Minnesota Accountable Health Model

Joint Community Advisory and Multi-Payer Alignment Task Force

Wednesday, April 19, 2017 | 9:00 a.m. - 12:00 p.m.
Wilder Center, 451 Lexington Pkwy N, St Paul, MN 55104

MEETING MINUTES

Attendees

Members: Jennifer Lundblad (CATF Chair), Charles Abrahamson, Courtney Baechler, Karen Chapin, David Cook, Renee Fraundienst, Sarah Keenan, Jeffrey McGonigal, Jim Przybilla, Sarah Radtke, Brett Skyles, John Sohigian, Michael Troska, Catherine VonRueden

State Staff: Commissioner Dr. Ed Ehlinger, Marie Zimmerman, Jennifer Blanchard, Krista O’Connor, Diane Rydrych, Catherine Rohde and Monica Hammer

SHADAC Presenters: Donna Spencer, Christine Worrall

RTI Presenters: Leslie Greenwald, Catherine Hersey

CHCS Staff: Greg Howe, Diane Stollenwerk

Welcome and Overview of Agenda

Jennifer Lundblad, CATF Chair, welcomed everyone and provided an overview of the meeting agenda. She noted that Garrett Black, MAPTF Chair, was unable to attend the meeting. This meeting will be the final meeting of the SIM Task Forces.

Updates

Diane Rydrych, MDH, noted the Driver Diagram and the infographic showing that SIM goals are on target or have been surpassed. Diane then provided the following updates:

- The Foundations in Privacy Toolkit has been completed and it is available on the Gray Plant Mooty website. The Toolkit was presented at the Learning Days meeting.
- Learning Days 2017 was held April 4-5 in St. Cloud with attendance of approximately 450 people. Learning objectives for the event included: transforming primary care to improve patient experience, implementing team-based care, developing partnerships between health care providers and community organizations, and understanding and improving health equity.
- The RFP to continue the Community Engagement work was released to focus on community-led narratives on health. There were two awards of $25,000 to address mental health and wellness for Somali American children and urban farming.
- The kick-off event for the Primary Care and Local Public Health Learning Community, created to identify issues of joint concern, was held on March 21. Diabetes, particularly in the Latino community, and smoking cessation were identified as priority areas. Four additional meetings are planned.
- The annual Minnesota e-Health Summit is Thursday, June 15, 2017. Registration is open now.
Jennifer Blanchard, DHS, provided the following updates:

- LearningLens, Inc. was awarded a contract to develop up to 45 accessible e-learning training modules to support providers with policies, procedures and practices for Minnesota’s Integrated Health Partnerships, Behavioral Health Home Services, and Health Care Homes.
- DHS is finalizing the RFP for the IHP 2.0 contracts, which will be released in May. Responses will be due in September, and contracts will start in 2018.
- Final 2015 IHP settlements and interim 2016 IHP settlements are due in April.

**Sustainability Resource—Minnesota’s SIM Website**

Task Force members completed a short quiz to test their knowledge on content on the state public MN SIM website. Krista O’Connor reviewed and highlighted the resources available on the site, including information about grants and contracts, task force meetings and work products, progress on the SIM project, participating IHP partnerships, roadmaps and toolkits, and grantee information. Krista noted that Cat Rohde, DHS, is the main website manager and has developed and added the Google map of SIM awards throughout the state. Task Force members were encouraged to promote this resource and provide a link to it from their own organizational web sites.

**Minnesota Evaluation**

Donna Spencer, SHADAC, provided an update on the status of the state SIM evaluation:

- Data collection is ongoing through May 2017.
- The draft second annual report is due to the State by July 30, 2017, and the final second annual report is due by September 30, 2017.
- Minnesota’s SIM evaluation will focus on outcomes, sustainability, and future considerations. It will include initiative-wide and program-level results.
  - Outcomes will include: organization relationships, capacity and infrastructure, access to care, quality and costs of care, spread of models to new sites, advancement of alternative payment models, and others.
  - Sustainability will include: decisions and capacity to sustain across SIM, enabling resources, and impediments.
- Key data sources for the evaluation include:
  - Interviews with and other input from grantees, organization partners, Task Force members, and state staff.
  - SIM Minnesota Organization Survey
    - Administered in March 2017 to about 240 organizations engaged in accountable care.
    - Response rate was 46%.
    - Characteristics of participating organizations: 40 medical organizations and 60 priority-setting organizations.
  - ACH Provider Survey
    - Administered January through March 2017 to about 375 medical and non-medical care/service providers across 15 ACHs.
    - Response rate was 49%.
    - A variety of participating providers responded to the survey.
  - HIE User Survey
    - Will be administered in May 2017 to providers using HIE approaches implemented under e-Health Collaboratives.
  - Select APCD/SQRMS results.
  - Grantee reports.

The discussion then included the following comments/questions:

- The State will share results of the evaluation through 1) emails to Task Force members and other
SIM-involved individuals and organizations via the public SIM list serve, 2) on the public SIM website, and 3) at the final SIM event in the fall.

- It would be interesting to know how health systems leveraged other resources, using SIM to move further ahead.
- Preliminary findings: community building and developing relationships are valuable, and it takes work to initiate and maintain those relationships.
- Evaluation will frame findings across all of the SIM work and investments in 1) organizations, 2) organizations supporting organizations, and 3) in state government.
- It is important to understand how the SIM work advanced the Triple Aim: there is a commitment to advancing the work, improvements in the capacity to change, and advancements in each area.
- The evaluation will address how organizations are impacted by SIM funded activities and how these activities have affected how they do business. The evaluation will not analyze patient outcomes, given the timeframe, rather it will explore the impact to providers and organizations.
- The evaluation will capture how SIM has impacted MDH and DHS at the agency level. The State has already seen changes to how it provides services, the focus on social determinants of health and the value of small grants in making changes. New initiatives can inform the foundational blocks and these new learnings can be captured and sustained. Conversations about how to sustain this work at the State are ongoing.

**National Evaluation**

Catherine Hersey, RTI International, provided an update on the status of the national SIM evaluation:

- SIM projects are state-wide initiatives accelerating health care system transformation from encounter-based service delivery to care coordination, and from volume-based to value-based payment.
- There are six Round 1 Model Test States, including MN.
- States received $33-45 million per state, $250 million overall.
- The test period began late 2013 and is ending 2016-2018.
- Quantitative analyses come from data reported by states to the Innovation Center (population reached, payer and provider participation), and from claims (care coordination, quality of care, utilization, expenditures). Quantitative results involve pre- and post-SIM analyses and the use of comparison groups, which may vary by state and help to illuminate what would have happened absent the intervention.
- Qualitative analyses come from interviews from site visits, monthly calls with state officials, document review, consumer focus groups and provider focus groups. Substantive topics include: implementation/operationalization/stakeholder engagement, quality of care, workforce development and practice transformation, provider response, behavioral health integration with primary care, consumer response, health IT and data analytics, population health, utilization and expenditure, and care coordination.
- Year 2 findings (April 2014 – March 2015) are the only results available. Qualitative findings have shown that states have been successful with:
  - Engaging a wide swath of the payer, provider, purchaser, and patient communities.
  - Building stakeholder consensus by balancing standardization and flexibility when expanding payment reforms statewide.
- Year 2 quantitative findings are based on 3 quarters of post-period data (statewide, population trends) and include Medicare and commercial data only. It is too early to attribute specific quantitative results to the SIM Initiative. More detailed analyses that include directly targeted populations (Medicaid) will be presented in future years.
- Selected Year 2 findings:
  - States have leveraged multi-payer efforts to implement payment and delivery system reforms, and used a range of policy levers to effect change.
  - States have engaged the provider community in SIM-related activities.
Over time, many states have been able to increase the populations served by their SIM-supported models.

The Test states are using a range of policy levers, including contract provisions, selective contracting, state legislation and regulation, Medicaid state plan amendments, and Medicaid waivers.

All six Test states faced challenges in implementing payment reforms, and have adapted their payment reform strategies to respond to these issues. Challenges included:
- Provider fatigue from concurrent payment reform initiatives.
- Obtaining consensus among diverse stakeholders involved in multi-payer reform.
- Balancing standardization and flexibility as states may have regional variations. For example, Minnesota is ensuring small and rural provider organizations are supported to have the financial capabilities to participate in IHPs.
- Achieving multi-payer participation.

Year 3 findings have been drafted, but it is not clear when the report will be released. Currently RTI is working on Year 4 results.

The discussion then included the following comments/questions:
- Each state focuses on its own opportunities and prioritizing of populations of care. The evaluation is planning to customize state findings. The commonality is Medicaid populations, but evaluation will not delve into sub populations.
- RTI acknowledged the MN results that are incorporated in the Year 2 report are currently out of date. For example, the percentage of the Medicaid population in IHP models is now closer to 46%, or about 465,000 beneficiaries. However, at this time, more recent findings have not been approved for public release.
- Self-insured employers are often out front in new models. There can be friction in states where the state is introducing new payment models that are already in place in some organizations. The intention of the states is to leverage more people.
- In MN there were many early adopters of electronic data systems, but there were challenges:
  - Getting systems to talk to each other, and to address HIPAA issues and multiple levels of laws and regulations.
  - The marketplace was dominated by large HIE companies/products. Some were burdensome and not clinically relevant, with gaps in data that could be analyzed and acted on. It was hard for small organizations to purchase these products.
  - Health care systems do not always have the capacity or staff to analyze and make use of the data.
- It is difficult to include broad best practices in the national reports because lessons are very state-specific.

**Update from Executive Leadership**

Dr. Ed Ehlinger, MDH Commissioner, provided an update on MDH organizational priorities and commented on the SIM work:
- Highlights of MDH budget priorities include:
  - Meeting the needs of vulnerable populations.
  - Prevention, identification, and treatment of opioid addiction.
  - Maintaining and enhancing fees in order to maintain current operations. 55% of the budget comes from fees, and 60% of funds goes to local organizations. Now is not the time to pull back on state resources for health.
  - Most of the national attention to the ACA is around coverage, but health will be affected by any proposed changes, and that will have an impact at the local, state, and federal level.
  - SIM has moved the needle on health and made many important contributions, particularly:
    - Addressing health equity and defining what is health.
Providing care in an integrated manner; health is the responsibility of multiple sectors.

Strengthening the capacity of local communities.

Marie Zimmerman, Medicaid Director, DHS, provided an update on DHS organizational priorities and commented on the SIM work:

- SIM is an accelerator for good work already going on. For example, SIM contributed to the expansion of IHPs and HCHs, leveraged the 90/10 match for HIE, among other efforts.
- Perspective on the budget:
  - Need to preserve the success we’re already having, such as Medicaid expansion which provides expanded coverage, greater access, and quality care.
  - There are challenges in individual insurance markets; more people are buying-in and they need more options.
- DHS is tracking federal activities, particularly funding to cover expansion population and MinnesotaCare. DHS conducted an analysis of the impact on MN of the proposed American Health Care Act (AHCA) legislation. In its current form, the bill would impact coverage and services for 1.2 million low-income Minnesotans and result in the loss of $35 billion in federal funding for the state.
- It is important to tell the story to the federal delegation regarding the impact of SIM and the impact of losing momentum if ACA is repealed (either partially or fully).

Jennifer Lundblad noted that having the support of both DHS and MDH Commissioners has made a big difference in the effectiveness and commitment of the Task Forces over the course of the project.

Final Event

Krista O’Connor, DHS, provided an overview of the final SIM event and next steps for the Task Force:

- Planning for the event has evolved from multiple meetings to a single event; from small meetings to a large event; from regional meetings to an event in the Twin Cities; from in-house preparation to production by an outside vendor; from a focus on accomplishments to a focus on the future.
- The event will include 10 short presentations that will be recorded and live streamed. Holding the event in the metro area will allow access to the necessary facilities to host this kind of event. The event will include an Open Space discussion and an event report will be available afterwards. The State is in the process of procuring a vendor to produce the event; there is no contracted commitment with any vendors at this time.
- The target date is a Wednesday in early November (1 or 8). The State will send out a “save the date” announcement when the date is confirmed.
- Formal Task Force appointments end in April 2017, but there is ongoing discussion about bringing back the groups informally in December or early 2018 to hear updates and continue discussions.

Task Force Member Recognition

Dr. Ed Ehlinger and Marie Zimmerman made comments recognizing the contributions of the SIM Task Forces:

- Members of the Task Forces and subgroups were thanked for their contributions to the advancement of the SIM project, and were asked to stand and be recognized with their groups:
  - Community Advisory Task Force, 2015 – 2017
  - Multi-Payer Alignment Task Force, 2015 – 2017
  - Accountable Communities for Health Subgroup, 2014
  - Data Analytics Subgroup, Phase One, 2014 - 2015
  - Data Analytics Subgroup, Phase Two, 2016
• Jennifer Lundblad was recognized for her leadership as Chair of the Community Advisory Task Force since 2013.
• Krista O’Connor was recognized for her leadership of the SIM Project since 2013.
• The SHADAC and RTI teams were recognized for their support of the SIM Project.
• Diane Stollenwerk and the CHCS team were recognized for their support of the SIM Project since 2013.
• Certificates were made available to all members of the Task Forces and subgroups.

Public Comment
No audience members chose to offer any public comments

Next Steps/ Wrap-up
Jennifer Lundblad, CATF Chair, thanked all attendees and noted that this is the final meeting of the SIM Task Forces.
The meeting was adjourned just before noon.