

# Minnesota Accountable Health Model: Joint Meeting of the Community Advisory and Multi-Payer Alignment Task Forces

WEDNESDAY, MAY 20, 2015  
TIES EVENT CENTER, HAMLIN HALL  
1644 LARPENTEUR AVE. WEST, FALCON HEIGHTS  
1-4 PM



# Agenda

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- Welcome, Introduction of Task Force Members, and Overview of Agenda
- Update: Minnesota Accountable Health Model
- Data Analytics Status and Next Steps
- Accountable Health Model Evaluation
- Insights from ACH Early Implementers (CCTs)
- Next Steps/ Future Meetings
- Public Comment

# Welcome

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## Welcome Task Force Members

- Welcome to new and returning Task Force appointees

## Commissioner's Welcome

**Dr. Stephen Cha, CMMI Acting Director**

# Update: Minnesota Accountable Health Model

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# Minnesota Accountable Health Model Vision

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By 2017, 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.

# 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, public health 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?

## Aim

### Minnesota Accountable Health Model

By 2017, 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.

## 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.

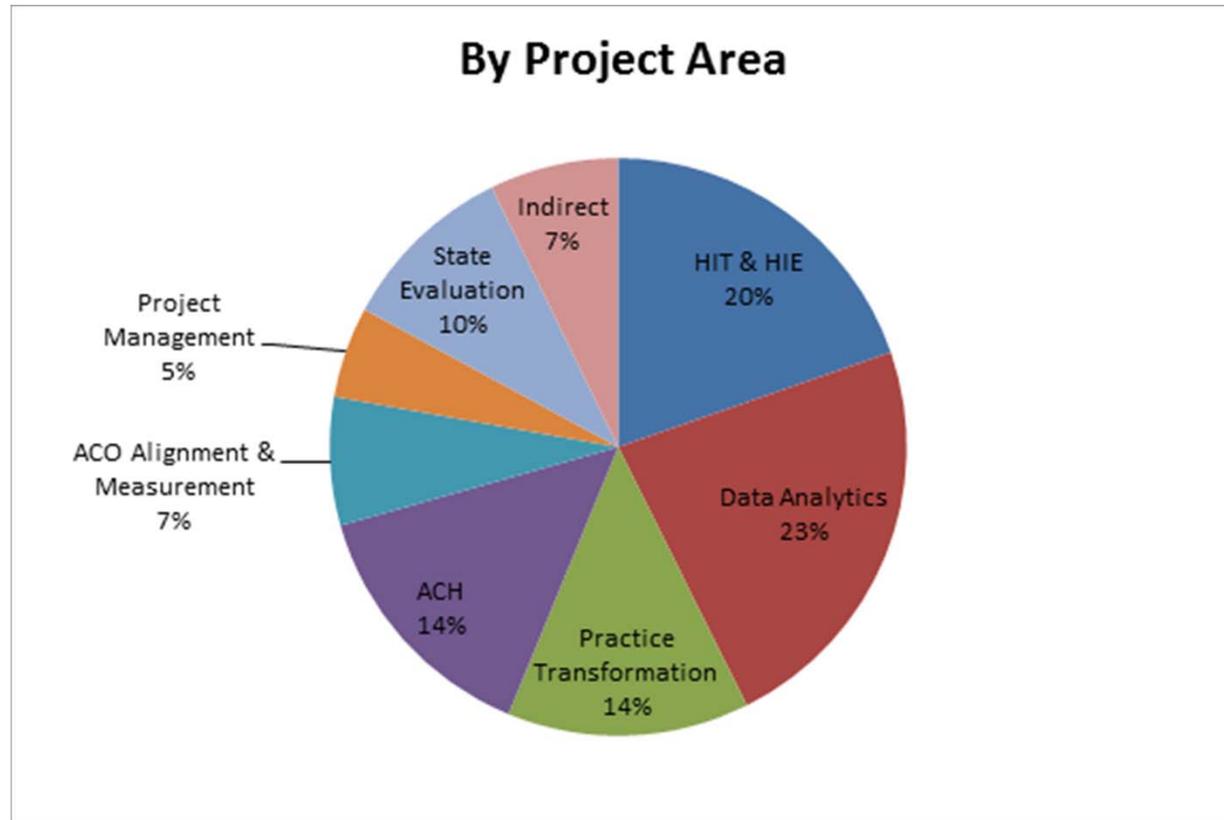
Align and evolve ACO payment methodologies.

Establish ACO core competencies and regulatory structures.

Develop community core measures for ACO cost and quality.

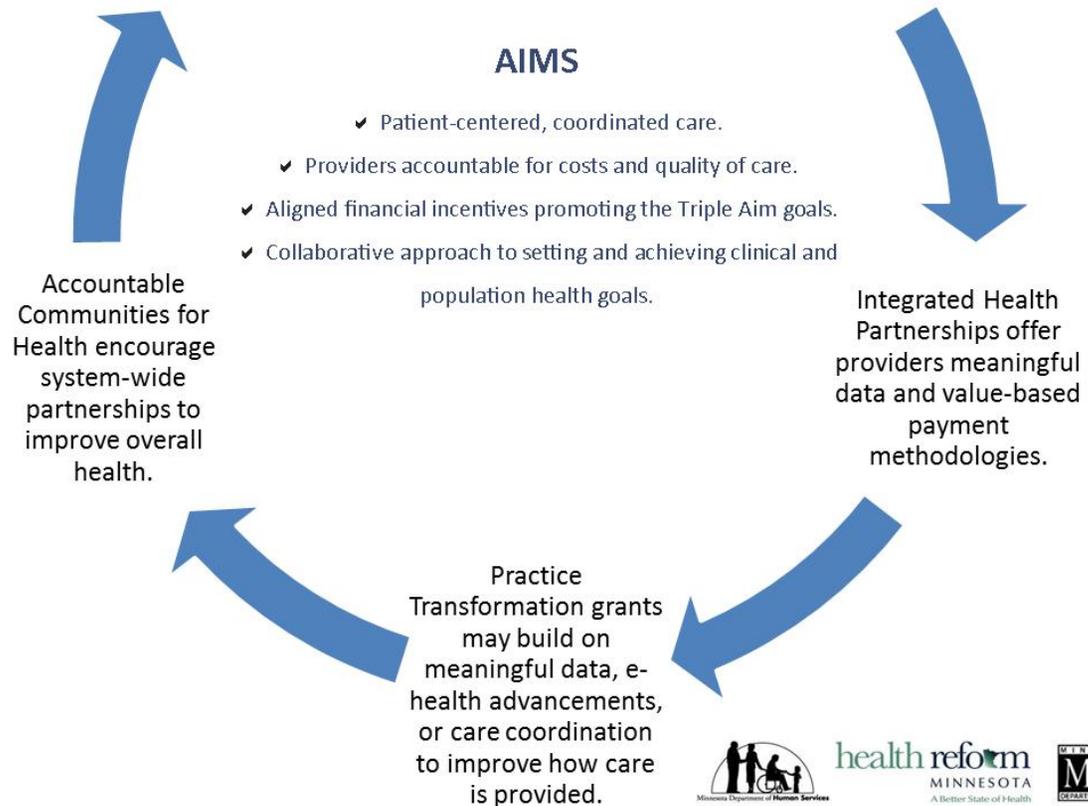
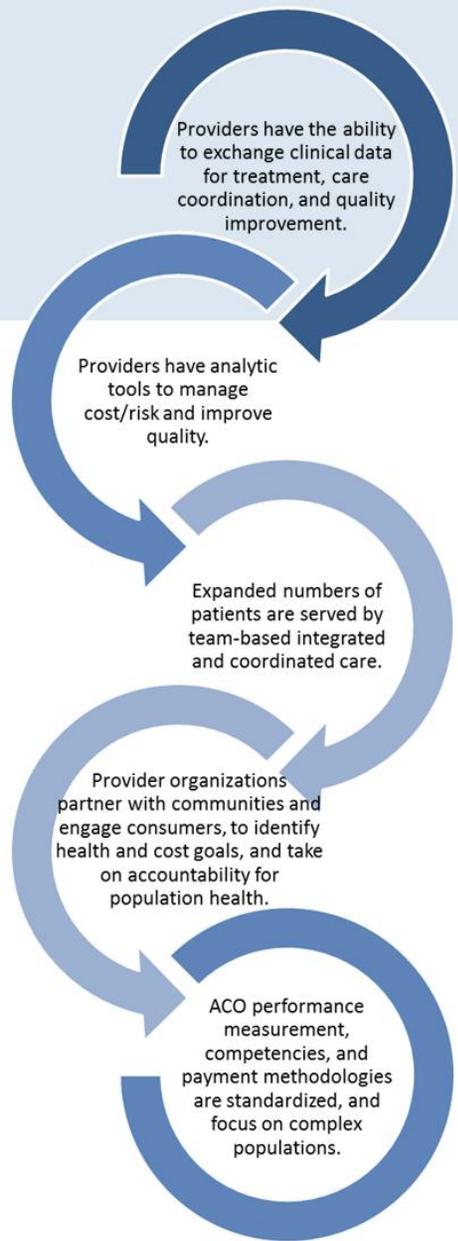
Develop integrated ACO financial models and measures for complex populations.

# SIM MN Budget



# Minnesota Accountable Health Model

Integrated, accountable health care requires innovative models of payment delivery. Minnesota Accountable Health Model activities are interconnected and support project goals and aims.



## MEASURES

1. 200,000 Medicaid enrollees in IHP model

2. 60% of fully insured population in ACO/TCOC model

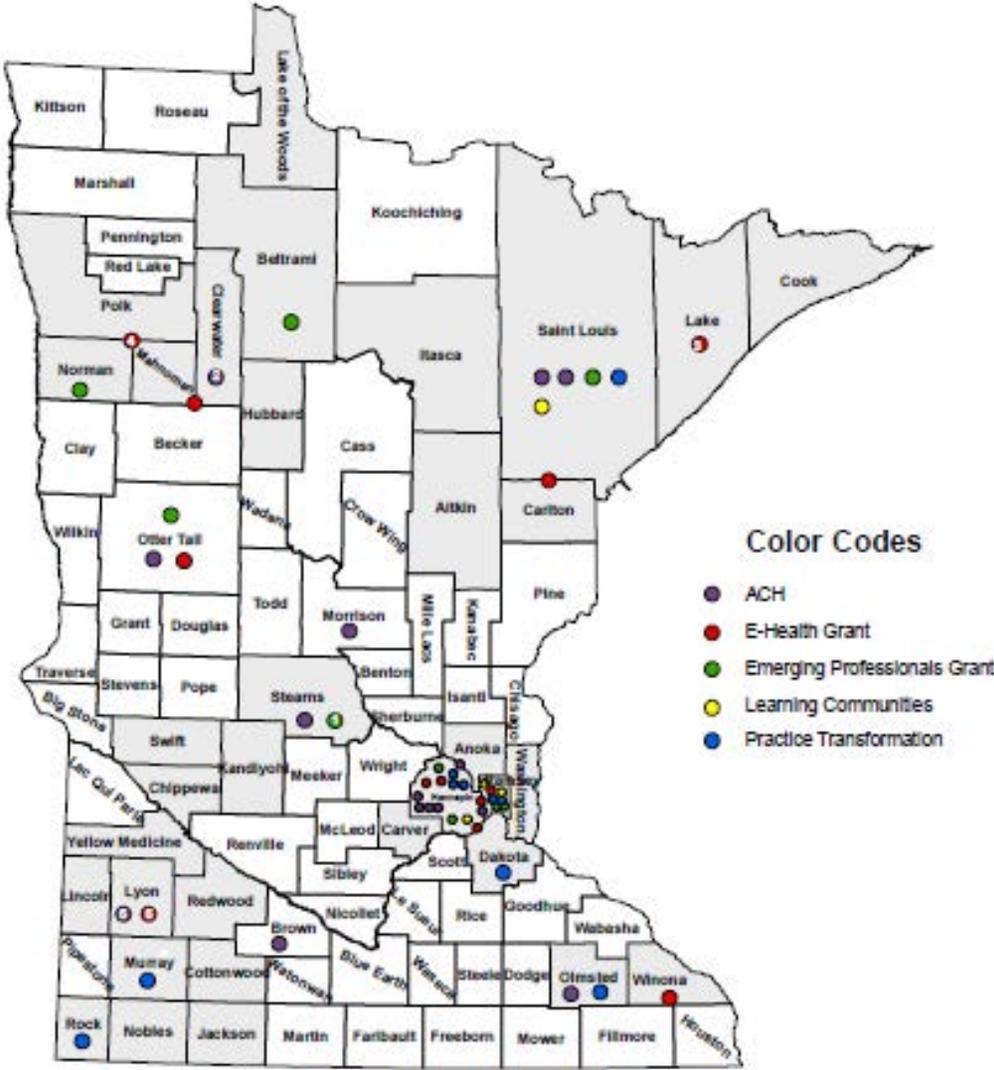
3. 67% of clinics certified as HCHs

4. 15 Accountable Communities for Health

## SIM Progress

2013	2015
1. 100,000	1. 197,000
2. ???	2. ???
3. 30%	3. 53%
4. 0	4. 15

# SIM Geographic Spread



# SIM MN Update: E-Health

<p><b>E-Health Community Grants</b></p> <p>Goal: Assist care teams in using HIT/HIE to better meet patients' health needs.</p>	<p><b>E-Health Roadmaps</b></p> <p>Goal: Provide a framework for the four priority settings to implement e-health.</p>	<p><b>Privacy, Security and Consent Management for E-Health Information Exchange</b></p> <p>Goal: Improve access to the information needed for best health decisions.</p>
<p>Round One grants were awarded a total of \$3.8 million. Six collaboratives received planning grants and 6 collaboratives received grants to implement and expand e-Health capabilities.</p> <p>Round Two submissions were due May 18<sup>th</sup>.</p>	<p>Stratis Health was awarded \$600,000 to develop and disseminate the Minnesota e-Health Roadmaps to Advance the Minnesota Accountable Health Model.</p> <p>Workgroup and committee meetings kicked off in February, 2015 and are ongoing.</p>	<p>Two 18-month grants were awarded to Gray Plant Mooty and Hielix, Inc. to support providers across all health settings with technical assistance and legal guidance in establishing systems around privacy, security and consent.</p>

# SIM MN Update: Data Analytics

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- Goal: To support the development, implementation, and expansion of data analytic initiatives, infrastructure or tools that advance management of care cost and quality
- Data Analytics Subgroup formed to initiate alignment discussions
  - Held three meetings, December 2014 – February 2015
  - Webinar on March 3 detailed the work and outputs of the Data Analytics Subgroup for Phase One
- Data Analytics TA Vendor: RFP closed early 2015
- Data Analytics IHP Provider Grants: RFP released with responses due May 18, 2015

# SIM MN Update: Emerging Professions

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## Emerging Professions

- Goal: To support the integration of community health workers, community paramedics and dental therapists in projects that support SIM goals.
- Award: \$30,000 per grantee
- *Round 1*: 5 organizations
- *Round 2*: 4 organizations
- *Round 3*: RFP released April 13<sup>th</sup>, responses due June 12<sup>th</sup>

## Emerging Professionals Toolkit

- Goal: To develop a toolkit that helps potential employers with hiring, successfully integrating, and understanding the benefits of emerging professionals.
- Award: Three \$100,000 contracts, under negotiation.

# SIM MN Update: Practice Transformation

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## Practice Transformation

- Goal: To support a range of providers and teams in primary care, behavioral health, social services, long term and post-acute care, or accountable care organizations or similar models to allow team members to participate in transformation activities that help remove barriers to care integration.
- *Round 1:* 10 organizations funded
- *Round 2:* RFP released, due June 26<sup>th</sup>, 2015

# SIM MN Update: Learning Communities

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## Learning Communities

- Goal: To implement Learning Communities and to give providers tools to improve quality, patient experience and health outcomes, while actively engaging communities and reducing health care expenditures.
- Four organizations awarded
- Monthly webinar series to support transformation, system redesign and best practices

## 2015 Health Care Homes and State Innovative Model Learning Days Conference

- Three-day informational conference for SIM stakeholders in May

# SIM MN Update: Accountable Communities for Health (ACH)

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- Goal: To encourage clinical and community partnerships that provide patient-centered coordinated care for the whole person.
- Grantees: 15 entities selected as ACH sites
  - Represent diverse population and geography
  - Varied experience in accountable care-like payment arrangements, community and provider collaboration, care coordination, population health measurement, management and evaluation, and integration across all provider settings

# SIM MN: ACO Alignment

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- Goal: To increase standardization of ACO performance measurements, competencies and payment methodologies with a focus on complex populations.
- Interviews and surveys to collect baseline data conducted in March/April 2015
- Exploration of non-medical services into IHP TCOC
- Expansion of IHP model for complex populations

# Minnesota Accountable Health Model

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## Public Website

[www.mn.gov/sim](http://www.mn.gov/sim)

# SIM MN Update: Into the Future

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The role of the Task Forces is to:

- Provide strategic direction for, engage in, and champion the Minnesota Accountable Health Model
- Identify and share best practices
- Create sustainable improvement beyond the end of the grant period

# Data Analytics Status and Next Steps

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# Data Analytics Purpose and Phased Approach

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- Purpose: “Develop recommendations and identify top-priority data analytic elements, to motivate and guide greater consistency in data sharing...”
- Subgroup work divided into two (or more) phases:
  - Phase One: What can be done now, given current data availability, infrastructure, and analysis skills and staffing
  - Phase Two: What is essential for effective shared accountability, but not possible in the current environment

# Phase One Deliverables

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Deliverables provided in draft Phase One report, described in a March 3 webinar and discussed at the March Task Force meetings:

- Guiding Principles
- Definition of Key Terms
- Prioritized Data Analytic Components with Data Sources
- Suggestions for Standardization
- Outline for a User Guide
- Approach for Compiling Best Practices

# Task Force Feedback on Data Analytics Phase One Suggestions

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Major themes compiled from four key questions

1. Discussions at March Task Force meetings
2. Survey emailed in early April
  - Potential benefits or challenges associated with Data Analytics Subgroup guidelines and suggestions
  - How do the Task Forces intend to proceed with the suggestions?
  - How can Task Force members drive awareness and adoption of the suggestions?
  - What approach should be taken to continue the work into Phase Two?



# Phase One Feedback: Areas of Agreement

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- Consistent reporting of a set of prioritized data analytic components is essential to do the following:
  - Better manage risk
  - Understand care patterns
  - Design integrated, coordinated, data-driven models and approaches
- Continue Phase One work to do the following
  - Define variables and details of the standardization topics
  - Encourage organizations to lead by example by working with others to have a consistent approach and align

# Phase One Feedback: Suggested Next Steps

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- Add more detail to the Phase One elements, address implementation barriers
- Identify where there may be privacy concerns and member consent issues
- Assess implementation issues in border communities
- Consider the cost impacts associated with trying to implement modified or new data analytic systems

# The Big Questions

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- What should be done to complete the Phase One work?
  - Prioritization of the five suggested Phase One elements
  - How should this get done, and who would be best to do it?
- What progress needs to be made in Phase One of the Data Analytics work prior to proceeding to Phase Two?

In Phase Two, the Subgroup “will address what is essential for effective shared accountability but not possible in the current environment. This should include consideration of data elements that may be required to pave a path to the future”

# MINNESOTA ACCOUNTABLE HEALTH MODEL - STATE EVALUATION

Joint Task Force Meeting  
May 20, 2015

Donna Spencer and Christina Worrall



5/19/2015

# Presentation Overview

- Evaluation Update
- Organization Database
  - Purpose
  - Contents and methods
  - Preliminary output
    - Organization characteristics
    - Organizations engaged in multiple SIM programs and activities
    - Examples of program specific maps
- Discussion

# Evaluation Update

- Evaluation plan approved by Leadership Team on March 30
- Document review of all grants/contracts funded to date
- Development of organization database
- One page description of evaluation
- Literature review of ACO monitoring/evaluation in other states
- Analysis plan for APCD data
- Accountability Continuum Matrix: Inventory of completed forms and development of data entry system for analysis
- Preparation for initial interviews with state staff and grantees

# Initiative-Wide Organization Database

- Tracks organizations expected to participate in the Minnesota Accountable Health Model across drivers, programs and other activities
  - Begins to address first evaluation goal related to activities completed under the Minnesota Accountable Health Model
- To date, includes over 290 organizations in the following:
  - Integrated Health Partnerships (IHPs)
  - Accountable Communities for Health (ACHs)
  - e-Health Grants and e-Health Roadmaps
  - Privacy, Security, and Consent Management for Electronic HIE
  - Emerging Professionals (EP) and EP Toolkit
  - Learning Communities
  - Practice Facilitation
  - Practice Transformation
  - Accountable Care Organization (ACO) Baseline Survey
  - Task Force Membership
- Updated regularly as new awards are made, future rounds are funded, changes are reported

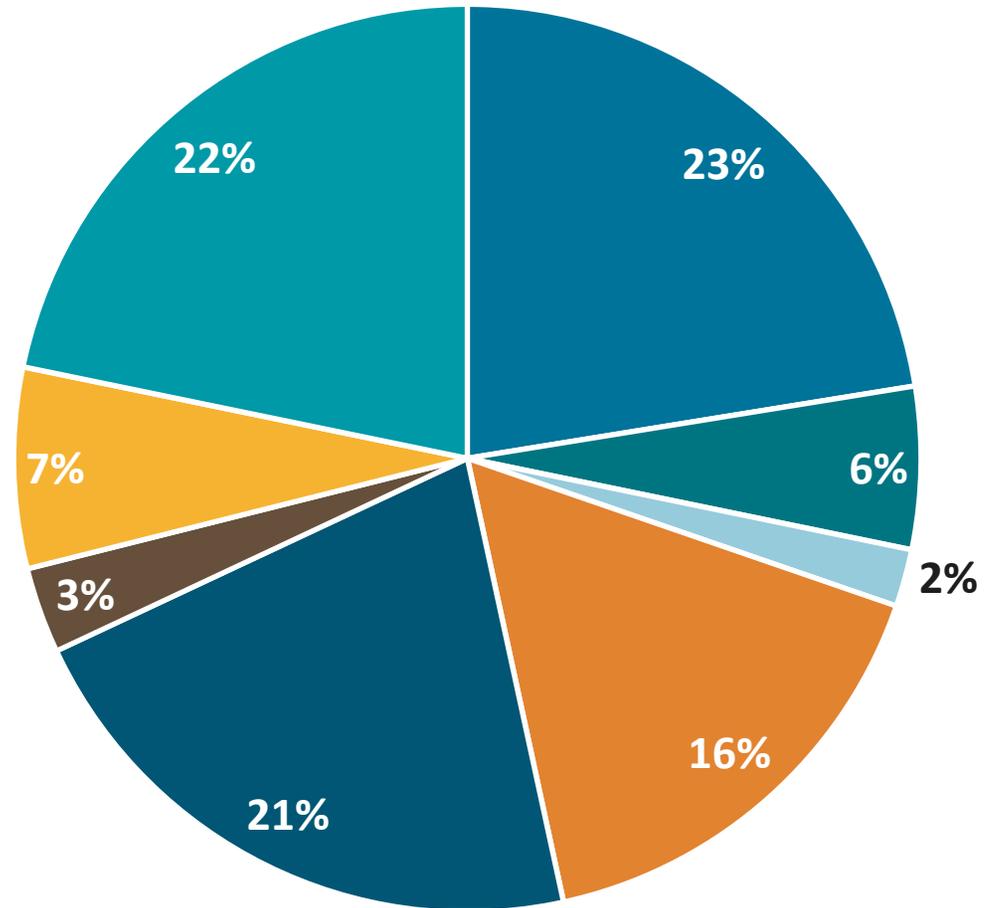
# Database Snapshot

ID	Organization Name	Organization Street Address	Organization City	Org Zip	Org Cty	Org Type	SIM Priority Setting	ACO Type	IHP Round	IHP Grant Start Date	IHP Grant End Date	IHP Participation Status 1= Active from grant inception 2= Added over time 3= Dropped	IHP Payment Model 1= Virtual 2= Integrated	IHP Participating Providers as of Jan 1, 2015(#)	Task Force Membership 1= CATF 2= MPATF	Task Force Participation Status 1= Active from grant inception 2= Added over time 3= Dropped	
1160	Minnesota Transitions	2872 26th Ave S	Minneapolis	55406	Hennepin	8											
1165	Minnesota Visiting Nurse Agency	2000 Summer St NE, Suite	Minneapolis	55413	Hennepin	5	1,2,3										
1161	Min-No-Aya-Vin Medical Clinic	927 Trettel Ln	Cloquet	55720	Carlton	1											
1177	Mississippi Headwaters Area Dental Health Center	1405 Anne St NW	Bemidji	56601	Beltrami	1											
1162	Morrison County Public Health	200 Broadway E	Little Falls	56345	Morrison	4	4										
1163	Mount Olivet Rolling Acres	1603 W Old Shakopee Rd	Bloomington	55431	Hennepin	5	2,3										
1164	Murray County Medical Center	2042 Juniper Ave	Slajton	56172	Murray	1											
1166	Myers-Wilkins Community School Collaborative	1027 N 8th Avenue East	Duluth	55805	St. Louis	6											
1167	Myers-Wilkins School	1027 N 8th Avenue East	Duluth	55805	St. Louis	6											
1349	National Council for Behavioral Health	1400 K Street NW Suite 400	Washington (DC)	20005	Out of state	8	1										
1168	National Rural Health Resource Center	600 E Superior Street	Duluth	55802	St. Louis	8											
1169	Native American Community Clinic	1213 E. Franklin Ave	Minneapolis	55414	Hennepin	1											
1170	Neighborhood Health Source	3300 Fremont Ave N.	Minneapolis	55412	Hennepin	1											
1083	Neighborhood Healthcare Network (Federally Qualified Health Center Urban Health Network)	3300 Fremont Ave N.	Minneapolis	55412	Hennepin	1		1	1	1/1/13		1	1	34			
1171	New Ulm Medical Center	1324 5th St N	New Ulm	56073	Brown	1											
1172	Nobl																
1173	Norm	<b>Neighborhood Healthcare Network (Federally Qualified Health Center Urban Health Network (FUHN))</b>															
1313	Norm																
1174	North																
1175	North Health																
1178	North																
1179	NorthPoint Health and Wellness Center	1313 Penn Ave N	Minneapolis	55411	Hennepin	1											
1180	Northwest Hennepin Family Service Collaborative (NWHFSC)	11200 93rd Ave N	Maple Grove	55369	Hennepin	8	1,3										
1182	Northwestern Mental Health Center	603 Bruce Street	Crookston	56716	Polk	4	1,3										
1183	Northwoods Hospice Respite Partners	328 West Conan St	Ely	56731	St. Louis	8	2										
1184	Olmsted County Public Health	2100 Campus Dr SE	Rochester	55904	Olmsted	4	4										
1185	Olmsted Medical Center/Health Care Home	210 Ninth Street SE	Rochester	55904	Olmsted	2											
1186	Open Cities Health Center Inc.	409 North Dunlap St	St. Paul	55104	Ramsey	1											
1187	Opportunity Partners, Koch Technical and Training Campus	5500 Opportunity Court	Minnetonka	55343-9020	Hennepin	5	3										
1188	Oshki Manidoo "New Spirit" Center	1741 15th St NW	Bemidji	56601	Beltrami	5	1,3										
1189	Otter Tail County Human Services	530 Fir Ave	Fergus Falls	56537	Otter Tail	4	3										
1190	Otter Tail County Public Health	560 Fir Ave	Fergus Falls	56537	Otter Tail	4	4										
1316	Parents In Community Action Head Start	700 N Humboldt Ave	Minneapolis	55411	Hennepin	8											
1191	Partnership Association of Community Nurses in Tower	5896 Echo Point Road	Tower	55790	St. Louis	8											
1193	PartnersHIP 4 Health (SCHIP, CTG)	560 Fir Ave	multiple	56537	Otter Tail	5											

# Resources Used to Populate Database Variables

- Consists of 90 variables to date
  - Organization characteristics (e.g., location, type, priority setting)
  - Grant program characteristics, (e.g., award date, amount, role on grant)
  - Other characteristics (e.g., ACO type, HCH certification)
- Informed by several resources
  - Minnesota Accountable Health Model – State Innovation Model table of grants awarded through April 8, 2015
  - Grant applications and agreements with the State of Minnesota
  - Websites of participating organizations
  - Consultation with State staff

# Types of Organizations-Draft



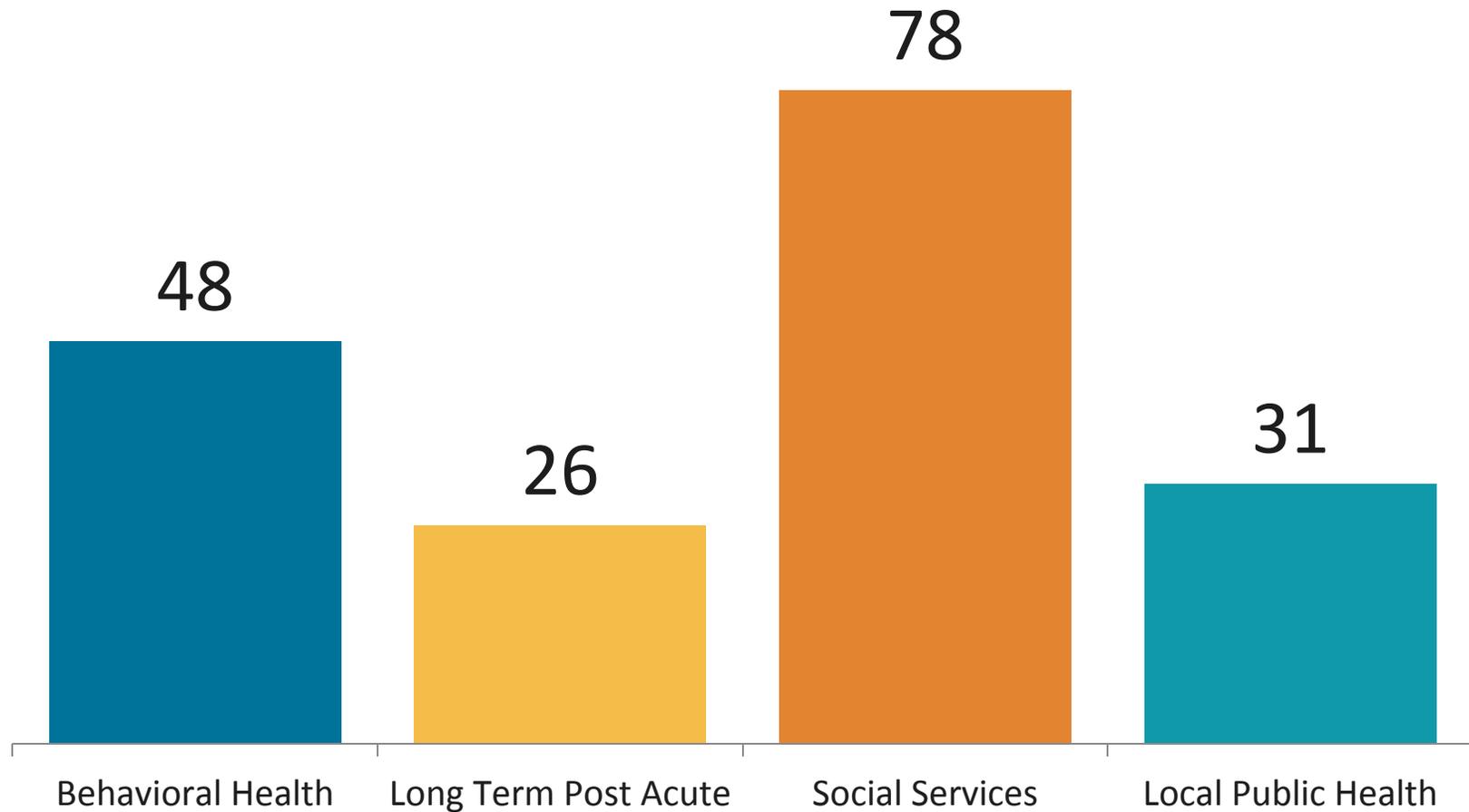
- Hospitals, clinics, and/or network (23%)
- Healthcare systems (6%)
- Health plans (2%)
- Government public health, behavioral health, human services, and social services (16%)
- Non-government public health, behavioral health, human services, and social services (21%)
- Schools (3%)
- Vendors, e.g., consultant subcontractors (7%)
- Other, e.g., senior living, college or university, emergency, pharmacy (22%)

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# Priority Settings of the MN Model

- Priority Setting Providers:
  - Behavioral health
  - Long-term and post-acute care (e.g., skilled nursing facilities, assisted living, home health)
  - Social services
  - Local public health departments
- Requirement/focus of grant programs:
  - ACHs
  - e-Health Collaboratives
  - Emerging Profession Grants
  - Practice Transformation Grants
  - Practice Facilitation Grants

# Number of MN Model Priority Setting Providers to Date - Draft



Note: Organizations (n=130) may be counted in more than one priority setting.

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# Organization Participation in MN Model Programs and Activities

Programs and Activities	Number of Grants to Date	Number of Organizations
ACH	15	151
e-Health	12	135
Emerging Professions	9	62
Practice Transformation	10	19
Learning Communities	4	13
Practice Facilitation	2	3
ACO Baseline	2	2
PSCM	2	2
e-Health Roadmap	1	1

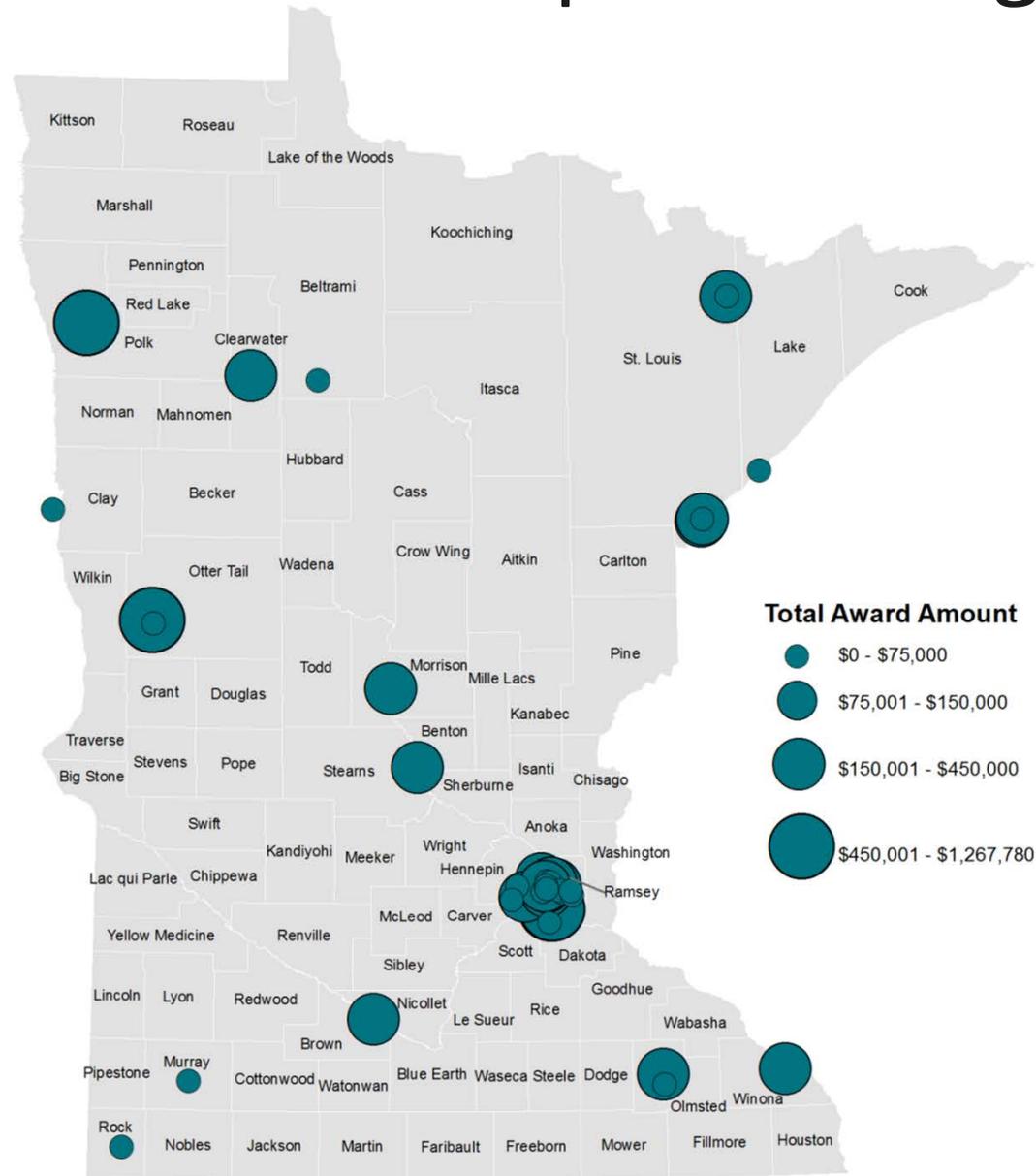
- 74 organizations participate in 2 or more programs/activities
  - 61 organizations participate in 2 programs/activities
  - 13 organizations participate in 3 programs/activities

# Organizations Participating in Three Programs/Activities

- Ely Bloomenson Community Hospital Home Health Care
- Essentia Health Ely Clinic
- Greater Minnesota Family Services
- Lake Region Health Care
- Lakeland Mental Health Center
- Murray County Medical Center
- Native American Community Clinic
- Otter Tail County Human Services
- Otter Tail County Public Health
- Range Mental Health Center
- Stratis Health
- Vermillion Community College
- West Side Community Health Services

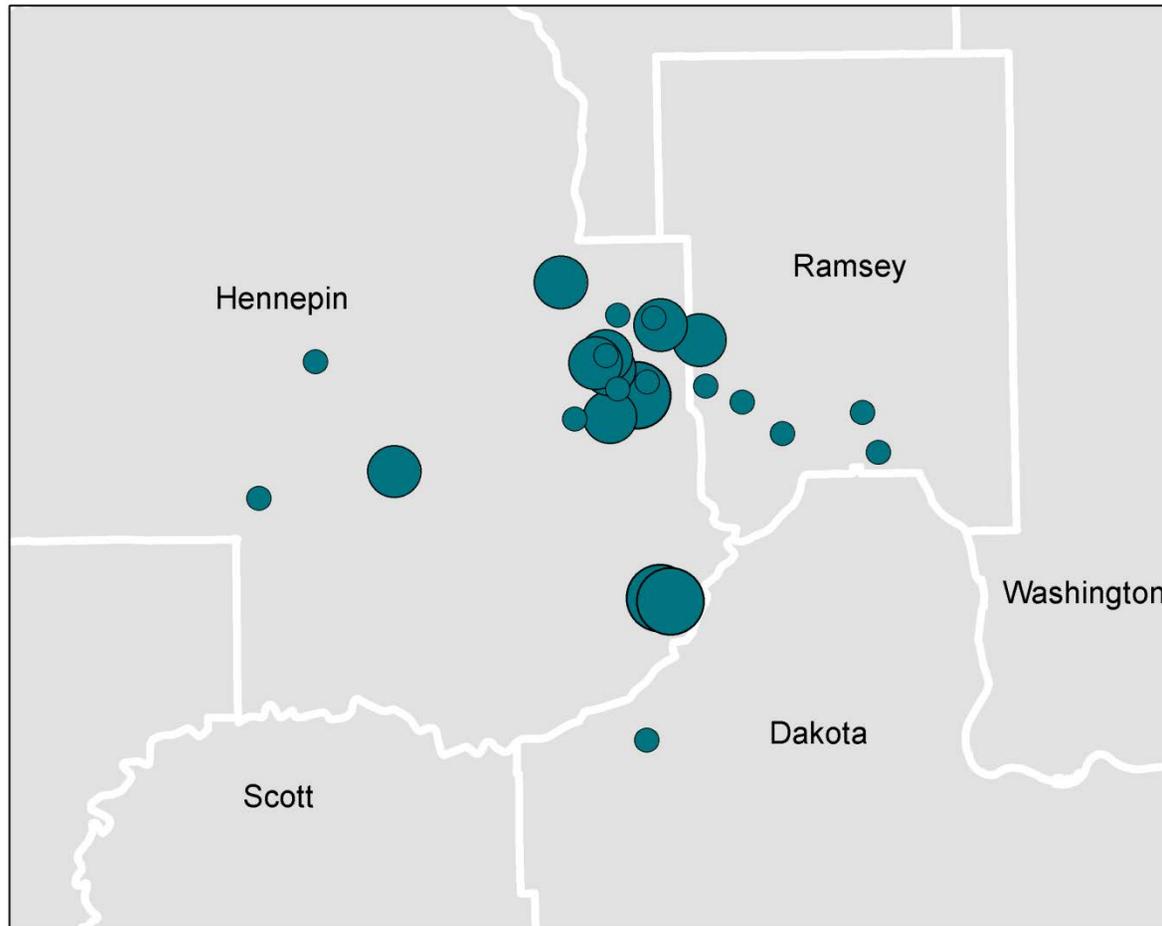
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# Total MN Model Awards per Fiscal Agent-Draft



5/19/2015

# Total MN Model Awards: Hennepin, Ramsey, Dakota Counties-Draft



Total Award Amount

- \$0 - \$75,000
- \$75,001 - \$150,000
- \$150,001 - \$450,000
- \$450,001 - \$1,267,780

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# 15 Integrated Health Partnerships (IHPs), i.e., Medicaid ACOs

1. Allina Health Systems (Northwest Health Alliance)
2. CentraCare Health Foundation (CentraCare Health System)
3. Essentia Health
4. Neighborhood Healthcare Network (Federally Qualified Health Center Urban Health Network (FUHN))
5. North Memorial Health Care
6. Children's Health Care Inc. (Children's Hospitals and Clinics of Minnesota)
7. Hennepin County Medical Center
8. Mayo Clinic (Mayo Clinic d/b/a Mayo Clinic Rochester)
9. Southern Prairie Community Care
10. Bluestone Physicians, Stillwater (Bluestone Physician Services)
11. Lake Region Health Care (Lake Region Healthcare Corporation)
12. Winona Health Services
13. Wilderness Health Care Coalition, Inc. (Wilderness Health, Inc.)
14. Mankato Clinic, Ltd
15. Lakewood Health System

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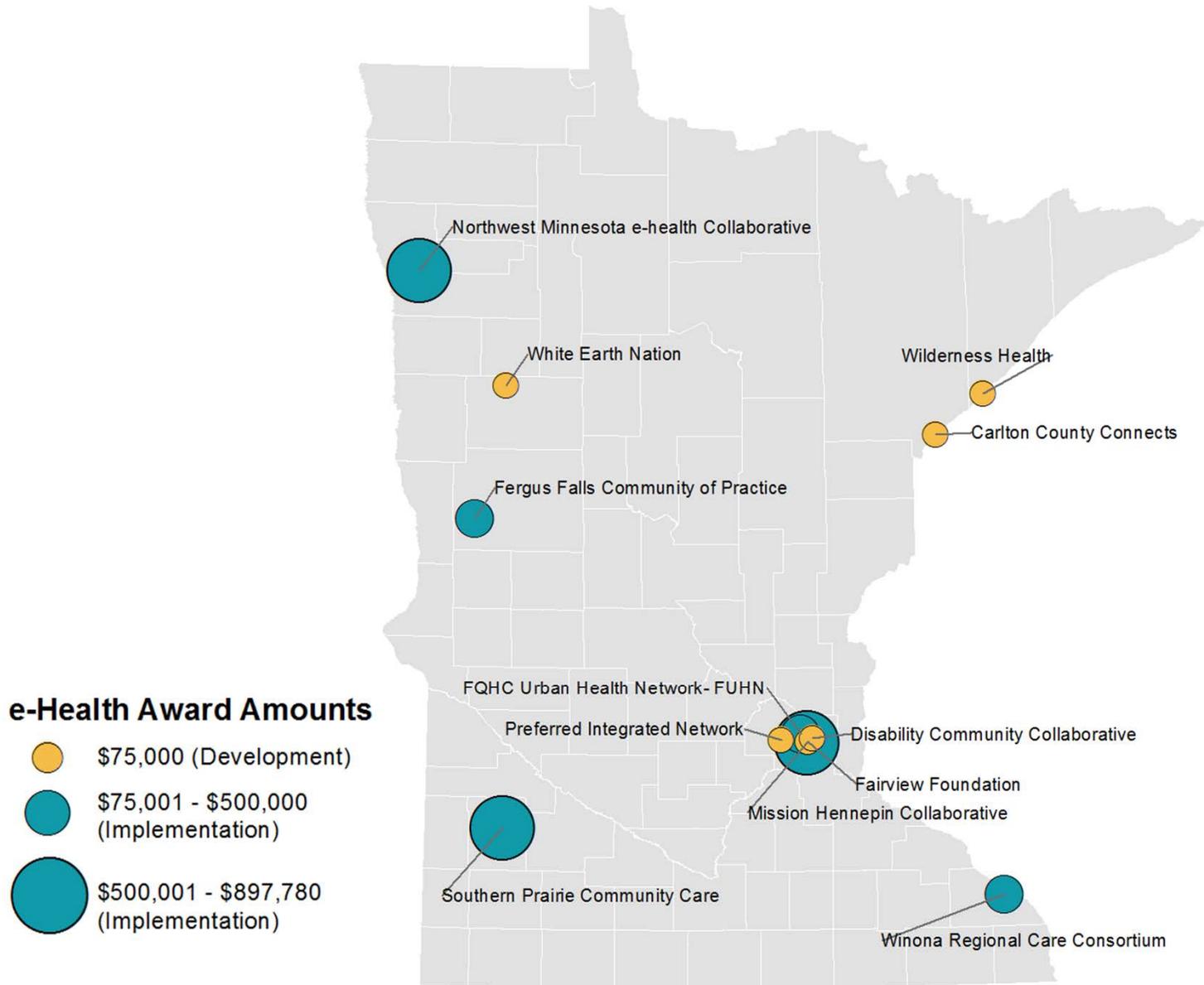
# Integrated Health Partnerships Participation Across MN Model

IHP Round	ACH	e-Health	EP
Round 1: 6 Awards	✓✓✓✓✓	✓✓	
Round 2: 3 More Awards	✓✓✓	✓✓	
Round 3: 6 More Awards	✓✓	✓✓✓✓	✓
Total = 15 Awards	10	8	1

# Preliminary Output: Program and Grant Specific Maps

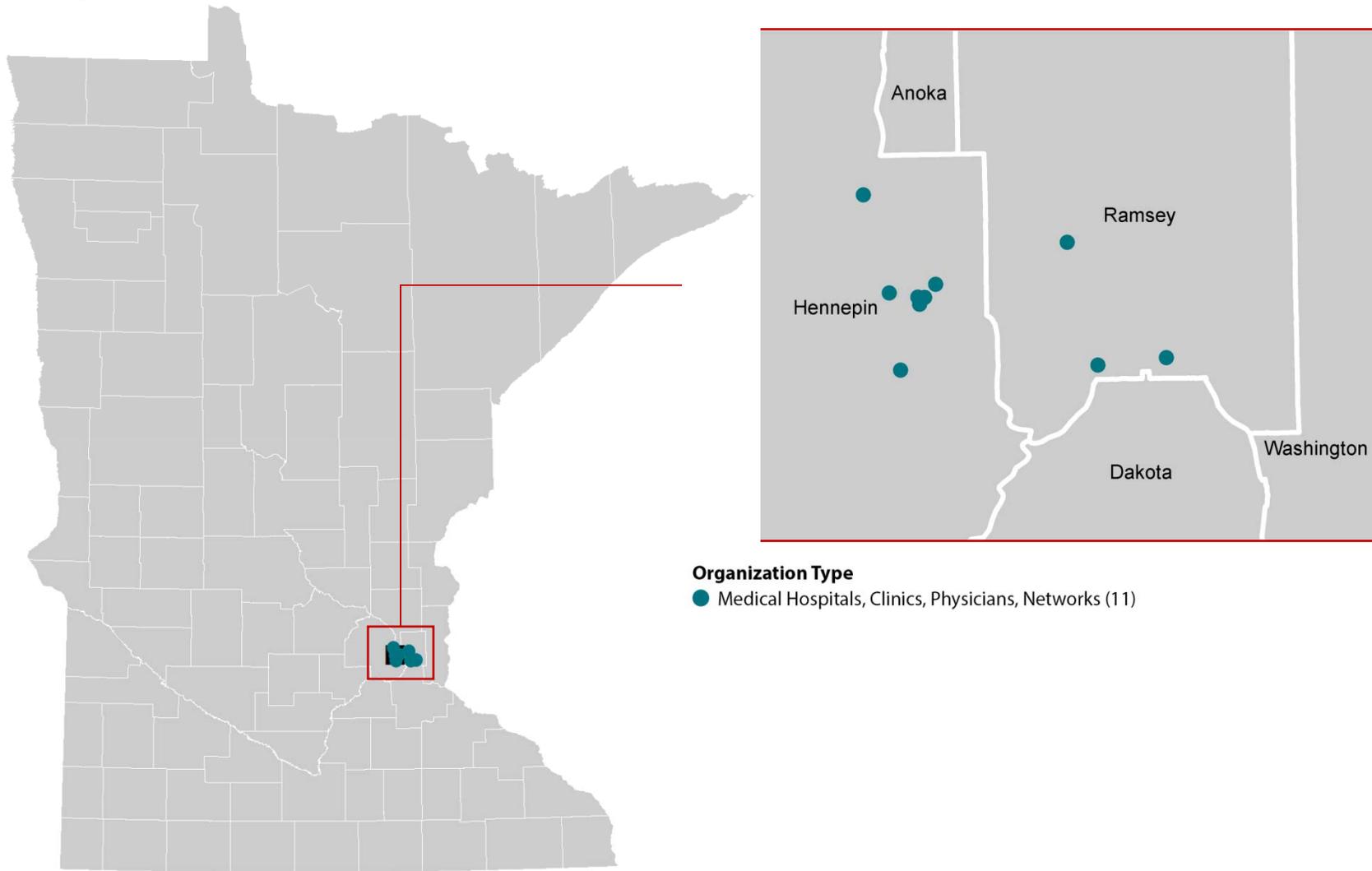
- e-Health
  - 12 grants; 135 organizations
- ACH
  - 15 grants; 151 organizations

# e-Health Grants - Draft



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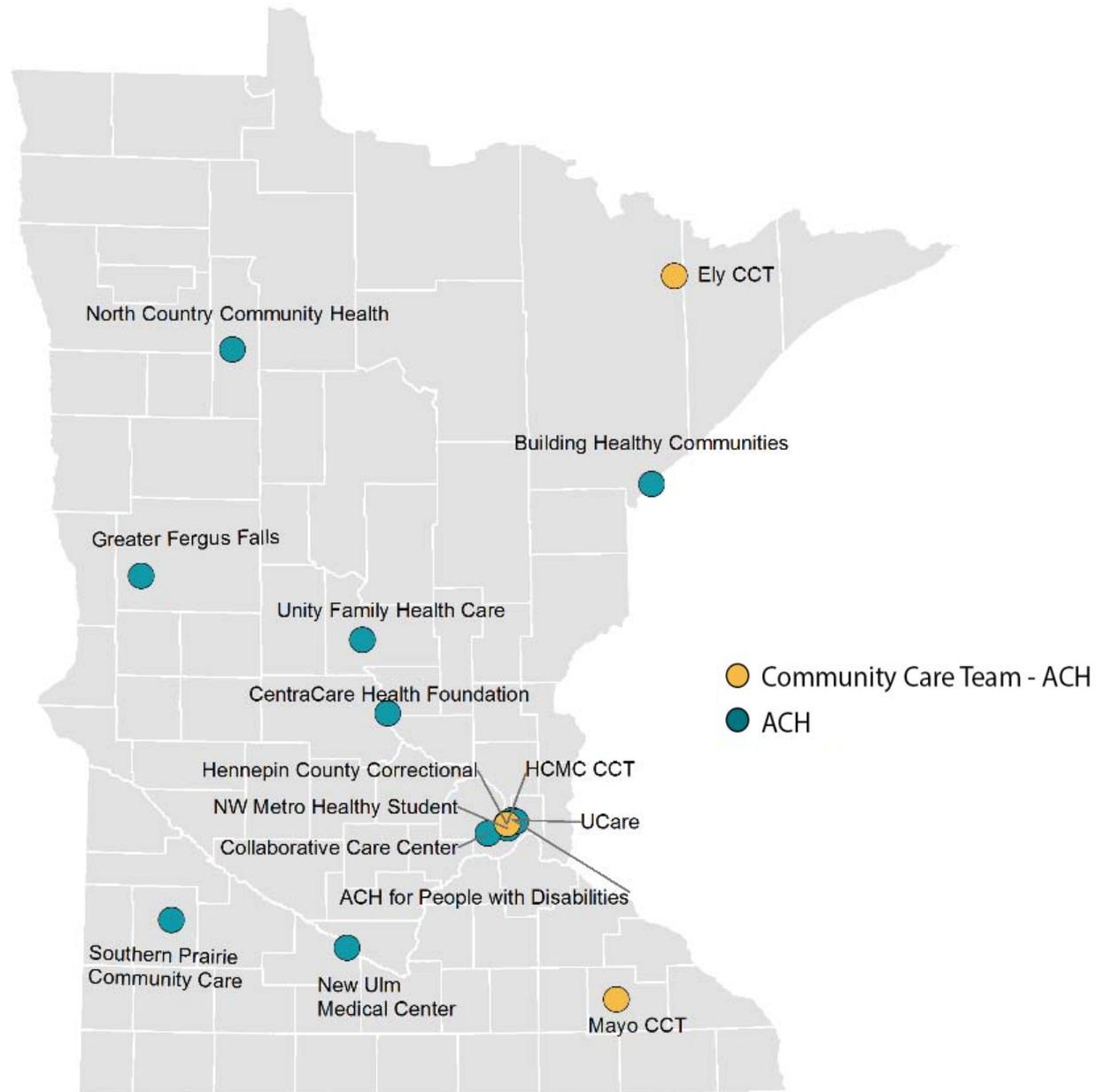
# Example of e-Health Implementation: FQHC Urban Health Network (FUHN) - Draft



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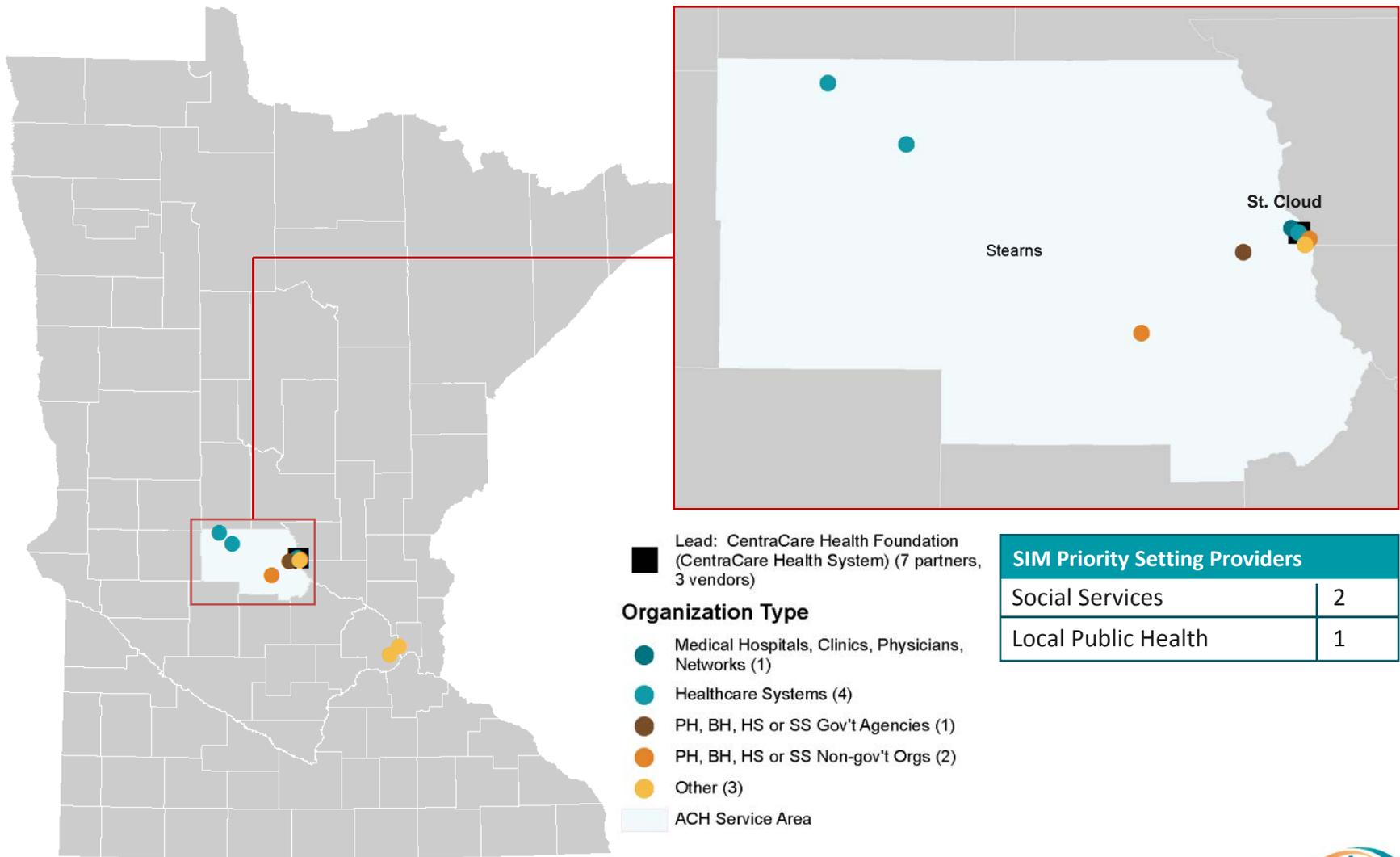
Note: Plotted organizations may overlap because they are in close proximity.

# ACH Grants - Draft



5/19/2015

# Example of ACH: CentraCare Health Foundation - Draft



Note: Plotted organizations may overlap because they are in close proximity. PH, BH, HS, SS stand for public health, behavioral health, human services and social services.

# Upcoming Evaluation Products

- Detailed maps of e-Health Collaboratives and ACHs
- Interim summaries and findings of e-Health grants, practice transformation programs, and ACHs
- Brief focused on the results of the ACO baseline survey: Policy implications and survey insights

# Contact Information

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Senior Research Fellow

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# Accountable Health Model Evaluation: Discussion

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- Are there other organization characteristics that would inform the work of the Task Forces?
- Besides participation status, what other characteristics would be helpful to track over time?
- What additional views or output are of interest to demonstrate "reach" of and connections under SIM?

# Insights from ACH Early Implementers (CCTs)

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# Background on ACH Early Implementers: Community Care Teams

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## **What were Community Care Teams?**

Locally based teams that partnered with primary care practices, hospitals, behavioral health, public health, social services and community organizations to ensure strong, coordinated support for the whole patient.

## **What did CCTs mean for SIM MN?**

The Accountable Communities of Health were partially based on the early works of CCTs. Three CCTs were the early implementers of the 12 Accountable Community for Health grantees, to improve clinical and community partnerships throughout MN.

# ACH Early Implementers: Presentations

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## **Video:**

- [Essentia Health Ely Clinic](#)

## **In-Person:**

- Hennepin County Medical Center & Mayo Clinic
  - Overview of Each Program
  - Lessons Learned
  - Barriers/Challenges and Successes

# ACH Early Implementers: Discussion Questions

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1. How are Task Force members' organizations interacting with Accountable Communities for Health?
2. What could the Task Force's role be in advancing the work associated with Accountable Communities for Health?
3. What are some of the opportunities to disseminate best practices?

# Next Steps/ Future Meetings

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September 16, 2015

Amherst H. Wilder Foundation

451 Lexington Parkway North, St. Paul

Community Advisory Task Force

9:00 am – 12:00 pm

Multi-Payer Alignment Task Force

1:00 pm - 4:00 pm

# Public Comment

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# Task Force Contact Information

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## Task Forces

- Garrett Black ([Garrett.Black@bluecrossmn.com](mailto:Garrett.Black@bluecrossmn.com)), Multi-Payer Alignment, Chair
- Jennifer Lundblad ([jlundblad@stratishealth.org](mailto:jlundblad@stratishealth.org)), Community Advisory, Chair
- Diane Rydrych ([Diane.Rydrych@state.mn.us](mailto:Diane.Rydrych@state.mn.us)), MDH
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## Facilitation Team

- Diane Stollenwerk ([diane@stollenwerks.com](mailto:diane@stollenwerks.com))
- Chris Heiss ([cheiss@chcs.org](mailto:cheiss@chcs.org))