SustiNet Advisory Committees and Task Forces

Templates Summarizing Work to Date

May 26, 2010

Background material for SustiNet Board Meeting

June 1, 2010

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Template for SustiNet Health Disparities and Equity Advisory Committees

Co- Chairs: Marie Spivey & Rafael Perez-Escamilla

Part I. Legislative questions

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
What measurable goals and objectives will the Board of Directors include in the SustiNet Plan to determine and report the elimination of health disparities and inequities throughout its policies, procedures, and services delivered? Sec. 4. (c) "The board of directors shall recommend that the public authority adopt periodic action plans to achieve measurable objectives in areas that include, but are not limited to, effective management of chronic illness, preventive care, reducing racial and ethnic disparities as related to health care and health outcomes, and reducing the number of state residents without insurance. The board of directors shall include in its	The public authority shall integrate strategies for reducing and eliminating racial and ethnic disparities into every component of the SustiNet plan, including but not limited to: • Outreach • Application Forms & Enrollment • Covered benefits, including preventive care services and interpreter services • Provider[1] networks & capacity • Provider cultural competence standards based on national standards (established by the Joint Commission) • Provider payment methods and rates, and other financial incentives • Provider continuing education requirements • Enrollee communications, including education for enrollees on how to navigate the health care system • Enrollee appeals process • Quality measurement and improvement The public authority shall describe these strategies in an action plan for reducing and eliminating racial and ethnic health disparities. The plan shall be updated at least annually, and shall include the elements described in Part II.

[1] This document uses the term "provider" to refer to any individual or organization licensed to provide health care services.

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recommendations that the public authority monitor the accomplishment of such objectives and modify action plans as necessary."	

Part II. Other topics

Please identify the other topics your committee intends to address. These topics can include background information, analysis of options and trade-offs, recommendations addressed to SustiNet's future governing entity, recommendations to other public or private organizations or to individuals, the perspectives of particular committee members, etc.

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
A. Ongoing focus by the public authority, or its successor governing body for the SustiNet Plan, on reducing and eliminating disparities	1. The public authority governing board shall include at least two enrollees in the SustiNet plan. 2. The public authority governing board shall reflect the diversity of SustiNet plan enrollees in terms of race, ethnicity, gender and age (>18). 3. The public authority governing board shall include at least two individuals who have expertise in reducing health disparities. 4. The public authority governing board shall establish a Community Advisory Committee comprised of SustiNet enrollees to provide consumer input on policy decisions.

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
	5. The public authority governing board shall have an ongoing committee dedicated to reducing and eliminating racial and ethnic disparities in health care access, utilization, quality of care, and health outcomes. Member(s) of the public authority's governing board who have expertise in reducing disparities shall chair the committee. This committee's responsibilities shall include, but are not limited to: a. Assuring the integration of culturally competent, quality improvement objectives into the policies of the SustiNet Plan. b. Allocating funding dedicated to reducing disparities for uses including conducting studies and providing grants to provider organizations for improvement c. Commissioning studies, as described in Data and Reporting (below) d. Identifying and approving measures of disparities for use by the SustiNet Plan in improvement efforts e. Recommending specific measures to eliminate barriers to care for inclusion in a Pay for Performance incentive system f. Reviewing the set of benefits covered by the SustiNet Plan and recommending changes that would assist in reducing disparities
B. Budget	1. The public authority shall seek and allocate funding dedicated to reducing and eliminating health disparities.
C. Data Collection, Reporting, and Evaluation	1. All SustiNet plan data intake systems and data storage systems shall include member race, ethnicity & language (in addition to age, gender, and other demographic data) in order to be able to track disparities in health outcomes. Data systems shall enable coding of multiple races and ethnicities for a single individual. 2. The SustiNet Plan shall provide one integrated system for all plan data in real time, to the extent feasible.

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
	3. The committee shall assess current data to document disparities and identifying gaps in data needed to fully assess disparities 4. The committee shall commission studies to document disparities by population group and by provider organization, as well as the cost-effectiveness of improvement efforts 5. The committee shall evaluate improvement efforts, establish a feedback loop based on rapid responses, and report its findings publicly
D. Measurable objectives in reducing racial and ethnic disparities	1. The public authority/committee shall establish specific, written, measureable goals for reducing and eliminating racial and ethnic disparities in health access, utilization, quality of care and health outcomes 2. These measures shall use life cycle approach and shall include appropriate measures for all age groups and for both genders. 3. Improvement measures shall include, but not be limited to, standard measures for best practices in management of chronic physical and mental health conditions (e.g. diabetes, asthma, CHF, depression), use of preventive care services, use of preventive dental care services, and reductions in avoidable hospitalizations, re-admissions and emergency visits. 4. The SustiNet Plan should start with some initial measures based on current data and knowledge and expand the list of measures over time. The committee should establish short-term, medium-term, and long-term objectives and recommendations. 5. The public authority shall report racial and ethnic disparities in health access, utilization, quality of care and health outcomes by geographic area and by provider, where feasible. The Board/committee shall provide information data to each provider organization comparing its performance to benchmarks and to other providers. 6. The public authority shall provide information to providers on specific actions that providers shall take to reduce disparities.

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
	7. Providers shall have an opportunity to review their own data and take corrective action before results are made public.
E. Incentives to providers for reducing disparities	1. The public authority shall budget for incentives to providers for identifying and reducing disparities in their diverse patient population groups. 2. The committee shall provide grant funding to provider and community-based healthcare organizations to provide initial funding to establish programs to reduce disparities 3. The SustiNet Plan shall establish a Pay for Performance (P4P) system to reward providers for reductions in racial and ethnic disparities in health access, utilization, quality of care and health outcomes. 4. The P4P system should reward providers for improvement as well as for meeting benchmarks. 5. The P4P system should reward providers for having an effective plan in place for preventing illness, as well as improving health status. 6. TheP4P system should specifically reward providers for caring for patients with the most complex and least well-controlled conditions. 7. The P4P system should expect providers to provide cross-cultural training within regular profession development sessions for providers and staff. 8. The P4P system should reward home care and other long-term care providers for providing patients and families with education on healthcare coverage and on navigating the healthcare system.
F. Penalties for providers failing to take action to reduce disparities	1. The public authority/committee shall require participating providers to submit a corrective action plan, describing in detail the actions that the provider will take to reduce disparities. 2. Providers that do not make progress toward reducing disparities, defined as achieving specified benchmarks within a specified timeframe, may be removed from the plan network.

Part III. Direction from the Board

Might your committee's recommendations differ depending on decisions or directions that the Board could take? If so, describe the key issue(s) for the Board and how it would affect your committee's recommendations. Skip this question if it is not applicable for your committee.

If the Board decided …	**Then our committee would likely recommend …**
That the SustiNet Plan would include individuals who are dually eligible for Medicare and Medicaid (low income individuals with disabilities and elders over age 65)	Strategies for reducing and eliminating disparities in long-term care, including providing education and training on cultural competence standards to caregivers

Part IV. Intersecting Questions

A number of topics addressed by the committees and task forces intersect or overlap with each other. In order to develop a consistent plan, what specific direction, information, support, or coordination do you need from each of these?

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
Information Technology Committee: What must HIT accomplish in order to meet your committee's goals and requirements?	• All SustiNet plan forms, data intake systems and data storage systems shall include member race, ethnicity & language preference (in addition to age, gender, and other demographic data), which can then be used as a measurement tool to monitor racial/ethnic health disparities . Data systems shall enable coding of multiple races and ethnicities for a single individual. • The SustiNet Plan shall provide one integrated system for all plan data in real time, to the extent feasible. Questions: • What key data objectives has your Committee identified to incorporate into your health information technology design to eliminate health disparities/inequities as you establish electronic health records? • What methods will you use to measure and analyze those objectives? • What methods will you use to track improvements of the design of those electronic health records and outcomes, to ensure that SustiNet is making a difference to eliminate disparities/inequities in the state?
Medical Home Committee	• The SustiNet plan should include cultural competence standards for Medical Homes. Questions: • What key objectives has your Committee identified to eliminate health disparities/inequities, relative to the issue of patient-centered medical homes?

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
	• What measurable objectives will you use to determine progress in the elimination of health disparities/inequities, relative to the issue of patient-centered medical homes? • How will you track improvements to ensure that SustiNet is making a difference relative to the issue of state residents receiving care in patient-centered medical homes?
Health Care Quality Committee	• The SustiNet Plan shall establish a Pay for Performance (P4P) system to reward providers for reductions in racial and ethnic disparities in health access, utilization, quality of care and health outcomes. The P4P system should reward providers for improvement as well as for meeting benchmarks. The P4P system should reward providers for having an effective plan in place for preventing illness, as well as improving health status. • The SustiNet payment system, whether capitation or fee for service, should reward providers for treating the most complex patients. • The SustiNet payment system should include strategies for paying for interpreter services. • The SustiNet plan should include the standards for measuring systemic cultural competence used by the Joint Commission Questions: • What key objectives has your Committee identified to eliminate health disparities/inequities in clinical care and quality of care standards practiced by participating providers and their staff? • What measurable objectives will you use to determine progress in the elimination of health disparities/inequities, as clinical care and quality of care standards are practiced by providers and staff? • How will you track improvements to ensure that SustiNet is making a difference in equitable clinical care given and received, and in the implementation of high quality standards of care conveyed to eliminate health disparities/inequities in the

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
	health care delivery system?
Preventive Health Care Committee	• What key objectives has your Committee identified to improve health outcomes and preventive care practices designed to eliminate health disparities/inequities? • What measurable objectives has your committee put into place to determine progress of the elimination of health disparities/inequities, relative to preventive health care? • How will you track improvements to ensure that SustiNet is making a difference in preventive health care practices in order to eliminate health disparities/inequities?
Health Disparities and Equity Committee: How will your committee's recommendations reduce disparities and inequities in health care?	Culturally competent adjustments in the health care delivery system under the SustiNet Plan will not only improve the quality of care for diverse populations, but may reduce costs leading to a long lasting competitive advantage over other health insurance strategies.
Obesity Task Force	Questions: • What key objectives has your Committee identified to eliminate health disparities/inequities relative to the issue of obesity? • What measurable objectives will you use to determine progress in the elimination of health disparities/inequities, relative to the issue of obesity? • How will you track improvements to ensure that SustiNet is making a difference in the elimination of health disparities/inequities, relative to the issue of obesity?
Tobacco Use Task Force	Questions: • What key objectives has your Committee identified to eliminate health disparities/inequities relative to the issue of tobacco and smoking cessation? • What measurable objectives will you use to determine progress in the elimination of health disparities/inequities, relative to the issue of tobacco and smoking cessation? • How will you track improvements to ensure that SustiNet is making a difference to

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
	eliminate health disparities/inequities, relative to the issue of tobacco and smoking cessation?
Health Care Workforce Task Force	The SustiNet Plan shall require ongoing cultural and linguistic competence training using effective training modules. Questions: • What key objectives has your Committee identified to eliminate health disparities/inequities, relative to the issue of workforce development in healthcare facilities (public and private) in the state? • What measurable objectives will you use to determine progress in the elimination of health disparities/inequities, relative to the issue of workforce development in healthcare facilities (public and private) in the state? • How will you track improvements to ensure that SustiNet is making a difference, relative to the issue of workforce development in healthcare facilities (public and private) in the state?

Template for SustiNet Tobacco Use and Smoking Cessation Task Force

Task Force Co- Chairs: Andy Salner and Jeannette DeJesus

DEFINITION: *TUC = evidence based Tobacco Use and Smoking Cessation services*

Part I. Legislative questions:

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
Examine evidence-based strategies for preventing and reducing tobacco use by children and adults, and then develop a comprehensive plan that will effectuate a reduction in tobacco use."	See Part II for specific strategies
Initiate and fund Medicaid coverage of tobacco cessation services for counseling and medications; Enhance tobacco Cessation services for all residents	See part II
Develop comprehensive tobacco prevention, cessation and education plan including enforcement of sales	See part II

Part II. Other topics

Please identify the other topics your committee intends to address. These topics can include background information, analysis of options and trade-offs, recommendations addressed to SustiNet's future governing entity, recommendations to other public or private organizations or to individuals, the perspectives of particular committee members, etc.

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
A. Provide access to tobacco use cessation services (TUC) for all Connecticut residents (including insurance and provider strategies)	1. Expand Medicaid coverage for tobacco use cessation services, including: a. Include Rx and Over the Counter (OTC) TUC products in Medicaid formularies b. Implement the TUC benefit for pregnant women as required in federal HCR c. Promote the benefit to eligible individuals d. Increase access by adding other provider types (in addition to physicians) as "gatekeepers" to TUC medications and services
	2. Mandate that all public and private insurers (including any SustiNet program) cover TUC interventions a. Add TUC to list of covered chronic diseases b. Require access to multi-modality interventions c. Cover multiple quit attempts d. Support a broad network of community-based TUC programs and services e. Establish and maintain a referral network f. Provide ongoing support for state QuitLine g. Make a business case for providing TUC coverage h.
	3. Provide insurance discounts or tax credits to private sector businesses offering TUC to employees
	4. Enhance provider capacity to incorporate evidence based TUC strategies into practice patterns a. Include questions about tobacco use in health needs assessment tools

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
	b. Create certification requirements for clinical and community-based TUC providers. Provide training in nontraditional settings as well as in formal settings.
	5. Develop culturally appropriate TUC models based on evidence based treatments.
	6. Allow OTC sales of nicotine reduction products (NRTs) by any retailer licensed to sell other types of OTC medications.
	7. Add TUC information to 211 line; increase public awareness of 211 line
B. Promote healthy lifestyles and diminish tobacco use	1. Strengthen TUC and prevention as part of life skill education throughout all CT public schools in all grades, including averting high risk behaviors generally and adding tobacco to the sports teams' list of prohibited activities during the season
	2. Increase anti-tobacco media programming based on evidence-based strategies and including social media technologies
	3. Use revenues generated by youth access law violators (CGS §53-344(c) and §12-295a(c) for merchant and community prevention education.
	4. Require youth fined under §53-344.(c) to attend mandatory prevention education sessions.
	5. Establish smoke-free perimeters around public buildings.
	6. Enact legislation banning smoking in all workplaces, including restaurants, bars, public spaces, day care centers
	7. Prohibit tobacco use on school grounds and at school events.
	8. Ban hookah bars and parlors
	9. Ban sales of e-cigarettes and other non-medical nicotine delivery devices. Require state review of new nicotine products before sales can start.
	10. Target youth charged with tobacco possession under §53-344.(c)
C. Monitoring and Evaluation	1. Document return on investment to support ongoing program funding

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	2. Develop a surveillance mechanism that accesses patient level EHR data to support analysis of TUC interventions and quit rates needed to evaluate the efficiency and cost effectiveness of tobacco prevention and control.
D. Policy and Enforcement	1. Use MSA and tobacco tax revenue to support TUC
	2. Enforce current tobacco sales laws and tighten penalties a. First offenders: mandatory education in lieu of fine b. Second offenders: mandatory education plus fine c. Condition for restoring sales license: mandatory eduction d. Penalty for nonpayment of fine: suspend license
	3. Support the CT Fair Trade law: allow the retailer mark up to change with the actual product cost (amount has been frozen for many years)
	4. Restrict the number of new cigarette licenses, including limits on where tobacco products may be sold. a. Ensure that retailers have options to replace revenue if tobacco sales are banned from family oriented settings such as bodegas and convenience stores
	5. Pass tax parity for all tobacco products and ensure that any future tobacco tax increases include chewing tobacco, etc.

Part III. Direction from the Board

N/A

Part IV. Intersecting Questions

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Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
Information Technology Committee: What must HIT accomplish in order to meet your committee's goals and requirements?	Develop a data collection strategy that supports analysis of the effectiveness of TUC over time including • effect on delivery system utilization by setting, rx use, rate of ED, mortality rates, high risk deliveries • incidence rates of conditions associated with tobacco use • cost effectiveness and return on investment • TUC use and outcomes by race, ethnicity, age, sex, related medical conditions and other demographics
Medical Home Committee	• Increase provider access to referral resources • Enlist providers in coaching quit attempts
Health Disparities and Equity Committee: How will your committee's recommendations reduce disparities and inequities in health care?	• What languages in addition to Spanish should be used for community-based prevention activities? • Many of the high risk populations, notably Medicaid, are medically underserved and sometimes speaking Spanish or other languages. This effort will need to be pooled with others to promote healthy behavior-ie tobacco use, diet, nutrition, physical activity, and decrease acute and chronic disease.
Obesity Task Force	• Will work together to promote healthy lifestyle with messaging targeting

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
	multiple behaviors

5/26/10

Template for SustiNet Child and Adult Obesity Task Force

Co- Chairs: Marlene Schwartz and Lucy Nolan

Part I. Legislative questions

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
Examine evidence-based strategies for preventing and reducing obesity in children and adults and develop a comprehensive plan that will effectuate a reduction in obesity.	• General recommendation #1 is to focus on children due to rapid increase in incidence of obesity and diet related illnesses in children. • General recommendation #2 is to work aggressively on prevention and changing the nutrition environment in schools and local communities. • General recommendation #3 is to create a network of health care providers to help adults, children and families improve eating and exercise. • General recommendation #4 is to charge each state agency to review its state policies in terms of implications for food insecurity, healthy food access, and opportunities for physical activity.

Part II. Other topics

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List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
A. Policy and Oversight	1. In the short term, reconvene the existing Childhood Obesity Council (COC) a. Create and distribute an information packet about all state treatment programs for providers, schools, and public health agencies b. Serve as coordinator for local coalitions: share plans and funding strategies. Tap into coalition member base and conduct a statewide listening tour. c. Move forward with 2009 action plan on data, medical home, menu labeling, school and community interactions and policy development. d. Revise and file BMI legislation with updates based on other states' recent experiences e. Bring 10 state agencies together to review 2008 policy recommendations. Improve interagency coordination through master contracts and MOU. f. Seek grants and private foundation funding. g. Coordinate and prepare grant applications for multiple agencies working together. 2. In the long term, achieve statutory authority for a Council on Childhood and Adult Obesity. In addition to functions of COC, this permanent group will: a. Track national and state efforts b. Communicate relevant information across the state c. Coordinate grant applications d. Serve as a resource for administrative and legislative policy
B. Treatment	1. Ensure that Sustinet coverage includes all components of obesity treatment for

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	children and adults 2. Coordinate effort to obtain insurance coverage from other companies in the state. 3. Develop model of care for children based on evidence based treatments. 4. Develop provider training and a peer education network for pediatricians.
C. Prevention	1. Reinstate public service announcements (similar to 2006 campaign supported by Commission on Children and CT Conference of Municipalities). 2. Improve the nutrition environment and physical activity levels in schools and day care settings a. Examples include breakfast, Healthy Food Certification, school wellness policies; explicit standards for child care meals; limit computer and TV time in child care settings in favor of physical activity b. Develop strategies to increase physical activity in afterschool programs c. Require daily phys ed classes for students in all grades (K-12) in public schools 3. Limit student exposure to in-school food marketing campaigns conducted via donated items labeled with food advertisements (e.g. school supplies, scoreboards, other equipment) 4. Set minimum standards for "kids meals" in fast food stores
D. Monitoring and Surveillance	1. Collect childhood BMI data with the potential to add condition specific information to inform other public health efforts; supplements Youth Risk Behavior Survey; evaluate effectiveness of interventions 2. Specifically measure health disparities/inequities based on BMI data 3. Periodically assess food access throughout the state and assess whether this is linked to health disparities

Part III. Direction from the Board

N/A

Part IV. Intersecting Questions

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Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
Information Technology Committee: What must HIT accomplish in order to meet your committee's goals and requirements?	Collect and analyze BMI to monitor effectiveness of interventions and strategies
Health Disparities and Equity Committee: How will your committee's recommendations reduce disparities and inequities in health care?	Health disparities/inequities will be measured by comparing the BMI by town based on socioeconomic status and race/ethnicity. Improvements in disparities will be tracked with BMI. Availability and price of healthy food (from supermarkets, corner stores, farmers markets, and emergency food access) will be assessed periodically to identify areas that need improved access to healthy food.

Template for SustiNet Healthcare Quality and Provider Advisory Committee

Co- Chairs: Margaret Flinter, C. Todd Staub

Part I. Legislative questions

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.**
• Recommend procedures that require...providers to engage in...reviews of their quality of care...[and] to develop plans for quality improvement • Develop recommended clinical care and safety guidelines • ("The committee shall choose from...guidelines for the provision of care...[and] shall continually assess the quality of evidence relevant to...treatments described in such guidelines.")	1) Goals a) To provide high-quality, high-value care 2) Principles a) Care should be as uniform as possible to match best evidence-based practice standards with the expectation that it is the right care for the individual patient. b) Care should be coordinated among different providers and levels of care c) Quality should be measured. Measures should be: i) Meaningful, already validated and evidence-based ii) Reflective of both process and outcome iii) Affordable, easy to implement, and easy to use for providers iv) Comprehensive across levels of care v) Include population-based as well as individual d) Measures should be transparent and public e) Measures are actionable 3) Recommendations a) Create a standing Clinical Standards Committees, representing all participating provider groups, to conduct ongoing reviews of best practices and establishment/adjustment of disease-specific, evidence-based clinical guidelines and should promote education and sharing of best practices. Identified guidelines will become the basis for quality measures. In identifying guidelines, the committee will embrace the goals of efficient and safe care. b) SustiNet should use nationally-recognized practice standards and quality measures that have been appropriately vetted c) The patient-centered medical home model should be used to coordinate care. The medical home model should fully embrace the skills and resources of all

List the legislative questions that the committee plans to address in its final recommendations to the Board.	List the Committee's initial high level draft recommendations relating to each topic.
	participating providers as detailed in CT state statutes. d) Quality measures may initially need to be based on claims data and/or EMR data, but ultimately should be based on point-of-service measurements e) Quality measures and clinical guidelines should be integrated with EHR so as to be automatic f) Quality measurement should capture inpatient, outpatient, long-term, home care and hospice care g) A central database will need to be maintained for population-, patient- and provider-level quality data h) Payment-for-measurement might be used as a first step with providers (as with PQRI in Medicare) i) Quality measures should be disseminated to the public, to providers, and to SustiNet i) Which measures should be available to which parties, and at what level of reporting, will need to be established ii) Composite measures that summarize quality measures may be more useful for public reporting and to help patients evaluate care iii) More detailed reporting will be needed for the purpose of quality improvement by providers j) Educational resources should be available to support physicians and other providers in the areas of quality and safety k) Quality measurement for nonmedical services should be as stringent as that used for medical services but also consistent with the patient's desire to utilize a nonmedical form of treatment. l) Evaluation and reporting of quality measures must take into account the demographics of the patient population served by each provider. m) Sustinet should develop a central resource for all provider that will: i) Provide access to practice management opportunities and clinical programs for practice efficiencies and HIE options ii) Provide patient educational resources for provider use and patient web access

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.**
	iii) Promote the proper use of HIE to endure real-time access to patient data by providers with the goal of providing safe and efficient care
Develop hospital safety standards	1) Goals a) To provide maximum patient safety b) To build a culture of safety among all stakeholders 2) Principles a) Error prevention is the ideal b) Error reporting should be blame-free, protected, transparent, facilitated and linked to quality improvement c) Practices should simplify and standardize care processes as much as possible d) Communication and teamwork are critical for error prevention and recognition e) Patients and providers should be empowered to report errors or safety concerns f) The development of safety standards should focus on hospitals as a starting point, but should, to the extent possible, eventually apply to other settings, such as long-term care facilities, home care, physician practices. 3) Recommendations a) A standing Quality and Safety Committee should be established, and should include consumer representatives b) SustiNet should use existing safety guidelines and safety measures already being reported by hospitals and other providers c) Safety measures should be prioritized to the areas of maximum vulnerability i) E.g. [surgical/ICU care, medication errors,] transitions of care d) Patient advocates should be represented in all care settings (1) Institutional safety data (including adverse events) should be made public (2) Safety data for individual providers should be collected by SustiNet and provided confidentially to providers
Develop quality and safety recommendations...[to]	1) Goals a) Reduce or eliminate growth in costs while maintaining quality through

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.**
slow the growth of per capita health care spending	appropriate care 2) Principles a) Cost control must be fairly balanced among all stakeholders 3) Recommendations a) SustiNet should establish coalitions of employers and other payment stakeholders aligned to reduce costs. Coalitions should examine best practice standards and cost-benefit studies as a decision factor in developing recommendations regarding specific cost control measures. b) Cost-saving measures should be introduced into SustiNet from its inception c) SustiNet should identify and secure Federal funding to support at least initial efforts of this work d) SustiNet should develop a policy to disclose and minimize financial conflicts of interest i) Industry detailing should be countered with academic detailing

Part II. Other topics

Please identify the other topics your committee intends to address.

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.**
Develop recommended payment approach. (Additional HQPAC charge from SustiNet Board)	1) Goals a) Use and assure reimbursement to improve quality and safety b) Use and assure reimbursement to improve access 2) Principles a) Reimbursement has limited positive incentive value and should be structured

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	List the Committee's initial high level draft recommendations relating to each topic.
	mainly to minimize negative incentives to providers b) Standardization of reimbursement schedules for different patient groups c) Accountability for care provided d) Transparency e) Fair balance between providers and payers f) Encourage patient accountability g) Protect consumers 3) Recommendations a) New models must be explored and incorporated toward the goal of creating alternatives to fee-for-service as the dominant reimbursement model. The proposed model must be fair to both payers and providers, transparent and patient-centered. This model may be a blend of global payments, episode-based payments and limited FFS. i) This should include at least pay-for-reporting or partial pay-for-performance ii) P4P should recognize both achievements relative to specific targets and improvement relative to baseline performance b) Reimbursement should be tied to best practices identified above to consistently recognize providers and treatments based on clinical standards. c) SustiNet reimbursements (including those for Medicaid and other low-income groups) should be brought in line with Medicare and commercial insurance rates d) SustiNet should provide clear and public formulas for reimbursement, including risk-stratification e) Reimbursement should include prevention, counseling, care coordination and cognitive activity, especially by PCPs, as in the Patient-Centered Medical Home model f) Reimbursement should recognize providers who care for high umbers of at-risk, special need and disadvantaged populations.

Part III. Direction from the Board

a) It is unclear how SustiNet will interact with federal health insurance reform, particularly with respect to the creation and management of the CT health insurance exchange

b) The role of private insurance carriers is unclear at this point and is a critical operational question. Specifically:
   (1) Whether plan specifics will be developed by private carriers in response to SustiNet's RFP or whether SustiNet itself will determine plan specifics
   (2) [Whether SustiNet will be self-insured or fully insured]

c) [It is unclear how the different benefit structures of existing plans (CT employees/retirees, HUSKY/Medicaid, SAGA, Charter Oak) will be reconciled in SustiNet or new benefit structures will be introduced given the Universal Health Care Foundation of Connecticut report stating that "State employees and retirees [will be] enrolled in SustiNet, receiving the same covered benefits and cost-sharing protections as under current labor agreements."[2]]

d) There is clearly substantial work remaining to establish quality and safety guidelines and measurements as well as cost-control and reimbursement plans. **SustiNet needs funding and structural support to continue planning committee work past July 1.** The current committee divisions and makeup may need to be adjusted to improve the planning process.

e) Other states like Vermont and Maine have shown success when there is collaboration among all stakeholders in health care – providers, patients, employers, payers, and government. Can Sustinet play a role in helping to create a larger collaborative framework in the state to engage these stakeholders to improve all healthcare delivery? Quality, cost, access, and safety improvements within Sustinet are more likely to be successful if they occur in the context of a larger shift of the entire system to a set of common principles.

Part IV. Intersecting Questions

A number of topics addressed by the committees and task forces intersect or overlap with each other. In order to develop a consistent plan, what specific direction, information, support, or coordination do you need from each of these?

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.

[2] Dorn S. Sustinet by the numbers: projections of cost, coverage, and economic impact. Universal Health Care Foundation of Connecticut. 2009 October.

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
Information Technology Committee: What must HIT accomplish in order to meet your committee's goals and requirements?	1) What data can be measured/captured at this point and what can be expected in the coming years? 2) Must EHR be mandatory for all practices? 3) Primary-care practices, especially small ones, must be supported in introducing and maintaining EHR since EHR is critical for quality measurement and improvement
Medical Home Committee	1) If the Medical Home is a central strategy to improve quality, safety, cost, and access, how will small practices meet these new requirements? 2) Because all-payer pilots of Medical Home have been shown to be more successful, can Sustinet play a role in creating an all payer initiative in Connecticut that would also include Medicare?

5/26/10

Template for SustiNet Preventive Healthcare Committee

Co-Chairs: Michael Critelli & Nancy Heaton

Part I. Legislative questions

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
Authority Of SustiNet Governing Body	SustiNet's governing body needs to have the authority, as well as flexibility to respond (i.e. adjust the plan) to new research or evidence that may impact preventive benefits and/or community interventions.
Structure of SustiNet Governing Body	SustiNet's Governing structure needs to include a prevention/health promotion advisory body that is staffed with individuals with the medical and science skills needed to review and evaluate preventive clinical and community level interventions on an ongoing basis.
Data Collection & Use Establish formal liason/relationships with relevant CT Departments that are working for the public good (e.g. DPH, DMHAS, DSS, DCF, etc..).	Health data from utilization, etc. should be collected and aggregated in such a way that it is able to inform state agencies/departments that are charged with the public's health, mental health, addiction services, etc. on the health status of CT residents. Data might be organized regionally, by gender, by age, group etc. These agencies/departments, in turn, need to develop structures and processes that can receive, prioritize and act on this data.
Standard Guidelines for Preventive Care with $0 co-pay	❖ SustiNet plan should cover a basic standard set of preventive care services with $0 patient co-pay. ❖ The services included in this set of covered preventive care services should be those set forth in national guidelines, such as those established by the US Preventives Services Task Force and the American Academy of Pediatrics' Bright Futures. The Committee will refer to these recommended guidelines rather than repeat them verbatim. ❖ The basic preventive care standards should include oral health preventive services (screening, cleaning, sealants, etc) and behavior health preventive services including age and risk appropriate developmental and behavioral health assessments and screenings and early interventions for depression and substance use.
Optimal Community and State Health programs	Incorporate Federal Reform Act programs. ❖ SustiNet plan design should be consistent with Medicaid and Exchange plan requirements for preventive care; and model health incentive premium discounts permitted for insurance industry. ❖ SustiNet program should include liaison to federal Council and task forces, to (a) access Funds; (b) ensure compliance with guidelines; (c) import federal program information and practices; (d) export SustiNet program information and practices.
Annual Individual Preventive Care Plan (frequency may be determined by age and	❖ The SustiNet plan should include the development and authorization of an annual prevention plan. The prevention plan identifies and documents appropriate services prospectively, including standard

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
condition)	recommendations for the participant's demographics and flexible recommendations based upon personal history and circumstances. This plan serves as a single benefit authorization mechanism for all recommended plan services and providers, informing all the participant's health providers consistently. ❖ For patients with chronic physical and/or mental health conditions, primary care clinicians/medical home providers should have the option of working with a patient to develop a more extensive preventive care plan to meet the individual patient's needs. The plan could include non-standard services that clinician expects would improve the patient's health and would reduce the likelihood that the patient would require emergency department visits and hospitalizations. The clinician would submit the patient's preventive care plan to SustiNet for approval on an annual basis. The SustiNet plan would pay for the preventive care services approved under this care plan, and the patient's copayment would be reduced or eliminated. The medical home team would be responsible for ensuring that the patient and the clinician follow the plan.
Reimbursement for services delivered in Community Settings	The SustiNet plan should have a mechanism to pay for preventive care services provided in a community setting, such as a workplace or a place of worship. The service would need to be captured in the electronic medical record, and reported to and/or coordinated by the medical home provider. ❖ The design should promote innovation and flexibility in the methods, organizations, and sites of delivery for preventive services. ❖ Provide incentives for the delivery and receipt of especially cost-effective and under-delivered clinical preventive services.
Guidelines for a mechanism for approval of non-standard preventive care service reimbursement on a case-by-case basis.	While the SustiNet plan should encourage clinicians to provide recommended preventive care services to all patients, where clinically appropriate. The SustiNet Plan should include a mechanism that a clinician could use to indicate that the clinician chose not to provide standard preventive care service(s) to an individual patient for a specified reason. Any system established to reward clinicians for providing preventive care services should *not* penalize clinicians for *not* providing a service that the clinician judged to be contra-indicated, duplicative, or otherwise clinically inappropriate.
Cost-effectiveness	Incorporate cost-effectiveness assessments whenever possible. Cost-effectiveness and cost-saving analyses provide an assessment of how much gain in "health" each preventive service will deliver for a unit of cost and should be reviewed and considered as a component of coverage decisions. These analyses can determine which services are likely to have the greatest return on investment and thus should be strongly encouraged, with reduced barriers to delivery and use. Sources to consult include the U.S. Preventive Services Task Force which now includes cost effectiveness assessments when making its recommendations and the National Committee on Prevention Priorities which has calculated cost-effectiveness ratios for preventive services. Cost effectiveness and cost saving analyses specific to underserved and/or vulnerable

List the legislative questions that the committee plans to address in its final recommendations to the Board.	List the Committee's initial high level draft recommendations relating to each topic. If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
	sub populations should be done to ensure a relevant assessment of gains in health is accurately represented. Cost effectiveness modeling should be based on real cash return, not accounting conventions, and should look at a longer time horizon than the single year or two-year budget cycles within which the State calculates its spending cap. The cost-effectiveness modeling should incorporate evidence-based research on behavioral responses to prevention initiatives, and not be locked into the static cost accounting modeling used by the Congressional Budget Office.

Part II. Other topics

Please identify the other topics your committee intends to address. These topics can include background information, analysis of options and trade-offs, recommendations addressed to SustiNet's future governing entity, recommendations to other public or private organizations or to individuals, the perspectives of particular committee members, etc.

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	List the Committee's initial high level draft recommendations relating to each topic. If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
Goal	To improve the health of the people of CT though the coverage of comprehensive preventive health services.

Principles:	❖ Preventive services will be the most effective when all key stakeholders – including consumers, providers and payers are engaged and their incentives are aligned. ❖ Develop prevention strategies and plan coverage based on a comprehensive model that includes mental health, oral health and vision care as core elements of the preventive services offered along with those for physical health. ❖ System reform from prevention to acute care must be based on valuing community and work based delivery systems that deliver on the promise of patient/family centered care. ❖ Four major health behaviors that significantly impact our health include: tobacco use, nutrition, physical activity, and stress management including but not limited to rest, relaxation and sleep patterning. Efforts made to reduce the negative effects of these risk factors should be measured throughout the system. Promoting, supporting, and enabling these behaviors are the primary prevention efforts that drive recommendations for reform and will result in the best opportunity for improving health outcomes and reducing key risk factors ❖ The plan must develop strategies and mechanisms including reimbursement that recognize the complexity of patient's lives and the communities in which they live and connect the provider to the resources of the community so they can be integrated into the practice. ❖ Patient choice regarding providers must be honored. ❖ Financing is the means and should not define care rather the plan is charged with a payment/coding structure MUST PROVIDE INCENTIVES to the patient and provider to engage in a meaningful encounter and behaviors that foster healthy behavior by both. Payment reform is required reflecting this priority such as no co-pays for preventive care and a means of affording access to community programs and services.

Part III. Direction from the Board

Might your committee's recommendations differ depending on decisions or directions that the Board could take? If so, describe the key issue(s) for the Board and how it would affect your committee's recommendations. Skip this question if it is not applicable for your committee.

If the Board decided …	**Then our committee would likely recommend …**
That the SustiNet Plan would include individuals who are dually eligible for Medicare and Medicaid (low income individuals with disabilities and elders over age 65)	Strategies for preventing falls, detecting dementia, and other measures targeted to this population
If the SustiNet legislation includes specific directives or recommendations regarding the larger public's health through the funding of community initiatives through such entities as	Communities Initiatives should be focused on such major health behaviors as tobacco use, nutrition, physical activity, sleep, oral health prevention activities, chronic disease management,

If the Board decided …	Then our committee would likely recommend …
Departments of Public Health, Mental Health and Addiction services, etc.	substance use, and stress management as all of these significantly impact health and reducing these key risk factors associated with these behaviors will result in improved health outcomes for CT.
If the SustiNet Board decides to carve out behavioral health benefits	We recommend that the plan be modeled after or be assumed under the current Behavioral Health Partnership program that has been operating in CT since 2006. It has proven to be cost-effective and has resulted positive system reform and health outcomes.

Part IV. Intersecting Questions

A number of topics addressed by the committees and task forces intersect or overlap with each other. In order to develop a consistent plan, what specific direction, information, support, or coordination do you need from each of these?

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
Information Technology Committee: What must HIT accomplish in order to meet your committee's goals and requirements?	❖ IT/Medical records needs to include prompts for standards of preventive care (*Clinical decision support system*) and the ability to track case coordination. ❖ HIT/HIE is the connective tissue on which the system must operate ensuring strong ongoing communication, collection of data and outcomes, algorithms for evidence based care and health promotion, and timely patient provider feedback loops which can inform payment structure.
Medical Home Committee	❖ Should emphasize Family engagement and a case coordination model. ❖ The medical home is central to the delivery system and a team approach for the delivery of health promotion, services, interventions, or education is provided by the most appropriate team member. Each member of the team must be able to practice to the full scope of their training, and the means of payment cannot be driven exclusively by physician encounters rather for service delivered by appropriate team member. The system must acknowledge the full continuum of care and take responsibility for the ease and flow throughout the continuum integrating the four health behaviors at every point of contact based upon the annual prevention plan. ❖ The medical home is charged with developing an annual prevention plan which is then authorized by the plan. The prevention plan identifies and documents appropriate services

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
	prospectively, including standard recommendations for the participant's demographics and flexible recommendations based upon personal history and circumstances. This plan serves as a single benefit authorization mechanism for all recommended plan services and providers, informing all the participant's health providers consistently.
Health Care Quality Committee	❖ Preventive interventions need to be grounded in evidence-based methods and approaches that when integrated with the clinical expertise and skill of the provider it best serves the individual patient. ❖ Development of outcomes and measurement needed and make explicit outcomes and expectations and then align structure and incentivize the behavior.
Preventive Health Care Committee	n/a
Health Disparities and Equity Committee: How will your committee's recommendations reduce disparities and inequities in health care?	❖ Community Initiatives should be designed with the target community in mind. ❖ Many preventive interventions are better delivered at the community level in ways which maximize participation. ❖ The design and practice of SustiNet must be culturally and linguistically competent with a fundamental respect for both the patient and the provider to maximize the relationship. This requires the plan providing including but not limited to health literacy materials, cultural and linguistic training, and collaborations with community based health organizations to support culturally responsive practices. ❖ The plan must establish specific outcome expectations for the reduction of health disparities based upon the identified health behaviors and the technology infrastructure provide reporting in aggregate and for medical homes in order to drive continuous quality improvement.
Obesity Task Force	Diet and Nutrition are key behaviors of focus in a comprehensive prevention plan.
Tobacco Use Task Force	Tobacco Use is a key behavior in a comprehensive prevention plan.
Health Care Workforce Task Force	❖ Need to train workforce at all levels with a prevention focus. ❖ Need to provide training on new technology (medical records, clinical decision support systems, etc). ❖ Plan support of a culturally and linguistically competent workforce that allows each health provider to practice to its full scope of service.

Template #1 for SustiNet Health Information Technology Committee

(Consolidated from Finance, Organizational, ARRA, Marketing and Outreach Subcommittee reports)

PREFACE TO THE RECOMMENDATIONS: GUIDING PRINCIPLES

The HIT Advisory Committee developed the following guiding principles for use in developing recommendations to the Board as detailed in the template grid that begins on page 5 of this document.

The SustiNet HIT Advisory Committee offers the following guiding definitions and principles as background to its specific recommendations:

A. DEFINITIONS (adapted from US Dept. HHS Office of the National Coordinator for Health Information Technology, ONC State HIE Toolkit, and E-Health Initiative)

Health Information Technology (HIT) – certified EHRs and other technology and connectivity required to meaningfully use and exchange electronic health information; the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. Some examples are:

> **Electronic Health Record (EHR)** – A real-time patient health record with access to evidence-based decision support tools that can be used to aid clinicians in decision making. An EHR is a medical record or any other information relating to the past, present or future physical and mental health, or condition of a patient which resides in computers which capture, transmit, receive, store, retrieve, link, and manipulate multimedia data for the primary purpose of providing health care and health-related services.
>
> The EHR can automate and streamline a clinician's workflow, ensuring that all clinical information is communicated. It can also prevent delays in response that result in gaps in care. The EHR can also support the collection of data for uses other than clinical care, such as billing, quality management, outcome reporting, public health disease surveillance and reporting, and health services/policy research.
>
> Today's EHRs are a clinical documentation and practice management tool more than a platform for care coordination and health care professional collaboration.

Electronic Prescribing (E-Rx) – A type of computer technology whereby prescribers use handheld or personal computer devices to review drug and formulary coverage, view patient medication histories, and transmit prescriptions electronically to a pharmacy. E-prescribing software can be integrated into existing clinical information systems to allow prescriber access to patient specific information to screen for drug interactions and allergies. Some e-prescribing systems allow for two-way communication between the pharmacist and prescriber.

Clinical Decision-Support (CDS) - Computer tools or applications to assist physicians in clinical decisions by providing evidence-based knowledge in the context of patient specific data. Examples include drug interaction alerts at the time medication is prescribed and reminders for specific guideline-based interventions during the care of patients with chronic disease. Information should be presented in a patient-centric view of individual care and also in a population or aggregate view to support population management and quality improvement.

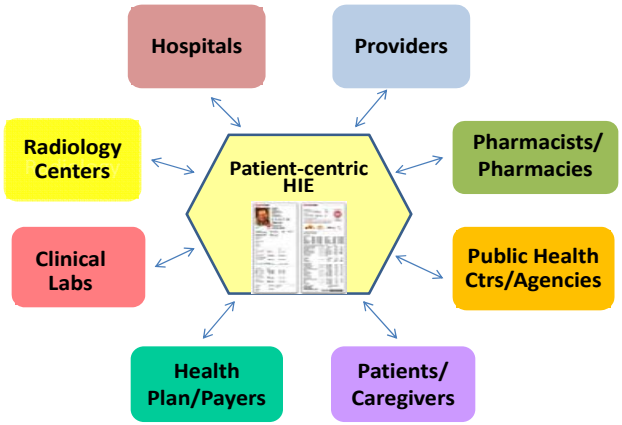
Personal Health Record (PHR) – An electronic application through which individuals can maintain and manage their health information (and that of others for whom they are authorized) in a private, secure, and confidential environment.

Disease/Patient Registry – a database that contains patient and clinical information to capture, organize, and manage specific information for a population of patients. A clinical-based registry allows providers to proactively manage patients with chronic diseases. A population-based registry contains and tracks information on people diagnosed with a specific condition/disease usually within a defined geographic area or defined health plan. A robust disease registry database should interface with or be an existing component of EHRs. Registries are supplemental to EHRs (rather than substitute for EHRs). There should be consideration of the capacity for a statewide registry within the HIE to analyze information and make actionable policy recommendations and decisions.

Health Information Exchange (HIE) - the movement of health care information electronically across organizations within a state, region, or community according to nationally recognized standards to improve the quality, safety, and efficiency of health care – with a major focus on patient-centered care coordination and interprofessional collaboration for care planning purposes. A key premise is that information should follow the patient, and artificial obstacles -- technical, bureaucratic, or business related -- should not be a barrier to the seamless exchange of information.

HIE provides the capability to electronically move clinical information between disparate health care information systems while maintaining the meaning of the information being exchanged. The goal of HIE is to facilitate access to and retrieval of clinical data to provide safe, timely, efficient, effective, equitable, patient-centered care. HIE makes clinical information available (through a secure, web-based connection) from physicians (primary care medical homes and specialists), hospitals, labs, imaging centers, clinics, and pharmacies to give providers quick access to key health information (medical home) at the point of care.

HIE Model



The design and utilization of HIT and HIE initiatives must involve the input and address the needs of multiple health care professionals, providers, government/public health agencies, payers, hospital/health systems, academic health professionals/health researchers, and the patient community. Any HIE initiative should be accessible (based on patient-permission) to any licensed health care professional in CT and out-of-state health care professionals caring for CT residents. A unified HIE can foster intraoperability among state agencies with data exchange between Medicaid, public health, school, behavioral health, corrections, home health, and immunization/disease registries.

Regional Health Information Organization (RHIO) - a multi-stakeholder organization that enables the exchange and use of health information, in a secure manner, for the purpose of promoting the improvement of health quality, safety and efficiency. The RHIO determines the technologies, standards, laws, policies, technical services, programs and practices, business operations, and financing mechanisms that enable health information to be shared among health decision makers, including consumers and patients, to promote improvements in health and healthcare. The RHIO creates a unified approach when multiple HIEs exist within a region/state.

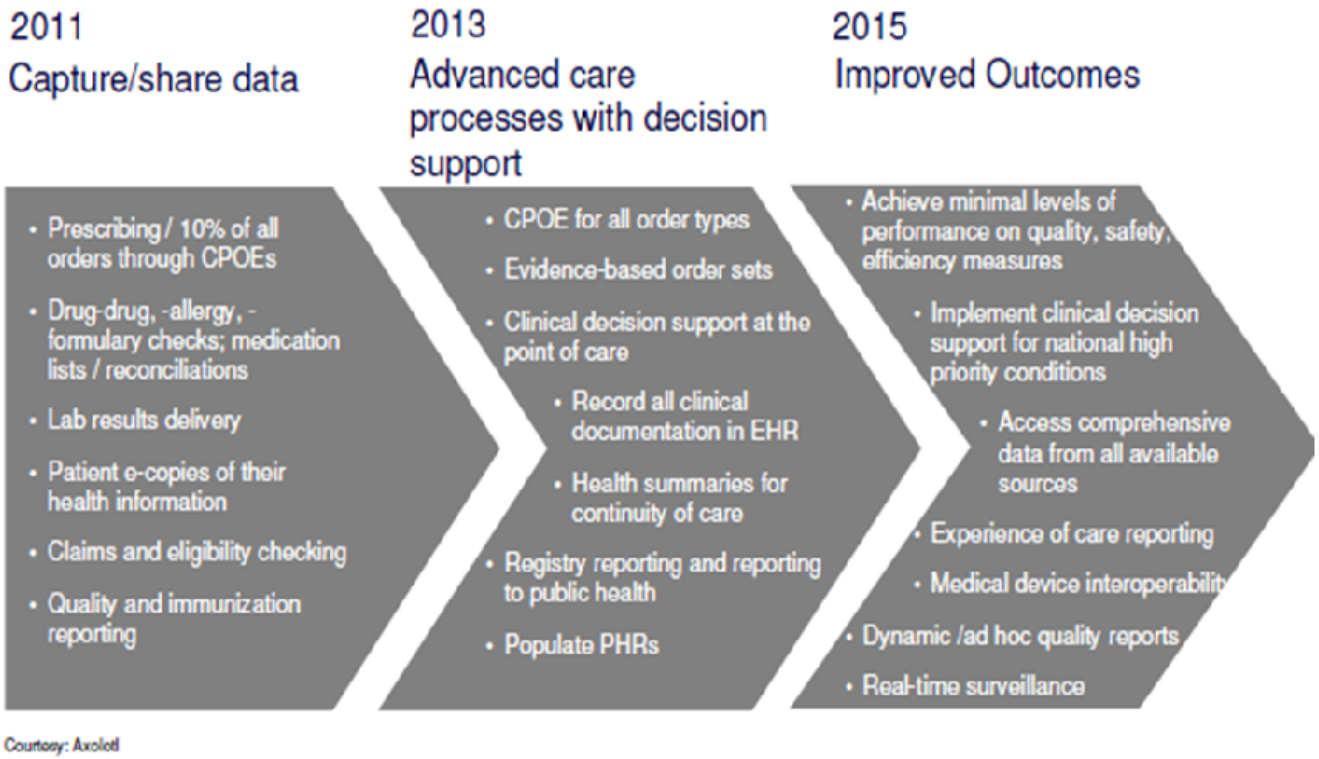
Meaningful Use – on Dec 30, 2009, the Centers for Medicare & Medicare Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC) issued a proposal on two regulations that lay a foundation for improving quality, efficiency and safety through meaningful use of certified electronic health record (EHR) technology. The CMS proposed rule outlines proposed provisions governing the EHR incentive programs, including defining the central concept of “meaningful use” of EHR technology.

ONC issued an interim final regulation (IFR) that sets initial standards, implementation specifications, and certification criteria for EHR technology.

The proposed rule would define the term "***meaningful EHR user***" as an eligible professional (EP) or eligible hospital that, during the specified reporting period, demonstrates meaningful use of certified EHR technology in a form and manner consistent with certain objectives and measures presented in the regulation. These objectives and measures would include use of certified EHR technology in a manner that improves quality, safety, and efficiency of health care delivery, reduces health care disparities, engages patients and families, improves care coordination, improves population and public health, and ensures adequate privacy and security protections for personal health information.

CMS' goal is for the definition of meaningful use to be consistent with applicable provisions of Medicare and Medicaid law while continually advancing the contributions certified EHR technology can make to improving health care quality, efficiency, and patient safety. To accomplish this, CMS' proposed rule would phase in more robust criteria for demonstrating meaningful use in three stages.

Stages of Criteria for Meaningful Use



Stage 1 - begins in 2011 with a proposal of 25 objectives/measures for eligible providers (EPs) and 23 objectives/measures for eligible hospitals that must be met to be deemed a meaningful EHR user.

The proposed Stage 1 criteria for meaningful use focus on electronically capturing health information in a coded format, using that information to track key clinical conditions, communicating that information for care coordination purposes, and initiating the reporting of clinical quality measures and public health information.

Stage 2 would expand upon the Stage 1 criteria in the areas of disease management, clinical decision support, medication management, support for patient access to their health information, transitions in care, quality measurement and research, and bi-

directional communication with public health agencies. CMS may consider applying the criteria more broadly to both the inpatient and outpatient hospital settings.

Stage 3 would focus on achieving improvements in quality, safety and efficiency, focusing on decision support for national high priority conditions, patient access to self management tools, access to comprehensive patient data, and improving population health outcomes.

In 2011, all of the results for all objectives/measures, including clinical quality measures would be reported by EPs and hospitals to CMS, or for Medicaid EPs and hospitals to the states, through attestation. In 2012, CMS proposes requiring the direct submission of clinical quality measures to CMS (or to the states for Medicaid EPs and hospitals) through certified EHR technology.

B. CT HIT/HIE GOVERNANCE

The SustiNet HIT Advisory Committee fully supports the proposed governance structure that was included in Senate Bill 403 (passed in the 2010 Legislative Session) to create a quasi-governmental authority – Health Information Technology Exchange of CT (HITECT). The HITECT Authority will be the statewide RHIO as of January 1, 2011.

This advisory committee recommends that members of the SustiNet HIT Advisory Committee (who meet the specified qualifications) should be considered as potential candidates for the HITECT board appointments. Such consideration for HITECT board appointments could serve as one mechanism to assure a unified approach and stakeholder continuity between SustiNet and CT Department of Public Health initiatives.

C. NATIONAL HIT/HIE STANDARDS

The SustiNet HIT Advisory Committee promotes the use of national standards for HIT and HIE that are determined or promulgated by the US Dept. of Health and Human Services, the US Office of the National Coordinator (ONC), and the Centers for Medicaid and Medicare Services (CMS) pertaining to HIT and HIE. These include, but are not limited to the ONC framework, HITSP (privacy and security), interoperability standards, continuity-of-care records/documents (CCR/CCD), Meaningful Use criteria, certified EHRs, and HIPAA.

D. HIT and HIE SUCCESS DRIVERS and ATTRIBUTES

Success drivers for a statewide RHIO include:

1. Engagement of key public and private healthcare stakeholders.

2. A formal and unified organizational governance structure that is representative of diverse stakeholders.
3. A technical architecture that facilitates electronic exchange of information using common standards.
4. Identified data sources, transaction types, and standards for exchange.
5. Documentation of participant roles/responsibilities to enable trust (e.g., Data Use and Reciprocal Support Agreement – DURSA).
6. Financing to support sustainable development and operations of electronic HIE.

Key attributes of HIT and HIE include the ability to:

1. Collect and update patient information during patient-health care professional visits, at care transitions, and at home in a private, secure, and timely manner.
2. Access patients' information in a timely manner to perform clinical assessments and share recommendations with other health care professionals.
3. Develop and implement patient care plans (incorporating shared patient care goals among health care providers/professionals) and monitor progress toward meeting the planned goals.
4. Support the medical home model by enabling chronic care coordination across care settings and collaboration among health care professionals.
5. Support consumers and patients to develop and use personal health records.
6. Establish and implement evidence-based quality improvement and patient safety standards, and monitor progress toward meeting goals.
7. Achieve meaningful use standards and reporting requirements.

E. HIE SUSTAINABILITY MODELS

The SustiNet HIT Advisory Committee encourages a comprehensive review of 3 common models for the design, implementation, and sustainability of a unified HIE in CT:

- **Government-Led Electronic HIE:** direct government provision of the electronic HIE infrastructure and oversight of its use.
- **HIE Public Utility with Strong Government Oversight:** public sector serves an oversight role and regulates private-sector provision of electronic HIE.
- **Private-Sector-Led Electronic HIE with Government Collaboration:** government collaborates and advises as a stakeholder in the private-sector provision of electronic HIE.

Potential business models for sustainable funding sources beyond the ARRA could include:

- User fees: HIE access fee; could be waived or pro-rated for those who contribute data

- Cost-avoidance: streamlined administrative/clinical processes yield savings to fund HIE
- Shared cost savings with health plans
- Medical claims tax/surcharge (e.g.,VT fee=2/10 of 1%/claim; PA tax=1/16 of 1%/claim)

Part I. Legislative questions

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.**
1. Recognizing the major changes in the HIT landscape since SustiNet was enacted as well as the many different HIT/HIE planning efforts underway, how will the HIT Committee and SustiNet Board of Directors assure coordination among all health information exchange planners, providers, trainers, funders, and consumers?	The SustiNet HIT Advisory Committee recommends that SustiNet support and adopt: • National standards for HIT and HIE that are determined or promulgated by the US Dept. of Health and Human Services, the US Office of the National Coordinator (ONC), and the Centers for Medicaid and Medicare Services (CMS) pertaining to HIT and HIE. These include, but are not limited to the ONC framework, HITSP (privacy and security), interoperability standards, continuity-of-care records/documents (CCR/CCD), Meaningful Use criteria, certified EHRs, and HIPAA. • The proposed governance structure that was included in Senate Bill 403 (passed in the 2010 Legislative Session) to create a quasi-governmental authority – Health Information Technology Exchange of CT (HITECT). The HITECT Authority will be the statewide RHIO as of January 1, 2011. It is critically important that the State's public and private healthcare providers, regulators, consumers, and payers coordinate their efforts to advance interoperable health information technologies and a unified strategy for health information exchange. This will eliminate duplication of efforts and contradictory strategies. Any health information exchange (including practice/facility specific, federated model, single statewide HIE) must have a financial and programmatic plan to be self-sufficient after ARRA or other capital/development funds are expended. The Committee recommends that SustiNet be represented on the HITECT Board to assure a unified approach and stakeholder continuity between SustiNet and the

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.**
	Department of Public Health initiatives.
2. How can we work together to secure fiscal support from federal, state, and private sources to maintain the health information exchange enhanced by ARRA funding? ARRA funds support start-up for some operations, enhancements for planning and other operations, and one-time funding for all efforts.	The Committee recommends that SustiNet leverage ARRA support for health information technology and exchange in Connecticut: • $5 million to community health centers for capital/operating support/HIT; • $7 million for strategic and operational planning with implementation of selected projects by the State RHIO (DPH), • $5.7 million to e-Health CT, Inc for physician training in meaningful use; • Future funding for Medicaid healthcare provider reimbursements providers proving meaningful use of health information exchange through DSS, the state's Medicaid agency.
3. How does SustiNet ensure that its participating providers achieve meaningful use of HIT?	The Committee recommends adopting the standards developed by the Office of the National Coordinator (ONC). ONC has developed parameters to guide the achievement of meaningful use of HIT. Eligibility for ARRA funds to offset the cost of purchasing and implementing HIT are tied to these meaningful use requirements. Furthermore, the ONC has distributed funds to Health Information Technology Regional Extension Centers (HITREC) to provide training and technical assistance to providers seeking to implement HIT capabilities. In Connecticut, eHealthConnecticut has received a grant of $5.7 million to administer the HITREC program. It is the Committee's recommendation that SustiNet direct interested providers to those resources (ONC, DPH, eHealthConnecticut) that have been established to provide funds and technical assistance to support the adoption of HIT..
4. How will SustiNet determine which HIT vendors should be used for electronic medical records by participating providers?	The Committee recommends that SustiNet not dictate which vendors participating providers need to use; rather, SustiNetcan specify functional requirements that participating providers need to achieve in order to participate in SustiNet. For example, a basic requirement would be that the system selected must be certified by CCHIT (Certification Commission for Health Information Technology) which will ensure that products meet standards related to measuring quality, interoperability, and

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	security among others.
5. What consideration does SustiNet need to give to ensure that Community Health Centers (CHCs) can implement HIT and meet SustiNet requirements?	The Committee recommends that SustiNet support efforts to improve CHC access to federal and other funding sources to ensure that these providers develop their HIT capabilities and are connected to the electronic information exchange system. CHCs are a critical part of the healthcare delivery system that meets the needs of underserved populations. It is imperative that CHCs be a part of the SustiNet healthcare delivery system. Prior to the release of ARRA funds, CHCs have not been receiving federal funding to implement HIT.
6. What HIT related issues must be considered to ensure that racial and ethnic healthcare disparities are addressed by SustiNet?	There are two dimensions to this issue. • Population-centric disease/illness – the ability to track disease prevalence within population sub-groups to better target prevention and intervention • Digital divide – the ability of low income populations to access their personal information and communicate electronically with their providers when they may not have access to the internet or computerized technology It is the Committee's recommendation that electronic medical record/electronic health record data formats be designed to capture racial/ethnic information (consistent with individual privacy safeguards) to allow the tracking of disease prevalence as well as disease treatment by specific population groups. The Committee does not have a specific recommendation concerning the digital divide issue but does suggest that SustiNet study the issue and seek solutions to enable all members to access electronic information through secure channels.
7. Should SustiNet provide financial incentives to providers who are early adopters of HIT and if so, how should these incentives be structured?	Given the availability of federal ARRA funds and the requirements (Meaningful Use) set forth by CMS and PPACA, the Committee recommends that SustiNet not provide additional financial incentives for the adoption of HIT. SustiNet, while increasing its footprint as a payer over time, will initially lack the scale to give any meaningful financial incentives that will have a material impact on the provider community. In addition, a recent survey (Accenture) indicates that about 80 percent of physicians under the age of 55 are planning to implement an EMR system within the next two

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	years, so it is not clear that additional incentives to adopt HIT will be needed. It may be more effective to focus financial incentives on covering a portion of the transition costs (see next question) rather than add to the funds available through federal programs. The expected growth of the Medical Home model, with its emphasis on using HIT to support effective care coordination, may also present financial incentives above and beyond those offered through federal funding for providers to adopt HIT. The current three primary care management pilots under HUSKY could be a natural launching platform for this line of development, to be scaled up incrementally.
8. Should SustiNet take steps to help offset some of the transitional costs that will be incurred by providers implementing HIT?	The Committee recommends that SustiNet consider providing one-time payments to address potential barriers-to-entry in the adoption of HIT by providers. Likely barriers include: • converting existing paper records to electronic files (if deemed necesary) • EHR or practice management system upgrades • disruption of workflows during system implementation or upgrades While the use of Electronic Health Records creates efficiencies and offers the potential for some cost reductions, these benefits may not be sufficient to providers to overcome the initial costs of implementing HIT. Any direct assistance by SustiNet in this area should be clearly defined and should be limited to transition efforts that will not be addressed through resources such as the HITREC. Hospitals currently engaged in converting to electronic health records are also attempting to include affiliated physician practices as part of the development process.
9. How should SustiNet address the adoption of HIT for all healthcare practices/professionals (dentists, pharmacists, alternative therapy providers, etc.)?	The Committee recommends that SustiNet, in its outreach to the provider community, include non-physician healthcare professionals (dentists, pharmacists, alternative care providers, etc.) as part of its strategy. Consideration must be given to the full spectrum of providers so that these sources are linked into the HIT/HIE infrastructure. Since

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	patients will be seeking care from multiple provider sources, care provided by these non-physician providers must be included in the patient's EHR. If these sources are not linked into the HIT/HIE infrastructure, EHR's will be incomplete. Some of SustiNet's outreach effort should be focused and directed to patients/clients/ members to create a demand-pull that sends the message to providers of expectations for standards of care under SustiNet; an analogy from the pharmaceutical industry marketing model (e.g., direct-to-consumer advertising on HIT / HIE benefits/value)
10. How can capital barriers to providers' IT implementation be overcome, without requiring the expenditure of state General Fund dollars? How can the acquisition of necessary hardware and software be made affordable to providers participating in SustiNet?	Providers include physicians, nurses, hospitals, and other health care providers.The Committee recommends that SustiNet direct Connecticut providers to established sources of funding, including: ▪ Hospitals – should continue to collaborate with the Connecticut Hospital Association ("CHA") and the Connecticut Health and Educational Facilities Authority ("CHEFA") to complete the development of a pooled loan fund to acquire and implement EHR. ▪ Hospitals – should continue to pursue ONC grants to fund EHR projects. ▪ Non-profit health care providers should seek privately placed, lower cost equipment financing through CHEFA to fund EHR projects. ▪ Physicians and Practices – should work with eHealth Connecticut or other federally recognized regional extension centers to identify appropriate equipment and they should take advantage of the cost benefits associated with financing via a pooled loan program with regional lenders, the Connecticut Development Authority or the Department of Community and Economic Development; may also be eligible for CMS incentives on EHR/ERx use ▪ Community Health Centers will receive federal funding through ARRA to purchase EHR.
11. Can a strategy that benefits SustiNet providers also help other Connecticut	SustiNet should build on the efforts already being undertaken by the Department of

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providers?	Public Health, eHealth Connecticut, CHA, and CHEFA to fund EHR projects. ▪ SustiNet needs to insure that the EHR systems being purchased meet the threshold of interoperability with other systems, that they will be compatible with the operating systems of the health information exchanges and that they will meet the criteria for "meaningful use" as defined by the ONC for Health Information Technology. ▪ All CT providers will benefit from the ability to access patient info at the point-of-care through the statewide HIE;

Part II. Other topics

Please identify the other topics your committee intends to address. These topics can include background information, analysis of options and trade-offs, recommendations addressed to SustiNet's future governing entity, recommendations to other public or private organizations or to individuals, the perspectives of particular committee members, etc.

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	List the Committee's initial high level draft recommendations relating to each topic. .
1. Create an integrated planning process	A set of organizational tasks will be addressed in the state's planning process required by the US Dept of Health and Human Services, Office of National Coordinator for Health Information Technology and Exchange. The Federal Office of the National Coordinator and the Connecticut State Legislature have directed the Department of Public Health to coordinate the development of the Connecticut State Health Information Technology and Exchange Strategic and Operational Plans. The SustiNet HIT Advisory Committee fully supports the proposed governance structure that was included in Senate Bill 403 (passed in the 2010 Legislative Session)

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	List the Committee's initial high level draft recommendations relating to each topic. .
	to create a quasi-governmental authority – Health Information Technology Exchange of CT (HITECT). The HITECT Authority will be the statewide RHIO as of January 1, 2011. This advisory committee recommends that members of the SustiNet HIT Advisory Committee (who meet the specified qualifications) should be considered as potential candidates for the HITECT board appointments. Such consideration for HITECT board appointments could serve as one mechanism to assure a unified approach and stakeholder continuity between SustiNet and CT Department of Public Health initiatives.
2. How can patient information housed in different EMR systems be combined into a single EHR for each patient that is easily accessed and modified at the point of service?	The goal of HIE is to facilitate access to and retrieval of clinical data to provide safe, timely, efficient, effective, equitable, patient-centered care. HIE makes clinical information available (through a secure, web-based connection) from physicians (primary care medical homes and specialists), hospitals, labs, imaging centers, clinics, and pharmacies to give providers quick access to key health information (medical home) at the point of care. Also, the SustiNet Marketing and Outreach effort should be directed to the provider community to gain acceptance of EHR systems in which the patient "owns" and "carries around" the records. Providers may be reluctant to embrace this concept because they don't trust, or don't want to be responsible for data they don't enter or control.

Part III. Direction from the Board

N/A

Part IV. Intersecting Questions

N/A

Template for SustiNet Health Care Work Force Task Force

Co- Chairs: Ellen Andrews and David Henderson

Part I. Legislative questions

List the legislative questions that the Task Force plans to address in its final recommendations to the Board.	**List the Task Force's initial high level draft recommendations relating to each topic.**
Develop a comprehensive plan for preventing and remedying statewide, regional and local shortages of necessary medical personnel, including physicians, nurses and allied health professionals	**1. Create a planning process**. Currently there is a lack of coordinated planning for work force training in CT, and a lack of resources to support such planning. The state should develop the capacity for robust ongoing and coordinated statewide work force planning. This planning effort should be supported by resources sufficient to gather better data on work force capacity and needs and to evaluate the impact of interventions to increase capacity in an ongoing manner.
	2. Reduce the burden of provider debt. The debt load carried by health care providers, especially primary care providers, is prohibitive and a major disincentive to entering the field. The state should explore strategies for reducing this debt load, including providing scholarships rather than loan forgiveness.
	3. Retain the existing work force. Establish supports to aid in retention of older workers. Establish a learning collaborative to share best practices among employers of nurses and other critical workers.
	4. Reduce barriers to entry for new workers. Provide supports for potential students with special circumstances or needs, such as single parents. Reduce barriers to foreign-trained providers who can fill critical shortages.
	5. Strengthen existing training programs. A. Primary care providers do not have the resources or time to participate in training a new work force. Educational programs should enhance reimbursement to primary care educators with stipends. B. Provide training in cultural competency. C. Provide training related to medical homes and retraining of current work force

List the legislative questions that the Task Force plans to address in its final recommendations to the Board.	List the Task Force's initial high level draft recommendations relating to each topic.
	in team-building and other skills critical to the success of medical homes.
	6. Pursue enhanced reimbursement for health care shortage areas. CT has not fully-leveraged potential enhanced federal reimbursement for health care shortage areas. Providers in some areas of the state do not have the resources necessary to prepare an application for the federal designation. The state should assess the potential for additional designations and support providers in eligible areas in applying for the designation.

Part II. Other topics

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	List the Committee's initial high level draft recommendations relating to each topic. If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
N/A	

Part III. Direction from the Board

N/A

Part IV. Intersecting Questions

A number of topics addressed by the committees and task forces intersect or overlap with each other. In order to develop a consistent

plan, what specific direction, information, support, or coordination do you need from each of these?

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
Information Technology Committee: What must HIT accomplish in order to meet your committee's goals and requirements?	Providers should receive continuing medical education credits for HIT training.
Medical Home Committee	See above – training must address new needs related to medical homes.
Health Disparities and Equity Committee: How will your committee's recommendations reduce disparities and inequities in health care?	See above – training must address cultural competency.

Template for SustiNet Patient Centered Medical Home Advisory Committee

Co- Chairs: Ellen Andrews, Tory Westbrook

Part I. Legislative questions

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.**
In implementing the medical home model, how should Sustinet:	

Assist members to improve their own health?	• Provide support for consumer incentives to adhere to care plan
	• Include patient satisfaction monitoring, patient education, patient responsibility
	• Utilize:
	  o self management tools
	  o risk assessment, care plan development
	• Also critical:
	  o attention to racial/ethnic disparities, translation, cultural competence
	  o role of consumers in governance – at SustiNet level and practice level – establish patient advisory councils

Promote care coordination?	
Define 24-hour consultative services?	• Need extended hours of care, not just telephone coverage • Need access to patient records for after-hours care – implies some common HIT system and HIE • Need clear and reliable follow-up from after-hours care to PCP • 24-hour coverage could be coordinated centrally, or regionally
Define entities that can serve as a medical home?	• One size does not fit all – there needs to be flexibility for consumers and providers in models

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.**
	• We want to encourage and support as many primary care providers as possible to build medical homes • Use NCQA as standards or goals to achieve for every practice, but allow a place for practices that do not want to make that commitment, patients can access any provider, just may not be paid as a medical home if not certified • Possibly provide for a less constrained level of certification (ie PCCM) as well, with understanding that those practices will move toward NCQA certification eventually • Recognition for intermediate steps on the ladder to NCQA certification
Define responsibilities of a medical home provider?	• Agree that there are core functions that must be provided in the office (as in the law) and cannot be contracted out, still discussing which functions are core • Want state to provide a list of qualified vendors for non-core services
Define quality and safety standards?	
Identify/provide community-based resources to enhance medical home functions?	• Communications across care continuum • How to create virtual teams • Learning collaborative, practice coaches • Health IT needs • Coordination across care continuum – dietetics, behavioral health, dental, pharmacy • State structure for support

Pay for medical home services?	• Need to be sure they will be reimbursed for the upfront costs (shared savings was not a big hit), want FFS+pmpm+quality payment (P4P or other)
	  • Upfront support?
	  • Risk adjustment

List the legislative questions that the committee plans to address in its final recommendations to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.**
	• Allow different models? Pilots or forever? • Multipayer cooperation • How to merge (or not) PCCM and state employee plan
Manage specialty referrals?	

Part II. Other topics

Please identify the other topics your committee intends to address. These topics can include background information, analysis of options and trade-offs, recommendations addressed to SustiNet's future governing entity, recommendations to other public or private organizations or to individuals, the perspectives of particular committee members, etc.

List other topics your committee intends to address and why this topic is important to include in the final committee report to the Board.	**List the Committee's initial high level draft recommendations relating to each topic.** If the Committee has not yet developed recommendations on a topic, briefly describe your committee's current thinking about its approach, as well as major issues still to be worked out.
Opportunities afforded by federal reform	

Part III. Direction from the Board

N/A

Part IV. Intersecting Questions

A number of topics addressed by the committees and task forces intersect or overlap with each other. In order to develop a consistent plan, what specific direction, information, support, or coordination do you need from each of these?

Committee or Task Force	Note areas of intersection or overlap, information or assistance your committee needs, and/or suggestions for recommendations from other committees/task forces that would help meet your committee's goals.
Information Technology Committee: What must HIT accomplish in order to meet your committee's goals and requirements?	HIE is necessary to support after-hours care, sharing of patient records across provider sites
Health Disparities and Equity Committee: How will your committee's recommendations reduce disparities and inequities in health care?	Cultural competency should be requirement for medical home providers?