

System Redesign

System Redesign Workgroup Highlights

Proposed System Redesign strategies

- Policy characteristics of LTSS assessments
 - Eligibility standard reflects risk of future need for facility-based care
 - Standard recognizes cost effectiveness of prevention
- Broader focused care plans
 - Family centered and reflect the needs and values of individuals
 - Conflict-free care plan development
 - Care plan should encompass all services from all payers
 - Care coordination plan developed in conjunction with the care plan
 - Care team identified as part of the care coordination plan
 - Team encompasses all services that an individual receives
 - Leader assigned for each individual based on the focus of the care plan
 - Consider expansion of the health home model to individuals receiving LTSS services

System Redesign Workgroup Highlights

Proposed System Redesign strategies

- Individual budgets should be adopted for all waiver programs
 - Broad choices on spending budgets
 - More resources to help make informed decisions
 - Provide “guide” to individuals to manage budget and make decisions about utilization of services and providers
 - Shop for services based on price and quality of providers
 - Access qualified providers without geographic restrictions
 - Explore Community Passport program and the Section Q program as models on helping individuals make informed choices
 - Share in savings when budget is not completely expended

Payment Redesign

Payment Redesign Workgroup Highlights

Redesign Recommendations

- Individual budgeting be adopted across all LTSS programs
 - A conflict free “co-pilot” model should be created to assist individuals manage their budget and select providers
 - Pricing and where available, quality information should be made available on all providers
 - Individuals should have broad latitude on what services they use
 - Individuals should be able to retain a portion of any unused funds in their budget at the end of the year
- A Global “Triple Aim” Incentive pool should be created for gain/risk sharing to promote better health, better care and lower costs by incenting providers in all the systems of care for individuals receiving LTSS services
 - Re-investment of a portion of savings into the LTSS system should be a component of the pool
 - Incentive program should encourage better care coordination and encourage providers to think beyond the services they currently provide or control
 - Other payers should be encouraged to participate in the pool

Payment Redesign Workgroup Highlights

Redesign Recommendations

- The payment system should recognize and reward the role of care team leader, in what ever model is adopted. Where possible, a multi-payer approach should be encouraged. Possible care team approaches include:
 - Third party care team leader
 - Health homes
 - ACOs
 - Providers
- Individuals should be able to purchase a wide variety of services through their budget, including assisted technology, home monitoring, employment services, and prevention services
- Beyond these broad based reforms, SIM should also consider more “tactical” initiatives, for example:
 - Payment strategies to reduce emergency use and hospitalizations of residential care and nursing home residents
 - Payment strategies to reduce utilization of New Hampshire Hospital

Quality

Quality Workgroup Highlights

The SIM quality strategy should:

- Focus on measures that:
 - Are meaningful and helpful to individuals and families
 - Allow the performance of the entire system to be measured
 - Support SIM mission statement, goals and desired outcomes
 - Support CMS' Triple AIM approach to health care reform
 - Broaden the focus of providers and systems of care
- Recognize that quality measurement, especially LTSS, is evolving and that we will most likely need a quality strategy that also evolves over time
- Focus on outcomes and look more broadly at outcomes beyond the medical model, such as the quality of life as reported by the individual
- Measure consumer satisfaction with individual providers and use multiple strategies for collection and measurement
- Measure consumer satisfaction with how well the system is being administered and develop specific performance measures for DHHS
- Understand current data collection limitations and build a strategy accordingly
- Include a strategy to how to share/make transparent SIM quality results to external stakeholders
- Engage other payers and attempt to align quality strategies, where possible

HIT/IT

HIT/IT Workgroup Highlights

Current State Assessment

- HIT/IT infrastructure varies widely across LTSS providers
 - Most need upgrading or replacing
- Little clinical data is shared electronically between or with LTSS providers
 - Current platforms may not be able to accept and transfer clinical data
- Adoption/use rates are low for providers with consumer portals
- Budget tracking, authorizations and billing information is not accessible in one place
- Public agencies are behind in technology adoption
- Still a lot of paper in the system
- Data difficult to mine because of reporting layers
- Duplication and lack of consistency across programs

An Approach to HIT/IT Initiatives

Redesign Ideas

- Provide incentives to individuals/families and staff for using available systems
- Facilitate access to all aspects of service delivery in one place for individuals/families
- Create better tools for care managers and providers to share data and assist individuals and families from the application process through service delivery
- Deploy technology to help individuals/families manage their LTSS budget
- Develop a security strategy that supports the initiative and supports the need for data security and addresses privacy requirements
- Develop reimbursement methodology for telemedicine, in home technology, and assisted technology
- Allow purchase of broadband access as part of care plan and/or allow use of individual budget surplus for broadband purchase
- Re-invest a portion of SIM savings in HIT/IT initiatives

Regulatory and Legal

Regulatory and Legal Workgroup Highlights

Recommendations/Discussion Points

- Regulations, both current and future, would benefit from a consistent expression of the system's vision, mission and goals
- Regulations should be reviewed to determine if they add cost without adding value
- When possible, regulations for similar services should be consistent across programs
- Potential benefits of consolidating the waivers and/or pursuing an 1115 waiver include: establishing LTSS as an entitlement on par with nursing home care, standardizing access to services, reducing consumer confusion, giving more freedom to individuals to access needed services
- In developing a waiver strategy care must be taken to:
 - Not lose the individualized nature of services under the existing waiver programs
 - Not risk the future financial health of the LTSS in budget neutrality commitments to CMS
- Expanding the use of person directed care creates potential issues with the IRS, DOL and other programs, requiring careful examination
- Harmonizing State and Federal laws and regulations will be important to the success of SIM
- SIM initiatives must also be reviewed as to their potential impact on any existing court orders and/or settlement agreements

Other Barriers

Other Barriers Workgroup Highlights

Workforce Development Challenges

- Lack of funding for development and training
- Insufficient number of direct care workers to meet current and future demand
- Lack of awareness of medical professionals of LTSS and substance abuse
- Lack of use of evidenced based practices

Workforce Development Recommendations

- Commit a portion of funds saved from SIM initiatives for re-investment in workforce development
- Consider on-going training requirements for direct care workers
- Involve family members in staff performance reviews
- Develop training and certification programs for primary care providers on LTSS and substance abuse
 - Enhance the pay of PCPs who receive certification
 - Provide the list of certified PCPs to individuals and families
- Adopt payment strategies that promote increased use of in-home service delivery, home monitoring and other applications of telemedicine

Existing Initiatives

Existing Initiatives Workgroup Highlights

- Several additional programs with potential interaction with SIM were identified
 - AMO (CMS grant)
 - MIPCD (HSA)
 - EQRO (required for managed care)
- The group noted the need to engage the Community Mental Health Centers in the SIM project
- The group strongly believe the VA should be actively engaged in the SIM project
- The group reviewed the Programs engaged in activities that are related to or could be impacted by SIM and it became more clear there were several programs that had a greater intersection with SIM than others
 - Several programs could be identified more as initiatives or services with a possible intersection

Existing Initiatives Workgroup Highlights

- Workgroup proposes a document be put together for SIM members. The document would be a brief description of each program potentially impacted by SIM. The description would include:
 - Purpose of the program
 - Program impact to individuals receiving LTSS
 - Populations impacted
 - Status and timeline (in place, planned, in transition, etc.)
 - Funding source
 - Intersection with SIM
 - Lead Agency
 - Visual scale showing the level of intersection with SIM
- Once specific initiatives are identified, the group will do a more in-depth analysis of impacted programs and make recommendations on best ways to coordinate and/or leverage those programs
- Recommends that a timeline be developed that shows how the existing initiatives intersect with each other and SIM
- Recommends that DHHS develop a communication strategy to inform all the potentially impacted programs about the SIM project

Education

Education Workgroup Highlights

Main Focus:

- Identify a communication strategy for SIM changes
- Ensure individual, family and community input is brought into the SIM project once DHSS has an outreach vendor in place

Recommendations

- Three part communication strategy needed
 - “Elevator speech” about purpose of SIM and how it fits with overall DHHS strategy and other initiatives is needed to help create a consistent language across all the programs impacted by SIM. Additionally, a communication strategy is needed to inform and coordinate with other groups, including the Governor’s Care Management Commission, the legislature and other stakeholders.
 - Population specific communication are needed to communicate what do SIM initiatives mean for a specific population or program
 - Individual specific communication needs to be more counseling than education. Focus on “what does this mean to me and what do I have to do now.” A provider training strategy will need to be created to support individual and family education.

Education Workgroup Highlights

Tactical Considerations

- Communications must be clear, specific and in simple terms
- Communication needs to be an on-going activity
- Communications to individuals and families need to be written from their perspective and not written in “programese”
 - What does it mean to me?
 - What do I have to do right now?
- Consistent language and knowledge around SIM goals
- Utilize all available channels, including secondary channels (providers, community organization) for education activities
- Ensure clear agenda, purpose and appropriate staff for all meetings
- Redesign a user-friendly DHHS website

Feedback and Evaluation

- Individual and family feedback needs to be formally incorporated into SIM design. Activities should include:
 - Focus groups
 - CAPS surveys
 - Third party evaluation that incorporates consumer input
 - Use of current feedback mechanisms