

# Connecticut State Innovation Model

## Work Stream Update

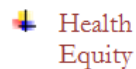


- The Office of Health Strategy released its first year plan which can be found [here](#).
- The Healthcare Innovation Steering Committee approved [the Payment Reform Council membership](#) which will advise on the design of the payment model to support PCM planning as well as the [Report to the Legislature on CHW Certification](#). The Report will inform the development of a CHW Certification Program in the state.
- The PTF reviewed the following capabilities for possible inclusion in the Primary Care Modernization model: [Adult Behavioral Health Integration Capability](#) , [Functional Medicine](#), [Genomic Screening](#), [Oral Health Integration](#), and [telehealth visits](#). The skeleton capabilities will be used to inform the recommendations of the Task Force for needed care delivery capabilities in Primary Care Modernization model.
- CMS approval for IAPD-U funds received on 9/05/18.
- The RFA for the eCQM Pilot identified 8 participants to be deployed in 2 waves, including 1 FQHC; 3 ACOs; 1 Specialty Hospital; and 3 hospital-anchored organizations. An onboarding / data use agreement Webinar was held on 9/28 with Wave 1 and Wave 2 participants.
- The CDAS has installed software into the environment. The CDAS will be able to begin receiving data once the contracts and data use agreements are completed with Wave 1 participants by mid-November.
- OHS has entered into a contract to identify a vital few health equity data elements relevant to health equity issues in CT and incorporate said elements into the emerging CDAS architecture. The goal is to propose a potential use case to be utilized in future demonstration.
- RFPs for PSI CBOs and AN/FQHCs released. Planning for proposal review, award notifications and contract amendments in October. Ongoing progress report and invoice review.
- The [Population Health Council](#) meeting was held on Sept. 27<sup>th</sup> with all four reference communities in attendance. RCs shared their experience participating in the HEC planning process and recommendations were solicited from the council on key HEC model elements: health priorities, governance, geography, etc.
- The first cohort technical assistance participants have selected VBID capabilities to include in plan designs including: HSA contribution for participating in preventive screenings, Requirement to participate in Healthy Babies program to receive HSA contribution, Moving from HSA to HRA plan to allow reduced cost sharing for chronic condition drugs and services, Reduced cost sharing for diabetes and hypertension drugs, Reduced cost sharing for preventive drugs as designated by health plan, case management services for employees prescribed specialty drugs, incentives for choosing hospitals with higher quality scores, and incentives for second opinion services for spine surgery.
- The CHW team began discussion with Health Equity Solutions and Hispanic Health Council about working together in developing a plan for dissemination of the “Recommendations for CHW Certification” for the CHWs, employers, the public and legislators.

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
<b>Healthcare Innovation Steering Committee (HISC)</b>	<i>Primary Care Modernization</i>  <i>Community health Workers</i>	<ul style="list-style-type: none"> <li>Approved <a href="#">the Payment Reform Council membership</a> which will advise on the design of the payment model to support PCM planning</li> <li>Approved the <a href="#">Report to the Legislature on CHW Certification</a>. The Report will inform the development of a CHW Certification Program in the state.</li> <li>Discussed Primary Care Modernization planning, including the timeline and strategy for consumer engagement</li> </ul>	<ul style="list-style-type: none"> <li>Discuss the Health Enhancement Communities Planning Strategy</li> <li>Discuss progress on the Prevention Service Initiative</li> </ul>	10/11/18
<b>Consumer Advisory Board (CAB)</b>	<i>Consumer input on barriers to appropriate healthcare</i>  <i>Healthcare Reform</i>	<ul style="list-style-type: none"> <li>Consumer Engagement Coordinator sent follow up emails to organizers of past outreach events to apply for CAB</li> <li>CAB approved consumer representatives for Payment Reform Council (PRC)</li> <li>Consumer representatives discussed PCM Design Group process</li> </ul>	<ul style="list-style-type: none"> <li>Continue new member outreach strategy</li> <li>HISC to approve CAB recommendations for PRC</li> <li>Comments and concerns will be shared with Freedman Team</li> </ul>	10/9/18
<b>Practice Transformation Task Force (PTTF)</b>	<i>Primary Care Modernization</i>	<ul style="list-style-type: none"> <li>Reviewed <a href="#">Adult Behavioral Health Integration Capability</a> for inclusion in Primary Care Modernization</li> <li>Reviewed skeleton capabilities for <a href="#">Functional Medicine</a>, <a href="#">Genomic Screening</a>, <a href="#">Oral Health Integration</a>, and <a href="#">telehealth visits</a>. The skeleton capabilities will be used to inform the recommendations of the Task Force for needed care delivery capabilities in Primary Care Modernization model.</li> </ul>	<ul style="list-style-type: none"> <li>Review Pain Management Capability for Primary Care Modernization.</li> <li>Review additional capabilities for Primary Care Modernization, including Diverse Care Teams</li> </ul>	10/9/18, 10/30/18



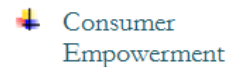
Population Health



Health Equity



Healthcare Quality



Consumer Empowerment



Affordability

**Health  
Information  
Technology  
(HIT)**

*IAPD-U*

*HIE Entity*

*eCQM/CDAS*

*Health Equity*

- |  |   |   |
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| <ul style="list-style-type: none"> <li>• CMS approval for IAPD-U funds received on 9/05/18.</li> <li>• <a href="#">Health IT Advisory Council</a> met on 9/27/18 in which both OHS and DSS HIT efforts described.</li> <li>• The statutory mandated Medication Reconciliation &amp; Polypharmacy Work Group convened its' kickoff meeting on 9/24/18. The CancelRx design group is developing recommendations for the MRP WG to review and possibly incorporate as part of their directive.</li> <li>• Work has begun on the development of the not-for-profit HIE entity.</li> <li>• Requirements and Legal Framework documents along with Use Case Summary documents for CEAs and CCDAs have been completed.</li> <li>• The RFA for the eCQM Pilot identified 8 participants to be deployed in 2 waves, including 1 FQHC; 3 ACOs; 1 Specialty Hospital; and 3 hospital-anchored organizations. An onboarding / data use agreement Webinar was held on 9/28 with Wave 1 and Wave 2 participants.</li> <li>• In partnership with OSC, OHS is engaging 2 payers to participate in the eCQM pilot as well. This will enhance the data digested by CDAS by including claims, labs and clinical data.</li> <li>• CDAS has installed software into the environment. CDAS will be able to begin receiving data once the contracts and data use agreements are completed with Wave 1 participants by mid-November.</li> </ul> | <ul style="list-style-type: none"> <li>• Technical assistance kick off for wave 1 eCQM participants scheduled for 10/15</li> <li>• Contract execution process for Wave 1 participants 10/15-11/1 eCQM to begin accepting CCDAs by mid-November.</li> <li>• Begin planning activities around next APD funding submission.</li> </ul> | <p>10/15/18<br/>MRP Work<br/>Group</p> <p>10/18/18<br/>Health IT<br/>Advisory<br/>Council<br/>meeting</p> |
|--|---|---|

	<ul style="list-style-type: none"> <li>• Is developing a Quality Measures Improvement (QMI) work group to provide guidance in the quality measures data that CDAS will receive. At this time, participant types have been identified and recruitment will begin shortly.</li> <li>• OHS has entered into a contract to identify a vital few health equity data elements relevant to health equity issues in CT and incorporate said elements into the emerging CDAS architecture. The goal is to propose a potential use case to be utilized in future demonstration.</li> <li>• Continue to engage stakeholders for data sharing activities.</li> </ul>	
<p><b>Quality Council (QC)</b></p>	<ul style="list-style-type: none"> <li>• See <a href="#">Evaluation</a> Section</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<p><b>Population Health Planning (DPH)</b></p> <p><i>Health Enhancement Communities</i></p> <p><i>Prevention Services Initiative</i></p>	<ul style="list-style-type: none"> <li>• HEC stakeholder engagement continues as Health Management Associates/DPH/OHS continue finalizing draft HEC report elements. Two HEC webinars were held to engage local health departments and other state agencies.</li> <li>• A report template has been shared with each reference community (RC) as they wrap up their community engagement activities and begin working on their individual reports.</li> <li>• RFPs for PSI CBOs and AN/FQHCs released. Planning for proposal review, award notifications and contract amendments in October. Ongoing progress report and invoice review.</li> <li>• The <a href="#">Population Health Council</a> meeting was held on Sept. 27<sup>th</sup> with all four reference communities in attendance. RCs shared their experience</li> </ul>	<ul style="list-style-type: none"> <li>• Additional stakeholder and consumer engagement; continued report revision; feedback will be solicited from the population health council and HISC. Obtain final approval or the report before releasing for public comment.</li> <li>• HMA to follow up with RCs early October to obtain up-to-date details on community engagement activities and results. RC draft reports due on Oct 19<sup>th</sup>.</li> </ul>

	<p>participating in the HEC planning process and recommendations were solicited from the council on key HEC model elements: health priorities, governance, geography, etc.</p> <ul style="list-style-type: none"> <li>Epidemiology staff reviewed and provided written feedback on draft HEC report (8/31) and additional CT statistics for use in report and potential future HEC monitoring, i.e. data on economic &amp; racial disparities in CT (9/6); CT Eviction data was aggregated from census tract to the Town/MCD level (9/13); provided comprehensive CT statistics on town-level avoidable-hospitalizations 2012-15 (% of AH events and associated charges ); reviewed feasibility of reporting on an expanded birth risk indicator based on mother &amp; father’s education status.</li> <li>In collaboration with BRFSS staff, DPH epidemiology staff assembled long-term trend data for Obesity prevalence by age, as well as for other chronic conditions (e.g. diabetes).</li> </ul>	<ul style="list-style-type: none"> <li>Second PSI Learning Session on October 3, 2018. PSI presentation to HISC at October 11, 2018 meeting.</li> <li>A follow up PHC webinar/call is scheduled for Oct 9<sup>th</sup> to cover agenda topics relating to HEC centralized support and financing, which were left uncovered in the September meeting due to time.</li> <li>Update health statistics information as needed.</li> <li>Update local area population estimates for use with local-area health statistics.</li> </ul>	
<p><b>Person Centered Medical Home Plus (PCMH+) &amp; Care Management Committee</b></p>	<ul style="list-style-type: none"> <li>Held a <a href="#">quality measures</a> webinar on 9/19</li> <li>Finalized PE monthly <a href="#">report summary</a></li> <li>Finalizing Legacy PEs compliance reviews</li> </ul>	<ul style="list-style-type: none"> <li>Prepare Shared Savings calculations</li> <li>Finalize Legacy PEs compliance reviews</li> <li>Develop New PEs compliance reviews process</li> </ul>	<p>10/4/18 10/10/18</p>
<p><b>Value-based Insurance Design</b></p>	<ul style="list-style-type: none"> <li>Continued working one-on-one with 9 employers to finalize targeted technical assistance program. Planned for November 7 technical assistance wrap-up for 1<sup>st</sup> cohort.</li> </ul>	<ul style="list-style-type: none"> <li>Finalize planning for November 7 technical assistance wrap-up.</li> <li>Review public comment on VBID templates with Steering Committee and finalize.</li> </ul>	

- First cohort technical assistance participants have selected VBID capabilities to include in plan designs including: HSA contribution for participating in preventive screenings, Requirement to participate in Healthy Babies program to receive HSA contribution, Moving from HSA to HRA plan to allow reduced cost sharing for chronic condition drugs and services, Reduced cost sharing for diabetes and hypertension drugs, Reduced cost sharing for preventive drugs as designated by health plan, Case management services for employees prescribed specialty drugs, Incentives for choosing hospitals with higher quality scores, and Incentives for second opinion services for spine surgery.
- Begin recruiting for Cohort 2, to launch in November.

**UCONN  
Community  
Health Worker  
(CHW) Initiative**

- Facilitated a CHW Advisory Committee meeting on September 6<sup>th</sup>, with the purpose of the meeting to review and discuss public comment and to propose modifications to the Recommendations and Report.
- Healthcare Innovation Steering Committee reviewed and approved the report to the legislation on CHW Certification during the meeting on September 13<sup>th</sup>.
- Began discussion with Health Equity Solutions and Hispanic Health Council about working together in developing a plan for dissemination of the “Recommendations for CHW Certification” for the CHWs, employers, the public and legislators.
- Participated in Health Equity Solutions listening session in Norwalk September 26<sup>th</sup> by providing input for a legislative agenda for the upcoming
- Finalize work plan for promotion and education of CHW Certification Recommendations.
- Participate in Health Equity Solutions planning for legislative action – meeting being planned for October.
- Research action steps to do a CHW Employer inventory with OHS SIM

10/16/18

	<p>CGA session regarding CHWs and educating others in attendance.</p> <ul style="list-style-type: none"> <li>Continued research on CHW Apprenticeships in consultation with Health Careers Apprenticeship Programs and CT DOL to answer questions for possible inaugural apprenticeship employer.</li> </ul>	
<p><b>Dashboard</b></p>	<ul style="list-style-type: none"> <li>Published October 1 <a href="#">dashboard</a></li> <li>Medicaid CAHPS administration underway</li> <li>Continued planning for next commercial CHAPS administration, sampling strategy defined</li> <li>2017 VBID and APM data collection close to completion</li> <li>Began planning of physician and entity surveys</li> </ul>	<ul style="list-style-type: none"> <li>Continue analysis of APCD data to set baselines and targets for healthcare delivery methods</li> <li>Contract with vendor and launch second commercial survey</li> <li>Present results of first CAHPS survey to payers</li> <li>Complete 2017 VBID and APM data collection</li> <li>Plan implementation of strategy to impute race and ethnicity data in APCD</li> </ul>
<p><b>UCONN Evaluation</b></p>	<ul style="list-style-type: none"> <li>Continued with analysis of commercial claims data</li> <li>Continued user interface development; continued work with Quality Council subgroup on presentation</li> <li>Drafted responses to public comments on <a href="#">project documents</a>, including some changes to methodology</li> <li>Distributed provider lists to healthcare organizations</li> </ul>	<ul style="list-style-type: none"> <li>Continue scorecard user interface and methods development, including presentation of draft results for some measures to the Quality Council</li> <li>Continue analysis of commercial claims data</li> <li>Continue engagement with healthcare organizations including finalization of provider lists for healthcare organizations</li> </ul>

<b>Community and Clinical Integration Program</b>	<ul style="list-style-type: none"> <li>Executed contract with Hartford Healthcare to participate in CCIP Wave 2. Additional contracts are pending execution.</li> <li>Contract Negotiations are underway for a CCIP Validation Vendor and Subject Matter Expert.</li> <li>A Procurement was released to identify additional Subject Matter Experts for CCIP.</li> <li>A Procurement for a Health Equity Improvement vendor to support PCMH+ entities in achieving the CCIP Health Equity improvement Standard closed. The evaluation will take place in October.</li> </ul>	<ul style="list-style-type: none"> <li>Complete all Wave 1 and Wave 2 Contracts.</li> <li>Announce Validation Surveyor and Subject Matter Expert Panel and finalize contracts.</li> <li>Announce Health Equity improvement vendor and draft contract.</li> </ul>	N/A
<b>Advanced Medical Home</b>	<ul style="list-style-type: none"> <li>To date, 125 practices have received NCQA Level 2 or 3 PCMH recognition</li> </ul>	<ul style="list-style-type: none"> <li>Continue providing technical assistance to the enrolled practices.</li> </ul>	
<b>Grant Administration</b>	<ul style="list-style-type: none"> <li>OHS released its first year plan which can be found <a href="#">here</a></li> <li>OHS SIM is continuing to coordinate with the various work streams to complete the AY 4 Operational Plan</li> </ul>		

## 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

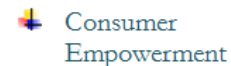
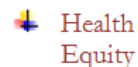
**DPH** – Department of Public Health

**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