SIM : connecticut state innovation model

# Work Stream Update

- VBID Technical Assistance RFP was released. The deadline for submission is September 15.
- The Evaluation Team published an update to the dashboard on July 1.
- HIT Stakeholder Community Roundtables (HIT Forums) were held to provide an update to the status of the findings produced through the stakeholder engagement conducted between February and April. In addition, these forums also provided details of current activities as well as planned activities.  Participants were invited to further their involvement as well and provide additional feedback to the state's HIT roadmap. Six forums were held around the state between July 18-20. Additional information about the forums can be found here.
- Health IT Advisory Council members accepted the recommendations that came out of both the electronic Clinical Quality Measure (eCQM) Design Group and the Stakeholder Engagement and Environmental Scan the 2nd quarter of 2017. The Council then launched the Immunization and HIE Use Case Design Groups as priority design groups to develop recommendations that would support to interoperate the Public Health Immunization Registry as well as prioritize three to five HIE use cases that the state should solve for.
- The HIT PMO has begun the planning of developing an eCQM RFP to contract for services to solve for clinical quality measures and reporting capabilities.  This service will also be integrated into a larger HIE solution. It is anticipated that the proposal will be released in the fourth quarter of 2017.
- The Report of the CHW Advisory Committee was released for public comment.
- The Population Health Team released responses to Steering Committee questions regarding the Prevention Service Initiative.
- PCMH+ Compliance Reviews are scheduled to take place in August.
- The Scope of Work and Timeline for the Public Scorecard was approved by the Steering Committee.
- The CAB continued working on the Consumer Engagement and Communication Plan, which is expected to be finalized by September.
- Additional practices were recruited into the AMH Program for a total of 143 practices across the state and federally funded cohorts.
- The PMO submitted a budget amendment and no-cost extension request which will provide the additional time needed to complete activities related to health information technology planning, the Prevention Service Initiative, Health Enhancement Community planning, and the Community and Clinical Integration Program.

| Council/ Work Stream | Major Topics Covered | Progress/ Outputs | Next Steps | Upcoming Meetings |
|---|---|---|---|---|
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| **Healthcare Innovation Steering Committee (HISC)** | *Population Health* <br><br> *VBID* | • Reviewed Prevention Service Initiative Model <br> • Approved the Report of CHW Advisory Committee for Public Comment <br> • Approved the Public Scorecard Scope of Work and Timeline | • Review responses to Prevention Service Initiative FAQs and approve Initiative <br> • Review and Approve updated VBID templates for Public Comment <br> • Discuss and provide input on the test grant investment strategy | 9/14/17 |
| **Consumer Advisory Board (CAB)** | *Consumer Engagement* | • Continued development of CAB Consumer Engagement and Communications Plan | • Finalize the CAB Consumer Engagement and Communications Plan | 9/12/17 |
| **Practice Transformation Task Force (PTTF)** | *PCPM* | • Provided final Primary Care Payment Model recommendations for inclusion in the PCPM White Paper | • Provide final comments and approve the PCPM White Paper for review by the Steering Committee | TBD <br> 10/3/17 |
| **Health Information Technology (HIT)** | *Immunization Design Group* <br><br> *HIE Use Case Design Group* | • The Immunization Design Group launched in July and will hold five working sessions. The purpose of the IIS Design Group is to familiarize members to the high-level functional standards of an IIS system, identify additional stakeholder needs and determine prioritization that focus on the needs of not only DPH but additional stakeholder needs, as well as technical assistance needs by providers and DPH to | • Hold final design group meetings and develop recommendations from each. <br> • Continue HIE Entity Planning <br> • Release eCQM RFP | HIT Advisory Council: 8/17/17 9/21/17 |

Population Health    Health Equity    Healthcare Quality    Consumer Empowerment    Affordability

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| | *HIT Stakeholder Forums*<br><br>*eCQMs* | successful implement electronic reporting and bidirectionality. The IIS Design Group will develop recommendations for the review and acceptance of the Health IT Council by end of July.<br>• The HIE Use Case Design Group continued meeting, with nine total meetings planned to conclude in August. The purpose of the HIE Use Case Design Group is to review use cases that align with Council recommendations, establish value propositions to prioritize the use case, validate the high level functional requirements of the prioritized use cases and provide recommendations on shared infrastructure services.<br>• The HIT Office hosted six HIT stakeholder forums across the state between July 18-20. These 90 minute sessions aimed to inform stakeholders of the findings of the environmental scan, discuss the findings to understand its impact on the community and how we can all work to create a successful health IT community in the state.<br>• Began drafting eCQM RFP<br>• Contracted with UCONN School of Nursing to develop a technical architecture to support the framework for the HIE Solution. It is anticipated that the technical architecture will develop standards and technical infrastructure that will be scalable to support layering of various HIT Services on its backbone. | | |

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| **Quality Council (QC)** | *Public Scorecard* | • No August Meeting | • Approve Public Scorecard Scope of Work and Timeline | 9/13/17 |
| **Care Management Committee (CMC)** <br><br> **(A sub-committee of** MAPOC**)** | *PCMH+* | • Attended June MAPOC work session to discuss underservice mitigation strategy | • Provide updates at Sept MAPOC CMC meeting | 9/13/17 |

Population Health    Health Equity    Healthcare Quality    Consumer Empowerment    Affordability

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| **Population Health Planning (DPH)** | *PSCs (Now Prevention Service Centers or PSIs)*<br><br>*HECs* | • Completed AN/FQHC interviews for PSI planning.<br>• Developing a short survey to obtain basic information on existing community health collaboratives in CT.<br>• Began HEC planning by looking at how new payment models can support the implementation of HECs.<br>• DPH and PMO prepared a [PSI summary and FAQ sheet](#) in response to comments and questions from the July 13th Steering Committee meeting.<br>• Work on synthetic estimate methodology continued. All the estimates for the SIM indicators were generated using this method by combing bootstrap technique with multilevel regression and poststratification approach (MRP). Staff prepared the manuscript draft, and is waiting for feedbacks from Dr. Zhang from the Census Bureau.<br>• Predictive modeling of CT town population sizes by-age-sex-race-Hispanic ethnicity (TASRH) continued. Population modeling staff met to discuss techniques for handling lack of race-ethnicity data availability from private schools datasets. Follow-up discussions with entire population modeling team were planned for the upcoming month to finalize modeling approach. | • Distribute the survey, analyze results to be used in HEC planning.<br>• Population Health Council meetings postponed until September in effort to obtain HISC approval and begin HEC planning with a quorum present.<br>• Share the summary/FAQ sheet with the HISC in preparation for the August meeting.<br>• Staff will continue working on the manuscript and anticipate to complete/ submit the manuscript in next two months.<br>• Estimation of pre-raked population sizes for 2011-2014 by TASRH using finalized model selection criteria, followed by raking to align estimates with data from other sources, i.e. annual county-level ASRH population estimates available from the USCB. | 9/28/17 CT Hospital Association |

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| **Person Centered Medical Home Plus (PCMH+, formerly MQISSP)** | | • Continued working through the Performance Year 1 work plan<br>• DSS is currently updating Wave 2 RFP draft<br>• Compliance onsite reviews will take place in August<br>• PE monthly reports submitted and in review | • Continue refining Wave 2 RFP draft<br>• Conduct compliance onsite reviews with each PE | N/A |
| **Value-based Insurance Design** | | • Drafted and released RFP for targeted technical assistance to assist individual employers in implementing VBID.<br>• Continued assessing strategies for working with universities, unions, and human resources specialists to promote VBID uptake. Scheduled several events for August-October with business groups, chambers of commerce, and broker groups.<br>• Developed a strategy for an online tool accessible to employers. The tool will also employers to assess their health insurance needs and generate a VBID plan. | • Complete VBID assessments with all payers and share results with SIM governance<br>• Present updated VBID templates to Steering Committee for approval.<br>• Review Dr. Braithwaite's model assessing the impact of VBID plan adoption across all CT fully-insured employers.<br>• Continue developing a plan for an online employer tool. | No upcoming meetings |

Population Health Health Equity Healthcare Quality Consumer Empowerment Affordability

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| **UCONN Community Health Worker (CHW) Initiative** | *CCIP* | • Prepared and facilitated a focus group with 4 CHWs on 7/11 at the CT Behavioral Health Partnership in Rocky Hill, CT, to learn what resources would be most beneficial to include in the CHW website for CHWs and employers/stakeholders.<br>• Submitted final draft of LMS Module 1: "Understanding the Community Health Worker Role," and first draft of LMS Module 2: "Paving the Way for Successful CHW Integration."<br>• Planned, promoted, and organized 8/1 CHW-supervisor workshop for CCIP PEs. Will be conducted by national experts Carl Rush and Joanne Calista.<br>• Participated in three calls with Qualidigm (July 7, 14, 24) to discuss LMS modules and CHW workshop.<br>• Secured a curriculum consultant and a writing consultant to support the development of core competency curriculum updates and the CHW apprenticeship initiative respectively. | • Participate in the 8/1 workshop: Introduction to the CHW Workforce for Supervisors, Managers, and Policy Makers.<br>• Submit the first draft of LMS Module 3 and complete final drafts of modules 2 & 3.<br>• Launch phase 1 of the CHW website.<br>• Support final drafts for three best practice manuals: Orientation to the Practice, CHW training and CHW Supervision manuals. | TBD |

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| **UCONN Evaluation** | *Dashboard* | • Continued data acquisition efforts for dashboard<br>• Published 7/1/17 dashboard<br>• Submitted APCD data request<br>• Began software installation and addition of users for secure servers used for data storage and analysis | • Data acquisition and analysis for 10/1/17 dashboard publication<br>• Continue VBID and APM survey data collection<br>• Complete server software installation on servers used for data storage and analysis | N/A |
| | *Care Experience Survey* | • Sample file from one payer received by vendor, cleaning and deduplication underway<br>• Continued communication with a second payer about sample file<br>• Continued development coding scheme for providers | • Monitor commercial and Medicaid CAHPS implementation<br>• Continue to develop coding protocols for data and analysis plan | |
| | *Public Scorecard* | • Submitted APCD data request. Continued to prepare secure servers for storage of data<br>• Began software installation and addition of users for secure servers used for data storage and analysis<br>• Presented scorecard plan to Health Innovation Steering Committee | • Execute MOA for scorecard<br>• Prepare plan for web display platform<br>• Complete server software installation on servers used for data storage and analysis | |
| | *Reporting to CMMI* | • Continued data acquisition plan for required metrics and amended reporting metrics as needed<br>• Continued data acquisition efforts for metric reporting | • Attend monthly call with National Evaluators<br>• Continue data acquisition activities for required reporting | |

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| **Community and Clinical Integration Program** | | • Finalized transformation plans with the PEs which detail the activities each PE will undertake over the next year to achieve the Standards. <br> • Provided TA on the CLAS Standards for two of the PEs <br> • Worked with the CHW Team to provide the PEs with materials to support CHW hiring and onboarding, as well as to prepare for an in-person workshop on CHW Supervision <br> • Developed modules for the Learning Management System (LMS) which will provide the PEs with the opportunity to access educational materials on their own schedules <br> • Uploaded readiness assessment information into the LMS dashboard which will allow PEs, Qualidigm, and the PMO to track progress toward meeting the standards | • Finalize Plan for and launch Community Health Collaboratives in each key region- Bridgeport, New Haven, and Middletown. <br> • Launch learning collaborative activities to support PEs in working through their Transformation Plans, including additional in-person opportunities. <br> • Continue to assess challenges and develop solutions for the collection and analysis of race and ethnicity data. <br> • Launch the LMS. | N/A |
| **Advanced Medical Home Program** | | • Continued working with Qualidigm on recruitment efforts. There are currently 143 total practices in the program- 90 through the state funded initiative and 53 through the federally funded initiative. <br> • Qualidigm continued providing technical assistance to the AMH practices in both the state-funded Pilot and Federally-funded cohorts. <br> • To date, 50 practices in the Pilot have received NCQA Level 2 or 3 PCMH recognition, and 22 have received Planetree recognition. | • Continue providing technical assistance to the enrolled practices. | N/A |

⊹ Population Health    ⊹ Health Equity    ⊹ Healthcare Quality    ⊹ Consumer Empowerment    ⊹ Affordability

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| **Program Management Office (PMO)** | *Operational Plan*<br><br>*Budget* | • Continued drafting Operational Plan for Performance Year 2 (Now Award Year 3)<br>• Submitted budget amendment and no-cost extension request. | • Continue drafting Operational Plan for Performance Year 2.<br>• Solicit additional contractual resources to support quality measure alignment and other aspects of PMO scope<br>• Incorporate feedback from Steering Committee on Test Grant Investment Strategy | 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
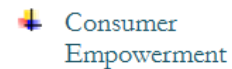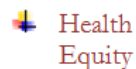
**HIT** – Health Information Technology

**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

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**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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