



# Health Care Cabinet: Connecticut SIM

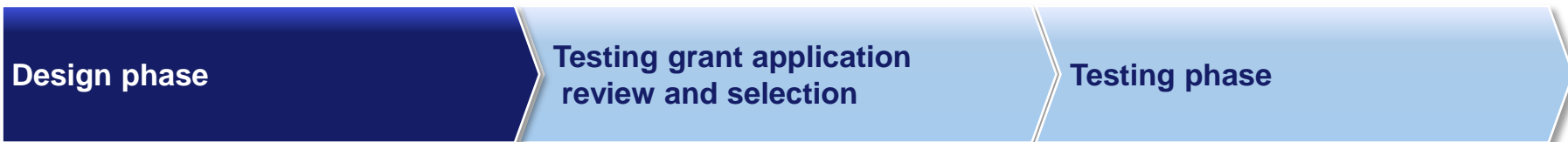
Reference materials  
June 11, 2013

# June 11 Health Care Cabinet Meeting: Where we are today

April - September

October - early 2014

Mid-2014 to 2017



| April<br>▼   | May<br>▼   | June/ July<br>▼  | August<br>▼   | September<br>▼   |
|--|--|--|---|--|
| <b>Project set-up</b>  | » <b>Options and hypotheses</b>  | » <b>Design and planning</b>   | » <b>Syndication</b>  | » <b>Finalization</b>  |
| <ul style="list-style-type: none"> <li>▪ Understand current state</li> <li>▪ Establish vision</li> </ul> | <ul style="list-style-type: none"> <li>▪ Understand barriers to optimal health outcomes along patient journey</li> <li>▪ Identify target populations and sources of value</li> <li>▪ Develop and pressure-test care delivery and payment hypothesis</li> <li>▪ Align key stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>▪ Design framework for health care delivery system and payment model</li> <li>▪ Develop implementation and roll-out plan</li> <li>▪ Align on key quality metrics</li> </ul> | <ul style="list-style-type: none"> <li>▪ Draft testing proposal</li> <li>▪ Syndicate with key stakeholders</li> </ul> | <ul style="list-style-type: none"> <li>▪ Refine and submit testing proposal</li> </ul> |

## **We have outlined a vision for care delivery and payment innovation in Connecticut**

### **Establish a whole-person-centered health care system that promotes value over volume, eliminates health inequities for all of Connecticut, and improves affordability**

- Understanding and consideration of the needs of a whole-person that impact health
- Integration of primary care, behavioral health, population health, consumer engagement, oral health, and community support
- Shared accountability for the total cost and quality of health care that promotes cost management
- Increased access to the right care in the right setting at the right time
- Migration to workforce and HIT capabilities that promote workforce efficacy and support the goals of the new care delivery and payment models
- Supported by Medicaid, Medicare, and private health plans alike

# We must engage a wide range of stakeholders to realize this vision

## Example stakeholder perspectives



### Patients/ consumers

- How will this change my experience?
- How will I really know if my care is better?



### Clinicians

- How can I manage administrative burden?
- Will I be able to maintain my income level?



### Hospitals/ facilities

- How will any changes affect my revenue and cost position relative to alternatives?



### Community/ state agencies

- How will this effort affect my clients?
- How will this effort impact my agency's goals?
- How can I participate in this model?



### Employers

- How will this affect my employees and my ability to afford health insurance for them?
- How can I support employee wellness?



### Payers

- How can we manage medical expenditures and focus more on value?
- Will I want to shift to this new payment model?

## Stakeholder engagement must be meaningful and staged over a longer journey

- Engagement needs to be authentic and meaningful, with an opportunity for two-way dialogue
- Need to engage consumers and providers in forums that are accessible to them from a timing, location, cultural, and linguistic perspective
- Must hear directly from individuals within the community as well as from organized entities (e.g., consumer advocacy groups, unions)
- Stakeholder engagement is a longer journey of deepening levels of stakeholder involvement – the next 8 weeks are just the start

## We are taking a three-step approach to defining a stakeholder engagement strategy

### Define goals of stakeholder engagement

- What is the **desired type of engagement** with stakeholders?
  - How will that **evolve** over the design, syndication, and testing phases of the CT SIM effort?
- 

### Outline types of stakeholders who need to be involved

- Who are the individuals who will need to **understand and provide input** into the model design, syndication, and implementation phase?
  - How can we ensure a **diversity** of perspectives?
- 

### Identify the most effective way to engage target stakeholders

- How can we engage with these target groups of individuals in a way that will enable **authentic, meaningful participation** and be most **accessible** to them?

## We will be seeking input as we draft the framework for care delivery and payment innovation over the next 8 weeks (1 of 2)

### Care delivery

- What barriers are preventing the delivery of high-quality, high-value care in Connecticut today? June, 2013
- How can we change today's health care delivery model to address these barriers? June, 2013
- Who will need to be involved in the new health care delivery model to drive optimal health outcomes? July, 2013
- What is the plan for refining and implementing the new care delivery model in the next 3-5 years? July, 2013

### Payment

- How will providers be rewarded for providing quality, high-value care to consumers? June, 2013
- How will provider performance be measured? June, 2013
- How will providers be enabled to deliver quality, high-value care? July, 2013
- What is the plan for refining and implementing the new payment model in the next 3-5 years? July, 2013

## We will be seeking input as we draft the framework for care delivery and payment innovation over the next 8 weeks (2 of 2)

### Health Information Technology (HIT)

- |   |            |
|---|------------|
| ▪ What HIT support will consumers, providers and payers need to succeed in the new model?               | June, 2013 |
| ▪ What existing HIT capabilities do we have today that we can use to support the new model?             | July, 2013 |
| ▪ What new HIT capabilities do we need to develop and how will we develop them over the next 3-5 years? | July, 2013 |

**How can we ensure that stakeholder engagement will deepen after the next 8 weeks and continue to improve over time?**



## We seek your guidance to identify and effectively engage with the community over the next 8 weeks and beyond

- How can we identify individuals who represent a diverse set of backgrounds and interests?
- What pre-existing forums would be helpful forums to engage with a diverse range of consumers/ clinicians?
- How can we ensure participation of diverse consumers/ clinicians in any new forums (e.g., regional town halls) that are held?
- How can we each serve as ambassadors of the CT SIM effort in the community?
  - What tools (e.g., talking points) do we need to be able to share about the broader SIM effort?

# Work groups are making progress in defining a care delivery and payment model ...

## Progress

### Care delivery work group

- Reviewed consumer stories to identify **major barriers to health** in Connecticut to address through care delivery innovation
- Aligned on a recommendation that a **population-health model (e.g., advanced primary care, integrated delivery network)** will be the foundational care delivery model
- Expanded work group participation to include consumer, physician, and business group

### Payment work group

- Aligned on a set of **guiding principles** to make strategic payment decisions
- Reviewed data illustrating **high-level of fragmentation** across providers in Connecticut
- Had first discussion on reward structure and whether Connecticut could offer a **two-track reward structure** that enables smaller providers to participate
- Expanded work group participation to include health systems and employer (Pitney Bowes)

### HIT work group

- Drafted perspective on how **existing assets** could support care delivery and payment
- Developed a **draft plan for phasing in HIT capabilities** that enable the core components of a population-health model
- Continued to meet in 1-on-1 meetings to identify specific existing state/ private payer HIT assets to build into plan
- Expanded work group participation to include Department of Children and Families and UnitedHealthcare/ Optum, and physician

## ... as are program planners in a parallel process

### Progress

---

- While each state agency has its own set of goals, state agencies have been able to **join together in a process** and **align efforts under three broad themes**
  - Integration
  - Making resources available and improving Access (including public health education for consumers and providers)
  - Alignment of existing and on-going state department strategies and health plans
  - Launched set of **weekly meetings across program planners and with the core team**
- Despite **early challenges**, program planners and the core team are actively working to improve week-by-week on better **integrating parallel state agency and work group activities**
- Leading **NGA technical assistance for population health** (DPH)
- Developing proposal for **NGA technical assistance for workforce** (UCHC)
- Shaping plan to host three **meetings with the greater educational community** (e.g., Yale, Quinnipiac, community colleges) (DPH/ UCHC)