Connecticut State Innovation Model
Work Stream Update

CT SIM

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
COUNCILS/ TASKFORCES/ COMMITTEES				
Healthcare Innovation Steering Committee (HISC)	**New Members** **Conflic of Interest** **Population Health Planning** **Health Information Technology**	• Anne Klee & Beth Greig's nomination to be on the Practice Transformation Taskforce was approved. • Conflict of interest safeguards for SIM governance members was discussed. • Commissioner Mullen, of the Department of Public Health, gave a brief update on population health planning efforts. • Commissioner Bremby, of the Department of Social Services, gave an update on the work being completed by the Health Information Technology Council.	• EAC report and recommendations re: under-service safeguards • Conflict of Interest protocol • New appointment to HIT Council • SIM related provisions in final budget	July 16
Consumer Advisory Board (CAB)	**Consumer Planning** **Workforce Design Group**	• Objectives and Elements of a Consumer Engagement and Communication Plan discussed. • Discussed activities of other initiatives and new design group focused on Community Health Workers (CHW)	• Ad hoc writing group will summarize discussion and develop a draft document for July meeting • Co-Chairs Robert Krzys and Steven Karp will reach out to PTTF and UCHC Workforce Development –CHW Initiative meet and discuss coordination and objectives regarding CHWs and community integration • Discuss potential of listening session regarding Rural Health Care Issues	Writing Group: July 2 Next CAB: July 14

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Practice Transformation Task Force (PTTF)	*CCIP[1]*	• Confirmed CCIP overall approach and conceptualized three core capabilities • Further developed elements of the three core capabilities • Welcomed 2 new members • Continued gathering information from subject matter experts and models in other states to inform the CCIP detailed design	• Hold second round of design groups • Develop draft recommendations	July 28
Health Information Technology (HIT)	*Process* *Administrative* *Technology*	• Established process for adding council members to the executive team. Using the process added 3 new members, representing each of the key stakeholder groups. • Documented Design Group process and interactions with HIT Council and Steering Committee. • Identified draft selection criteria and presented to HIT Council. • Researched e-measure accuracy compared to chart reviews. • Held two design group meetings in between HIT Council meetings • Received approval from HIT Council to proceed with questions and demos of the Zato system. • Identified necessary changes to the 2010 DURSA[2] for SIM use	• Review responses to third set of Zato questions and schedule demos. • In person design group meeting with Quality Council and HIT members to review 2016 EHR-based measure production specifications • Document the HIT solutions for other SIM initiatives for July meeting	July 17

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[1] CCIP = Clinical and Community Integration Program
[2] DURSA = Data Use and Reciprocal Support Agreement

Population Health   Health Equity   Healthcare Quality   Consumer Empowerment   Affordability

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Equity and Access Council (EAC)	*Under-service safeguards*	• Finalized content of draft report for distribution to the HISC • Welcomed 1 new member to the Council	• Distribute report to HISC and present at 7/16 meeting • Distribute report to MAPOC Care Management Committee for discussion at 7/8 meeting	July 30
Quality Council (QC)	*Readmission measure* *Care Coordination & Patient Safety measures*	• Discussed readmission measures, and other care coordination and patient safety measures. • Recommended including the Plan All-Cause Readmission (NCQA 1768) measure in the level-3 review of provisional measures, pending confirmation that other states are using this measure. • Agreed to add "national benchmark" and "risk standardization" to the third-level of the three level review criteria. • Discussed base rate calculation and sufficiency for measures to be statistically valid. • Discussed launch of implementation planning process, led by PMO's Kathy Henchey • Discussed Care Management Committee (CMC) review and consideration of SIM provisional measure and timeframe for CMC feedback to Quality Council regarding supplemental measures. • For presentation click here.	• Begin third and last phase of measure review. • DSS will provide a recommendation regarding an oral health measure. • Aim of presenting provisional measure set to the Steering Committee in August, and subsequently seeking public comment.	TBD

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Care Management Committee (CMC) **(A sub-committee of MAPOC)**	*MQISSP – quality measures and program elements*	• Participated in a webinar covering the criteria that will be used to determine the quality measure set for the MQISSP. • Discussed and finalized the target population element of the MQISSP.	• Review a consolidated quality measure set for the MQISSP in the next quality measure webinar.	Quality Measure Webinar 2: July 16, 2015 Quality Measure Webinar 3: TBD CMC Meeting: July 8, 2015

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	SIM WORK STREAMS / PROGRAMS / INITIATIVES	
Population Health Planning (DPH)	• 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. Four questions will be added to support population health planning and include questions on food insecurity, housing insecurity, and the built environment. Using funds from another grant, and in partnership with the Hartford Health Department, a pilot post-BRFSS survey in Hartford, CT is planned for July 1, 2015 through December 31, 2015. With success, additional post-BRFSS surveys will be possible in future years within selected towns to support population health planning. • Oral presentation/discussion on population health provided by Commissioner Mullen at the June Steering Committee meeting. • Contract language and budgets are developed for the three contracts supporting population health planning. Each are administratively initiated or near completion. The MOA with the UConn State Data Center was finalized at DPH and sent to UConn for approval. The Health Resources in Action contract to facilitate the Population Health Council is developed and awaiting approvals to proceed. Negotiations with ICF Macro for enhanced Behavioral Risk Factor Surveillance System (BRFSS) sampling is nearing completion and Office of Policy & Management (OPM) approvals have been received to enter into this contract. • Department of Public Health is in process of recruiting for 3 core positions that will provide resource and staffing under contractual arrangement to support population health planning. Six potential candidates have been screened for the physician, data epidemiologist and secretary positions. Additionally, a request to establish an Epidemiologist 2 position has been submitted and is awaiting approval.	• Execute contracts with contractors Health Resources in Action for Population Health Council facilitation, and ICF Macro for BRFSS enhanced sampling. • Complete interviews and hiring for the 3 contractual positions; receive approval for establishment of the Epidemiologist 2 position. • Monitor initiation of enhanced BRFSS activities by the contractor. • Begin work on the first phase of the population estimates project. The UConn State Data Center will identify and acquire datasets which provide town level demographic data which include (when possible) age, sex, race, and Hispanic or Latino origin.

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Medicaid Quality Improvement and Shared Savings Program	• Held a webinar between DSS and the MAPOC Care Management Committee to introduce the critera that will be used to determine the MQISSP quality measure set. • Stakeholdered and finalized the target population element of the MQISSP with the MAPOC Care Management Committee,	• Hold a webinar between DSS and the MAPOC Care Management Committee to cover proposed quality measures for the MQISSP. • Continue to discuss and develop program elements of the MQISSP (e.g. shared savings calculation)
Value-based Insurance Design	• Presentation in NYC to Northeast Business Group on Health focused on overview of CT SIM and our VBID initiative • RFP for Consulting Services to Support VBID released on 6/26/15 • Meeting scheduled with the Connecticut Business and Industry Association (CBIA) for 7/1/2015 to provide an overview of SIM VBID initiative • During 6-23-15 TA Call, OSC requested TA team attempt to obtain materials that their 5/21 memo noted were not available online (specifically VBID examples from around the country that identify best practices in a value-based insurance design, and written materials that are in use as available as well as tools that have been used to rate insurers regarding adoption of VBID models on the relevant metrics to encourage adoption of the model). May have this information available to the group on subsequent call	• Letters of intent for RFP application submission due 7/8/15 • RFP responses due to PMO 7/31/15

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UCONN Community Health Worker (CHW) Initiative	• Release of Funds (ROF) prepared for Southwest AHEC subcontract, with milestones/outcomes sent to the Center for Medicare & Medicaid Innovations (CMMI). • Stakeholder Engagement meetings held with CT Department of Labor and CT Department of Social Services. • Submitted Revised CHW At A Glance draft to the SIM Program Management Office • Secured stakeholder meetings with Community Health Network of CT, HealthyCT, Community Colleges, Community Health Center Association of CT, Connecticut Health Foundation • Supported CHW Conference which included 160+ participants and SIM News article	• Execute stakeholder meetings • Initiate hiring process of an Administrative Program Assistant • Identify payer willing to support CHW apprenticeship • Identify Pilot project with Payer
UCONN Evaluation	• MOA is circulating for signatures • Data storage hardware is being acquired and installed • Requested metrics guidance from CMMI • Rapid Response Team (RRT) Charter & Composition being refined • Death Records acquired from DPH • Submitted UConn Health IRB for DSS data • Draft letter to payers submitted to PMO • Dashboard creation underway	• Approach data owners for Dashboard product review • To present RRT Charter and Composition document to Steering committee • Letter to payers to go out and first meeting to be scheduled
Advanced Medical Home Vanguard Program	• Deadline for advanced networks to apply extended to July 31. • Enrolled 30+ practices; launched "fast track" option, continued recruiting advanced networks, opened recruitment to independent practices • Completed review of first wave of applicants, executed contracts with 4 advanced networks comprising more than 30 practices • Met with DSS and CHNCT to discuss synergies between the Advanced Medical Home Vanguard program and the DSS PCMH program.	• Continue recruitment of advanced networks and their affiliated practices, and independent practices • Review new applications • Complete Transformation Services Agreements with new, eligible applicants

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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

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