



MINNESOTA

ACCOUNTABLE HEALTH MODEL

AIM

PRIMARY DRIVERS

SECONDARY DRIVERS

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.

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

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.