Beneficiary Participation Targets

<u>Accountability Target</u>: 88% of insured population is in any SSP by 2020 (including Medicaid, Medicare, and commercial SSP)



Provider Participation Targets

<u>Accountability Target</u>: 5,753 PCPs participate in any SSP by 2020



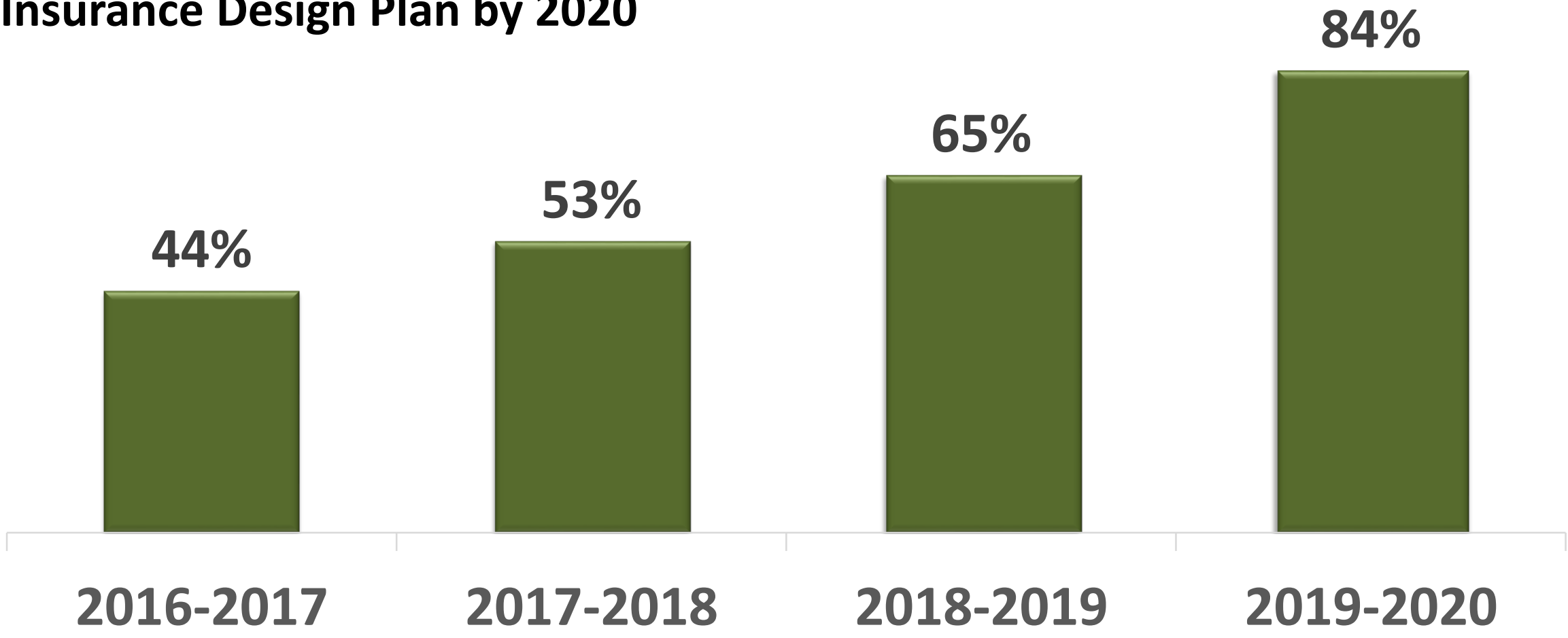
<u>Practice Transformation Targets:</u>

1,364 Providers participate in CCIP

300 non-medical homes become AMH practices

Value Based Insurance Design

<u>Accountability Target</u>: 84% of insured population has a Value-Based Insurance Design Plan by 2020



NOTE: Targets subject to change based on baseline study

CMS Example for SIM States (Operational Plan Guidance)

Example:

Aim: What are you trying to improve, by how much, and by what time?	**Primary Driver:** What are the major categories of effort that will affect the aim(s)? (Note: may impact multiple aims)	**Secondary Driver:** What specific activities will be done to affect the primary driver? (Note: may impact multiple aims)	**Accountability Target:** What metrics and measures will be used to track progress (how much and by what time)?
Reduce Per Capita Cost of Care	Improve clinical coordination to reduce unnecessary testing.	Expand the use of HIE in the state	60% of providers connected to HIE by Q1 2017
		Develop all payer/practice level reports	Develop 20 reports by Q1 2016
Improve Population Health	Establish plan for improving population health	Engage state health officials and local government /organizations	Convene representatives from (XYZ agencies) to form work group by Q2 2015
		Identify current health status	Complete statewide health survey by Q1 2016
Improve Patient Care (Quality and Satisfaction)	Improve payment models by aligning financial incentives to promote quality	Work with payers to align incentives	Develop work group with payers representing at least 60% of covered lives by Q4 2015
		Create common set of quality measures for value based payments	Create common directory of measures across all payers by Q2 2016
			Align 30% of the common measures across all payers by Q3 2017
	Statewide participation in value-based payment model	Provider engagement in payment model	30% of providers by 2016, 60% by 2017, 90% by 2018…
		Statewide payer participation in model	Payers accounting for 40% of all payments by 2016
<------		**Causality**	<------

CT SIM: Secondary Drivers

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How can SIM investments in HIT enable the state to meet our aims?

- **What are the HIT strategies that can support our state-wide primary drivers of:**
  - Promoting payment reform
  - Transforming the way healthcare is delivered
  - Empowering consumers
  - Developing an advanced population health plan model

Some gaps identified as part of work group process

- **Can HIT investments accelerate improvement in or make more efficient the:**
  - Sharing of health information across clinical and community partners
  - Use of e-referrals, tracking, follow-up
  - Timely information to providers, such as Admission Discharge Transfer information (ADT)
  - Coordination and communication among inter-disciplinary care team members
  - Use of tools to identify high risk populations
  - Use of telehealth and other means of promoting engagement of consumers with providers (e.g., mobile apps)
  - Use electronic clinical quality measures (eCQMs) as a routine and non-burdensome part of performance measurement and improvement incentives

Questions on SIM?

Contact the SIM PMO

Mark Schaefer, Mark.Schaefer@ct.gov

OR

Faina Dookh, Faina.Dookh@ct.gov

Wrap up and Next Steps

- Strategize for future agenda items
- Next meeting July 21, 2016

Contact Information:

Please bookmark the following website for the Health IT Advisory Council:

http://portal.ct.gov/ltgovernor/Health_IT_Advisory_Council/

For any questions please contact:

Sarju Shah, MPH
Project Manager
HIT Project Management Office
Sarju.Shah@ct.gov