

Commonwealth of Kentucky
Cabinet for Health and Family Services (CHFS)
Office of Health Policy (OHP)



State Innovation Model (SIM) Model Design
June HIT Infrastructure Workgroup

June 18, 2015
9:30 AM – 12:30 PM

Agenda

- **Welcome and Introductions** **9:30 AM – 9:40 AM**
 - **Review KY Inventory of Existing HIT Initiatives** **9:40 AM – 10:45 AM**
 - Break* *10:45 AM - 10:55 AM*
 - **Detailed Review of Draft Straw Person in Context of HIT Strategy** **10:55 AM – 12:25 PM**
 - **Patient Centered Medical Home (PCMH)**
 - **Accountable Care Organization (ACO)**
 - **Health Home**
 - **Bundled Payments/Episodes of Care**
 - **Multi-payer Innovation Support Center**
 - **Outline Next Steps** **12:25 PM – 12:30 PM**
-

Welcome and Introductions

Review KY Inventory of Existing HIT Initiatives

CHFS Goals & Vision for HIT

QHI Initiative

The Role of the HIE

KY Policy Levers to Support HIT





What Is Our Objective

**National
Quality
Strategy**



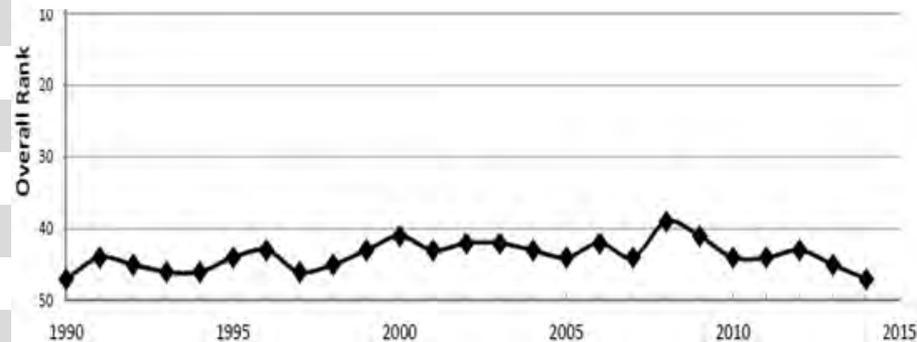
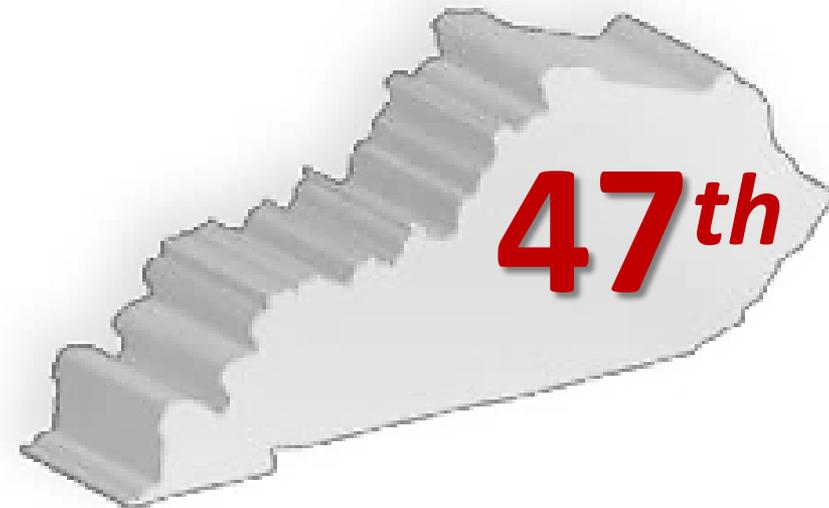
**Triple
Aim**

How Are We Doing?

KENTUCKY

RANK

POOR MENTAL HEALTH DAYS	50
CANCER DEATHS	50
PREVENTABLE HOSPITALIZATIONS	50
CHILDREN IN POVERTY	50
SMOKING	49
DRUG DEATHS	48
POOR PHYSICAL HEALTH DAYS	47
OBESITY IN ADULTS	46
UNDEREMPLOYMENT RATE	45
PREMATURE DEATH/100,000	44
CARDIOVASCULAR DEATHS/100,000	43
PHYSICAL INACTIVITY	42
LOW BIRTHWEIGHT	38
DIABETES IN ADULTS	33
LACK OF HEALTH INSURANCE	28
HIGH SCHOOL GRADUATION	22



America's Health Rankings

2014

SIM Program Overview

The Centers for Medicare & Medicaid Services (CMS) State Innovation Model (SIM) initiative is focused on testing the ability of state governments to use regulatory and policy levers to *accelerate health transformation*.

- CMS is providing financial and technical support to states for developing and testing state-led, multi-payer health care payment and service delivery models that will impact all residents of the participating states
- The overall goals of the SIM initiative:
 - *Establish public and private collaboration with multi-payer and multi-stakeholder engagement*
 - *Improve population health*
 - *Transform health care payment and delivery systems*
 - *Decrease total per capita health care*

Current System	Future System
<ul style="list-style-type: none"> • Uncoordinated, fragmented delivery systems with highly variable quality • Unsupportive of patients and physicians • Unsustainable costs rising at twice the inflation rate 	<ul style="list-style-type: none"> • Affordable • Accessible to care and to information • Seamless and coordinated • High-quality – timely, equitable, and safe • Person- and family-centered • Supportive of clinicians in serving their patient’s needs

Source: CMS SIM Round Two Funding Opportunity Announcement Webinar

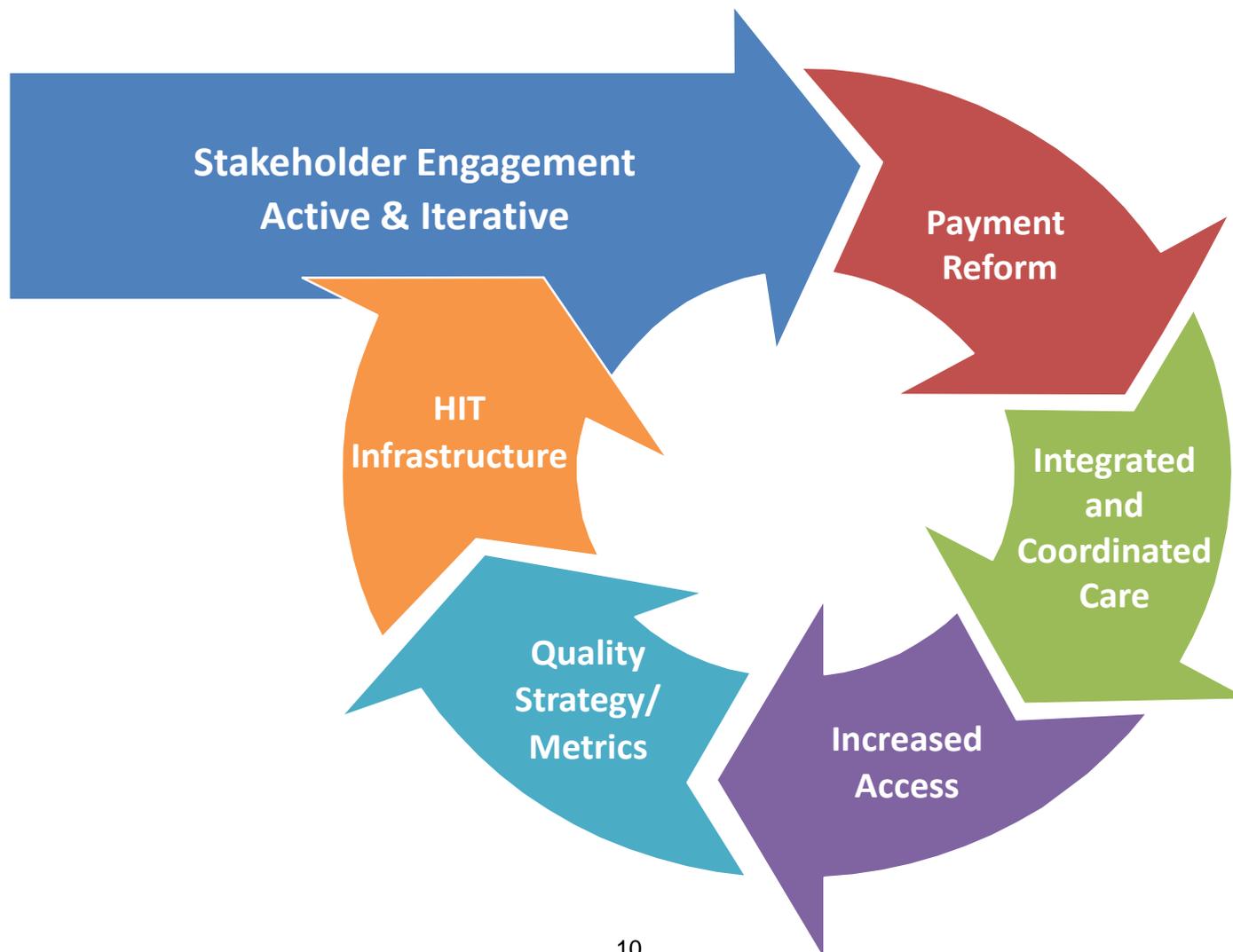
Improve health system performance

Increase quality of care

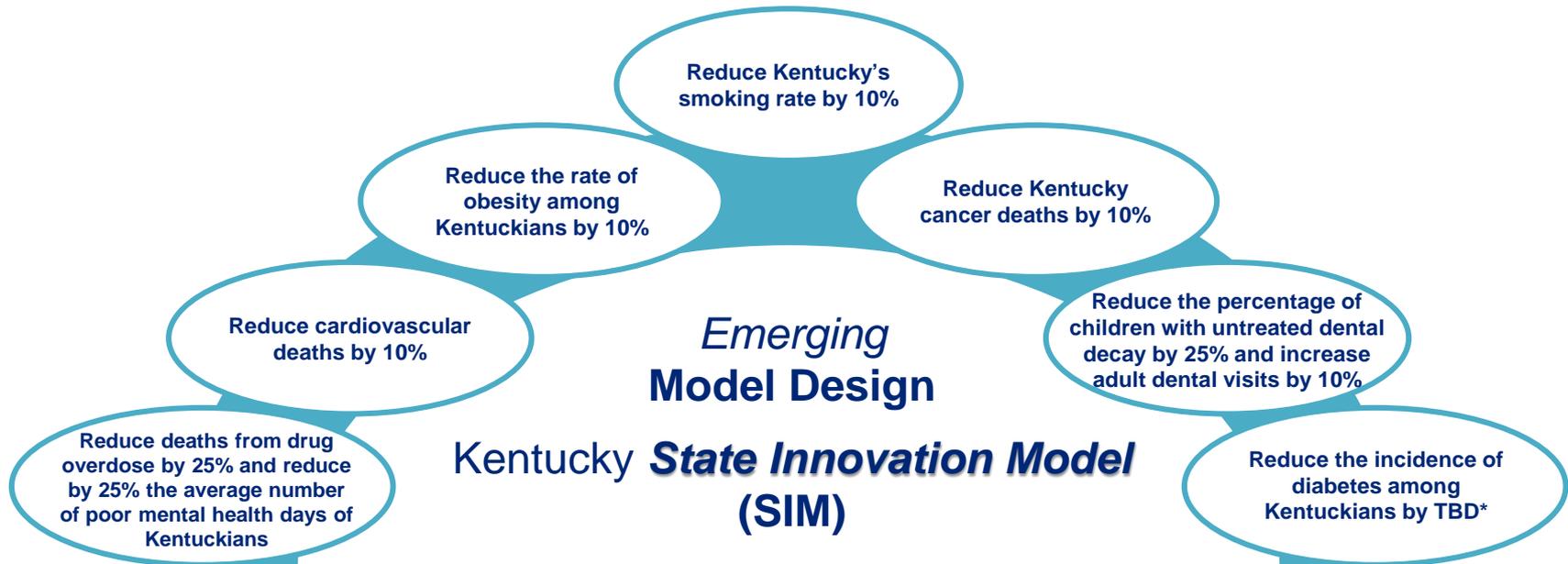
Decrease costs

Stakeholder Engagement & Process for Development of SHSIP

Model Design process has included a robust, iterative process with internal and external stakeholders to craft the components of the Model Design.



At a Glance: KY's Health Care Delivery System Transformation Plan



Potential Reform Initiatives (based on workgroup input and guiding principles to date)

Expanded Patient Centered Medical Homes (PCMH)	Expanded Accountable Care Organizations (ACO)	Expanded Health Homes	Expanded Bundled Payment Initiatives/Episodes of Care
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A Multi-payer Community Innovation Support Center

A program for providers and communities to develop new delivery model & payment reform pilots with multi-payer support

Increased Access Strategies	Quality Strategies
HIT Strategies	Other Supporting Strategies

*The current goals included with kyhealthnow and therefore the PHIP do not contain a specified reduction goal for diabetes. Over the course of the Model Design process, CHFS will work alongside key stakeholders to develop this target for inclusion in the final PHIP.

Governor's Health Initiative



kyhealthnow

advancing our state of wellness

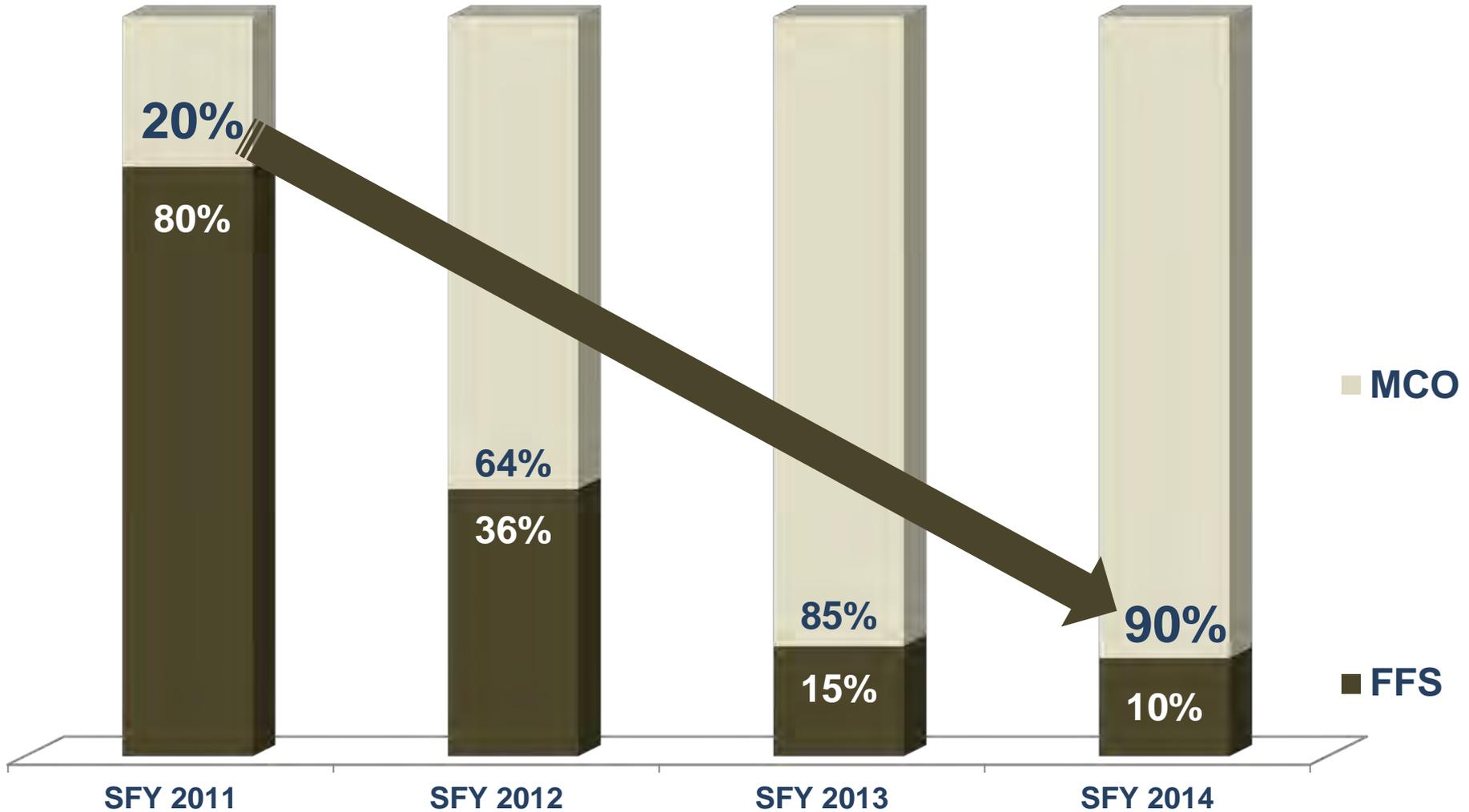


kyhealthnow

advancing our state of wellness

- Reduce Kentucky's rate of uninsured individuals to less than 5%. →
- Reduce Kentucky's smoking rate by 10%. →
- Reduce the rate of obesity among Kentuckians by 10%. →
- Reduce Kentucky cancer deaths by 10%. →
- Reduce cardiovascular deaths by 10%. →
- Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%. →
- Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians. →

Move to Managed Care



2012 MCO Audit Summary

11 HEDIS Measures

Measure/Data Element	
1	<i>Effectiveness of Care: Prevention and Screening</i>
2	<i>Effectiveness of Care: Respiratory Conditions</i>
3	<i>Effectiveness of Care: Cardiovascular</i>
4	<i>Effectiveness of Care: Diabetes</i>
5	<i>Effectiveness of Care: Musculoskeletal</i>
6	<i>Effectiveness of Care: Behavioral Health</i>
7	<i>Effectiveness of Care: Medication Management</i>
8	<i>Access/Availability of Care</i>
9	<i>Utilization</i>
10	<i>Relative Resource Use</i>
11	<i>Health Plan Descriptive Information</i>

Quality Measurement & Reporting...

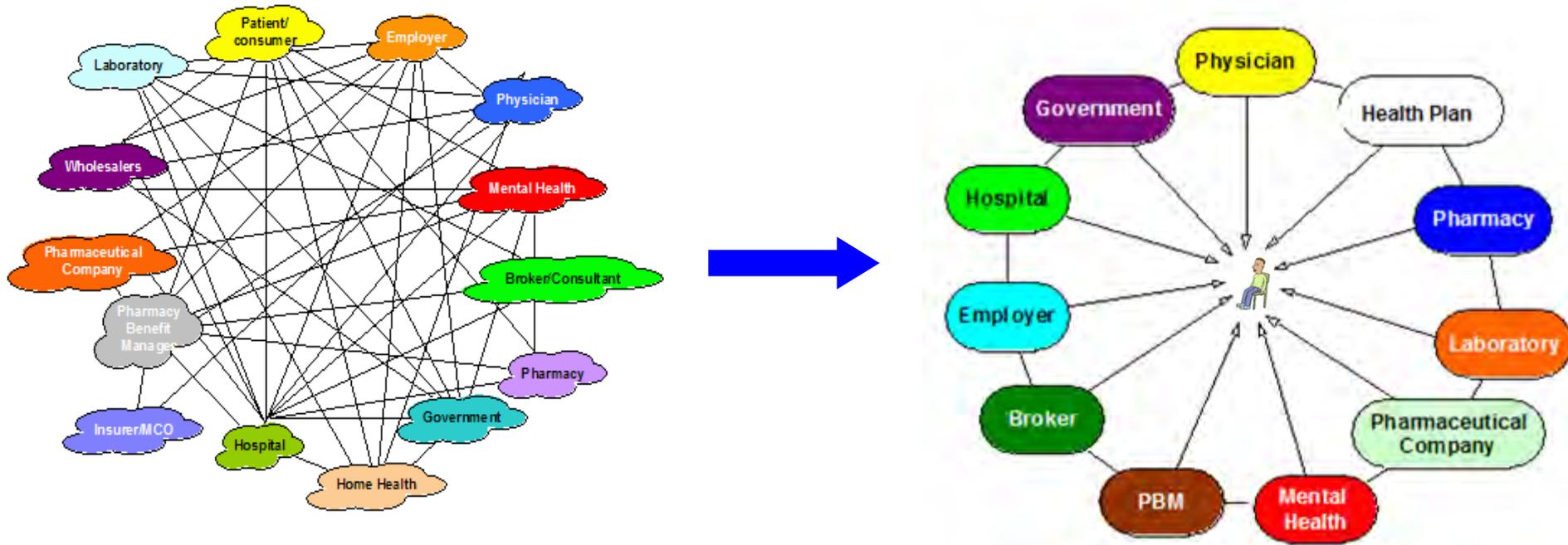


Many Areas of Current Focus

The Healthcare Ecosystem



How Do We get Holistic 360° View?



Value Basics

Don't Make Assumptions  *Validate with Data*

Move From Proprietary Silo's  *Transparent Coordination*

“Move the Meter” (Take Action)  *Measure Results*

HOW?

It's About The DATA

Identifying Disparate Data Sources

Administrative Data Sets

- Medical Claims
- Prescription Pharmacy Claims
- Behavioral Health Claims
- Vision/Dental Claims
- Eligibility Data
- Provider Data



Other Clinically-Oriented Data Sets

- Electronic Medical Record (EMR)
- ADT, CCD, Pathology, Other Laboratory, etc.
- Registry; Chronic Disease, Immunizations, etc.
- Self-report Data (HRA, PHQ-9, SF-8, etc.)
- Information/Data Collected with:

*Case Management, Disease Management,
Medication Therapy Management, EAP, etc.*

Kentucky CHFS' Vision:

Be Data Driven AND Achieve Real Measurable Outcomes

QHI

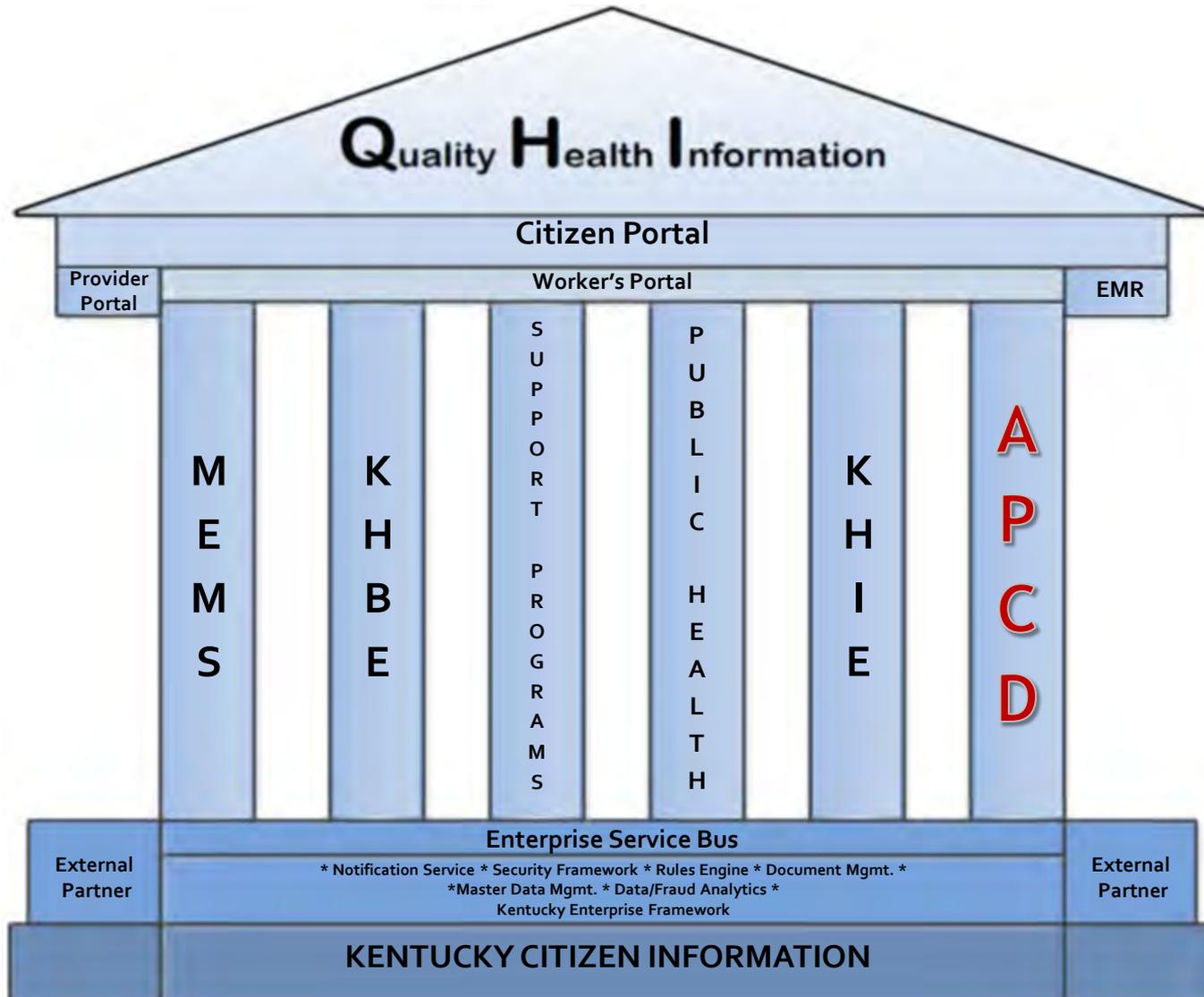
The QHI will Enable the Connection of Disparate Data Sources...

To Seamlessly and Accurately Provide Patients, Providers, Program Administrators, and Other Key Stakeholder, Decision Support Information...

Needed to Improve Quality and Value

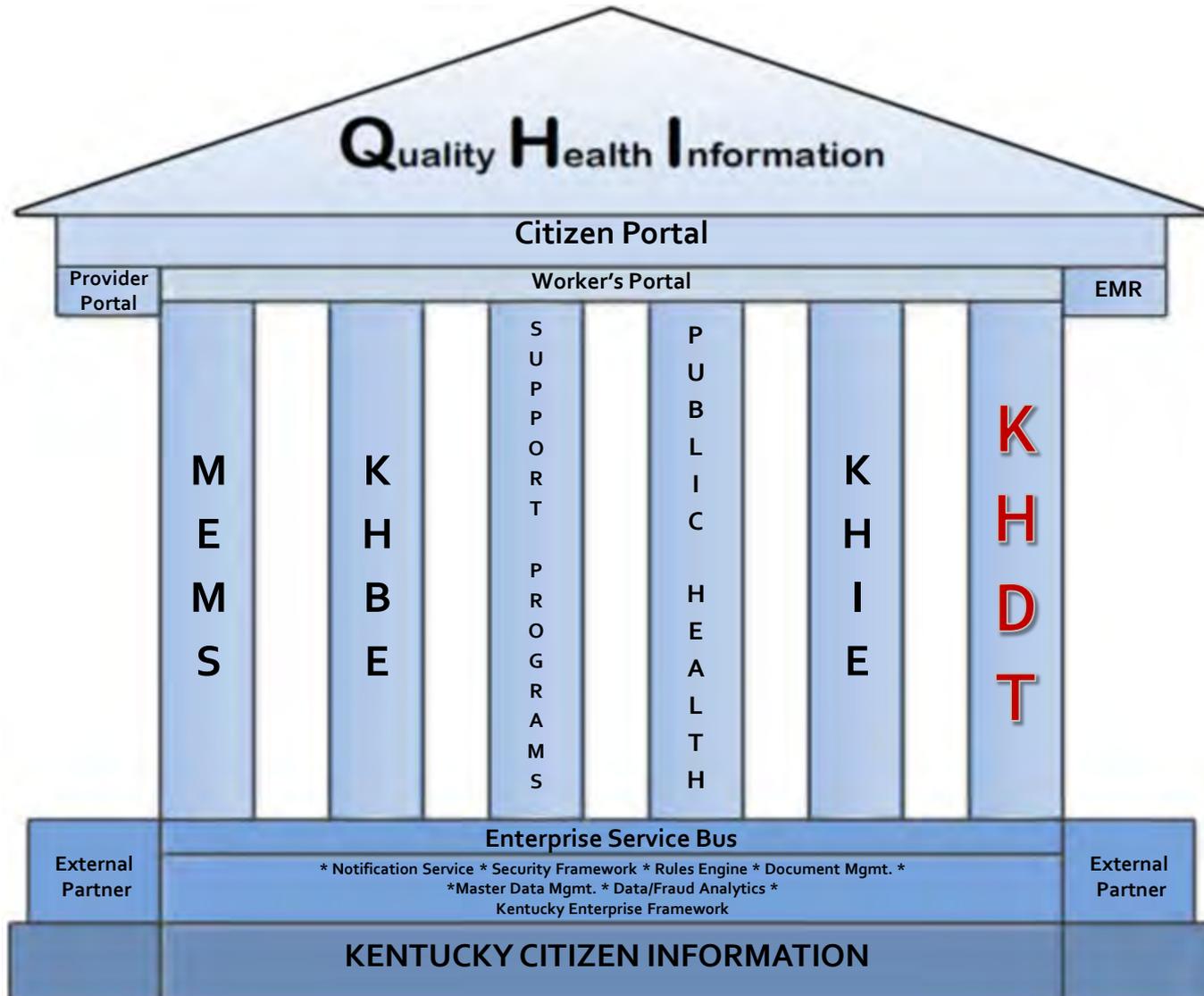
Kentucky CHFS' Vision:

Be Data Driven AND Achieve Real Measurable Outcomes



Kentucky CHFS' Vision:

Be Data Driven AND Achieve Real Measurable Outcomes



KENTUCKY HEALTH DATA TRUST

INFORMATION is our LIFEBLOOD

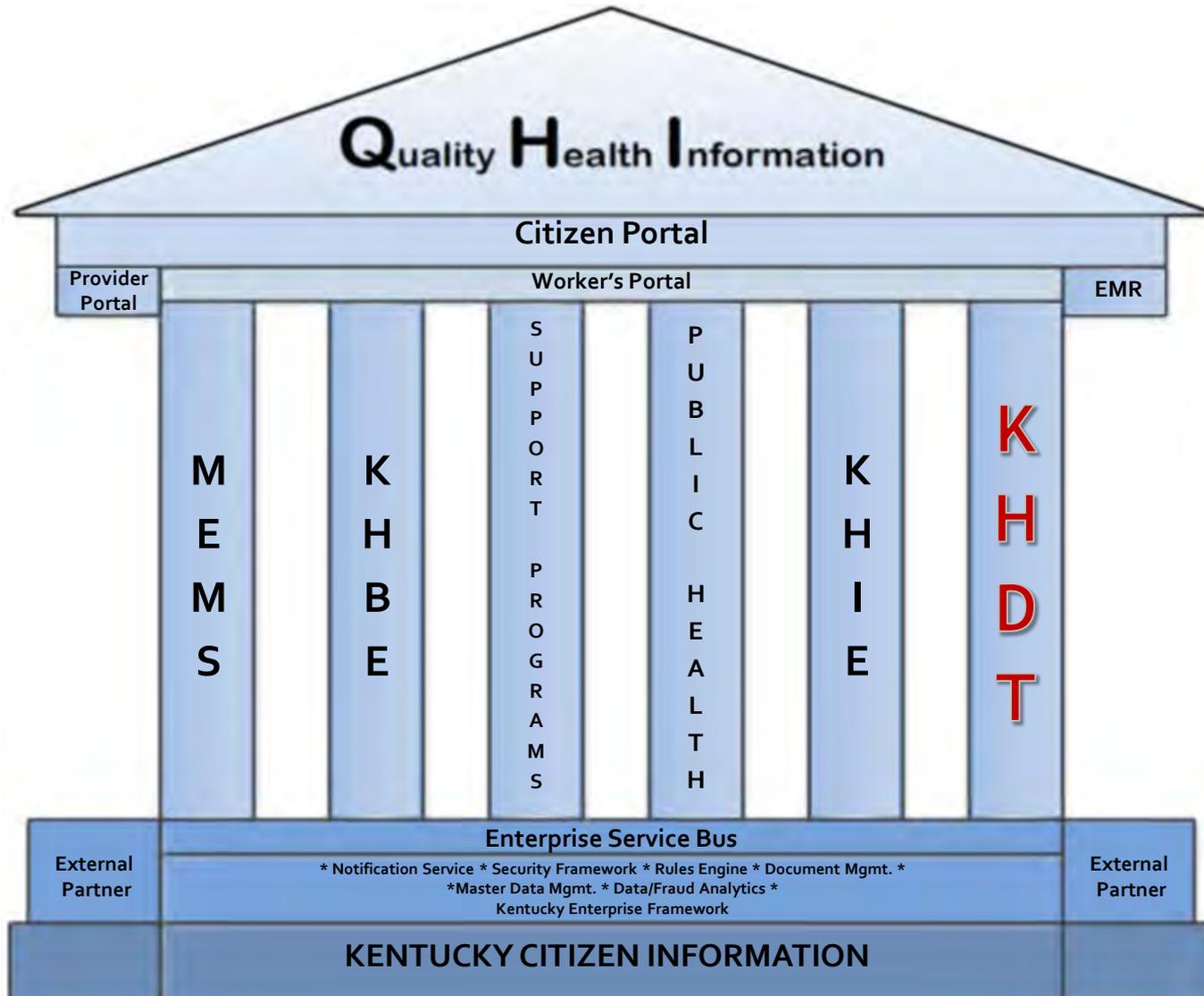
What do you do when you
have something valuable?

?Retain it

?Protect it

?Use it





“The flow of information is fundamental to achieving a health system that delivers better care, smarter spending, and healthier people. The steps we are taking today will help to create more transparency on cost and quality information, bring electronic health information to inform care and decision making, and support population health.”



HHS Secretary Sylvia M. Burwell

The increased availability of health information via HIE:

- Provides a building block for improved patient care, quality and safety
- Makes relevant information available when needed at the point of care
- Provides the means to reduce duplicative services
- Improves healthcare delivery in the US
- Promotes transparency
- **Provides the backbone technical infrastructure for state level HIT initiatives**

History	2005	eHealth Board
	2007-2008	MTG Funding \$4.9 m
	2009	ARRA/HITECH Funding
	2010	\$9.75 m
		First Hospital LIVE
	2011	Interface with KY IR
	2012	Interface with KCR
		Interface with BHealth
	2013	First 100 providers LIVE
	2014	Over 1,000 providers LIVE
	2015	Upgrade to IHE Platform



- Patient Demographics
- LAB Results
- Radiology Reports
- Transcribed Reports
- Summary of Care Records

1045 Points of Care

Hospital

Physician

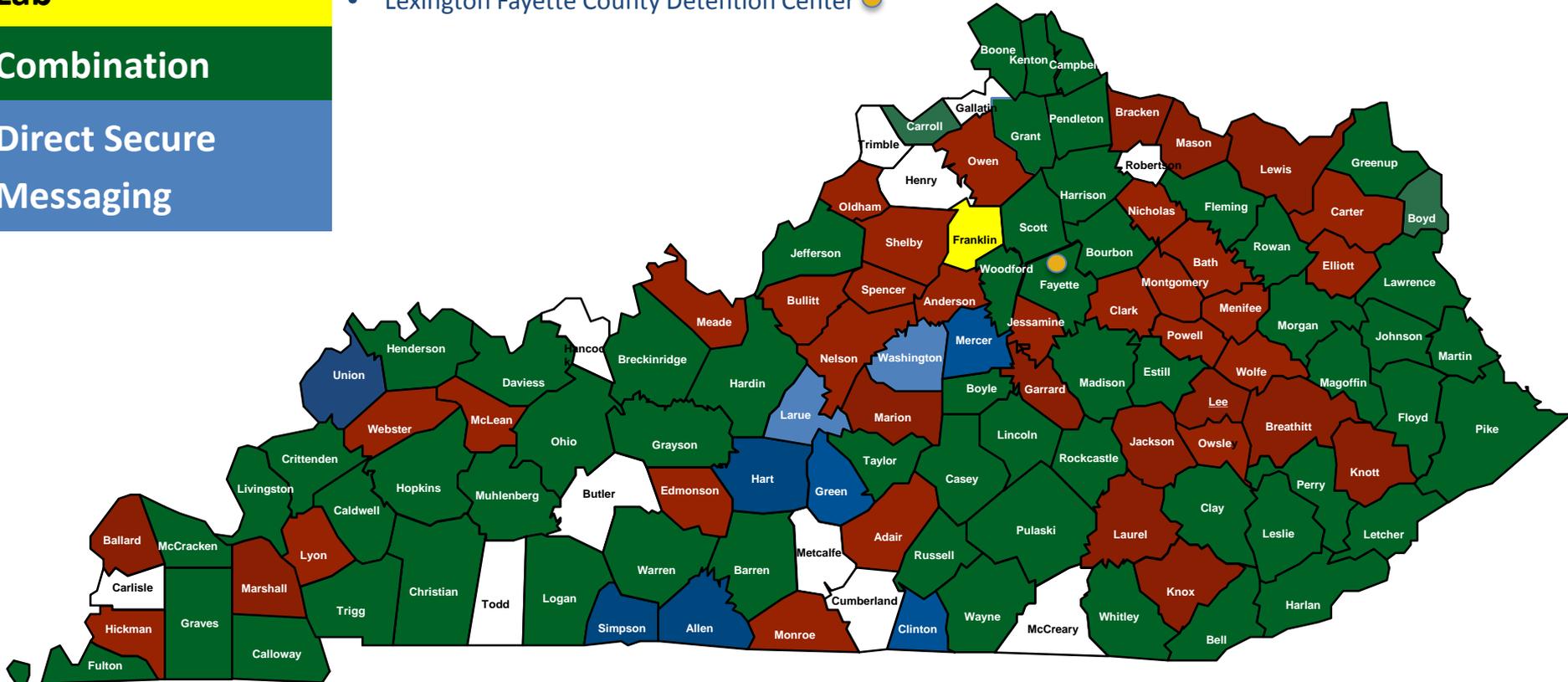
Lab

Combination

Direct Secure
Messaging

Others:

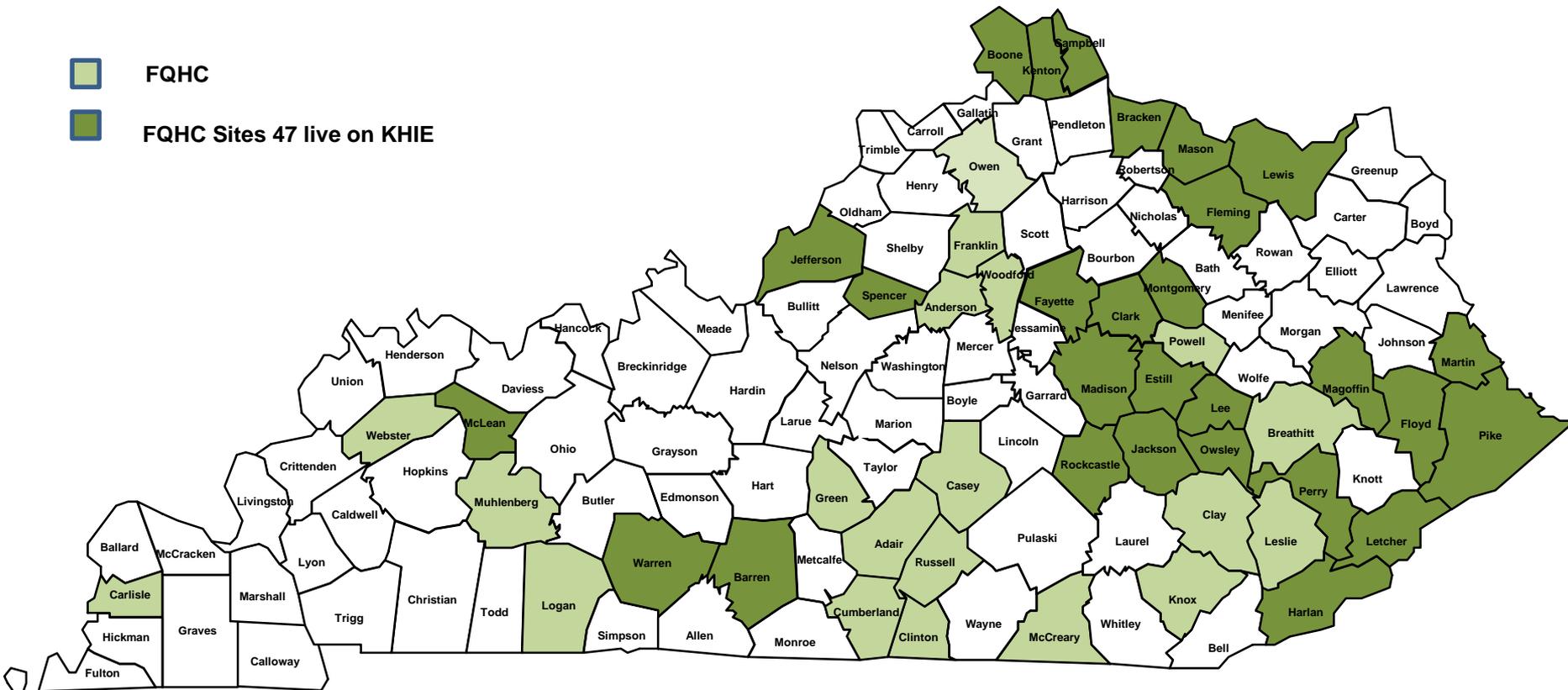
- State Lab (Microbiology) (Franklin)
- Pennyroyal Behavioral Health Centers
- Lexington Fayette County Detention Center ●



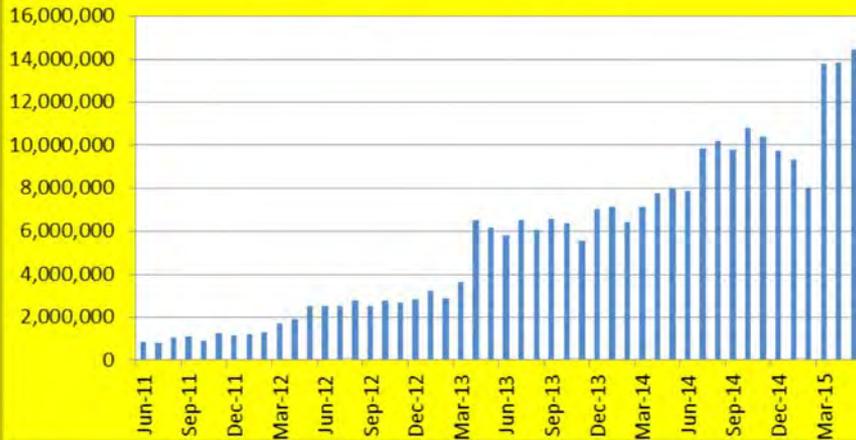
Federally Qualified Health Centers FQHC's by County

23 Signed PA's - Representing 82 Locations
Updated 6/17/2015

- FQHC
- FQHC Sites 47 live on KHIE



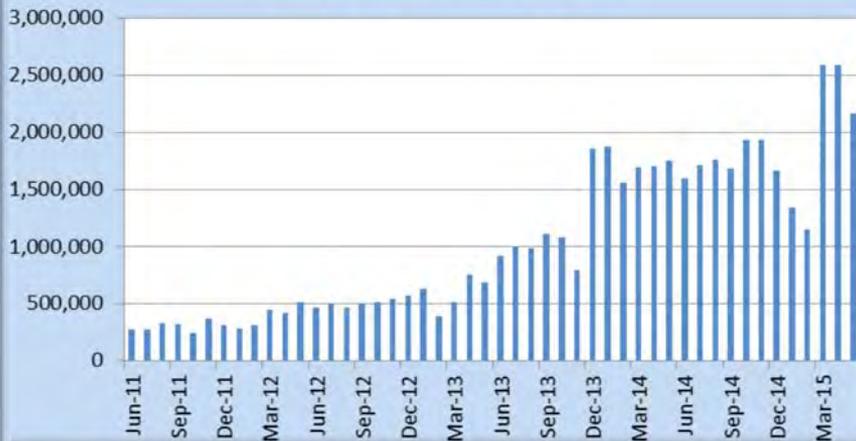
KHIE ADT Transactions



KHIE VHR Queries

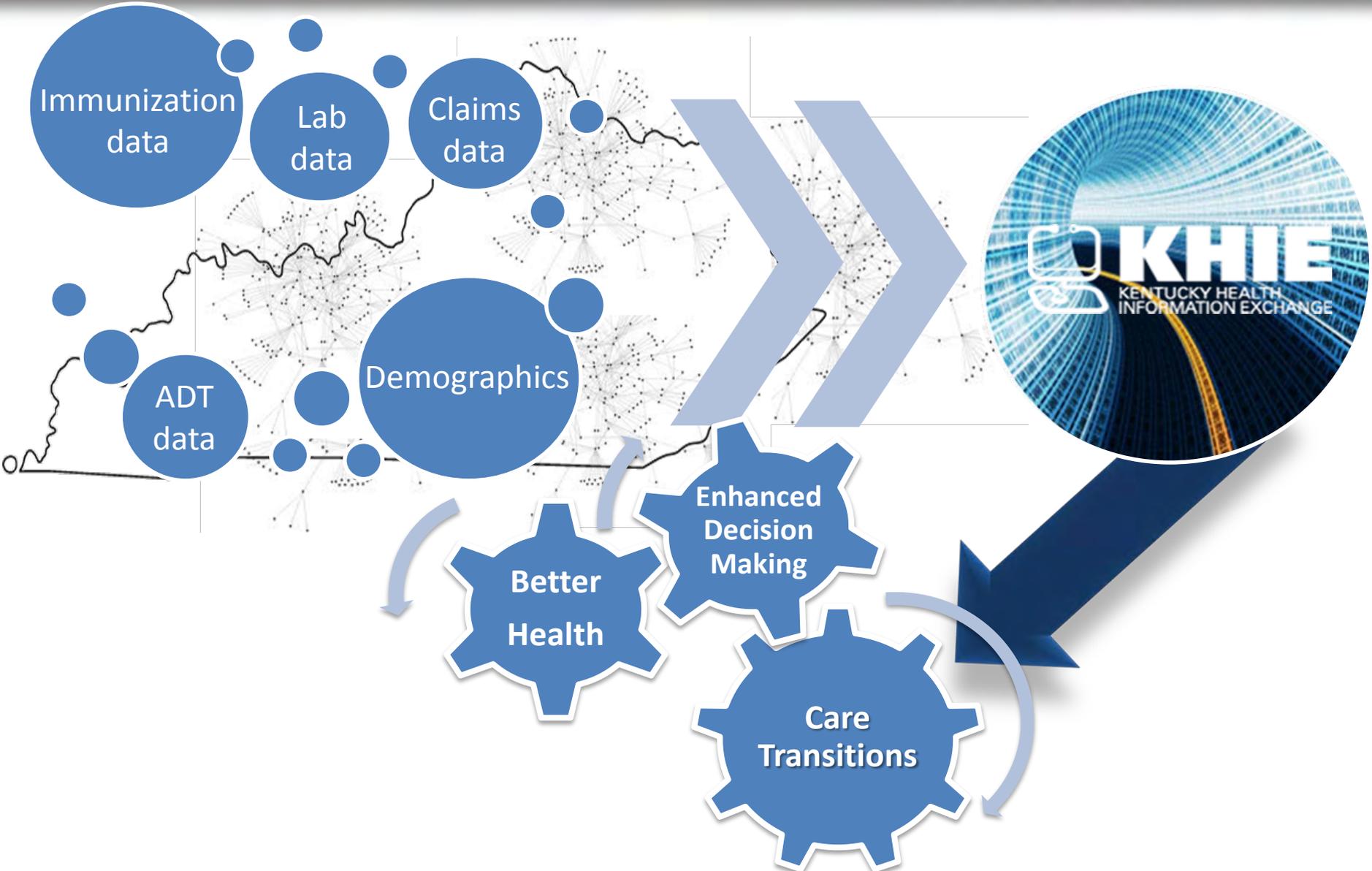


KHIE Lab Transactions



KHIE CCD Queries





HIE

Use Cases

**Data Intermediary &
Delivery**

Public Health
Reporting/MU

**Care Coordination &
Transitions**

PCMH/ACO
Integrated Health Model

**Event
Notification/Alerts**

KY ER Smart
Corrections

**Quality/Data
Analytics**

KY Health Data Trust
PCMH/ACO

**Disaster/Emergency
Management**

Public Health
Emergency Operations

**Infection Control &
Prevention**

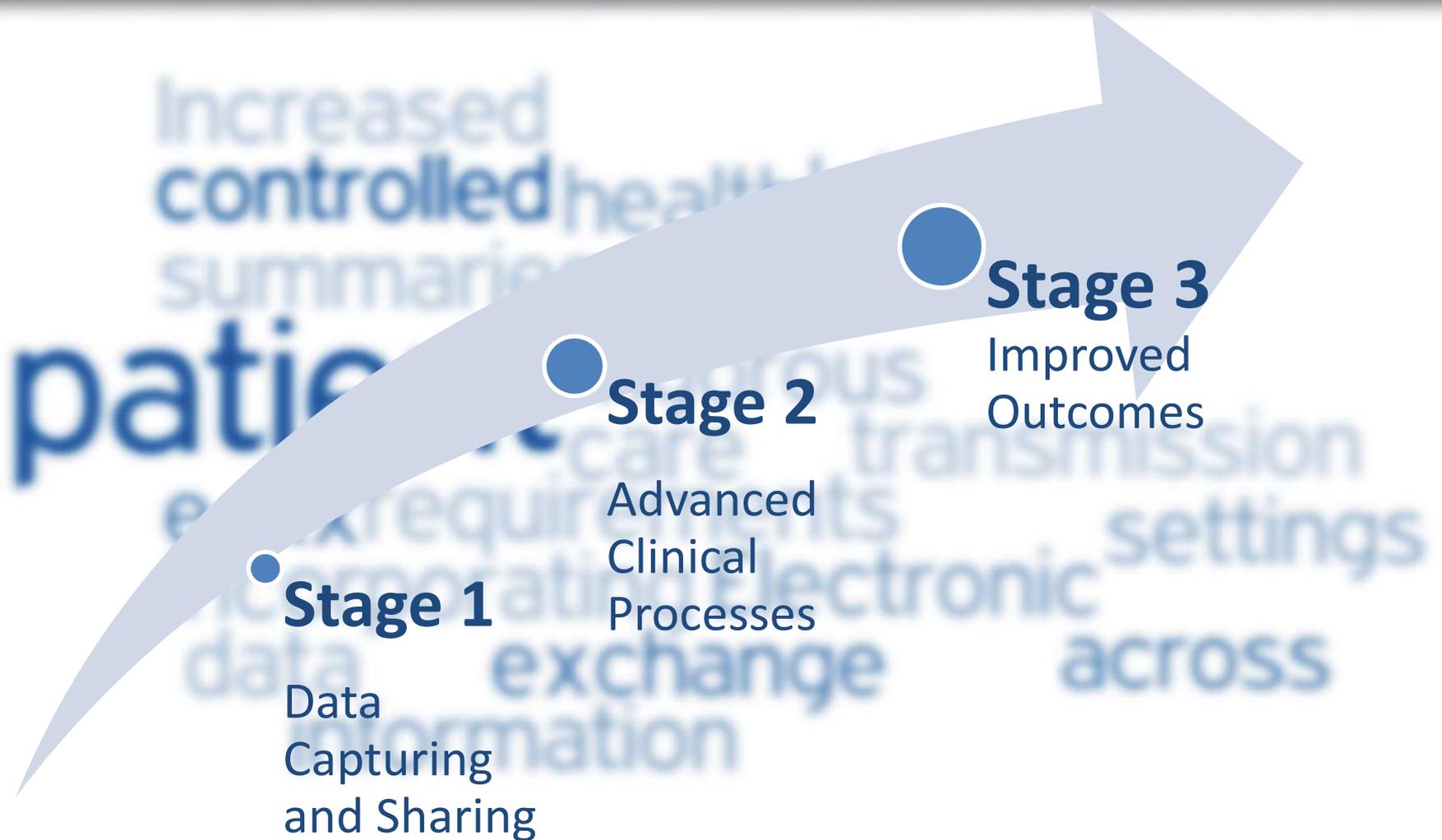
Present on Admission
HAI/HAC

The SOLUTION



The solution lies in integrated care - the coordination of mental health, substance abuse, and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex healthcare needs.





BioSense
Syndromic
Surveillance



Immunization Registry
NEDSS
(Electronic Lab Reporting)



Cancer Registry



EHR

NEW KY Legislation for electronic laboratory reporting:

- Increases the requirements for reporting with flexibility to add in the future
- Requires all electronic reporting through KHIE
- Requires a full ADT and Lab Feed



SAMPLE CQMS

1	Emergency Department Throughput – admitted patients Median time from ED departure for admitted patients (NQF #0495)
2	Emergency Department Throughput – admitted patients Admission decision departure time for admitted patients (NQF #0497)
3	Ischemic stroke – Discharge on anti-thrombotics (NQF #0435)
4	Ischemic stroke – Anticoagulation for A-fib/flutter (NQF #0436)
5	Ischemic stroke – Thrombolytic therapy for patients arriving within 2 hours
6	Ischemic or hemorrhagic stroke – Antithrombotic therapy by day 2 (NQF #0438)
7	Ischemic stroke – Discharge on statins (NQF #0439)
8	Ischemic or hemorrhagic stroke – Stroke education (NQF #0440)
9	Ischemic or hemorrhagic stroke – Rehabilitation assessment (NQF #0441)
10	VTE prophylaxis within 24 hours of arrival (NQF #0371)
11	Intensive Care Unit VTE prophylaxis (NQF #0372)
12	Anticoagulation overlap therapy (NQF #0373)
13	Platelet monitoring on unfractionated heparin (NQF #0374)
14	VTE discharge instructions (NQF #0375)

Data Analytics
Population Health Management
Retained Healthcare Costs
Coordinated Care
Improved Patient Health
Improved Outcomes
Alignment of State and Federal Quality Reporting

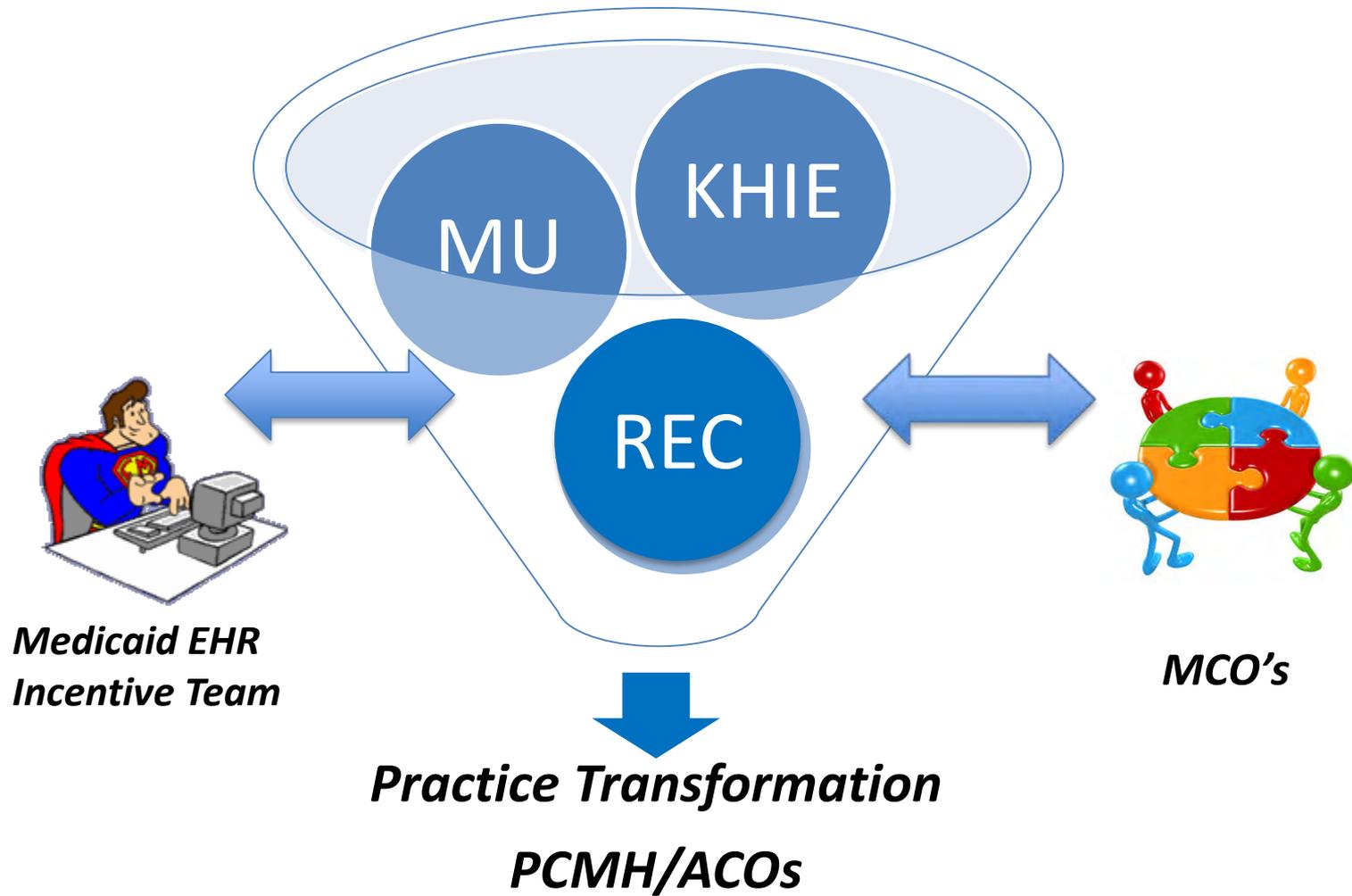
Aggregate-Level Data:
QRDA Category III

Domains:
Patient and Family Engagement
Clinical Process & Effectiveness
Patient Safety
Effective Use of Healthcare Resources
Population and Public Health
Care Coordination



KY Medicaid
eCQM
Warehouse

Outcomes



Windows Internet Explorer

https://portal.khie...

VHR Home | Administration | Support Request | Change Password | Home | Links | Help | Log Out

Patient Lookup Welcome VHR - Tuesday, June 3

Visit: Facility: From: 3/1/2014 To: 6/4/2014

All Summary Cumulative Lab Lab Radiology Reports Patient Info CCD Request

Lab

5/29/2014 5:43:00 AM	BMP	A Smith
5/29/2014 5:43:00 AM	BMP	J Williams
5/29/2014 5:43:00 AM	Hemogram	A Smith
5/28/2014 6:43:00 AM	AFP TM-SOLS	J Williams
5/28/2014 6:40:00 AM	Hemogram	J Williams

Radiology

5/28/2014 3:36:13 PM	US RIGHT UPPER QUADRANT	A Smith
5/26/2014 9:06:40 PM	XR CHEST AP PORTABLE	C Jones
5/26/2014 8:44:52 PM	EK EKG 12 LEAD	Med Ctr
5/26/2014 8:44:52 PM	EK EKG 12 LEAD	Med Ctr
4/16/2014 10:39:52 AM	CT ABD PEL ED FAST W CONT	A Smith

Reports

5/5/2014 6:52:00 PM	History and Physical	R Hill
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Cumulative Lab Not all lab test results and observations can be displayed in a cumulative view. For specific observations not present in this view, search within the lab or other tabs.

Elements	05/29/14 05:43 AM	05/29/14 05:43 AM	05/29/14 06:40 AM	05/09/14 08:55 AM	05/09/14 07:59 AM	05/05/14 08:05 AM	04/16/14 12:05 AM	04/16/14 09:45 AM
CO2	28	28	26	30	29	30	27	26
POTASSIUM	4.0	4.4	3.3	4.7	4.5	3.6	3.4	3.1
ALK PHOS			71	79			74	87

Internet | Protected Mode: Off 100%





Provider views the CCD
in the KHIE Community
Record



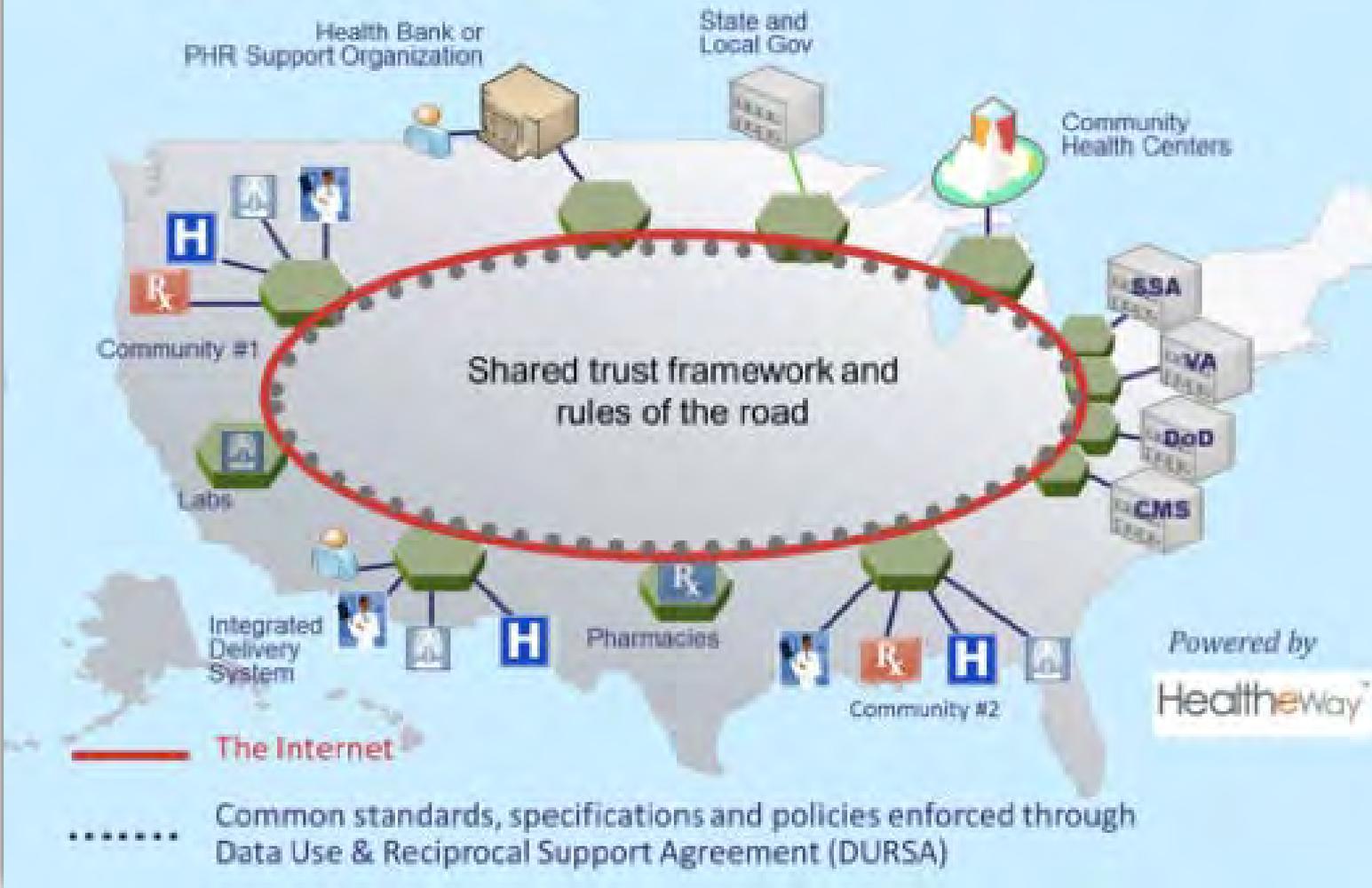
Super-Utilizer Patients are
identified via Medicaid
claims and Alert presents in
CCD

Clinical Alert Notification

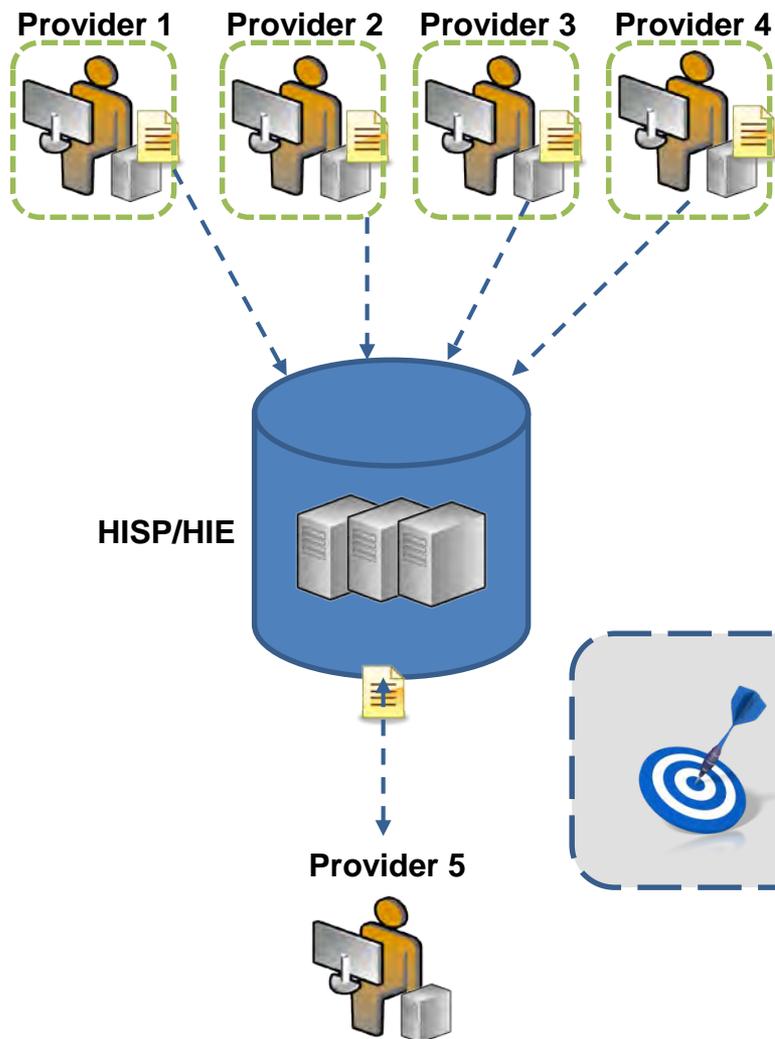
- Diabetes: no eye exam in the last 365 days
- Diabetes: no lipid panel in the last 365 days
- Diabetes: no urine protein screening in the last 365 days
- Diabetes HgA1C check due
- Blood pressure check due
- Cholesterol screening due IF 'At Risk'
- Developmental/Behavioral assessment due
- Height and weight check due
- Injury prevention counseling due
- Nutrition counseling due
- Objective hearing screening due
- Objective vision screening due
- Potential Hep B catch-up
- Potential MMR catch-up
- Potential polio catch-up
- Potential varicella catch-up
- Tuberculin Test (TB test) due IF 'At Risk'
- Violence prevention counseling due



eHealth Exchange



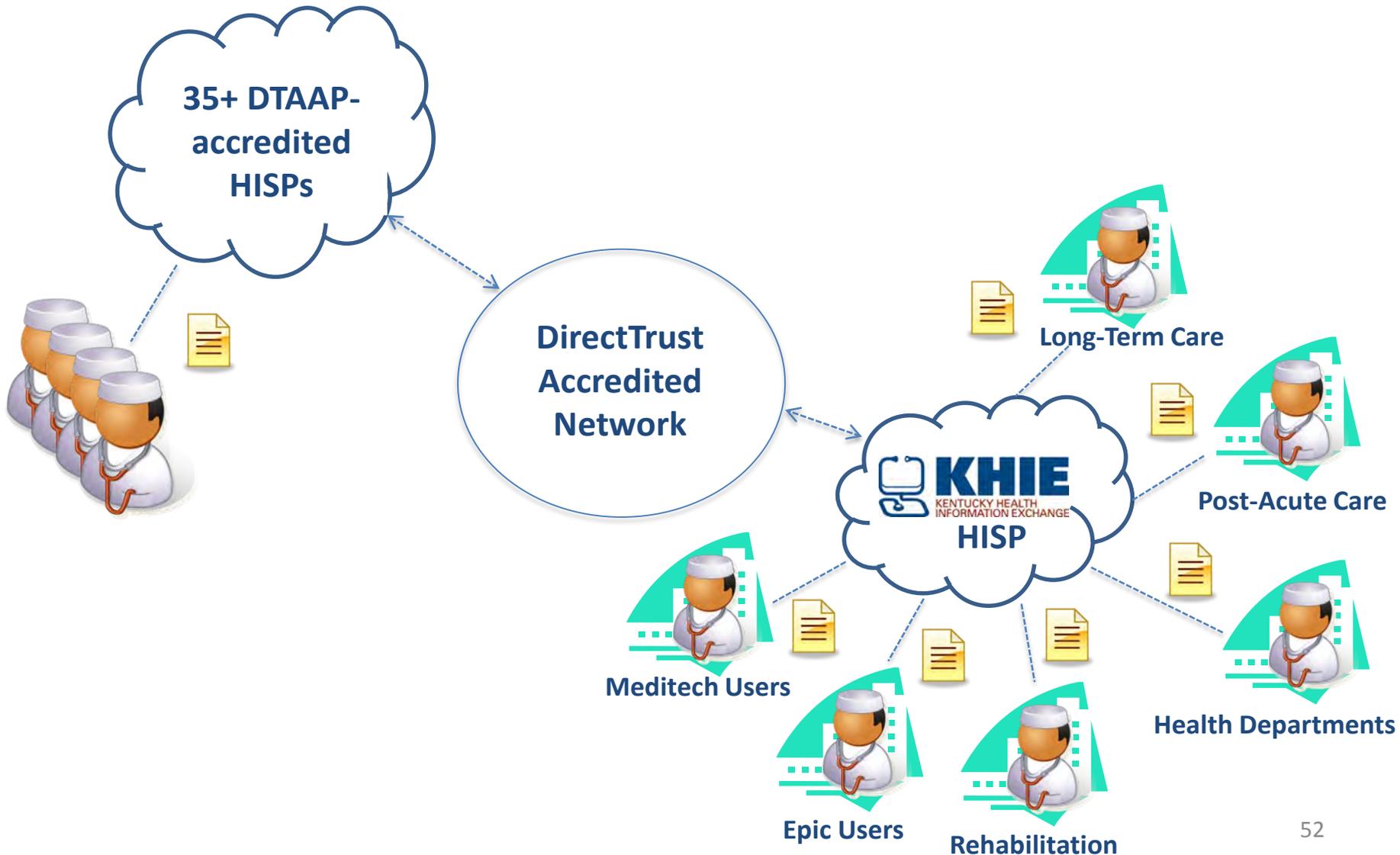
ToC Using The Query Method: Stage 2 MU



Providers #1-4 (1) have CEHRT, and (2) use the CEHRT's transport capability (Direct or SOAP) to send a CCDA to the HIE that enables the CCDA they've sent the HIE to be subsequently pulled by Provider #5 (with reasonable certainty).



In this scenario, the HIE does not have to be certified.

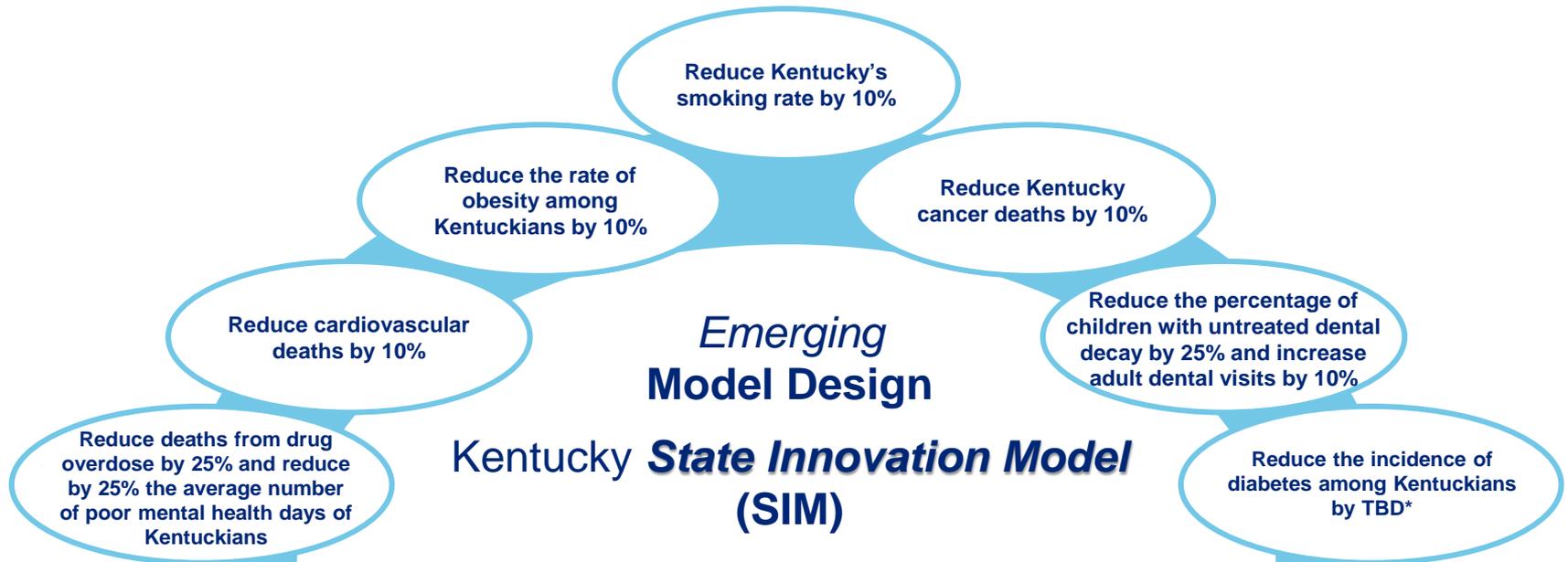




Break

Detailed Review of Draft Straw Person in Context of HIT Strategy

At a Glance: KY's Health Care Delivery System Transformation Plan



Potential Reform Initiatives (based on workgroup input and guiding principles to date)

Expanded Patient Centered Medical Homes (PCMH)

Expanded Accountable Care Organizations (ACO)

Expanded Health Homes

Expanded Bundled Payment Initiatives/Episodes of Care

A Multi-payer Community Innovation Support Center

A program for providers and communities to develop new delivery model & payment reform pilots with multi-payer support

Increased Access Strategies

Quality Strategies

HIT Strategies

Other Supporting Strategies

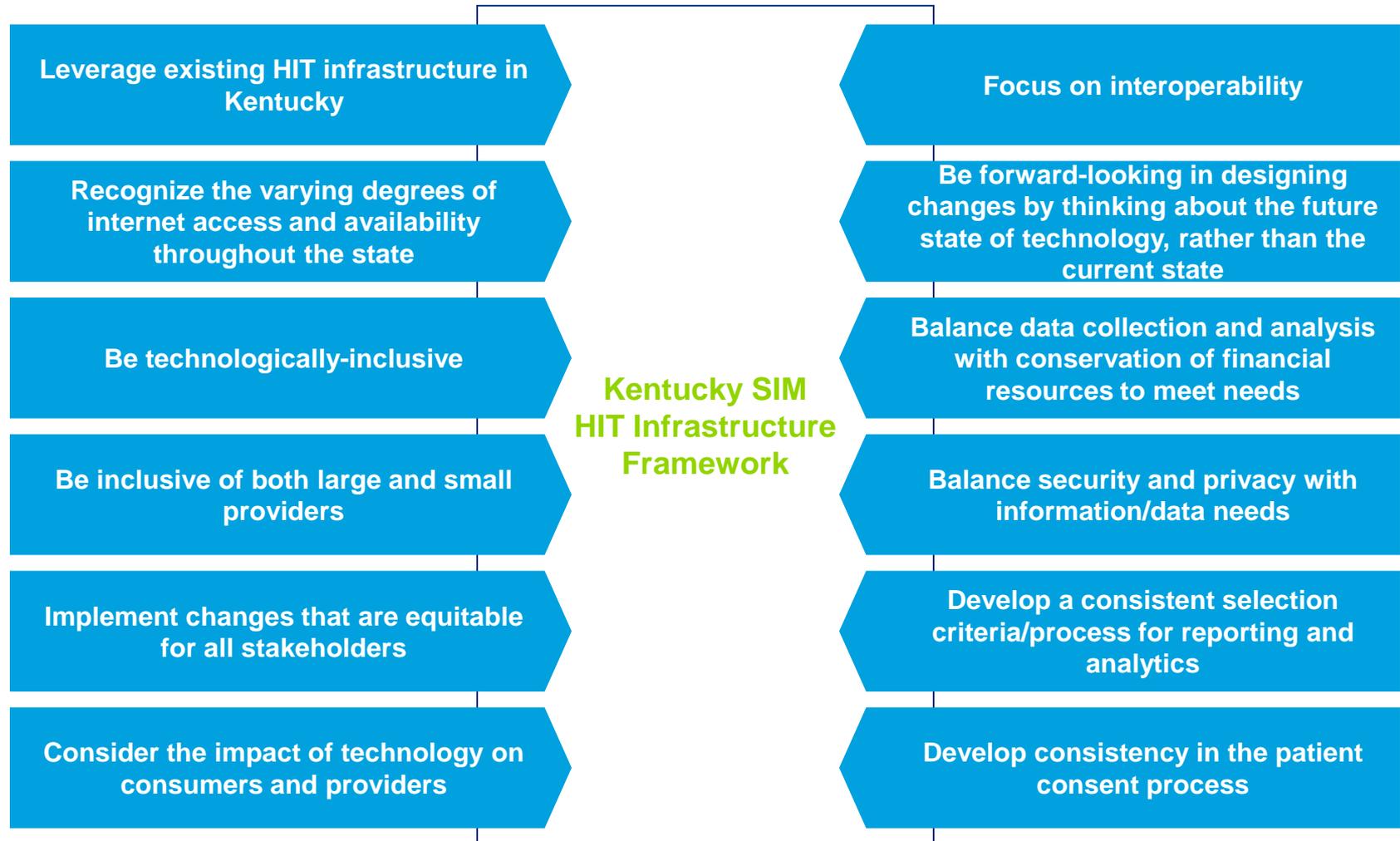
*The current goals included with kyhealthnow and therefore the PHIP do not contain a specified reduction goal for diabetes. Over the course of the Model Design process, CHFS will work alongside key stakeholders to develop this target for inclusion in the final PHIP.

Guiding Principles in Expanding HIT Infrastructure

The following guiding principles were developed by the HIT Infrastructure workgroup in April to be used in the future development of an overall HIT strategy for Kentucky SIM.

Leveraging Existing Infrastructure

Looking Forward



HIT Strategies

Kentucky has proposed three core elements of its foundational HIT strategy, with several supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Move toward real-time data collection and sharing to increase collaboration
- Develop a more robust infrastructure for data analytics
- Identify ways technology can be used to more actively engage consumers in taking a role in their health

Supporting Elements for Consideration

- Develop an inventory of early detection, screening, and prevention data
- Develop more robust and consistent reporting on consumer adherence to treatment plans
- Focus on standardization of data elements across all reports by creating a data dictionary, beginning with Kentucky's All-Payer Claims Database (APCD) and/or encounter system

Level-setting: Core and Supporting Elements

Each component of Kentucky's proposed SIM Model Design contains a set of core design elements developed based on stakeholder input and a set of supporting design elements for future workgroup review and discussion.

i *Core Elements of KY's Model Design*

- The *core design elements* to be reviewed for each component of the proposed SIM Model Design have been identified as “high-priority” items to consider by both the Commonwealth and its stakeholders to date
- These elements should be viewed as “starting points” to design the reforms proposed within SIM and may serve as future criteria to be used in developing these initiatives

? *Supporting Elements for Consideration*

- The *supporting elements for consideration* to be reviewed for each component of the proposed SIM Model Design have been listed as secondary items. They represent recommendations and/or viewpoints expressed by stakeholders in the workgroups to date
- These supporting elements would benefit from additional stakeholder input, further Commonwealth review and research, and more detailed descriptions prior to being considered as core design elements of the SIM initiatives

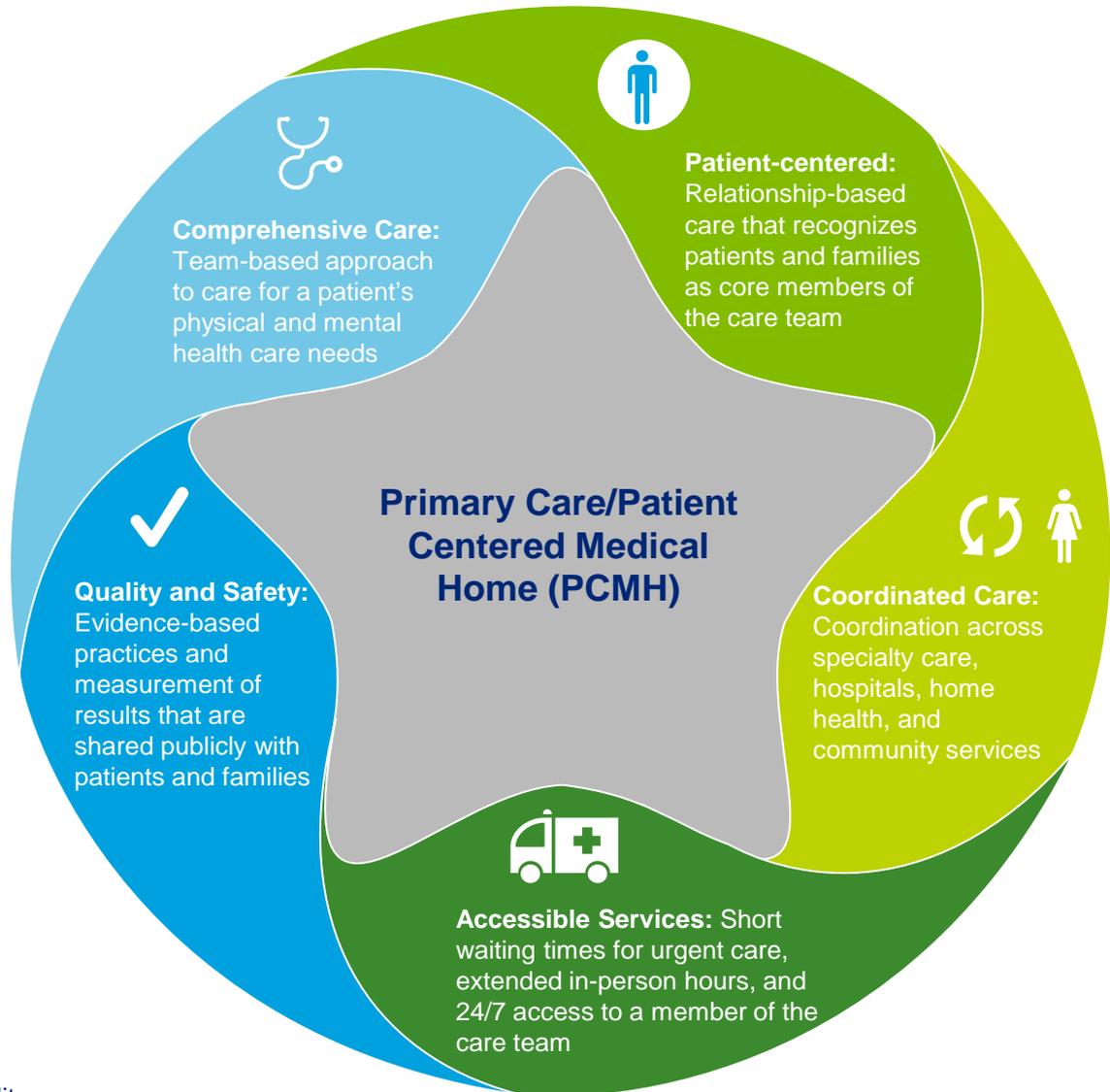
All core design elements and/or supporting elements for consideration within each component of the proposed Model Design will be revisited and discussed in-depth with those stakeholders participating in the upcoming workgroup meetings.

Definitions: Patient Centered Medical Home (PCMH)

The PCMH model seeks to transform the method of primary care delivery.



PCMH
Key Tenets



Expanded PCMHs

Kentucky has proposed four core elements of its vision to expand PCMHs as part of SIM, with several supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Expand the scope and reach of the care team to include oral health, public health, in-school providers, pharmacists, physical therapists, community health workers (CHW), and community mental health centers (CMHC)
- Expand the reach of PCMHs to coordinate with schools, grocery stores, faith communities, and other community resources
- Develop multi-payer PCMH support by aligning PCMH compensation and measures across all payers
- Encourage employers to promote PCMH primary care for covered employees

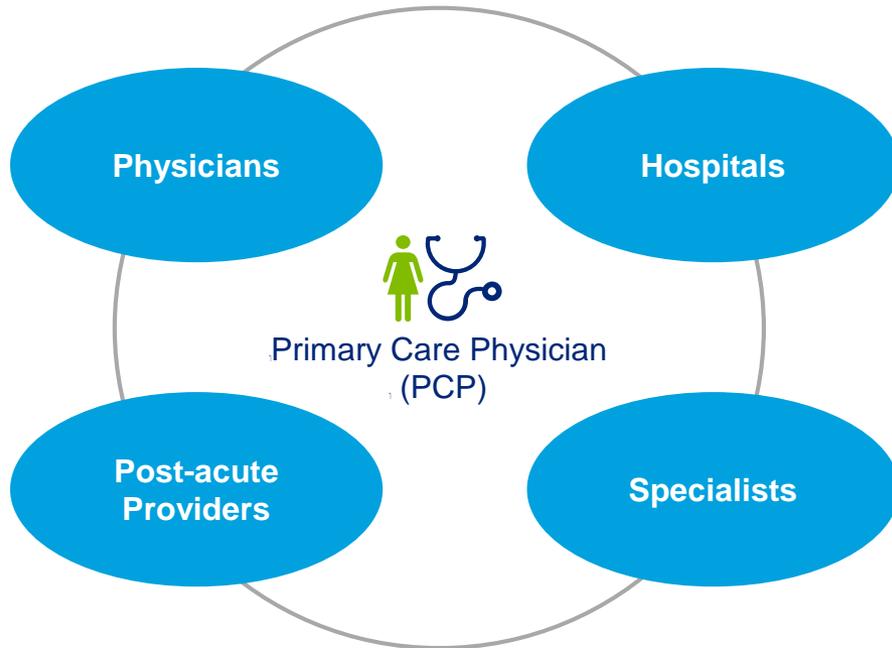
Supporting Elements for Consideration

- Develop quality targets aimed at promoting PHIP goals
- Provide infrastructure and training support to practices wanting to achieve PCMH
- Develop a “quick-win” strategy to generate support
- Increase provider motivation through the use of incentives
- Focus on medication adherence and including pharmacists in care coordination
- Develop reimbursement methods that support colocation
- Create incentives for physicians to conduct initial oral health screenings
- Assign individuals leaving the corrections system to a PCMH

Definitions: Accountable Care Organization (ACO)

ACOs share financial and medical responsibility for their members in an effort to provide coordinated care, reduce unnecessary services, increase the timeliness of treatment, and improve the overall health outcomes of their patients.

ACO Model



Key Elements

Comprehensive Provider Network

ACOs include physicians, hospitals, and other health care providers. PCPs are a required element of the ACO model

Quality Measures

The performance of ACOs is typically tied to certain quality measures. Medicare, for example, groups the quality measures into four categories:

- Patient/caregiver experience
- Care coordination/patient safety
- Preventive health
- At-risk population

Shared Savings

Providers within an ACO network share in the risk/savings that result from meeting or exceeding defined measures

Expanded ACOs

Kentucky has proposed four core elements of its vision to expand ACOs as part of SIM, with several supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Expand the scope of ACOs to encourage participation across the full continuum of care and focus on behavioral health, public health, and community resources
- Establish a multi-payer, “open-door” policy whereby payers agree to add their populations to an ACO if the ACO desires
- Establish a harmonized attribution process and approach to measuring performance across all payers
- Assure equal risk-sharing and gain-sharing opportunities among all providers in the ACO

Supporting Elements for Consideration

- Develop quality targets aimed at supporting PHIP goals
- Allow creation of new Medicaid-focused ACOs
- Expand scope of ACOs to more complex populations (e.g., long-term services and supports)
- Expand scope of ACO care team to include oral health, public health, in-school providers, pharmacists, physical therapists, CHWs, and CMHCs
- Increase provider coordination within and outside ACOs
- Encourage colocation of providers
- Create information technology connections between oral and physical health within ACOs

Break

Definitions: Health Home

Health Homes offer coordinated care to individuals with multiple chronic health conditions. Health home providers will integrate and coordinate all primary, acute, behavioral health, and long-term services and supports to treat the “whole-person” across the lifespan.

Health Home Eligibility

- Have two or more chronic conditions
- Have one chronic condition and are at risk for a second
- Have one serious and persistent mental health condition

Health Home Services

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care/follow-up
- Patient and family support
- Referral to community and social support services

Health Home Providers	Definition
Designated Provider	May be a physician, clinical/group practice, rural health clinic, community health center, community mental health center, home health agency, pediatrician, OB/GYN, or other provider
Team of Health Professionals	May include physicians, nurse care coordinators, nutritionists, social workers, and behavioral health professionals and can be free-standing, virtual, hospital-based, or a community mental health center
Health Team	Must include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral health providers, chiropractors, and licensed complementary and alternative practitioners

Expanded Health Homes

Kentucky has proposed three core elements of its vision to expand Health Homes as part of SIM, with two supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Expand Medicaid health homes statewide after effectiveness is demonstrated in initial pilot
- Encourage other payers to adopt Medicaid Health Home payment and design structure to establish consistency in Health Homes across payers
- Expand Health Homes to include more comorbidities and chronic illnesses

Supporting Elements for Consideration

- Assign individuals leaving the corrections system to a Health Home
- Provide more robust transportation to Health Homes

Definitions: Bundled Payment Initiatives/Episodes of Care

Bundled and/or episodic payments are combined payments to cover services delivered by multiple providers for one service.

Definition

- A bundled/episodic payment is the reimbursement to health care providers, such as hospitals and physicians, on the basis of expected costs for clinically-defined episodes of care

Key Elements

- Episodes of care included in the bundled payment need to be well-defined
- Target rate/discount for the defined episodes of care needs to be calculated
- Gain-sharing mechanism needs to be established amongst various providers

Outcome

- Increased care coordination can be achieved amongst hospitals, post-acute care providers, physicians, and other practitioners by encouraging them to work together
- Higher quality of care and lower costs can be achieved by incentivizing providers through bundled/episodic payments

Key Needs

Technology Needs

- Identify operational challenges
- Web-enabled provider collaboration system
- Clinical care plan and workflow system

Analytical Needs

- Episodes of care identification
- Establishment of gain-sharing mechanism
- Financial impact analysis

Expanded Bundled Payment Initiatives/Episodes of Care

Kentucky has proposed five core elements of its vision to expand Bundled Payments and Episodes of Care as part of SIM, with three supporting elements listed to help achieve the core elements.

Core Elements of KY's Model Design

- Establish a multi-payer, “open-door” policy where payers agree to implement bundled payments at the request of providers
- Develop a roadmap for the phased implementation of Kentucky-specific, data-driven bundled payments/episodes of care
- Explore the creation of a joint bundled payment initiative between the Kentucky Employee Health Plan (KEHP) and Medicaid Managed Care Organizations (MCO)
- Review and leverage outcomes and successes of episodes of care used in surrounding SIM states and Medicare
- Increase coordination of care between acute and post-acute settings through the use of bundled payments

Supporting Elements for Consideration

- Expand risk agreements to all provider types
- Expand episodes of care across more segments of the delivery system
- Explore using new episodes of care strategies to better manage chronic disease

A Multi-payer Community Innovation Support Center

Akin to CMS' DSRIP waiver program, Kentucky could consider a multi-payer community innovation support center to potentially fund providers and/or communities who develop specific reforms that differ from the other key elements of the SIM Model Design and meet a set of pre-determined criteria.

Delivery System Reform Incentive Payment (DSRIP)

- DSRIP initiatives are part of broader Section 1115 Waiver programs and provide states with significant funding that can be used to support hospitals and other providers in changing how they provide care to Medicaid beneficiaries
- These waivers are intended to allow for experimental, pilot, or demonstration projects; however, there is no official federal guidance about what qualifies as a DSRIP program
- In general, DSRIP initiatives link funding for eligible providers to their progress toward meeting specific milestones through key elements of delivery system reform
- The details of what these key elements look like vary across states and waivers, but generally include projects focused on the following four areas: infrastructure development, system redesign, clinical outcome improvements, and population-focused improvements

i Core Elements of a KY Multi-payer Community Innovation Support Center



Supporting Strategies

Kentucky has proposed four core elements of its plan to implement strategies to support the overall vision of the SIM Model Design. These strategies will continue to be developed with each workgroup.

Core Elements of KY's Model Design

- Reduce administrative burdens by standardizing:
 - Provider credentialing
 - Smoking cessation product formularies
 - Smoking cessation reimbursement policies
 - Prior authorization criteria for diabetes-related drugs and products
 - Reporting across payers
- Continue implementation of kyhealthnow initiatives
- Reduce administrative barriers to telehealth and telemedicine
- Develop a consumer engagement and accountability strategy

Supporting Elements for Consideration*

**Strategies to support the overall vision of the SIM Model design will continue to be developed with all five workgroups.*

Next Steps

Upcoming Schedule

A monthly workgroup meeting will be essential for discussing key topics, reaching consensus, and driving the development of a successful Model Design. The exact meeting dates, times, and locations for the workgroups will be communicated in advance of each session.

July 2015

M	T	W	T	F
		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

August 2015

M	T	W	T	F
3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

September 2015

M	T	W	T	F
	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

Calendar Legend

Workgroup Meeting

Stakeholder Meeting

Next Steps

- The July full stakeholder meeting is scheduled for **Wednesday, July 8, 2015** from **1:00 PM – 4:00 PM** at the **Kentucky Historical Society** (100 W. Broadway Street, Frankfort, KY 40601). No advance registration is required.
- Mark your calendars! The next HIT Infrastructure workgroup will be held on **TUESDAY, July 23, 2015**. Please note that shift from Thursday to Tuesday in July due to meeting space constraints. We will return to our regular rhythm in August.

Workgroup	July Date	July Time	July Location
HIT Infrastructure	Tuesday, July 21, 2015	9 AM to 12 PM	KY Department for Public Health (DPH), Conference Suite A , 275 E Main St, Frankfort, KY 40601
Payment Reform	Wednesday, July 22, 2015	9 AM to 12 PM	KY Department for Public Health (DPH), Conference Suites B-C , 275 E Main St, Frankfort, KY 40601
Integrated & Coordinated Care	Wednesday, July 22, 2015	1 PM to 4 PM	KY Department for Public Health (DPH), Conference Suites B-C , 275 E Main St, Frankfort, KY 40601
Increased Access	Thursday, July 23, 2015	9 AM to 12 PM	KY Department for Public Health (DPH), Conference Suites B-C , 275 E Main St, Frankfort, KY 40601
Quality Strategy/ Metrics	Thursday, July 23, 2015	1 PM to 4 PM	KY Department for Public Health (DPH), Conference Suites B-C , 275 E Main St, Frankfort, KY 40601

- Please visit the dedicated Kentucky SIM Model Design website: <http://chfs.ky.gov/ohp/sim/simhome>
- Please contact the KY SIM mailbox at sim@ky.gov with any comments or questions

Thank you!

Q&A