The Minnesota Accountable Health Model
Joint Community Advisory and Multi-Payer Alignment Task Force Meeting

WEDNESDAY, APRIL 19, 2017
9:00 AM - 12:00 PM
WILDER CENTER | 451 LEXINGTON PKWY N, ST. PAUL, MN 55104
Agenda

• Welcome and Overview of Agenda
• Updates
• Sustainability Resource – Minnesota SIM Website
• MN Evaluation
• National Evaluation
• Update from Executive Leadership
• Final Event
• Task Force Member Recognition
• Next Steps / Wrap-up
• Public Comment

Information: SIM MN Website, www.mn.gov/sim
Contact: SIM MN Email, sim@state.mn.us
**Minnesota Accountable Health Model**

By 2018, Minnesota’s health care system will be one where:

- The majority of patients receive care that is patient-centered and coordinated across settings;
- The majority of providers are participating in ACO or similar models that hold them accountable for costs and quality of care;
- Financial incentives for providers are aligned across payers, and promote the Triple Aim goals; and
- Communities, providers and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvement goals.

**AIM**

**PRIMARY DRIVERS**

1. Providers have the ability to exchange clinical data for treatment, care coordination, and quality improvement.
   - HIT/HIE

2. Providers have analytic tools to manage cost/risk and improve quality.
   - Data Analytics

3. Expanded numbers of patients are served by team-based integrated/coordinated care.
   - Practice Transformation

4. Provider organizations partner with communities and engage consumers, to identify health and cost goals, and take on accountability for population health.
   - ACH

5. ACO performance measurement, competencies, and payment methodologies are standardized, and focus on complex populations.
   - ACO Alignment

**SECONDARY DRIVERS**

- Provide funding, technical assistance (TA) and other resources to increase community, provider and setting engagement in secure Health Information Exchange (HIE).
- Develop roadmap and provide tools/resources to promote Electronic Health Records (EHR) adoption and effective use.
- Provide investment in state technical infrastructure to support population health improvements through standards-based clinical health information exchange.
- Provide enhanced data analytics, reporting and technical assistance.
- Provide resources and training on quality improvement.
- Provide direct provider support/TA for practice transformation/transition to team based, patient centered coordinated care.
- Support adoption of emerging provider types (e.g. community health worker, community paramedic, dental therapists).
- Establish models for Accountable Communities for Health.
- Develop a methodology/roadmap for incorporating ACH activities into payment models.
- Align and evolve ACO payment methodologies.
- Establish ACO core competencies and regulatory structures.
- Develop community core measures for ACO cost and quality.
- Develop integrated ACO financial models and measures for complex populations.
MINNESOTA ACCOUNTABLE HEALTH MODEL

State Innovation Model (SIM)

45 million federal grant

Goals

- The majority of patients receive care that is patient-centered and coordinated across settings.
- The majority of providers are participating in Accountable Care Organizations or similar models that hold them accountable for costs and quality of care.
- Financial incentives for providers are aligned across payers and promote the Triple Aim.
- Communities, providers and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvements.

How we are doing

Accountable Communities for Health (ACH)

Goal of 15 reached by 2015

Integrated Health Partnership (IHP)
cumulative cost savings

Percent of fully insured people covered by an ACO or Total Cost of Care (TCOC Model)

Percent of certified Health Care Homes (HCH) or Behavioral Health Homes (BHH) in Minnesota

Number of Minnesotans receiving care through a Medicaid Accountable Care Organization (ACO)

As of July 2016
UPDATES
Program Updates

- Privacy Toolkit
- IHP, BHH, HCH e-Learning Modules
- 2017 Learning Days & PC/LPH Learning Community
- Community Engagement RFP
- IHP 2015 & 2016 Settlements

Information: [SIM MN Website](http://www.mn.gov/sim)
Contact: [SIM MN Email](mailto:sim@state.mn.us)
Save the Date: **2017 MN e-Health Summit**

- June 15, 2017
- Earl Brown Heritage Center, Brooklyn Center

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SUSTAINABILITY RESOURCE
MINNESOTA SIM WEBSITE

Information: SIM MN Website, www.mn.gov/sim
Contact: SIM MN Email, sim@state.mn.us
Sustainability Resource – MN SIM Website

• Grants & Contracts
• Task Force Information
• Minnesota’s SIM Project Progress
• Participating Integrated Health Partnerships
• Roadmaps & Toolkits
  • E-health Roadmaps
  • E-health Privacy and Security
  • Emerging Professions
• Grantee Information

Information: SIM MN Website, www.mn.gov/sim
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STATE EVALUATION OF THE MINNESOTA ACCOUNTABLE HEALTH MODEL

Joint Community Advisory and Multi-Payer Alignment Task Force Meeting

April 19, 2017
State Evaluation - Agenda

• Status of State Evaluation
• Final Evaluation Report
• Key Data Sources in Final Year of Evaluation
• New Survey Data
  • Update on SIM Minnesota Organization Survey
  • ACH Provider Survey
  • HIE User Survey
• Questions/Feedback
State Evaluation Status

• Status of Evaluation
  • Data collection ongoing through May 2017
  • Draft final report to State by July 30, 2017
  • Final report to State by September 30, 2017

• Final Evaluation Report
  • Focus on outcomes, sustainability, and future considerations
  • Initiative-wide and program-level results
State Evaluation - Report

• Final Evaluation Report
  • Outcomes
    • Organization relationships
    • Capacity and infrastructure
    • Access to care
    • Quality and costs of care
    • Spread of models to new sites
    • Advancement of alternative payment models
    • Other
  • Sustainability
    • Decisions and capacity to sustain across SIM
    • Enabling resources
    • Impediments
State Evaluation - Data

• Key Data Sources
  • Interviews with/other input from grantees, organization partners, TF members, state staff
  • SIM Minnesota Organization Survey
  • ACH Provider Survey
  • HIE User Survey
  • Select APCD/SQRMS results
  • Grantee reports
State Evaluation - Surveys

• **SIM Minnesota Organization Survey**
  • Administered to ~240 organizations (March 2017)
  • Response rate
  • Characteristics of participating organizations

• **ACH Provider Survey**
  • Administered to ~375 medical and non-medical care/service providers across 15 ACHs (Jan-March 2017)
  • Response rate
  • Characteristics of participating providers

• **HIE User Survey**
  • To be administered to providers using HIE approaches implemented under e-Health Collaboratives (May 2017)
State Evaluation - Contacts

• Questions? Feedback?

• For More Information:
  
  Donna Spencer (dspencer@umn.edu)
  Christina Worrall (cworrall@umn.edu)

  Website: www.shadac.org
SIM 1 Background

- A state-wide initiative accelerating health care system transformation from encounter-based service delivery to care coordination, and from volume-based to value-based payment

- 6 Round 1 Model Test States
  - $33-45 million per state, $250 million overall
  - Test period began late 2013 and ending 2016-2018
SIM 1 Methods: Quantitative Analyses

- Quantitative analyses come from *data reported by states* to the Innovation center:
  - Population reached
  - Payer and provider participation

- Quantitative analyses come 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
SIM 1 Methods: Qualitative Analyses

- 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
  - Care coordination
Overview of Selected Year 2 Findings

- Qualitative Findings:
  - 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

- Quantitative Findings:
  - Based on 3 quarters of post-period data (statewide, population trends); Medicare and commercial data only
  - 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
States have leveraged multi-payer efforts to implement payment and delivery system reforms, and used a range of policy levers to effect change.

Public and private payers working together have shown some of the most substantial changes in delivery systems and payment methods.

*Example* Arkansas Blue Cross Blue Shield, QualChoice and some large self-insured employer groups, including Walmart, participate in the Arkansas’ patient-centered medical home and episode of care models.
Provider Participation

States have engaged the provider community in SIM-related activities

*Example* In Vermont providers participating in Medicaid and commercial ACOs now represent a majority of the state’s available primary care providers, and offer services to nearly all residents statewide
Populations Reached

Over time, many states have been able to increase the populations served by their SIM-supported models.

- Note: Some of the activity predates SIM, and may be a part of another program such as CMS’s Multi-Payer Advanced Primary Care Demonstration.

*Example* Alternative payment models Vermont are reaching about 50% of each state’s total population, with Oregon and Vermont also reaching over 80% of their total Medicaid population.

*Example* Minnesota had 23% of its Medicaid population in integrated care models as of March 2015.
Policy Levers

The Test states are using a range of policy levers.

Contract Provisions, Selective Contracting (Minnesota)

*Example* Minnesota’s contracts with the MCOs require the MCO to participate in the shared savings and losses payment methodology for any IHP-assigned beneficiaries they cover

State legislation and regulation

Medicaid state plan amendments

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 include:**
  - **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**
State Innovation Models Initiative Evaluation: Model Test Year Two Annual Report is available at:


The CMS blog post about the Round 1 State Innovation Model can be found here:

Break
UPDATE FROM THE EXECUTIVE LEADERSHIP
Update from MDH Executive Leadership

Dr. Edward Ehlinger
Commissioner
MN Department of Health
Update from DHS Executive Leadership

Marie Zimmerman
Medicaid Director
MN Department of Human Services

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FINAL EVENT

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Final Event

**Evolution**
- Multiple vs Single
- Small vs Large
- Regional vs Cities
- In-House vs Vendor
- Historical vs Future

**Event Details**
- 10 short presentations
- Captured & achieved
- Live streamed
- Open Space discussion
- Event report

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TASK FORCE MEMBER RECOGNITION

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Task Force Member Recognition

• Community Advisory Task Force
• Multi-Payer Alignment Task Force
• Accountable Communities for Health Subgroup
• Data Analytics Subgroup, Phases One & Two
NEXT STEPS / WRAP-UP
Task Force Contact Information

Task Forces

• Jennifer Lundblad (JLundblad@stratishealth.org), CATF Chair
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• Jennifer Blanchard (Jennifer.Blanchard@state.mn.us), DHS
• Krista O’Connor (Krista.Oconnor@state.mn.us), DHS

Facilitation Team

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Minnesota Accountable Health Model

Public Website

www.mn.gov/sim