

Connecticut State Innovation Model Work Stream Update



- Updated VBID 2017 [Fully-Insured](#) and [Self-Insured](#) Templates were approved by the Steering Committee.
- PCMH+ Participating Entities (PEs) [shared their successes and challenges](#) in the program with the Steering Committee. PEs pointed to the integration of Community Health Workers, improved care coordination, standardization of SDOH screenings, and the use of technology for improved patient engagement as some of the major successes. One of the biggest challenges identified was the declining number of attributed members.
- The Consumer Advisory Board released draft reports of their findings and recommendations from the [KASA Youth Forum Listening Session](#) and the [Southeast Asian Listening Session](#).
- The PTF received an [update on the Advanced Medical Home Program](#), which has resulted in 63 primary care practices receiving NCQA PCMH recognition to date.
- The Final [Recommendations of the Health Information Exchange Use Case Design Group](#) were approved and released, with the final use cases including: eCQM Reporting System, Immunization Information System, Longitudinal Health Record, Clinical Encounter Alerts, Public Health Reporting, and Image Exchange.
- [PCMH+ Compliance Review findings](#) were released and presented in a Webinar on November 20. Detailed findings from each PE were also [released](#).
- A [Health Enhancement Communities \(HEC\) Reference Communities handout](#) was developed- Reference Communities in Connecticut will be identified by the Population Health Planning team to inform the HEC planning process.
- The CHW Advisory Committee deliberated on [CHW Certification options](#), and will reconvene in January to issue a recommendation.
- A Health Equity Learning Collaborative Kick-off for the CCIP participants was held on October 26.
- Health Management Associates was selected to serve as the Prevention Services Initiative vendor.
- Freedman Healthcare was selected to serve as the Value-Based Insurance Design vendor for targeted technical assistance.
- An October 1 update was released for the [CT SIM data dashboard](#).
- The SIM Award Year 3 Operational Plan was submitted to CMMI for final review on November 30.

Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
Healthcare Innovation Steering Committee (HISC)	<i>VBID</i>	<ul style="list-style-type: none"> Approved Updated Value-Based Insurance Design 2017 Templates for Self-Insured and Fully-Insured Employers 	<ul style="list-style-type: none"> Review Public Comment and approve the Report of CHW Advisory Committee 	12/11/17 Ad Hoc Subcommit tee
	<i>PCMH+</i> <i>CCIP</i> <i>CHW</i> <i>Health Enhancemen t Communities</i>	<ul style="list-style-type: none"> Received updates from PCMH+ Participating Entities who shared progress on a variety of care delivery improvements including the utilization of CHWs, care coordination, preventive and SDOH screening, and the use of technology for improved patient engagement Received updates on SIM progress in a new presentation style Discussed successes, challenges, and strategies for the test grant strategy, specifically related to VBID, Payment reform participation targets, CHWs and Health Equity, and Health Enhancement Community Planning. 	<ul style="list-style-type: none"> Provide input on the development of Health Enhancement Communities Review and approve updated Population Health Council Charter Discuss Primary Care Payment Model Report and Recommendations 	1/11/18
Consumer Advisory Board (CAB)	<i>Consumer Engagement</i>	<ul style="list-style-type: none"> Identified key findings and recommendations from the KASA Youth Forum Listening Session Received update on Choosing Wisely activities Identified key findings and recommendations from the Southeast Asian Listening Forum Prepared for the Teen Asthma Support Forum to be held on December 2 Reviewed Proposals for the Media Production Vendor contract. Contract is currently under review 	<ul style="list-style-type: none"> Identify collaboration opportunities with Choosing Wisely Hold Teen Asthma Support Forum and assess findings Continue developing recommendations from past CAB events Finalize Media Production Vendor contract 	12/12/17

Practice Transformation Task Force (PTTF)	AMH	<ul style="list-style-type: none"> Received update on the AMH Program, including 151 participating practices and 22 NCQA Certified practices (now 63) 	<ul style="list-style-type: none"> Discuss the Primary Care Payment Reform Report and Recommendations 	12/12/17
Health Information Technology (HIT)	Immunization Design Group eQMs HIE Framework	<ul style="list-style-type: none"> Department of Public Health (DPH) Immunization program is pursuing CMS HITECH Funds with the HIT-PMO support. DPH is working with the ASTHO to develop a portion of the Advance Planning Document (IAPD) that will be integrated into the HIT PMO's work related to the implementation of health information exchange services. The HIE Use Case Design Group presented their recommendations (or Wave 1-3 implementations) at the Oct HIT Advisory Council Meeting and those recommendations were approved. Continued work with UConn School of Nursing AIMS to develop a technical architecture to support the framework for eCQM analytics. Presented a high-level architecture review to the HIT Advisory Council at the Nov. meeting. Continued work with UConn School of Nursing AIMS to develop a technical architecture to support the framework for the HIE Solution. Presented a high-level architecture review to the HIT Advisory Council at the Nov. meeting. Completed the HIT portion of the yearly SIM Operations Plan, Budget and Budget Narrative, which was submitted on Nov. 30 to CMMI. Once approved by the HIT Advisory Council in the Dec. meeting, we anticipate the submission of the IAPD-U Appendix D on Dec 29th to CMS for review and acceptance. 	<ul style="list-style-type: none"> As per CMS guidance, the IAPD-U Appendix D is being crafted by the HIT PMO and is currently under review by Project Team Members and CT State Partners. It is expected that this document will be submitted to the HIT Advisory Council members on Dec 15 for review and approval at the Dec 21 Advisory Council monthly meeting. The HIT PMO will utilize this data as input into the continued project planning and overall architecture, paying particular attention to the use cases that the Design Group deemed to have a significant value and can be supported by state and HIT PMO services. It is anticipated that this technical architecture will develop standards and technical infrastructure that will be scalable to support layering of various HIT Services on its backbone. 	12/21/17

Quality Council (QC)	Core Measure Set	<ul style="list-style-type: none"> • Reviewed Core Measure Set and discussed measure alignment, particularly around pediatric CQMC and MIPS alignment • Reviewed measure endorsement status of each core measure 	<ul style="list-style-type: none"> • Review payer quality measure alignment • Receive public scorecard update • Finalize discussion on changes to core measure set 	12/13/17
Care Management Committee (CMC) (A sub-committee of MAPOC)	PCMH+	<ul style="list-style-type: none"> • Provided updates at November MAPOC CMC meeting, including findings from the PCMH+ Compliance Reviews that took place in August 	<ul style="list-style-type: none"> • Prepare to continue program into 2018 	1/10/18
Population Health Planning (DPH)	PSI HEC BRFSS	<ul style="list-style-type: none"> • Members of the SIM Population Health and HIT staff met to discuss future collaboration, health indicators needed moving forward with HEC planning including possible work for social determinants of health use case. • Developed a handout on HEC reference communities to be distributed to Council members and the HISC Ad Hoc group to elicit comments and recommendations regarding work with reference communities. • Webinar meeting held with the Population Health Council to update members and prepare for the upcoming HISC Ad Hoc and future council meetings once the HEC planning consultant is on board. • The PSI Technical Assistance vendor was selected and the contract is being finalized. • Essential CBO qualifications and the state of readiness for technical assistance were outlined and prepared for inclusion in the RFP for CBO solicitation. 	<ul style="list-style-type: none"> • Draft an RFP to identify and solicit applications from CBOs and ACOs that are prepared to participate in the PSI. • Complete selectio of an HEC consultant pursuant to the RFP. • A draft special health report of key health indicators will be available for review by the end of January 2018; expect report to be finalized and distributed to the public in February 2018. • Finalize content of the 2018 CT BRFSS survey, and negotiate contract for 2018 data collection. • Link two hospitalization datasets and summarize avoidable hospitalization events at the town level. 	TBD

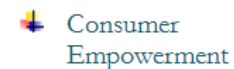
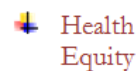
	<ul style="list-style-type: none"> • An RFP for the HEC planning support consultant was released. • The BRFSS team worked with their contractor to finalize the expected content for the upcoming special health report of key health indicators for Connecticut adults with Medicaid or Medicare as their primary source of health insurance. • Summary tables of selected 2016 CT BRFSS indicators has been finalized, will be published on the CT BRFSS website. • Methods for linking “avoidable hospitalization” datasets for the purpose of updating town of residence information were tested. Evaluation of linkage methodologies continue given the absence of a single unique identifier for records in the OHCA dataset. • A document summarizing statistical methodologies used in final population estimate production by town, age, sex, race, and Hispanic Ethnicity for the years 2011-2014 was drafted. 	<ul style="list-style-type: none"> • Summary document summarizing statistical methodologies used in final population will be finalized and, with final population estimates, will be posted to our web site. Population estimates will be used to produce a variety of small-area rates for SIM. 	
Person Centered Medical Home Plus (PCMH+, formerly MQISSP)	<ul style="list-style-type: none"> • Continued working through the Performance Year 1 work plan • Held compliance review webinar • Compliance reviews shared publicly • Participating Entity monthly reports submitted and under review 	<ul style="list-style-type: none"> • Prepare to continue program into 2018 • Continue refining Wave 2 RFP draft 	N/A
Value-based Insurance Design	<ul style="list-style-type: none"> • Received final approval on updated VBID 2017 fully-insured and self-insured templates. • Contracted with Freedman Healthcare to implement a targeted technical assistance strategy for self-insured employers to develop and implement VBID plans 	<ul style="list-style-type: none"> • Launch Technical Assistance application for self-insured employers interested in adopting VBID plans. • Complete VBID assessments with all payers and share results with SIM 	1/24/18

	<ul style="list-style-type: none"> Reviewed Dr. Scott Braithwaite’s model assessing the impact of VBID plan adoption across all CT fully-insured employers. Dr. Braithwaite’s CT Health Foundation funded research showed that increased adoption of VBID plans accelerates the return on investment opportunity for employers. Further research will be launched to inform the next set of VBID recommendations, as well as to promote VBID in the fully-insured market. Continued working on a strategy for an online tool accessible to employers. The tool will allow employers to assess their health insurance needs and generate a VBID plan. Engaged employers through participation in several activities including: Human Resources Association of Central CT event, Business Council of Fairfield County Employer Case Study event, and the Human Resources Leadership Association of Eastern CT Employer Law Meeting. Participated in the planning process for the “Moving to High Value Provider Networks: A Call to Action” event that will highlight high value provider networks and VBID 	<p>governance, targeted for January 2018.</p> <ul style="list-style-type: none"> Participate in the “Moving to High Value Provider Networks: A Call to Action” event on December 8 held by the CT Joint Replacement Institute of St Francis Hospital and the CT Health Council. 	
<p>UCONN Community Health Worker (CHW) Initiative</p>	<p><i>CCIP</i></p> <p><i>CHW Certification</i></p> <ul style="list-style-type: none"> Finalized Module 3: “Are you Ready for Change?” for Qualidigm’s Learning Management System (LMS), which is now in its production phase. Co-facilitated the CHW Advisory Committee meeting on 11/2 where we introduced three options for establishing CHW certification in CT. Completed an evaluation survey on 11/7 between Qualidigm and the CHW Initiative to record the quality of TA provided during AY2. 	<ul style="list-style-type: none"> Complete first draft of module 4: “Writing a CHW Job Description for your Practice”. Prepare materials and co-facilitate the next CHW Advisory Committee Meeting in January 2018. Participate in evaluation follow-up phone interviews on 12/5. 	<p>1/4/18</p>

		<ul style="list-style-type: none"> Completed and submitted two draft best practices manuals for clinical integration for next phase review by team leadership and the PMO: CHW Supervision and Evaluation. 	<ul style="list-style-type: none"> Complete additional best practice manual iterations for review and final submission. Continue modifications to the CHW core competency curriculum for the CHW apprenticeship program. Meet with Housatonic Community College to discuss partnering to develop a CHW apprenticeship model for CT. 	
UCONN Evaluation	Dashboard	<ul style="list-style-type: none"> Published 10/1/17 dashboard Data analysis and dashboard page construction for 1/1/18 dashboard including addition of 2016 BRFSS based measures Data acquisition for 4/1/18 dashboard Continued review of dashboard measures for alignment with AY3 operational plan 	<ul style="list-style-type: none"> Publish 1/1/18 dashboard Continue data acquisition and analysis for 4/1/18 dashboard Continue review of dashboard measures for alignment with AY3 operational plan Present on evaluation to HISC 	N/A
	Care Experience Survey	<ul style="list-style-type: none"> Continued preliminary Medicaid CAHPS analyses Launched commercial surveys, which are now moving to telephone phase Resolved remaining roadblocks with commercial sample including multiple strategies to identify missing practice names Finalized plans to interview a 30% replicate sample 	<ul style="list-style-type: none"> Continue Medicaid CAHPS data analysis and preliminary reporting Meet with DSS to discuss preliminary findings and reporting Continue commercial CAHPS administration including assessing participation and decide on extension to collect additional surveys 	
	Public Scorecard	<ul style="list-style-type: none"> Begin functional specifications document Created mockup of scorecard Researched possible benchmarks Researched attribution methods Began content development including site map 	<ul style="list-style-type: none"> Continue scorecard functionality specifications, content and site map Continue assessment of user interface options, presentation plan and research of rated entities 	

		<ul style="list-style-type: none"> Continued with measure code construction 	<ul style="list-style-type: none"> Present at December Presentation to Quality Council on status, benchmarks, attribution and functionality 	
	Reporting to CMMI	<ul style="list-style-type: none"> Attended monthly call with National Evaluators Continued data acquisition efforts for required metric reporting 	<ul style="list-style-type: none"> Attend monthly call with National Evaluators Continue data acquisition activities for required metric reporting 	
Community and Clinical Integration Program	Health Equity Quality Metrics Community Health Collaboratives	<ul style="list-style-type: none"> Held Health Equity Learning Collaborative Kickoff for Participating Entities to begin identifying Health Equity Team and strategy for achieving Part 1 of the Health Equity Standard, which focuses on the standardization of race/ethnic data collection across the network. Continued work on standard quality measures for CCIP Participating Entities to adopt. Developed a report with recommendations for the implementation of Community Health Collaboratives. The goal is to build on existing resources in Middletown, Bridgeport, and New Haven in order to standardize linkages to services that address the SDOH Updated the Learning Management System with numerous webinars, resources, and modules to support the Participating Entities on achievement of the core and elective standards 	<ul style="list-style-type: none"> Finalize Plan for and launch Community Health Collaboratives Continue Health Equity Learning Collaborative activities including regular calls and in-person learning session Launch Comprehensive Care Management Learning Collaborative Finalize agreement with UPenn to provide additional support to CCIP PEs to integrate CHWs into care teams and measure ROI 	N/A
Advanced Medical Home Program		<ul style="list-style-type: none"> To date, 63 practices have received NCQA Level 2 or 3 PCMH recognition. 	<ul style="list-style-type: none"> Continue providing technical assistance to the enrolled practices. 	N/A

Program Management Office (PMO)	Operational Plan Budget	<ul style="list-style-type: none"> Submitted Draft Operational Plan on November 1 for Award Year 3. Received feedback and integrated changes- submitted final version to CMMI on November 30. 	<ul style="list-style-type: none"> Respond to additional feedback from CMMI on the Award Year 3 Operational Plan. Submit Carry-Over request for unspent Award Year 2 funds. Prepare new MOAs for Award Year 3. Submit all Release of Funds requests for Award Year 3 funds. Begin transition into the Office of Health Strategy, which will be established effective January 1, 2018. 	N/A
--	--	--	--	-----

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**LMS** – Learning Management System for CCIP**MAPOC** – Medical Assistance Program Oversight Council**MOA** – Memorandum of Agreement**MQISSP** – Medicaid Quality Improvement and Shared Savings Program

PCMH – Patient Centered Medical Home

PCMH+ – Patient Centered Medical Home Plus

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