

Minnesota Accountable Health Model - State Innovation Model

Self-Evaluation

Background

The University of Minnesota's State Health Access Data Assistance Center (SHADAC) is conducting the state evaluation of Minnesota's State Innovation Model (SIM), the Minnesota Accountable Health Model. In 2013, Minnesota was one of six initial states awarded a cooperative agreement by the Center for Medicare and Medicaid Innovation (CMMI) to implement and test a model of State care delivery transformation and payment reform. A CMMI-sponsored evaluation of all model test states is also underway.

Minnesota aims are that the state'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 accountable care organizations (ACOs) 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 of better care, lower costs, and better health; and
- Communities, providers, and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvement goals.

Minnesota's Model consists of five primary "drivers" to achieve State reform aims:

1. Expansion of e-Health;
2. Improved data analytics across the State's Medicaid ACOs (i.e., Integrated Health Partnerships);
3. Practice transformation to achieve interdisciplinary, integrated care;
4. Accountable communities for health (ACHs); and
5. ACO alignment related to performance measurement, competencies, and payment methods.

SHADAC's Evaluation Approach

SHADAC's formative evaluation is designed to answer the following key questions:

- What activities have been completed under the Minnesota Accountable Health Model?
- What forms or models of innovation have emerged out of the activities and programs under the Model?
- What have been barriers to/facilitators of implementation/completion of activities and programs under the Model? How has the state used evaluation results for continuous improvement?
- What are key outcomes of the activities and programs under the Model and how do they relate to the Model aims?
- What are key findings as well as policy and operational implications for sustainability?

SHADAC will collect and analyze new and existing data using qualitative and quantitative methods to report on the implementation of the five primary drivers designed to achieve State aims. In addition, the evaluation will yield insights across drivers, on topics such as organizational readiness for the Model; community engagement and partnerships; and state data resources for monitoring ACO and ACO-like models.

Performance Period and Reporting

SHADAC's evaluation plan was approved by the Minnesota Department of Human Services (DHS) and the Minnesota Department of Health (MDH) in March 2015. SHADAC will continue its work in collaboration with the Minnesota SIM Leadership Team and SIM staff. Evaluation activities, including regular reporting in a variety of forms, will extend through December 2016.

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This program is part of a \$45 million State Innovation Model (SIM) cooperative agreement, awarded to the Minnesota Departments of Health and Human Services in 2013 by The Center for Medicare and Medicaid Innovation (CMMI) to help implement the Minnesota Accountable Health Model. The State Health Access Data Assistance Center (SHADAC) at the University of Minnesota is conducting the State's SIM evaluation.

