

Complex Care Committee

February 24, 2012



Today's Agenda

- Timeline
- Focus Group Update
- Performance Management Update
- Model Design Update
 - ASO/Health Neighborhood Contractual Relationships
 - Overall Model Design
 - Health Neighborhood Features
 - Care Coordination/ICM Service Delivery Within the Health Neighborhood
 - Formation of Health Neighborhood

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Timeline

- See Attached

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Focus Group Results

Issue	Programmatic Consideration
When docs unavailable, most people head straight for ER	<ul style="list-style-type: none">• Develop clear access standards (after hours care, non-visit based contact) for MMEs with incentives in the Health Neighborhood to see people when necessary
Many doctors refuse MMEs as patients and are unwilling to accept Medicare and/or Medicaid <ul style="list-style-type: none">• Some MMEs have been dismissed by long-time providers	<ul style="list-style-type: none">• Work toward improved access within Health Neighborhoods and ASO systems with incentives to see the population
Co-pays for Part D services cause confusion and anger <ul style="list-style-type: none">• Some people forego drugs (or medical visits) because they can't afford co-pays	<ul style="list-style-type: none">• Re-examine cost-sharing for individuals over 200% of FPL for HCBS• Re-examine Part D co-pays for budgetary flexibility and cost-effectiveness
Transportation issues for medical care exist	<ul style="list-style-type: none">• Ensure stronger access to transportation through Health Neighborhoods and the ASO
Missing services including dental, high quality hearing aids, interpreters	Review options to provide these services and supports

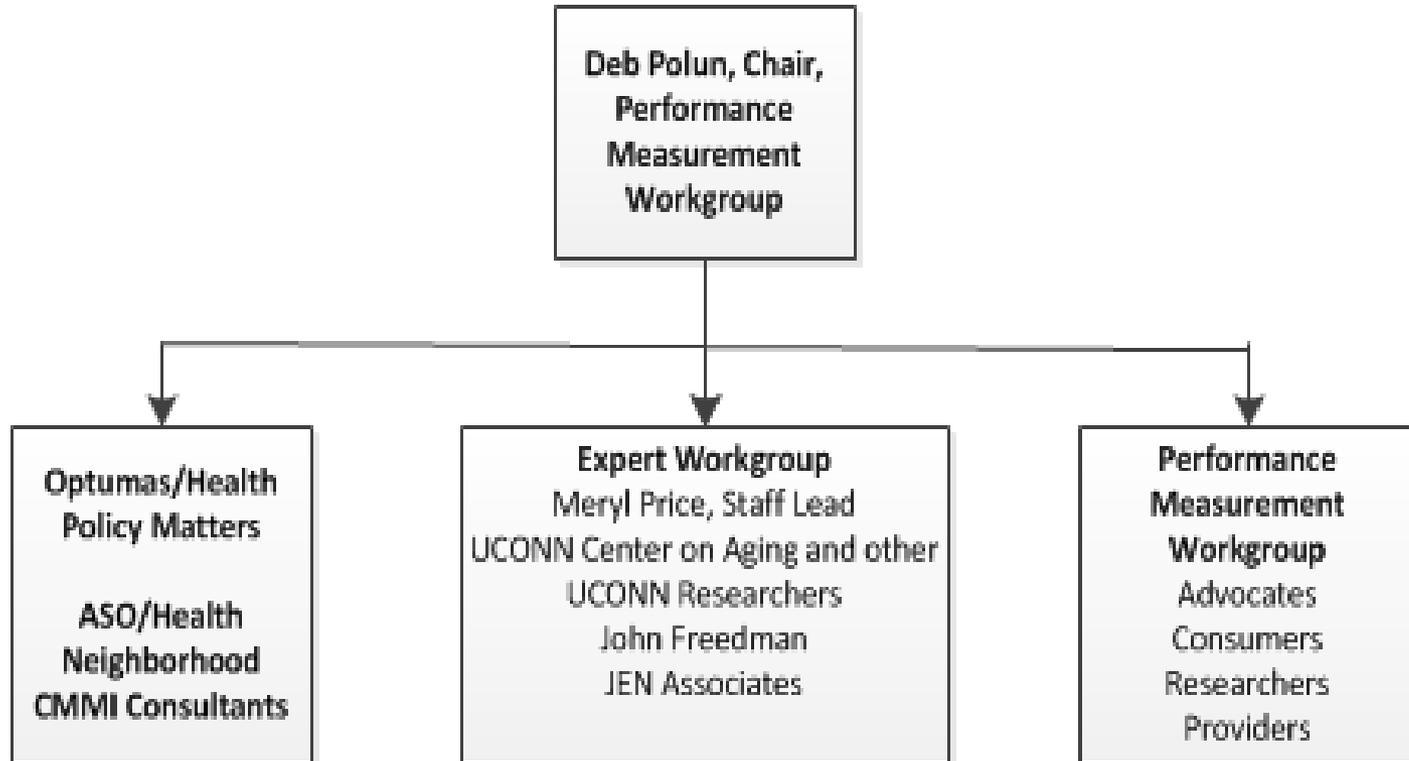
Focus Group Results

Issue	Programmatic Consideration
Care provision & coordination for those without care managers or Residential Service Coordinators is difficult and confusing	Written care plans viewed favorably; involve family members <i>when desired by consumer</i>
Most people don't know where/how to make consumer complaint	Create an Ombudsman for the ASO/Health Neighborhood; provide clear information as part of the enrollment process for MMEs to facilitate the complaint and resolution process
Families need information & support	Ensure that MMEs and their families (where appropriate and desired by the MME) can obtain information regarding options for services and supports
Age, racial/ethnic and other types of discrimination highlight the need for cultural sensitivity	Develop measurement and improvement opportunities to decrease racial and ethnic disparities
Pharmacists were seen as a major information sources at the point of service	Include a counseling role for pharmacists on the Health Neighborhood team

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Performance Measurement Update



Performance Measurement Update

- Multiple meetings of the Performance Measurement Workgroup
- Multiple meetings of the Expert Workgroup
- Key activities:
 - Defined “person-centeredness” for the purpose of measurement activity (possibly with broader implications for the overall initiative)
 - Developed and defined domains, or measurement priorities for the CMMI demonstration
 - UCONN Center on Aging compiled a Measurement Compendium of validated measures to assess performance to selected domains for MMEs
 - Currently working on surveying the “Expert Group” to begin to prioritize measures

Performance Measurement Person-Centered Definition

- For the purpose of measurement activities within the ASO/Health Neighborhood Initiative, “person-centered” care is defined by the Performance Measurement Workgroup and Expert Group as health care and social supports that are provided across the Medicare and Medicaid continuum in a manner that:
 - Represents a partnership among practitioners, the MME and his or her family and/or informal caregivers;
 - Is focused on providing information and education regarding their options for care to assess options; and,
 - Provides the MME with needed information, education and support required to make fully informed decisions and participate actively in his or her own care.

Performance Measurement Domains

Domain Name (See Appendix A for detailed definitions)

- Person-centered Care/Experience of Care
- Care Coordination
 - a) Care Transitions
 - b) Medication Management and Coordination
 - c) Prevention
 - d) Behavioral Health
 - e) Palliative and End-of-Life Care
 - f) Clinical Care
- Access to Care
- Functional Status
- Quality of Life
- Shared Savings

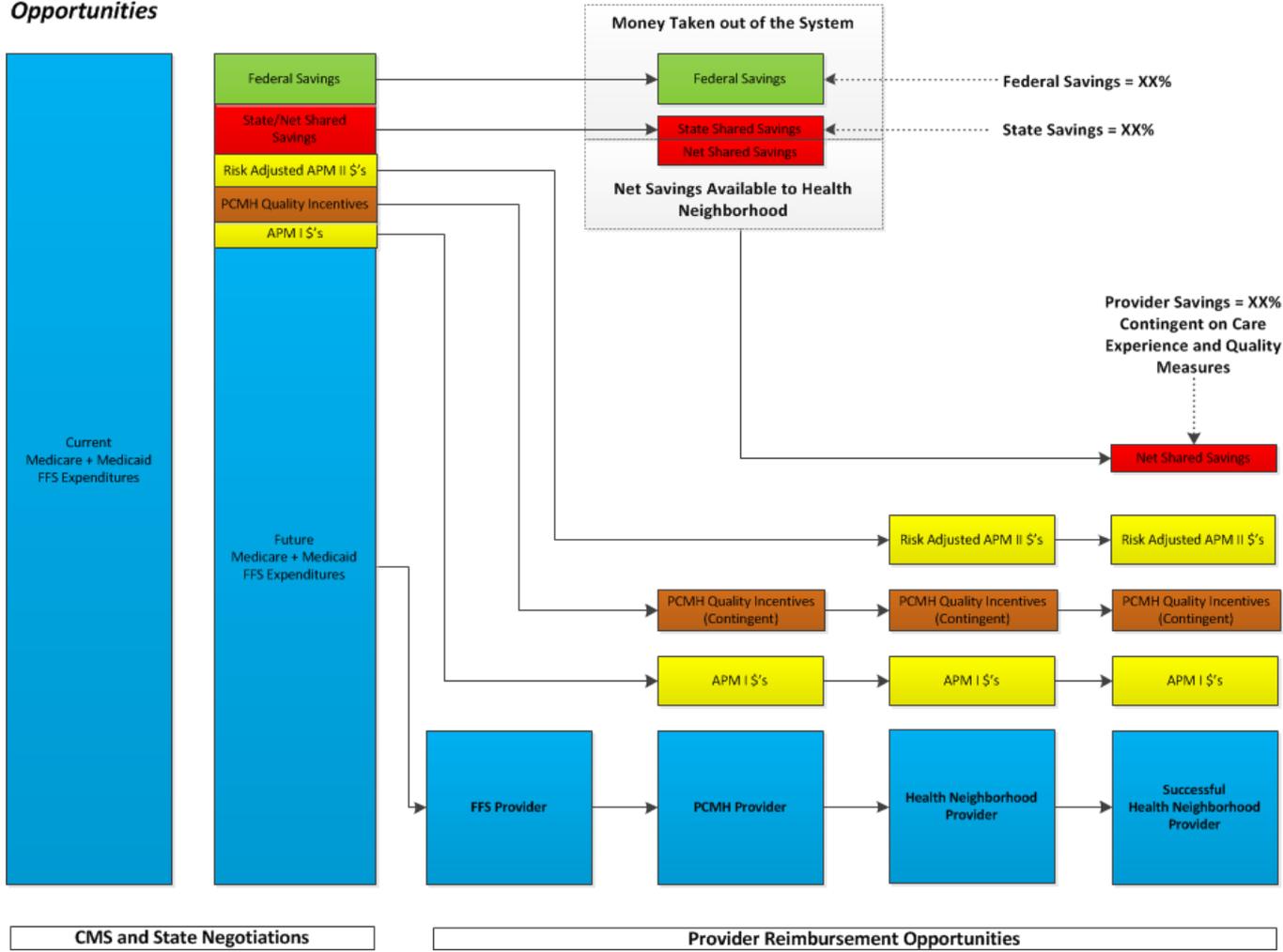
Performance Measurement Selection of Measures

- Currently working with the Expert Group and the Performance Measurement Workgroup to:
 - Identify criteria for the selection of measures to offer incentives
 - Recommend incentive and reporting measures

Performance Measurement Selection of Measures

- Criteria for discussion
 - Reflects priorities for the initiative?
 - A positive result would generate savings?
 - Evidence-based?
 - Person-centered?
 - Feasible to collect data to execute?
- Performance against a benchmark vs. improvement
- Relationship between savings and performance measurement

Shared Savings – Translating CMS - State Financial Relationship into Provider Reimbursement Opportunities



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ASO/Health Neighborhood Contractual Relationships

Department of Social Services (DSS)
 Contracts with the HN Administrative Lead*, Medical and Behavioral ASOs and a Data Integration Vendor with responsibility for oversight of the MME Demonstration Initiative

Data Integration Vendor:
 Provides integrated MME Data

Connecticut Behavioral Health Partnership
 Performs services for individuals who are eligible for MMEs (and all other HUSKY clients) who require BH/SA services

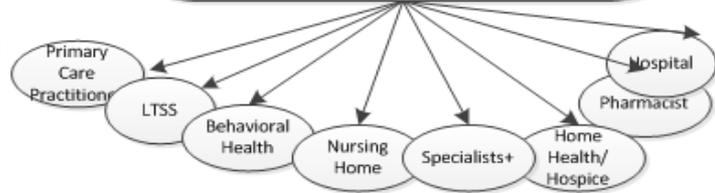
CHN
 Co-Morbid ICM w/ CHN and VO Co-located Staff under CHN**

Community Health Network (CHN)
 Provides value-added services for MMEs including Care Coordination and ICM Services for non- Health Neighborhood MMEs

Health Neighborhood Administrative Lead*
 Is the accountable entity to provide all HN services under contract with DSS including person-centered care delivery for the full continuum of Medicare and Medicaid services, Enhanced ICM services, care coordination, quality improvement among others

Standard FFS BH Network Coordinated by BH ASO

Standard FFS Network Coordinated by ASO

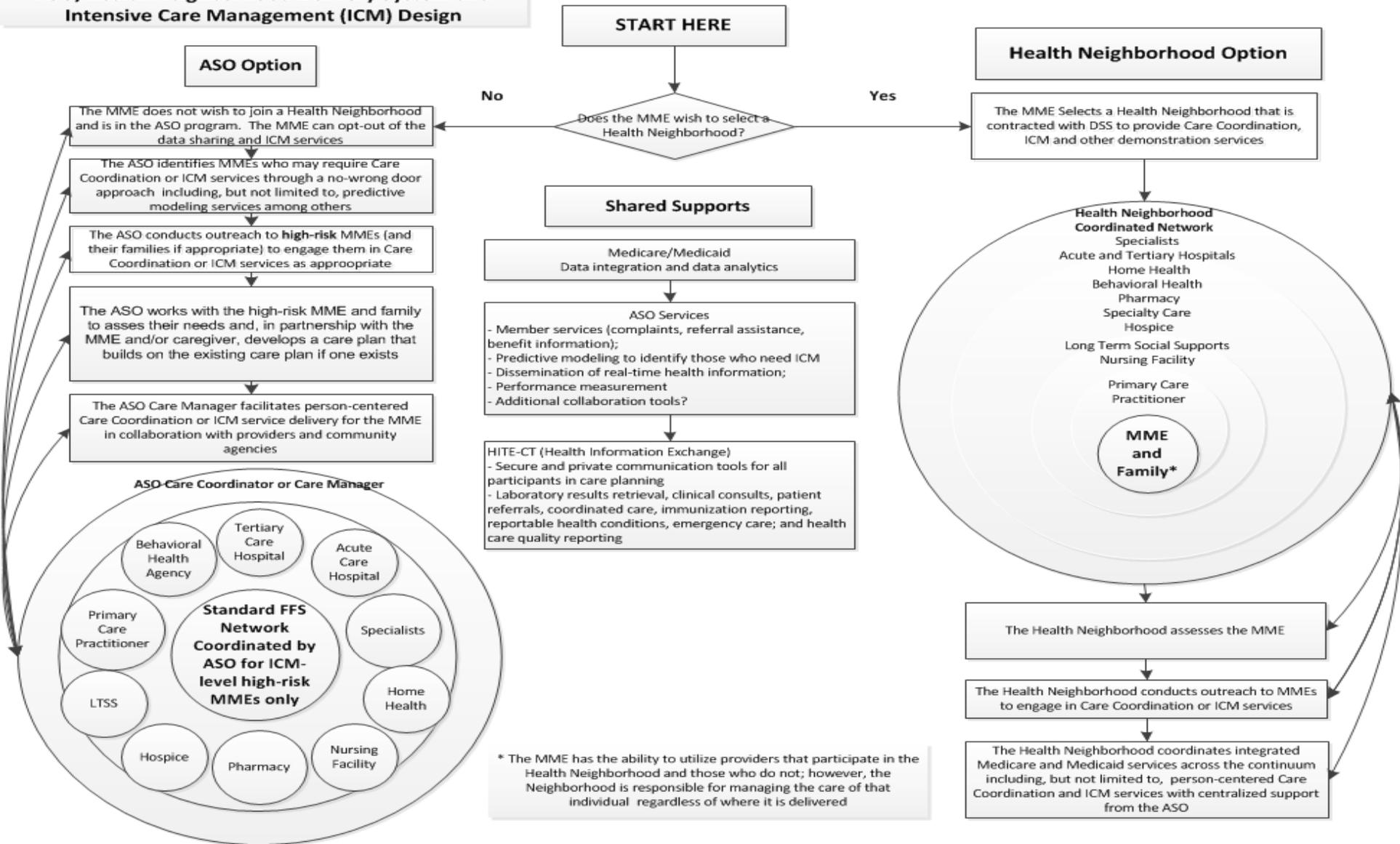


----- Indicates support linkage to

* Health Neighborhood Administrative lead TBD; may vary from neighborhood to neighborhood
 ** Note that CBHP has a pilot program to provide integrated care to 300 individuals and, CHN has seven staff who provide ICM services to high-risk individuals with co-morbid BH and medical conditions.
 † Specialists will vary based on the needs of the MME.

ASO/Health Neighborhood Model Design

ASO/Health Neighborhood Delivery System and Intensive Care Management (ICM) Design



Health Neighborhood Features

- Health Neighborhoods (HNs) will embody a person-centered approach:
 - The HN will represent a partnership among practitioners, the MME, and his or her family and/or informal caregivers;
 - The HN will educate the MME, and (when it is consistent with the MME's preferences and to the extent identified by the MME), his or her family and/or other representative(s) regarding his or her options for services and supports, and preserve the MME's right, in partnership with his or her providers and consistent with his or her needs and preferences, to make meaningful and informed choices among health care and other service options
 - The HN will employ an interdisciplinary team approach, with the MME at its center point, to develop and implement individualized care plans for MMEs

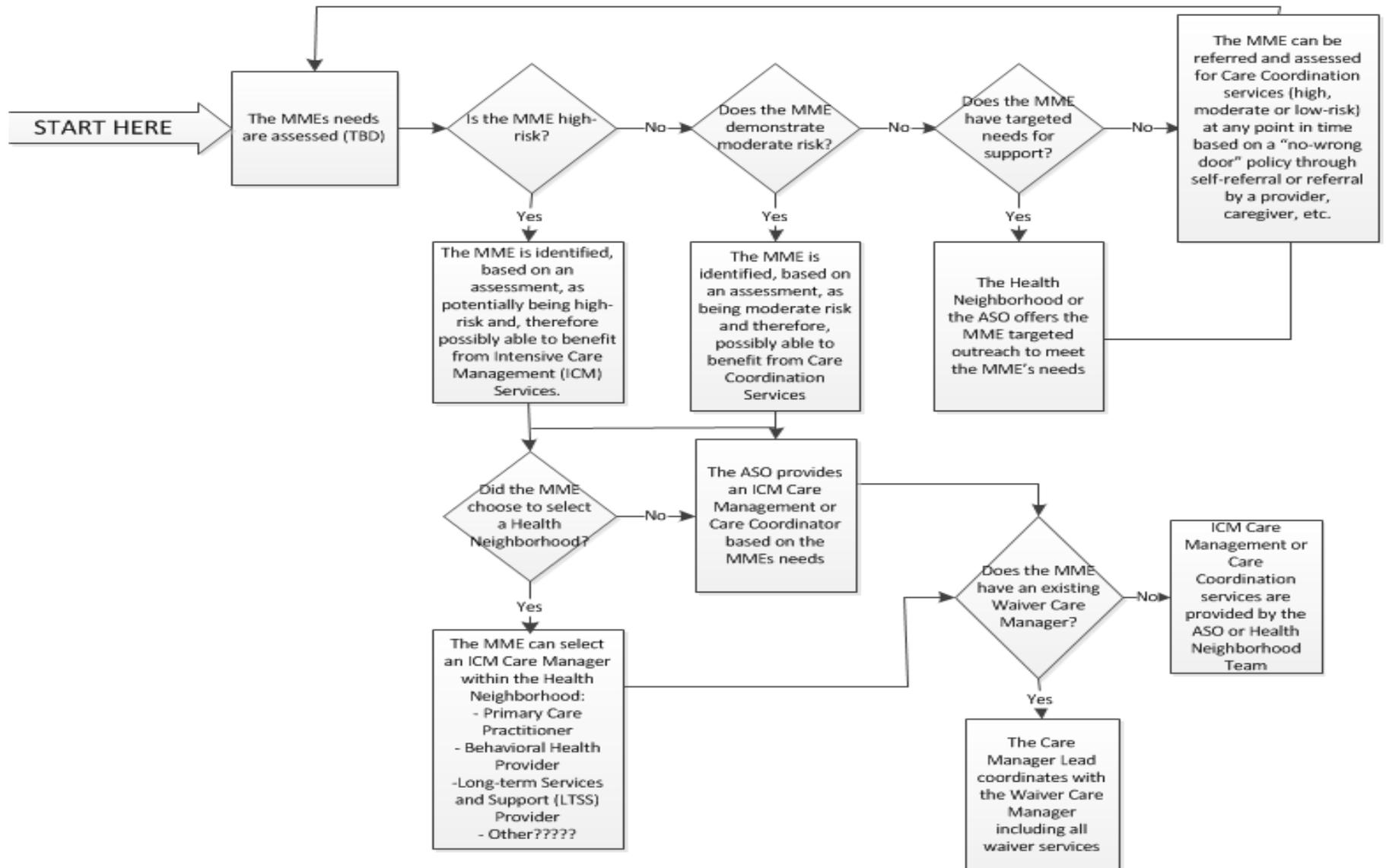
Health Neighborhood Features

- HNs “Lead Agencies” will be contractually required to ensure that the HN meets standards:
 - HNs must include all required participating providers and may also include additional providers based on MME needs
 - HN contracts will memorialize requirements related to: person-centeredness; coordination of services and supports; referrals; data sharing; consumer rights; use of evidence-based protocols; coordination with non-neighborhood providers; measurement and improvement of quality standards; reporting; and (if applicable) shared savings

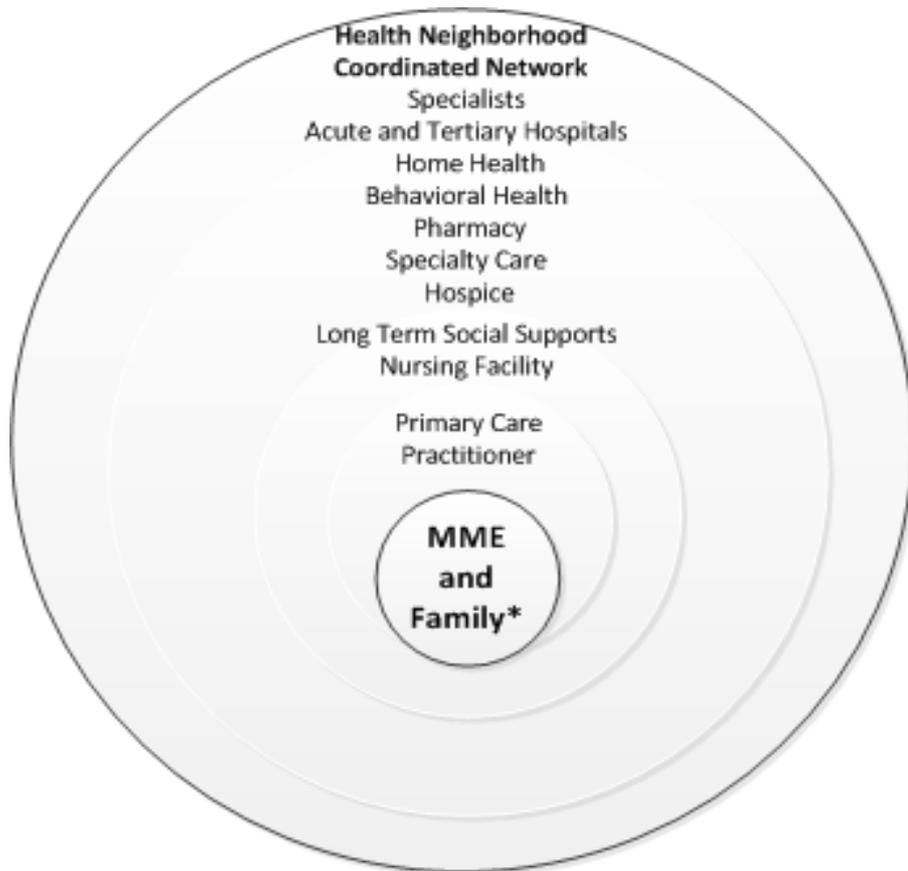
Health Neighborhood Features

- HNs will have the benefit of consistent information sharing among Neighborhood providers regarding service delivery for all MMEs who consent to participate in data sharing including:
 - Care plans (with updates)
 - Real-time ED and inpatient hospital data
 - Utilization of non-neighborhood providers
 - Predictive modeling data
 - Tracking of needed services and outreach
 - Quality-related data

Care Coordination/ICM Service Delivery



Formation of Health Neighborhoods



- Data on naturally occurring clusters of providers will be provided (April 2012)
- Providers in the market need to come together to form Health Neighborhoods
- The Department will procure Health Neighborhoods in May 2012 with requirements that the Neighborhood will need to abide by under any contract with the Department