

Connecticut State Innovation Model Cross Stream Update



Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings		
COUNCILS/ TASKFORCES/ COMMITTEES						
Healthcare Innovation Steering Committee (HISC)	<i>Member nominations</i>	<ul style="list-style-type: none"> • Discussion of CAB nominations to SIM work groups • Presentation of the SIM vision • Kate McEvoy, Medicaid Director gave a presentation of Medicaid’s delivery and payment reforms (Précis of the CT Medicaid Program, Medicaid Integration Project Infographic, Detailed Comparison Chart, Short form Comparison Chart, & Venn Diagram) 	Additional appointments to PTF; work stream update; other items pending	June 11		
	<i>SIM vision</i> <i>Medicaid reforms</i>				Consumer Advisory Board (CAB)	<i>Consumer Appointments</i>
Consumer Advisory Board (CAB)	<i>Consumer Appointments</i>	<ul style="list-style-type: none"> • Discussed candidates for Consumer Appointments to SIM Workgroups. Recommended to the Steering Committee that Victor Villagra and Tiffany Donelson be appointed to the Health Information Technology Council, Renee Gary be appointed to the Equity and Access Council, and Ann Smith be appointed to the Consumer Advisory Board. • Recommended to the Steering Committee that Ann Klee be appointed to the Practice Transformation Task Force • Preliminary discussion of the purpose and role of the Workforce Design Group 	<ul style="list-style-type: none"> • Review and discuss PMO communications plan including PMO presentation • Continue discussion of Consumer Engagement Plan and activities • Electronic meeting capabilities and potential uses 	June 9		
	<i>Workforce Design Group</i>					

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Practice Transformation Task Force (PTTF)	<i>Clinical and community integration</i> <i>Local and national programs</i>	<ul style="list-style-type: none"> • Discussed public health needs of CT, including high readmission rates, high ED utilization, and health disparities • Agreement on the plan was reached and research on national and local programs was shared, including target populations, program structure, and common capabilities. • Click here for full presentation • Kicked off CCIP design groups to develop recommendations for CCIP. 	<ul style="list-style-type: none"> • Continue subject matter expert interviews • Develop recommendations for CCIP through design groups • Gain consensus on recommendations from broader PTTF • Share recommendations with MAPOC CMC and incorporate feedback • Share recommendations with HISC 	<p>CCIP Design Group 3, Session 1 (6/1)</p> <p>PTTF Meeting (6/9 & 6/30)</p>
Health Information Technology (HIT) Council	<i>Quality measure production</i> <i>APCD</i> <i>Edge-server technology</i>	<ul style="list-style-type: none"> • Welcomed new members and discussed team nomination process • Reviewed the Council's charge, vision, goals • Approved approach for short term HIT solution process, high level criteria and options • Gave an update on evaluating the options for supporting select EHR-based quality measure production as part of SIM • Received responses from second round APCD questions • Discussed some of the responses to questions from Zato. Council members will be able to email the chairs with further questions. • Click here for the full presentation 	<ul style="list-style-type: none"> • Expand on high level selection criteria and review with Design Group • A second set of questions will be submitted to Zato. Responses due first week of June. Receive Zato responses and discuss fit of APCD and Zato with short term criteria in the Design Group • Additional research will be conducted on proposed alternatives • Prepare for final recommendation regarding Zato for short term solution for the next HIT Council Meeting 	<p>Performance Measures and Reporting Design Group (6/8)</p> <p>HIT Council Meeting on (6/19)</p>

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Equity and Access Council (EAC)	<i>Safeguards for under- service and patient selection</i>	<ul style="list-style-type: none"> Reviewed timeline and milestones for issuing Phase 1 Report on monitoring for under-service, including interaction with SIM Steering Committee and MAPOC CMC. Continued discussion of EAC recommendations, and Narrative in Version 1.1 of Draft Report Completed deliberation on recommendations for Phase I report; reached consensus on 28 recommendations to endorse. 	<ul style="list-style-type: none"> Complete edits to draft report Submit draft report to HISC for discussion at its 6/11 meeting 	June 18 June 25
Quality Council (QC)	<i>Meaningful Use measure</i> <i>Oral Health measure</i> <i>Edge-server technology</i>	<ul style="list-style-type: none"> Discussed meaningful use measure (ACO-11) and the EHR incentive program. Decided to establish this as a reporting measure for first year and revisit its potential as a payment measure in the future. Presentation on HIT Council's option for a short term solution for quality measure production (edge-server technology Zato). Discussed timetable for recommended measure set Discussed oral health measures, and added NQF 1419, Primary Caries Prevention, to the provisional measure set. Presentation 	<ul style="list-style-type: none"> Discuss the data sources for measures Finalize annual oral health measure Recommend readmission measure Begin level 3 review of provisional measure set 	June 17

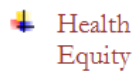
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MAPOC – Care Management Committee	<i>MQISSP – quality measures</i>	<ul style="list-style-type: none"> • Discussion of quality measures upon which shared savings will be based for the Medicaid Quality Improvement & Shared Savings Program • Presentation of a MAPOC stakeholding timeline outlining the month in which specific components of the building of the MQISSP will be vetted among the committee. • Introduced a revised MQISSP Primer that provides stakeholders with a brief overview of the MQISSP • (materials: MQISSP Clinical Quality Measure Proposal; PCMH Measures Current and Future Proposal; Provisional SIM Quality Council Measure Set; Appendix – SIM Measure Set descriptions; SIM QC and EAC interaction with CMC; CHNCT Medical ASO reporting matrix) 	<ul style="list-style-type: none"> • Introduce a consolidated quality measure set for committee review. • PMO will make available corrected version of Provisional SIM Quality Council Measure Set as a point of reference. • Review and comment on EAC recommendations. 	<p>MAPOC: June 12</p> <p>CMC: June 10</p> <p>Quality Measure CMC webinar: June 16</p>

Council/ Work Stream	Progress/ Outputs	Next Steps
SIM WORK STREAMS / PROGRAMS / INITIATIVES		

Population Health Planning (DPH)	<ul style="list-style-type: none"> • CMMI has released restriction on contractors and consultant contracts are in process. • DPH and PMO MOA has been executed. • Behavioral Risk Factor Surveillance System (BRFSS) oversampling will begin by August 1 with an increase sample size of 5,500 complete interviews and additions of questions related to food security, housing and built environment to support population health planning. • DPH is awaiting approval of revised staffing plan from CMMI so that consultant resources can be hired. 	<ul style="list-style-type: none"> • Execute contracts with contractors Health Resources in Action for Population Health Council facilitation, and ICF Macro for BRFSS enhanced sampling, and University of Connecticut demographer. • Begin initial screenings of potential candidates for core team positions. • Development of plan to convene population health council
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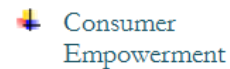
Population
Health



Health
Equity



Healthcare
Quality



Consumer
Empowerment



Affordability

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Medicaid Quality Improvement and Shared Savings Program	<ul style="list-style-type: none"> • Produced a draft request for proposal for the MQISSP procurement. • Discussed program elements of the MQISSP (e.g. provider qualifications) and scheduled small-group work sessions to develop the program elements in detail. • Began to prepare Connecticut Medicaid claims data that will be used to support the development of certain program elements. 	<ul style="list-style-type: none"> • Continue to discuss and develop program elements of the MQISSP (e.g. provider qualifications). • Review draft request for proposal and plan next steps for the second draft. • Begin to validate and review Connecticut Medicaid claims data that will be used to support the development of certain program elements.
Value-based Insurance Design	<ul style="list-style-type: none"> • OSC and PMO have developed a project plan and drafted the RFP • External input on RFP has been received and the RFP is in final stages of review • PMO requested technical assistance from the Centers for Medicare & Medicaid Services, specifically asking for VBID examples from around the country, best practices, written materials and any tools (e.g.. report cards) used to rate insurers on VBID adoption • Materials currently under review • OSC is currently developing the initial composition of the employer consortium 	<ul style="list-style-type: none"> • Release of RFP • Select a finalist, sign contract • Finalize composition of employer consortium
UCONN Community Health Worker (CHW) Initiative	<ul style="list-style-type: none"> • Preparing revised subcontract descriptions and matrix for restriction of funds • Stakeholder Engagement meetings with Connecticut Care, Khmer Health Advocates, CT Department of Labor. • Planning and evaluation support for CHW conference • Submitted CHW At A Glance draft to PMO 	<ul style="list-style-type: none"> • Securing stakeholder meetings with WIBs, Community Colleges, CHN, Healthy CT. • Identification of potential funding streams to support CHW apprenticeship establishment

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UCONN Evaluation	<ul style="list-style-type: none"> • MOA is circulating for signatures • Release of funds letter has been approved • Dashboard product selected • Data Acquisition and Storage procedures finalized • Continued meetings with data owners for dashboard data • Attended webinar and reviewing metrics guidance from CMMI • Prepared draft Rapid Response Team (RRT) Charter and Composition • Submit UConn Health IRB form for Death Records 	<ul style="list-style-type: none"> • MOA to be executed in the next couple of weeks • Approach data owners for Dashboard product approval • Need PMO to provide guidance on RRT composition and process for HISC review and approval; as well as selection and approach to member selection. • Submit data request to DPH for death records and to DSS for Medicaid data • Submit UConn Health Institutional Review Board form for DSS data
Advanced Medical Home Vanguard Program	<ul style="list-style-type: none"> • Deadline for advanced networks to apply extended to June 30. • Completed review of first wave of applicants, in the process of finalizing contracts. • Qualidigm contract executed for practice transformation services • New Transformation Services Agreement developed for contracting with advanced networks 	<ul style="list-style-type: none"> • Continue recruitment of advanced networks and their affiliated practices • Program target start date for first cohort: June 2015

ACRONYMS

APCD – All-Payers Claims Database

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