
# Connecticut State Innovation Model

A presentation to

HIT Advisory Committee

April 21, 2016

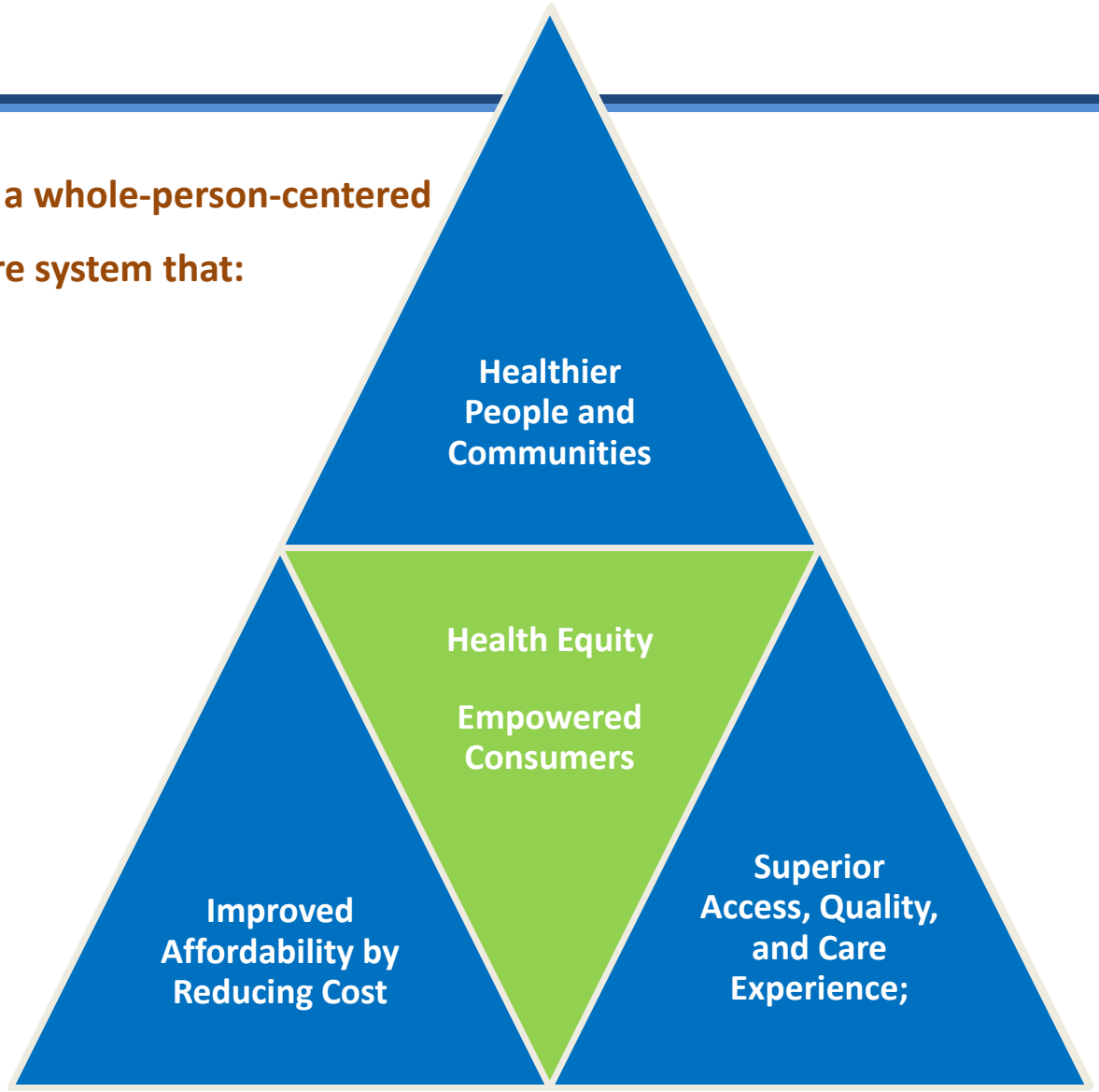
# Agenda

SIM connecticut state innovation model

- What is the State Innovation Model Initiative?
- What are the components of CT's SIM?
- What problems are we trying to address?
- What care delivery and payment reforms are we promoting
- Value-Based Insurance Design
- Quality Measure Alignment

# Vision

**Establish a whole-person-centered healthcare system that:**



# Multiple Levers of Reform

SIM is a unique opportunity for states to fund and support multiple initiatives that reinforce each other in the areas of payment reform, care delivery support, quality measure alignment, data analytics, regulatory policies, consumer engagement, workforce development, and more

# Our Journey from Current to Future: Components

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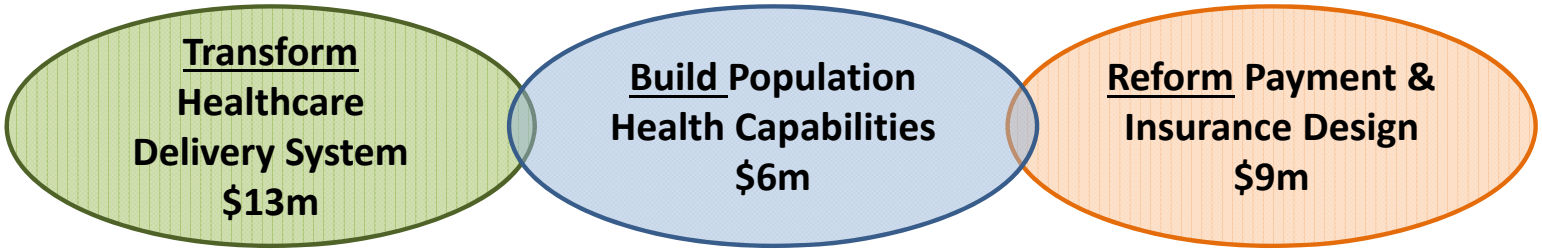
**CT SIM Component Areas of Activity**




**Transform the healthcare delivery system** to make it more coordinated, integrate clinical and community services, and distribute services locally in an accessible way.

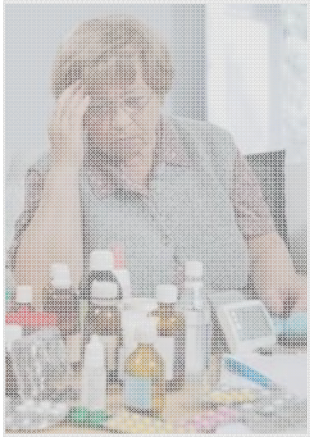
**Build population health capabilities** that reorient the healthcare toward a focus on the wellness of the whole person and of the community

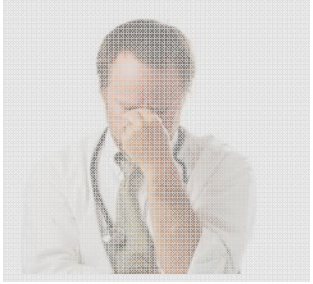
**Reform payment & insurance design** to incent value over volume, engage consumers, and drive investment in community wellness.

| | |
|---|---|
| **Engage Connecticut's consumers throughout** | **$376k** |
| **Invest in enabling health IT infrastructure** | **$10.7m** |
| **Evaluate the results, learn, and adjust** | **$2.7m** |

# Healthcare today – 1.0

## Connecticut's Current Health System: "As Is"

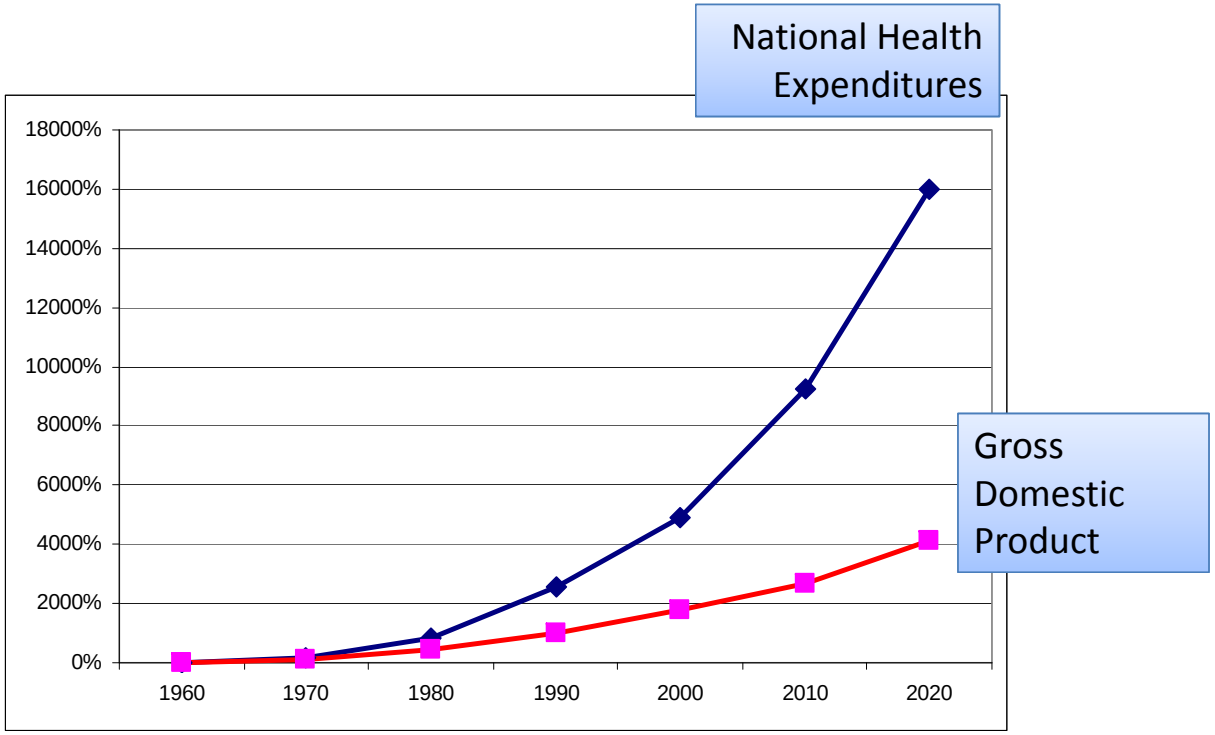





***Fee For Service Healthcare 1.0***

- **Limited accountability**
- **Poorly coordinated**
- **Pays for quantity without regard to quality**
- **Uneven quality and health inequities**
- **Limited data infrastructure**
- **Unsustainable growth in costs**

# Healthcare Spending has Outpaced Economic Growth




Source: CMS, National Health Expenditure Data

# Escalating costs mean…

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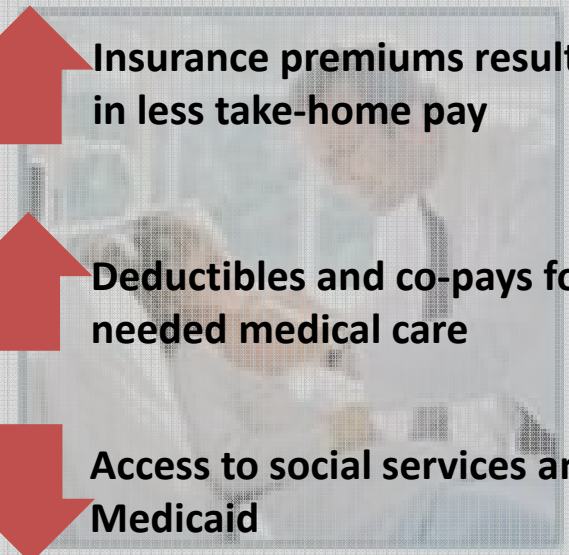
## ….patients will experience



- Insurance premiums resulting in less take-home pay
- Deductibles and co-pays for needed medical care
- Access to social services and Medicaid

## ….communities will experience

- Money for programs that support housing, education, the environment, and community development

# Escalating costs mean…

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….the **business community** will experience

# US = Lowest Ranking for Safety, Coordination, Efficiency, Health

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## Exhibit ES-1. Overall Ranking

| Country Rankings |
|---|
| 1.00–2.33 |
| 2.34–4.66 |
| 4.67–7.00 |

| | AUS | CAN | GER | NETH | NZ | UK | US |
|---|---|---|---|---|---|---|---|
| OVERALL RANKING (2010) | 3 | 6 | 4 | 1 | 5 | 2 | 7 |
| Quality Care | 4 | 7 | 5 | 2 | 1 | 3 | 6 |
| Effective Care | 2 | 7 | 6 | 3 | 5 | 1 | 4 |
| Safe Care | 6 | 5 | 3 | 1 | 4 | 2 | 7 |
| Coordinated Care | 4 | 5 | 7 | 2 | 1 | 3 | 6 |
| Patient-Centered Care | 2 | 5 | 3 | 6 | 1 | 7 | 4 |
| Access | 6.5 | 5 | 3 | 1 | 4 | 2 | 6.5 |
| Cost-Related Problem | 6 | 3.5 | 3.5 | 2 | 5 | 1 | 7 |
| Timeliness of Care | 6 | 7 | 2 | 1 | 3 | 4 | 5 |
| Efficiency | 2 | 6 | 5 | 3 | 4 | 1 | 7 |
| Equity | 4 | 5 | 3 | 1 | 6 | 2 | 7 |
| Long, Healthy, Productive Lives | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Health Expenditures/Capita, 2007 | $3,357 | $3,895 | $3,588 | $3,837* | $2,454 | $2,992 | $7,290 |

Note: * Estimate. Expenditures shown in $US PPP (purchasing power parity).
Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris: OECD, Nov. 2009).

Commonwealth Fund: http://www.commonwealthfund.org/publications/press-releases/2010/jun/us-ranks-last-among-seven-countries

# How about Connecticut?

# Connecticut Healthcare Costs

***Connecticut*** *- healthcare spending = More than $30 billion,* ***fourth highest of all states*** *for healthcare spending per capita*

*CMS (2011) Health Spending by State of Residence, 1991-2009.*
*http://www.cms.gov/mmrr/Downloads/MMRR2011_001_04_A03-.pdf*

# Connecticut: Uneven Quality of Care

## Rising rate of Emergency Department utilization

| | | | | | |
|---|---|---|---|---|---|
| Potentially avoidable emergency department visits among Medicare beneficiaries, per 1,000 beneficiaries | 2011 | 195 | 183 | 129 | 40 |

**CT ranking out of 50 states**

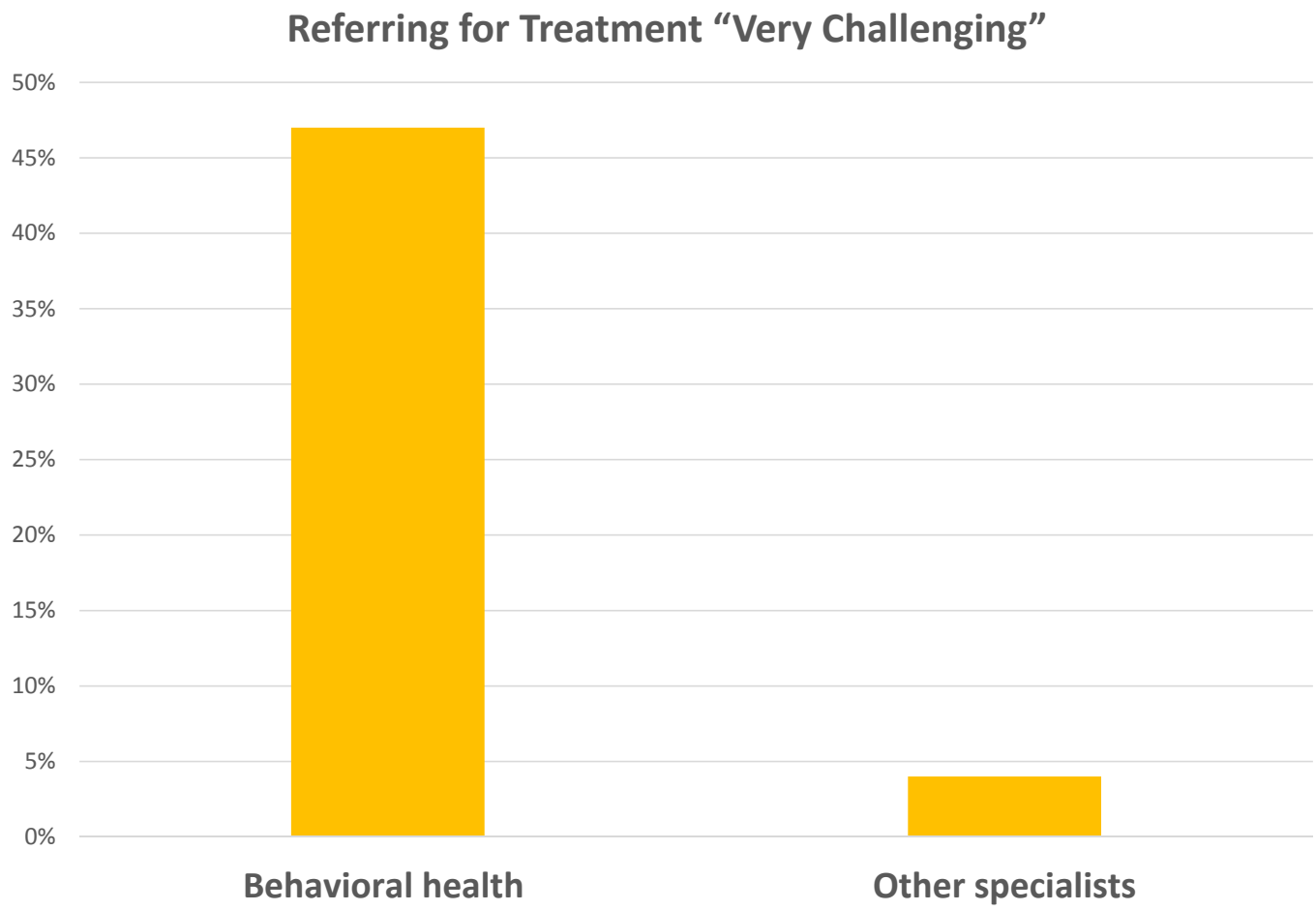
## High Hospital Readmissions

| | | | | | |
|---|---|---|---|---|---|
| Medicare 30-day hospital readmissions, rate per 1,000 beneficiaries | 2012 | 52.0 | 45 | 26 | 36 |

**CT ranks 36th out of 50 states**

D.C. Radley, D. McCarthy, J.A. Lippa, S.L. Hayes, and C. Schoen, Results from a Scorecard on State Health System Performance, 2014, The Commonwealth Fund, April 2014.

# Behavioral Health Access




http://www.healthreform.ct.gov/ohri/lib/ohri/sim/steering_committee/2015-04-09/report_physician_survey_feb_2015.pdf

# Health disparities persist in Connecticut

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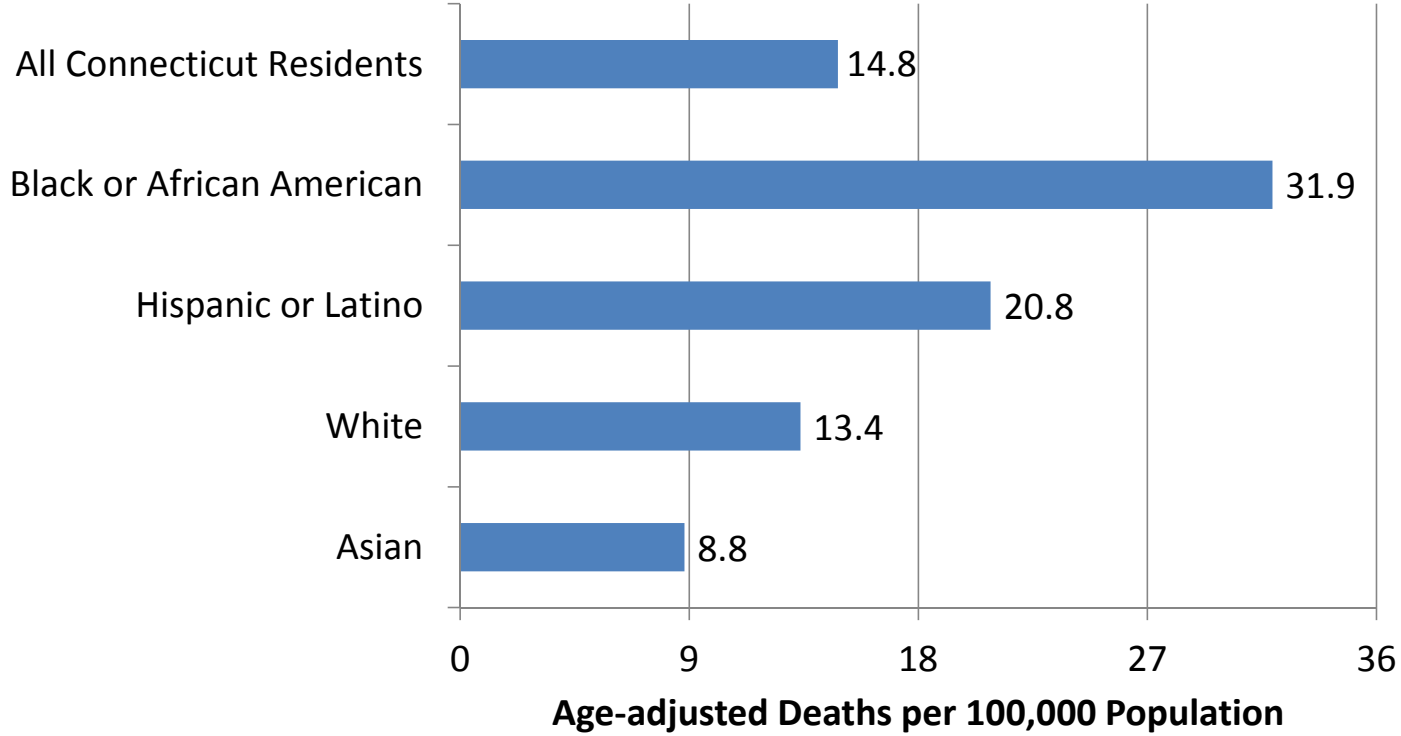
## Age-adjusted Death Rate for Diabetes, Connecticut Residents, by Race and Ethnicity, 2008-2012




Data Source: CT DPH, Vital Records Mortality Files, 2008-2012 data.

# Health disparities persist in Connecticut

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## Health disparities devastate individuals, families and communities, and are *costly*:

- **The cost of the disparity for the Black population <u>in Connecticut</u> is between <u>$550 million - $650 million a year</u>**

Source: LaVeist, Gaskin & Richard (2009). The Economic Burden of Health Inequalities in the US. The Joint Center for Political & Economic Studies. As reported by DPH

# Stages of Transformation

# Stages of Transformation

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## Connecticut's Current Health System: "As Is"

*Fee for Service 1.0*

Limited accountability

Pays for quantity without regard to quality

Lack of transparency

Unnecessary or avoidable care

Limited data infrastructure

Health inequities

Unsustainable growth in costs

*Accountable Care 2.0*

Accountable for patient population

Rewards
- better healthcare outcomes
- preventive care processes
- lower cost of healthcare

Competition on healthcare outcomes, experience & cost

Coordination of care across the medical neighborhood

Community integration to address social & environmental factors that affect outcomes

## Our Vision for the Future: "To Be"

*Health Enhancement Communities 3.0*

Accountable for all community members

Rewards
- prevention outcomes
- lower cost of healthcare & the cost of poor health

Cooperation to reduce risk and improve health

Shared governance including ACOs, employers, non-profits, schools, health departments and municipalities

Community initiatives to address social-demographic factors that affect health

# Primary care partnerships for accountability

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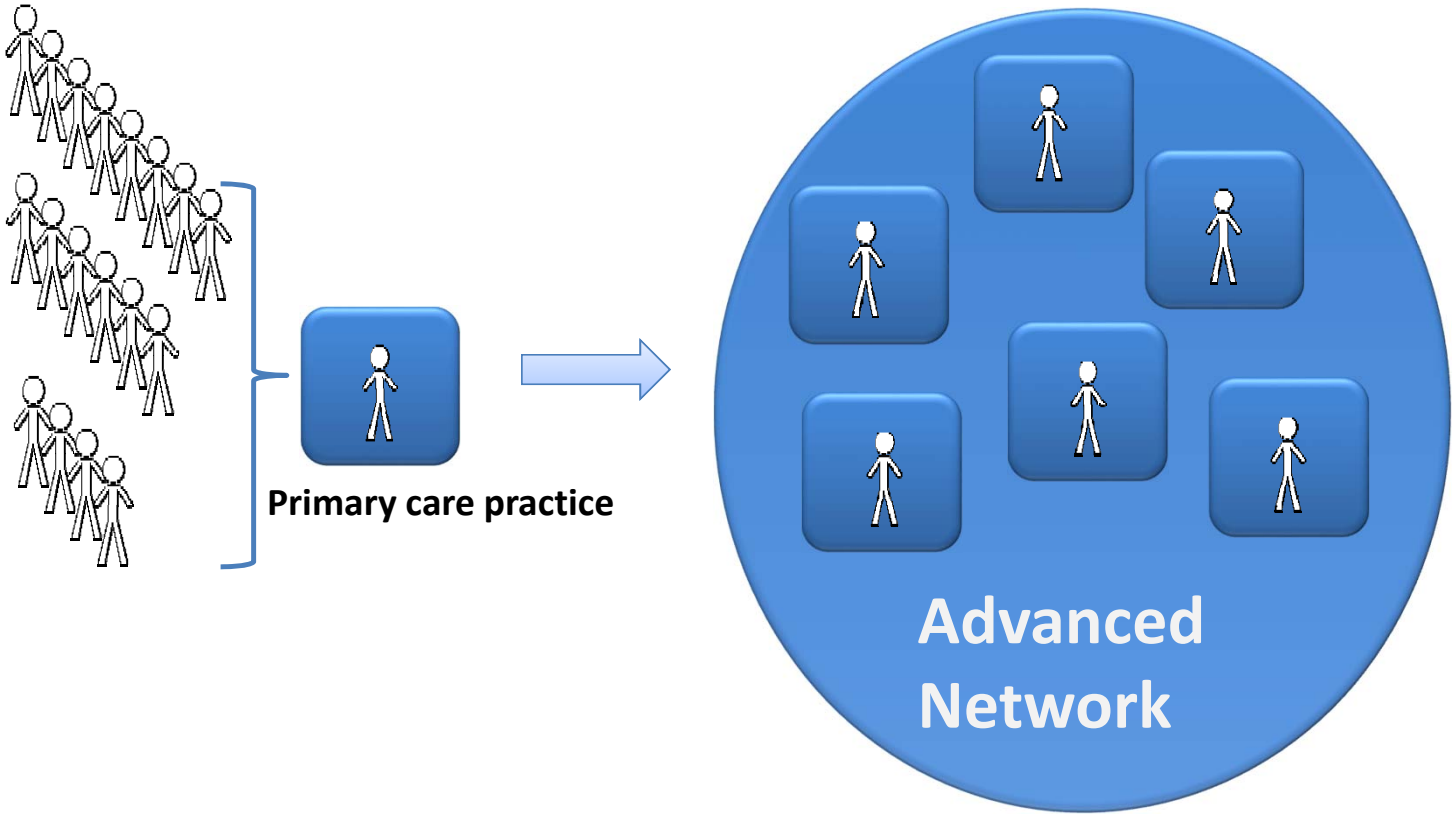
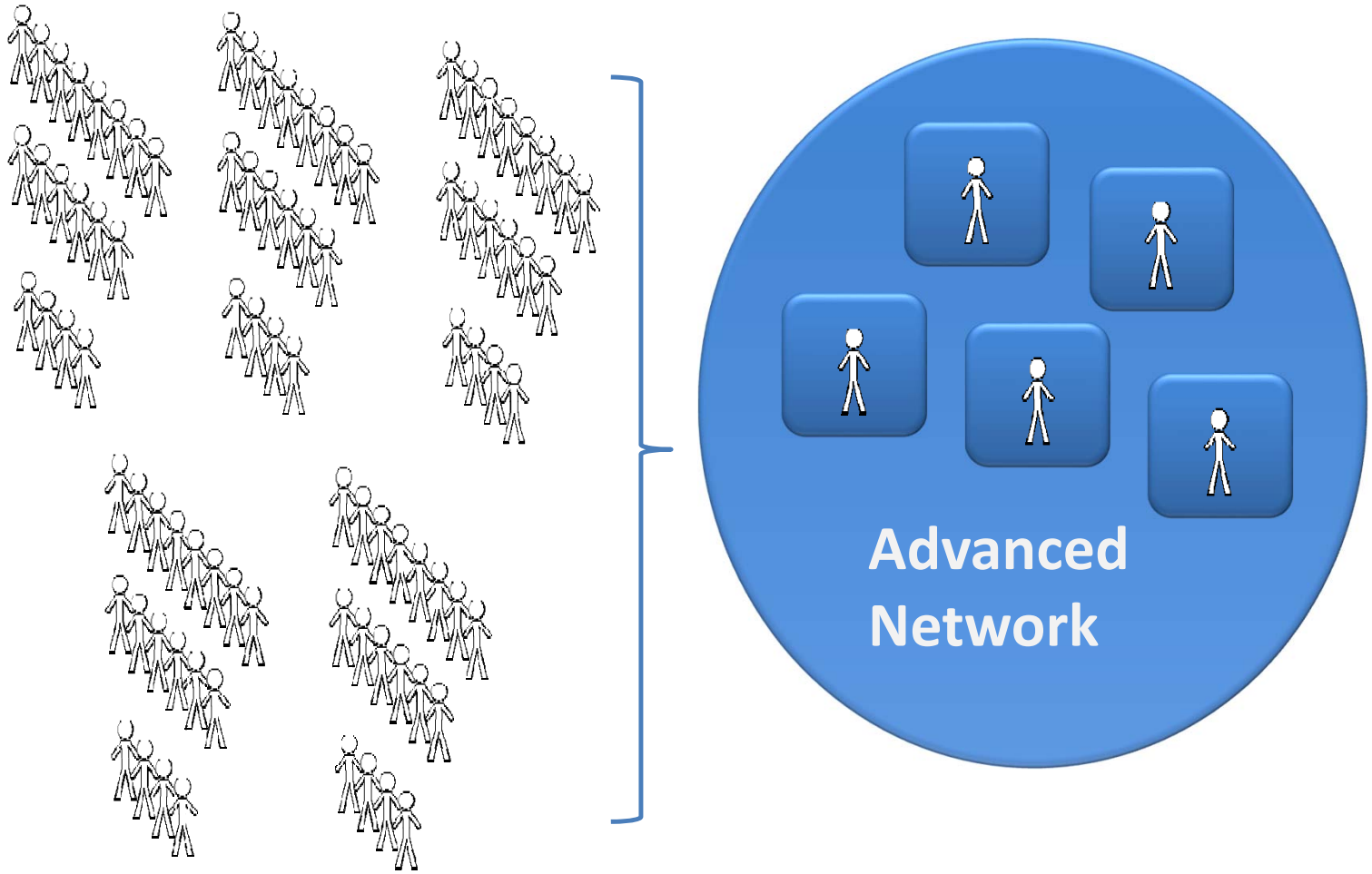



**Advanced Network = independent practice associations, large medical groups, clinically integrated networks, and integrated delivery system organizations that have entered into shared savings plan (SSP) arrangements with at least one payer**

# Accountability for quality and total cost



# Model Test Hypothesis for SIM Targeted Initiatives

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**Care Delivery Reform**

Advanced Medical Home Program (AMH)
&
Community & Clinical Integration Program (CCIP)

**+**

**Value-based Payment**

MQISSP
Medicare SSP
Commercial SSP

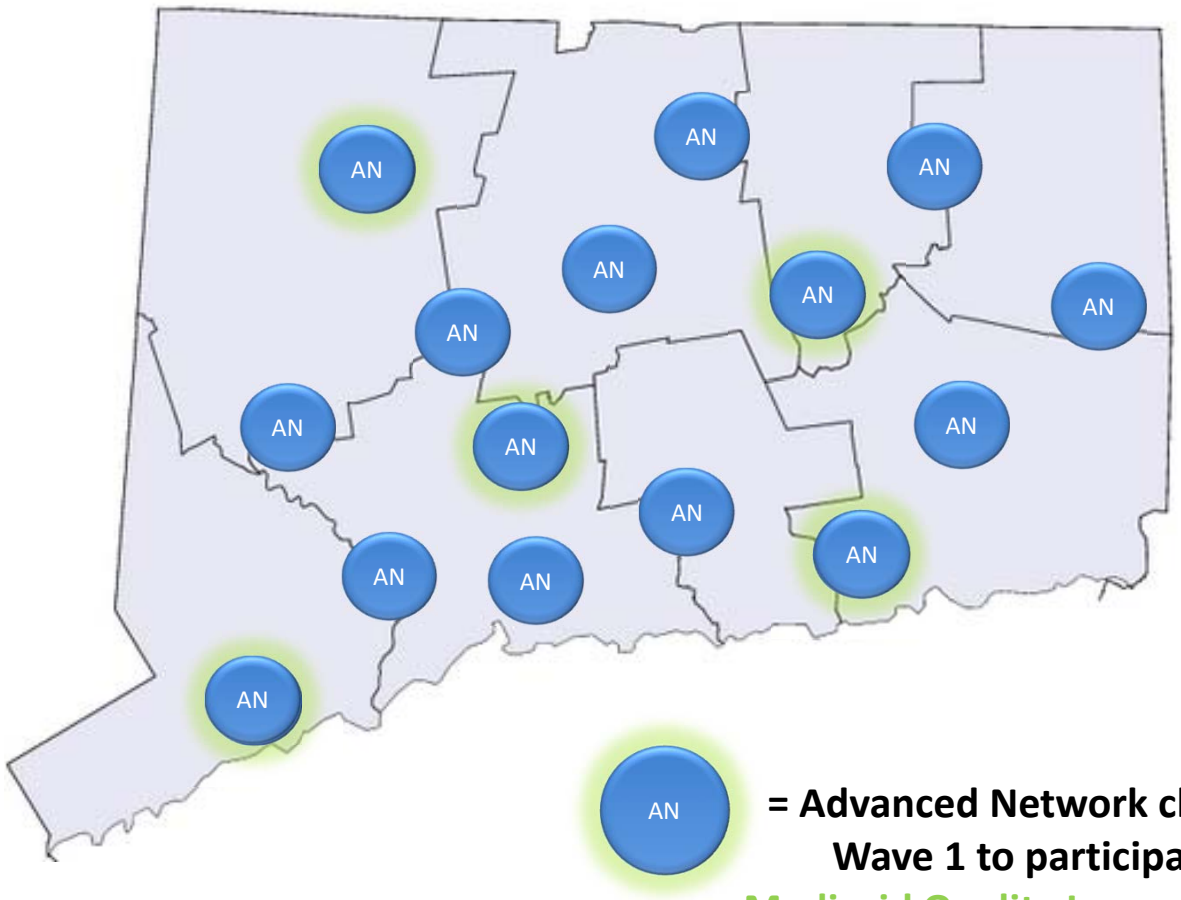
**+**

**=**

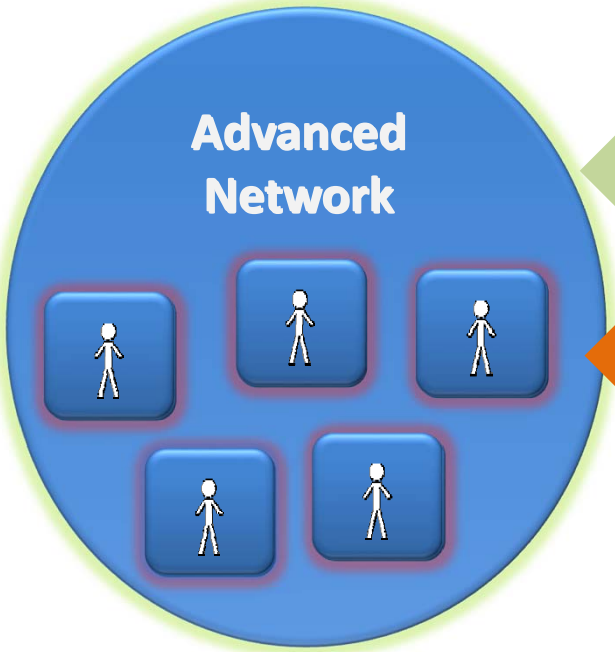
**Accelerate improvement on population health goals of better quality and affordability**

MQISSP is the Medicaid Quality Improvement and Shared Savings Program

# Connecticut has many Advanced Networks



# Resources aligned to support transformation




## Community & Clinical Integration Program (CCIP)

***Awards & technical assistance to support Advanced Networks in enhancing their capabilities across the network***

## Advanced Medical Home (AMH) Program

***Support for affiliated primary care practices to achieve Patient Centered Medical Home NCQA 2014 recognition and additional requirements***

**Improving care for all populations**
**Using population health strategies**

# Improving capabilities of Advanced Networks

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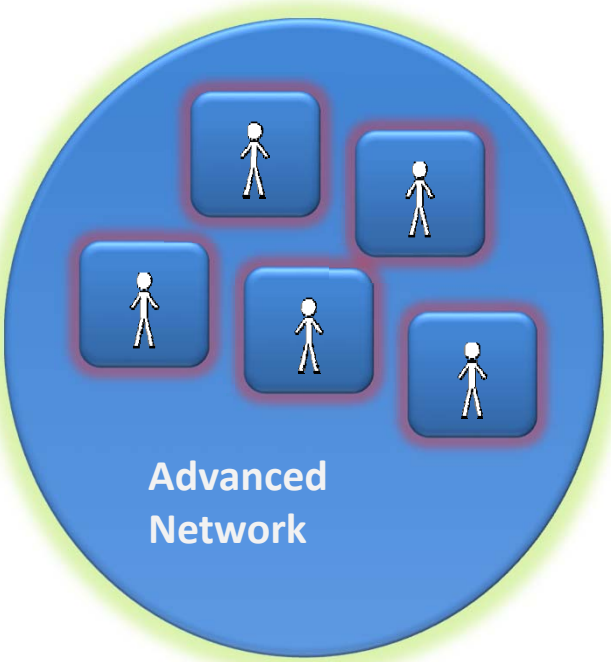
## Community & Clinical Integration Program

***Awards & technical assistance to support Advanced Networks in enhancing their capabilities in the following areas:***




**Comprehensive Care Management**

Comprehensive care team, Community Health Worker , Community linkages

**Health Equity Improvement**

Analyze gaps & implement custom intervention ✚ CHW & culturally tuned materials

**Behavioral Health Integration**

Network wide screening tools, assessment, linkage, follow-up

**Community Health Collaboratives**

Oral health Integration
E-Consult
Comprehensive Medication Management

# Southeast Asian Listening Session October 2015

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"Historical trauma: The cumulative emotional psychological wounding across multiple generations, including trauma experienced in one's own lifespan, which emanates from massively traumatized group history" *Dr. Maria Yellow Horse Brave Heart."*

– RWJF

- **45% of Cambodians and 14% of Vietnamese self-reported symptoms of Post-Traumatic Stress Disorder (PTSD)**
- **Rates of depression among Vietnamese, Laotian, Cambodian, 36%, 16% and 74%, respectively**
- **Higher risk of diabetes, hypertension, cardio-vascular disease, cervical cancer, and more**
- **Barriers to care – cultural appropriateness, low cultural acceptance of preventive health, language, other social factors**
- **As distinct sub-populations, they are not captured in OMB race/ethnicity categories; needs can go unrecognized and difficult to target for quality improvement**

SIM Southeast Asian Listening Session revealed that members of the Southeast Asian community in Connecticut face specific healthcare challenges, including high rates of diabetes and hypertension

# Community and Clinical Integration - Core Standards

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**Person-centered assessment**

- Social, behavioral and economic risk factors
- Race/ethnicity (granular)
- Values/preferences goals

**Comprehensive care team**

**Community health workers**

**Sub-population analytics**

**Population specific intervention strategies**

**Continuous Quality Improvement**

**Comprehensive Care Management**

Comprehensive care team, Community Health Worker, Community linkages

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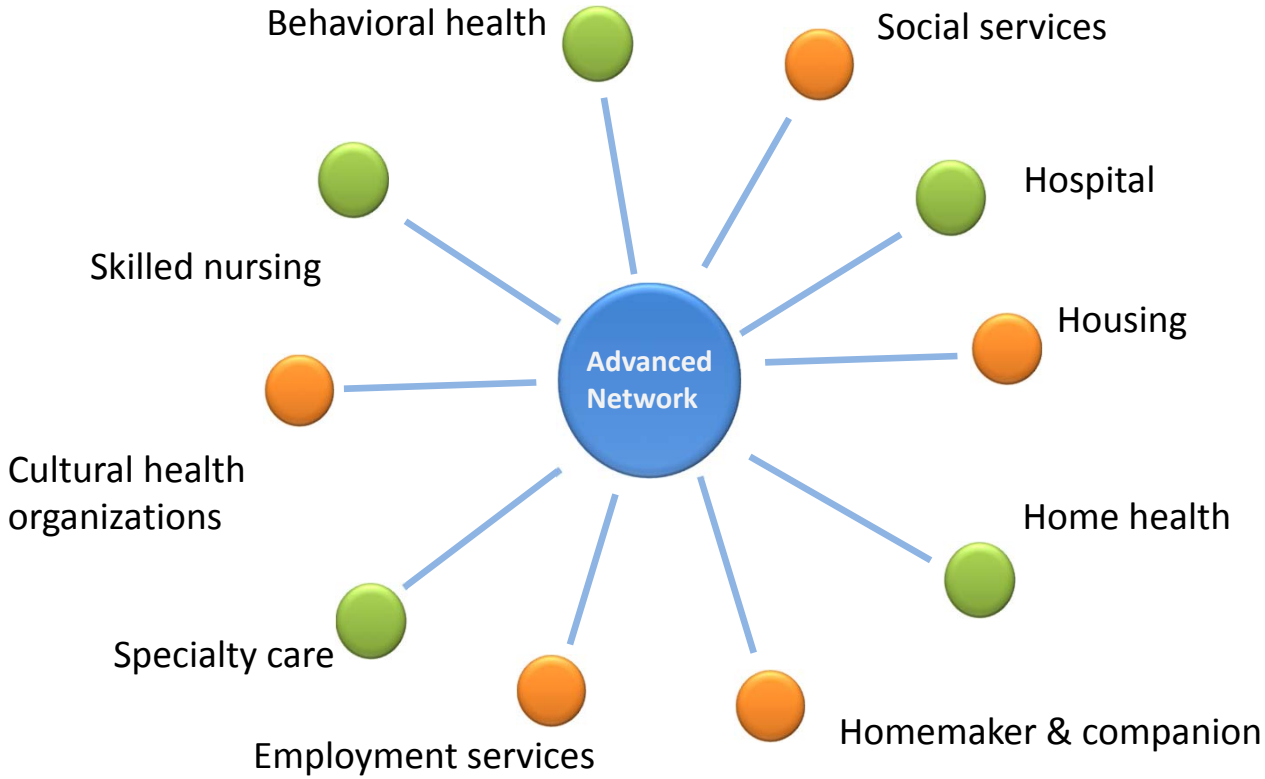
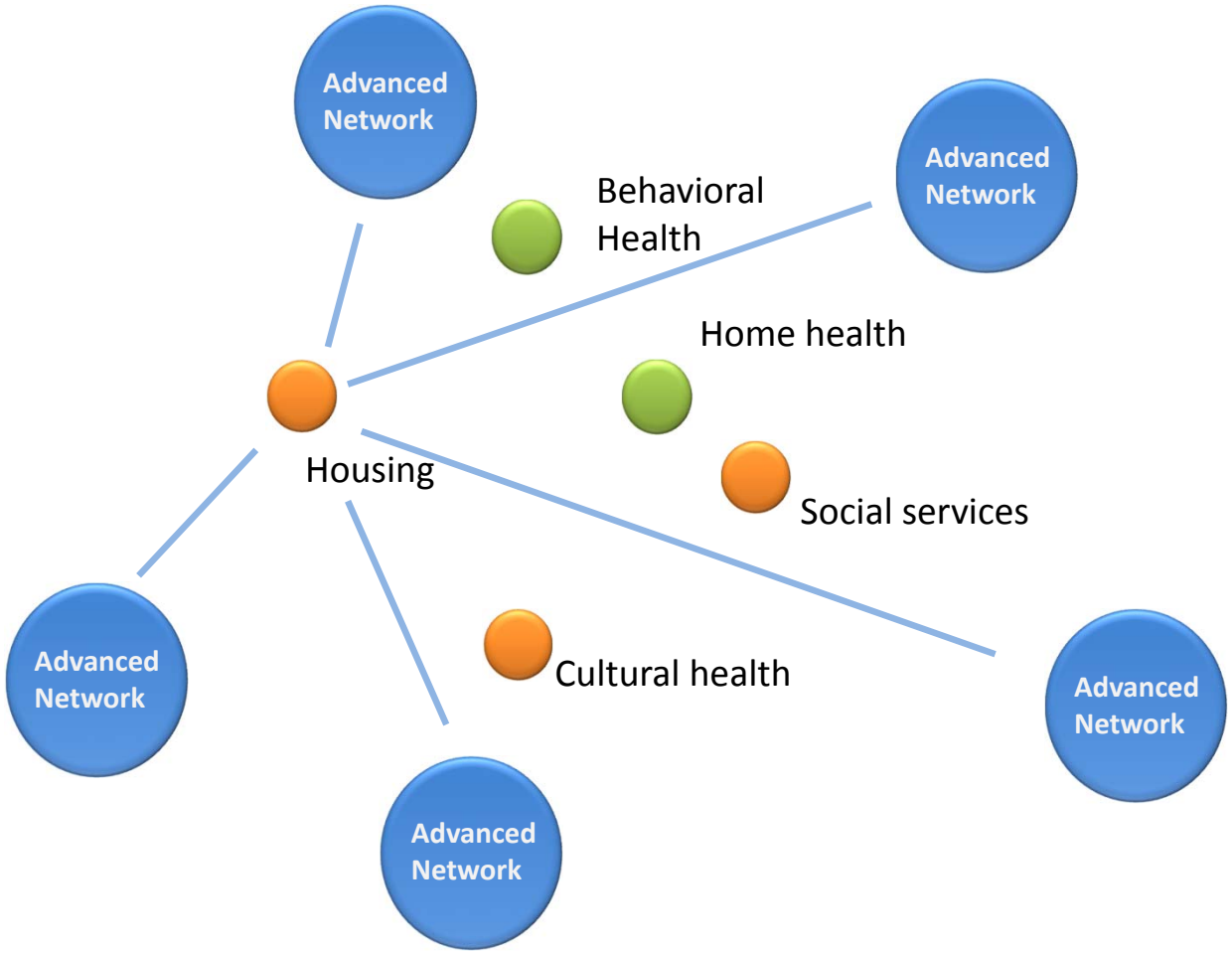
**Community Health Collaboratives**

# CCIP emphasizes….




**…coordination and communication with key clinical and community partners**

# Community Health Collaboratives



# CCIP Core Standards

**Comprehensive Care Management**

Comprehensive care team, Community Health Worker, Community linkages

**Health Equity Improvement**

Analyze gaps & implement custom intervention

CHW & culturally tuned materials

**Behavioral Health Integration**

Network wide screening tools, assessment, linkage, follow-up

**Community Health Collaboratives**

**Multi-stakeholder, cross-sector collaboratives**

**Consensus protocols for working with shared resources**

**Joint problem-solving re: shared barriers**

**Collaborative relationships**

**Monitoring and improving community performance**

# Southeast Asian Listening Session October 2015

SIM connecticut state innovation model

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## Value Based Payment

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Expanding the reach….

- Medicaid Quality Improvement and Shared Savings Program

Defining value….

- Quality scorecard

# Expanding the reach of Value-Based Payment

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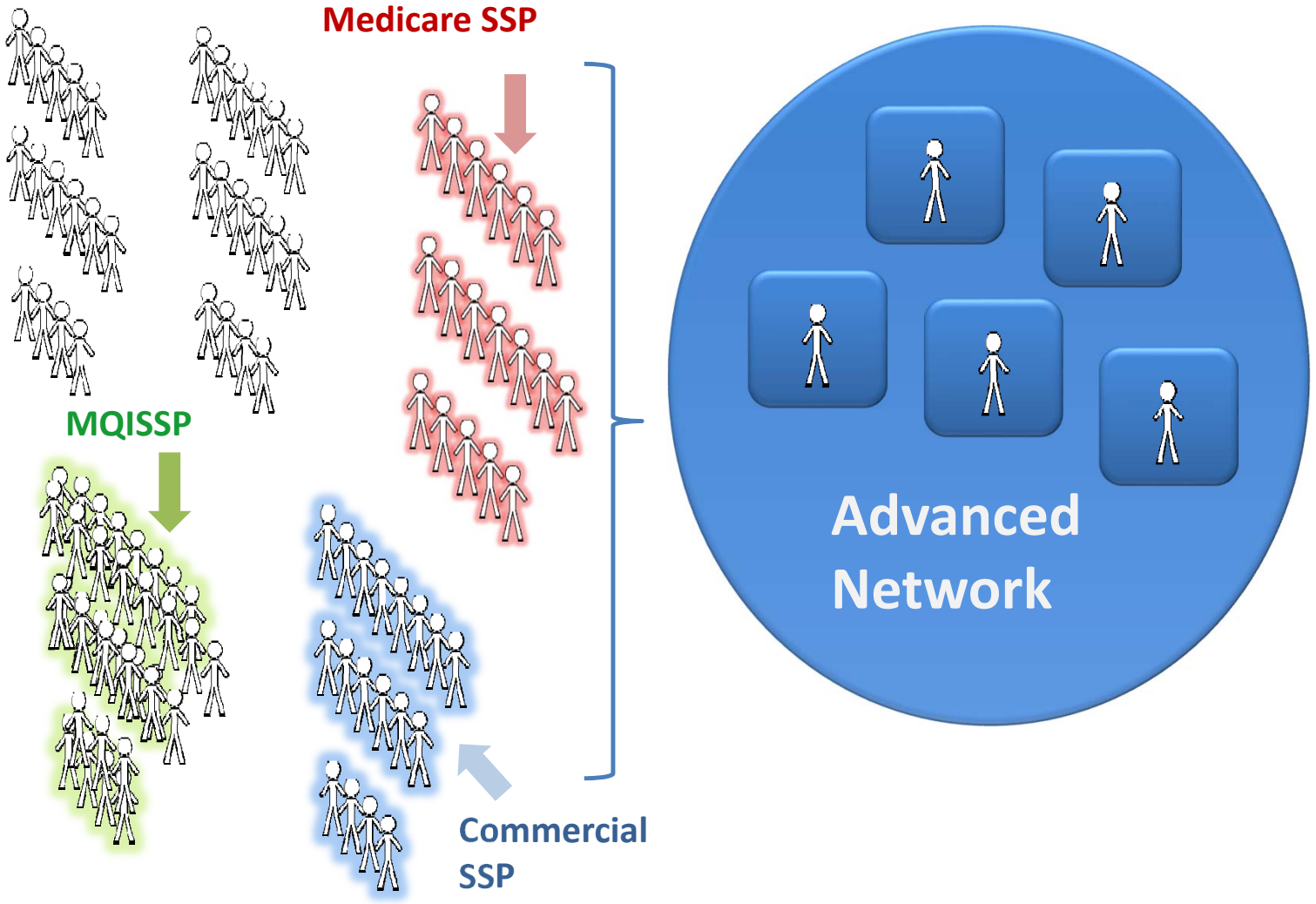
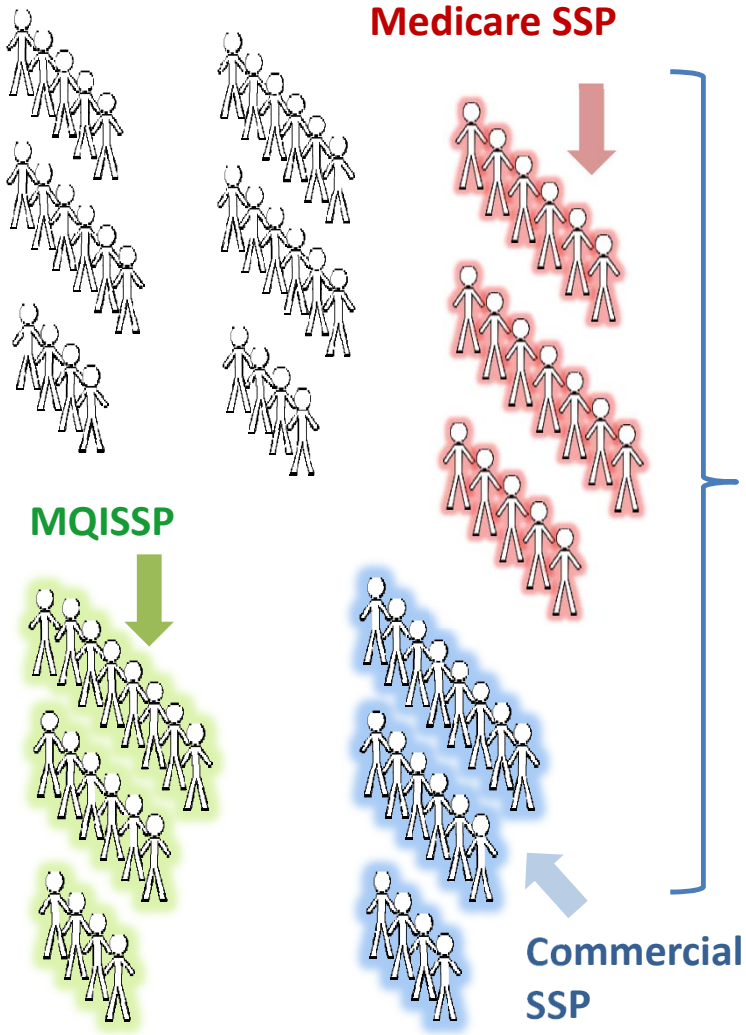
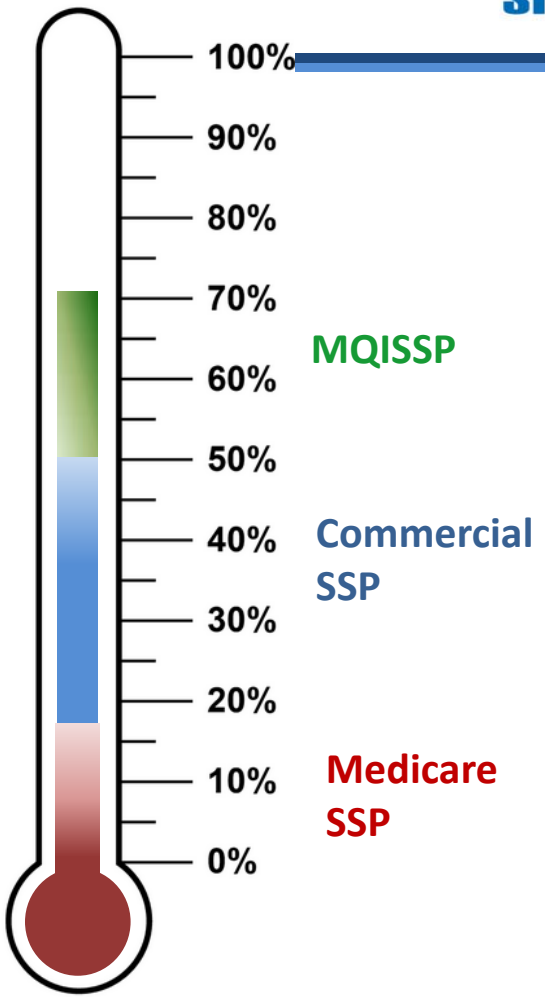


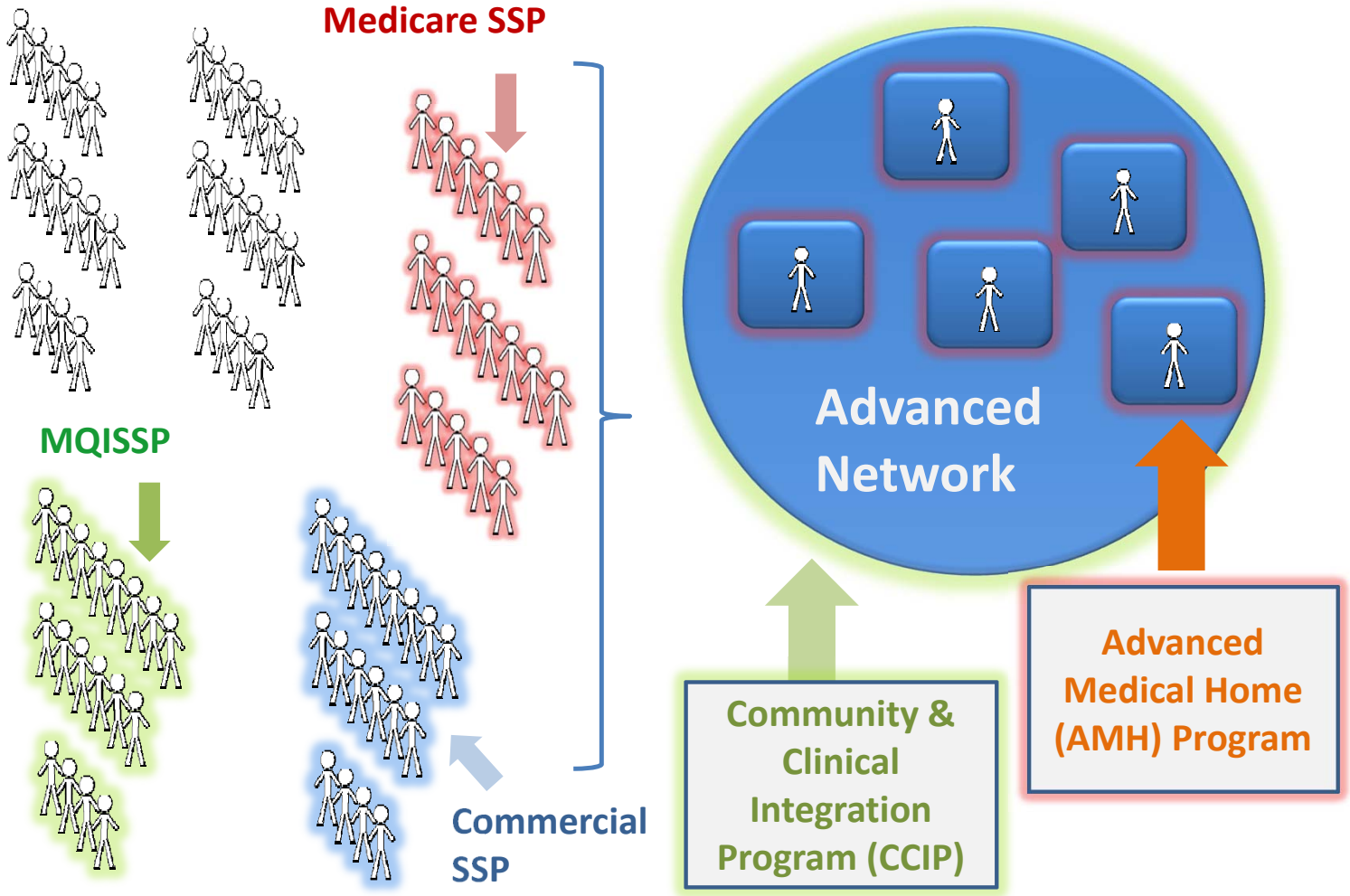
# Reaching the tipping point




**% of consumers in an Advanced Network in value-based payment arrangement**

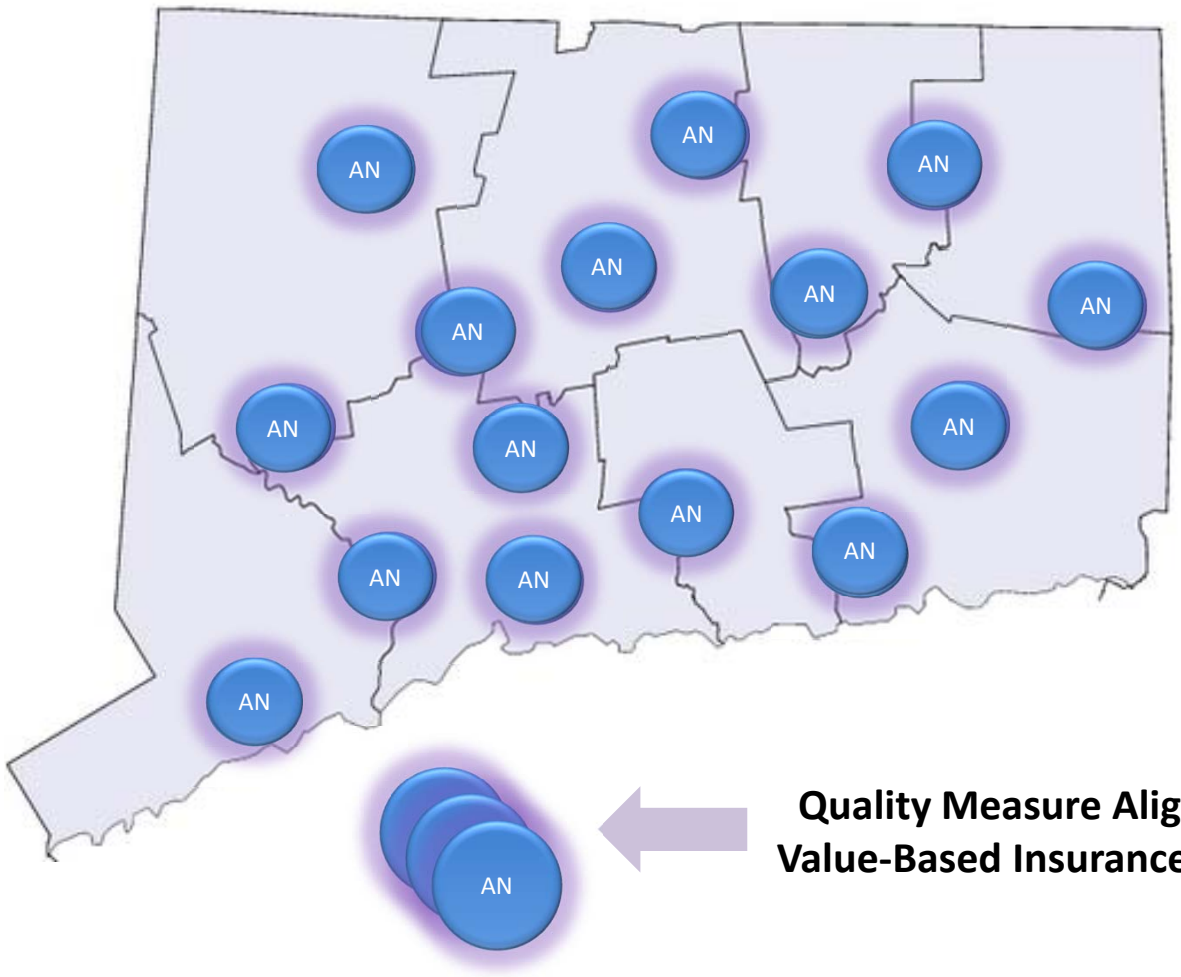
# Putting it all together



Targeted Initiatives

Statewide Initiatives

# Statewide Initiatives




**Quality Measure Alignment**
**Value-Based Insurance Design**

# Health Information Technology & Care Delivery Reform

# HIT Capabilities to Support Care Delivery Reforms

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The planning process for CCIP capabilities has revealed potential gaps:

- **share health information efficiently across clinical and community partners**
- **use e-referral, tracking and follow-up to effect clinical and non-clinical linkages to services and supports**
- **receive timely information re: ADTs**
- **effectively coordinate and communicate with inter-disciplinary team including patient, patient supports, clinical and non-clinical community partners**
- **care teams have access to a comprehensive view of the patient and care plan**
- **analytic tools enable use of clinical systems to identify high risk populations and sub-population analyses (e.g., race, neighborhood, social factors) to support targeted continuous quality improvement**

## Implications for SIM HIT Investments

- Advanced Networks participating in CCIP, all entities participating in MQISSP, in fact, ***all entities providing accountable care***, must be working to advance their care delivery capabilities, as well as improve on quality measures to do well in alternative payment models
- Many have already made or will make HIT investments to enable them to perform well
- Some investments may be more efficient as a state initiated shared utility
- How can the State Innovation Model HIT investments promote care delivery transformation and address the gaps that exist?

# Value-based Insurance Design

# Value-based Insurance Design

...the use of plan incentives to encourage employee adoption of one or more of the following:

**New and innovative approaches**

**Adopt healthy lifestyles**
(e.g. smoking cessation, physical activity)

**Use high value services**
(e.g., preventative services, certain prescription drugs)

**Use high performance providers**
Who adhere to evidence-based treatment

**Health promotion & disease management**

**Health coaching & treatment support**

# Aligning strategies to engage consumers and providers

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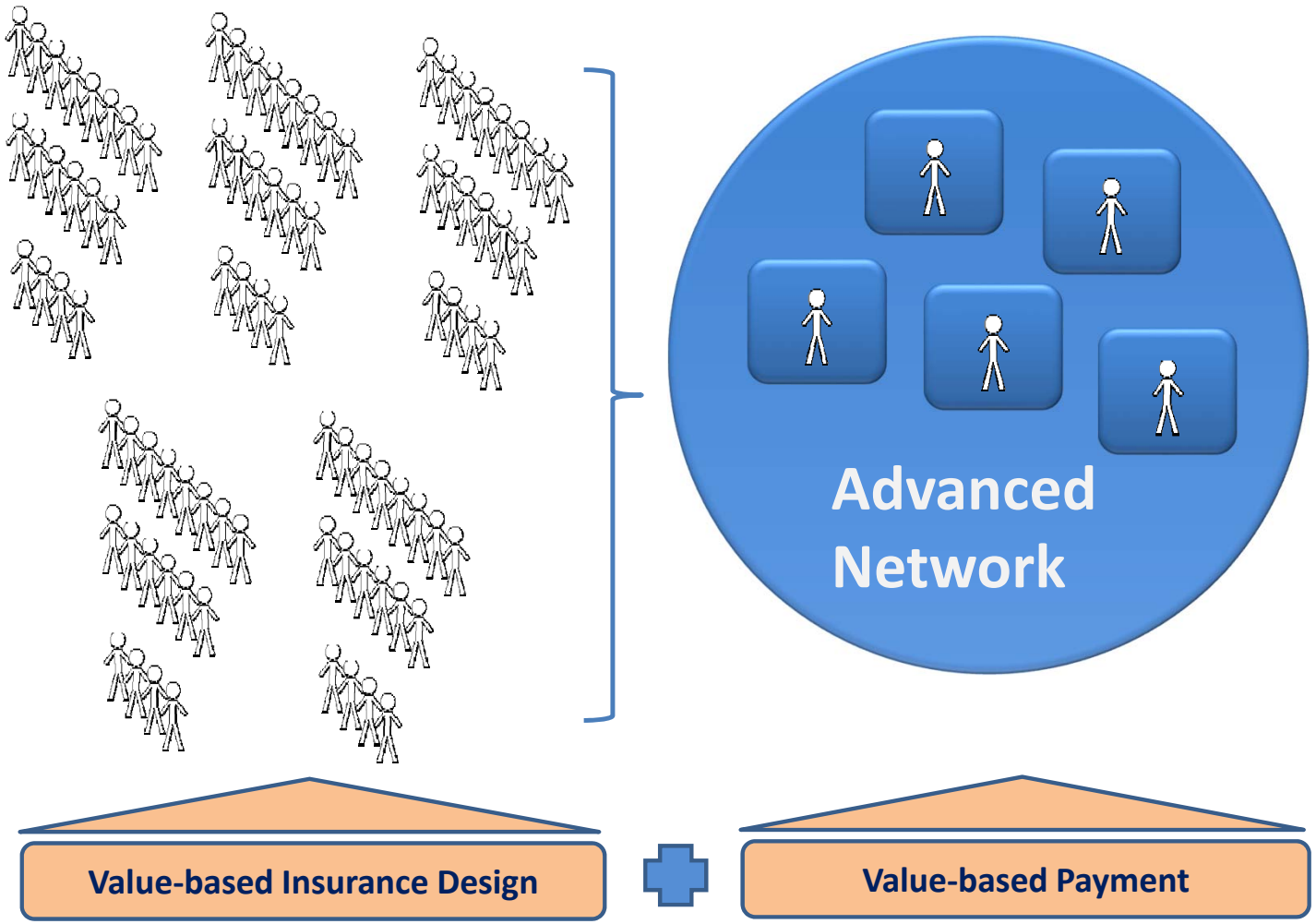
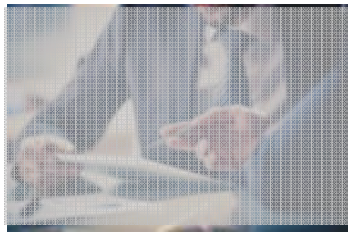
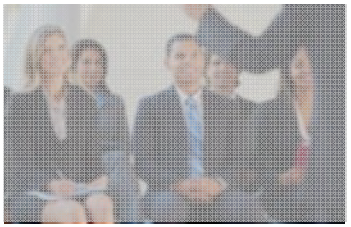


# SIM VBID Components

- **Employer-led Consortium**: peer-to-peer sharing of best practices
- **Prototype VBID Designs**: using latest evidence, to make it easy for employers to implement
- **Annual Learning Collaborative**: including panel discussions with nationally recognized experts and technical assistance





access health CT
Connecticut's Health Insurance Marketplace

CT's Health Insurance Market Exchange) will implement VBID in Year 2 of the Model Test (subject to Board approval)

# Key Partners

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CBIA CONNECTICUT BUSINESS & INDUSTRY ASSOCIATION

NORTHEAST BUSINESS GROUP ON HEALTH

CONNECTICUT BUSINESS GROUP ON HEALTH

Promoting a better healthcare delivery system

**Office of the State Comptroller (state employee health plan)**

## Implications for SIM HIT Investments

- Efficient and timely collection of:
  - Health service utilization data (e.g., preventive care visits, biometric screening)
  - Participation in disease management programs
  - Effective management of chronic illness

# Quality Measure Alignment

# Aligning Quality Measures & Promoting Meaningful Measures

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- **Problem**: Lack of actionable data because:
  1. Too many measures
  2. Little alignment on measures
  3. Measures are process or structural instead of outcome focused

- Effort to promote access to actionable and meaningful data on health care performance by (1) promoting alignment among payers and (2) supporting the use of outcome based measures, including eCQMs
- SIM Quality Council is recommending a core quality measure set for Advanced Networks/FQHCs in Connecticut. Goal is for all of Connecticut's payers to voluntarily align with these measures

**Quality measure alignment around a set of meaningful, outcome driven measures can create the following benefits to Connecticut:**

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| | |
|---|---|
| Consumers | • Better access to accurate, useful information on health care quality that is comparable across provider networks, and can inform the decision of where to go for healthcare<br>• Transparency around the health outcomes that healthcare providers produce |
| Healthcare Providers | • Less provider burden and cost around tracking and reporting quality measures across their contracts with payers<br>• Better access to accurate information on their health care quality performance so that they have a complete picture of their performance and can target and focus their quality improvement efforts |
| Policy makers | • Accurate and useful information that can inform the status of health outcomes of Connecticut's population<br>• Better able to target effective population health strategies |
| Employers | • Accurate and useful information on health care quality to inform their decisions around health plan products for their employees |
| Payers | • Value-based payment models can hold providers accountable for a set of meaningful, outcome driven measures (e.g., tying incentives to providers based on whether people got healthier, instead of whether they received a certain test or screening) |

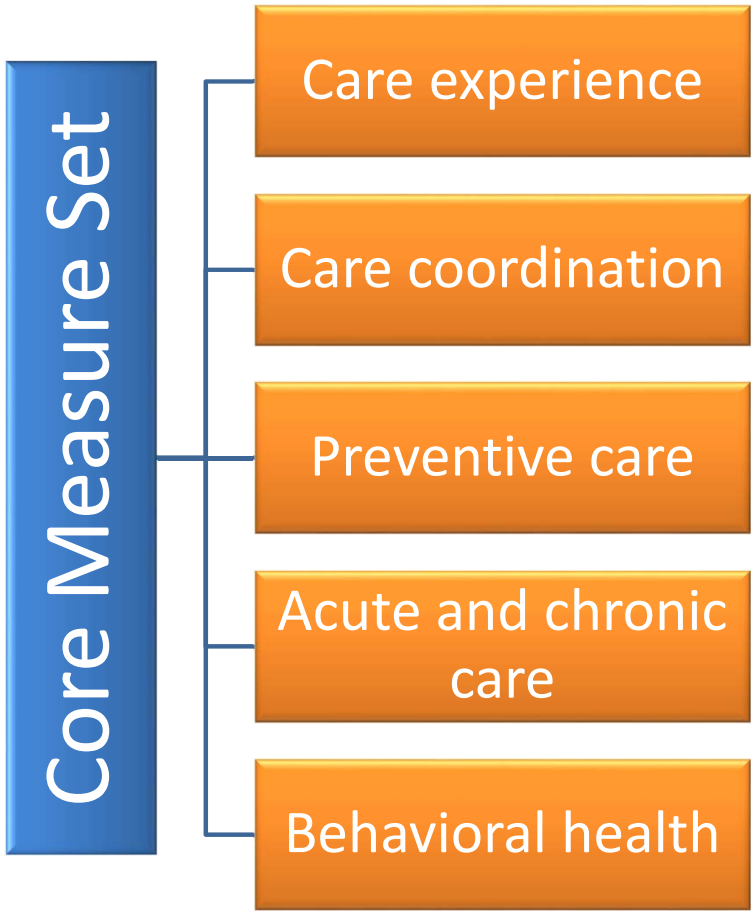
# SIM Quality Council

| | |
|---|---|
| Rohit Bhalla<br>*Stamford Hospital* | Karin Haberlin<br>*Dept. of Mental Health & Addiction Services* |
| Aileen Broderick<br>*Anthem Blue Cross & Blue Shield* | Kathleen Harding<br>*Community Health Center, Inc.* |
| Mehul Dalal<br>*Department of Public Health* | Tiffany Pierce<br>*Cigna* |
| Mark DeFrancesco<br>*Westwood Women's Health* | Elizabeth Krause<br>*Connecticut Health Foundation* |
| Deb Dauser Forrest<br>*ConnectiCare* | Kathy Lavorgna<br>*General Surgeon* |
| Steve Frayne<br>*Connecticut Hospital Association* | Steve Levine<br>*ENT & Allergy Associates, LLC* |
| Amy Gagliardi<br>*Community Health Center, Inc.* | Arlene Murphy<br>*Consumer Advisory Board* |
| Daniela Giordano<br>*NAMI Connecticut* | Robert Nardino<br>*American College of Physicians – CT Chapter* |

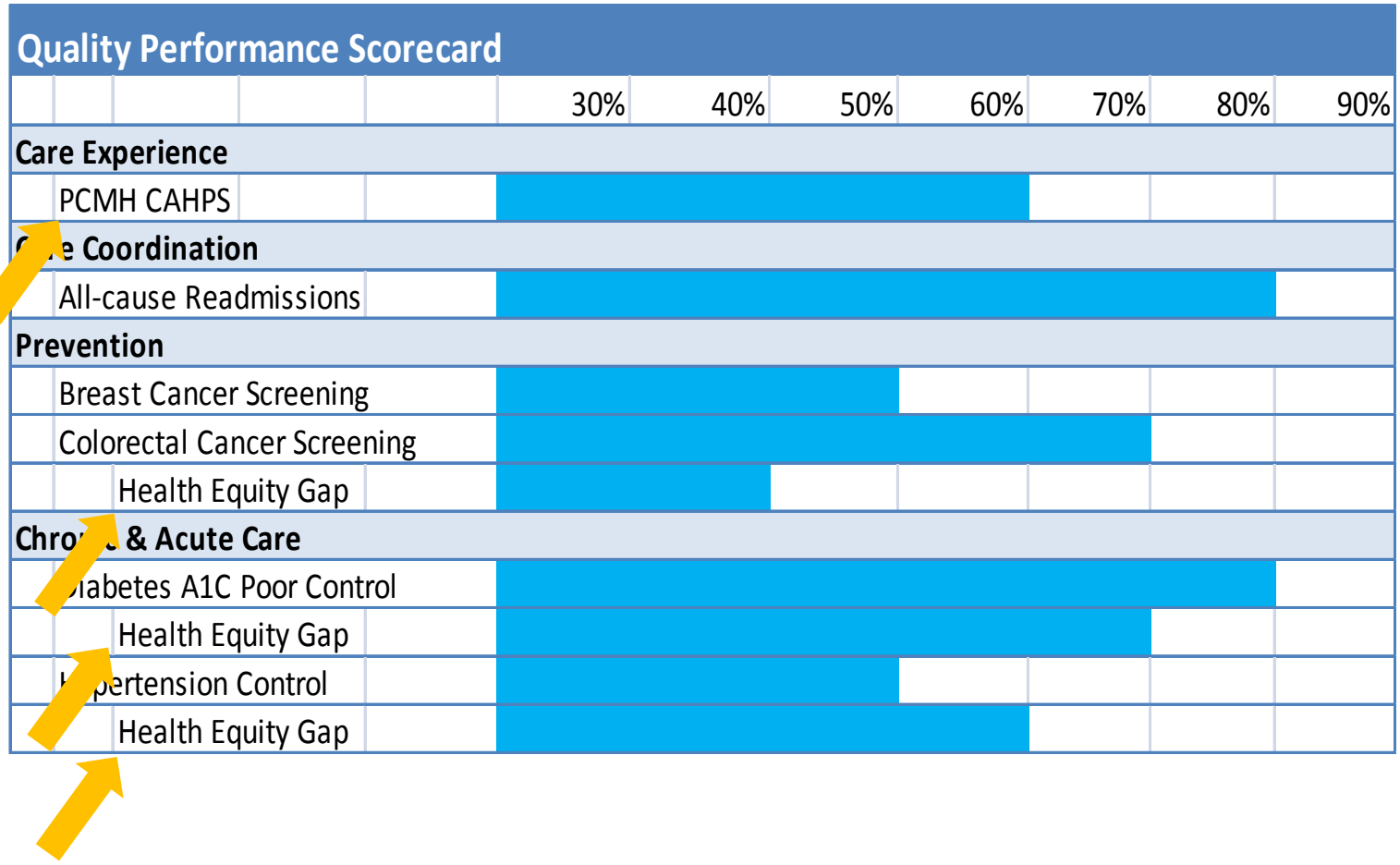
# SIM Quality Council

| | |
|---|---|
| Donna O'Shea<br>*United Healthcare* | Robert Zavoski<br>*Department of Social Services* |
| | |
| Jean Rexford<br>*CT Center for Patient Safety* | |
| Rebecca Santiago<br>*Saint Francis Center for Health Equity* | |
| Andrew Selinger<br>*ProHealth Physicians* | |
| Todd Varricchio<br>*Aetna* | |
| Steve Wolfson<br>*Cardiology Associates of New Haven PC* | |
| Thomas Woodruff<br>*Office of the State Comptroller* | |

# Quality Measure Alignment



# Core Quality Measure Set



# Outcomes Measures

SIM connecticut state innovation model

## Today:

Health Plan → *Claims Data*

**Process Measures**

***(E.g., Diabetes foot exam, well-care visits, medication adherence)***

## National consensus to move towards outcomes:

Health Plan → *Claims Data*

Health Plan → *EHR Data*

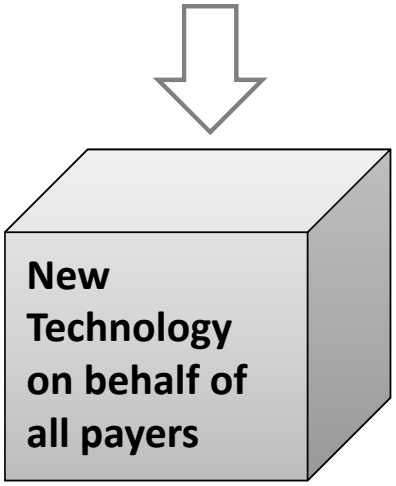
**Process & Outcome Measures**

***(E.g., diabetes A1C control, blood pressure control, depression remission)***

# Getting to Outcomes

- Payers currently collect and report back claims based measures
- While some plans and providers may be able to collect certain clinical data, a robust reporting infrastructure to report and make actionable measures based on clinical data **does not exist currently**
- How can the State promote the adoption of eCQMs?

**SIM Funded HIT**




***EHR measure production***

**Aligned Quality Scorecard**

# Questions