

Recommendations Related to Sustinet Governance and Administration

by Advisory Committees and Task Forces

Excerpts from 7/1/10 Reports

Patient Centered Medical Home Advisory Committee:

- No current state agency has the expertise or standing in the provider or consumer communities to serve as the lead agency for a multi-payer PCMH initiative in Connecticut. We recommend an independent guiding council or organization, with membership representing critical stakeholder groups, to coordinate PCMH activities including legislative and executive branch policymakers. If the state convenes the group, anti-trust concerns are minimized.
- The PCMH guiding group should coordinate and identify responsible parties for PCMH support and evaluation activities including
 - Evaluation of the program and recommendations for policy revisions as needed
 - Data collection and analysis
 - Collect and address provider and consumer feedback and grievances
 - Administer the learning collaborative
 - Develop and publish PCMH patient education materials
 - Conduct public education campaign
 - Develop a list of approved vendors for PCMH functions that can be contracted out
 - Identify, list and recruit specialists and community, social resources and other resources for PCMH care coordinators
 - Offer suggested PCMH risk assessment, care management and other provider tools
 - Administer the “early warning system” to identify and assist PCMH practices in transition that are at risk of failing
- The state guiding group will convene and facilitate provider advisory groups to drive policy decisions. The groups should be both local and statewide, include representatives from all PCMH team members. The groups should solicit input across health provider and administration fields in separate forums. Participation in these advisory group activities must be compensated.

Quality and Provider Advisory Committee:

- Create two standing Clinical Standards Committees – one to advise Sustinet on quality and payment and one to advise on safety. The responsibilities of the committees will intersect, and there should be regular communication between the committees on common areas of responsibility and mutual concern. These committees should be representative of 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. The committees also should reflect the diversity in Connecticut’s population, in terms of race and ethnicity.
- Separate standing quality and safety committees should be established as on-going elements of Sustinet. The responsibilities of the committees will intersect, and there should be regular communication between the committees on common areas of responsibility and mutual concern. Each of these must include consumer representatives and be focused on changing the culture of care as well as the specifics of quality and safety.

Preventive Health Care Advisory Committee

- a) Authority: 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 affect preventive benefits and/or community interventions.
- b) Advisory Committee: As required in the SustiNet law, SustiNet's governing structure must include a preventive health care advisory committee. This committee should include individuals with the medical and science skills needed to review and evaluate preventive clinical and community level interventions on an ongoing basis, including, but not limited to, individuals with specific expertise in: prevention (including physical health, mental health, substance abuse, tobacco use, and oral health), evidenced-based medicine, primary care, public health, epidemiology, behavioral economics, social marketing, and experience serving vulnerable and underserved populations.
- c) Relationships with State Agencies: SustiNet's governing body needs to establish formal liaison/relationships with relevant Connecticut Departments that have responsibilities for preventive health care (including, but not limited to the Departments of Public Health, Mental Health and Addiction Services, Social Services, and Children and Families.).
- d) Relationships with Federal Entities: SustiNet's governing body should include liaisons to federal councils and task forces, to (a) access funds; (b) ensure compliance with guidelines; (c) import federal program information and practices; and (d) export SustiNet program information and practices.

Health Disparities and Equity Advisory Committee

- 1) Governance of SustiNet
 - a) The public authority governing board shall include at least two enrollees in the SustiNet plan.
 - b) The public authority governing board shall reflect the diversity of SustiNet plan enrollees in terms of race, ethnicity, gender and age (>18).
 - c) The public authority governing board shall include at least two individuals who have expertise in reducing health disparities.
 - d) The public authority governing board shall establish a Community Advisory Committee comprised of SustiNet enrollees to provide consumer input on policy decisions.
 - e) The public authority governing board shall establish a Committee on Health Disparities and Equity that is dedicated to reducing and eliminating racial and ethnic disparities in health care access, utilization, quality of care, and health outcomes under SustiNet. Member(s) of the public authority's governing board who have expertise in reducing disparities shall chair the committee.

- 2) Responsibilities of the Committee on Health Disparities and Equity:
 - 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.
 - g) The Committee shall undertake a study of the return on investment (ROI) of Connecticut's potential and actual spending on programs and initiatives that reduce disparities.

Health Information Technology Advisory Committee

1. Align Sustinet with other statewide and national efforts

All Sustinet HIT/HIE initiatives should align with related work that is to be coordinated by HITECT, the state's Regional Health Information Organization beginning in January 2011, including electronic health records, e-prescribing, clinical decision support, and personal electronic health records.

The State's public and private healthcare providers, regulators, consumers, and payers must 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.

Recognizing the major changes in the HIT landscape since Sustinet was enacted as well as the many different HIT/HIE planning efforts underway, the Sustinet HIT Advisory Committee recommends that Sustinet become integrated into statewide efforts. Much work is already underway to develop national standards for HIT and HIE through 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 Advisory Committee believes that the HITECT agency will provide the opportunity and the required authority to convene stakeholders and develop standardized EHR rules across the range of providers and data users in the state. HITECT will provide a formal governance structure with diverse representation on its Board of Directors. Other functions that HITECT will assume in 2011 include:

- Development of a technical architecture that facilitates electronic exchange of information using common standards

- Standardization of data elements, transaction types, and standards for exchange.
- Documentation of participant roles/responsibilities to enable trust (e.g., Data Use and Reciprocal Support Agreement – DURSA).

2. Conform to national standards

SustiNet representatives who may also sit on the future HITECT Board of Directors should promote the use of the HIT/HIE national standards established 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.

3. Formal SustiNet representation on the HITECT Board of Directors, the Regional Health Information Organization.

SustiNet should have a formal representative on the state's RHIO with a designated seat on the Health Information Technology Exchange Board of Directors. SustiNet representatives will advocate for EHR and HIE elements recommended by the Sustinet Board, including support for patient centered medical homes, inclusion of race and ethnicity fields on the EHR, monitoring EHR adoption in provider groups serving low income communities, and supporting resources for analytics and measurement capacity.