The Minnesota Accountable Health Model

State Innovation Model (SIM) Grant
Overview, goals & activities

health reform
MINNESOTA
A Better State of Health

What is the MN Accountable Health Model?

Part of the CMS Innovation Center State Innovation Model (SIM) program

Supporting comprehensive approaches to transform a state's health system

through innovative payment and service delivery models that will

lower costs while maintaining or improving quality of care

State Innovation Model Testing States

Model Testing Grant awarded to Minnesota –

- Partnership between the Minnesota Departments of Human Services (DHS) and Health (MDH)
- States could apply for Model Design grants ($1-$3 million, one year) or Model Testing grants (up to $60 million, three years)

– and five other states: AR, ME, MA, OR, VT

Minnesota's Model Testing grant: $45.3M

- Planning/Implementation period: 4/1/13 – 9/30/13 (6 months)
- Testing period: 10/1/13 – 9/30/16 (3 years)

Why are we doing this?

- **Fragmented care**: not treating the whole person
- **Rising costs**: greater burden on patients, payers, employers
- **Focus on treatment, not prevention**
- **Variation in quality**: missed opportunities for improvement, re-inventing the wheel
- **Lack of alignment**: different payment systems, different metrics, different approaches
- **Disconnect between clinical, community-based approaches**

MN Reform Foundation for SIM

Minnesota's SIM innovation plan builds on existing state reforms that are already underway in Minnesota:

1. **Medicaid's ACO demonstration** (Health Care Delivery System - HCDS) and other ACOs
2. **E-Health Initiative**
3. **Multi-payer Health Care Home Initiative**
4. **Statewide Quality Reporting and Measurement System (SQRMS)**
5. **Community Care Teams**
6. **Statewide Health Improvement Program (SHIP)**

SIM Innovation Plan: Minnesota Accountable Health Model Vision

- Every patient receives coordinated, patient-centered primary care.
- Providers
  - effectively and sustainably **partner with community organizations and engage consumers**;
  - **participate in accountable care and payment models** based on quality, patient experience and cost performance measures;
  - **are rewarded for keeping patients healthy** and improving care quality through financial incentives that are fully aligned across payers and the interests of patients; and
  - **take responsibility for a population's health,** including medical care, mental/chemical health, community health, public health, social services, schools and long-term supports and services.

What are we testing?

Can we improve health and lower costs if more people are covered by Accountable Care Organizations (ACO) models?

If we invest in data analytics, health information technology, practice facilitation, and quality improvement, **can we accelerate adoption of ACO models and remove barriers to integration of care** (including behavioral health, social services and long-term services and supports), **especially among smaller, rural and safety net providers?**

How are health outcomes and costs improved when ACOs adopt Community Care Team and Accountable Communities for Health models to support integration of health care with non-medical services, compared to those who do not adopt these models?

Minnesota SIM Grant Overview

Core elements:

- Expanding Minnesota's Medicaid Health Care Delivery System demonstration (HCDS) and other Accountable Care Organization (ACO) models in the market;
- Providing additional data analytic capacity and health information technology resources to a broader array of providers;
- Facilitating provider learning collaboratives, quality improvement initiatives, practice facilitation and support for new provider types to transform care delivery; and
- Supporting up to 15 Accountable Communities for Health (ACH.)

Minnesota SIM Grant Overview

The state will accelerate

- **Expansion of the Minnesota Accountable Health Model** under its Medicaid and other payer ACO arrangements; and
- **Integration with communities** through Accountable Communities for Health, with **investments in the following major areas:**
  - Data Analytics/Infrastructure/HIT
  - Care Delivery and Payment Transformation
  - Community Integration and Partnership

Goal: Data Analytics/HIT/HIE

Secure exchange and feedback of data between providers

- **that occurs in a more instantaneous way**
  - **across settings** (clinic/hospital/LTC/behavioral health/social services), including use of the state's roadmaps for behavioral health, long-term care and social service providers.
    - **to more effectively identify opportunities** for improvement and coordination
      - **with the ultimate goal of improving care/health**.

Activities: Data Analytics/HIT/HIE

- Expansion of provider data feedback and analytics capacity and reporting for HCDS, including possible integration of other data sources and other payers
- Provider electronic health record (EHR) adoption and health information exchange (HIE) grants
- Inventory, needs assessment and roadmap for HIE in/with behavioral health and social services
- Tools, materials, TA on privacy, security and consent
- Secure, bidirectional gateway development for exchange of data between providers and the state

Goals: Care delivery and payment transformation

- **Make sure there are identifiable small and rural providers participating in ACOs** (or other innovative payment/care delivery models that promote the Triple Aim).
- **Confirm ACOs/ACHs are beginning to use models that integrate behavioral health and/or social services or long-term care.** This includes examples where we are sharing upside and downside financial risk across sectors.
- **Verify that ACOs/ACHs are prepared, able and willing to accept and manage total cost and quality of care.**

Goals: Care delivery and payment transformation

- **Define base requirements and structure for ACOs/ACHs** — in collaboration with payers, providers, and communities with flexibility for various organizational structures and coalitions.
- **Ensure ACO/ACH models have multi-payer commitment and alignment** to drive system transformation and sustainability. Alignment does not require the exact same payment and requirements, but the incentives should align across payers.
- **Equip clinical practices and provider care teams to provide integrated, team-based, coordinated care**

Activities: Care delivery and payment transformation

- **Provide resources to practices** to encourage and implement integrated, team-based, patient-centered care
- **Provide start-up grants to providers** to integrate new professions into care delivery teams
- **Implement statewide learning collaboratives** on topics related to care integration/transformation
- **Implement 1-2 statewide quality improvement initiatives**

Activities: Care delivery and payment transformation

- **Develop quality measures** for medically complex patients and special populations
- **Develop standards and performance measures** for ACOs
- **Align methodologies** – cost and quality performance, payment methods, risk adjustment
- **Align financial arrangements** (existing and new) to encourage greater provider/service integration and coordination and multi-disciplinary/community-based care teams

Goals: Community Integration and Partnership

- Create new, sustainable venues through which providers engage with communities in more meaningful ways to improve individual and community and population health.
- Ensure selected ACH communities have identified their own health and cost goals and their own measurement tools, and they have a solid plan to be sustainable in the future.

Activities: Community Integration and Partnership

Select up to 15 Accountable Communities for Health (Year 2) **and provide financial support to:**

- Establish community advisory teams/partnerships
- Identify priority population health goals and improvement activities
- Ensure community involvement/build relationships
- Develop sustainability plans

Opportunities for Input

- Formal SIM Advisory Bodies
  - Community Advisory Task Force (7/19)
  - Multi-payer Alignment Task Force (7/16)
- 7/19 community/stakeholder meeting
- Consultation with existing advisory groups, workgroups, community initiatives
- Potential for regional meetings

Key SIM Milestones

- April to September 2013: Planning, gathering input
- Mid-July 2013: Two formal task forces begin meeting
- Stakeholder/community meeting
- Late 2013/early 2014: Data/infrastructure investments begin
- Late 2013: Practice transformation work expands
- Late 2013: ACH planning begins
- Late 2014: ACH communities selected

Questions for group

- What are the high-priority issues related to care coordination and integration for rural areas that we should focus our efforts on?
- How can we effectively reach out to/partner with rural providers and communities?
- What would our system look like in 5 years if we succeed, from a rural perspective?

For more information

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