

Connecticut State Innovation Model Work Stream Update



Council/ Work Stream	Major Topics Covered	Progress/ Outputs	Next Steps	Upcoming Meetings
COUNCILS/ TASKFORCES/ COMMITTEES				
Healthcare Innovation Steering Committee (HISC)	<i>VBID</i>	<ul style="list-style-type: none"> Reviewed and selected VBID Consortium members Approved CHW Advisory Committee Composition with recommended changes; provided feedback on the CHW Charter Reviewed HIT Council Charter and suggested edits 	<ul style="list-style-type: none"> Review Population Health Council Charter and Composition and provide feedback Review CCIP draft report and recommendations Review and approve CHW Advisory Committee nominees (rescheduled to March) 	2/11/16
	<i>CHW</i>			
	<i>HIT</i>			
Consumer Advisory Board (CAB)	<i>VBID</i>	<ul style="list-style-type: none"> Nominated consumer/advocate representatives for VBID Consortium Continued planning for Behavioral Health Forum Finalized CAB section of Operational Plan Provided input and recommendations on CHW Advisory Committee Charter and Composition 	<ul style="list-style-type: none"> Review CHW applicants and nominate consumer/advocate representatives Continue planning Behavioral Health Forum (March target) Continue establishing Workforce Design Group 	2/10/16
	<i>CHW</i>			

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Practice Transformation Task Force (PTTF)	<ul style="list-style-type: none"> No meeting held in January 	<ul style="list-style-type: none"> Convene joint meeting with the MAPOC Care Management Committee to review and provide feedback on proposed changes to CCIP Report, coordination with MQISSP and coordination with Practice Transformation Network grants 	2/2/16	
Health Information Technology (HIT)	<p>The HIT Council convened on 01/15/16 and</p> <ul style="list-style-type: none"> reviewed HIT-relevant updates across SIM initiatives, engaged in a presentation and Q&A with Zato regarding edge server technology for indexing eCQMs, and approved HISC requested edit to HIT Council charter. 	<p>The UConn HIT Team</p> <ul style="list-style-type: none"> Began working with HIT consultant to develop the HIT section of the SIM Operational Plan Submitted series of questions to work stream leads and PMO regarding programmatic requirements for: AMH, CCIP, MQISSP, VBP and VBID Hired Chief Technology Officer and continued Research Associate staff recruiting efforts Began outreach efforts to schedule a series of 	<ul style="list-style-type: none"> Secure approval for revised HIT Council charter from HISC Secure answers to questions from work stream leads for AMH, CCIP, MQISSP, VBP and VBID Secure updated status from PMO on payer/provider commitments to use eCQMs and participate in pilot test of edge server indexing. Continue outreach efforts across stakeholder groups; conduct outreach meetings Draft HIT section of Ops Plan Continue recruiting efforts for staff 	2/19/16

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		stakeholder meetings to gather input on proposed technologies for inclusion in HIT section of the SIM Operational Plan <ul style="list-style-type: none"> Continued to support the HIT Council 		
Quality Council (QC)		<ul style="list-style-type: none"> PMO continued work on the second draft of the Quality Council Report 	<ul style="list-style-type: none"> No meeting scheduled until March 	
Care Management Committee (CMC) (A sub-committee of MAPOC)	<i>MQISSP</i>	<ul style="list-style-type: none"> Convened to discuss several MQISSP components and accompanying materials, including the PCMH issue paper, DSS Oversight and Monitoring Plan, and updated Member Communication Plan. 	<ul style="list-style-type: none"> CMC will meet internally to review and digest Draft 4 of the CCIP report Continue to hold work sessions and education sessions to further the MQISSP design. 	2/10/16

Population Health Planning (DPH)

- The draft composition and charter for the Population Health Council has been finalized. The Population Health Council will lead a planning effort to establish a coordinated system of overall public health metrics, formulate the functions of Preventive Services Centers and define a policy for Health Enhancement Communities designation.
- Staff is making progress in obtaining data, developing methods to support population health analysis, determining priorities and advancing policy formulation.
 - A detailed review of 26 Community Health Needs Assessment and the State Health Assessment is in progress.
 - Behavioral Risk Factor Surveillance System (BRFSS) expanded sampling and completed additional 5,500 interviews to support Population Health metrics.
 - Work on the population estimates project continues in cooperation with the UConn State Data Center.
- Project management continues addressing administrative issues:
 - The BRFSS contract amendment is pending execution.
 - Two other contracts with UConn Data Center and Health Resources in Action are fully executed.
 - Hiring staff remains challenging. Two positions were recently vacated and two other positions have not been filled through the pre-implementation year.
 - PMO requirements for no-cost budget review and operational plan review were addressed.
 - DPH continues core activities such as refining targets and monitoring performance in meeting targets for state health improvement.

This work is reflected in the Healthy CT 2020 performance dashboard and includes performance measures and targets in key SIM areas such as obesity, diabetes, tobacco use.
- Following approval of the SIM Steering Committee, an open solicitation will be issued for membership of the Population Health Council
- Rehire two vacated positions and speed up recruitment for two more core team positions
- Issue a draft concept paper on Population Health Assessment Status report.
- Toward improving capabilities to improve population health overtime, DPH is finalizing documentation to submit for national public health accreditation in Spring 2016.
- Statewide Health Improvement Coalition-based teams are meeting to implement health improvement strategies in the areas of chronic disease, environmental health, infectious disease, and maternal infant and child health. Specifically these groups are addressing infant mortality, tobacco use, childhood obesity, asthma, and a statewide policy for a property maintenance code.

Council/ Work Stream	Progress/ Outputs	Next Steps
SIM WORK STREAMS / PROGRAMS / INITIATIVES		
Medicaid Quality Improvement and Shared Savings Program	<ul style="list-style-type: none"> Delivered the MQISSP Concept Paper to CMS/CMMI, which will support discussions between DSS and CMS regarding the MQISSP program design. Produced a PCMH issue paper outlining several design options for how an advanced network’s non-PCMH primary care practices should be handled in regards to MQISSP participation. 	<ul style="list-style-type: none"> Look to schedule and hold regular meetings with CMS/CMMI to discuss the MQISSP design, utilizing the Concept Paper for context support. Continue efforts for the shared savings model test run. Continue developing member communication materials outlined in the MQISSP Communication Plan.
Value-based Insurance Design	<ul style="list-style-type: none"> Received approval from HISC for VBID Consortium nominees Distributed appointment letters to new VBID Consortium members Held informational webinar for VBID Consortium members to introduce SIM and VBID concepts Finalized plans for first VBID Consortium meeting (2/2) to include SIM and VBID overview, project goals, and an open discussion about VBID in Connecticut 	<ul style="list-style-type: none"> Hold first VBID Consortium meeting Collect responses from VBID Consortium meetings regarding the meeting and next steps Establish Design groups within the Consortium if members demonstrate interest Prepare for second Consortium meeting Freedman Healthcare will develop assessment criteria for VBID plans, assess and index Freedman Healthcare will survey and assess VBID Models for Connecticut; deliver summary report and SWOT analysis OSC outreaching to groups to assess VBID plans in CT

Council/ Work Stream	Progress/ Outputs	Next Steps
<p>UCONN Community Health Worker (CHW) Initiative</p>	<ul style="list-style-type: none"> • Finalized Charter and Composition for CHW Advisory Committee and presented them to HISC, which approved amended versions and thus authorized membership solicitation. • Solicited applications to serve on CHW Advisory Committee. • Responded to individuals who expressed interest in serving on the Advisory Committee prior to solicitation period being opened. Forwarded their contact information to the PMO so that they could receive an official response regarding the process and timeline for applying to the Advisory Committee. • Met with Dr. Raul Pino, Acting Commissioner of DPH, to discuss DPH’s role in the certification of CHWs and engaged other stakeholders to advance the CHW initiative. • Requested and received evaluation guidance from other SIM states (ME, MI, PA) with CHW initiatives and forwarded to evaluation contractor. • Reconnected with DOL’s new director of apprenticeship grant to move forward with CHW apprenticeship initiative. <p>Non-SIM-funded Related Activities:</p> <ul style="list-style-type: none"> • DOL representatives observed CHW core-competency training that was for implementing Incumbent Worker Training contract. • Participated in data meeting for “Building a Healthy Hartford: A Partnership Between Community Solutions and Cigna.” 	<ul style="list-style-type: none"> • Hire 2 CHWs to identify and develop community resources. • Hire Program Manager. • Continue to engage stakeholders (e.g. DSS and ConnectiCare). • Finalize evaluation and IT contracts. • Conduct first meeting with evaluator in February. • Seek HISC approval of CHW Advisory Committee nominees (deferred to March)

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UCONN Evaluation	<ul style="list-style-type: none"> Continued data acquisition for dashboard Completed assessment of ability to add scorecard measures to dashboard Attended monthly call with national evaluators Worked towards next dashboard publication to include new data and views Held meeting with the PMO regarding patient experience survey Developed materials describing the patient experience survey to commercial insurers Continued testing of potential behavioral health questions for inclusion in the patient experience survey 	<ul style="list-style-type: none"> Continue data acquisition Attend monthly call with national evaluators Finalize metrics alignment Work towards next dashboard publication to include new data Investigation of data sources for additional behavioral health measure(s) Finalize patient experience survey content and sampling frame Develop and distribute RFP for patient Develop a strategy for collecting data from networks about affiliated physicians
Advanced Medical Home Vanguard Program	<ul style="list-style-type: none"> Cohorts 1 & 2 have completed Standard 1, 2, and 3 webinars and Planetree Bronze webinar. Planetree observation have been completed for cohorts 1 & 2. Cohort 3 have completed the Corporate Survey Tool. Cohort 3 will begin working on Standard 1 in February 	<ul style="list-style-type: none"> Continue transformation services. Prepare presentation that describes AMH Vanguard progress and evaluation activities to date to the HISC (target April meeting). Formulate plan for periodic progress reporting to commercial payers and Medicaid. Prepare amendment to Qualidigm contract to accommodate the addition of a new cohort in 2016.

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Program Management Office (PMO)	<ul style="list-style-type: none"> • Prepared budget amendment to include additional stakeholdering costs associated with MQISSP and new budget projections for the pre-implementation period based on the no-cost extension. • Finalized draft of the Operational Plan for review by the Core Team including the Operational Plan Narrative, Appendices, and Budget Narrative • Updated our MOAs with key partners based on the no-cost extension • Posted two new positions, State Innovation Model Specialist (Durational) to support CCIP and State Innovation Model Specialist to support Quality Measure Alignment • Finalized draft RFP for Consumer Engagement Coordinator 	<ul style="list-style-type: none"> • Release RFP for Consumer Engagement Coordinator • Finalize and submit budget amendment to CMMI • Incorporate edits from Core Team on the Operational Plan • Present the Operational Plan to the HISC for review and feedback • Submit Operational Plan to CMMI by March 1 • Note: PMO will be requesting an additional no-cost extension. This will be included in our February update.

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

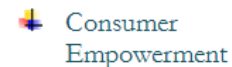
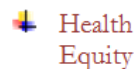
DSS – Department of Social Services

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

 Population Health

 Health Equity

 Healthcare Quality

 Consumer Empowerment

 Affordability