



Connecticut State Innovation Model

STATE OF CONNECTICUT

Overview

June 12, 2013

Health Care Opportunities and Challenges in Connecticut Today

- Ranks high on many health indicators
- Many opportunities for improvement
- Potential ~\$1B budget deficit in 2014 and 2015
- Inefficiencies in health care utilization
- Many initiatives - no common model across payers

State Innovation Model Initiative

- CMMI funding opportunity
- Connecticut one of 16 “design grant” states
- Application for \$30 to \$45 million over 3 - 4 years

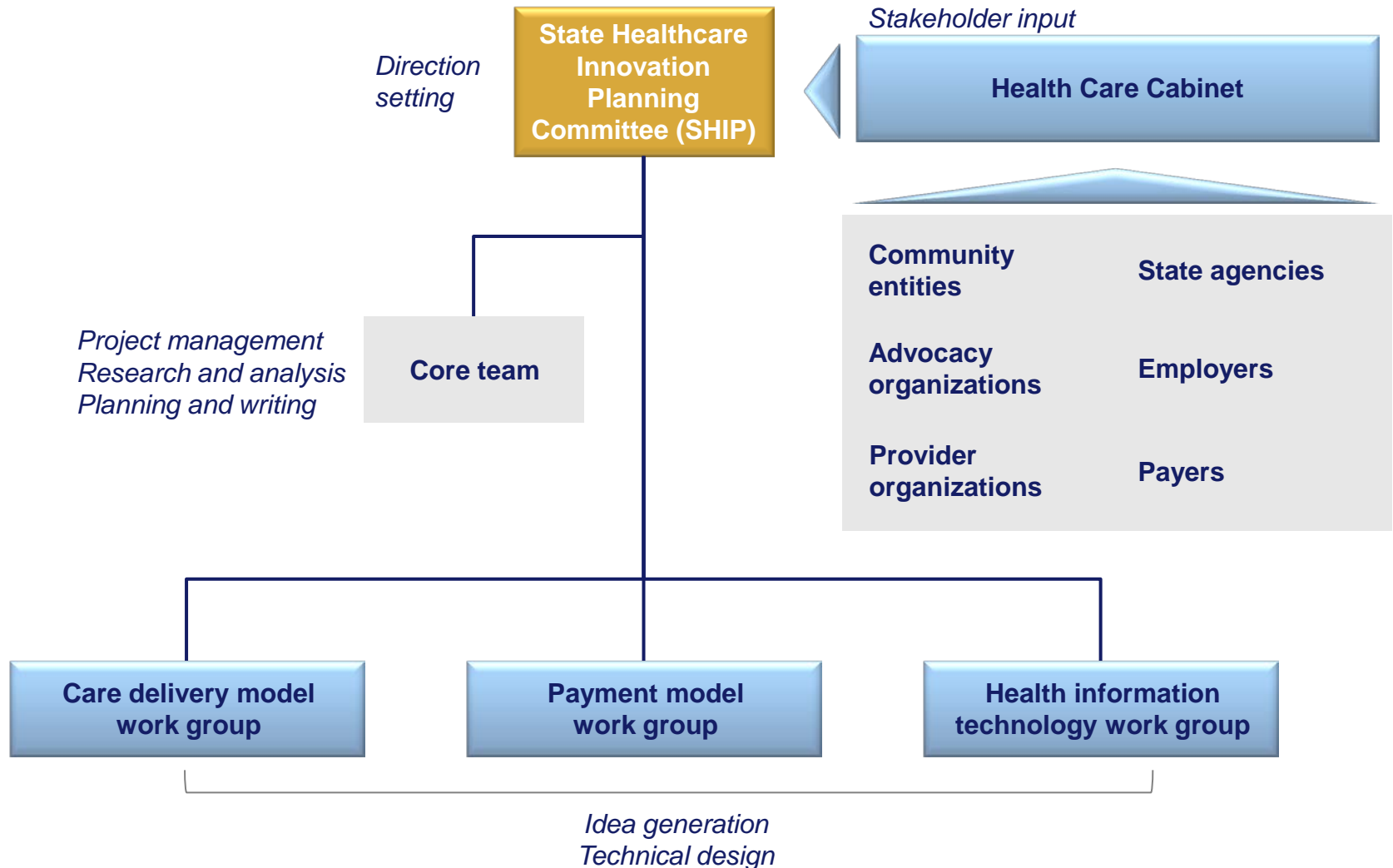
CMMI Guidance for Applicants

- Include 80% of state lives within 5 years
- Truly multi-payer approach
- Accountability for outcomes, including total cost of care
- Test Innovations that can lower costs maintaining or improving quality of care
- 3-5 year return on investment

Connecticut Points of Emphasis

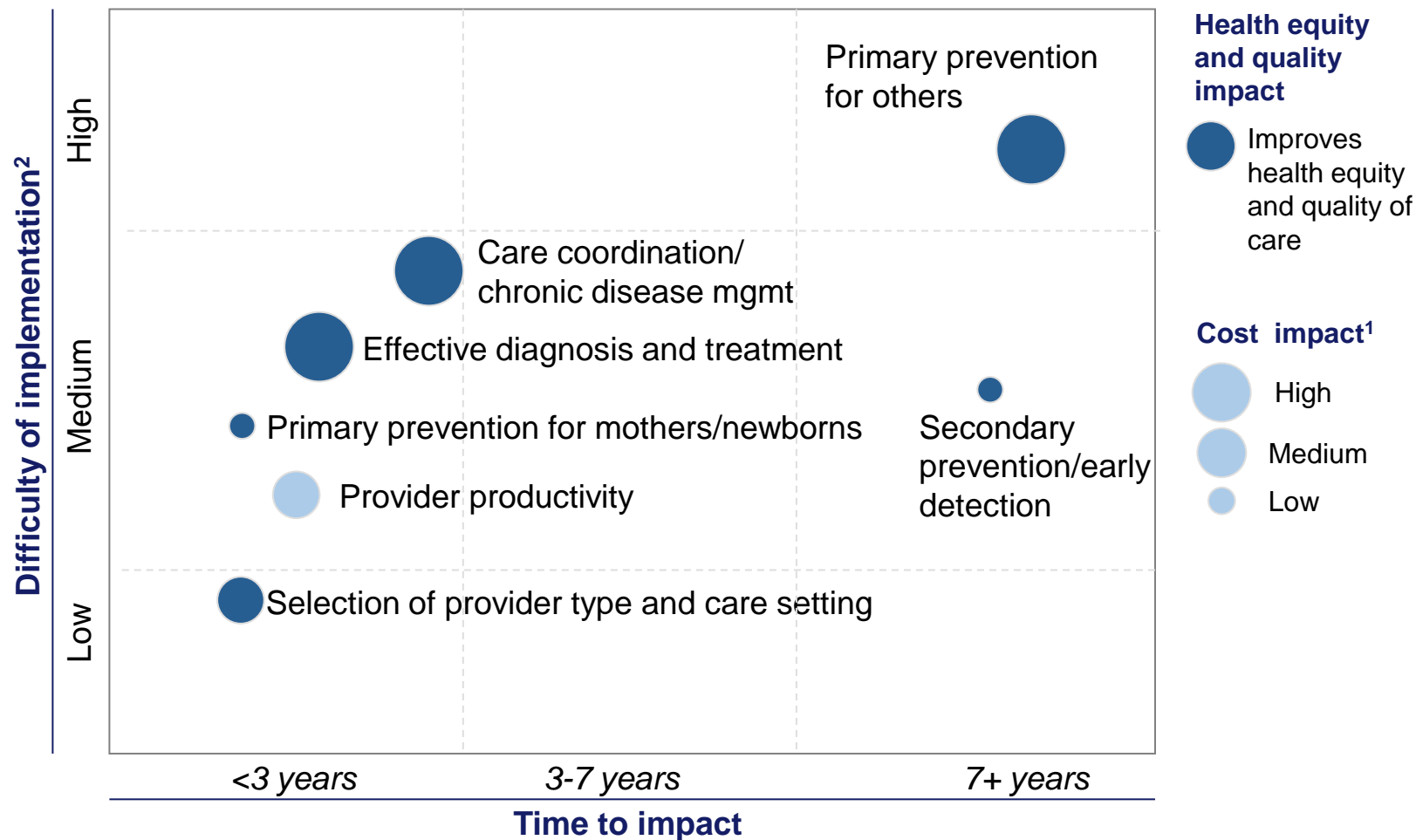
- Population health
- Workforce development
- Health Equity
- Consumer engagement
- Reimbursement – from FFS to Value

Planning Process and Structure



Care Delivery Work Group

Sources of value



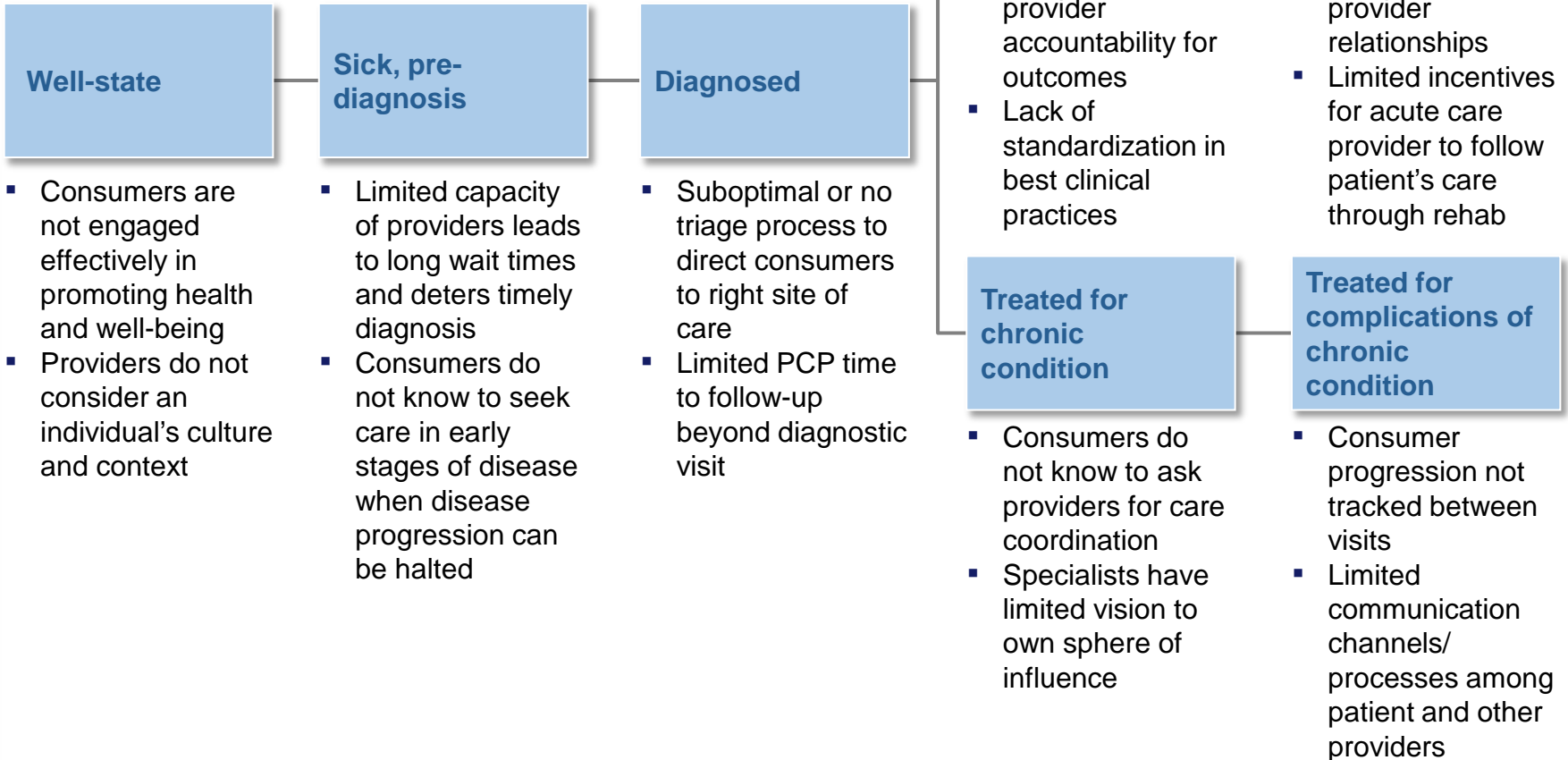
¹ Estimate of total cost of care savings based on literature reviews, case examples, and CT and national statistics

² Includes assessment of historical success rates and execution risk

Care Delivery Work Group

Patient Journey – Barriers to Care

STAGES OF HEALTH



Payment Reform Workgroup

- Quality and other performance metrics
- Attribution / assignment
 - Payment model
 - Implementation process and schedule

Health Information Technology Workgroup

Key Enablers of Care Delivery & Payment Reforms



| Category | Description |
|--|---|
| A Payer analytics | <ul style="list-style-type: none">Tools for payers to analyze claims and produce payment-related analytics, quality/outcome/ performance metrics and make actual payment for episodes and population health |
| B Provider - payer - patient connectivity | <ul style="list-style-type: none">Channels (e.g., portal) for providers and patients to access and submit information, data and analytics required to support care delivery and payment models |
| C Provider – patient care mgmt. | <ul style="list-style-type: none">Provider tools (e.g., workflow, event management) and analytics to e.g., physicians, care managers) coordinate the medical services for a patient (focus on highest risk) |
| D Provider-provider connectivity | <ul style="list-style-type: none">Integrated clinical data exchange among healthcare stakeholders, including the longitudinal patient registry that can be enabled by HIE |

Recognizing Different Stakeholder Perspectives

Example perspectives about health transformation



**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?



Diverse group of stakeholders need to be meaningfully engaged in Connecticut SIM design, syndication, and testing, which is 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

Innovation Timeline

April - September

October - early 2014

Mid-2014 to 2017

Design phase

Testing grant application
review and selection

Testing phase

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

We invite you to join us and to share in our vision for care delivery and payment transformation for our state

Ways to become involved

- Participate directly in the care delivery, payment and HIT work groups by attending as a member of the gallery (meeting times and locations posted on our website)
- Share your feedback with your representatives on the Health Care Cabinet and Consumer Advisory Board, who will be meeting directly with project leaders
- Share your feedback directly with the project leaders and work group chairs
- Follow the project's development online through our website, and through regular email updates sent by the Lieutenant Governor

Contact information

Project leaders

- Victoria Veltri, JD, LLM victoria.veltri@ct.gov
- Michael Michaud, michael.michaud@ct.gov
- Dr. Mark Schaefer, mark.schaefer@ct.gov
- Website: <http://www.healthreform.ct.gov/ohri/cwp/view.asp?a=2742&q=334428>