

Minnesota Accountable Health Model \$ State Innovation Model (SIM) 45 million federal grant

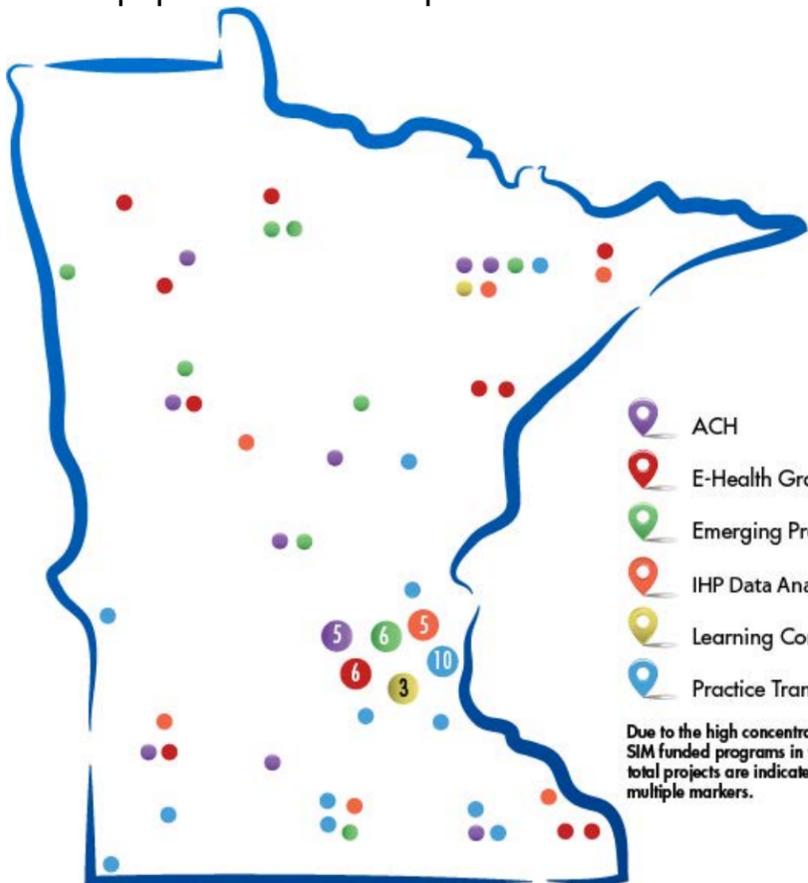
Triple Aim



Improving the individual experience of **care**
 Reducing the per capita **cost** of care for populations
 Improving the **health** of populations

Goals

- The majority of patients receive care that is patient-centered and coordinated across settings.
- The majority of providers are participating in Accountable Care Organizations 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.
- Communities, providers and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvements.

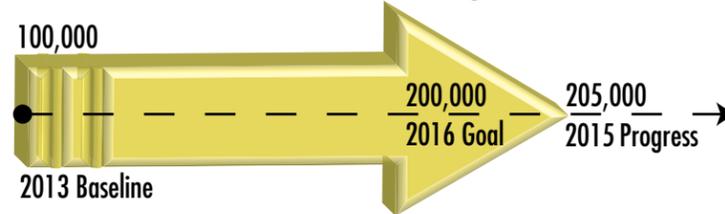


- ACH
- E-Health Grant
- Emerging Professionals Grant
- IHP Data Analytics Grant
- Learning Communities
- Practice Transformation

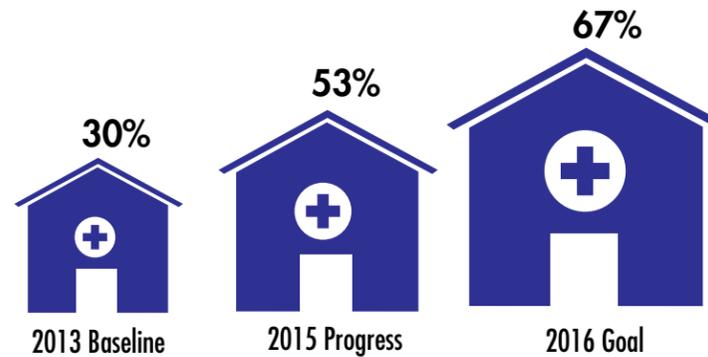
Due to the high concentration of SIM funded programs in the metro area, total projects are indicated in place of multiple markers.

How we are doing

Number of Minnesotans receiving care through a Medicaid Accountable Care Organization (ACO)



Percent of certified Health Care Homes (HCH) or Behavioral Health Homes (BHH) in Minnesota



Integrated Health Partnership (IHP) cost savings

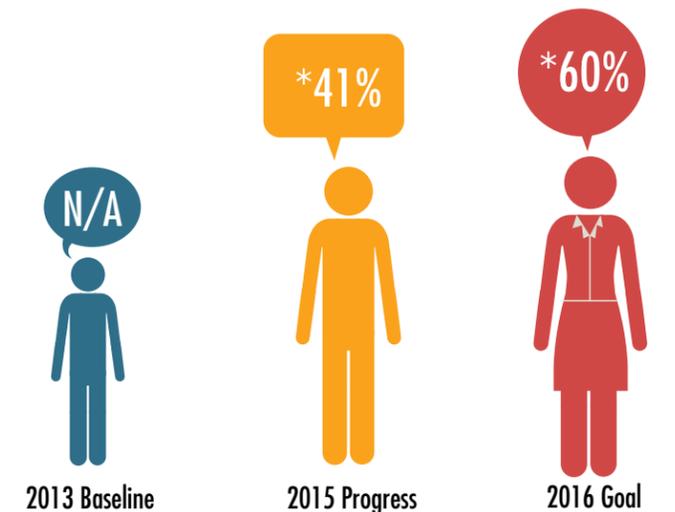


As of July 2015

Accountable Communities for Health (ACH)



Percent of fully insured people covered by an ACO or Total Cost of Care (TCOC Model)



* Minnesota health plans reported a wide variation in the share of fully insured covered lives in accountable care arrangements with the weighted average at 41% for 2014. However, many health plans reported that none or less than 5% of their fully insured covered lives are attributed to accountable care arrangements.