



CONNECTICUT
Office of Health Strategy

Healthcare Innovation Steering Committee

May 9, 2019

Meeting Agenda

- | | |
|--|--------|
| 1. Introductions/Call to Order | 5 min |
| 2. Public Comment | 10 min |
| 3. Approval of the Minutes | 5 min |
| 4. Health Enhancement Community Framework and Technical Report | 30 min |
| 5. SIM Progress Report | 70 min |
| 6. Adjourn | |

Introductions/Call to Order

Public Comment

2 minutes per comment

Approval of the Minutes

Health Enhancement Community Framework and Technical Reports

May 9, 2019

Agenda & Objectives

- Discuss overview of significant changes, including recommendations on changes to the report from the Population Health Council (PHC)
- Approve final report and framework recommended by the PHC
- Summarize progress on HEC Initiative

Documents you received that we'll reference:

- **Framework**– Shorter description of the HEC Framework.
- **Technical Report**– Longer, more detailed description of the HEC framework. Intended to serve as a reference document for those who want specifics.
- **Response to Public Comments**– Compilation of all HEC public comments received, along with OHS/DPH responses and description of what was updated in the framework/technical report.

HEC Framework Developments with PHC

- After HISC reviewed them in December, HEC Framework and Technical Report were posted for public comment for ~ 8 weeks (12/18/18 – 2/13/19)
- 20 comments received
- Common themes from public comments that the PHC deliberated on include:
 - Health equity and primary HEC goals
 - HEC structure/governance
 - Measures and how measures and measurement process will be determined
 - PCM and HEC alignment
 - Centralized support

Public Comments Received

1. Family Centered Services of Connecticut – Cheryl Burack
2. Connecticut Department of Children and Families – Charles Slaughter
3. Hispanic Alliance Mental Health Network (HAMHN)
4. Howard K. Hill
5. Frank W. Maletz, MD
6. Center for Health Care Strategies – Deborah Kozick
7. Connecticut Voices for Children – Sharon D. Langer and Karen Siegel
8. Connecticut Association of School Based Health Centers – Melanie Bonjour and Daniela Giordano
9. Anthem Blue Cross Blue Shield – Jill Hummel
10. Health Improvement Collaborative of Southeastern Connecticut – Russell Melmed
11. Department of Public Health – Christine Hahn
12. Connecticut Children’s Medical Center – Jane Baird
13. Reaching Home Health and Housing Stability Workgroup – Terry Nowakowski
14. North Hartford Triple Aim Collaborative – Gina Federico
15. Connecticut Hospital Association – Karen Buckley
16. Norwalk Health Department – Deanna D’Amore
17. Valandy Manohar, MD. and Supriyo Chatterjee, Msc MBA MA
18. OHS Consumer Advisory Board – Arlene Murphy and Kevin Galvin
19. United Way of Greater New Haven
20. Connecticut Health Foundation – Patricia Baker

Summary: PHC Decisions & Changes to Framework*

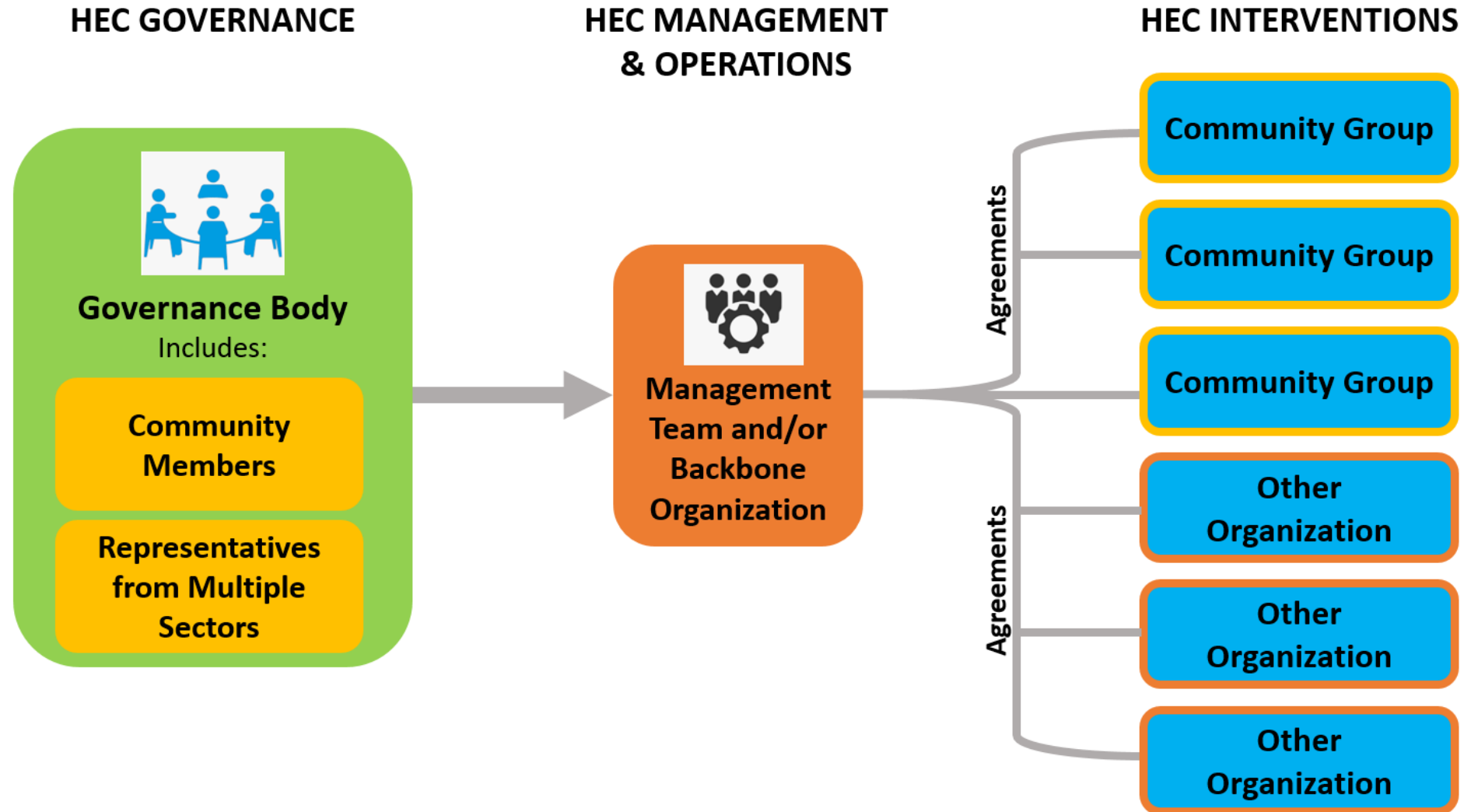
| Topic | What We Heard | Framework Revisions |
|------------------------------|---|---|
| Health Equity | Health inequities are significant and need to be elevated in the initiative. | PHC approved a new overarching health equity goal to elevate the focus on this. |
| HEC Structure and Governance | HEC structure/governance should include community members as decision-makers and avoid siloes. | PHC approved revised language and diagram showing the HEC structure, governance, and community member involvement. |
| Provisional Measures | Public comments proposed adding specific measures, ensuring stratification, and real-time evaluation. | PHC approved revised language about the provisional measures and other measures to be explored; measures will be further defined in the next phase. |
| HEC/PCM Alignment | The HEC initiative needs to be linked to primary care transformation to be successful. | PHC approved a new section describing Primary Care Modernization and HEC alignment. |
| Centralized Support for HECs | Broader state resource will be needed to support HECs. | PHC added recommendation that the State Partnership provide and/or contract with an Administrative Services Organization (ASO) to house centralized technical assistance. |

*Note: This is not exhaustive. See **HEC Response to Public Comments** document for specifics.

Revised HEC Goals: Health Equity

- Make Connecticut the healthiest state in the country.
- **Achieve health equity for all Connecticut residents.**
- Make Connecticut the best state for children to grow up.
- Slow the growth of Connecticut's health care spending.

Revised HEC Structure Graphic



Augmented Language: Measures

- Selected measures must allow for real-time evaluation.
- Each HEC will develop consistent continuous quality improvement processes related to how measures are selected, used, refined, or removed based on interim indicators.

Augmented Language: Measures (cont'd)

- Intent is to create multiple levels of measurement that incorporate a set of standard validated measures to provide meaningful comparisons of achievement and improvement in health across HECs.
- Also will explore cost-effective and valid strategies for incorporating local and innovative measurement tailored to a community's defined priorities and interventions.
 - Including exploring opportunities to use novel data sources and rapid feedback of information (e.g., patient or person report, biometric monitoring)

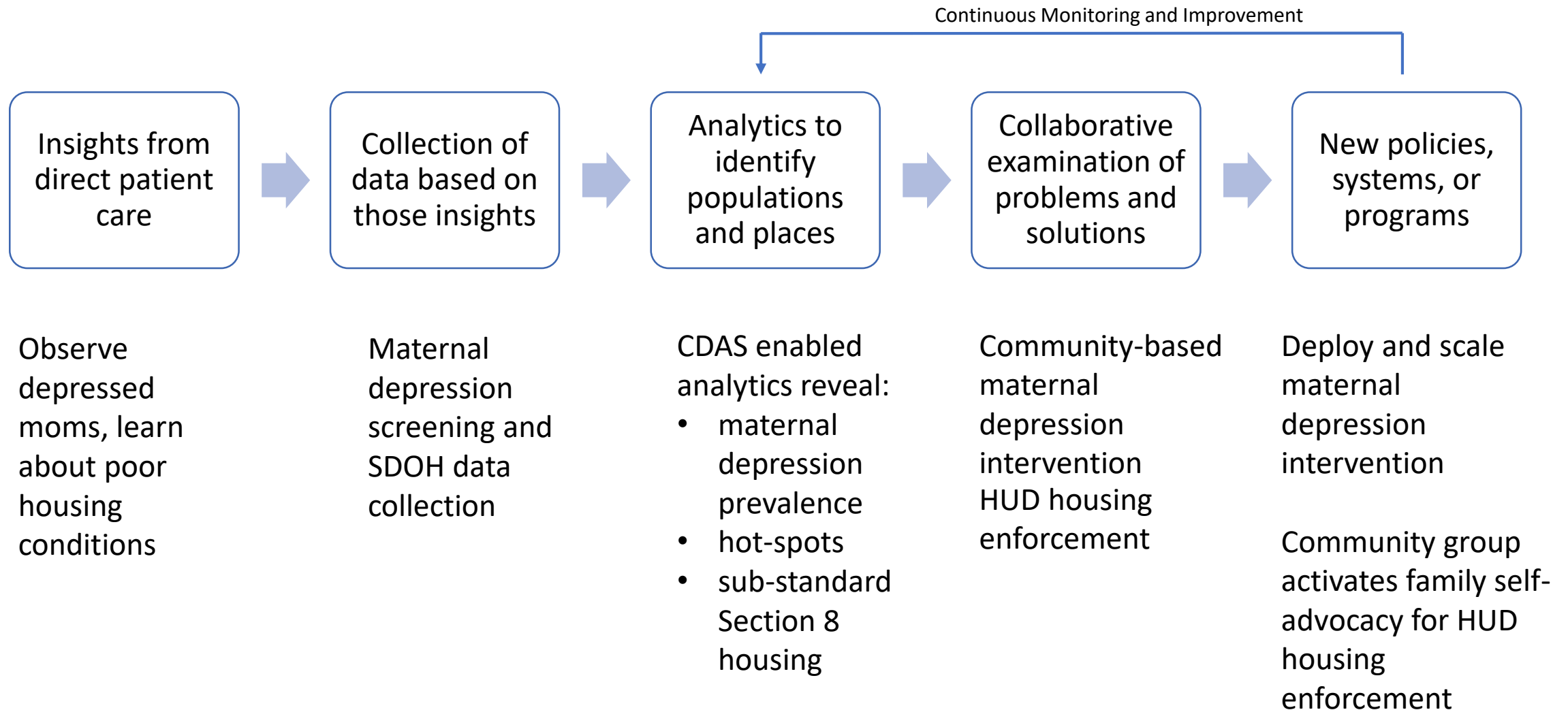
Added Language: Primary Care and Population Health

- Emphasized that primary care plays a vital role in the health of populations.
- Explained Primary Care Modernization (PCM) and gave examples of how it should work in concert with Health Enhancement Communities.
 - Example: Lactation consultants as part of the diverse care team would advise, direct, and support breastfeeding and potential breastfeeding families through education and counseling.
 - Strengthens parent-child relationships through breastfeeding, which can increase child well-being by reducing the occurrence of ACEs and being a protective factor
 - Increases health benefits for children and mothers
 - Linked to lower risks of acute illnesses and lower risks of chronic illnesses such as obesity

Added Language: Integrated PCM and HEC Approach to Population Health Management

- PCM primary care practices and HECs could develop mechanisms for sharing information and insights that are critical to improving population and community health across clinical and community settings.

Integrated Approach to Population Health Improvement



Centralized Support

- The Population Health Council recommends that the State Partnership provide and/or contract with an Administrative Services Organization (ASO) to house all efforts for centralized technical assistance, such as fiduciary functions, support for HECs' planning and implementation, and support for cross-HEC learning.
- Framework documents revised to articulate more clearly what a broader state resource could do to support HECs (*see Section 8.2 of the Technical Report*).

Vote: Approve HEC Framework and Technical Reports

SIM Progress Report

SIM Initiatives



SIM Initiatives - Work Streams

Value-based Payment Reform

- **Expand the use of shared savings program** payment models amongst all payers so that more providers are rewarded for providing better quality care at a lower cost

Care Delivery Reform

- **Help providers succeed** in shared savings program models by helping them provide more effective primary care, better manage patients with complex health conditions, use data to identify and address health disparities, and better identify and address behavioral health problems

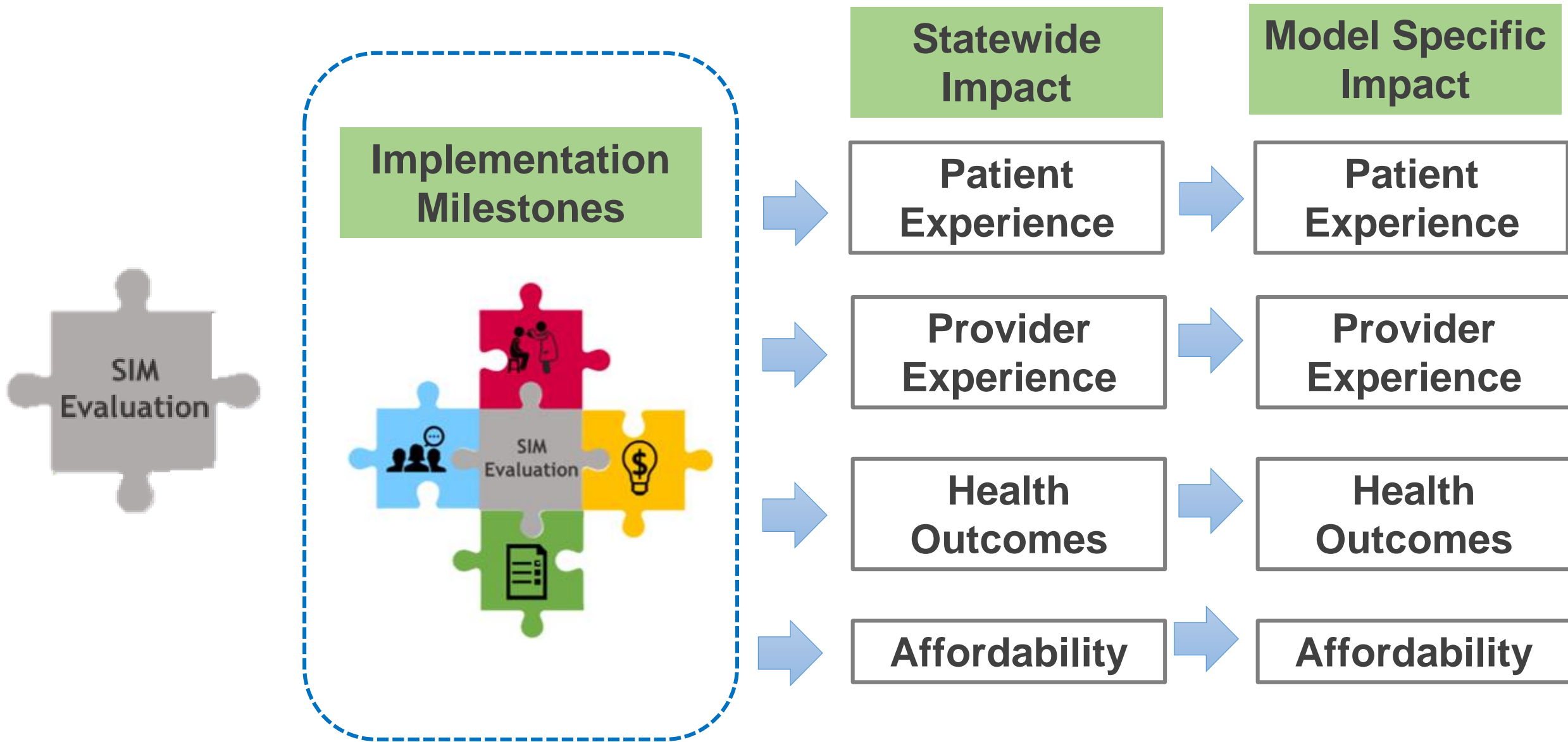
Consumer Engagement

- **Engage consumers** by creating smarter Value-Based Insurance Designs that engage consumers in preventive health, chronic care, and choice of high value providers
- Measure and reward **care experience** and provide consumers with a **public scorecard**, a tool that enables them to choose a provider based on quality

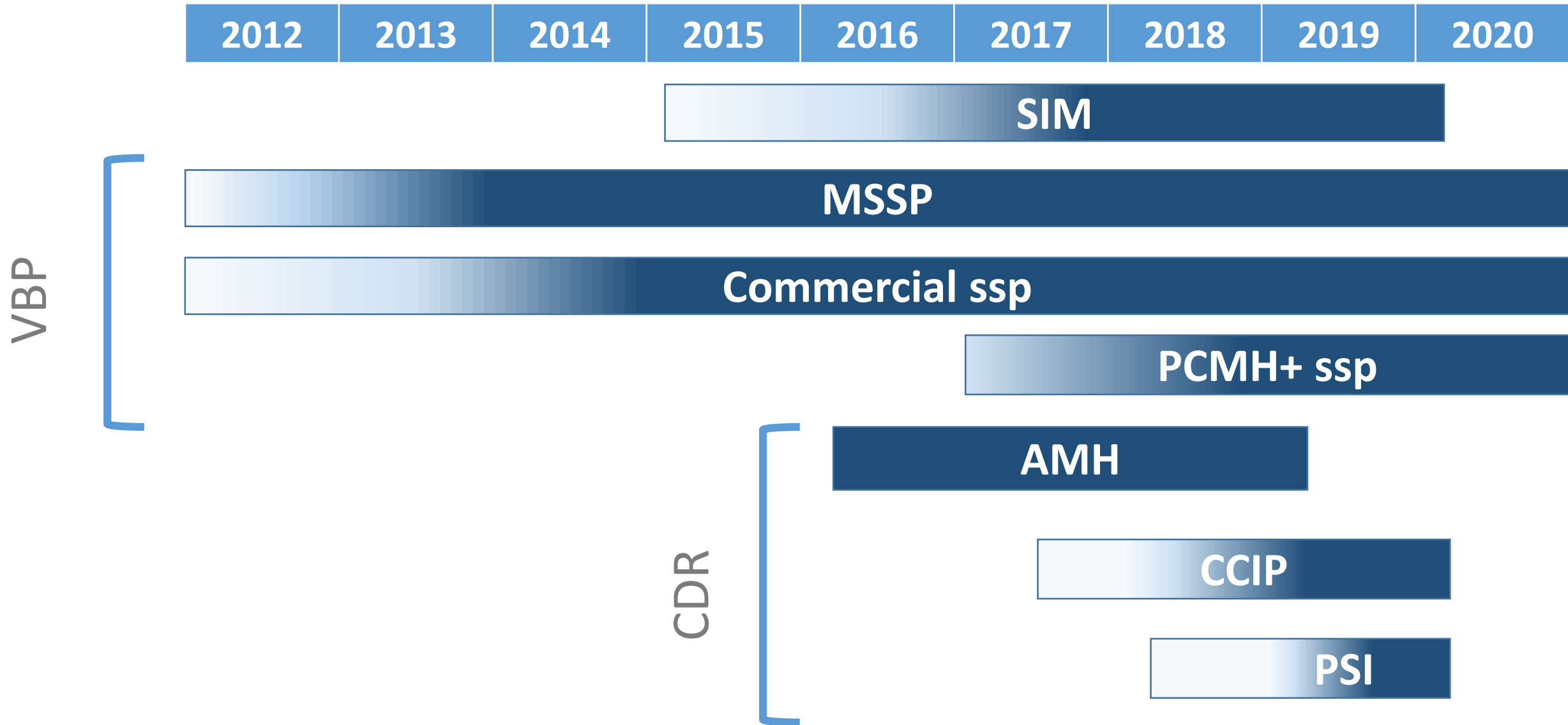
Health Information Technology

- **Enable health information exchange** so that providers can provide better coordinated, better informed, and higher quality care
- Create tools for **measuring quality outcomes** and analyzing data for use in value-based payment

Evaluation Framework Components



Understanding Impact...



Care Delivery



AMH

Award Year 3 Status:

- 151 Practices (NCQA)

Over All SIM Goal:

- 300 Practices

Key Takeaways

- Enabled participation in PCMH+ (NEMG, HHC, VCA and Prospect)

PSI

Award Year 3 Status:

- 32 Orgs receive TA (CBOs & HCOs)

Over All SIM Goal:

- 20 Orgs receive TA
- 10 formal linkages established

Key Takeaways

- Contracting Challenges
- ROI difficult to demonstrate
- Initiative enables Health Equity Improvement

CCIP

Award Year 3 Status:

- 818 PCPs
- 6 Healthcare Organizations

Over All SIM Goal:

- 1,364 PCPs
- 13 Healthcare Organizations

Key Takeaways

- Underlying payment structure challenges sustainability
- Best practices still evolving

CHW

Award Year 3 Status:

- Certification Recommendations complete, legislation proposed
- 19 CHWs hired through CCIP, 32 care coordinators/CHWs hired through PCMH+

Over All SIM Goal:

- 34 CHWs grant-funded, 16 non-grant funded

Key Takeaways

- Underlying payment structure challenges sustainability
- Statewide CHW Leadership needed

Payment Reform

PCMH+

Award Year 3 Status (2018):

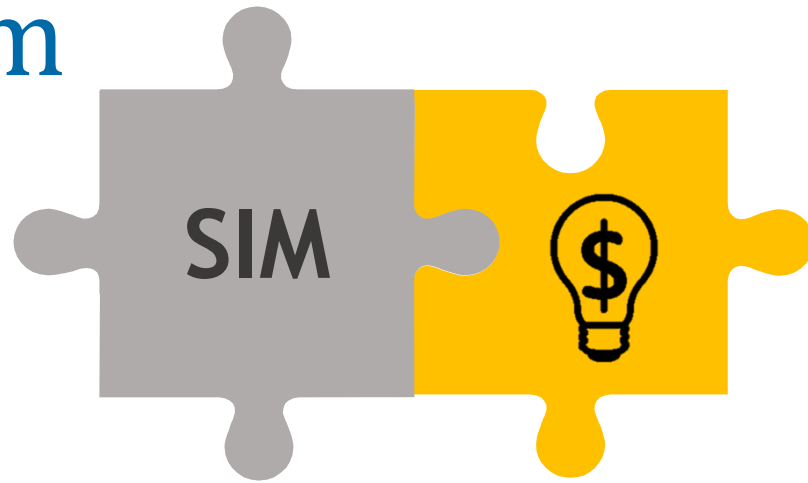
- 1,106 PCPs
- 180K beneficiaries

Over All SIM Goal:

- 1,624 PCPs
- 439K beneficiaries

Key Takeaways

- Attribution
- Consumer protections
- Non-Hospital Anchored
- Value demonstrated



All Payer Participation

Award Year 3 Status (2018)

- 3,100 PCPs
- 1.22 million beneficiaries (34%)

Overall SIM Goal:

- 5,450 PCPs
- 3.2 million beneficiaries (88%)

Key Takeaways

- Widespread adoption of VBP

Quality Measure Alignment

Award Year 2 Status (2017):

- 55% All Payer Alignment

Award Year 3 Status (2018):

- 70% All Payer Alignment

Over All SIM Goal:

- 75% All Payer Alignment

Key Takeaways:

- Multiple ways to measure
- Voluntary nature
- Value seen in alignment

Consumer Engagement

VBID

Award Year 2 Status:

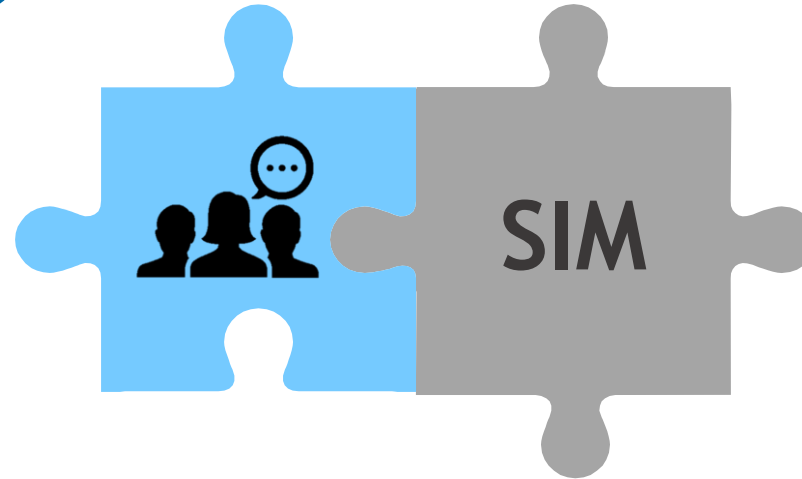
- VBID templates completed
- 9 employers completed TA, 5 committed to implementing

Over All SIM Goal:

- 25 employers complete TA
- 84% comm. Population in VBID plan

Key Takeaways

- Challenging to measure uptake
- Fully insured market needs VBID options



Public Scorecard

Award Year 3 Status:

- 25 Measures Recommended for inclusion
- Publishing Late Spring 2019 (commercial only)

Over All SIM Goal:

- 45 Measures included in scorecard

Key Takeaways

- APCD limitations

CAHPS

Award Year 3 Status:

- 4 of 6 payers Participating
- 1 of 6 payers includes in shared savings calculations (16.7%)

Over All SIM Goal:

- 50% of commercial/Medicaid payers include in shared savings calculations

Key Takeaways:

- 2 rounds completed
- Robust data set
- Comparison PE vs Non-PE

Consumer Advisory Board engaged in all SIM and OHS activities

Evaluation Framework Components



**Implementation
Milestones**



**Statewide
Impact**

**Patient
Experience**

**Provider
Experience**

**Health
Outcomes**

Affordability

**Model Specific
Impact**

**Patient
Experience**

**Provider
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Affordability

Evaluation Measures: Statewide Impact

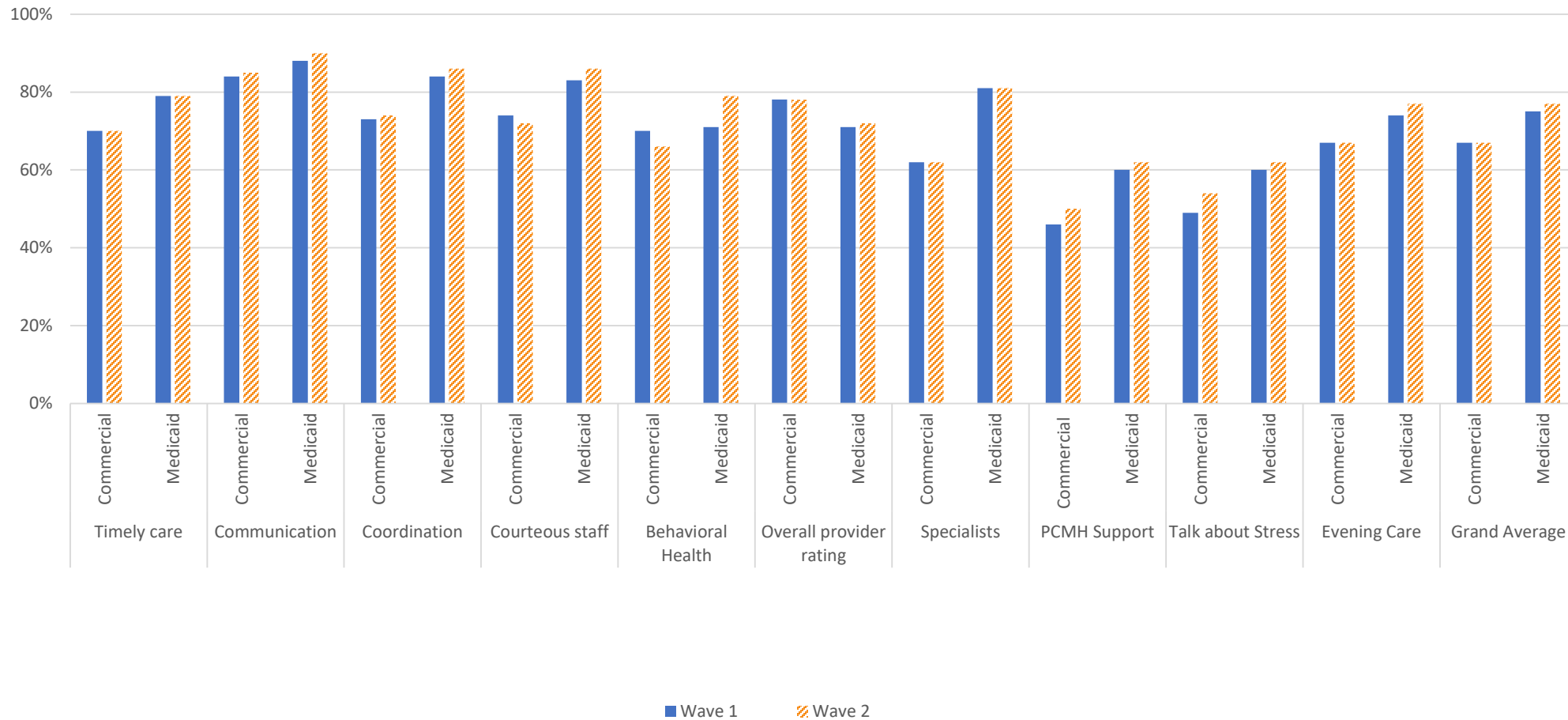
- Evaluation Team
- Statewide performance gathered from many data sources
- Based on entire CT population with some limitations
- Preliminary insight into SIM reforms

Evaluation Measures: Statewide Impact

SIM Statewide Evaluation Data Included In This Report

| What are we measuring? | How are the data collected? | Source | Population/Payer |
|--|---|--|-------------------------|
| Patient Experience | Consumer Assessment of Health Plans Survey (CAHPS) | Survey | Commercial, Medicaid |
| Provider Experience | CT Statewide Physician Survey | Survey | Primary care physicians |
| | Cardiovascular Deaths | DPH Mortality Statistics | All |
| Health Outcomes and Healthcare Utilization | Readmissions Preventable Admissions for Chronic Conditions | CT Hospital Inpatient Discharge Database | All |
| | HBA1C testing | CT All Payer Claims Database | Commercial |

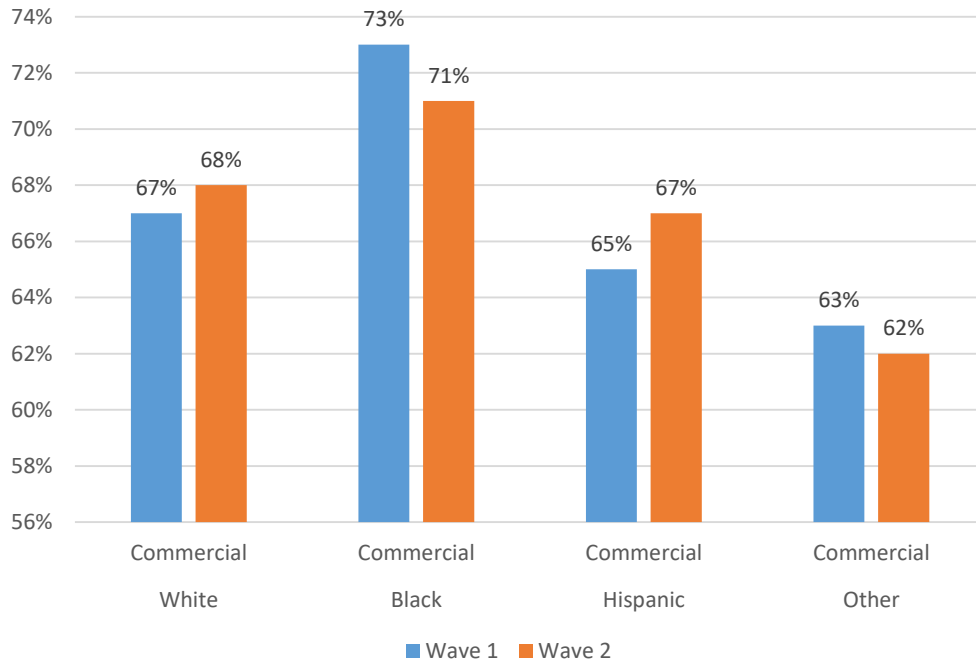
Statewide Measures – Patient Experience



Statewide Measures – Patient Experience

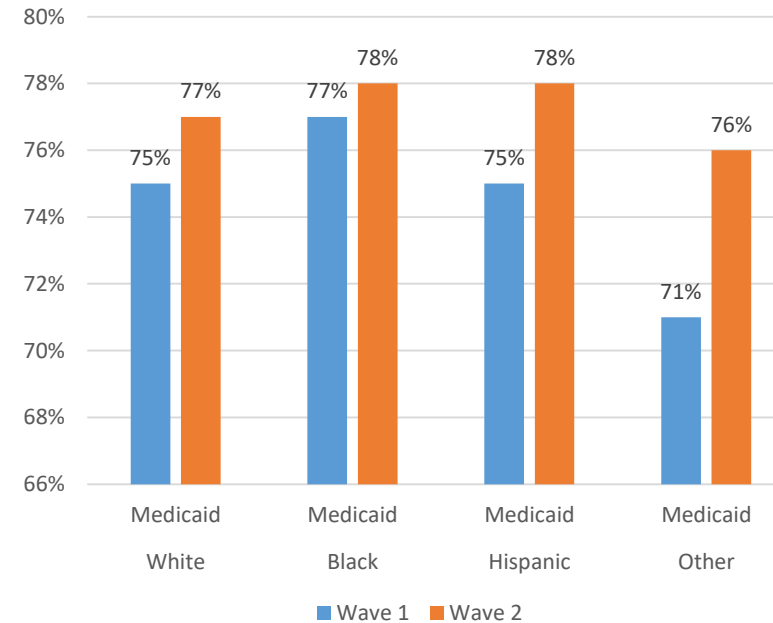
Commercial

Grand Average
by
Race-Ethnicity



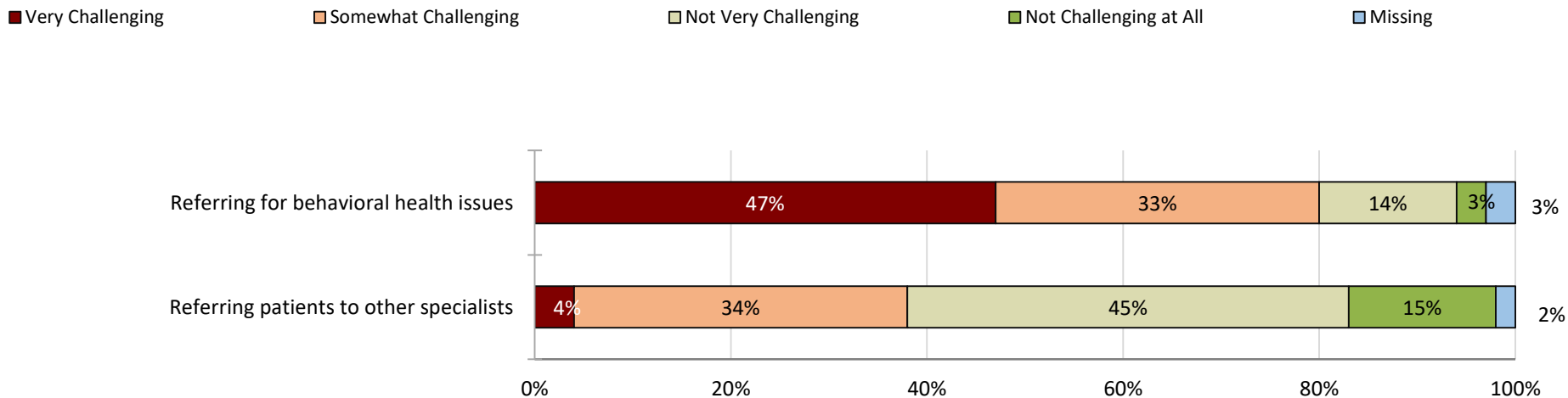
Medicaid

Grand Average
by
Race-Ethnicity



Statewide Measures – Provider Experience

- Physician Survey conducted Pre-SIM Implementation
- Assess baseline readiness and attitudes towards changes in healthcare delivery system
- Referrals to behavioral health specialists identified as largest challenge



Statewide Measures – Patient Experience

Medicaid Behavioral Health

| CAHPS Question | 1 st Wave | 2 nd Wave |
|---|------------------------------------|------------------------------------|
| In the last 6 months, did you try to make any appointments for counseling or mental health treatment? | Yes: 1.5% | Yes: 3% |
| | No: 98.5% | No: 97% |
| Think about the person you saw most often for counseling or mental health treatment. In the last 6 months, how difficult was it to make appointments with this person for counseling or mental health treatment? | Extremely difficult: 3.4% | Very difficult: 4.9% |
| | Very difficult: 4.0% | Somewhat difficult: 7% |
| | Somewhat difficult: 8.1% | Not very difficult: 9.3% |
| | Not very difficult: 20.8% | Not at all difficult: 78.8% |
| | Not difficult at all: 63.7% | |
| In the last 6 months, how often were you able to get an appointment for counseling or mental health treatment as soon as you needed? | Never: 6.3% | Never: 5.4% |
| | Sometimes: 6.9% | Sometimes: 5.9% |
| | Usually: 11.3% | Usually: 10.5% |
| | Always: 75.5% | Always: 78.1% |



Statewide Measures – Patient Experience

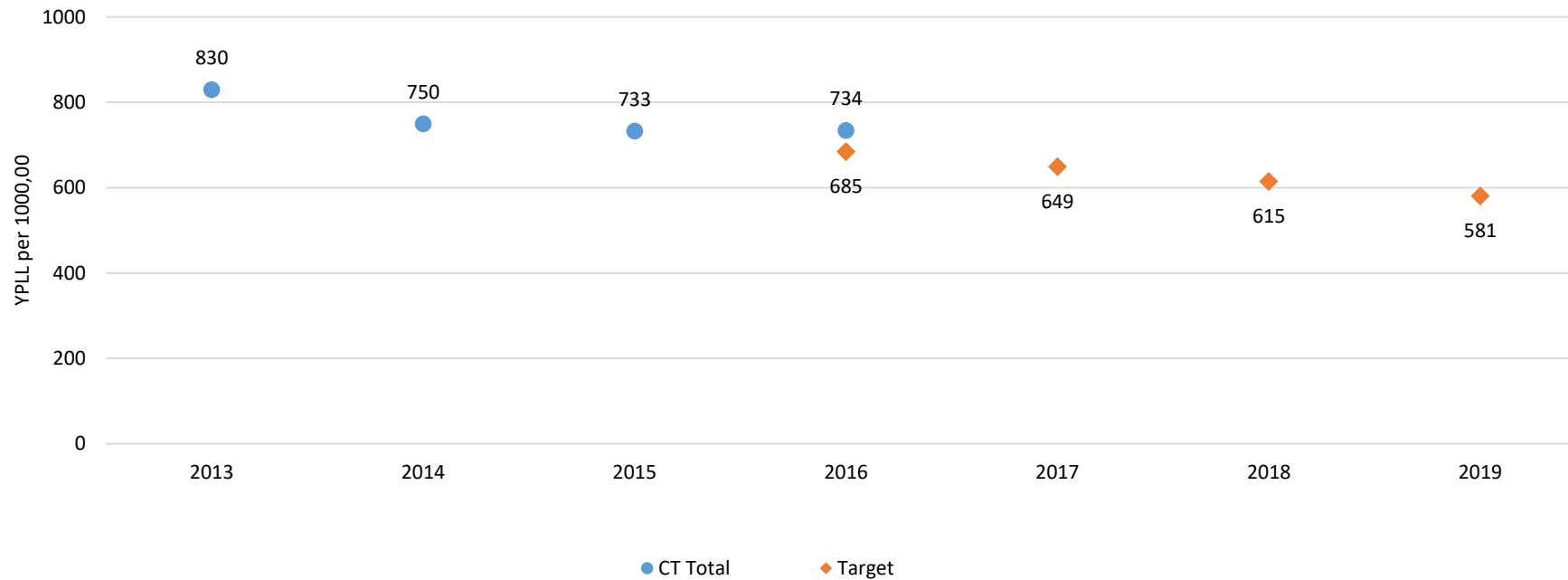
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Statewide Measures – Health Outcomes

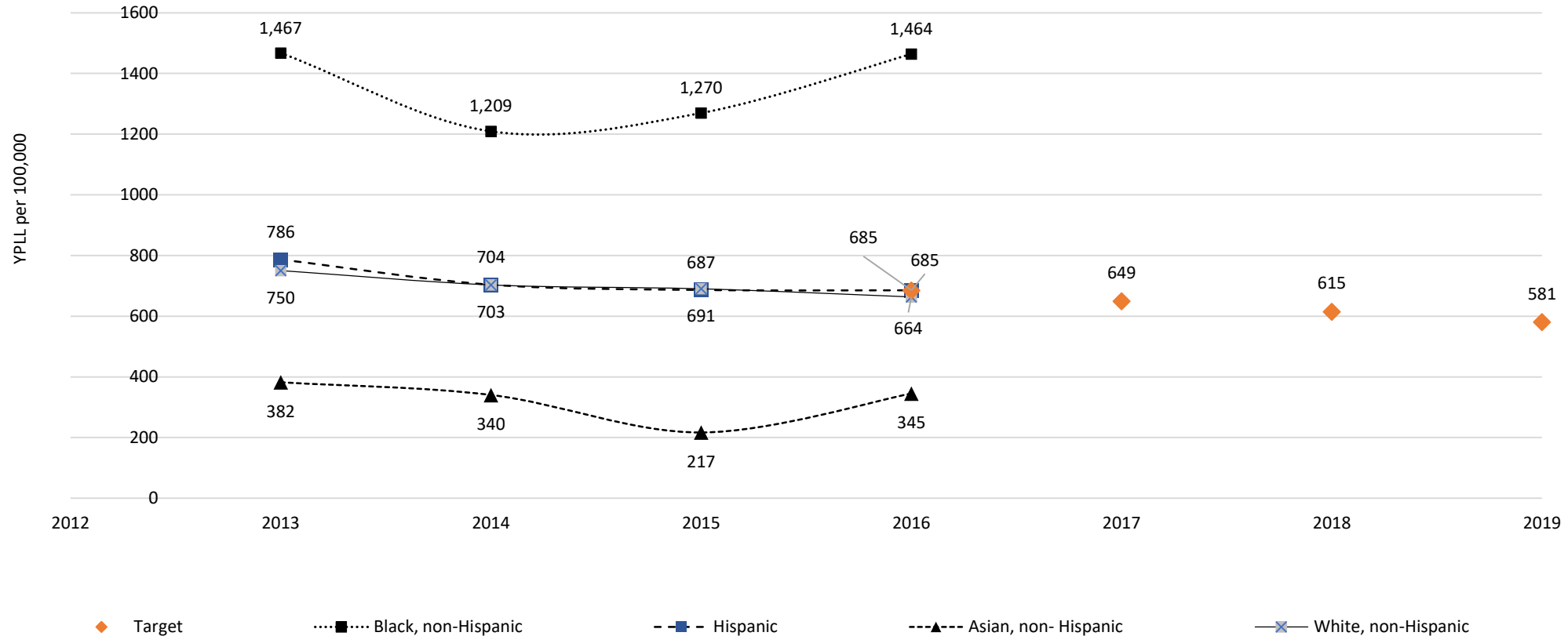
Premature Death from Cardiovascular Disease



Presented per 100,000 population using the 2000 U.S. standard million.

Statewide Measures – Health Outcomes

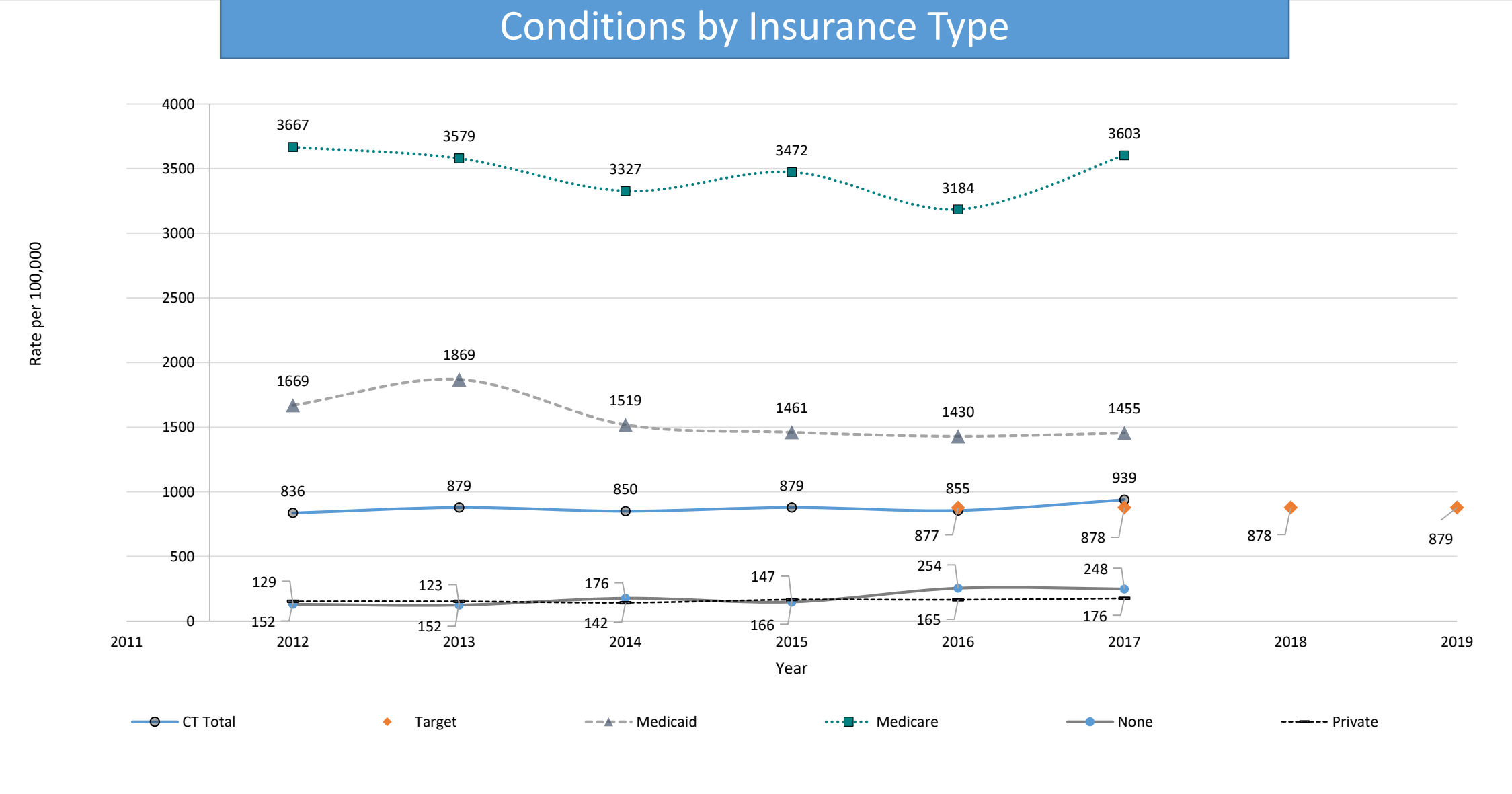
Premature Death from Cardiovascular Disease By Race and Ethnicity



Presented per 100,000 population using the 2000 U.S. standard million.

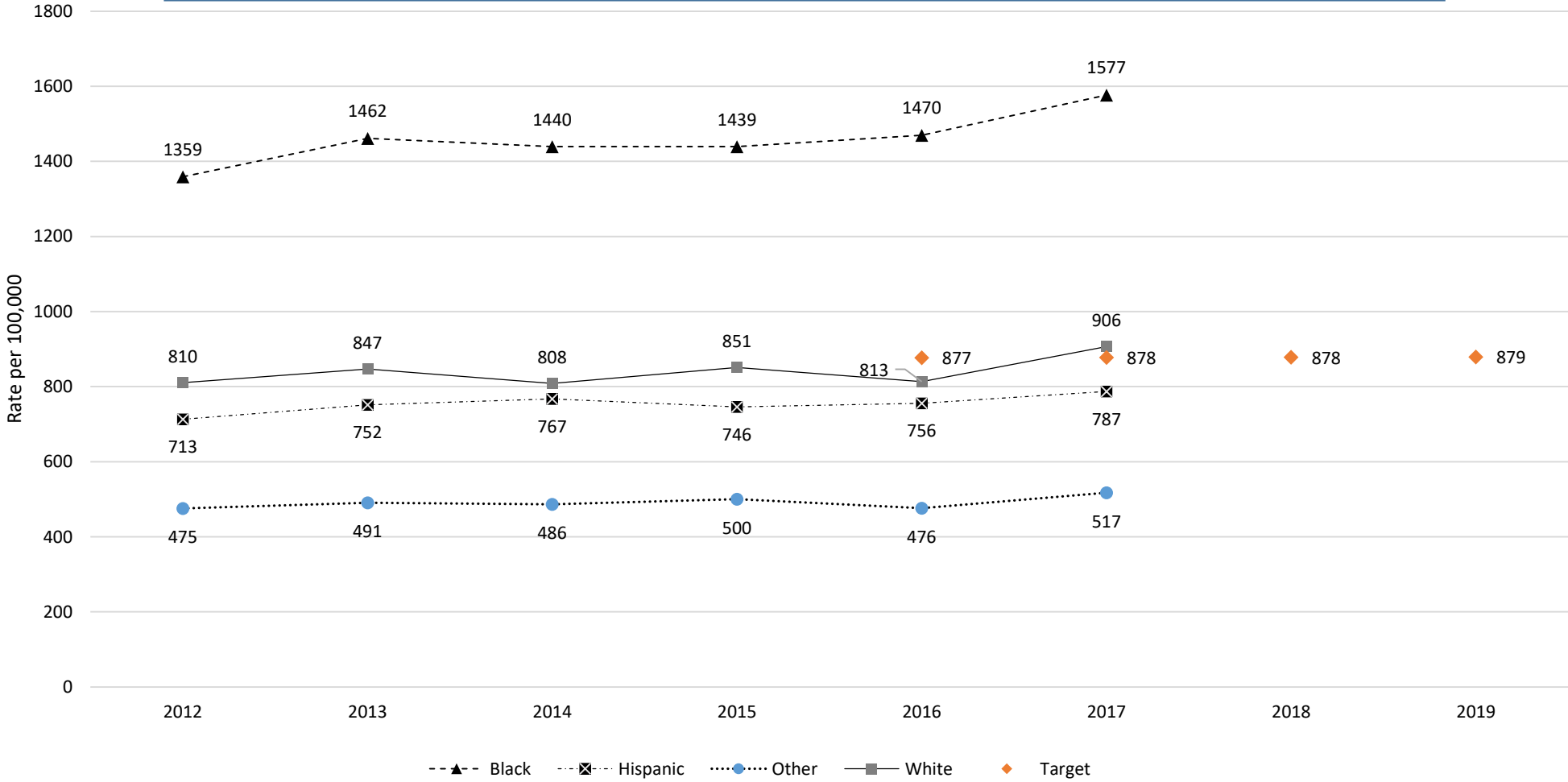
Statewide Measures – Health Outcomes

Hospital Admissions for Chronic Ambulatory Care Sensitive Conditions by Insurance Type



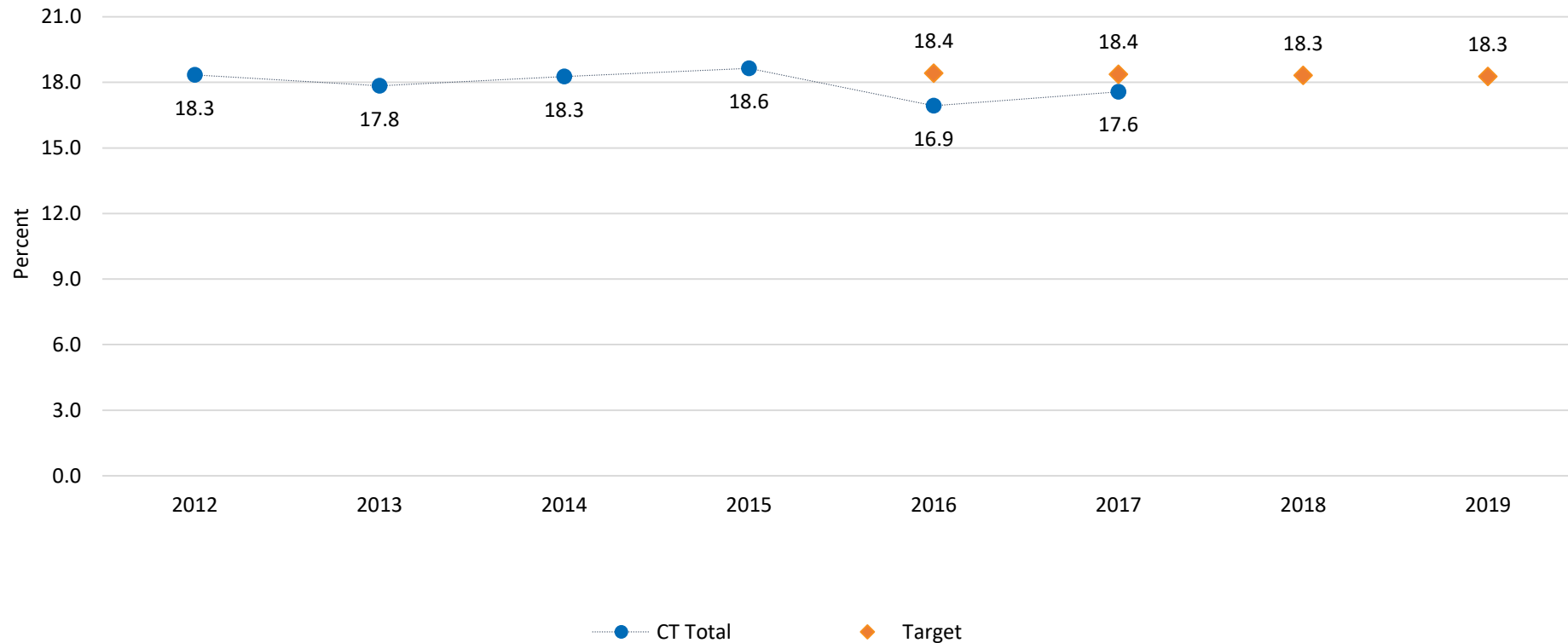
Statewide Measures – Health Outcomes

Hospital Admissions for Chronic Ambulatory Care Sensitive Conditions by Race and Ethnicity



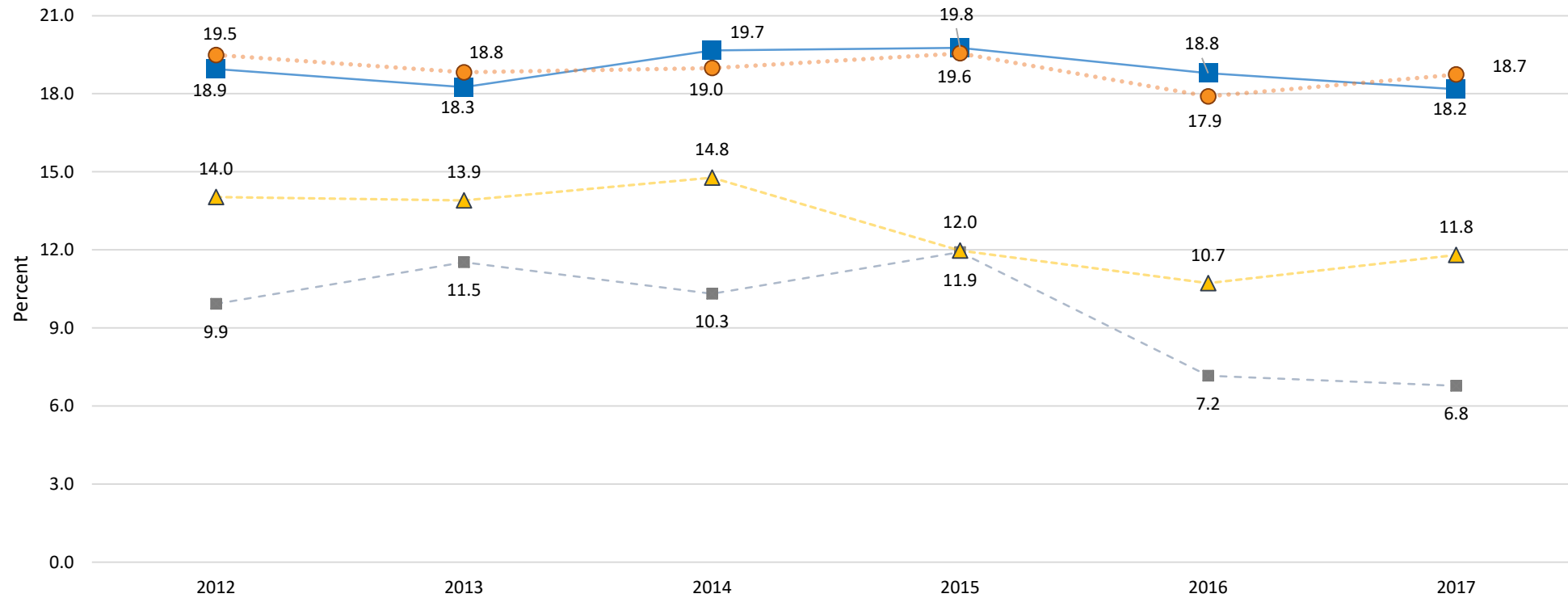
Statewide Measures – Health Outcomes

30-Day Readmission after Discharge for Chronic Ambulatory Care Sensitive Conditions



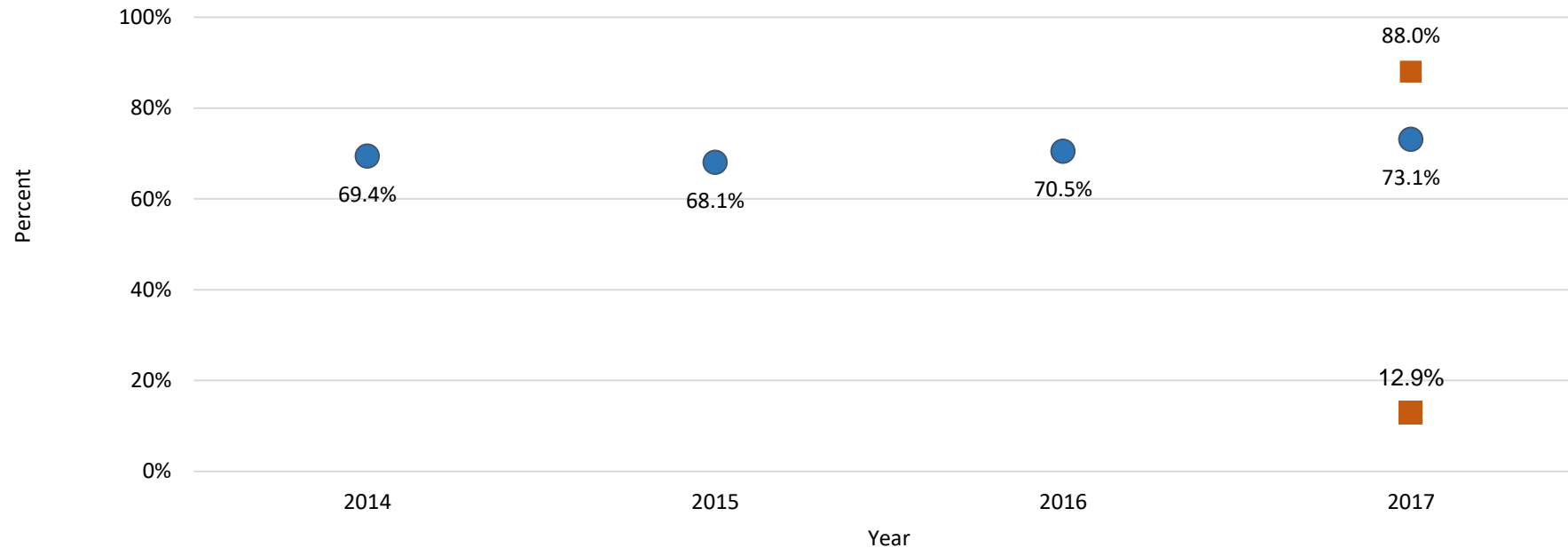
Statewide Measures – Health Outcomes

30-Day Readmission after Discharge for Chronic Ambulatory Care Sensitive Conditions – By Insurance Type



Statewide Measures – Health Outcomes

Percent of Patients with Diabetes Receiving Annual HbA1C Testing



Evaluation Framework Components



**Implementation
Milestones**

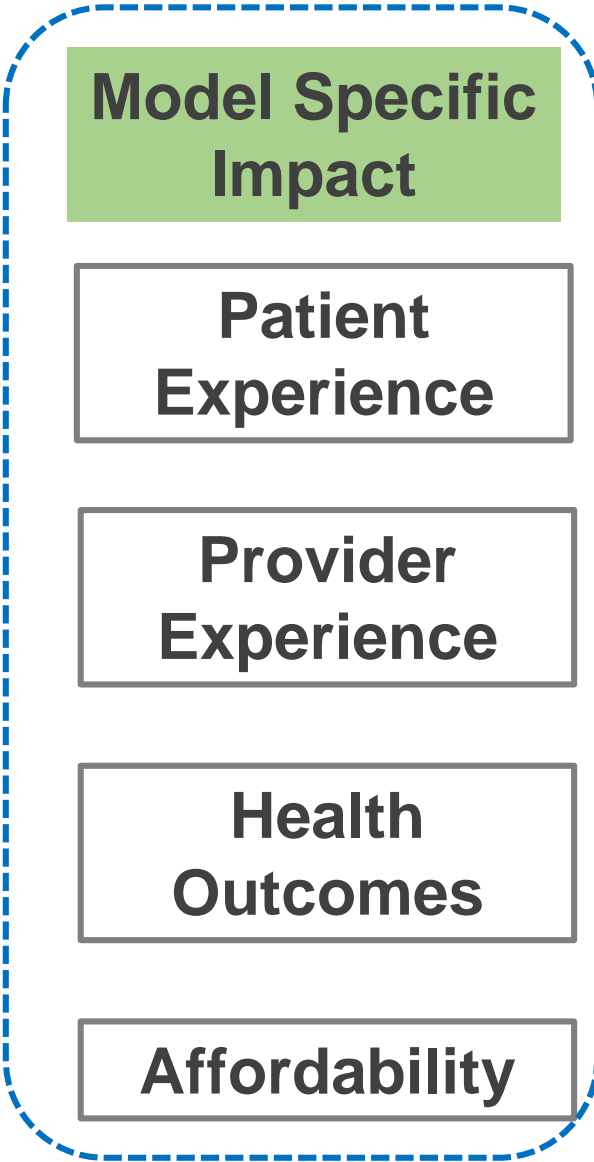
**Statewide
Impact**

**Patient
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**Provider
Experience**

**Health
Outcomes**

Affordability



**Model Specific
Impact**

**Patient
Experience**

**Provider
Experience**

**Health
Outcomes**

Affordability

Evaluation Framework - Next Steps



Complete Implementation Milestones



Statewide Impact (update)



Model Specific Impact (new)



Sustainability Strategy

Adjourn