

State Innovation Model

September 2015

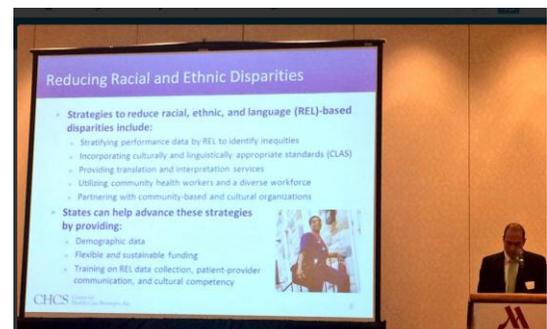
Driving Healthcare Innovation: Insights from Other SIM States

Earlier this summer, the Connecticut Health Foundation convened a summit on promising health care system innovations from other states around the country. Held with the participation of the Department of Social Services and the CT SIM Project Management Office, the summit was designed to allow members of Medicaid's Oversight Council, the SIM Steering Committee and SIM councils to learn from other states also implementing healthcare reform.

Out of the Affordable Care Act (ACA), the Center for Medicare & Medicaid Innovations (CMMI) was formed, to promote new and better models of care and payment delivery. CMMI has issued two rounds of State Innovation Model (SIM) grants to implement new models that impact the majority of a state's population. Connecticut has recently received a \$45 million four-year grant as part of Round Two. Four of the six states from the first round (2013) of SIM grants were represented at the summit: Maine, Minnesota, Oregon, and Vermont.

The Center for Health Strategies, an organization that helped organize the summit that provides SIM technical assistance to states, outlined three broad areas of innovative health reforms:

- *Payment Reform*: Moving away from a fee-for-service model that rewards a volume of services to other payment models, such as shared savings or bundled payments.
- *Quality Improvement and Measurement*, including using metrics and benchmarks to improve population health and healthcare delivery.
- *Health Disparities Initiatives*, including strategies states can pursue to reduce racial, ethnic and language-based disparities, along with pursuing data needed to support those efforts.



SIM states across the nation vary in their approaches to implementing payment reform. Maine's Medicaid program contracts with provider organizations and holds them accountable for the health outcomes and cost of their Medicaid population. They scale gradually, ultimately assuming more accountability for additional services such as behavioral health and long-term services and supports.

Minnesota's Medicaid program uses shared savings arrangements with provider-led Accountable Care Organizations (ACO's), where the ACO must meet quality benchmarks, and reduce cost. If they achieve this, they are able to retain a portion of the savings. Vermont also established a Medicaid shared savings program that aligns with the national Medicare Shared Savings Program (MSSP), and existing commercial ACO efforts.

Oregon established a higher-risk payment model. They use regional Coordinated Care Organizations (CCOs) that receive a global capitated payment to care for Medicaid beneficiaries' physical, behavioral, and oral health needs.

“SIM can be an incentive to establish connections between sectors.”
– Oregon

During the summit, the importance of reducing racial disparities and addressing social determinants of health was discussed. For instance, Vermont has a housing reporting measure as part of its measurement and evaluation framework (not tied to payment). Oregon uses incentives to make sure individuals get care that fits their needs, whether that's a detox bed, housing with community supports, or a harm reduction model.

Minnesota is the first state to pay Community Health Workers using Medicaid dollars. There, career ladders are now available for CHWs to become certified nursing assistants and licensed practical nurses, which is a good recruiting and tool for the nursing pipeline. Oregon did not “over-professionalize” community health workers, who are largely employed by community-based social service organizations. Vermont's Medicaid waiver allows them broad flexibility to allow agencies to employ people to help bridge the medical-community divide.

Most SIM states make significant investments in health information technology, due to its importance for measurement and acting on cost and quality information. A representative from Minnesota noted that data can change the conversation of what drives costs, and is critical to identifying gaps. For example, in Minnesota they discovered that dental pain was driving ED use, so the state instituted same-day access to dental care near the ED, resulting in increased access to services and lower costs.



The summit provided an opportunity to connect those working on health reform in Connecticut with each other and with leaders from Round One states that are ahead of us in similar work.

-Written by the SIM Program Management Office in Collaboration with the Connecticut Health Foundation. Additional information from the summit will soon be available at www.cthealth.org, or search for the event on Twitter using #WhatDrivesHC.

Resources from “Driving Health Care Innovation: Insights from National Leaders” Meeting

Supported by the Connecticut Health Foundation

The list of resources outlined below were mentioned during our meeting or provided by our panelists. We hope that they may prove useful to Connecticut as it continues to pursue health care innovations.

Resources from Maine

- [Maine Quality Counts PCMH and Health Homes Orientation Toolkit](#) – Informational resources including reports, videos, and frequently asked questions about the state’s PCMH and health homes programs
- [Strengthening Primary Care Program – Maine’s SIM-led effort to improve primary care including Accountable Communities, clinical dashboards, and care management notification tools.](#)
- [SIM Strategic Plan – An overview of the state’s SIM strategy](#)
- [SIM Project Quarterly Newsletter \(Q1 2015\)](#) – The latest quarterly newsletter outlining progress on Maine’s SIM initiative
- [Maine Quality Metric Selection Overview from Bailit Health Purchasing](#) – Guidance on developing a quality measure set for Maine’s Accountable Communities program
- [Race, Ethnicity, Language and Community Partnership Reports – Outline of the collection and analysis of Racial Ethnic Language \(REL\) data](#)

Resources from Minnesota

- [List of Minnesota Health Reform Initiatives](#) – A list of eight major health reform initiatives
- [2015 Integrated Health Partnerships Request for Proposals](#) – The latest RFP for the states accountable care organization (ACO) program
- [Overview of Accountable Communities for Health program](#) – Information about the state’s community-based coordination system grants awarded through their SIM grant
- [Hennepin Health Website](#)
- [Hennepin Health Program Summary](#) – An overview of Hennepin Health program, its structure, and outcomes
- [Health Affairs article about Hennepin Health](#) – An overview of the organization and its methods, as well as promising outcomes
- [New York Times article about Hennepin Health](#) – States the rationale behind the Hennepin Health program and profiles patients in the program
- [Minnesota Compass](#) – Statewide measurement effort across different sectors including health, economics, education, and public safety
- [Minnesota Equity Report](#) – A report on health equity made by the Department of Health to the State legislature.
- [Minnesota Community Measurement Disparities Report](#) – Statewide report on disparities in health care.

Resources from Oregon

- [Overview of Oregon's Coordinated Care Model](#) - A plain-language overview of the state's coordinated care organizations (CCOs)
- [CCO Directory](#) - Organizational information on all 16 CCOs
- [Historical resources and materials - Documentation on Oregon's health reform efforts including enabling legislation and its CCO implementation plan](#)
- [1115 Medicaid waiver](#) - Oregon's 1115 Medicaid Demonstration waiver, which authorized its CCO program and health system transformation efforts.
- [OHA Transformation Center website](#) - Information on Oregon's Transformation Center which provides resources to CCOs and providers to advance health reform in the state
- [Oregon Medicaid and CCO performance metrics](#) - Information on Oregon's many quality and accountability initiatives.
- [All Payer All Claims Database Report](#) - Quality data obtained from the Oregon APAC database during the first quarter of 2015.
- [HIT and HIE Business Plan](#) - Oregon's Business Plan Framework for Health Information Technology and Health Information Exchange (2014-2017)
- [Portland Business Journal article about Health Share of Oregon](#) - Article focusing on Health Share's "resilience specialists" [which help high need, high cost patients avoid the emergency department](#)
- [Medical-legal housing partnership in the Portland area](#) - Article focusing on Health Share's Medical-Legal Partnership which provides legal services and housing supports to Health Share enrollees
- [Regional Health Equity Coalitions - An overview of RHECs, which are coordinated community-driven collaboratives that identify policy, system, and environmental changes to reduce health disparities and address the social determinants of health](#)
- [DELTA Program - Information on the Developing Equity Leadership through Training Action program](#)

Resources from Vermont

- [Overview of Shared Savings Programs and ACOs in Vermont](#) - A comprehensive overview of the Vermont ACO program and its shared savings methodology
- [Green Mountain Care Board website](#) - Overview of the GMCB which is charged with ensuring that changes in the health system improve quality while stabilizing costs
- [Vermont Blueprint for Health website](#) - Website of the Blueprint for Health program, which works with stakeholders to improve primary care, care coordination, and population health
- [Vermont Chronic Care Initiative Annual Report - 2014 report on the CCI program's results in 2013, which showed significant reductions in ED and inpatient utilization and reduced costs](#)
- [VHCIP Grant Program](#) - SIM-fostered grant program to support health care system innovation
- [SIM Work Group Status Reports](#) - Monthly reports from Vermont's SIM work groups